



Serving Adult Survivors of Childhood Sexual Abuse: Post- Pandemic Preparedness

Child sexual abuse is all too common and can leave scars that last a lifetime. The long- term effects of the complex trauma stemming from childhood sexual abuse can show up in many different facets of an adult survivor’s life. During a traumatic event, like the global pandemic that is currently taking place, these effects can be amplified in a way that is difficult for a survivor to understand and/ or cope with. That is why it is important for us as service providers, to get in the know when it comes to understanding their needs and what preparation looks like in the face of a possible influx of survivors coming in for services.

There are several important pieces to preparing yourself and your organization for serving adult survivors of childhood sexual abuse. First things first. It is important to focus on individual readiness before any organizational capacity.

Do I have the capacity to do this?

You must always consider your own spaciousness in serving clients. Meaning, do you have the mental space and time to be able to take in the types of experiences relayed by adult survivors and the care over the lifespan they will require, and still manage your own care. Take a moment to discover your own resilience and then consider the resilience of the survivors. Resilience is the ability to find spaciousness in even the most tough situations. Being able to have time for all the things that matter to you is resilience. Having time for all the relationships that matter, all the relationships where you feel truly supported and seen; to be able to have the capacity to return that care.

Serving adult survivors of childhood sexual abuse requires a deep understanding of trauma, the impact it has, and a skillful knowledge of healing. Similarly, you must start at a place of stability. As with any other survivor, you will first have to help the client create physical safety and then your stability will help to create emotional safety. Furthermore, we recognize and understand that many survivors are also advocates in the work. It is highly important that you take care of yourself and recognize your strengths or limitations first, before deciding to work with a survivor who may have experienced similar things. If you feel you don't have the spaciousness to assist an adult survivor, it is okay to check with others to see who else in the agency is willing.

Once you have decided that you have the capacity, or you have identified someone in your agency who does, then you can start reimagining your goals with the adult survivor. Using some of your known advocacy skills as well as the others listed below:

- **Active listening.** No greater feeling for a survivor than being heard.
- **Validating.** Trauma looks very different on every survivor. Helping an individual to understand that what they are feeling is “normal” can be a powerful tool in creating emotional safety.
- **Setting boundaries.** One of the tenets of residual trauma for adult survivors of childhood sexual abuse is the difficulty setting boundaries in adulthood. Help the survivor to identify all the areas they feel comfortable with the boundaries they have set, then identify the areas they feel could improve.
- **Advocating for themselves.** Empowering the survivor to advocate for themselves helps to create an autonomy that can serve the survivor well when they are not able to access services. When we talk about the empowerment model, survivors are seen as the experts of their own experiences and are supported. However, while it is important to help the survivor build a sense of control over their own affairs and encourage their strengths, it is equally as important to help them understand the advocacy you do for them is also a part of their self- advocacy.

- **Sitting in it.** It's okay not to have answers. As an advocate for a survivor of childhood sexual violence, you have to be okay with not “fixing it”. There may not be tangible things to come out of your sessions. Sometimes just sitting with the survivor in their feelings, or sitting in the silence that may come, is the best way to help in that moment.
- **Understand the cultural influences of the survivor’s needs.** While many survivors may be beyond the statute of limitations for filing a criminal complaint, for those that are not, is this something they even want to consider? Are there other ways they see justice in their community? How has their community influenced their ability to cope? What can you as an advocate do to improve that?
- **Being mindful of the trauma surrounding the wearing of face masks.** Does it trigger the survivor in any way(ex. Did their abuser wear a mask, do they feel their power and control is being taken from them once again)? Is the survivor deaf or hard of hearing and may need to read lips? Is the survivor elderly? What can you offer to make the survivor feel safe, supported, seen and heard, if your agency requires you or the client to wear masks?

There are many more detailed tips for mental and emotional safety planning plus a wealth of other resources for working with survivors in the [NCCASA Safety Plan for Adult Survivors](#). If you can envision yourself doing the work, then it is absolutely possible that you are more than ready. So let’s discuss what serving adult survivors might look like.

What are some of the issues that are coming up for adult survivors during COVID-19?

Is it “normal”?

As stated before, trauma and triggers can look different for everyone right now. Some survivors may feel intense anxiety, while others may feel a sense of extreme calmness. Is either one normal? Of course! They both are. Some survivors have an understandable, and sometimes unbearable amount of anxiety. The pandemic could amplify already intense feelings. On the flip side, this pandemic could bring a sense of calm to those who were already living in a hypervigilant state.

When thinking about crisis situations and ways to address the triggers and anxiety survivors may feel, consider the symptoms of PTSD, something that is typical of adult survivors of childhood sexual abuse. Many survivors have knowledge around PTSD, yet some do not have that type of language to know what they are experiencing. Best practice would be to triage with your client and dive deeper into intense feelings or things that come up for them. Some symptomology you could ask about are:

- Panic attacks, feeling “closed- in”
- Flashbacks
- Night Sweats
- Anxiety around them getting sick, going to the doctor, or going to the hospital without support. If this is a concern, be sure to spend some time assisting them to develop a plan for themselves if they or someone they are caring for gets sick.
- Elevated heart rate
- tremors/ nervousness/ sense of doom and/ or hopelessness
- Suicidal thoughts or feelings

These are just a few, but with a little research on PTSD, you will find more symptoms you can possibly ask about. Likewise, if the client seems calm, do not mistake this for them “being okay”. You can still lay out a list of symptoms to get a sense of where they are:

- Are they experiencing dissociation (is the situation so hard for them that they have just checked out/ spaced out)?

- Have they spent their entire lives in such a state of hypervigilance, that they feel their trauma has prepared them for this moment?
- Are they experiencing a validation (welcome to my world) within this environment?

If a survivor seems to be having difficulty expressing what they are feeling, it is perfectly okay to lay out some symptoms to help you and them understand what is happening. This is by no means an exhaustive list. But understanding some basic tenets of recognizing issues, may help to better inform services.

How can we identify adult survivors of childhood sexual abuse? How will they know we are here for them?

Programs need to do a really intentional job of inviting these survivors in, reaching out and making sure the community knows you offer services to this group. Taking a good look at your services, committing to non- tangible advocacy skills. Just to say your brochure addresses their needs or that their needs are the same as any other survivor, won't necessarily count as an invitation to that population. You will have to see yourself doing the work, then engage your community in a really calculated and purposeful way. You have to GET IT, before you get it.

When we talk about being intentional in engagement, below are a list of suggestions about what that could look like, particularly in the social distancing era:

- **Social media engagement-** making posts like “do you ever feel this?” or do you ever struggle with that”. This is important because again, survivors may not have the language to talk about what has happened to them, and they may not be able to pinpoint it now. But small amounts of education through social media, can let your community know you understand what they are truly experiencing.

- **Putting things in the local shopper or weekly mailings.** Some communities, particularly rural places, have a mailing that will go out to the residents that allows for ads from some of their local businesses. Consider putting an add in the paper along the same “feelings” concept. This allows people to name what they feel and call your help line number to take that first step. You could also put flyers in grocery stores, food banks. If there are specific times where people are shopping at food banks/ food distribution centers, consider having an advocate set up there, if it’s safe. That way, there is an added layer of protection of privacy from people knowing they were seen coming into your building. Do this really subtly, and at your crisis line you can triage it and screen for issues your agency can assist with.
- **Meet in a safe space with social spaciousness and confidentiality in mind.** Another example here is if a person expresses they want to talk to your advocates, but don’t want to come, or cannot come to the office. You could meet the client in the parking lot of a grocery store and sit in your respective cars and have a conversation over the phone. This way, it gives a survivor a sense of security in being able to see you, but takes away the pressure and stigma that they may be experiencing by seeking help.

Suffice it to say that this topic is extensive. Being prepared for what may come as we shift into phases of reintegration is paramount. However, the most important ideas to come from this, are:

- Think about whether or not you can do this. It is important for programs to identify those advocates that can, and are willing. It is very important to lift up that if you cannot see yourself in that role, it is okay! Do not diminish your experience or feel you have to do something in order to prove yourself a worthy advocate. You are always worthy of the clients you have and the work you already do. Taking care of ourselves, our needs, and knowing our limitations is paramount in the work we do.
- Increase your knowledge and understanding of trauma

- Focus on the impact. Increase knowledge and skills around what healing looks like, building trust, and learning to sit with a survivor in their pain without feeling the need to fix anything or end the sessions with a resolution.

If you can understand these two very important concepts: the impact of childhood sexual abuse and the impact it has on a survivor's adult life, and what healing actually looks like, then you can very well begin to advocate for this population in an effective way. The curiosity gained from these concepts can lead you into a deeper understanding of what is needed to advocate for yourself and your clients. Below is a list of related books to begin your research journey with:

- [Love with Accountability: Digging Up the Roots of Child Sexual Abuse](#)
Edited by Aishah Shahidah Simmons ([available in the NCCASA library](#))
- [I Never Told Anyone: Writings by Women Survivors of Child Sexual Abuse](#)
Edited by Ellen Bass and Louise Thornton
- [The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma](#)
by Bessel Van der Kolk
- [The Courage to Heal](#) by Ellen Bass and Laura Davis
- [The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse](#) by Wendy Maltz
- [The Survivors Guide to Sex: How to Have an Empowered Sex Life After Child Sexual Abuse](#) by Staci Haines
- [Trauma and Recovery](#) by Judith Herman
- [Victims No Longer: The Classic Guide for Men Recovering from Sexual Child Abuse](#) by Mike Lew

Strategies for Agency Leadership

Being willing and able to have ongoing conversations with your grantors, agency and staff is the best preparedness you can attain. As mid- management and leadership, here are some things to think about and discuss with your staff and those funding your programs:

- Increase your crisis line staff's helpline skills to be able to recognize when someone may need additional help. If you have time limits on what your crisis line calls should look like, and your staff have been trained to seek out tangible needs (shelter, systems advocacy, etc), then reach out to your funders and talk with them about how you want to engage your callers. It may take more time on the helpline for a person to disclose, and they may never disclose that on the helpline. But being able to ask basic questions and get a sense of where they are can assist to get that client to you and triage their situation.
- In that same sense, thinking about do you train to serve only survivors in your county, and advocates should refer clients to their respective county if they call outside their own county. This is important to consider, because perhaps a rural adult survivor feels more comfortable reaching out for help outside their counties, as typically "everyone knows everyone" in more rural areas. Survivors are starting to feel comfortable reaching out to agencies outside of their counties for some of the online services being offered such as online support groups and other services. Similarly, survivor advocates should not feel as if they are only allowed to use their own agency for services when they need them, if that is the county they reside in. talk with your funders and other decision makers and trainers about what it could look like not being the gatekeepers of services for your respective clients and having a willingness to serve clients from other areas across the state.
- If your agency is requiring face masks for staff, how will you mitigate these concerns for a survivor and those who need to read lips and facial expressions?

Encouraging open dialogue between leadership and staff, talking to funders about qualitative advocacy vs. quantitative, being open and encouraging change through training, can help to make sure your agency's advocates are well prepared to serve adult survivors of childhood sexual abuse.

For more information on this topic, additional resources, or to ask questions that have come up, please contact Erica Blackwood at erica@nccasa.org.