

## **Working with and learning from survivors of child sexual abuse as part of the Independent Inquiry into Child Sexual Abuse**

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Learning from survivors of child sexual abuse via the Independent Inquiry into Child Sexual Abuse can powerfully inform how to work with them therapeutically, says Diana Bromboszcz, UKCP Integrative Psychotherapist, and Danny Taggart, clinical lead at the Independent Inquiry into Child Sexual Abuse and Principal Psychologist for the Truth Project.

Trigger warning; includes discussion of child sexual abuse

Reagan\* became severely depressed following an experience of child sexual abuse. She was given medication and counselling, but she did not find this helpful as she “felt forced to talk” when she was not ready to. When she was a teenager, she took an overdose and was placed on a psychiatric ward. She missed a lot of college because of this. Later, she had psychotherapy which she did find beneficial and was able to return to college and find work.

Many psychotherapists will recognise Reagan’s story from their own practice; experiences of sexual violence, followed by intermittent attempts at accessing help that are misaligned and exacerbate the person’s struggle, leading to in time a safe space to talk, some healing and the recovery of meaning and purpose in life.

Reagan’s story is one of over 1,100 accounts of child sexual abuse (CSA) and its impacts published by the Independent Inquiry into Child Sexual Abuse (IICSA) as part of the Truth Project.<sup>1</sup> The Truth Project heard directly from over 6,000 adults in England and Wales who had been sexually abused in childhood and chose to share their experiences with IICSA to help us understand the impacts of CSA and to prevent it from happening to future generations of children. IICSA was established in 2015 by the then Home Secretary to investigate institutional failings in the prevention and response to CSA in a range of areas of public life, including religious organisations, residential schools, and children’s homes.

Following the conclusion of IICSA and the publication of its final report in October 2022, we wanted to reflect on what insights survivors have to offer psychotherapists working in the difficult arena of non-recent child sexual abuse, and also to describe the contributions that psychotherapists and psychotherapeutic theory made to the Inquiry’s work.

As a practicing psychotherapist who supported survivors engaging with IICSA (Diana), and a clinical psychologist who oversaw the Inquiry’s commissioning of therapeutic support services and the psychological consultation service (Danny), we offer personal reflections on our work alongside insights based on IICSA outputs.

IICSA has published three types of report: summaries of survivor testimony from the Truth Project, externally commissioned research reports, and evidence provided during Public Hearings. All three provide potential insights into the therapeutic needs

of CSA survivors and how best to provide this support, but we wanted to focus on a couple of examples which are relevant to psychotherapy.

A research report commissioned into support needs discovered that only a minority of the sample consulted (22%) had ever accessed support of any form.<sup>3</sup> For those who did access support, the average time lapse between the abuse and seeking support was 19 years, and the support was rated as mediocre. Those surveyed reported that they valued specialist forms of therapeutic provision more highly. This specialist training was perceived as making more of a difference for CSA survivors than more general support. As one respondent put it, 'I access private therapy and it was the best thing I've ever done. The lady I ended up seeing actually had quite a lot of experience of talking to people that had been abused as children.'

For the majority of survivors surveyed (85%), there were barriers to accessing support which included people feeling as if they should 'get on with it', and that the abuse did not warrant external help even though the impacts on mental health and social functioning were profound and wide ranging.

The level of internalised stigma and shame reported by survivors in the Truth Project's Experiences Shared report emphasises the way in which the powerful silencing effects of abuse can prevent people seeking help. There were myriad reports from survivors who had attempted to disclose, only to find professionals unable to respond appropriately. One person, Juan\*, was described feeling that 'he has been shut down and prevented from telling his story. He tried to access counselling for the abuse but was directed to an anger management course, which upset him.'

However, it was not only through research and the Truth Project that IICSA learnt about the impacts of CSA and how best to support survivors, but also through the work conducted within the inquiry itself. IICSA developed a Trauma Informed Approach (TIA) to support survivors engaging with the work. A TIA is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. And while TIAs have become ubiquitous over recent years, the inquiry's approach included a therapeutic support offer to all Truth Project participants and public hearing participants.

The inquiry employed a multi-disciplinary clinical team and also commissioned specialist sexual violence services to provide therapeutic support to the large numbers of survivors engaged with the inquiry. The duration of support varied significantly from a few sessions for Truth Project participants to several years of support for some public hearing core participants. While the therapeutic support offered was not formal therapy, it did glean insights into themes relevant to psychotherapeutic practice.

One key area that required therapeutic attention was the risks of retraumatisation through engagement with IICSA. Linking to Sandra Bloom's 2010 conceptualisation of the 'parallel process' of the original abuse dynamic being recreated in the survivor's engagement with the inquiry<sup>2</sup>, we found a psychotherapeutic sensibility to be invaluable in attending to unconscious dynamics between IICSA and survivors.

For example, many survivors understandably approached IICSA with considerable suspicion and mistrust given their previous experiences with abusive and neglectful institutions. The therapeutic task was often about enabling survivors to have the

space to articulate these concerns, while attempting to help ground them in a present reality where IICSA could be experienced as a benign, if imperfect institution in its own right.

In a similar fashion, in working with non-therapeutically trained Inquiry staff, our consultation service was often required to translate unreasonable or even abusive communications from survivors into a form that made them understandable in light of their past experiences. In this sense, psychotherapists operated on the boundary between survivors and the inquiry, mediating between the two parties and attempting to establish shared meanings whereby one could better understand the other. This intermediary function was a complex task requiring significant reflexivity and the ability to tolerate overwhelming unconscious projective processes that often manifested in the form of victim, perpetrator, rescuer dynamics.

The very 'public' nature of the inquiry intensified the inherent anxiety of everyone involved, and therapists were often unconsciously cast as the 'moral' enablers who provided the care which the survivors felt they needed and deserved. This demanded some careful management of boundaries from the therapists, and a high level of supervision and support for the staff delivering this work.

While these examples pertain to the unusual working environment of a public inquiry, which has particular working practices, organisational culture, and proscribed roles, we feel there are themes applicable to all professionals working with CSA survivors in other settings. These include;

- The complex relationship to care that many survivors feel as a result of their experiences, and how this can impede well-intentioned but naïve attempts to 'help.'
- The lack of understanding of unconscious abuse dynamics, and the importance of bringing these into awareness in both the therapeutic relationship and wider organisational system.
- The importance of carefully managed therapeutic boundaries and support systems to enable therapists to engage in the types of radical empathy with abuse survivors that can be such an important part of the healing process, and yet which demands so much of all parties.

All of these, it seems to us, have been crucial points of learning in our own work at IICSA, and we have appreciated the psychotherapeutic models available to help us think and work with them in mind.

However, the most profound implication for therapeutic practice in this area comes not from inquiry reports or the direct work we undertook, but by the very existence of the inquiry and its success in engaging survivors.

IICSA and other investigations into non-recent child abuse have become a feature of high-income countries over the past thirty years and are necessary because of the legacy of the silence that pervades these crimes and institutional responses.

This silencing of survivors is not a natural by-product of child sexual abuse per se. It is a result of the reluctance of families, professions, institutions, communities and societies to find the language that can bring these hidden harms into the light. The resulting stigma and shame that survivors internalise on behalf of collective failures

can lead to the most pernicious impacts of abuse, including acting as a barrier to prevent survivors seeking help.

A therapeutic dialogue is one way a previously hidden trauma can be shared, processed, and partially dissipated through making it expressible, shareable and bearable. An inquiry like IICSA provides another method of enabling this on a societal scale. In this sense, IICSA can challenge the prevailing orthodoxy in mainstream services which suggests that survivors of CSA cannot safely talk about their experiences without opening a 'can of worms'. The Truth Project facilitating over 6,000 adult survivors to share their experiences is evidence of that. This offers validation for psychotherapy, illustrating that these conversations can happen if they are carefully managed and have healing potential.

Let's finish with these words from a survivor. Corrine\* was in her sixties when she shared took part in the Truth Project, and this was the first time she had ever spoken about her experiences of CSA. She said that while she wishes she could have done it 50 years ago. She said, 'I feel like a big weight has been lifted off my shoulders', and that she can finally begin to 'let it go.'

\*Names have been changed.

#### References:

Bloom, S, 'Trauma organised systems and parallel process', in *Managing Trauma in the Workplace: Supporting Workers and Organisations*, ed. Tehrani, Noreen, Taylor & Francis, 2010

Gekowski, A., McSweeney, T., Broome, S., Adler, J., Jenkins, S. & Georgiou, D (2020) 'Support services for victims and survivors of child sexual abuse', <https://www.iicsa.org.uk/reports-recommendations/publications/research/support-services-victims-survivors-csa>

<https://www.iicsa.org.uk/victims-and-survivors/truth-project>

#### ABOUT THE AUTHORS

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#### PULL QUOTE

The powerful silencing effects of abuse can prevent people seeking help

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