

NHS Highland & The Highland Council

Policy

Supporting Adult Survivors of Child Sexual Abuse

Policy eLibrary Reference No.	Date of Issue: December 2009
Prepared by: Gillian Gunn	Date of Review: December 2010
Lead Reviewer: Moira Paton	Version: 1.0
Authorised by: Highland NHS Board & The Highland Council Housing & Social Work Committee	Date: 6 th November 2009
RIA* Undertaken: No	Equality and Diversity Impact Assessment Completed: Yes

<u>Distribution</u>			
<ul style="list-style-type: none"> • Executive Directors • All Heads of Service • Community Healthcare Partnerships • Raigmore Hospital • Local Authorities & wider Community Planning Partnerships • Voluntary Sector 			
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Contents

Title	Page
Introduction	3
Definition of Child Sexual Abuse	3
What we know about Child Sexual Abuse	4
Part 1 – Supporting Adult Survivors of CSA Policy	
Responding to Adult Survivors of Child Sexual Abuse	5
Support, Referral, Follow Up and Documenting Child Sexual Abuse	6-7
Sharing Information	7
Support for Staff	7
Putting this Policy into Place	7
Process for Responding – Flow Chart (A3 size)	9
Part 2 – Guidance & Information for Staff	
Child Protection Statement	10
How Child Sexual Abuse affects Adult Wellbeing	11
Identifying Adult Survivors of Child Sexual Abuse	12
Appendix 1 – Level 2 Assessment	13
Appendix 2 – Frequently Asked Questions	14
Support Services	17

NHS Highland & The Highland Council Policy Supporting Adult Survivors of Child Sexual Abuse

Introduction

This document is for everyone working in NHS Highland and The Highland Council Social Work frontline services. It will also apply to others in The Highland Council, such as Homelessness Officers in Housing Services and Service Point Staff, when appropriate. It gives a guide for how all staff should respond to a disclosure of child sexual abuse by an adult, but individual workers will have different responsibilities in dealing with the issue and in supporting individuals. Those who work in a health or social care setting will have come into contact with someone who has been sexually abused. If you work in mental health services, obstetrics or gynaecology, gastro-intestinal medicine, accident and emergency, midwifery or dentistry, you have an increased likelihood of coming into contact with survivors of childhood sexual abuse. Certain care situations may trigger a repetition of the feelings or memories of earlier abuse or the feelings and memories of dealing with the abuse, e.g. being alone with a person more powerful than oneself, being placed in a horizontal position, having someone nearby and touching you, having objects placed in one's mouth, vagina or anus, being unable to talk or swallow, and experiencing or anticipating pain.

We have developed this policy and the associated guidance to help staff support Adult Survivors of Childhood Sexual Abuse, particularly within health and social care settings. It includes information on what childhood sexual abuse is; what the indicators of childhood sexual abuse may be in adults; how you are expected to ask about and respond to disclosures of childhood sexual abuse; how to assess if people need to be referred to other services; and how NHS Highland and The Highland Council will assist you in implementing this policy.

Definition of Child Sexual Abuse

“Any child below the age of 16 years may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to sexual arousal or other forms of gratification of that person or any other person(s) including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated, or consented to, the behaviour”¹

Please note that in Highland, we have agreed that we will use this definition of Child Sexual Abuse, in line with Scottish Government recommendations. However, it must be noted that young people between 13 and 15 years old may be involved in consensual sexual activity. This may not constitute child sexual abuse. In these circumstances, staff should refer to a Child Protection Advisor for advice, if necessary, and follow the guidance given on page 9 of this document.

Whilst we have adopted the definition of child sexual abuse outlined above, it can be defined in many ways and it is important for adult survivors to be given the opportunities to be able to define their experiences as being sexually abusive or exploitative if that is what **they** feel they were.

¹ Highland Child Protection Guidelines

Children may be abused by one perpetrator or by a number of perpetrators at different times throughout their childhood. It is useful to remember that not all perpetrators will be adults and may be in the child or young person's peer group or be a sibling.

Sexual abuse can start when children are babies and can continue into adulthood. It is most often carried out by a person who is well known to the child, often within the family, or in another position of trust.

Children may also experience ritualised child sexual abuse. There are different forms of this that are organised and systematic and involve ceremonies. Child sexual abuse, in more general terms, can also become ritualised, for example, always being at the same time of day, after a certain meal, after a set of 'code words' are used, etc.

Part 1 - Supporting Adult Survivors of Child Sexual Abuse Policy

Responding to adult survivors of child sexual abuse

All health and social care workers should be aware that child sexual abuse is a possibility; recognise signs and symptoms; initiate discussion; listen and make time; and give correct information about sources of help. Child sexual abuse is a serious health issue and you have a duty of care and support to those affected. Rarely would your actions make things worse, and if you intervene sensitively and appropriately you could improve long-term health and well-being.

Remember, don't assume that adults who were sexually abused as children need to talk about the abuse or be referred for counselling. Find out from each individual what the abuse means to them and what response they require from you, for example not being touched, extra time for a smear test or working out a birth plan which they feel comfortable with.

Lengthy training is not necessary for dealing with initial disclosures, since this is about listening, not judging, and finding out from the individual what they need from you. Training is required, however, for working with people on any severe to moderate mental health problems associated with CSA.²

Be aware of barriers such as age, poverty, language and disability which can increase vulnerability to abuse and limit access to help and services. You may need to provide specific support, for example professional interpreters or assistance with transport.

Your role

Your personal approach, warmth and acceptance are more important than detailed knowledge and training. You can support survivors of CSA by:

- Being warm and open and providing an environment conducive to disclosure
- Being responsive to what people are saying by tuning into and enabling them to talk
- Listening to, accepting and believing what the person tells you
- Respecting choices and staying with the person
- Anticipating increased stress
- Taking their health seriously
- Offering a choice of who they talk to (gender)³

Survivors of CSA say the most helpful worker:

- Is secure about boundaries, but relates with warmth and kindness
- Is informed about CSA, or keen to learn
- Has examined their own issues around CSA
- Works non-hierarchically, consults clients, reaches joint decisions
- Is client-centred, flexible, imaginative
- Neither hides behind confidentiality, nor breaks it insensitively⁴

Broaching the subject

Routine enquiry of all forms of gender based violence, including CSA, is being introduced into mental health, sexual and reproductive health, A&E, addictions, community nursing and maternity services. In all settings, if you suspect that a patient may be affected by child sexual abuse, it is your responsibility to introduce the subject sensitively and to ask.

² Nelson & Hampson, 2008, "Yes You Can! Working with Survivors of Childhood Sexual Abuse"

³ Nelson & Hampson, 2008, "Yes You Can! Working with Survivors of Childhood Sexual Abuse"

⁴ Nelson & Hampson, 2008, "Yes You Can! Working with Survivors of Childhood Sexual Abuse"

Many people find it difficult to disclose the abuse but this does not mean that they do not want to be asked or to be offered an encouraging atmosphere for disclosure. Many are upset about not having issues recognised or dealt with. Some people appreciate being asked directly, others less boldly. You may be able to build the issue into your assessment procedures, especially within broader questions about problems in childhood, such as “Did anyone hurt you when you were a child?”⁵

How to respond to disclosure

If someone discloses CSA, your response will be determined by the setting you work in, whether this is a one-off or ongoing contact and whether they want specific help related to the abuse. There may still be safety issues if the abuser is still around.

Always ask:

- What problems, if any, do you think the abuse has left you with?
- What are the main things you would welcome help with now?

Always say that you:

- Believe what they say
- Do not blame them for the abuse
- Will not put them at further risk of harm

Clinical care

- Treat the person for any medical problems or refer for further assessment, treatment or specialist help
- Any treatment should be based on fully understanding what has happened. Otherwise, you may not be able to treat appropriately

Support

Survivors of CSA may have practical, emotional and physical difficulties requiring ongoing support and the involvement of other services. For example they may have blocked out painful feelings through harmful substances leading to all sorts of associated problems. If they are still at risk from the abuser they may need practical help to be safe. If they were abused a long time ago and are still having difficulties dealing with it, they may need counselling or therapy. If they are facing a health intervention which may be traumatic for them, they may need you to help find a way to make it more manageable. If they have experienced a recent assault their response to this may be particularly acute because of what happened in the past and they may need sensitive help which takes account of what happened previously.

- Talk to the patient to work out what kind of support is required and how that might be provided. This is an essential part of support planning
- Assess the risk to the person and any dependent children in case they are at further risk of harm – seek advice from your Child Protection Advisor if necessary
- Give correct information about local support agencies (information is included in Appendix 2)
- Give supporting literature in a useable format
- Stress that whether the abuse happened a long time ago or recently, they will receive care that is sensitive to their experiences

⁵ Nelson & Hampson, 2008, “Yes You Can! Working with Survivors of Childhood Sexual Abuse”

Referral

- Consider other specialist health services such as counselling or therapies for debilitating physical health problems – see the flow chart on page 10 for appropriate assessments
- If necessary, refer the patient to a support agency such as Rape Crisis Scotland, a national organisation, or the Rape and Abuse Line, a local organisation. The individual may find it helpful if you make the first contact on their behalf
- Give the patient the name and number of the service and contact person to whom you are referring them and keep a copy for your records so you can follow up the referral

Follow up

If appropriate, provide aftercare and follow up. Always consider the patient's safety and how any approach you make might affect this.

Documenting child sexual abuse

Keep detailed records. This is important health information which will enable continuity of care. It may also help in any future legal proceedings. Patients may be anxious about the confidentiality of their records. Reassure them about this but explain that if someone, especially a child, is at risk of significant harm, this overrides confidentiality requirements. Explain the benefits to the individual of keeping a record.

Record the following in case notes, **never** in hand held notes:

- Injuries and symptoms
- Disclosure as an allegation not fact
- What the patient says and not what you think, but note if you have any concerns
- Persistent missed appointments and unanswered telephone calls
- Outcome of risk assessment
- Action taken

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that the victim and any children are safe and properly supported and the perpetrator is held accountable.

- Seek the individual's permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential
- Be careful not to divulge confidential information by accident

Support for staff

If you are supporting someone on an ongoing basis, this can be stressful and you will need support and supervision from a supervisor or colleague. Given the prevalence of childhood sexual abuse and the number of people employed by the NHS and Local Authorities, this may directly affect you or a colleague. If this applies to you, check the Gender Based Violence employee policy in NHS Highland and the Violence Against Women one for The Highland Council. These give guidance about who to approach. You may also want to contact a national or local service for support and advice – details in Appendix 2.

Putting this Policy into Place

In order to ensure this policy is put into place we have developed:

- A flow chart for staff showing how to respond – see p9

- Guidance on how to implement the policy (included in this document) - see p10
- A Training Plan that will support staff learning on how to respond to Adult Survivors of Childhood Sexual Abuse and how to implement this policy in practice, available on The Highland Council and NHS Highland websites
- A guide for patients on how we will respond to survivors of CSA available on The Highland Council and NHS Highland websites

Level*	Staff Groups	Staff Competencies	Process for Responding to Childhood Sexual Abuse
Level 1	<p>Community Groups & the Voluntary Sector NHS Highland and The Highland Council are not directly involved in delivering services at this level, but all staff are expected to have an awareness of the types of groups and organisations that may be able to support individual survivors in their community. An array of support is available to survivors via community groups and voluntary sector services. A list of services that may be relevant are included in the</p>		<p>Key to Flow Chart</p> <ul style="list-style-type: none"> Enquiry of CSA Assessment to be carried out Assessment indicates no need for referral Assessment indicates need for referral Child Protection/Vulnerable Adults Therapeutic Options Sensitivity to the patients needs
Level 2	<p>GPs, Community Nurses, General Dental Practitioners, Dental Hygienists, Dental Nurses, Dental Therapists, Midwives, A&E, Social Workers, Substance Misuse Services, Guided Self Help Workers, Community Care Services, Sexual Health Staff</p> <p>All staff in the categories above are expected to:</p> <ul style="list-style-type: none"> • Be able to sensitively ask individuals about abuse • Be able to discuss with individuals whether or not they might require other services • Be able to facilitate a referral to Level 3 services if this is needed • Discuss recording the details of the disclosure with the individual concerned • Explain the information sharing procedures with individuals after a disclosure 	<ul style="list-style-type: none"> • Ability to conduct assessments • Ability to support individuals to disclose childhood sexual abuse • Understanding of referral processes to Level 3 	
Level 3	<p>Community Mental Health Services, Out-Patient Mental Health Services, Mental Health Liaison Team</p> <p>All staff in the categories above are expected to:</p> <ul style="list-style-type: none"> • Be able to sensitively ask individuals about abuse • Be clear when referral to Level 4 is appropriate & facilitate it • Are able to transfer individuals to Levels 1 or 2 • Have a basic understanding of the therapies used at Level 4 and are able to briefly explain them to a patient • Seek support & supervision from those working at Level 4 • Work on stabilising people to prepare them to deal with CSA • Work with individuals who have experienced CSA in the context of a supportive clinical relationship with other specific outcomes (i.e. not addressing the CSA only or specifically) 	<ul style="list-style-type: none"> • Level 2 Competencies • Clear understanding of referral procedures to Level 4 • Competent in working with a range of mental health disorders • An awareness of the impact of childhood sexual abuse on the mental health and on the functioning of individuals 	
Level 4	<p>Clinical Psychologists, Psychiatrists, In-Patient Mental Health Services, CPNs and Community Mental Health Staff with specific training/experience in the evidence based therapies</p> <p>All staff in the categories above are expected to:</p> <ul style="list-style-type: none"> • Be able to sensitively ask individuals about abuse • Be part of Psychological Services, therefore will be supervised and clinical governance is ensured • Be qualified in and/or experienced at using a range of approaches • Create clear plans with individuals on how their experiences of CSA will be addressed including what outcomes individuals wish to achieve • Use a variety of evidence based therapeutic approaches to CSA in accordance with the NICE guideline on Post Traumatic Stress Disorder 	<ul style="list-style-type: none"> • Level 3 Competencies • Appropriate training and qualifications in therapies • Ability to develop clear plans with achievable targets with individuals • Ability to link with other services/agencies and work with a range of professionals • Able to support and supervise staff working at Levels 2 and 3 	<p>* The levels used in this diagram were developed by the Scottish Executive Short Life Working Group on the Care Needs of People who have survived Childhood Sexual Abuse and are:</p> <p>Level 1—Community & Social Response Level 2—Generic Services Level 3 – Some Generic Services & Specialist Mental Health Services Level 4—Psychological Services</p>

Part 2 - Guidance and Information for Staff to Support the Implementation of this Policy

What we know about Childhood Sexual Abuse

Prevalence of child sexual abuse

CSA is substantially under-reported but prevalence studies show rates of 7 to 30% of girls and 3 to 13% of boys. Men are the abusers in 95% of cases, regardless of the child being female or male.⁶ It is clear that there are issues relating to gender when addressing Child Sexual Abuse and along with other forms of violence, e.g. domestic abuse, rape, sexual assault and commercial sexual exploitation it requires a gender analysis⁷ in order to be fully understood and to ensure appropriate responses are provided..

More than one third (36%) of all rapes recorded by the police are committed against children under 16 years of age.⁸ In 2005/2006 11,995 children calling Childline spoke about sexual abuse in their call. This was 8% of all callers to Childline.

Overlap with other forms of gender-based violence

In one study of women involved in prostitution, 57% of had experienced sexual assault in childhood⁹. A report from EVA in NHS Lanarkshire indicates that of 90 women referred to its rape and sexual assault advocacy project, only a third were for a discrete rape/sexual assault. A fifth involved historical child sexual abuse and almost two fifths involved more than one experience of violence across the lifespan. Research suggests coexistence between child sexual abuse and domestic abuse.

Child Protection Statement

NHS Highland has a clear commitment to protecting children from abuse. As part of our responsibilities towards children and young people, there may be instances when adults disclose childhood sexual abuse that require NHS Highland or Highland Council staff to follow child protection procedures. Staff must contact their local Child Protection Advisor (contact details available in the Child Protection Policy on NHS Highland and The Highland Council Intranets) who will both advise staff on what to do and which agencies it would be appropriate to contact, if necessary. Staff must follow these Child Protection guidelines when:

- The adult survivor has given staff the current name and contact details of the perpetrator **and**
- There is clear evidence that the perpetrator has access to children and/or young people

Staff will be encouraged to support the person who discloses to contact other agencies themselves if they have concerns about children and/or young people. However, it is ultimately the responsibility of staff to pass concerns on and it is vital that all staff have a working knowledge of the interagency Child Protection guidelines.

⁶ In the Mainstream, Department of Health. 2001

⁷ This is a framework where the gendered nature of society is recognised – for more information see Highland Violence Against Women Strategy (2008-11), Highland Community Planning Partners

⁸ Walker, A., Kershaw, C. and Nicholas, S. (2006) *Crime in England and Wales 2005/06 (PDF)* Home Office Statistical Bulletin July 2006 / 12/06

⁹ Greenan (2004) *Violence Against Women: A Literature Review*, Scottish Executive

How child sexual abuse affects adult wellbeing

Health consequences

CSA can affect people to varying degrees but can have lasting, serious and wide-ranging affects. Research indicates that people experiencing mental health problems, including post traumatic stress symptoms, borderline personality disorder, depression, problems with food, suicide/attempted suicide and self harm, severe substance misuse, anxiety disorders and loss of self esteem are more likely than others to report a history of child sexual abuse.

Physical and sexual health

Physical effects can include genital and anal damage, STIs, pelvic inflammatory disease, gynaecological problems, sexual dysfunction, chronic pain, IBS. No apparent reason for troublesome, disabling physical symptoms such as recurrent chest pains or breathing problems; gastro-intestinal disorders; skins rashes.

Physical health can be jeopardised by running away from home and living on the streets as well as avoiding health checks such as smears and dental checks. People with CSA history are at greater risk of medically unexplained symptoms (MUS), especially for chronic pain and gastrointestinal disorders. The more serious the abuse, the more serious the impact on MUS, functional disability, sick days and healthcare use.¹⁰

Mental health

People might show symptoms of post traumatic stress, anxiety and depression, eating disorders, self harm, attempted suicide, dissociation, relationship problems.

People may use alcohol or drugs to cope with the abuse. The effects of sexual and physical abuse and other childhood traumas account for half to two-thirds of serious problems with illicit drug use.¹¹

It is important to recognise, and to acknowledge, when appropriate, the complex and complicated feelings that survivors may have about their abuse and their abuser. This can be a particular issue when they have biological bonds to the perpetrator or when they have been so terrified they have developed a trauma bond with their abuser(s).

Dental Health

Indicators of child sexual abuse in dental settings can include terror of dental treatment and torn fraenum.

How individuals might present

Survivors of CSA could present in any primary or acute care setting. Be aware of how they might present in yours. They may have chronic physical or mental health symptoms as a direct consequence of the abuse; avoid invasive procedures including dental treatment and smear tests; or they may be frightened of being touched or interventions and examinations, for example during labour and childbirth.

¹⁰ Nelson et al (2006) Mental health problems and medically-unexplained physical symptoms in adult survivors of childhood sexual abuse: a literature review and scoping exercise

¹¹ Dube, SR.et al.2003. Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: [The Adverse Childhood Experiences Study](#)

Identifying adult survivors of child sexual abuse

Historical child sexual abuse may not be immediately apparent. Many people conceal the abuse through fear or shame. There are some signs (clinical and behavioural) which should make you suspicious in addition to the health problems above. Be alerted by:

- Persistent non-take up of ante-natal, post-natal checks, smears and dental checks
- More than usual anxiety about childbirth, parenting
- Terror of medical procedures
- Unexplained symptoms
- Complications from previous scarring, pain, bruising or bleeding
- Sexual health issues such as STIs and pelvic inflammatory disease

These signs and symptoms may also relate to other conditions, so please be aware that the best indicator that someone is a survivor of CSA is if the person tells you they have been abused as a child.

Appendix 1 Level 2 Assessment

Staff Completing Level 2 Assessment include:

- GPs
- Community Nurses, Midwives
- A&E Staff
- Social Worker
- General Dental Practitioners
- Dental Hygienists
- Dental Nurses
- Dental Therapists
- Substance Misuse Services
- Guided Self Help Workers
- Community Care Services Workers

It is unlikely that an Adult Survivor of Child Sexual Abuse will come directly to your service to disclose their experiences of abuse. They are more likely to come to you because of problems associated with its long term effects. You are likely to be conducting an assessment for another issue, for example depression or borderline personality disorder. You should ask the patient or client two additional questions after a disclosure of child sexual abuse. These are:

- **What problems, if any, do you think the abuse has left you with?**
- **What are the main things you would welcome help with now?**

You must be clear about your role and your responsibilities to the people you come into contact with. Your role is **not** to solve all someone's problems, but to be honest about what you can and cannot do for someone and to work with them, where they are. If someone's issues required more specialist help and support, you should refer them to a Level 3 service, according to your current referral protocols and procedures.

If someone requires support or information that you cannot deal with, you should sign post them to a more relevant service.

It is most likely that someone will just want you to know that the abuse has left them with some issues and they might want you to:

- Be more understanding of the coping methods and mechanisms they use
- Appreciate that some situations are difficult, e.g. smears, dental work
- That they want you to warn them before you touch them and you should explain why you are doing it and where you will do it

You should also ask for the person's permission and make a record of your discussion, any decisions reached and any information you have given them.

Appendix 2

Frequently Asked Questions - Adult Survivors of Child Sexual Abuse

What impacts can it have on adults?

Experiencing sexual abuse as a child can have ramifications for adults, however, not everyone who has experienced sexual abuse will need help or support for it. A range of factors will have influenced the effects the abuse has had on someone, including the length and type of the abuse; who the abuser was; whether they told anyone as a child and were or weren't believed.

However, there are some recognisable impacts that child sexual abuse can have on some people.

Research indicates that people experiencing mental health problems, including post traumatic stress symptoms, borderline personality disorder, depression, problems with food, suicide/attempted suicide and self harm, severe substance misuse, anxiety disorders and loss of self esteem are more likely than others to report a history of child sexual abuse.

Physical and sexual health effects can include genital and anal damage, STIs, pelvic inflammatory disease, gynaecological problems, sexual dysfunction, chronic pain, IBS. There can also be no apparent reason for troublesome, disabling physical symptoms such as recurrent chest pains or breathing problems; gastro-intestinal disorders; skins rashes.

Physical health can be jeopardised by running away from home and living on the streets as well as avoiding health checks such as smears and dental checks. People with CSA history are at greater risk of medically unexplained symptoms, especially for chronic pain and gastrointestinal disorders.

It is important to remember that adults who were sexually abused as children might not need to talk about the abuse or be referred for counselling. Find out from each individual what the abuse means to them and what response they require from you. Something about this might change over time? i.e. don't assume that because they don't want anything from you now that they never will?

Weren't abusers abused themselves when they were children?

The theory that suggests children who experience abuse will go on to abuse others when adult is often called the 'cycle of abuse'.

This theory proposes that if you are abused as a child you will, in turn, abuse others. However, this theory has been developed through research projects which have generalised experiences and made assumptions. It also ignores the gendered nature of child sexual abuse. For example, we know that girls are more likely to experience sexual abuse, yet the vast majority of sexual abuse is perpetrated by men. So, if there is any kind of cycle, it is a gendered one, and that in turn requires explanation, which this theory does not provide. Even if arguments that there is a large, hidden number of female abusers had some validity to them, to reverse the gendered asymmetry would require a reversal of literally incredible proportions.

If we limit our focus to perpetrators alone, the data here is also vague. No study has yet demonstrated that there is an obvious 'cycle' even within samples of convicted offenders; the range of those reporting experiences of abuse in childhood varies between 30 and 80%. Few of these studies define abuse in childhood in the same way; some limit their data to whether the individual was abused in the same way as he has subsequently abused children, whereas

others include *any* form of child abuse in the individual's childhood whilst focusing on *sexual* offending in adulthood. The latter method will produce higher findings, but the psychological mechanisms involved in moving from experiences of physical abuse and neglect to sexual abuse cannot be the same as those where the same form of abuse is involved. These crucial differences are invariably ignored.¹²

In all studies to date either a majority or significant minority cannot be fitted into the theory. Alongside these problems in evidential support for the proposition, there is seldom any exploration of the precise mechanisms involved whereby those who have been victimised become victimisers, since this is not simple repetition, as models suggest, but a reversal of roles.¹³

The 'cycle of abuse' theory has become a popular explanation in recent times for why child sexual abuse happens, but it is not a proven theory and is more about the attitudes and beliefs society has about child sexual abuse. It also provides a simple explanation for a complicated issue and removes responsibility away from individual perpetrators. It is also, however, extremely insulting to the vast majority of survivors of child sexual abuse who never themselves abuse a child.

A 1995 study by Howitt, *Paedophiles and Sexual Offences Against Children*, showed that 67% of offenders originally claimed to have experienced child sexual abuse, but when threatened with a lie detector test (and reimprisonment for lying) this dropped to 29%. There is also a higher level of those with experience of child sexual abuse within the criminal justice system compared to the levels in the population as a whole, similar to other settings, e.g. homelessness services, substance misuse services, and mental health services.

How should I raise the subject of Child Sexual Abuse?

Many practitioners are concerned about how to broach the subject of child sexual abuse with adults, even if they suspect that this may be an issue for the person they are working with. The Scottish Government publication, ["Yes You Can"](#) explores this issue in more depth. It is a very useful tool and has been developed in consultation with adult survivors of child sexual abuse.

The Highland Community Planning Partnership is also offering a package of training on gender based violence issues and staff are encouraged to attend. Specific training about Adult Survivors of Child Sexual Abuse, developed by SAMH, is included as part of the training programme. More information on the training available can be found on NHS Highland and The Highland Council intranets, or by contacting the Violence Against Women Team at Assynt House, Beechwood Business Park, Inverness, IV2 3BW.

Where can I get further information?

In Highland we are developing a joint protocol between Health and Social Work Services. This will also cover Argyll & Bute. It is included in this document, and you can access an electronic copy on the NHS Highland website at www.nhshighland.scot.nhs.uk

A number of organisations offer support to those who have experienced child sexual abuse in the Highlands and in Argyll and Bute. This includes:

	Highland	Argyll & Bute
Rape & Abuse Line	0808 800 0123 (7pm-	N/A

¹² Weasel Words (1996); Liz Kelly in 'Trouble and Strife'

¹³ *ibid*

	10pm) answered by women 0808 800 0122 (7pm- 10pm) answered by men	
Rape Crisis	N/A	0800 121 46 85
In Care Survivors	0800 121 6027	0800 121 6027
Victim Support	01463 258834	0141 952 2095
Police	01463 715555	01389 822000
Samaritans	0845 790 90 90	0845 790 90 90

Rape Crisis Scotland also offer a national helpline on 08088 01 03 02

Useful websites include:

www.survivorscotland.org.uk – includes links to a wide variety of support agencies
www.womenssupportproject.co.uk