PODS (Positive Outcomes for Dissociative Survivors) works to make recovery from dissociative disorders a reality through training, informing and supporting.

PODS provides:
• training days about dissociation, trauma and sexual abuse
• mutual support opportunities for survivors, partners and supporters
• a weekly telephone helpline
• ongoing email support
• resources such as our magazine *Multiple Parts*, Resource Guides and Emergency DID Information Cards
• a register of UK-based 'dissociation-friendly therapists'
• signposting to other organisations.

Please take care when reading as some content may be triggering.
My earliest memory is of being sexually abused in a big, old-fashioned cot in a room with ornate, mock-gold picture frames and ornaments of shire horses and Greek gods. I was two years old, maybe three. If that’s when I first remember, what was happening prior to that? I will never know. It continued until I was sixteen or seventeen when one of the perpetrators moved out of the home.

This is my history, but I have struggled to come to terms with it. My mind protected me by dissociating, for decades shutting off the trauma into non-memory. When the dissociative amnesia began to peel away, I rejected those memories because I didn’t understand them; and, not understanding them, I denied they were mine. But I have come to understand that the experiences I had are common experiences, albeit they were crimes. The survival strategies I employed are common strategies, albeit they led to dissociative identity disorder. And the post-traumatic symptoms I developed are a syndrome of symptoms, albeit that society would rather blame me for them by labelling me ‘mad’.

I was abused in the home, outside the home, in organised groups, in settings that had a ritualised element to them, by people I knew and by people I did not. I was abused by men, by women, and by adolescents. The impact has been huge, but bit by bit I am building a life free of flashbacks, one that is attempting to draw together the many strands of my experience. I have disowned these strands, distancing myself from them. But now I am trying to integrate them together into a coherent whole, with a coherent narrative and a coherent understanding of who I am.

I am a ‘survivor’ of child sexual abuse in the very best sense of the word. We can and we do survive. Understanding the dynamics around child sexual abuse, who the perpetrators are, how they achieve their ends, the impacts of abuse on us—all of this knowledge, this ‘psycho-education’, has aided my recovery. And so these are ten of the many things that I have learned about child sexual abuse, some of the insights that have begun to heal my shame.

1. **Flashbacks won’t kill you and they are your mind trying to heal.**

   I felt that I was going crazy. It was hard not to: my mind would flood, suddenly, unexpectedly, with images and repulsion and terror and dread. At all times, in all ways, the staccato interruptions of half-memories and body sensations would puncture my existence. I hated it. I wanted more than anything for it to stop, for my mind to return to normal, for the boxes in my head to stack neatly again and not divulge their contents. It was overwhelming. A noise, a sensation, a thought…and suddenly I am assaulted by eye-scratching images of abuse. The steel-hard reality of normality around me fades and I am back in it, reliving it, as real in my body as it was back then. I feel pain, disgust, terror. I retch or crumple, even pass out. These experience were overwhelming and they were continual. Dozens of times a day, every day of the week, for years. I’m not quite sure how I survived.

   It was much later in my recovery that I realised that flashbacks weren’t the enemy. The flashbacks were my mind trying to heal. It was trying to connect up the dots, fill in the gaps, make sense of this squabble of experiences that I’d tried, as hard as I could, to keep out of mind. But my mind veers relentlessly towards truth. It can only dissociate and avoid for so long. It is pre-programmed to recover. And these flashbacks, distressing and debilitating though they were, were my mind’s insistence that we wouldn’t live in the shadows any longer. We were going to bring this thing into the light, and we were going to deal with it. And then we would be free of it. I have come to believe that the symptoms of child sexual abuse are the beginnings of recovery. When it starts to affect us, it is a good sign. We are going to heal.

2. **‘Monsters don’t get close to children—nice people do.’**

   These are the words of the late Ray Wyre, a respected child sexual abuse investigator. The concept of the stranger in the mac jumping...
out from the bushes is a stereotype and myth. The vast majority of children who are sexually abused know their abuser. Our children are more at risk from within the family than they are from without. But we don’t want to know that. We want the reassuring image of the sick paedophile, the monster—so we know who to watch out for. The idea of sex offenders dressed in Next and driving a Golf is too disturbing. So we force it out of mind and welcome the stereotype because it is easier to live with.

So everyone dissociates. Everyone pushes unwelcome truth out of their mind. A most unwelcome of truths is that respectable people abuse children. Accountants do, and bricklayers, and people who work on the tills at Tesco’s. All sorts of people. And we can’t tell by looking at them.

When I considered the people who abused me, I struggled to accept it because they weren’t evil all the time. They did normal things too. They ate, they laughed, they sang whilst baking shortbread. They did everything that everyone else—people who didn’t abuse children—did. So I kept on refusing to believe that they had abused me too. For many years, I wanted the image more than I wanted the truth, because the truth is painful. The truth is that nice people are not always nice and that ‘monsters’ live in four-bedroomed houses too.

The Tools of the abusers are denial, minimisation and blame. But we hurt ourselves when we use these tools too.

To abuse a child, you need to distort the truth. Because the truth is hideous, and your actions are crimes. So abusers employ ‘the triad of cognitive distortion’. Firstly, they deny altogether that they are abusing. They tut at the television when such things are mentioned and deny even to themselves that they are engaged with the same. I’m not doing anything wrong. This isn’t abuse. But if truth is too forcefully imposed on their situation, then they move on to minimisation. It’s not hurting anyone. It’s not that bad. It’s not like it’s rape or anything.

It’s only a bit of fun. I’m only looking. It’s my way of showing affection. If that doesn’t work, then they resort to blame. It’s not my fault. She made me do it. She (or he) started it. It’s what he (or she) wanted.

In this way abusers avoid facing their crimes. In this way they shirk responsibility for the hurt they are causing. But it damages us further when we employ these tactics too. If by dissociating we deny that we were ever abused—It didn’t happen to me; it happened to another part of me—or we deny that it bothers us—It’s no big deal, worse things happened to other kids—or we take the blame for it ourselves—It’s because I was bad, and I deserved it—then we will drown in the abuser’s cesspit of lies.

Recovery involves facing the truth, knowing the truth, letting the truth seep deep into our bones, and rejecting the reality imposed on us by the perpetrators. It’s not our shame; it’s theirs. It’s not our guilt; it’s theirs. It’s not our fault; it’s theirs.

It is a scary thing to place the responsibility back where it belongs, on our abusers—especially if they are also our family—but unless we do it then we are colluding with the denial, minimisation and blame that they used to hurt us, and we are missing the chance to heal.

3 Child sexual abuse is something that happened to me, but it does not define who I am.

The impact of abuse runs right to my core. The experiences I had as my brain was first forming lay templates for me for the rest of my life. I assume I am bad, and toxic, and unloveable, because that is what I was told and how I was treated. The experience of abuse has at times completely entwined me, like Russian vine around a pergola. But recovery comes through recognising that I was a person before I was abused. I was a person during the abuse. And I am a person now, after the abuse. The abuse is something that was imposed upon me, like whitewash on a building. However deeply I have felt contaminated to the very foundations of my self, in reality it is external. It does not define...
who I am. It says more about my abusers than it does about me.

I struggled at first to accept that I had suffered child sexual abuse, to identify myself as a victim of such monstrous crimes. I had to own those experiences which previously I had banished to the far reaches of my mind. I had to lay hold again of those memories, those beliefs, those thoughts, those feelings. But then I would disown them. And own them again. On and on in a spiral of ever-deepening rings. But eventually I could place those experiences outside of me, in a right way. This is what someone did to me. It is not who I am. I am not the sum of my experiences. I am a person in my own right. Having done that, it is easier to stand back from the trauma but still own it, to view the abuse as experiences I have had, rather than as determinants of my soul. Abuse defines the abusers more than it defines the victim. Society was groomed by Jimmy Savile. We believed his charity efforts. We smiled at his eccentricity. We succumbed to his power. Abusers groom everyone around them. They invite the belief that they are pillars of the community, whose version of events is right, the arbiters of truth. Sexual abuse doesn’t happen in a vacuum. It happens in a manufactured reality that abusers can spend years creating. If you’re willing to train to be a priest in order to gain access to children, or work in a nursery, or marry a single mother, then there’s no limit to what you will do with that trust once you have it. That, sadly, is why abusers get away with it for so long. No one wanted to believe that Cyril Smith was anything other than fat. He was an MP. We have entrusted the country to men like him. So he is to be trusted. And children lie (or so they say).

5
THE PERPETRATOR GROWS NOT JUST THE VICTIM BUT THE FAMILY AND SOCIETY TOO.

In grooming, the abuser prepares the victim to be abused. Resistance is eroded. Blame and responsibility creep onto the victim. Grooming protects the abuser and enables them to perpetrate, entrapping the victim with secrets, promises, threats and lies. If you tell anyone, it will break up the family. You made me do this. I won’t tell your mother you were drinking alcohol / taking drugs / skipping school / stealing biscuits. You’re a naughty girl/boy for doing this, but I won’t tell... Grooming deeply distorts truth and inverts responsibility, leaving the victim deeply impacted in ways that can take years to unravel and heal. It’s my fault. I wanted it. Everyone does this. They love me. This is for my benefit. I caused this. I deserve this because I am bad. Grooming is about trickery and deceit, and recovery from its effects involves re-uniting with truth. But often that process is hampered because the wider network—the family, the church, the club, the school—have also been groomed. She makes things up. He’s trouble. I can babysit for you. Let me help you out. Doctors and teachers and police officers don’t abuse.

6
POWERLESSNESS IS THE VERY ESSENCE OF TRAUMA, BUT WE ARE POWERLESS NO LONGER.

The freeze response makes sense. In the face of overwhelming threat, when flight and flight are no longer an option, a child—just like an antelope or a possum or a rabbit—freezes to survive. Perhaps she will escape detection. Perhaps it will numb the pain. Perhaps submission will win the day. The freeze response is a work of evolutionary genius, but it cramps our style. If we freeze when someone raises their voice, if we freeze when we spill a drink, if we freeze when someone walks behind us, then the freeze response is no longer adaptive. We need to update our mental maps, because we are no longer little and defenceless and unskilled. We are adults now, with resources we didn’t have before, with the right to say no, with the right to be heard. We can develop our skills to amplify our no until it is heard and respected. We were powerless as children, and inevitably overwhelmed. We are adults now, with resources we didn’t have before, with the right to say no, with the right to be heard. We can develop our skills to amplify our no until it is heard and respected. We were powerless as children, and inevitably overwhelmed. But recovery is built on a new reality: we are no longer stuck; time has moved on; we have moved on. Powerlessness is a cage whose doors have opened, and we don’t need to sit in it a moment longer. It takes time to learn this. It takes the dogged practice of every day, in some small way, acting rather than freezing. We need to build up new habits. But they are choices we are free to
make now, and choices we need to make now if we are to emerge from the cocoon of victimisation, to spread our wings and fly.

Remembering is not recovering.

At the moment of trauma, our memory systems fail. The event is stored in our survival-based ‘back brain’, a kinaesthetic and non-verbal imprint. In future, when faced with the same threat, we are primed to respond immediately and instinctively. It’s clever, but it costs. Often then the event is not stored as a ‘story’ in our mind, the narrative explicit memory that composes our history. Instead the memory of abuse can be fuzzy, a barrage of body sensations and terror, not a neat bullet-point list of events. But it is all memory, and it is all valid. When our memory systems have been overrun by the cascade of stress hormones in our bloodstream, it makes remembering hard. We have the symptoms, we have the feelings, but we have no distinct story to tell. And so without a sense of history, we doubt if we can recover.

But remembering is not recovering. We can remember and still not recover. And we can recover without remembering. The indelible impression of trauma manifests itself in our symptoms and our behaviours: we jump at a sound, feel hopeless in the face of mild threat, flee at the faintest hum of conflict. Recovery is about relearning these reactions. The narrative is helpful because it explains the whys, making it easier for us to understand ourselves and accept compassion. But sometimes the narrative is just in our body and in our emotions, and that is enough to work with. So often we fear ‘false memories’ but ironically they exist most abundantly in abusers who declare that our childhood was perfect and that they were perfect parents too.

Feelings are meant to be felt, and we can learn to adjust the volume.

My home was a prison of avoidance where feelings were to be kept at bay: with dissociation, amnesia, alcohol, drugs, busyness, overwork. Feelings were my enemy. They obstructed my goals. They embarrassed me. They were unreliable, unpredictable. They were bad. My life was built around trying to avoid feelings, aiming for some nirvana where I could smile serenely with the wisdom of non-feel.

But feelings are meant to be felt. They are not meant always to be believed, or taken as the sole guide to action, or allowed to spit venom on people around us. They are just meant to be felt. Having been felt, they will pass. If they’re ignored or repelled, they will keep coming back, clamouring to be heard.

But feelings have a volume. Some of us try to keep that volume low, muted if possible, to walk uninterrupted through our day without the white noise of emotion. Others of us believe that our needs will be met if we ramp the knob up to ten, so our feelings drown out thought and reflection and the quiet, steady flow of relationship. Silent or ten. In DID, those extremes are experienced within discrete parts of ourselves—alternate identities, some of whom are emotionally numb, others who are frantic with the scream of unremitting pain.

Abuse is distressing, and it ramped up the volume whilst muting it too: our abusers managed their feelings by overriding ours. So we learned to live in the silence, in the blare, from everything to nothing and back again, a thousand times a day. We couldn’t find the volume knob to amplify the quiet, fluttery sounds in our tummy. And we couldn’t turn it down either, away from the squawk of unrelenting distress. Recovery has involved feeling my feelings and using the volume knob—less out-of-control, dysregulated distress, and less numbed-out, avoidant, dissociative spacious too. We can learn to live in the middle, accepting our feelings as part of us, part of what it means to be human, and part of life lived to the full where we feel positive feelings along with the negative ones.

The stereotypes are inadequate.

These are all true but they are not the stereotype and so our lives bed down in shame that somehow our abuse was extraordinary, out of the range of normal human experience. We feel doubly bad for having been abused by a woman, by a mother, by an older sibling, by a younger sibling. But as we’ve seen already, the stereotypes serve society’s denial and are not good indicators of truth. There is something indelibly shocking about a mother abusing a son or even a mother abusing a daughter. It contradicts everything that we implicitly believe a mother to be. And when babies are abused, our attachment caregiving systems—that have evolved to nurture and protect the most vulnerable—scream with the horrifying wrongness of it. It happens—and more often than we care to believe. But I am not doubly bad for having suffered extreme abuse. There is nothing in me that caused it. I didn’t deserve it. And there are thousands upon thousands of people like me, who also are trapped by the shame of this abuse. But it’s more typical than any of us dare to believe and it was all wrong, and it was all damaging, and you are not to blame.

We are survivors.

Child sexual abuse causes very real damage—to our brains, to our personality development, to our ‘internal working models’, even to our bodies’ susceptibility to disease. Recovery is not swift. We need, in so many ways, to ‘unlearn what we have learned’. We need to learn whom to trust and why. We need to develop skills for managing our feelings. We need to treat ourselves kindly, as worthy of self-care. We need to retrain our reactions and learn to handle flashbacks and triggers. We need to learn to relate to others well. We need to learn to assert ourselves in the face of someone else’s power. These are hard tasks, but essential ones.

Healing doesn’t come through denial or avoidance. It doesn’t come through wearing a brave smile and pretending that nothing happened. Healing doesn’t come through perpetuating the lies of the abuser. Healing comes through embracing the truth.

But what is that truth? It is many things, but it includes the breathtaking triumph that we survived and we are still here. So many of us carry the shame posture of a victim, believing that we are weak and defective and worthless, but instead we should be proud. We are resilient. When we were defenceless and unsupported, mere children, we coped with intolerable pain, we coped with betrayal, we coped with deceit, and somehow we have kept on surviving. We are not pathetic—we are heroic.

If we can change our view of ourselves, if we can reframe our experiences as us surviving unbearable suffering, if we can see that we are creative and resourceful and determined and strong, then we will begin to heal. It is not what happened to us that matters so much as how we view it. We are not damaged goods. We are gold refined in a crucible. The challenge for us is to believe that this is so, and live our lives on the strength of who and what we really are, rather than the self-protective lies of our abusers. If we can do that, we can heal. And we can—heal—more than anything, what I have learned about child sexual abuse is that it is not a death sentence, and it is not a life sentence. We can heal, and we can be free.
According to the UN Convention on the Rights of the Child, which the UK government has ratified: ‘A child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.’ (UNCRC, 1989)

Although different documents set out the duties and responsibilities of organisations in England, Wales, Northern Ireland and Scotland to keep children safe, they all agree that a child is anyone who has not yet reached their eighteenth birthday.

In England, Wales, Scotland and Northern Ireland, the age of consent for sex is sixteen.

‘It is not intended that the sexual offences legislation be used to prosecute mutually consenting sexual activity between under sixteen, unless it involves abuse or exploitation. To protect younger children, the law says children under thirteen can never legally give consent, so any sexual activity with a child aged twelve or under will be subject to the maximum penalties. The legislation also gives extra protection to sixteen- and seventeen-year-olds. It is illegal to take, show or distribute indecent photographs, pay for or arrange sexual services, or for a person in a position of trust (e.g. teachers, care workers and sports coaches) to engage in sexual activity with anyone under the age of eighteen.’

The data on prevalence of child sexual abuse varies to a large degree, for some very good reasons. This is because different studies will reveal different incidence levels based on the parameters and variables of the study. Some of these variables include the following:

- What definition of sexual abuse is used? Is it limited to contact abuse, or are non-contact activities included?
- What age range of ‘children’ are looked at? For example, under 16 or under 18?
- Who are the study’s participants?
  » Are they clinical samples (for example, people seeking medical or psychological help for problematic life issues)?
  » Are they from the general population?
  » Are they from a particular sub-group of the general population, e.g. University students?
- How is the data obtained?
  » Is it based on self-report measures?
  » Is it based on structured or semi-structured interviews?
  » Is it based on legal or medical evidence?

So that is why the data reported by different studies can vary. The widest range in studies show that between 3% and 36% for girls are abused in childhood, and between 3% and 29% for boys.

However, the most common estimates are that sexual abuse affects:

- 1 in 4 girls (25%)
- 1 in 6 boys (17%)

Furthermore:

- Girls are 2-3 times more likely to be assaulted than boys.
- Girls are most likely to be assaulted by someone within the family, whereas boys are most likely to be assaulted by someone outside the family.
The age of consent in the UK is sixteen but it varies in different parts of the world. Therefore the definition of ‘child sexual abuse’ is different in different parts of the world. This is an important consideration when supporting people from different cultures.

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Source: [www.avert.org/](http://www.avert.org/)
The monster image of the sex offender prevents people recognising themselves and those close to them.

Stop It Now!

There was a gradual acceptance during the first half of the twentieth century that child sexual abuse was a reality in society. This acceptance led to a reaction amongst the American media in particular, with hundreds of stories appearing on television and in the printed press depicting abusers as monstrously different to ‘normal’ people.

This was compounded by law enforcement warnings such as those by FBI director Hoover, who called for a war on the ‘sex fiend…[who] has become a sinister threat to American childhood and womanhood’. As a result, in America 26 States and the District of Columbia brought in laws mandating special treatment in mental institutions for ‘sexual psychopaths’ (Freedman, 1987). Consequently there were frequent roundups by the police of ‘perverts’. But these men were generally minor offenders and male homosexuals and were not murderers and rapists as depicted by the press.

In American social work and popular culture between 1910 and 1940, the dominant stereotype of the ‘stranger’ perpetrator, a rootless drifter or a ‘sexually degenerated old man’, completed the reconstitution of the pedophile, thereby concealing the continued predominance of sexual assault within the family.

Olafson, Corwin & Summit, 1993

The myth of a sexual abuse offender being ‘the dirty old man in a mac’ still persists today. Some see this belief as being a kind of psychological defence: we split people into ‘good’ and ‘bad’ and declare that sexual offenders are all ‘bad’ (like Disney villains). ‘We’ however are ‘good’ and so we create some distance between ourselves and the ‘bad’ people. This helps us to feel safer and avoids us having to live with the unbearable anxiety that children might actually be more at risk from their families than they are from strangers.

KEY FACTS AND STATISTICS

- The majority of child sexual abuse offences are committed by people known to the child:
  - 87% child sexual abuse offences are committed by people known to the child.
  - In 94% of calls made to Childline about sexual abuse in 2005/2006, the child knew their abuser:
    - 59% of abusers were family members,
    - 35% were acquaintances, and
    - 5% were strangers.
  - The vast majority of abusers are male:
    - 97% of adults convicted or cautioned for a sexual offence each year are male.
    - Some studies believe that 80% of all abusers are male and 20% female.

- A significant proportion of all sexual abuse is perpetrated by children and adolescents

- The NSPCC report (Lovell, 2002) on children and young people who display sexually harmful behaviour declared that 25%-40% of all alleged sexual abuse is perpetrated by other young people, mainly adolescents.

- A NSPCC study (Radford et al, 2011) found that 66% of contact sexual abuse reported by 0-17s was perpetrated by other children and young people under 18.

- A NSPCC study (Cawson et al, 2000) found that for the children who experienced sexual abuse in the family, the most common perpetrator was a brother or stepbrother:
  - 38% of penetrative/oral acts of sexual abuse in the family were by a brother/stepbrother,
  - 23% were perpetrated by a father,
  - 14% were perpetrated by an uncle,
  - 13% were perpetrated by a stepfather,
  - 8% were perpetrated by a cousin,
  - 6% were perpetrated by a grandfather, and
  - 4% were perpetrated by a mother.

- According to the NSPCC, an estimated 110,000 people have been convicted of sexual offences against children in England and Wales.

- 70% of perpetrators had between 1 and 9 victims; however, the number of victims of sexual abuse per perpetrator is occasionally very high, with reports of up to 450 children per perpetrator in some cases.
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

(*Working Together, HM Government*)

Sexual abuse is when a child or young person is pressurised, forced or tricked into taking part in any kind of sexual activity with an adult or young person.

(*NSPCC*)

Child sexual abuse is the involvement of dependent children and adolescents in sexual activities with an adult or any person older or bigger, where there is a difference in age, size or power, in which the child is used as a sexual object for the gratification of the older person’s needs or desires, and to which the child is unable to give informed consent due to the imbalance of power or any mental or physical disability. This definition excludes consensual sexual activity between peers.

(*Christiane Sanderson*)

Sexual abuse seems to differ from other forms of abuse in that it is never an inadequacy or excess of what could be considered normal behaviour. It is very clearly deviant, deliberate and often pre-mediated behaviour. As with most forms of abuse, sexual abuse is usually by an adult or older child known to the child. There is often a period of ‘grooming’ in which the abuser draws close to the child, subsequently involving her/him in progressively more direct sexual behaviour. Such involvement is almost always kept secret, often through threats that leave the child trapped and confused.

(*Christian Medical Fellowship*)

A child is sexually abused when another person who is more sexually mature involves the child in any activity which the other person expects to lead to their sexual arousal or gratification.

(*Into the Light*)

Child sexual abuse includes all sexual activity with children by adults, and coercive sexual activity between children themselves. Children cannot consent to sexual contact with adults; they have neither the understanding nor the social position for this to be a free, equal and informed choice. And all coercive sexual contact, no matter the age or social position of the parties, is a breach of human rights.

(*CWASU*)

It’s not a definition or some bullet-points on a page, a menu of things that were done or could have been done, or might yet be done. It’s something to do with me as a person, the me that I’m so scared to show you, that I’m so scared to be, because of what happened, because shame like a dog’s blanket has been wrapped around me and I can’t get away from the grime and the stench and the yukkiness of me. Child sexual abuse is when you’re powerless and betrayed, and you’re all alone and you mustn’t tell, and there’s confusion and pain and deep down inside there’s the fear that it’s all your own fault, that there’s something wrong with you, something terribly and toxically wrong with you, and there’s nowhere to go, and no one to run to, and no way to stop it because you’re small and weak and stupid and if only!—if only!—if only you had known, if only you hadn’t been there, if only you hadn’t said what you’d said, or done what you’d done, or felt what you’d felt. Somehow you know that it’s all your fault, that you’re dirty and disgusting and naughty and bad. And different. So you hide and you don’t know what to do and you don’t know how to have friends and you don’t trust people and you know that people don’t trust you, because you’re bad. Feelings like melted wax on the inside of your guts, and you don’t know what they are, and you don’t know what to do with them; all you know is that you hate what is happening and you don’t have any choice, because you don’t have any choice, because you don’t deserve any choice, and the little you that is you just deserves to die. That’s what child sexual abuse is.

(*Carolyn Spring*)
The Spectrum of Abuse

Non-Contact Behaviours

• Grooming the child, off- and on-line.

• Sexually inappropriate invasion of the child’s personal space.

• Insisting on sexually seductive behaviour and dress.

• Nudity or disrobing in front of the child.

• Verbal comments of a sexual nature.

• Forcing the child to sleep in and share the same bed as an adult beyond age-appropriate development.

• Deliberate genital exposure to the child.

• Inappropriate watching of the child undressing or using the bathroom.

• Encouraging the child to watch or listen to sexual acts.

• Photographing the child for sexual gratification or later pornographic use.

• Drugging the child in order to photograph him or her in sexually provocative poses or as a prelude to sexual assault

• Engaging in overtly sexual behaviour in the presence of the child.

• Exposing the child to pornography in order to desensitise the child.

• Filming the child in sexually explicit poses.

• Coercing the child into a paedophile ring.

• Getting the child to recruit other children for the abuser.

• Forcing the child to engage in sexual activities with other children, adults or animals not involving the abuser.

Contact Behaviours

• Inappropriate or open-mouthed sexual kissing.

• Sexual fondling.

• Touch the child’s genitals or private parts for sexual pleasure.

• Making the child touch someone else’s genitals.

• Forcing the child to play sexual games.

• Masturbation—of the child, of the abuser by the child, or mutual.

• Oral sex—to the child, to the abuser by the child, or mutual.

• Ejaculating over the child.

• Placing objects, sweets or small toys into the child’s vagina or anus and then retrieving them.

• Penetrating the child’s vagina or anus with large objects, including adult sex aids.

• Digital or penile penetration of the vagina or anus.

• Dry intercourse—placing the penis between the upper thighs of the child and simulating intercourse.

• Forced sexual activity with other adults or children.

• Filming sexual activity with adults or children.

• Bestiality—forced sexual activity with animals.
The Spectrum of Torture

Involved in Extreme Abuse

- Sexual abuse and torture.
- Confinement in boxes, cages, coffins, etc., or burial (often with an opening or air-tube for oxygen).
- Restraint; with ropes, chains, cuffs, etc.
- Near-drowning.
- Extremes of heat and cold, including submersion in ice water, and burning chemicals.
- Spinning.
- Blinding light.
- Electric shock.
- Forced ingestion of offensive body fluids and matter, such as blood, urine, faeces, flesh, etc.
- Hung in painful positions or upside down.
- Hunger and thirst.
- Sleep deprivation.
- Compression with weights and devices.
- Sensory deprivation.
- Drugs to create illusion, confusion, and amnesia, often given by injection or intravenously.
- Ingestion or intravenous toxic chemicals to create pain or illness, including chemotherapy agents.
- Limbs pulled or dislocated.
- Application of snakes, spiders, maggots, rats, and other animals to induce fear and disgust.
- Near-death experiences; commonly asphyxiation by choking or drowning, with immediate resuscitation.
- Forced to perform or witness abuse, torture and sacrifice of people and animals, usually with knives.
- Forced participation in child pornography and prostitution.
- Raped to become pregnant; the foetus is then aborted for ritual use, or the baby is taken for sacrifice or enslavement.
- Spiritual abuse to cause victim to feel possessed, harassed, and controlled internally by spirits or demons.
- Desecration of Judeo-Christian beliefs and forms of worship; dedication to Satan or other deities.
- Use of illusion and virtual reality to confuse and create non-credible disclosure.

Source

Ellen Lacter, Kinds of Torture Endured in Ritual Abuse and Trauma-Based Mind Control (2004)
### SOME CHILD ABUSE PREVALENCE STUDIES

<table>
<thead>
<tr>
<th>Finding</th>
<th>Method</th>
<th>Source</th>
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<tr>
<td>30.4% of women and 23.6% of men have experienced child sexual abuse</td>
<td>Telephone interviews with 3,118 individuals, Ireland</td>
<td>McGee et al, 2003</td>
</tr>
<tr>
<td>21% of girls and 11% of boys have experienced child sexual abuse</td>
<td>National representative study of 2,869 young people aged 18-24 years in the UK</td>
<td>Cawson, Wattam, Brooker and Kelly, 2000 (NSPCC)</td>
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<tr>
<td>1 in 2 (49%) adolescent girls had been touched against their will</td>
<td>National Study on Violence 1998, survey of 2,069 women and girls supplemented by a five-year review of official records, Ghana</td>
<td>Coker-Appiah &amp; Cusack, 1999</td>
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<tr>
<td>36% of women and 19% of men have experienced sexual abuse</td>
<td>Survey of 1,125 individuals, Austria</td>
<td>Finkelhor, 1994</td>
</tr>
<tr>
<td>23% of women and 15% of men have experienced sexual abuse</td>
<td>Interviews with 2,000 individuals, Spain</td>
<td>Finkelhor, 1994</td>
</tr>
<tr>
<td>27% of women and 16% of men have experienced sexual abuse</td>
<td>Interviews with 2,626 individuals, USA</td>
<td>Finkelhor, 1994</td>
</tr>
<tr>
<td>59% of young women and 27% of young men have experienced at least one sexually intrusive incident before the age of 18</td>
<td>Survey of 1,244 young people attending Further Education colleges, Britain</td>
<td>Kelly, Regan and Burton, 1991</td>
</tr>
<tr>
<td>21% of young women and 7% of young men have experienced sexual abuse involving physical contact before the age of 18</td>
<td>Survey of 1,244 young people attending Further Education colleges, Britain</td>
<td>Kelly, Regan and Burton, 1991</td>
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# Child Sexual Abuse Myths

<table>
<thead>
<tr>
<th>Myth Description</th>
<th>Details</th>
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<tbody>
<tr>
<td>Child sexual abuse isn’t as common as people make out</td>
<td>There is little doubt that child sexual abuse is more prevalent than most people realise. A number of studies over many years consistently show that 1 in 4 girls and 1 in 6 boys have been abused in childhood. These figures are, however, likely to be the tip of the iceberg because the nature of sexual abuse means that people don’t want to admit it and so are likely to under-report in research studies; and, due to the fact that abuse often leads to amnesia, victims of abuse may falsely report that they haven’t been abused.</td>
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<tr>
<td>Boys aren’t abused</td>
<td>A large proportion of boys are sexually abused in childhood and a significant number of men are also sexually assaulted and raped in adulthood. However, in a culture that promotes messages such as ‘boys don’t cry’, it is even harder for boys to disclose about abuse.</td>
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<tr>
<td>Girls are more at risk than boys</td>
<td>Research does suggest that more girls are abused than boys. However, there could be reporting bias involved as it is so hard for boys to disclose abuse: they may fear greater stigmatisation, or find it more difficult to open up and talk about things. Many boys are also abused by a female, and in our culture there is a massive taboo against female perpetrators and so boys are even less likely to disclose if they feel that they will not be believed. Stereotypes in our culture are of men being the active initiators of sexual contact, and so this can make it even harder for boys to disclose their abuse. There is also significant evidence to show that adolescent boys are frequently abused by older females, but our culture often does not regard this as abuse. Instead it is seen in terms of ‘sexual initiation’ and something that the boy ought to be proud of, rather than accepting that he has been manipulated and abused. In general terms, girls are at greater risk of abuse within the family, whereas boys are at greater risk of abuse outside the family.</td>
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<tr>
<td>Very young children such as babies, infants and pre-school children aren’t abused, and if they are it isn’t damaging</td>
<td>There is clear evidence, including from images of abuse (alternatively known as ‘child pornography’), of babies just weeks old being abused. Many perpetrators target pre-verbal children in order to lower the risk of detection. The first three years of life are in fact the most formative. The part of the brain that is involved in storing ‘explicit’ memories (what we normally think of as narrative memories) does not fully come ‘online’ until about the age of 2½ to 3 years, but this age range is fundamental for laying down implicit or procedural memories (such as learning to walk, language learning, and creating ‘mental maps’ about how the world works). Therefore, abuse suffered within the first three years of life will have the greatest impact on brain development, including the way that the personality develops and the way that prototypes for relationship are formed.</td>
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<tr>
<td>Women don’t abuse</td>
<td>It is estimated that 20–25% of all sexual offences are committed by women. However as a society we have a huge taboo on women (who are supposed to be ‘nurturing’) being aggressive, violent or abusive towards children. Pre-school children are at greatest risk of being abused by a female, usually in childcare or babysitting contexts, and so there is a low rate of reporting due to the child’s age. Adolescent boys are also at risk of abuse by older females but it is often perceived not as abuse but as initiation into adult sexuality.</td>
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Only gay men sexually abuse boys

Children are abused by men and women from all sexual orientations. The majority of child sexual abusers are heterosexual.

Sexual abuse mostly happens within certain communities, classes and cultures, especially amongst dysfunctional families

Children are sexually abused in all communities, in all classes, and in all cultures. However, the misconception that there is more abuse amongst certain sections of society has persisted because disadvantaged groups are most likely to come under the surveillance of welfare workers and police, and so detection is more probable. But most abuse victims live in outwardly ‘normal’ families. The abuse is hidden and secretive and as the family appears ‘normal’, this is why the abuse can go on for, in many cases, several years.

Strangers are most likely to abuse children

‘Stranger danger’ is a myth that started in the first half of the 20th century with stereotypes of sexual offenders being ‘perverts’ or ‘monsters’. The actual reality is that the vast majority of abuse is perpetrated by people that are already known to the child (87%) and a large proportion of this (59%) is committed by people within the child’s own family.

Child sexual abusers are monsters or mentally ill

Studies of sexual offenders convicted for crimes against children show that a very small percentage actually have a mental illness. As Ray Wyre (2002), a leading figure in child protection, once said, ‘Monsters don’t get close to children—nice men do.’ Abusers are usually very charming and are highly skilled in manipulation and deceit. It is because they are viewed as ‘normal’ members of society that they are able to get away with their crimes. As a society we prefer to think of sexual offenders as ‘bad’ or ‘mad’ because it makes us feel safer, and distances us from the issue. The reality is that it is normal people who hold down jobs and are part of mainstream society that abuse children.

It is easy to spot sexual abusers

Sexual abusers look like normal people, because they are in fact normal people, apart from the fact that they abuse children in secret. If it were easy to spot abusers, so many children would not be abused. Sexual abusers come from all social and ethnic groups and from all age groups. Increasingly, it is being recognised that a large proportion of abuse is perpetrated by children and adolescents.

All sexual abusers were sexually abused themselves as children

Around 25% of the population have been sexually abused as children, and yet only a tiny percentage of the population (maybe less than 1%) are thought to be sexual offenders. It is impossible to know how many people are offenders because most are never successfully convicted of an offence. For example, in 2002 only 292 people were convicted for the rape or attempted rape of a child. It is certainly not true that people who have been abused will go onto abuse, but many abusers do seem to have a history of abuse themselves—perhaps as many as 60-80%. Interestingly, people who normalise or even excuse the abuse they experienced as children are more likely to become abusers themselves. But victims who realise that they were terribly wronged are less likely to become abusers.
**Child sexual abuse myths**

**Child sexual abuse is always violent**
Although much abuse is perpetrated with violence or at least threats of violence (for example the child being threatened with harm should they tell), the principal way that abusers gain access to children is through ‘grooming’. One of the ways that many abusers justify what they are doing is by saying that it is a ‘special relationship’ and an ‘expression of love’. Children often do not need to be physically or violently coerced into abuse because they are trained to be compliant (our society teaches children to obey adults), they are tricked into it, or they are too scared to resist. Some abuse however is perpetrated with high levels of violence in order to meet the abusers’ needs for gratification (either sexual or power-based).

**Child sexual abuse never involves pleasure for the child**
Children’s bodies have pleasure receptors in genital and other regions just like adults’ bodies do and these receptors will ‘light up’ when touched, whatever the context for that touch. Survivors frequently have to work through the fact that they felt ‘betrayed’ by their bodies during the abuse, which responded to stimulating touch. For example, even very young boys will develop erections when their penises are touched. Abusers will use the response of children’s bodies to justify their abuse, saying that it shows that they are consenting, but this is simply not true.

**Some children invite sexual contact from adults**
This is one of abusers’ most frequent defences as part of the cognitive triad of distortion that they employ, of denial, minimisation and blame. It places the responsibility on the child, when in all situations in life an adult is always responsible for guiding a child’s behaviour, not the other way around. Some children who have been groomed may attempt to elicit sexual contact from adults because they have been trained to do so and may believe that it is right and normal. But that behaviour is in itself a result of abuse.

**Parents and adults should be able to tell that their child is being or was abused**
Non-offending parents can feel very guilty that they did not know that their child was being abused. Some were perhaps aware of what was happening but unconsciously denied it in order to maintain their relationship with the abuser. But many were totally unaware of what was going on. The reality is that only certain acts of sexual abuse will leave any physical sign, and a child’s terror or shame will mean that they are often unwilling or unable to disclose.

**If someone had been abused, they would have told someone**
The vast majority of children who are sexually abused (70-80%) do not tell anyone at the time. Not only are they told or threatened not to tell, but shame and stigma mean that it is very difficult to do so.
### Accounts of sexual abuse are often fabricated

It is very difficult for children to fabricate information about sexual activity unless they have experienced it or been exposed to it in some way. Very few cases are found to be fabricated. There will be inaccuracies in everybody’s recall as memories are fallible, but it is very difficult for people to fabricate something that they don’t have some experience of. Furthermore, it is practically impossible over the long-term to fabricate the impact of abuse, such as resultant mental and physical health disorders, and involuntary responses such as triggers. The vast majority of people who have suffered sexual abuse in childhood find it very difficult to talk about what happened to them and so are reluctant to disclose at all: it is highly unlikely that large numbers of people would fabricate such accounts.

### If child sexual abuse happened, victims would always remember it

Traumatic memories are different to normal memories and are in fact less likely to be remembered, as extensive research has shown that, due to stress responses, a part of the brain concerned with memory consolidation called the hippocampus goes ‘offline’ during highly traumatic events. This means that memories, if they are stored at all, are often stored without proper context. Other theories of memory strongly suggest that we put out of mind what we cannot cope with (the theory of repression), and ‘betrayal trauma theory’ proposes that we tend not to remember information that it is not safe for us to know, such as when we have been abused by a parent or carer on whom we are dependent for our survival.

### If children consent to abuse, it’s not abuse

‘Informed consent’ requires that people are fully cognisant of what is happening and its consequences. Children under the age of thirteen cannot provide informed consent, a point which is enshrined in law, and even older children as well as some vulnerable adults may never be able to give informed consent. Due to the power dynamics involved in sexual abuse, it is not a free choice for a child to make. Additionally, the trickery and deception involved in grooming means that children are not able to see the situation clearly for what it is.

### Child pornography is harmless and prevents contact abuse of children

Child pornography is itself a record of a child being abused—the child is being harmed by the very act of what is happening to make the images. Those images are then distributed usually across the internet and the child has no say whatsoever in who gets to see them: it is a violation of the child’s human rights to privacy and dignity. Taylor & Quayle say: ‘Child pornography …is the portrayal of a sexual assault and as such it is therefore the picture of a serious crime in progress.’ Rather than preventing contact crimes from taking place, there is plenty of evidence to suggest that people view child pornography as part of the fantasy cycle prior to committing an assault. Child pornography actually normalises the abuse of children and lowers the viewer’s inhibitions to committing contact abuse. There is a strong move nowadays amongst various agencies to rename child pornography more accurately as ‘images of child abuse’.
As human beings we respond instinctively and from very primitive parts of our brain when faced with overwhelming threat such as trauma. Researchers have identified five innate and automatic responses to threat which dictate much of our behaviour. Understanding this helps to explain why people respond the way they do during abuse and how many people carry these automatic reactions through the rest of life. Many people have heard of the ‘fight or flight’ response but these are just two of five predictable patterns of responding to threatening situations, all of which can be represented by the letter ‘F’. We tend to respond on a sliding scale, depending on how serious the threat.

**FRIEND**
The first defensive strategy available to us is ‘friend’. A newborn baby, who is otherwise immobile and defenceless, has this strategy immediately and can cry for attention and to elicit help. The strategy is to invite a caregiver to come close. After about four to six weeks a baby begins to develop a wider repertoire of eliciting care and attention, including smiling. Later on, with improved motor function, a baby can raise their arms to be picked up and with crawling and walking they can move towards their safe person. So this ‘friend’ approach (also known as attachment) is based on a small person encouraging contact and protection from a big person. As adults, when in danger we turn to others to help us: if our car has broken down, we may call a partner, a friend or the RAC! (Interestingly this ‘social engagement system’ is often damaged in abuse survivors and they are either less likely to ask for help or to ask for help excessively, having little confidence in their own abilities to solve a situation or protect themselves.)

**FIGHT**
The second defensive response, if ‘friend’ doesn’t work, is ‘fight’. When threatened, we might respond with overt aggression or more subtle ‘fight behaviours’ such as saying ‘no’.

**FLIGHT**
The third defensive response is ‘flight’. This involves any means of putting distance between the individual and the threat—the most obvious is running away. For both the ‘fight’ and ‘flight’ responses, the brain releases a cascade of hormones that provide increased energy to the large muscles. This is the rush of energy associated with anger (a ‘fight’ response) such as clenched fists and jaw, tension in the shoulders, and the heart-pounding shakiness we experience when we have just had a near-miss in the car: it is the adrenaline in our bloodstream which was provided in milliseconds to enable us to respond. This all happens before we have had time to consciously think and plan, because it is mediated by very primitive, instinctive parts of our brains.

**FREEZE**
When the brain perceives that ‘friend’, ‘fight’ and ‘flight’ will not work, it elicits from the body a ‘freeze’ response. It is thought that the immobility produced by a freeze response has a number of advantages from a survival perspective, including not being detected by a predator. But the body is also flooded with ‘homemade heroin’, otherwise known as endogenous opioids, and there is a protective numbing of the body and mind in the event of inevitable harm. Being immobile prevents further injury when wounded and allows the body the best chance to survive and recover. The ‘freeze’ response is exceptionally common in child sexual abuse, as the child’s brain automatically perceives that ‘friend’, ‘fight’ and ‘flight’ will not be effective due to the abuser’s aggression and superior size and strength. Therefore the brain kicks into a ‘freeze’ response and the child is literally frozen and paralysed. Unfortunately many abusers take this response to mean consent, and many survivors feel terrible shame for not having fought back or tried to escape. However, they had no choice in the matter as this was literally an automatic body response.

**FLOP**
If the freeze mechanism fails, the final defensive strategy is employed, which is to ‘flop’. This is a state of total submission when all the muscles go floppy and both the body and mind become malleable. ‘Higher thinking’ processes in the brain are shut off at this point, resulting in a zombie-like submission where people do what they are told and do not protest at all about what is happening to them. Which ‘F’ is engaged at any point will depend on a number of factors, principally what is likely to best promote survival and what has been successful or unsuccessful in the past. It is this element of past experience which has a huge bearing on the automatic responses of abuse survivors. Even as adults they are likely to go straight into a ‘freeze’ or ‘flop’ response when faced with fairly minor current-day threats (or even just perception of threats) because ‘friend’, ‘fight’ and ‘flight’ were so ineffective for them in the past.
1. **No one asked.**

Maybe if someone had asked me a direct question, I would have given them a direct answer. But no one ever did. I sidled up to a teacher once in my PE kit and stretched out my hands, but she didn’t see. Or at least, she didn’t ask. I looked deep into the wonderings of the Avon lady but she never wondered out loud, and never to me. I tried sitting next to my friend’s Mum on the coach on the school trip to London but she only talked about the traffic. It wouldn’t have mattered if the Doctor had asked because my Mum was always sitting right next to me and I could only semaphore nakedly with my eyes. It wasn’t worth the risk anyway. Never mind.

2. **I didn’t know it was happening.**

It’s difficult to talk about something that you don’t know is happening. The day child, the night-time child; the indoor child, the outdoor child; the happy child, the unhappy child. If only they could have met: there would have been so much to say. The necessity of dissociation at the time makes it difficult to communicate apart from the dysfunction of fragmented emotion. My communication with a world that didn’t listen was through illness, pain, sleepwalking and the occasional outburst of bizarrely inappropriate behaviour such as chasing down an old couple who got it wrong at a T-junction and nearly pranged me in my mother’s car. I didn’t understand why I suddenly wanted to kill them for just an innocent mistake and they certainly didn’t. After they pulled in terror into a police station car park to evade me, I returned home hot-faced and confused. I didn’t know I was reacting out of transference because I didn’t know what had been happening the night before (and I certainly didn’t know what transference was).

3. **They told me not to tell and I wanted to be good.**

It might seem odd to want to be good by not telling but adults had told me not to tell and as a child I had no rational powers to see if they could be disobeyed. I wanted to be good. Good in order to be safe—yes; but good to be good. I didn’t want to be like them. I wanted to be good. And I had been told not to tell. So telling would have been naughty, and bad. I wasn’t going to do that if I could help it.

4. **They told me not to tell and said they would kill me if I did.**

It might seem reasonable to believe their threat but as adults I suppose we would tend to dismiss it as just that—a threat—and rationalise that a child could know no better than to believe it. But it wasn’t just a threat. When you have seen them kill another child your age—perhaps your age, perhaps even younger—you believe them utterly when they say that they will kill you. You believe without questioning that they will know if you gulp too loudly in assembly at school. And you live every day with the knowledge that it will be your turn next and there is no point—ever—in planning too far ahead. Telling would only quicken the suicide.

5. **There was no one to tell.**

When you look around the playground, you can’t be sure if you have seen those faces elsewhere, in the terror of crackling candle-light; you wouldn’t want to tell someone who might tell that you’ve told. The adults in your life—the teachers, the nit nurse, the friends of your parents—were they there, are their faces fire-flickering familiar? There was no one, afterwards, to help clean up the blood; there is certainly no one—no one—to tell.
I deserved what was happening.
It never occurred to me that this might not be so. It has always happened, as long as memory has stretched backwards; it will always happen, as long as anticipation stretches forward. Its genesis is in my soul—innocent evil; good things happen to good girls and there’s no experimental parallel universe in which to test out alternative hypotheses: this is reality. Words that form the wallpaper of my mind, whispered or commanded or bellowed by my abusers, tell me it is so, and it is so. I deserve it; I have caused it; I am it.

No one would believe me.
They said no one would believe me. An itchy cloth against my mouth, eye-stinging smells, rushing head… I can’t remember what happened next, so who will believe me? At school I write stories, paint pictures: fantastical, allegorical, metaphorical, but never (assume the teachers) true. They don’t believe I’m not hungry (have another potato), don’t believe I don’t want to play out (out you go anyway), don’t believe I’m feeling poorly (there’s nothing wrong with you), so why should they believe about knives and sticks and ropes and ditches and water and dead? Of course it’s not true. Those things don’t happen to anyone we might know. And certainly not in England.

I didn’t want anyone to know.
I am Bad, Unspeakable, Filthy and Vile. I do things that only adults do, I have murdered, I am shit. I don’t want people to hate me. I don’t want to go to prison. I don’t want to be rejected. I don’t want to be so naughty. Why would I want anyone to know about the things that I can’t even bear to know myself?

I didn’t have the words to tell.
Just once or twice I saw some kind eyes, eyes that seemed to lean right into me and offer peace, safety, warmth. I tried to lean back into them, to tell, to speak, to say. But I didn’t have the words. I didn’t know what the problem was, I didn’t have a lexicon. Back, back in time—reaching through the cot with pleading eyes of terror—I didn’t have any words then and I couldn’t even point. By the time the first brave crude words started to come, the kind eyes had leaned away and the moment was gone and the moment would not return.

No one would have done anything about it.
If a group of adults can stand and watch while you are raped and not intervene, what makes you think that anyone else will help? And if, having tried once, maybe twice, to tell one, maybe both, of your parents, and having been shouted at, and smacked, then tortured, for doing so—what makes you think that anyone else will do anything to stop it?
Let the survivor speak as much or as little as they feel comfortable with. Do not press for details and don’t try to change the subject until they are ready to move on.

Don’t invalidate their experience by sharing something from your own life that you think is similar. You may think you are communicating that you understand their pain but don’t assume you know how they feel.

Never question their experience. Assure them that you believe them and avoid questions like, ‘Are you sure?’ Sometimes, you may know their abuser and view them as a good person, but ‘good people’ can do bad things. You may also have conflicting allegiances if their abuser is your child or partner. It’s hard to believe someone they love could commit such a monstrous act, but the survivor was not at fault and needs your support.

Be careful in what emotions you express. Of course you are human and you are going to feel sad, confused or angry. However, you do not want the survivor to think you are angry with them or that they have to take care of you. Make sure you have a support system so you are taking care of yourself.

Ask what physical contact they would like. After being violated by touch, survivors may feel repulsed by touch or may want it.

Often a survivor knows their perpetrator. It may be a family member or close friend. Because there may be mixed emotions on the survivor’s part be careful not to condemn the person. Condemn their behaviour, but leave the rest alone. It is an emotional process the survivor will have to go through in sorting out their feelings.

Don’t make promises about the perpetrator going to jail. There are statutes of limitations to consider, the court process can be lengthy and you cannot control the outcome.

Don’t view the survivor as damaged. Sexual abuse carries a great deal of shame and they already feel different from others. Be sensitive to the wounded places, but see the difference between who they are and what has happened to them.

It is important to allow the survivor to have control over the situation. It is their decision if they want to go to counselling or contact the police. They have already lost control through the abuse and they need to regain it through healing in their own way at their own pace.

The survivor’s emotions may appear to be a roller coaster at times. There may be sadness one day, anger the next and avoidance after that. Do not assume that because they are not crying that they are not bothered by the abuse or that they are over it. A survivor may feel they are weak if they cry or are avoiding their emotions because they are not ready to feel the pain of the experience.

Educate yourself so you know what to expect. Do your own research on sexual abuse, the results and the healing process.

Don’t ask how long the process will take. They don’t know. They experienced a loss and need to be allowed to grieve. Allow them to grieve without trying to fix them. Don’t try to make them laugh when they’re sad.

Don’t say, ‘Just forgive him and let it go.’ Or ‘Why try to dig up the past?’ They aren’t trying to dig up the past just for your sympathy or attention. This is a life changing event and it can have serious consequences if it is not thoroughly dealt with. They can’t forget this. They need to face the pain so they can leave it there and move toward a better future.

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The word ‘trauma’ carries a range of meanings. In the context of psychology and sexual abuse recovery, it is not simply referring to something very difficult or upsetting. Bessel van der Kolk defines trauma as ‘an inescapably stressful event that overwhelms people’s existing coping mechanisms’ (van der Kolk & Fisler, 1995). A definition offered by Karen Saakvitne is:

‘Psychological trauma is the unique individual experience of an event or of enduring conditions in which the individual’s ability to integrate his or her emotional experience is overwhelmed (i.e. his or her ability to stay present, understand what is happening, integrate the feelings, and make sense of the experience), or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity’

(Pearlman & Saakvitne, 1995, p. 60).

So trauma is an event or series of events that are so overwhelming and threatening to life or sanity that a person cannot cope. The mind may switch off (dissociate) during the event or, at the very least, it will not be able to hold together the different elements of the event afterwards and ‘integrate’ them or join them together. For instance, feelings may be separated off from thoughts, or the cognitive understanding of what is happening may be cut off from the sensory experience. It is this lack of ‘integration’ which characterises trauma. Consequently, the traumatised individual may not be able to think coherently about what happened, or express or connect their feelings about the experience. The traumatic events can be stored ‘separately’ in the mind from normal, everyday experience and in some cases this will result in actual amnesia.

When the mind is overwhelmed by trauma, it finds it hard to store the event(s) as past memory. For a traumatised individual, the event continues to be experienced as ‘present’, as ‘still happening’, because the brain has not been able to integrate the whole experience and mark it with a kind of ‘context stamp’ that says ‘this is over’. It is therefore not surprising that the traumatised person continues to act and feel as if the trauma is still happening, and be over-reactive and hyper-vigilant. In order to cope with this, the traumatised individual may then try to shut off from the ‘now’ experience of trauma by numbing and avoidance. This then represents the triad of symptoms of PTSD (post-traumatic stress disorder): persistent re-experiencing of the event, avoidance of reminders and numbing of responsiveness, and hyperarousal. PTSD makes perfect sense in the light of the trauma being interpreted as still ‘now’.

Many people believe that talking about traumatic events will make things worse. This belief can be part of the ‘avoidance’ of trauma that people unconsciously employ in order to deal with it. But talking about trauma can be helpful if it is done in a way which allows the thinking ‘front brain’ to stay online, and to re-tag the memory of the event as ‘past’. It is essential that talking about the trauma is not so upsetting and dysregulating that it becomes retraumatising. But if it is sensitively handled, the trauma can subsequently be seen as an event that has happened, rather than continuing to be an event that is still happening now.

When trauma is repeated and particularly overwhelming, the only way of dealing with it may be ‘mental flight’. The child distances themselves from what is happening by ‘checking out’ mentally and pretending that the abuse or trauma is happening to someone else. This feeling of ‘de-personalisation’ is also common to adult survivors, who report feeling disconnected from the situation, as if it is a scene from a film, rather than their own experience.

This explains why many survivors struggle to feel that anything bad actually happened to them—they fear that they are making it up. It can be very confusing for other people to see survivors claiming that they suffered terrible trauma but not apparently being upset by it. Trauma survivors in fact are likely to suffer from seemingly unrelated symptoms such as physical illness and pain, depression, or ways of coping such as substance abuse or eating disorders.

But if trauma is understood as ‘disintegrative’, then it is easier to understand these seemingly contradictory responses and connect up the dots between people’s behaviours and difficulties and their abusive past.
We can split up the impacts of childhood sexual abuse into 5 main categories: physiological (the impact on the body and on health), emotional, sexual, interpersonal (the impact on viewing and relating to others), and intrapsychic (the impact on a survivor’s view of themselves). Many of these impacts are overlapping and will affect survivors in unique ways (not everyone is affected the same) but it can be helpful to separate out the principle impacts in these different areas to give an overall picture of just how harmful abuse is.

**PHYSIOLOGICAL IMPACTS**

Trauma directly changes the brain. Its effects are especially prominent in children, whose brains are still developing and where a ‘fork in the road’ can have a significant impact in terms of the future pathways of brain development.

This ‘brain damage’ is caused not by a blow to the head as in physical abuse, but by the body and brain being flooded by stress hormones at the time of the trauma, and bloodflow being restricted to certain parts of the brain during scenarios of intense threat. The more often this happens, the more damage this will cause. It leads to anatomical abnormalities including parts of the brain which become over-developed, and parts which are deficient.

One of the key impacts of trauma is that different parts of the brain are not as well ‘integrated’ as they should be, and the ‘cross-wiring’ of different regions does not work as well as normal. This is especially seen in the abnormal development of the front middle part of the brain (the medial prefrontal cortex) which is responsible for a wide range of brain activities including managing emotions and engaging with other people. Damage to this area explains many survivors’ emotional and relational difficulties, and an understanding of how to ‘re-grow’ this part of the brain also provides a helpful route towards recovery.

Research has also shown damage to specific areas of the brain concerned with memory including atrophy of the hippocampus, and heightened sensitivity in the amygdala, which acts as the body’s ‘smoke alarm’ to detect threat. This means that an abuse survivor is often hyper-sensitive to danger and easily panicked into a ‘fight-flight’ response, and has difficulty with differentiating between past threat and current threat. This explains many abuse survivors’ behaviours which can be construed as being ‘overreactive’ or unduly negative or paranoid.

Martin Teicher (2012) says: ‘Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds.’

What this means is that the abused child’s brain develops in order to cope as best it can with the abusive environment it finds itself in. This promotes survival, but the long-term result is a brain that is geared towards experiencing and surviving abuse, rather than living at peace and enjoying positive and nurturing relationships. This accounts for many of the impacts of abuse that are seen in adult survivors who have literally been ‘brain damaged’ by their experiences.

There are further, secondary changes to an abuse survivor’s physiology as a result of their experiences. These are often brought about by coping strategies, such as alcohol-related disease, and malnutrition from eating disorders. The body has been exposed to chronic levels of stress hormones and this leads to a vast increase in susceptibility to conditions such as heart disease, diabetes and cancer.

As a result of perceptions of the self as ‘bad’ or ‘damaged’ due to the shame of the abuse and messages they received during childhood, survivors often have poor self-care skills and a lack of care for the body through poor diet, lack of exercise, unhealthy work and rest patterns, as well as co-morbid problems such as insomnia related to post-traumatic stress disorder. Survivors frequently have difficulty for a variety of reasons in accessing medical care, and this means that often these problems accumulate and are not treated at an early point.

There are numerous somatic (bodily) changes that also occur as a result of developing post-traumatic stress disorder or a dissociative disorder, both natural consequences of early life trauma.
These include, but are not limited to, a ‘wired’ body which tends towards hyper-activation and ‘stressiness’ rather than relaxation and calm; and changes in perception of pain. This can include feeling too much pain (a lower pain threshold than ‘normal’) or being highly tolerant of pain (resulting in being able to push the body beyond what it can tolerate). There are frequent occurrences of chronic pain syndromes which have no apparent organic cause in the body but which are very real and cause immense suffering: many of these are thought to be caused by ‘memories’ that are expressed through the body. Difficulties in expressing emotions, which are common to many abuse survivors, can often manifest in somatic (bodily) symptoms rather than what we would normally think of as ‘feelings’: the body expresses what words cannot.

The abuse survivor therefore suffers not just from the original trauma of abuse at the time, but from a cascade of long-term health problems including actual brain damage, changes to the body’s response to stress, and greater susceptibility to common long-term health conditions. In addition to this, and sometimes as a result of this, an abuse survivor will often struggle with a very negative view of their body (feeling perhaps that their body was the ‘cause’ of the abuse and ‘betrayed’ them), leading to a vicious cycle of negative interactions with the body and a failure to care properly for it.

EMOTIONAL IMPACTS

Mike Lew, author of Victims No Longer, writes:

Most of the male survivors I know have spent a great deal of frustrating time trying to think their way out of their feelings. It is an exercise in frustration because the trauma of sexual child abuse doesn’t yield to reason or logic alone. Trauma isn’t just a ‘mistake’ brought about by ‘illogical thinking’. Perpetrators of child sexual abuse aren’t simply behaving illogically, they are harming children deeply. It is not illogical to hurt a child: it is wrong. Harms a child in this way wounds him emotionally. These injuries are inflicted by people who themselves have emotional problems. You can’t ‘reason’ with abusive behaviour and you can’t ‘think’ the hurts away. Abuse is a highly emotionally charged situation. To understand it and heal its scars requires the ‘logic of emotions’. Until you understand and work through your history of abuse on an emotional as well as a logical level, it will continue to interfere with your enjoyment of life…

Sexual abuse leaves a devastating legacy of emotional difficulties. A common understanding of the emotional impact of abuse upon a child is that, in order to survive the experience at the time, the child ‘dissociates’. This is a principally involuntary response whereby the mind shuts down and separates off the experience from the emotions connected to that experience. Those emotions are (as it were) put into deep freeze. When they are taken out of the freezer later in life, as the survivor begins to deal with what happened to him or her, the emotions come out of the freezer like frozen peas: as fresh as the day they went in.

It is often the inability to safely feel and deal with that flood of emotions at the time of the abuse that results in the survivor’s feelings having no means of expression. Feelings are meant to be felt. Having been felt, emotions, regardless of how strong they are, will then begin to fade and dissipate. It is not feeling emotions that causes difficulties.

But when these emotions do surface, for the survivor it can literally feel as if the abuse is happening in the present. The intensity of the emotions makes many survivors feel that they are ‘going mad’ or that they can’t cope any more. Sometimes this can result in a full-blown breakdown and even needing psychiatric care. Unfortunately, the response from many people is to want the survivor to suppress these feelings and put them back into the freezer. Such a response only tends to shame the survivor for having the feelings and actually re-enacts the original abuse scenario where they weren’t allowed to ‘feel’. It also delays the survivor’s recovery.

Emotional reactions are often extremely intense, not just because of the nature of the trauma itself but because of damage to parts of the brain concerned with managing emotions. Damage or atrophy in our prefrontal cortex, the ‘thinking’ front brain that puts the brakes on our emotions and helps us to literally ‘pause for thought’ before
acting, means that many abuse survivors can find it difficult to manage their emotions.

Furthermore, through repeated over-activation, an abuse survivor’s amygdala (the ‘smoke alarm’ of the brain) becomes oversensitive. Its job is to scan the environment for threat or danger and to instantly gear up the body ready for a ‘fight-or-flight’ response should it perceive that threat. Unfortunately, its over-sensitivity (or ‘irritability’ as one person has brilliantly described it) means that it errs on the side of caution and tends to perceive threat when there is none. Someone with an ‘irritable’ amygdala will tend to leap out of their seat if a door slams, or perceive anger in someone else’s merely tired face. This oversensitivity is not a conscious thing and unfortunately orients the survivor towards defensive behaviours which are perceived by other people as paranoia, tension, unfriendliness and suspicion. The whole brain is geared towards staying safe and perceiving the whole world to be a potential abuser, rather than towards positive ‘social engagement’ and feeling at ease and relaxed with other people. This is the way that the brain has developed over many years and cannot easily be ‘switched off’.

The brain learns through positive early life experiences with loving caregivers how to manage feelings. Think of a young baby—they cry and cannot manage themselves when they are hungry, tired or dirty, and need the soothing of a parent to manage their emotional states. But over time, through this soothing literally being ‘mirrored’ to them by ‘mirror neurons’ in the front right brain (the right orbital prefrontal cortex), they learn to manage their emotions and as they grow up through childhood and into adulthood, with good enough parenting and no trauma, they are able to manage themselves most of the time within a normal ‘window of tolerance’ of emotional experience.

The same however is not true for abuse survivors whose early life has included neglectful or even malicious parenting, and frequent trauma. They literally do not grow the links in their front right brain that enable them to learn to manage their feelings. As a result, they often turn to other means which are successful in helping them to manage their emotions in the short-term, but which have negative long-term impacts, such as eating disorders, self-harm, suicidality, promiscuity, workaholism, and alcohol and drug misuse. Unfortunately, they are often shamed by others and society for these strategies and they shame themselves for them as well. Neither they nor most people around them understand that these are all their best attempts to cope with feelings with which they have not had the opportunity yet to learn better ways of coping.

This is why counselling or therapy are often necessary to help someone overcome adverse early life experiences, as it requires an attuned therapist to provide not only the cognitive information about how to manage situations differently, but also the ‘spark’ of right brain to right brain communication that literally causes mirror neurons to grow. This is the same process that should happen between a mother and a baby but which many abuse survivors have failed to experience, either through deficiencies in the parenting they received or because too many traumatic incidents (such as sexual abuse) interfered with that process.

There are also long-term emotional consequences for abuse survivors related to the neurobiological residue of post-traumatic or dissociative disorders. This primarily includes depression, which has itself often been described as a creative survival mechanism. In the face of trauma that is unending and provides no hope of change, it makes sense for the mind to partially ‘shut down’ in order to try to conserve energy and wait for different circumstances. This manifests in what can be thought of very negatively by some people as ‘learned helplessness’ and a ‘victim mentality’. There is often a highly judgemental attitude towards people who are depressed and are ‘victims’—it is very easy to be angry with such people and to want to tell them to pull themselves together and make more of an effort. Great compassion and understanding is required to give people the hope that is a prerequisite for the brain coming back fully online and into a state of forward momentum and readiness. The depression is often a defence against the helplessness of the situation; therefore it requires there to be hope of change for the depression to lift.
Depression is also closely connected to shame, which is one of the principal emotional impacts of abuse. Shame is not just a temporary feeling, but a core sense of identity: ‘I am bad.’ It has a pervasive and powerful impact on a survivor’s life and requires a great deal of compassion and empathy to shift. The principal root of it is a sense of being toxic, bad and ‘damaged goods’, and being excluded from the ‘group’ and even from human society altogether. Shame can manifest in terms of people being ‘extra good’ in order to hide it, or feeling too worthless to be able to engage in any meaningful level of relationship. Shame requires unconditional acceptance (or ‘grace’) offered over the long-term for it to begin to shift, and being actively invited to participate in the ‘group’, in whatever form that takes.

SEXUAL IMPACTS

Although sexual abuse is not primarily about sex (it is about power and control), the fact that it involves sex and sexuality means that it is hugely damaging in these areas for survivors’ future lives. Sexual abuse hijacks a child’s normal sexual development. It sets a pattern or prototype for their understanding of sex and sexuality that is deeply flawed—one that is based on an abuse of power rather than on sacrificial love, mutual respect and enjoyment between consenting adults within the context of a committed relationship.

Sex is often seen by survivors as terrifying, humiliating, overwhelming, shameful, degrading and disgusting due to their early exposure to sex within the context of abuse. As a result, many survivors develop complications at some point in their life in their sexual functioning, often in a ‘bipolar’ pattern of either too much (promiscuity, sexual addictions) or too little (avoidance or functional difficulties such as inability to orgasm). Some people may develop sexual addictions including the use of pornography, the development of paraphilias, and attitudes towards sex such as sadomasochism which reflect and perhaps re-enact early life experiences, or are vehicles for manifesting unspoken feelings of shame or helplessness.

However, some survivors are able to develop loving sexual relations even within the context of working through a traumatic sexual history, and so there cannot and should not be an assumption that these problems are occurring, which can be very shaming. The nature of dissociation and being able to disconnect from memories, feelings or sensations means that some survivors will be able to develop a loving sexual relationship that is totally separate and viewed in an entirely different light to their early abusive experiences.

One of the key ways that childhood sexual abuse can impact a survivor’s later relationships can be seen in boundary difficulties in all relationships, not just overtly sexual ones. Dan Allender in The Wounded Heart talks about the ‘sexualisation of all relationships’. This refers to the way that emotional boundaries become blurred and relationships can become intense, highly intimate and over-involved. Some of this stems from the way that survivors have never had their personal boundaries respected and so do not know how to maintain them with other people: they can easily fall victim to people who themselves have weak boundaries or malicious intent. It also stems from ‘attachment’ issues and the difficulty in maintaining an individuated and autonomous sense of self which can lead to the crossing of sexual boundaries in inappropriate ways.

INTERPERSONAL IMPACTS

Many sexual abuse survivors have ongoing difficulties in making and maintaining relationships in adult life. As discussed previously, their brains are wired to be alert to threat and danger rather than being oriented towards social engagement. This bias was adaptive during childhood, when relationships were abusive and survival was paramount, but is maladaptive in adult life once the abuse has stopped as it taints all relationships with a negative ‘filter’ that the survivor is mostly unaware of and can do very little about without therapeutic input.

Our ability as human beings to make sense of what is going on in someone else’s mind is essential for positive relationships. If correct interpretations are made through body language, tone of voice,
previous expectations and so on, then the relationship is ‘attuned’ and communication is enhanced. However, survivors of abuse suffered developmental difficulties in this ‘mentalling’ capacity: after all, being able to correctly see what their abuser was thinking and intending, especially if that abuser was a parent, would have been overwhelming and terrifying. It is therefore felt that there is a defensive ‘detachment’ from being able to make sense of another person’s mind in child sexual abuse, and this is often consolidated by not having sufficient positive interactions as a child with another caregiver to be able to develop this insight into other people’s states of mind. Survivors therefore often have difficulty in correctly interpreting other people’s states of mind, their intentions and their behaviour, and often unconsciously attribute negative meaning (e.g. of threat, danger, or abusive intention) to a neutral or even positive intention. This can make negotiating relationships a minefield for survivors, and they often feel relationally incompetent and inept, not understanding why others behave the way they do, or not being able to hold onto the possibility that other people are feeling positive towards them.

Again, this is as a result of long-term changes that have taken place at a neurological level and is not a matter of ‘character’, or a survivor just being ‘negative’ or ‘awkward’. The very mental stance that was designed to protect them and help them survive as children backfires on them in adulthood. It is also very difficult to correctly interpret and receive positive interactions from people that are meant innocently, when previously during the abuse this was often part of the ‘grooming’ process and someone’s kindness or positive affirmation was frequently the prelude to abuse. Those assumptions and predictions are hard to shift. In viewing the self as ‘bad’ and ‘defective’, the survivor also finds it difficult to experience positive interactions with people which contradict this deeply-held belief about their intrinsic worthlessness and relational defectiveness. Survivors can end up unwittingly being cast in the role of ‘victim’ in their interactions with others, unconsciously (on both sides) reenacting abusive situations in which the survivor is abandoned or rejected as they were as children. Relational difficulties are therefore commonplace and unfortunately reinforce a survivor’s sense of shame and of being ‘damaged goods’.

One key area of relational difficulty is that of trust. This whole area was severely damaged during a survivor’s childhood—the very people that he or she should have trusted, and did trust, also hurt him or her. The ‘radar’ equipment that we all as human beings have, by which we make judgements of trustworthiness on other people, was therefore severely damaged and compromised. Survivors find it very hard to trust their ‘gut feelings’, and whereas they are hypervigilant to threat and may easily spot an untrustworthy person, they often fail to listen to their feelings. There is very often a ‘bipolar’ response to issues of trust: too much trust, leading to revictimisation, or too little trust, leading to rejection or isolation.

Authority figures often stir high levels of mistrust in survivors. This is because the ‘pattern-matching’ that the brain instinctively does all the time (and which is essential for us to live) matches the previous experience of authority figures who were abusive (adults they were expected to trust who then abused them as powerless children) onto the current ‘pattern’ of authority figures in current-day life. This is an unconscious mechanism and usually not an intentional or rebellious stance. But feeling once more in a ‘one-down’ situation when faced with authority figures who overemphasise their power can re-evoke in many survivors feelings of powerlessness. They may therefore mindlessly submit in a fearful, sycophantic way, or they may become ‘triggered’ by the power dynamic and engage in a ‘fight-or-flight’ response. This can come across as angry, rebellious, and unsubmitting, whereas in fact it is most likely to be a here-and-now reaction to a there-and-then feeling. This can cause huge difficulties for survivors seeking help from authority figures, whether in the church, medical professional, or criminal justice system, as they find themselves unable to seek care in an appropriate manner and so are labelled as ‘difficult’ and ‘uncooperative’, further reinforcing their sense of inadequacy and helplessness.

Most people grow up in a way that allows them to manage their own feelings appropriately,
what is the impact of abuse?

through drawing on their own resources or upon close friends, family and/or partners. There is an appropriate balance for most people between being able to manage their feelings themselves, and engaging the right people to the right degree for help at the right time. However, this balance is hard to find for an abuse survivor. Instead of growing up being able to draw upon adults to help manage their feelings, often those adults used the survivors as children to manage their own feelings. This of course is a reversal of how it should be, and so unsurprisingly survivors can have faulty blueprints for how to relate to people.

Depending on the nature and type of interactions in their family environment, survivors tend to grow up with either an ‘avoidant attachment style,’ where they try to figure things out by themselves and don’t ask for help, or an ‘ambivalent attachment style’, where they are under-resourced in managing their feelings themselves and can become overly dependent on the help of other people. Some people may alternate between or even simultaneously employ both. These two styles are typical responses to chronic childhood trauma, and both can lead to difficulties in adult relationships. Someone with an avoidant style may come across as self-sufficient but hostile or distant, and has a greater likelihood of developing addictions as a way of self-soothing. Someone with an ambivalent style may come across as clingy, needy and dependent and a ‘drain’ on other people. Understanding that both styles are responses to trauma can be helpful but therapeutic input is ideally required to help resolve the underlying attachment difficulties that will otherwise inevitably be played out in adult relationships.

The powerlessness experienced as a core feature of sexual abuse can be expressed in the adult lives of survivors as a need for control, either in the environment, or in terms of other people. Whilst the ultimate aim of all mature functioning would be to develop self-control rather than control of others, or things, this can be a difficult journey for abuse survivors, and inevitably some issues of control will be experienced in their relationships with other people. They may try to control others, or invite others to control them. Extreme need for control over the environment can result in anorexia or OCD and is quite common.

One of the final major interpersonal hurdles for abuse survivors is the societal shame that they encounter. It is very common for people to ‘back off’ from abuse survivors if they become aware of their history and their life difficulties. Rather than offering compassion and grace, the most common response to abuse survivors is of ostracism and rejection. People feel awkward, not knowing what to say or do, but typically rather than tackling the subject and either talking about it or seeking training, most people sadly keep their distance. The subject of sexual abuse is treated as taboo, and so survivors themselves are treated as taboo as well. This compounds their sense of shame and abandonment—that no one intervened and helped them at the time of the abuse, and no one is doing so now. These experiences of rejection and ostracism are unfortunately the norm for most abuse survivors within many contexts.

**INTRA-PSYCHIC IMPACTS**

One of the most potent impacts of child sexual abuse is upon the survivor’s subsequent view of themselves. Abuse requires a subtle blame-shifting on the part of the abuser, who rarely if ever takes responsibility for their actions. The shame that they ought to feel is transferred to the victim instead, and they grow up with a fundamental sense of themselves as flawed and damaged.

Very commonly, survivors feel shameful: that they are bad, evil, toxic and infectious, as if their badness will somehow infect others just by being close to them. They see themselves as ‘damaged goods’ that no one will want. They feel inept and powerless, with little or no self-agency or ability to change themselves or the world around them. This can often develop into ‘learned helplessness’, and a victim mentality which does not feel capable of achieving anything positive or enacting change in their circumstances.

It is very common for survivors to feel relationally incompetent, marked out in some invisible yet obvious way as being different from others. They feel that they are ‘not normal’, and very often
they experience rejection and isolation. Their self-esteem is frequently damaged: they feel as if they are no good at anything, and that they are no good for anything. They are useless and unwanted.

Furthermore, survivors often struggle with a sense of identity. In extreme cases, such as in dissociative disorders, this can be because of literal identity difficulties resultant from a failure of the personality to coalesce and become ‘whole’ during key developmental phases (as seen in dissociative identity disorder). But in many survivors it is on a more subtle scale, with a constant questioning sense of ‘Who am I?’, and a sense that they are defined either by the abuse, or as an extension of someone else, often their abuser. Having not been given dignity and respect as an autonomous human being with a right to choose what they like and don’t like, but having their wishes and needs so appallingly disregarded, it is often difficult for survivors to feel that they have the right to exist and that they are a ‘real’ person. They can end up depending on other people’s view of themselves in order for them to feel that they have a right to ‘be’.

The combination of all of these factors and the overriding sense of the self as deficient and vulnerable can lead to a debilitating sense of hopelessness, sometimes resulting in suicidal thoughts or attempts. Very often it results in a lack of hope for the future, and a lack of energy or drive to make things be different, as just surviving life on a day to day basis can feel so overwhelming.

**CONCLUSION**

Everybody reacts in a unique way to the unique set of abuses they suffered, in the unique family matrix in which they grew up. The impact of child sexual abuse is often felt differently at different stages of one’s life, and can often be triggered by certain life events, such as childbirth or one’s own children reaching the age at which the abuse began. Child sexual abuse is a developmental catastrophe and the effects are long-reaching. Despite the depth of the impact, however, there is hope for recovery with the appropriate help and support, which may include counselling or psychotherapy. It is getting help, whatever form that takes, which is essential.

For a list of organisations or for further help, please go to [www.pods-online.org.uk/links](http://www.pods-online.org.uk/links).

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**SEVEN ELEMENTS TO RECOVERY**

The Revd. Dr Marie Fortune, founder and senior analyst of the Faith Trust Institute has identified seven essential elements to the process of recovery from sexual abuse:

1. The opportunity to tell the story (to name the offence and share their experience).
2. For someone to ‘hear’ the story (that is, to believe and acknowledge the harm done and the fact that the victim is not to blame).
3. Receiving a compassionate response to the victim (that is, to ‘suffer with’, to walk with the person rather than try to ‘problem solve’ immediately).
4. An effort to protect the vulnerable from further harm (both the victim and any others who might be at risk).
5. The community holding the perpetrator to account.
6. An act of restitution in as far as this is possible (though this does not necessarily include institutional or financial liability).
7. Unambiguous vindication.

*Responding Well, 2011*
I don’t know who I am. I cannot be who I think I am, ungrateful recipient of a standard middle-class upbringing. I have dissociative identity disorder. I am a survivor of ritual abuse. I am Carolyn, Switch, Charlie, Leaf, Diddy, Yellow, Brat and Shine. I am a hundred others, maverick cameos in my stop-start life of conscious unconsciousness. I am me. Am I me? How do I know that I am me? How do I know that anything bad ever happened? How do I know that these memories of rape, of torture, of murder, are not just phantoms on my eyelids? How do I know that these feelings of rage and terror and horror and grief are not just chemical imbalances circling through my blood? Deep in my guts is the afterglow of trauma. Deep in my guts is a terror-stricken child. All day, all night—pain, the screech of remembering. I am infested with memories. They are like maggots crawling on the underbelly of my consciousness. They shouldn’t be here, they’re not mine—I am not the me that rem–embers. I am the ungrateful recipient of a standard middle-class upbringing. I am in denial.

My story about denial starts with myself at the age of four, a little girl with blonde hair and blue eyes, who was already being abused in at least three separate contexts. This little girl that was me was taken into some stables on a relative’s farm and raped. Except…she wasn’t. This little girl that was me floated somewhere up above the straw and the horse muck and said, ‘This isn’t happening’—or rather, ‘This isn’t happening to me.’ That experience of detaching from yourself is a common one for trauma survivors. It’s often called dissociation. It’s a thousand of those experiences that led to me developing dissociative identity disorder, this most surreal of labels that seems to mean, to me at least, ‘nothing bad ever happened to me’.

This chapter is about denial. There’s the denial that I and every DID survivor seem to struggle with on a daily basis—‘Did anything bad really ever happen to me? Am I making it all up?’ And then there’s the fact that we live in a society that wraps denial around itself like cotton wool—every bit as much as we do. We live in a culture that denies that we’re fat, or ugly, or old—we airbrush it away, have a facelift, dye our hair: anything but face reality. We live in a culture that pretends to be rich but really it’s rich only in plastic debt. Our wealth is measured not by how much money we have but by our credit rating and our mortgage multiples. We live in a culture of fake: fake boobs, fake tan, fake identities on the internet. We have hundreds of ‘friends’ on Facebook but no one to go for a walk with: in cyberspace no one can hear you scream. We live in a culture of proxy—living our lives through soap operas, celebrities and Hollywood romance. We play tennis on the Wii in our living room, not outside with a racquet and ball. We live in a culture of unreal, of fake, of pretend, of denial.

In 1994, 800,000 Rwandans were killed in 100 days of civil war. 800,000.

Did you know that? What is that like? Can you even imagine it? What is it like for 8,000 people a day to be killed in ethnic violence—8,000 people a day, every day for 100 days? And the world didn’t intervene. Back then it was in denial about what was happening and maybe it still is. There’s no Ground Zero monument for these victims. We live in this Western world of ‘fun’ and ‘excitement’ and ‘glamour’ and ‘stuff’. Genocides can be happening in another part of the world and we don’t even notice. In 1994 I was at University, worrying about essays, worrying about friends. Other people my age in a different part of the world were heaping rotting corpses into makeshift communal graves. I didn’t know that atrocities like that were going on. When I read the statistics now—800,000 people murdered in 100 days—I can’t believe it. It doesn’t fit into a worldview of iPhones and X-factor and the 2012 Olympic Games.

So it doesn’t surprise me that we also live in a culture of denial when it comes to dissociation. It doesn’t even surprise me that the websites of many leading mental health charities carry no mention of dissociation and DID. Because we’re living in a culture of denial.

It was that culture of denial that allowed my abuse to take place to start with. Did you know that it wasn’t until 1984 that the Department of Health added the category of ‘sexual abuse’ to its list of harms that can befall children? When I was being raped and made pregnant at the age of eleven, it
wasn’t just my own dissociative process that told me that it wasn’t happening; it was society too. ‘We don’t have a category for that. Computer says no.’ Judith Lewis Herman said that, ‘The ordinary response to atrocities is to banish them from consciousness’ (2001). So denial is the normative response to trauma. And denial and dissociation are two sides of the same coin. Remember?—‘This isn’t happening’ and ‘This isn’t happening to me.’ Elizabeth Kubler-Ross (2009) identified denial as the first stage of grief. That’s why when people receive news of the death of a loved one, they think, ‘It can’t be. This kind of thing doesn’t happen to us.’ Cancer and fatal accidents are things that happen to other people, not to us.

And society has an embarrassing history of denial. In the 1960s family doctors appeared on adverts recommending particular brands of cigarettes. There was fierce denial of the growing proof that smoking was a major contributor to lung cancer and heart disease. The Holocaust was a humanitarian tragedy in which between five and six million Jews were murdered, and yet even today there are scholars who deny that it ever took place. The same was true of the AIDS epidemic in the 1980s, with denial from many quarters that HIV led to AIDS. It was scaremongering, they said, a moral panic designed to stigmatise and blame the homosexual community. And most recently there is denial of climate change, the ‘inconvenient truth’ that our consumerist lifestyles are having a potentially catastrophic effect on the environment.

We don’t want to accept these truths. They are uncomfortable, shocking, inconvenient. Because they require us to do something. They require us as a society to change, and we don’t want to.

And the same is true for child sexual abuse. Maybe one in four girls and one in six boys before the age of sixteen will be sexually abused, says research (Sanderson, 2006). A further 27% of women will be sexually assaulted in adulthood (Sanderson, 2006). What kind of society allows that kind of thing to go on and does so little to prevent it? What kind of society spends only the equivalent of a small chocolate bar on each sexual abuse survivor’s recovery (Lantern Project, 2011)? You could be excused for thinking that it’s a society that doesn’t really care and doesn’t really want to know.

So it is easier to deny it. Just as it was easier, I suppose, for the coroners and morticians and other professionals involved with Harold Shipman to deny the facts that so many of his elderly patients died during or shortly after a home visit from him. Doctors don’t do bad things. Harold Shipman is a doctor. Therefore we will not accept the truth that a responsible, respected member of society, a general practitioner, someone in whom we place our trust, could have been Britain’s biggest ever serial killer. How can someone murder over 200 people and no one notice? Because to steal Bowlby’s phrase, ‘thinking what we are not supposed to think, and feeling what we are not supposed to feel’ (1988) is an uncomfortable thing, and is quietly but staunchly discouraged in our culture of denial. The same I suppose was true in the Baby P case. Peter Connelly, the boy in the photo, blonde-haired and blue-eyed, hauntingly beautiful and then tragically killed. He died in London in 2007 after suffering more than 50 injuries including 8 fractured ribs and a broken back. Yet he had received more than 60 visits from social workers, doctors and police over an eight-month period. The Serious Case Review into his death lamely concluded that hospital doctors were at times too willing to believe the parents’ explanation for their son’s injuries.

It’s denial again: ‘This isn’t happening.’ A father, a mother, do not hurt their child deliberately. That goes against everything that we believe a father and a mother to be. And it is that denial that is at the heart of the kinds of abuse that lead to DID. It’s the kind of denial that we as survivors have to engage in: Mummy wouldn’t hurt me, Daddy wouldn’t hurt me. Mummy loves me, and so does Daddy. I have a good Mummy, I have a good Daddy. They wouldn’t hand me over to other people to hurt me too. They wouldn’t allow this to go on day after day, night after night, throughout my childhood. The reality of that is simply too much to cope with. We must deny it in order to survive.

And we feel such shame, and stigma, at the kinds of things that happened to us, that we don’t ever want anyone to know. And we’re told not to tell. In fact, we’re threatened, we’re terrorised, we’re coerced and brutalised into never telling.
So shame and secrecy become the perpetrator’s weapons. It affords them the cover of darkness to continue with their abuse, and it leaves us alone and traumatised with no ability to fight back. And when the kinds of perpetrators that I’m referring to are magistrates and doctors, teachers and lawyers, police officers and judges, when it’s people that we rely on for our society to be just and fair and safe, is it any wonder that society and the media stand against us when we’re the victims? Because, due to our traumatisation, we are after all a little ‘odd’. We populate mental health wards, or we hide at home. We don’t want anyone to know about our OCD and agoraphobia, our generalised anxiety and insomnia, our chronic unexplained pain and borderline personality. We certainly don’t want to stand up and shout about it. We’ve got through all these years by insisting to ourselves that we are the bad ones, the wrong ones, the shameful ones. And the rejection we experience too often when we do tell someone only seems to reinforce that.

If we stand up and speak about our symptoms and our histories, who is going to listen to us? Who is going to help? No one helped us back then: adults stood around and watched us be hurt. Who is going to believe us with our multiple personalities and our bizarre, scandalous allegations that it was the pillars of the community who raped us or tortured us? Would you believe the woman in the mental health unit over the smartly uniformed police officer? I had a best friend once, the kind that you go shopping with and watch films with, the kind you go on holiday with and rescue when her car breaks down on the A1. Shortly after my diagnosis, I told her I had DID. I haven’t seen her since. The stench and rankness of a socially unacceptable mental health disorder seems to have driven her away. That’s the reaction we get sometimes. With others, they listen but they don’t ask questions and they don’t mention it again. We’re acceptable only as long as we don’t act mad or mention abuse. None of my friends whom society would label as ‘normal’—the Joe Bloggs average person who doesn’t need to be known as a ‘patient’ or a ‘client’ or a ‘service user’—very few of these would come to hear me speak at a conference or a workshop. It’s just not acceptable conversation.

So am I surprised when a sixteen-month long police investigation against my abusers ends with ‘no further action’? Not at all. Do we really think that allegations against police officers and teachers and doctors and lawyers will result in a prosecution? Can I really be telling the truth when I talk of atrocities amongst the middle classes? If we can’t contemplate the reality of 100 days of genocide in Africa, we certainly must deny the reality of ritualised, organised, extreme abuse in Middle England. Because if society did not deny it, it would have to do something about it. Silence and secrecy are the weapons of perpetrators, but by default they are the stance of a society that doesn’t want to have to face the ‘inconvenient’ truth of dissociative identity disorder affecting up to 1.5% of the population (ISSTD, 2011). That’s nearly a million people in the UK alone. We have a budget deficit. It’s just not convenient to mention us. Not when the treatment of choice is individual long-term psychotherapy and not a drugs solution. If we could be medicated into a cure, the pharmaceutical companies would be fighting our case for us. But we require time, and a lot of it, from highly skilled and highly human therapist people. So really, denial of our condition, denial of our experiences, is the only sensible response that our society can make in a global recession, surely?

One problem is that we ourselves struggle with denial. ‘Denial of the syndrome is part of the syndrome’ I often say. We all doubt our own reality. We doubt ourselves, our narratives, our lack of narratives, our memories, our lack of memories, our symptoms, our alters, our pain. Of course we do. Denial and dissociation are two sides of the same coin. We survived by denying. ‘This isn’t happening’—‘This isn’t happening to me.’ And our abusers rubbed their hands with glee. Denial is their defence too. We were taken out at night, raped, hung up, tortured, shamed—all manner of things that are too criminal, too abhorrent for words. And the next morning, sitting at the kitchen table, eating cornflakes in our uniform ready for school—did anyone mention it? Did we talk about it? Did we discuss our reactions, our feelings, our fears? Did anyone help us to put narrative form around those events? Of course not. We ate cornflakes and drank denial for breakfast. We grew up fat, fed on a diet of denial. So is it any
wonder that we developed denial-based patterns of thinking, that our brains grew up hard-wired into believing that nothing happened?

Denial is our very real, personal response to our own trauma. But denial is the normative response to trauma—by everyone. Society may deny that anything bad ever happened to us. It may deny that DID exists. But that doesn’t mean to say it’s right. All it says is that like global warming our histories, our stories are an ‘inconvenient truth’. The lack of treatment options for us is not our fault. It’s just society reverting to a default position and denying that anything is wrong—while one Baby Peter a week dies at the hands of caregivers, while a Harold Shipman kills the next patient, while someone dies of cancer, while global warming continues to wreak devastating floods in Bangladesh.

So what to do? Give up and accept that society will always be in denial about us? If I thought that, I wouldn’t be writing this. But partly I am because there is a story from history that inspires me and encourages me. It is the tale of the abolition of the slave trade and the stand that William Wilberforce took against societal denial. Late 18th century Britain depended on the slave trade. It wasn’t just inconvenient to think of abolishing it; it seemed to be industrial suicide. The slave trade accounted for 80% of Great Britain’s foreign income.

When we look back from a 21st century viewpoint we can all agree that the slave trade was wrong. But perhaps we equate it to Eastern European migrants being paid peanuts to pick leeks in East Anglia. And that is a poor comparison. The slave trade involved immense human suffering. People were forcibly kidnapped from Africa and transported to the West Indies to work in the sugar plantations which made Britain ‘Great’.

Did you know that the British Empire was built on the backs of slaves?

Slaves were transported in the most appalling conditions, kept in ‘booths’ hardly bigger than a coffin, shackled to prevent them from throwing themselves overboard in despair. There was no sanitation—the spaces in which they were confined simply filled up with excrement and urine. Their joints were dislocated, twisted in unimaginable pain for three torturous weeks. Of the eleven million slaves that were transported by ship, nearly 1½ million of them died—men, women and children. This was a human rights atrocity of the highest order. Yet in England no one battered an eyelid. At all. Our good friend Denial took care of that. Denial said that these Black Africans were not even human. It’s a different sort of mental gymnastics but that’s the same mechanism that goes on for an adult to rape a child. The reasoning is: this is not a human being like me, with feelings, pains, emotions, desires and the right to choose—this is an object that I can use for what I want. That’s how the British people as a society thought of slaves—they are not human, they exist to meet my needs, my wants and my selfish desires. All that suffering so I can have sugar in my tea. The second great denial was of the conditions on board the slaves ships. They simply were not public knowledge. It was a ‘trade secret’.

So what did Wilberforce and his colleagues do? They actually had a simple strategy: to raise awareness. And this is where perhaps we can see parallels today. How did they do it? They supported the publication of ‘survivor stories’, the 18th century equivalent of WH Smith’s ‘mis lit’ section. Freed slaves such as Olaudah Equiano wrote books and pamphlets, spoke out at public meetings and debating societies, approached prominent society figures, and pestered the press. His book was the best-seller of 1789, shifting an incredible 50,000 copies. Thomas Clarkson travelled throughout the country gathering statistics, facts and firsthand accounts. The campaign lobbied Parliament, organised boycotts, gathered hundreds of petitions and even had a logo designed by Mr Pottery himself, Josiah Wedgewood. It all sounds quite familiar, doesn’t it? But this was the world’s first ever grassroots human rights campaign, in which people from different social classes and backgrounds joined together to put an end to injustices suffered by others. It took 26 years of awareness-raising and lobbying before the slave trade was finally abolished. It cost Wilberforce his health, but he died, I’m sure, a happy man.
I believe we can do the same thing. In the same way that the women's movement of the seventies and eighties brought rape and incest into public consciousness, we can do the same with the causes and reality of dissociation and multiplicity. But to tackle society's denial, we must tackle our own. There is a slave trade still in this country—yes, the real and horrific sex and human trafficking trade run by organised criminal gangs, which is appalling and must be stopped. But there's the hidden slavery too of children exploited and used within their own families, within organised and ritual abuse. And there's the hidden slavery of the tens and hundreds of thousands of us—maybe even the million of us—who are slaves to secrecy and silence because we've been told that if we ever tell bad, bad things will happen.

And they're right. Bad, bad things will happen. To them. We were told not to tell because it protected them, not us.

How much 'telling' we do must ultimately be based on what is right and safe and helpful for us all as individuals. I'm not advocating reckless, indiscriminate disclosures, or anything that will tip us out of our own window of tolerance. I'm talking about our corporate telling, our corporate assault on society's denial—just as the slave trade activists did when they dumped shackles and fetters into the middle of the table during high society dinners. That's what we're doing with books like these. I'm speaking up not just for myself but for all those who cannot yet speak up for themselves. If Wilberforce could demolish denial in a society heavily self-invested in the slave trade without YouTube or Twitter or Facebook, without email or podcasts or the web, just think what we can do with all this communications technology that we now have at our disposal. It is time to speak out and let people know that we will be slaves no longer.

Let me finish with a quote about Helen Bamber, the human rights' activist. This is from an interview with Emma Thompson (Leitch, 2009):

Helen Bamber once told me that victims of torture have their voice taken away from them twice over. During incarceration and torture, they are deprived of a voice. Then, if they survive, often nobody wants to hear about what has happened to them. It's too disturbing. Thus, they lose their voices for a second time in the very place they may have expected to be heard. Some of them, having survived torture, cannot survive this rejection. What she has always said is that the hardest stories to listen to are often the most rewarding stories to hear. If you are interested in helping anyone, the simple act of listening is your first proper contribution.

The question is: are you willing to listen?
POWERLESSNESS

Sometimes my head feels as if it has a flock of birds in it, swooping chattering starlings, full of noisy nothingness, just busy, active, dazzling activity. Then I can see a field, a 5-bar gate, a barren field laid fallow and a concrete-grey sky that is leaning on the earth, too heavy to prop itself up. There’s nobody, just nobody, nobody to run to, nobody to turn to. What do I need to do to find somebody who will listen? I’m in a strait-jacket of silence, mustn’t tell, mustn’t say, mustn’t complain. I can’t explain what that feels like—the stringency of silence, powerlessness of a child. Things won’t ever change, this is how it is, didn’t you know? That bird in the rafters of the barn—it doesn’t even want to fly free. It’s hiding in the safety of the corrugated roof where rust binds to rust and everything is decayed and uncared-for.

I wrote this in about 2007. I was trying to express some very intense feelings of powerlessness that I had at the time. There was a particular trauma memory that I was working with, the backdrop to which involved a field, a 5-bar gate, a grey sky and a bird caught up in the rafters of the barn. There was something in the imagery of what I was ‘seeing’ at the time that connected very potently with the powerlessness that was then gripping my life. So in therapy I began to explore that whole theme.

David Finkelhor, a well-known researcher and clinician in the field of child sexual abuse, proposed four categories to describe the impacts of abuse:

- traumatic sexualisation
- stigmatisation
- betrayal
- and powerlessness.

He saw that the dynamics of powerlessness are played out in various ways. Firstly, the child’s body is invaded or violated against his or her wishes, and that vulnerability to invasion continues over time and in other contexts. That is one of the factors that makes victims of abuse more likely to be re-abused and why boundaries in relationships for us as trauma survivors can be so complicated. Secondly, the perpetrator uses force or trickery to abuse the child, rendering him or her helpless. The child feels unable to protect him- or herself and end the abuse—so the child is helpless. Thirdly, the child has repeated experiences of fear, even terror. Fourthly, the child is unable to tell anyone or make anyone else believe what is going on.

I hadn’t realised that someone in another country, writing even at the time of some my abuse, someone that I didn’t know and have never met, could so accurately describe my experience. Back in 2007 I also didn’t realise that my experience is eerily similar to that of millions of others. I thought that what happened to me happened because I was bad. And the feelings of powerlessness my abuse had left me with I attributed to my own weakness, and further proof of my inherent culpability. Like soldiers from World War One suffering ‘shell shock’, what we now know to be post-traumatic stress disorder (PTSD), I blamed myself for moral weakness because I was rendered helpless and powerless by the overpowering of people bigger and stronger than me.

One of the things that helped me break out of the guilt cycle of having been impacted by abuse was seeing those same effects in other people, people for whom I had compassion and whose abuse I could view through an unbiased lens. As the outside observer, it seems inconceivable to me why my friend Liddy would feel responsible for having been abused when she was a four-year-old, why she should blame herself for having repeatedly experienced a dissociative ‘freeze’ response at the moment of abuse, and why she should struggle for the remainder of her life to date with shame, depression, guilt, despair and ‘learned helplessness’. I have had to learn to have the same compassion for myself as I have for Liddy.

The entry from my journal in 2007 reflected my experience of powerlessness as a child and correlated strongly with the things that Finkelhor was saying. There really was this forlorn internal sense of there being nobody that I could turn to and so nothing I could do to stop the abuse. I really was powerless. I identified with a bird caught up in the rafters of a barn that seemed to have given up wanting to get free. What I saw in myself was that same sense of ‘learned helplessness’, where you’ve tried and failed so many times that you simply stop trying. To continue to try feels like madness, a waste of energy and already scant resources.
My dreams—and many times my nightmares—reflected this sense of powerlessness within me. When I could sleep, which was cruelly seldom, I would dream of situations where I couldn’t run fast enough, I couldn’t get out of the way in time, I was trapped. I would wake with depleted energy and exhaustion, a lassitude, a kind of ‘What’s the point?’ that is so often the hallmark of depression. Powerlessness is such a core experience for victims of abuse that often we don’t even notice it. It is played out in the way that we interact with people and the world—it’s the shadow cast by the sun, rather than the sunlight itself. For me, I began to see the shadow of powerlessness in various forms in my life: being competitive, craving knowledge, being overly submissive to ‘authority figures’, competing with men, and rejecting femininity.

BEING COMPETITIVE
I was competitive not just in sport (which I loved, and at which I excelled) but in everything I did. I would do everything I could not to lose, whether it was a game of badminton or a game of Monopoly. I wanted to be the best I could be, or nothing at all. All the time I was trying to prove, ‘I can…I can…And I won’t fail.’ Feelings of inadequacy, of losing or failure, would elicit in me very strong trauma reactions—not just disappointment that I had lost a game of badminton with a good-hearted shrug of the shoulders, but a sense of awfulness, dread and imminent, life-threatening danger. Not being the strongest or the best was being continually interpreted by my brain as a sign of impending doom.

KNOWLEDGE
Somewhere along the line I made a leap in my head that if only I knew more, I would be safe and I wouldn’t be powerless. So I became a knowledge junkie. I had to know everything I could—regarding scraps of information as if they were lines of cocaine—with a kind of desperation that believed that if I didn’t know a certain fact, something bad would happen. Of course this was magical thinking, because I wasn’t abused because I was stupid, or didn’t know something—I was abused because people who were bigger and stronger than me decided to abuse me. But a healthy curiosity and interest in learning became an obsessive need to know, as if that would somehow ward off future abuses. I couldn’t enjoy my academic successes, because there was always more to know.

BEING OVERLY SUBMISSIVE TO ‘AUTHORITY FIGURES’
I guess I spent a lot of time figuring out who really had the power, and my ploy in the face of really powerful people was to submit, almost to the point of obsequiousness. Normally fairly confident and used to holding my own, I would crumple in the face of an ‘authority figure’. This could be a real authority figure or a perceived one—someone who just reminded me of those figures from my childhood. When that happened, I couldn’t speak up for myself, I just had to do what they said; and I fell back into an automatic mode of submission, of learned helplessness. Mostly they were treating me as an adult, expecting me to say ‘No’ if I disagreed with something that they were saying or proposing, but I couldn’t. I had to do exactly what they said, whatever that was. Because of this, that person unintentionally adopted the role of perpetrator again in my life—because they were enacting an abuse scenario where they were ‘making’ me do something that I didn’t want to. It’s no surprise that I would struggle in my relationship with them.

COMPETITION WITH MEN
My father had brought me up more as a boy than as a girl, so I had learned skills that are more stereotypically the domain of the masculine, such as building and DIY and cars and driving. I then used those skills, some of them highly refined, to outperform the men around me in my adult life. During my twenties, the peer guys I socialised with used to have a hard time of it with me, especially when we were doing something like DIY or moving house. I was out to prove that they weren’t stronger or better than me. It wasn’t the smartest way either to make friends and influence people, or to find a suitable chap to marry, because I was almost obsesively competing with men. It was an unconscious thing, something that I put down to my ‘personality’ but, rather than leading
to a sense of self-efficacy and self-assurance, it led to me feeling that every relationship was a battle. Not surprisingly, dating just didn’t happen.

REJECTION OF FEMININITY

I grew up despising any form of ‘femininity’ that I perceived as being weak or pathetic, especially anything that smacked of my mother. So I didn’t do crying, or ‘being pathetic’, or ‘silly girly stuff’ or anything that would allow me to come across as weak or vulnerable, or the object of anyone else’s sexuality. In effect I was acting as if everyone was going to abuse me, given the chance, whereas in reality they weren’t—apart from a few. I was abused again as an adult, but I had been looking out for the wrong danger signals—I saw safe people as dangerous, and dangerous people as safe, and had no way of distinguishing between the two. My fear of powerlessness had loaded the wrong schematic onto my screen and left me, ironically, wide open to re-victimisation.

ADMITTING POWERLESSNESS

Admitting powerlessness is a strangely difficult thing to do. Admitting it in therapy sometimes feels even harder—being vulnerable is scary at the best of times but being vulnerable in an intimate relationship (where at least a significant proportion of our abuse was perpetrated) sends off a warning siren that drowns out our reasoned common sense that says that this person, this authority figure who holds a certain amount of power in our relationship, is safe. Looking back at and accepting our powerlessness as children is hard—it is as if everything in us screams out, ‘No, I wasn’t that powerless! It can’t be!’ It’s easier to blame ourselves for what happened, to rewrite history so that we chose to be abused, rather than face that terrifying internal vision of our utter helplessness. Because, the logic goes, if we chose to be abused, then we can choose not to be abused again. Powerlessness, on the other hand, says that we can guarantee nothing in life—it is out of our control. Having had so little control in reality as children, lack of control often terrifies us now. We do almost anything to cling to the fairytale that we have control over our lives—images of tsunamis in Japan or famines in Somalia or terrorism in Norway are often too unbearable for us to watch because it confronts us with the powerlessness everyone has in the face of either forces greater than us, such as Nature, or determined human evil.

In terms of DID, the impact of powerlessness played out in various ways for me and was the subtext for a number of the splits between various groups of alters internally. There were the ‘weak ones’ (the ‘little ones’) and the ‘strong ones’ (the ‘big ones’), with the former group of child-like, developmentally immature female parts being despised, alienated and, yes, bullied by the mostly adolescent male parts. Vulnerability, the need for care (including self-care), expression of emotions—all of these had been disowned not just by the ‘strong ones’ but largely by me as the adult host as well, under pressure it seemed from the ‘big ones’. Only through switching to a ‘little one’ could I at first express painful feelings or the need for comfort and soothing. The machismo of the ‘big ones’, their refusal to engage with memories or feelings of powerlessness, their insistence that the ‘little ones’ are stupid and were to blame for the abuse, generated in me the most enormous conflict. It has been the gradual resolution of that conflict that has brought some of the greatest sense of healing to my life. At its core has been the issue of powerlessness.

Having suffered a breakdown in 2005 and eventually having given up work through sheer inability to function in 2007, this damp, musty cloth of powerlessness again suffocated me. Pierre Janet, as expounded through Pat Ogden’s sensorimotor approach to psychotherapy, talks about ‘acts of triumph’ and how trauma survivors such as myself have not been able to perform any of the actions characteristics of the stage of triumph. This was replaying again for me in this state of ‘breakdown’ in 2007—no job, no self-esteem, a daily dearth of ‘acts of triumph’. Looking back I now see it clearly as the most dangerous period of my life—the suck-back into a state of learned helplessness, into re-enacted powerlessness, was at times overwhelming. I had to engage myself, forcefully, in establishing ‘acts of triumph’ during my daily maelstrom of revolving-door dissociative switching and self-harm. Getting out of bed was an ‘act of triumph’ at first, and then getting
dressed. Next was the washing-up, tidying, the washing and ironing. It's amazing how much satisfaction you can feel, when you are living through a phase of chronic dysfunction and nightly suicidality, to get to the bottom of the ironing pile. Next was reading, then studying, then writing. Onto voluntary work, helping at a toddler group, more writing, editing, typesetting, and handhold by handhold back into full-time work, albeit self-employment.

The battle with powerlessness through that time was huge. It was a bit like battling The Ring in *Lord of the Rings*—this thing that sung to me, wooed me, soothed me, threatened me and would eventually destroy me. Like Frodo resisting the urge to put on the ring, to descend into that half-world between immortality and death, I had to resist the pull of powerlessness: to give up, to believe that I had no control at all over my alters or my switching, or the torrent of dreams and flashbacks and somatic symptoms that had taken charge of my life. The hardest battle wasn't with the symptoms; it was with powerlessness. I am very grateful for the support that I had during that time, limited though it was mostly to my husband and my therapists, but which did not further disempower me by being likewise wooed by powerlessness and allowing me to believe that I couldn't.

I have found that it is one thing to name powerlessness as a factor in my life; another to allow myself to feel it; and another to stand up against it and insist on moving towards recovery. The danger of responding to powerlessness is that we fail to make a distinction between the powerlessness we experienced then and the powerlessness we do not have to endure now. As with flashbacks, memories and feelings, the most helpful thing we can do in our lives as dissociative survivors is to learn to distinguish and differentiate between then and now. For if we allow powerlessness to triumph, we will remain a victim for the rest of our lives.
Self-care has been the biggest challenge in healing.

Just when I think I’m doing so well, I catch myself taking care of others as a replacement for taking care of me. By doing so, I repeat the cycle of abandonment my abuse started. In serving others before my needs are met, I do a disservice to myself.

Christina Enevoldsen, 2010

For a long time, therapy sessions would end with a fairly typical exchange. I would express frustration at myself for not doing enough, not making progress enough, not having been present enough, not...well, just not quite being enough, ever. I would go ‘grt’ and gently but firmly the response from my therapist would go, ‘Be kind to yourself.’

To start with, it was just annoying. It felt like a saying picked up at ‘therapy school’. I didn’t realise that it actually meant anything—that it actually could mean anything. Then slowly, over time, it began to dawn on me that the reason my therapist said it was because she meant it and that she really believed that ‘being kind to yourself’ was an actual, tangible, feasible thing to do. I really didn’t know what it meant and, over the last five or more years of therapy, learning what it is and learning how to do it has been one of the biggest challenges to date.

To start with, I would fire back: ‘What do you mean?’ and in return there would come that therapist-response (again, it seemed, straight out of therapy school) of, ‘What do you think it means?’ Gradually this morphed into, ‘What would it mean to you?’ When I eventually frustrated her enough to elicit a straight answer, on one occasion she came up with a list of suggestions of things that other people found helpful. It was supposed to aid me in self-regulation, to try to bring me down from the hyperaroused, tense-taut, fizzing frustration that always marked out therapy days.

‘A candle-lit bath?’

I don’t know what kind of look was on my face in reply but if my face (for once) was expressing what I felt it would have contorted with disgust, to be replaced perhaps with a wave of bemusement. Why would I want to have a candle-lit bath? Could I think of anything more triggering, less relaxing, more...yuk? But at least if being kind to oneself meant doing things you didn’t like and doing things that increased your panic and sense of shame, then maybe I was already good at it...

The reality is that for trauma survivors, especially survivors of child sexual abuse, self-care is one of the hardest things to do. There are many reasons that we’re so bad at it. Most obviously for me was a lack of knowledge: about what it was and how to do it. It hadn’t been modelled to me in any significant or at least in any successful kind of a way during my upbringing. Caring for oneself, it was drummed into me (subconsciously but also in frequent, barbed remarks), was selfish and wrong. You don’t tend to learn things that you don’t see anyone else doing and that you have been told repeatedly are morally aversive. So I didn’t.

Secondly, for many of us, we don’t believe that we have any kind of ‘right’ to self-care. Growing up with a toxic, curdled sense of unworthiness and shame, it seemed counter-intuitive to want to care for a self that is (so we believe) intrinsically bad. You don’t care for bad things—you destroy them, get rid of them. The broken washing machine that is left to rust down the side of the garage isn’t being cared for because it’s faulty and has no value. That’s how I and many others I know have viewed ourselves all our lives. And, like a washing machine, we believe that we exist to serve others.

It puzzled me at first that so many other survivors that I was getting to know were caring, devoted, sacrificial people, and that many of them were or had been employed in caring professions—doctors, nurses, social workers, support workers, counsellors, teachers and the like. Then I began to realise that mostly we had all grown up in environments where we had been trained to tune in to others’ needs—frequently, into other people’s illicit and wrongfully-expressed needs—and so we had become hypervigilant to others’ wants and emotions. We were acutely aware of how we could (how we should, sometimes, just to stay out of trouble) care for others, while all the time neglecting our responsibility to care for ourselves.

And this external hyper-vigilance, our attention to the needs of others, trained our brains in ways that curbed us from tuning in to ourselves.
I remember early sessions of sensorimotor psychotherapy—‘What’s going on in your body?’ asked the therapist, casually. And I would look at her as if she had landed from outer space. ‘What’s going on in my body?’ I would echo back, trying to buy some time and figure out how on earth I was going to answer this most complex and incomprehensible of questions. And sometimes the thought that was in my head would pop out of my mouth: ‘I haven’t got a body…’ I knew, cognitively, that this wasn’t the case. But it didn’t feel the case. I was so horrendously out of touch with what was going on with my body, what was going on with my feelings, what was happening on the inside of me, that I had no chance whatsoever of going that step further and figuring out how to care for myself. If I couldn’t establish where I was at, whether I was hot or cold or hungry or tired or happy or upset or agitated or miserable, whether I was angry or uncomfortable or queasy or excited, then how could I care for myself in any of those or a million other potential states? I played hockey once with pneumonia because I didn’t realise that I was ill and so I pushed my body beyond its capacity and into serious illness.

So there were, and there still are, many reasons why I was and to an extent still am so bad at self-care. But over time I began to realise it as a recurring theme in my therapy sessions, an annoying fly buzzing around my head, something that demanded my attention and wouldn’t leave me alone. And I began to realise that learning self-care is absolutely essential to recovery. After all, it was abuse and neglect that was responsible for the mess I was in, the mess that had led to a severe and debilitating breakdown, the mess that had led me to being in therapy, the mess that was known technically as dissociative identity disorder. So it seemed obvious (at last) that continuing to abuse and neglect myself would only prolong the pain and sustain the mess. I needed to choose an opposite path if I were going to aspire to at least some level of healing and recovery.

A few years ago I read the Stephen Covey book *Seven Habits of Highly Effective People* and it introduced to me Aesop’s fable about the goose and the golden egg. The point that Covey made was that we are all geese capable of laying golden eggs. Yet unless we take care of ourselves, unless we feed the goose, the goose will die and there will be no more golden eggs. So all the productivity of our lives—all our relationships, our hopes and dreams, our work, our interests, our legacy and destiny—would be suffocated by a lack of self-care. I held that concept mentally but struggled to come to terms with it emotionally. Too often it contradicted my default shame setting, that I was good for nothing and wouldn’t lay any kind of eggs, let alone golden ones. But over time, as I returned to work and began to value myself more, I began to realise that I did indeed need to start taking care of myself as the golden goose that has the potential, like everyone else, to lay many, many golden eggs.

I came up against those infernal, frustrating laws of nature: the fact that my body needs sleep, nutrition, rest and exercise, and that emotionally I need a whole raft of things including positive contact with others, acceptance, challenge and excitement. I resisted this knowledge because it felt one step too far—I was, after all, severely traumatised. I had DID. I had over a hundred alters. Surely the laws of nature didn’t apply to me?! Surely having DID was the only fact of significance and the threat of diabetes from obesity or the risk of cancer from lifestyle choices wouldn’t also smite me—because enough bad things had already happened in my life?

Of course, I didn’t realise that I thought like this. I didn’t realise that deep down I had a kind of sense of equal opportunities justice, where if bad things happened to you as a child, bad things wouldn’t happen to you as an adult. But eventually, too many of my DID friends developed breast cancer for me to ignore the fact that far from childhood adversity meaning that you were off the hook from adult difficulties it did in fact increase the risk. One research study I read suggested that the incidence of breast cancer increased by 49% for people with a trauma history.

Which of course is all terribly unfair—that you should suffer as a child and then, because of that suffering, you should be at greater risk for suffering as an adult. But it was a fact whether I denied
it or not and I began to realise that there is an imperative need for self-care if we are to have any chance at all of obviating the increased risks for the plethora of health problems associated with adverse childhood experience.

I also began, slowly, to realise that there was an intrinsic conflict and contradiction in what I was doing in seeking therapy. On the one hand I wanted to move towards healing and recovery, in whatever form that would take, and I was investing time and money and effort and emotion into that process. Then, at the same time, I was abusing and neglecting myself in ways that directly contradicted the vectors of therapy. I couldn’t on the one hand say that I wanted to ‘get better’ and seek and enjoy the affirmation and unconditional positive regard of a therapist who occasionally even said things that didn’t seem to come straight out of ‘therapy school’, whilst on the other hand fail to do the ‘homework’ of being kind to myself.

I realised it was hypocrisy, and the kind of ambivalence-based conflict that is so often central to people with DID. So I also realised that over time I would have to start ploughing the ground, putting some hard back-work into digging up the fallow ground of my self-care, if the seeds that were being sown on a weekly basis in therapy were going to grow to an abundant harvest in fertile soil. I couldn’t abdicate all responsibility for caring for me to my therapist, my husband and my friends.

The barriers to learning self-care were enormous. To start with, I felt that I just didn’t have the skills. A constant directive came from my therapist for me to notice what I did for others and to start to do it for myself and slowly I began to realise that the skills were latently present but had never been self-directed. The biggest barrier was the desire, often held within me by different parts of my personality, to punish myself. I realised that, like many of my other DID friends, I was highly skilled in the art of self-criticism whilst lacking in the ability or perhaps the willingness to extend empathy, supportiveness and compassion to myself. I could maintain a constant stream of fault-finding towards myself, exacting the highest, most unattainable standards upon myself, whilst holding a totally different set of values towards others. (It must however be said that our ability to criticise and attacks others was also at times highly developed.)

Time and again I would hit up against the numerous mental obstacles to self-care in the form of restrictive beliefs: ‘I’m not worthy’, ‘I don’t deserve it’, ‘it’s selfish’, ‘there are people worse off than me’. Often you don’t even realise you think these things until that excruciating moment, often in therapy, when the therapist looks you in the eye and says, ‘Why don’t you deserve it?’ Perhaps the most effective metaphor I found myself using with someone else was, ‘Does a car deserve petrol? Do we give it a hard time for being so needy, for being so greedy and self-centred to want petrol? Or do we just take it to the petrol station and fill it up?’

We can so often get stuck in that circular debate around our worthiness, around whether we deserve to have some time off, whether we deserve to take it easy, or have something nice, or enjoy ourselves, or receive a compliment. And all the time the car is stuck on the station forecourt unable to do what it was built and bought to do and we fail to realise that we really don’t even need to be having the debate.

The argument that there are other people worse off is one that I hear frequently from other survivors, many of whom have suffered the most inhumane and horrific abuse through long periods—not just through their childhood but through their adulthood too. I sometimes fail to see much veracity in the claim that there are other people worse off than them but I myself have publicly stated on a number of occasions that I consider myself to be one of the ‘lucky unlucky ones’, mainly because the abuse I suffered, whilst atrocious, has been matched in its extremity by the levels of care, love and support that over recent years I have subsequently received.

But for me, I began to make progress when instead of comparing myself to others and wondering if I deserved love and support, I decided that yes, there were people worse off than me. And that was why it was so vitally important that I care for myself: so that I can help them too. I have to fill the car up with petrol so that I can get on with my journey...
of recovery for myself and recovery for others. I refuse to sit around any longer on the forecourt debating what I deserve.

Learning to tune in to myself to assess and respond to my needs and develop some level of care for myself was, and still is, hard. Many of us are not very good at it at all. Our medial pre-frontal cortex, the ‘front middle bit’ of the brain which helps us reflect and zone in on our internal experience, has in many cases failed to develop sufficiently as a result of neglect. I like to see this part of my brain as a muscle that is puny and atrophied but which I am now regularly working out at the gym. As I do, I’m beginning to see progress and I’m less liable to want to respond, ‘But I don’t have a body,’ or ‘I don’t know how I’m feeling.’ Use it or lose it, the slogan goes, and I’m learning, slowly and sometimes still too reluctantly, to use it.

But there is a huge fear that many of us have when we first start to tune in to ourselves—that we have within us such a huge reservoir of need that attending to it will burst the dam and we will drown. It is a very tangible fear, full of a sense of overwhelming risk. What if, instead of turning the tap on slowly in the safety of the confines of therapy…what if, instead of just having a little cry and then being able to pull ourselves together again…what if…what if…what if the whole thing comes gushing through? All those years of hurt and heartache and trauma and terror? All the hugeness of all the loss and all the abandonment and all the abuse that was so overwhelming that we could only dissociate in order to cope with it and which resulted in us being the way we are now?

Sometimes it’s hard to assess risk accurately, to perceive if the fear is founded or exaggerated. All feelings seem overwhelming and terror-bound at first. The merest sense of anger rising in us, the anger not at the huge injustice of criminal atrocity visited upon us as children but perhaps just someone pushing into the queue ahead of us, or not listening properly, or not giving us due respect…the merest whiff of that can send us into a tumult of rage and lava-like extremity. So we pull away from it instantly, as quickly as from a flame or the hob. In reality, I’ve found that tuning in to my needs internally has not demolished the dam and everything has not come flooding out. If anything, it has reduced that incessant pressure and made me feel more secure in the strength of the dam walls and their capacity to appropriately hold the big feelings within.

I had to work hard to overcome a sense that I existed to serve and care for others and that I shouldn’t or mustn’t care for myself. This core belief, buried beneath rock-hard layers of bitter experiences, had been reinforced by my treatment of myself during adulthood: working too hard, caring for others too much, being over-committed and over-involved in everything I did. It was a seismic shift to believe that I existed for more than to serve and to care for others—that I existed in my own right, just to be, not just for what I could do.

But poor boundaries, that creeping inability to say ‘no’ and erect fences around myself and my stuff, made it hard for me to create the space that is essential for self-care. Busyness, after all, is fulfilling—it gives us feelings of potency, of being ‘good’. It keeps our feelings at bay while giving us a sense of purpose and a sense of value. We have something to show for our time—a list of achievements and lots of ticks on the to do list—and we perhaps feel that our productivity justifies our existence and compensates for the negatives of us existing and ‘stealing’ others’ resources.

Too often we don’t create the space necessary for self-care because we don’t want to: we don’t want to pay the price of limited productivity and the discomfort we might feel at the accusations that invariably missile towards us from kids, or friends, or family that we are being selfish to want some space for ourselves. It is an easy button for abusive, immature or self-centred people to press in us and more often than not they keep pressing it in order to get us to meet their needs so that they don’t have to take the responsibility of meeting those needs themselves. We thus can be trapped in a cycle of abusive relationships where we fail to invoke any edges in our life, any tensa-barrier beyond which we say, ‘No! I need to meet my own needs now because I matter too.’
Shame, of course, precludes self-care. It is most commonly expressed instead in self-harm: either the blade-bleeding variety or its more subtle variants such as food abuse or alcohol or drugs. Or, of course, its silent, passive accomplice in the form of self-sabotage, which tips us up when we are metres from the finishing line and we can start to hear the plaudits for running the race well. Shame has played a major part in my life, demanding perfection of me, withdrawing my rewards for work well done, increasing pressure, insisting that unless everything is done, then nothing counts. And as I have battled and engaged with my relationship with shame over the last few years, I have more recently begun to realise that for too long shame has been a welcome member of my household: because shame keeps out anger. 

What I mean is that if I were to acknowledge that the shame isn’t mine, that I am not bad, but it’s other people who should feel ashamed for the bad things they have done to me, then the irresistible next step is to flare up with anger—anger at the wrongness, anger at the injustice, anger at the people who have trashed my life and gotten away with it while I have paid the price. That anger is like a volcano waiting to erupt and it scares me. So, too often, it is safer instead to sit with shame, with its passive-aggressive depression, rather than handle the outflow of this hot, fiery, unpredictable and perhaps uncontrollable rage. 

And a lot of that anger, when released, was directed against the self in volatile eruptions of self-harm. How would it be, my therapist asked me one day, if I could redirect that anger towards self-care rather than towards self-harm? The concept was so startling that I had to ask her to repeat what she had said because it sounded on first hearing unnervingly like a line from ‘The Jabberwocky’. What if I could grab a hold of the handlebars of that anger, that roaring motorbike of pulsing, throbbing energy, and I could steer it towards a path of self-care rather than self-harm? To use its energy positively, not negatively? I am still processing that, turning it over in my mind, but it has its parallel in what I have said for a long time about anger: it’s the energy I need to get out of bed on a morning and to try to change the world. Now, perhaps, it’s time to start trying to change the world by laying more and more golden eggs and for that it needs a fit and healthy and sane golden goose. 

I have had to figure out what self-care means for me by a toddler-like process of trial and error, of watching and learning, of experimenting and risk-taking. Candle-lit baths might be a no-no for me at the moment but I can at last see past the activity to the principle behind it. I am beginning to find things that suit my temperament and my experiences and respect my trigger-laden vetoes. I can relax in the jacuzzi after a work-out at the gym now. I can carve time out in my week, even ring-fencing chunks of time in the calendar months in advance, to make sure I watch the football I love and the documentaries I enjoy and the films that inspire me. 

I have had to tune in to a whole panoply of selves, all the different parts that make up the whole of me, to figure out what they each need and want—and that takes time, and communication and effort, especially when there is seeming conflict and the contradictions of polarised beliefs. I have had to re-frame some of my avoidance of self-care as attempts at survival and self-protection, attempts for which I can now convey my gratitude and appreciation but which have been superseded as my here-and-now environment has changed and is positive, and safe, and nourishing. I no longer need to defend against perpetrators who would deny me self-care. It’s ok for me to say ‘I need’. 

I have had to look not just at the range of needs and wishes from all the parts of my system but all the different elements that comprise the totality of my being. It’s too easy with the label of DID to think that everything is just about ‘parts’ but we’re human beings too. We have ‘normal’ needs like everyone else. What do I need physically, emotionally, psychologically, mentally, spiritually and socially? I am having to battle with those entrenched beliefs that self-care is wrong and cascade my new understanding of its importance and validity down through developmental layers of my selves, to each and every part of my personality, so that all of me can begin to understand that self-care is good, and safe, and appropriate.
That takes time, and co-operation, and a strong will, and I am having to take responsibility for leading as the adult, the core, the ‘host’: I don’t care so much for these labels of what constitutes me as a dissociative me, as I am determined to ensure that I move forwards with healing and that I keep moving forwards.

I have tapped into my developmentally younger parts and found resources that they made use of in childhood—the interests and hobbies that they had, however stunted and prohibited they were at the time, which I now as an adult, with some imagination and determination, can bring to reality in the freedom of a grown-up life. I may not have had much freedom or security to explore the cosmos as a child but it is within my grasp now as an adult, slowly and within the confines of mortgage payments and grocery shopping and toilet-cleaning, to develop and nurture that interest. It is often easy to re-enact the helplessness and victimisation of childhood and say ‘I can’t!’ (replete with whiny voice) but I’m beginning to see just how significant a part of our healing is that attitude of ‘I can!’, despite the hurdles and continual knock-backs that are a reality for everyone in life, not just trauma survivors.

And in developing self-care, I’m learning to look with a sense of temporal perspective, not just to tune into ‘What do I need right now?’—however important a first step that was. I’m learning to start to plan, to anticipate, to negotiate upcoming events with foresight of what I will need in the future, what I will need at difficult times, at key dates, at busy times, when I’m premenstrual. I’m sure this will continue to be a challenge and my boundaries are a work in progress as I learn to value myself and give myself what I need: I slip constantly into old patterns and belief-frames and I forget to check in with my selves about what I need and will need. Those patterns were laid down over decades—neural pathways wired into my brain through repeated experience. And that is why it is a battle to do things differently now, to rewire my brain to expect and campaign for self-care now. But I think it’s a battle that I’m beginning to win.

Self-care is hard, but self-care is essential. We often don’t know how to do it but we can learn. Often we instinctively know how to care for others, and so we have ‘transferable skills’ that we can orient towards ourselves. But it requires a commitment to recovery, a commitment to changing our faulty belief systems, and learning to live in a new world of opportunity and possibility rather than in the bomb-shelters of our past. If we can start to accept self-care as a vital part of our life, rather than resisting it, we may find that we have many golden eggs to lay. And after all, what better way to free ourselves from an abusive and neglectful past than to refuse to continue to abuse and neglect ourselves in the present?
It was 2005 and I was about to have a breakdown.

First there was the pressure of decades of dissociated trauma, pushing relentlessly at the seams of my mind. And then there was the very real and practical issue of looking after five small children. Rob and I were full-time, professional foster carers and we were good at what we did. But however many children we took in, there was always another duty social worker on the other end of the phone. There was always another sob story and another child, another family and another crisis. I found it almost impossible to say no. How could I when there was so much need? I felt the pain of these children keenly, as well as the responsibility to alleviate it.

I had no boundaries and as a result I was continually victim to other people's emotions, demands and needs.

The breakdown that ensued was catastrophic. I had been competent, professional, capable. Now I had a panic attack just trying to get out of bed. I was consumed by the flashbacks and red raw emotion of unprocessed trauma of 17 years of childhood abuse. The boundary that my mind had held in place between my traumatised life and my apparently normal life had collapsed, and chaos ensued. Self-harm and suicidality. Dissociative identity disorder. Body memories. Terror.

‘Dissociative parts of the personality’ grabbed the headlines, but my inability to set boundaries was the silent assassin destroying me from the inside. The powerlessness of trauma had left me without a sense of autonomy. For too long I had mindlessly enacted the relational templates of my upbringing, unable to choose when to say yes and when to say no, and enmeshed in a destructive morass of compulsive care-giving alongside chronic self-neglect. I said yes to everyone else, and no to myself. Other people mattered; I did not. And so, breakdown.

Through therapy, I began to explore the concept of boundaries. I had always assumed that a boundary was a rule, but I began to understand it instead as an edge, a marker, a distinguishing line, a perimeter. We can develop a rule based on the boundary, but the boundary itself is not the rule; it’s just the context for it. A boundary instead is like an invisible line that defines who we are and who we are not; where we start and where we end; what is ours and what is not; and what we’re responsible for and what we’re not.

In literal terms, it is easy enough to understand a boundary in terms of the actual perimeter of our property: it is what we pay solicitors hundreds of pounds to check when we are buying a house. We need to know exactly where our property starts and ends, which fences we’re responsible for, what rights of way run through our land, and if there are plans for a flyover through our back garden. So the title deeds for our house show a plan of our property, often with a thick, red line around it that defines what is ours and what is our neighbour’s.

The boundaries of a property can be demarcated with a fence; the boundaries for us as people are defined—in part at least—by our skin. Everything that takes place within my skin, everything that my body does, or my brain thinks, constitutes ‘me’—however much I feel that I am a ‘we’, however much I lose touch with my body and, when stressed, float up to the ceiling. This is the legacy of the boundary-breaking of abuse, not a natural state of affairs. But I can begin to define ‘me’ better if I understand that the boundary for ‘me’ exists mostly within my skin.

Are boundaries negative? No. They are neutral, a statement of fact or identity or property. And observing them can be intrinsically liberating, because when we know how far we can go, we can push right up to that limit. When I know that I own all the way down to the fence by the apple tree, I can pick the apples and eat them in safety because I know that they are mine. Boundaries can make us feel safe and give us the confidence to explore right up to their limits. But when we feel ‘limitless’, we constantly assess if what we’re doing is okay, and it actually reduces our exploratory behaviour. Knowing our boundaries can enable us to make the most of life.

If we use a metaphor and say that our life is like a garden, then I need to know where my garden starts, and where it ends. Which is my garden,
and which is my neighbour’s? Where does it begin, and where does it finish? This information is vital, because I need to take responsibility for my grass, my trees, my fences, and my shrubs. I don’t need to mow my neighbour’s lawn, but I do need to mow my own.

As infants we are born needing help with every aspect of our life, but we develop from babyhood into childhood and eventually adulthood, and that journey takes us on a process of becoming—in theory, at least—an autonomous individual with free will and responsibility for ourselves. It’s when that process of maturing and attaining autonomy is interfered with that we run into difficulties.

So as adults we become responsible for what grows and takes place within our garden. I can prune my shrubs however I want to, as long as they are in my garden. I may ask for some neighbourly advice over the fence about the best place to plant perennials, but I don’t have to follow that advice, and nor do I have the right to place a water feature in the middle of my neighbour’s lawn. My garden, as my life, is my responsibility.

But abuse messes all that up. Abuse teaches us from a very young age that our property doesn’t really begin at our skin. Abuse teaches us that the ‘no fly zone’ around our skin that we call ‘personal space’ can be invaded or ignored. Abuse teaches us that our boundaries don’t matter. Abuse strips up of our privacy. It teaches us that other people can walk right into our gardens and dig over our pansies, and we can’t stop them. It teaches us that our gardens don’t really belong to us and that we don’t have ownership or control. It teaches us that our gardens are worthless and lacking in beauty.

That’s the process we have to repair as adults.

When we were children, there was nothing—absolutely nothing—that we could do about abuse, or even neglect. We were totally powerless to stop adults, people bigger and stronger than us, coming into our gardens and defacing them. And many of us are left believing that this situation still persists: that our gardens are public property, rather than private places. That we can’t keep other people out.

And that we’re not able to be responsible for our own gardens ourselves.

I grew up feeling ashamed that I couldn’t manage my feelings, that I couldn’t even manage my body, which from the age of fifteen was crippled by chronic fatigue syndrome. I had a deep sense of my own incompetence. I saw the green fingers of others, and I felt reliant on them to help me. I was chronically disempowered, and heading into my twenties my garden became a tangle of weeds. I fundamentally believed that I was utterly dependent on the kindness of others to help me manage my garden. Yet at the same time, I was competent and dependable and skilled—at managing other people’s gardens. The strangest thing was that I wasn’t even struck by this paradox: it was just the way it was.

Recovery for me has meant figuring out where my boundary lines are—drawing around my ‘garden’ on a mental map in a big, thick, red marker pen and being able to say ‘this is mine’. The flipside to that has also involved me saying ‘this isn’t yours’ and so telling people who want to desecrate my garden that they’re not welcome any more. It has also involved me figuring out that I alone am responsible for my own garden. The NHS isn’t going to mow my lawn for me, although it would be nice if it could lend me a lawnmower. Recovery has involved me realising that the people who defaced my garden in the first place aren’t going to come and make it any better—however much I wish they would. I’ve had to accept that it’s actually jolly hard work keeping my garden, my life, in order—especially when other people have dumped so much rubble in it.

It’s not fair that I’m the one with the responsibility to clear it out when I didn’t cause the problem in the first place. It’s not fair—but as my therapist is fond of saying, ‘It is what it is.’ I’m very grateful both to her and my husband for encouraging me, and lending me a hand, and helping me cut back huge swathes of undergrowth. But ultimately it’s my garden, and it’s my responsibility, and they can’t do it for me.

I’ve also had to learn to get my nose out of other people’s gardens. I’ve found that, when your own
garden is a mess, a great distraction is to go and help someone else with theirs. I used to be ever so ‘helpful’ to other people, getting stuck in, sorting their gardens out. I took in homeless single mothers as lodgers. I set up community projects. I helped women caught in domestic violence. But what I began to realise over time was that the more digging I did in someone else’s garden, the less I did in my own. And the less they seemed to do in their own garden too! By helping them in the way I was, I was actually just perpetuating the idea that they weren’t capable of managing their own gardens themselves. I was digging and mowing and chopping and strimming and by doing so I was in effect saying, ‘You can’t do this yourself! You’re too damaged, too weak, too mad! That’s why I’m having to do it for you.’ And that was pretty arrogant of me given the state of my own garden. That message was not my intention, but actions speak louder than words.

And instead their gardens were overrun partly because they weren’t tending to them themselves. Again, like me, many of them were off helping someone else with their garden. And so this whole cycle of ‘proxy gardening’ was in place. We were looking to other people to tidy up our gardens because we couldn’t face them ourselves. We were too ashamed, too helpless, too overwhelmed. And so partly to avoid those unbearable feelings, and partly to feel better about ourselves and win the favour and approval of others, we were off digging away in someone else’s garden and clinging to the idea that we were really nice people for helping out like that.

And then, one day I realised, in a sickening thump of revelation, that I had to face the mess of my own garden myself. And I also had to let other people face the mess of their gardens themselves. My garden wasn’t magically going to right itself because of the work I’d done for others. I wasn’t going to get out of debt just by endlessly, continually giving. I wasn’t going to feel better about myself by soothing others’ charred self-images.

I began to understand that the ‘grass’ in our gardens is like our ‘feelings’. Like feelings, grass grows all on its own, even when we’re asleep. Feelings spurt up outside our control—no one wakes up and decides to be in a bad mood. And environmental factors—things that happen to us—like water and sunlight, like abuse and redundancy, illness and divorce, so often cause our feelings, our ‘grass’, to grow more quickly.

But this ‘grass’—this ‘emotion’ of ours—grows in our garden. And therefore we are responsible for it. We can sit there and protest that we didn’t make it grow and blame it all on photosynthesis, but if it’s in our garden then it’s our responsibility to manage it. It’s our responsibility to mow our lawns and keep the moss in check. It’s not our next door neighbour’s responsibility to come and mow our lawn, and nor is it our responsibility to go and mow their lawn. We’re each responsible for our own grass.

For many of us, when we were children, the people who should have been training us and helping us learn how to manage our gardens didn’t do that. Some of them just weren’t much good at being parents or caregivers, and having neglected their own gardens they failed to teach us how to mow and strim and prune. But some of them were also outright abusive—they burst into our gardens, took them over as their own, urinated in our ornamental ponds and crapped in our hyacinths. And what we have found is that other people’s ‘crap’ acts as fertiliser—it makes our grass grow a lot. Before we know it, we’ve got meadows of out-of-control, wavy, waist-high, wild grass to deal with—while other people have neat, stripy lawns. That, unfortunately, is the way that life is: it’s not fair, but again ‘it is what it is’.

As children, many of us experienced upbringings where not only did our abusers barge into our gardens and trample our flower beds, but they also, in effect, made us do their gardening for them. They insisted that we look after their lawns, their borders, their shrubbery—in other words, we had to take care of their feelings. We had to be careful never to upset them (don’t walk on the grass!) and we had to make them feel good about themselves. They used us to manage their feelings and meet their needs, whilst destroying our shrubbery. And for many of us, as we’ve entered adult life, we’ve just assumed that everyone else has the right to...
order us about and make us do their gardening, because that's the pattern we had as children. We were not taught that our gardens are precious places that should be protected and tended.

This manifested in me in frequent overwork. Write just another email, help just another person, take in just another child. Give, give, give. It didn’t matter that I was exhausted. My only justification for being alive was to be a gardener for others. That’s what I believed at a profound level within myself, although I never consciously thought it. The boundary violations of my childhood had squashed my sense of self and here I was, an empty shell, an empty me, living for others because it was easier than dying. Many people took advantage of me and that just deepened my shame, reinforcing that core belief that I was worthless and undeserving. They would complain that I hadn’t mowed their lawn well enough, even though I was doing it for free. I was even useless at that.

With powerlessness as a key experience of trauma, we can end up feeling that we can't stop people invading our gardens even though now we are adults. We can’t say no to people who want to live in our gardens, or people who want us to live in theirs. It’s a difficult thing to get to the point where we realise that we can now start to erect fences and walls around our gardens, and that we can (and we must) as adults learn to say ‘no’. Much of the work of therapy in recovery from trauma is in gaining the confidence to mow our own lawns and to value our gardens enough to stop people using it as a public rights of way.

The recovery process is one where we begin to learn to get our gardens under control and where we learn to ask for help with it, rather than insisting that others do it for us, or giving up on it entirely. We can ask people to help but we cannot ask them to come and do it for us. Sometimes we treat therapists as contracted landscape gardeners: we want to pay them to do the hard work and absolve us of responsibility. But if it’s our garden, it’s our responsibility.

We will only get on top of our own garden if we say no to other people’s. Some of us like to play at ‘gardening neighbourhood watch’ and point out to everyone around us when they need to mow their lawns and how they should prune back their hedges. We may do this to be liked, but if we don’t respect other people's boundaries and we are invading their gardens to rescue them, then we are doing a passive version of what abusers do. We are still taking over. If I walk into your garden and start mowing your lawn for you, you might be grateful today, but I will be disempowering you tomorrow.

The one word that is more effective than any other at erecting a boundary is ‘no’. And yet ‘no’ can be the hardest word for us to use. ‘No’ is what we wanted to be able to say when we were children, but so often we couldn’t. It may have been ignored even if we had said it. It might have exacerbated the abuse. And in most cases the freeze response in us made any protest impossible. Whatever the reason, ‘no’ is a word that many of us find very difficult to say. But unless I learn to use the word ‘no’ and have it mean something, then I cannot in fact meaningfully use the word ‘yes’. When we cannot say ‘no’, we end up saying ‘yes’, not because we want to, but out of coercion. Our ‘yes’ isn’t really our ‘yes’ and our ‘no’ isn’t really our ‘no’. That’s confusing not just to other people, but to ourselves as well.

Many of us were taught in childhood, either implicitly or explicitly, that ‘no’ is rude or wrong. But far from it—‘no’ means that our ‘yes’ when given is freely given—it really does mean something. So we can trust people when they say ‘yes’ if at other times we know that they are willing to say ‘no’. And we need to understand that ‘no’ just means ‘no’. It doesn’t mean withdrawal of relationship, or withdrawal of love. It doesn’t mean anger or fury or rage or rejection. It just means, ‘I don’t want that in my lawn, thank you…but you are free to put it in your lawn if you want to.’

It took me a very long time to realise that everything that exists within my garden has a right to be there. I can have my own feelings, my own thoughts, my own opinions, my own hopes, my own fears. Growing up, I believed that I had to think the same as my parents, feel only the feelings they allowed me to feel, and share their opinions. The rejection and disapproval
when I disagreed with them was too much to bear. According to their worldview, I shouldn’t… shouldn’t have feelings, shouldn’t have opinions, shouldn’t do anything other than tend their garden—supporting their avoidance and denial of feelings, like a trellis holding up ivy, supporting their exclusion of my reality, my feelings and my trauma.

It took me a long time to realise that if I was ever going to establish my own garden, and thrive within it, then I would have to back out of their garden. And I would have to put up big ‘no trespassing’ signs. When I did, for a short time it felt as if all hell had broken loose. They protested with a vicious attack on my right to autonomy, my ‘selfishness’ at refusing to mow their lawn, my ‘cruelty’ at removing from them the right to control my garden. It was a difficult time. But the end result, nearly seven years later, is that I am free now to live in and enjoy my own garden. And I am free to do things—like writing—that was forbidden in the old system. I am free to deal with the weeds and the moss that have grown in the damp places in my garden. I no longer have to live in order to please others, and manage their emotions for them. I am not lobbing bricks into their garden; I’m just relocating to my own plot of land, and closing the gate to people who won’t respect my flowers. I’ve eventually realised that the guilt that they tried to put upon me for ‘upsetting’ them is not my guilt. Their feelings are in their garden and are their responsibility. I have nothing to feel guilty about.

In the past, our gardens have been used as public play spaces or arenas for war by our abusers. But we need to start to see them as precious, private sanctuaries. We need to work hard at dealing with the undergrowth that has accumulated through years of abuse and neglect. We need to ask others to come alongside us in this, to lend us some shears, to help with a bit of heavy digging. But at the same time we need to recognise that we alone are responsible for our own gardens and that if other people say ‘no’ to helping with ours, then that is okay. We need to respect their boundaries as much as we want them to respect ours.

The powerlessness of trauma will tell us that none of this is possible, but it is. If we are responsible just for our own garden, not the gardens of our entire neighbourhood—and certainly not the gardens of our abusers—then we can begin to make them places of safety and beauty. We can recover.
The following books are a small selection of those available on the topic of child sexual abuse and recovery from our website. When you click on the details of the book on our website, it will take you to Amazon and we will receive a small percentage of your total spend at no cost or inconvenience to you.

The PODS website has books covering the whole spectrum of child sexual abuse including dissociative disorders.

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‘Dissociation is an entirely normal response to overwhelming trauma.’

From Carolyn Spring Publishing

This essential Resource Guide brings together, in its first half, many of the facts and statistics that PODS covers on training days, including definitions, diagnostic criteria, prevalence statistics, causes, and signs and symptoms of dissociative disorders such as Dissociative Identity Disorder (DID). The second half is a selection of relevant articles from a more experiential perspective—that of the dissociative survivor, as well as a partner. This unique combination of fact and first person perspective makes this a must-read resource for anyone suffering from trauma-related dissociation, or any professionals working in this field.

Buy your copy for £8 inc P&P here
WWW.PODS-ONLINE.ORG.UK/RESOURCES-GUIDES
Child sexual abuse is when you’re powerless and betrayed, and you’re all alone and you mustn’t tell, and there’s confusion and pain and deep down inside there’s the fear that it’s all your own fault, that there’s something wrong with you, something terribly and toxically wrong with you, and there’s nowhere to go, and no one to run to, and no way to stop it because you’re small and weak and stupid and if only!!—if only!!—if only you had known, if you only you hadn’t been there, if only you hadn’t said what you’d said, or done what you’d done, or felt what you’d felt…That’s what child sexual abuse is.

Child sexual abuse affects as many as one in four girls and one in six boys, with devastating long-term effects, and yet it remains a largely taboo subject in British culture. This essential Resource Guide brings together a mix of facts and statistics (‘Age of consent’, ‘Definitions of child sexual abuse’, ‘Who are the abusers?’) with a range of personal articles by sexual abuse survivor Carolyn Spring, touching areas such as powerlessness, denial and self-care. This unique combination of fact and first person perspective makes this an essential resource for people who have been sexually abused, as well as any professionals working in this field.

About the Author

Carolyn Spring is an author as well as being Director of PODS (Positive Outcomes for Dissociative Survivors) and its charity framework START (Survivors Trauma and Abuse Recovery Trust). PODS works to make recovery from dissociative disorders a reality through training, informing and supporting, and is run by Carolyn and her husband, Rob, who is Director of Client Services as well as being a qualified psychotherapist. Carolyn is Editor of ‘Multiple Parts’, a magazine/journal produced three times a year for PODS, and also spends a large proportion of her time training at PODS’ many events throughout the UK. She developed Dissociative Identity Disorder (DID) as a result of prolonged and extreme childhood abuse but believes passionately in recovery and the dignity and respect that is due to all human beings, but especially those who have been abused as children.