

Interventions for adult survivors of child sexual abuse experiencing complex trauma

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Background

The National Centre for Action on Child Sexual Abuse (the National Centre) commissioned the Gendered Violence Research Network at the University of New South Wales (UNSW) and Blue Knot Foundation to undertake a rapid evidence review. The review sought evidence about effectiveness of different interventions in treating adult survivors of child sexual abuse who are assessed or self-identify as experiencing complex trauma or complex post-traumatic stress disorder, including those from diverse populations.

Limited evidence on complex trauma and effective interventions to support adult survivors

While the review confirmed and expanded on prior knowledge around impacts and a substantial evidence base about trauma, it found limited evidence about complex trauma and Complex Post-Traumatic Stress Disorder (CPTSD) and effective interventions to support adult survivors of child sexual abuse experiencing complex trauma and CPTSD. The evidence was even more limited in relation to diverse populations.

The lack of evidence relates to the lack of a shared language and understanding around complex trauma and CPTSD. In fact, CPTSD is a diagnosis included in the ICD-11¹ in 2018 but not in the DSM-5² which instead includes a category of a dissociative subtype of Post-Traumatic Stress Disorder (PTSD). CPTSD categorises a symptom cluster which approximates to a number of the challenges experienced by adult survivors of child sexual abuse with complex trauma but arguably fails to capture the lived and living experience of many survivors. The dissociative subtype of PTSD diagnostic category in the DSM-5 further fails to capture the full range of experiences of survivors of child sexual abuse experiencing complex trauma.

As many survivors are diagnosed with multiple comorbid diagnoses one must consider the value of a solely biomedical lens to attempt to define life experiences in which the psychosocial is fundamental to the origins of the lived and living distress which often follows. Going forward a biopsychosocial approach would seem to be more holistic and apt.

The relatively limited number of studies focusing on the needs of survivors of child sexual abuse with complex trauma or CPTSD indicates there is a need for greater investment in research, in partnership with people with lived and living experience, including from diverse backgrounds, to better understand their experiences. This means that even though the study suggested a number of possible interventions that might be of benefit in treating some of the symptoms, it is premature to draw any definitive conclusions about the efficacy of one modality over another, and especially of an approach which focuses on only one modality at a time.

In fact, the evidence highlights the diversity of experiences among adult survivors of child sexual abuse experiencing complex trauma and a range of principles which are instructive. Overall recommendations are for tailored and flexible services with continuing and predictable care in which survivors are able to establish a connection and safe relationship potentially with a key practitioner that endures over time.



Principles

The review established the following best practice approaches for working with adult survivors of child sexual abuse experiencing complex trauma:

- A 'no wrong door approach'. This was a key principle of the Royal Commission into Institutional Responses to Child Sexual Abuse³, first included in the 2014 interim report and reiterated in multiple publications and statements.
- Trauma-informed care. The principles of this approach were articulated by FalLOT and Harris in 2009⁴ and include safety, trustworthiness, choice, collaboration and empowerment, as well as attuning to diversity in all its forms. Working from a trauma-informed orientation means being aware of the prevalence of trauma and the sensitivities and vulnerabilities with which survivors live.
- A focus on self-determination and recovery. These principles are common to many trauma leaders. Notably Christine Courtois in her book "Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide," emphasises the importance of empowering survivors and supporting their self-determination in the recovery process. She advocates for a strengths-based approach that focuses on the individual's resilience, coping strategies, and goals for the future.
- Prioritising safety, flexibility, continuing and predictable care. In its final report, the Royal Commission into Institutional Responses to Child Sexual Abuse recommended trauma-informed and survivor-centred approaches to service delivery, with a focus on providing safe, flexible and continuing care and support. It also highlighted the need for services to be predictable and reliable, so that survivors can have a sense of stability and consistency in their recovery journey.
- The need for practitioners working in generalist or specialist roles to support survivors with empathy, build trust and show an understanding of the lived and living experience of child sexual abuse and complex trauma has been repeatedly affirmed by survivors and trauma leaders.
- It is vital for practitioners to adopt best practice approaches and to have particular expertise in working with survivors of child sexual abuse and complex trauma. In its final report in 2017, the Royal Commission into Institutional Responses to Child Sexual Abuse recommended that specialist training be provided to professionals working with survivors of child sexual abuse, to ensure that they have the knowledge and skills necessary to provide effective and sensitive care.
- Offering multiple modalities. Many therapists who work with survivors of child sexual abuse experiencing complex trauma draw from a number of modalities and techniques informed by each survivor's needs and preference and tailored to the individual's unique needs and circumstances, and specifically within different population groups.
- For therapeutic work following a phased-based approach, which is believed by many to be a gold standard for practice. This approach was developed by Judith Herman and first articulated in her seminal work: *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror* (1992) with a key focus on safety and stabilisation of a fundamental basis for all therapeutic work.

The report found that while there are promising approaches to supporting victims and survivors of child sexual abuse, there is still so much more that remains unclear. In particular, there needs to be more investment in research that is informed at its core by the unique experiences and insights of people with lived and living experience of child sexual abuse.

