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Short Article

Advocacy for adult survivors of childhood abuse: Towards an evidence-based service

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Abstract:

Despite increased calls for advocacy services for adult survivors of childhood abuse, there is a dearth of information as to what these services should look like in practice. To begin to form an evidence base within this emerging practice area, this paper explores existing research on advocacy alongside research on other effective service responses for this population. It highlights the importance of reflexive, needs-based, and empowering services working within a holistic framework of support. Towards this goal, a number of key implications for practice are suggested for advocacy practitioners.

Introduction

The lifelong effects of childhood abuse are well documented in research. Adult survivors can experience complex-PTSD, anxiety, difficulty with social functioning, depression, and low self-esteem (Czincz & Romano, 2013). They may feel isolated from society, distrustful of institutions, or have a disregard for authority (Wolfe, 2003).

There is, however, limited research on treating the effects of childhood abuse on adult survivors (Jeong & Cha, 2019). The data that does exist predominantly refers to cognitive strategies and therapy modalities. Research into the value of advocacy support (defined as acting alongside individuals to support their rights and interests while providing tangible and practical support) to this client group is scarce.

The aim of this paper is to make a contribution to the emerging discussion on advocacy for adult survivors of childhood abuse. It will begin with an overview of recent calls for advocacy services, then synthesise and review research findings



on effective service responses to childhood abuse, and finally suggest what this may mean for an evidence-based advocacy service.

Calls for advocacy services

Advocacy services have been recognised as a necessary tool to support survivors' recovery by governments and national inquiries alike. The Scottish Government, the Independent Inquiry into Child Sexual Abuse, and the Australian Royal Commission into Child Sexual Abuse have highlighted the value of advocacy for adult survivors of childhood abuse.

Scottish Government

The Scottish Government pledged in a 2015 strategy to 'encourage and assist statutory and third sector agencies to work in partnership to deliver needs-based assessment, advocacy/case management and "one stop shop" integrated care, support and treatment resources and services for survivors' (The Scottish Government, 2015, p. 7). A follow-up report could not be found publicly available online, so it is not possible to comment on how this strategy has fared. However, within practice and in policy documents, an ongoing focus on partnership working can be observed.

The Scottish Government's interest in advocacy was borne out of engagement with survivors. One of the key messages they received from contributors was 'that support should be needs based and include advocacy, support and case management' (The Scottish Government, 2015, p. 3).

The Independent Inquiry into Child Sexual Abuse (England and Wales)

The Independent Inquiry into Child Sexual Abuse acknowledged that 'victims and survivors might need practical support about how to report abuse and obtain medical assistance, advocacy support as well as therapeutic support such as counselling and psychotherapy' (IICSA, 2022, p. 262). However, the inquiry did not go on to make a formal recommendation in regard to advocacy, and therefore fell short of translating this acknowledgement into implementation.

The Australian Royal Commission into Institutional Child Sexual Abuse

In 2017, the Australian Royal Commission into Institutional Child Sexual Abuse formally recommended the introduction of advocacy for victims and survivors of institutional abuse, as part of an integrated model of advocacy, support, and counselling. This recommendation was informed by case studies, private



sessions, and consultation processes where survivors highlighted their diverse support needs 'beyond being able to access counselling and psychological care' (ARC, 2015, p. 1). Examples of these support needs included, 'support for legal, education, housing, health, employment and financial issues, and for assistance with reporting abuse' (ARC, 2017, p. 9).

In the years following the Australian Royal Commission's final report, Australian state governments implemented this recommendation by funding organisations that provide integrated support schemes (Australian Government National Office for Child Safety, 2022).

Effective service responses for adult survivors of childhood abuse

Evidence from survivors indicates that, fundamentally, an effective service should provide a safe space, make the survivor feel heard, and provide tailored support (Rocket Science, 2023).

A review of extant literature on effective service responses for adult survivors of childhood abuse suggests that there is no one best-practice response that addresses all the needs of survivors (Breckenridge & Flax, 2016). Healing is a 'complex and dynamic trajectory' that takes place across several domains (Draucker et al., 2011). As such, holistic service response is required to address the myriad effects of childhood abuse (Fuller-Thomson et al., 2019).

Such a holistic service response may comprise of a combination of advocacy, psychological support, access to records, and addressing physical problems.

Advocacy

Per the Australian Royal Commission, available research into outcomes of advocacy for survivors of childhood abuse 'details positive and encouraging outcomes' (ARC, 2017, p. 44).

A well-implemented advocacy service can empower survivors and assist them in coping with the impacts of their abuse. It achieves this by helping survivors to access resources and information; helping them to make positive connections with peer networks and community groups; aiding in recovery from trauma; and promoting systemic improvements to service responses (ARC, 2017).

Within advocacy services, survivors are provided safe opportunities to exercise control over decisions (ARC, 2017). This has been identified as a key



contributory factor to building resilience within this population (The Scottish Government, 2012). Similarly, Scotland's national trauma training framework highlights the importance of choice, collaboration, trust, empowerment, and safety when working with people affected by trauma (NHS Education for Scotland, 2017). These are principles fundamental to the practice of advocacy.

Where life circumstances preclude survivors' meaningful engagement with therapeutic treatment, an advocacy service may act as a necessary precursor to psychological support. In these situations, it may be more appropriate to begin by establishing stability and meeting immediate needs through practical action. This is consistent with Maslow's seminal work on the hierarchy of needs, which posits that satisfaction of one's basic needs is a necessary prerequisite to pursuing a fulfilling life (Maslow, 1943). Similarly, Herman's theoretical three-stage model of healing from trauma includes an initial stabilising stage (Herman, 1998). Evidence provided to the Australian Royal Commission suggested that 'therapeutic treatment can be unhelpful if offered to a victim before these more immediate needs are met, and that ignoring these pressing needs can impair the victim's recovery and affect their ability to trust service providers' (ARC, 2017, p. 45). This may be the case when working with individuals who are experiencing housing instability or economic hardship. Meeting these immediate needs might look like support to find emergency accommodation or a debt management service, thereby supporting clients through practical circumstances that would otherwise preclude psychological healing.

Psychological support

The psychological impact of childhood abuse is particularly salient, with over 80% of survivors experiencing mental health conditions (Breckenridge & Flax, 2016). Addressing childhood trauma and the resulting emotional and behavioural difficulties requires specialist, evidence-based psychological treatment (Carr et al. 2010).

Psychological support is also beneficial in encouraging survivors to develop valuable cognitive strategies. Studies into healing from abuse suggest a variety of cognitive strategies that can be developed with the help of counsellors. Arias & Johnson (2013) identified the externalisation of blame, from the self onto the abuser, as an important source of healing among their 10 female participants who had experienced child sexual abuse. Draucker et al. (2011) expounded the value of meaning-making to survivors of child sexual abuse in their theoretical model of healing, whereby clients move through 'grappling with the meaning of the CSA, to figuring out its meaning, to tackling its effects, and ultimately, to



laying claim to their lives'. Kaye-Tzadok and Davidson-Arad (2017) found that self-forgiveness and hope were key cognitive strategies for dealing with a history of abuse.

Access to childhood records

In their qualitative study of 24 survivors of institutional child sexual abuse in the UK, Colton et al. (2002) found that support to access childhood records formed an important part of the recovery process for survivors. Access to childhood records was also identified as a critical need by all five focus groups during empirical research into survivors' interaction with Northern Ireland's Historical Institutional Abuse Inquiry (Lundy, 2020). Evidence given to IICSA supports these research findings, with victims and survivors explaining the importance of accessing their records, which provide an acknowledgement of their experience and a feeling of closure (IICSA, 2022, p. 90).

Addressing physical problems

Research into the factors associated with complete mental health¹ among childhood sexual abuse survivors proposed that addressing physical problems, for example through pain management, may promote complete mental health (Fuller-Thomson et al., 2019). In a conference report detailing learnings from the Alaskan Family Wellness Warriors Initiative, SurvivorScotland suggested that GPs and other frontline workers should be trained to connect the physical effects of abuse with the more widely recognised mental health effects (SurvivorScotland, 2014). Dr Sarah Nelson, in conjunction with Wellbeing Scotland and Kingdom Abuse Survivors Project, is presently conducting work in this area. Nelson's work focuses on the production of guidance for healthcare professionals working with people who have been sexually abused. She invites medical professionals to question the assumption that survivors' physical ill health is produced by their mental health conditions (termed psychosomatisation), suggesting that this ignores the possibility that both physical and mental ill health are caused directly by the abuse itself. Acknowledging the very real pain that survivors suffer and treating this as such, rather than as a by-product of mental health, will go a long way towards improving patient experience and outcomes within this population.

¹ Defined in the same study as 'the absence of mental illness in combination with almost daily happiness and/or life satisfaction, as well as high levels of social and psychological well-being'. (Fuller-Thomson et al., 2019, p. 735)



Limitations of existing literature

The literature on effective service responses for adult survivors of childhood abuse has a number of limitations.

As most studies involve small scale qualitative research, it is not possible to use their findings to generalise outcomes for survivors of childhood abuse as a population (Arias & Johnson, 2013). This limitation could be addressed by a longitudinal survey into survivors' outcomes. However, arguably, the value of existing studies is the rich data highlighting the personal insights and observations of individual participants, which reflect the very individual and personal nature of healing from abuse.

The majority of available literature into recovery from childhood abuse refers specifically to child sexual abuse. There is therefore an absence of representation within these studies of survivors of physical abuse, emotional abuse, and/or neglect (Draucker et al., 2011). While it appears to be customary elsewhere to consider child sexual abuse as a distinct phenomenon, Scottish institutions tend to consider all forms of child abuse in aggregate, acknowledging both the complexity of experience and the likelihood of different types of abuse occurring at the same time.²

Another limitation is the previously highlighted dearth of empirical evidence on the effectiveness of different types of support to survivors of childhood abuse. This has been attributed to the lack of specific services for this cohort up to the mid-2010s (Breckenridge & Flax, 2016).

Implications for practice: Developing an evidence-based advocacy service

Research and consultations with survivors yield key implications for practice.

The literature endorses a holistic service response, which requires the coordination of support spanning several sectors. In practice, this may be facilitated by the 'no wrong door' approach, whereby any service that a survivor presents to is a referral route into the correct service. This is the approach favoured by the Australian Royal Commission. Alternatively, as seen in the Scottish Government's strategy, a holistic service response may be made

² This is the case for the ongoing national child abuse inquiry and for many national organisations that work to address childhood abuse, including Wellbeing Scotland.



possible through agencies working in partnership to provide a 'one stop shop' service.

Structural measures, over and above steps an individual can take, are required to facilitate a true 'one stop shop' approach, as this requires the cooperation and oversight of different service providers. However, at practitioner level, advocacy practitioners can feed into this approach by engaging in effective partnership working. For example, by collaborating with other agencies to develop seamless referral pathways that can reduce clients' discomfort of presenting at numerous different services.

Advocacy practitioners can and should also adopt the principles of 'no wrong door': assisting clients to navigate through the complexity of seeking appropriate help and being open to referrals that originate from various services.

The literature highlights that healing is a complex and dynamic process. It is also extremely personal, with the needs of survivors varying over time and from person to person. To adapt and respond appropriately, advocacy services must be reflexive, and needs-based. To deliver a reflexive and needs-based service, advocacy practitioners may use needs assessments and regular check-ins. These allow the practitioner to identify clients' individual needs and goals and ensure the service continues to serve its intended purpose.

Empowering survivors to make informed decisions has been shown to increase resilience. Advocacy practitioners can help survivors to access relevant resources and information, which will enable them to make informed decisions about the combination of services that will be the most effective for them. By offering a safe and controlled environment in which survivors may exercise choice and agency, advocacy services can contribute to the development of resilience within this population.

Conclusion

Over the past decade, there has been growing interest in advocacy services for survivors of childhood abuse. This interest appears to have originated from survivors themselves, having identified a gap in the support services available to them.

Literature on effective service responses to healing childhood abuse in adults suggests they should be reflexive, needs-based, and empowering. Advocacy is one component part of what should be a holistic service response. This paper



proposes practical methods through which advocacy practitioners can provide a service that meets these criteria while also supporting and facilitating that wider holistic approach.

As the provision of advocacy services for adult survivors of childhood abuse continues, the evidence gap acknowledged in this paper will gradually be filled thereby informing ongoing good practice and building the research base.

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About the author

In her role with charity Wellbeing Scotland, Rachel Stewart coordinates a national advocacy service. Her background in law and research guides her commitment to providing an evidence-based service to survivors of childhood abuse. Beyond advocacy on an individual level, Rachel is also passionate about advocating for structural change on a policy level.

