# Promoting Capacity with Homeless Women Survivors of Child Sexual Abuse Misusing Alcohol, Drugs or Gambling

## Executive Summary of Final Report November 2005

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## Collaborating Organisations

This was a collaborative project between:

- RDNS Research Unit, Royal District Nursing Service (RDNS) Foundation of SA Inc.
- Catherine House Inc.
- Centacare

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Some women requested to have their full name in this report. Others asked for their first name only, while others nominated a pseudonym to protect themselves or their family. Participants who were uncertain were provided with a pseudonym to protect their anonymity. Words are not enough to tell you just how grateful and thankful we are to these courageous and amazing women:

> Joanne Marie Betts, Roseann Dowden, Louise, Sophia, Catherine, Leilani, Vivian, Anastasia, Maisie, Megan, Emma, Harmony and Grace.

The research team would like to thank the following organisations who participated in the data generation process. We were heartened by the enthusiasm and commitment shown by service providers to participate in this research to improve the capacity of their services to their clients. In total, 50 services were invited to participate and of these, 24 organisations confirmed their response. They were:

Addiction Counselling Service
Alcoholics Anonymous
Baptist Community Services
Catherine House Inc.
Centacare Catholic Family Services
Dale Street Women's Health Service
Domestic Violence Crisis Service
Drug & Alcohol Services South Australia
Gambling Addiction Treatment Service
Mission Australia
Offenders Aid and Rehabilitation Services of SA Inc.
Ramsay Health Care SA Mental Health Services
- The Adelaide Clinic
- Fullarton Private Hospital
- Kahlyn Day Centre

Relationships Australia
Salvation Army Social Services
Second Storey Youth Health Service
Service to Youth Council Inc.
Sidestreet Counselling Service
Southern Junction Community Service
StreetLink Youth Health Service
Uniting*Care* Wesley Adelaide
Women's Health Statewide
Yarrow Place Sexual Assault Service

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Please note these professionals contributed to our understanding of the book contents. Being listed in the acknowledgments does not imply their endorsement of the final content and as such the authors take full responsibility for the final manuscript.

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Antonia van Loon
*Project Manager*

Debbie Kralik
*Project Director*

# EXECUTIVE SUMMARY

## Introduction

Catherine House Inc. offers emergency and transitional supported accommodation, and a range of services, to women with complex needs who are homeless. Over 93% of the clients that use the service have experienced the trauma of child sexual abuse. As a result, some have used drugs, alcohol and gambling as a means of trying to manage their emotional and physical suffering. This inquiry was grounded in the actual experiences of women who have been sexually abused in childhood and have continued to live with disruption and adversity throughout their lives. The aim of the research project was to promote the capacity of these women by generating personal resources that would enable them to move into a healthier and more life affirming future.

Catherine House Inc. partnered with the Royal District Nursing Service (RDNS) Research Unit and Centacare to address these issues. They applied for, and gratefully received, funding from Alcohol Education and Rehabilitation Foundation Ltd. (AER) which enabled the project to commence in August 2003 and it was completed in September 2005. Dr Antonia van Loon, the RDNS Research Unit's Project Manager led the project, and Deirdre Flynn, a social worker at Catherine House Inc., co-facilitated two groups of women over an 18 month period of data generation. They focused on building personal capacity to facilitate transition toward independent living. Together the women found their voice about life stories that had been silenced, yet the impacts were being lived with on a daily basis.

With great courage they shared stories about the events and experiences that had shaped and disrupted their lives. They gained fresh insights as they told of their experiences. The topics discussed and the processes used to surface such deep and emotional life experiences, have been elaborated in two companion books that are the key products of this research project. We developed a program that can facilitate transition through participatory action. This program is available in the self-help resource book for women CSA survivors titled, *'Reclaiming Myself After Child Sexual Abuse'*. This book was developed at the request of the women participants. It is a key principle of Participatory Action Research that the participants drive the research process and products, therefore the book was produced to met the needs of CSA survivors and to be made available free for all to use. Its companion volume is aimed at helping service providers understand the participatory action processes used to facilitate transition for these women. This book is titled *'Facilitating Transition After Child Sexual Abuse'*. Five hundred hard copies of each book will be distributed free to key services working with this client population. The book will be available electronically for free downloading from the Royal District Nursing Service Research Unit website www.rdns.org.au, and the Catherine House Inc. Website www.catherinehouse.org.au so the research outputs are accessible and enable the provision of a sustainable service that is transferable to similar settings nationally and internationally.

## Method

This project utilised the principles and processes of Participatory Action Research (PAR) because of its known emancipatory capacity and problem solving ability when utilised by individuals and communities to meet their needs. The challenge of PAR is facilitating collaborations that demonstrate principles and values that are democratic, empowering and participatory at every step of the inquiry [2, 3]. The participants are stakeholders whose lives were affected by the issue under study. They were engaged in the data generation, analysis and theorising, to gain understanding about the nature of CSA, alcohol misuse, homelessness and transition. In using PAR we sought a viable, sustainable and effective intervention to the problems faced by this client group. The primary purpose of using the PAR process was for it to be a practical tool for solving problems experienced by service providers and the women in their professional and private lives [2] (p.11).

We worked with two groups of 8 women CSA survivors, and met fortnightly to discuss issues pertinent to their daily lives. We used the simple and practical PAR process articulated by Stringer called 'Look, Think, Act'[2-4]. Where '*Looking'* was the phase in which the woman, or the service provider, built a picture based on information available to them about the issues confronting them. The woman located the areas she wanted to work on to move forward. She was encouraged to take some time to *describe w*hat was going on? What were her circumstances and her responses to what was happening? She was aiming to gather information to build a picture that described the context of her situation. In '*Thinking'* she aimed to clarify the meaning of her experiences and feelings to make sense of what was happening and increase her understanding of the why, when, what, where, how… of her life experiences. After describing the issues she could think about what she might like to do with/about them. In '*Actioning'* the woman began to move from just thinking about change, to actually doing something to effect change. Actioning required her involvement with her current situation. She was encouraged to choose actions that took her toward her chosen goals. Sometimes we had to work together to find a goal the woman wanted to work toward. Many women had become so used to having their needs ignored that they no longer had many hopes or aspirations. We would encourage her to take the smallest and most easily managed action that would have the most benefit for her happiness and wellbeing.

Through dialogue and negotiation we spoke of their past experiences of CSA and the issues and impacts. We discussed drug and alcohol use and abuse, and a range of compounding health, social and spiritual issues. These included the disclosure process, memories, flashbacks, childhood family dynamics, mental illness, domestic violence, grief, loss, identity, emotions and other topics of significance to the women's healing. The topics discussed at each fortnightly meeting were initiated by the participants. They raised issues from the prior feedback, or current life situation. As facilitators we had questions and insights from the analysis that we could see were major concerns for the women. Some of these had not been adequately described or clarified, so we would raise them in the group to engender further looking and thinking. We would then encourage the women to take action to achieve the outcome they wanted.

We also worked with two groups of 12 service providers. We fed back to them the findings from the women's groups about the survivor's needs, desires, hopes and concerns, regarding the care they wanted and had found helpful over time. We discussed

issues affecting and effecting service provision and considered actions to address some of the issues raised.

In the group we used a narrative approach [5, 6] to describe and explore the impacts of child sexual abuse. The women were interviewed individually in the first instance. They were asked to share what they believed were the impacts the CSA had on their lives, from their earliest memories. This was distilled into a succinct 'common story' that pulled together several important themes present in each woman's story relating to the adverse impacts of CSA on her sense of identity, her health and her wellbeing. In the group we talked about the many emotions and feelings they felt in the ongoing struggle with who they were. These emotions and feelings were commonly shame, blame, guilt, anger, fear and love. In the group we tried to negotiate a less structured way to define such problematic feelings, so they could be explored. The aim was to focus on how these feelings were continuing to shape their lives and the way each woman viewed herself. For many women the perspective revealed a life script where the woman felt 'different somehow'. This welled up emotions, feelings and thoughts that the women termed 'that package of feelings'. In the group we used narrative processes to explore those feelings and unpack the power dimensions and socio-cultural influences of this package of feelings. We explored the women's reactions to the package which often acted as a trigger for addiction responses. The complete PAR process and the finer details of its application are discussed within Section 1 of this report.

## Findings

The experience of being sexually abused as a child is difficult to bear. Section 2 of this report discusses the context of this study regarding the variations in definitions of CSA between service providers and the criminal justice system. Authenticating the prevalence of this criminal activity is problematic. It is difficult to be accurate due to under-reporting and the social silence and shame surrounding discussions on the sexual abuse of children. Caught in this vortex of confusion and denial are as many as 1:3-5 girls and 1:8-12 boys [7-10]. It is impossible to estimate how many of these children will suffer adverse impacts from their abhorrent experience. There are numerous articles documenting that CSA is correlated with a wide variety of short and long term impacts [11-18]. CSA has been directly linked to an increase in mental illness [19-28], addiction [29-36], physical illness [37-40], experiencing violence [11, 41-57], homelessness [31, 56, 58-62] early and/or undesirable sexual experiences [63-68] to name a few adverse sequelae. The cost to our society is enormous in health, social and economic expenditure, but worse is the loss of aptitude for so many people with considerable gifts, who are not employed or developing their full potential.

The first book aimed at women survivors of CSA is called '*Reclaiming Myself After Child Sexual Abuse*'. It gives a brief description of the content we explored in the women's groups. It uses the types of questions we asked within the group which stimulated looking, thinking and actioning. The book does not aim to be a comprehensive self-help book, or an authoritive text. Rather, it seeks to discuss the issues raised by this group of women, and the process used to gain new perspectives and fresh insights on current problems/issues. The process allowed women to see the linkages between current behaviours and responses, and past experiences. They could then make choices about future responses to reshape their lives through thought-through reactions that might give them the outcomes they wanted in creating the future of their choosing.

The service provider's book '*Facilitating Transition After Child Sexual Abuse'* is a resource to help those working with CSA survivors. It discusses important literature about CSA to provide a basic level of understanding of the context in which care operates. It then explores the therapeutic relationship from which quality help develops. The next three chapters discuss the 'Look, Think, Act' process and how it is employed with individual and group work. Finally, we explore the process of transition uncovered in this research and the importance of careful group facilitation when using 'Look, Think, Act' as a tool in group work. We believe the resource provides the background workers need to use this simple and effective capacity building process when working with their clients either one to one, or in support groups.

## Recommendations

Over the space of two years many issues were discussed and the following recommendations are a summary of suggestions that we believe will improve services for women CSA survivors with alcohol and drug addictions, and/or those in need of supported accommodation. They are expanded in Section 3 of the report.

*Developing a responsive service* involves having the right people with an appropriate attitude and knowledge base, working with these clients. Teams that encourage innovation and empower employees with up-to-date knowledge and information, and allow local decision making ability, are better placed to meet the client's needs. Being responsive requires receptive referral responses. It helps to obtain feedback on services from the clients using the service. Finally it needs an organisational culture where such feedback is seriously considered and a cooperative effort is made to address the issues raised.

*Being able to provide specialist CSA counselling* is limited due to funding rules that link counselling to specific conditions or services. Given the strong correlation between CSA and mental illness, domestic violence, drug and alcohol issues, offending, and other health and social concerns, it is imperative that organisations should be able to provide a more holistic service to their clients. Many would deal with CSA issues if they had the funding, the knowledge and the support to address these interwoven concerns.

*Professional development on CSA* is essential for workers to have the confidence to deal with CSA related issues. This involves helping workers understand disclosure processes. First-point-of-contact training is another essential recommendation for those working in the justice, health, education and social systems.

*Increased community awareness* is considered important if people are to be encouraged to break the silence on CSA. It is essential to maintain a public focus on CSA so that pressure is brought to bear on politicians and the justice system, to ensure child protection policies and criminal law are delivering justice and restitution for the victims of this crime. It is also important to ensure the community is aware of the links between CSA and ongoing health and social problems, such as addiction and mental illness. Our society needs to see that CSA is not an isolated incident that all survivors can 'just get over'. For many survivors it is the catalyst of a life characterised by disruption and disabling suffering. The social responsibility to work for change lies with all of us. We must ensure the community is aware of the researched impacts of CSA.

*Addressing restrictions and constraints on services,* such as waiting lists for counselling and accommodation. There are issues for those in minority cultural groups and in Indigenous groups regarding access to adequate services. The report provides a number of feasible suggestions for services and policy makers to reflect on.

*Holistic support* is required for clients in this population. Their issues are long term and ongoing. They need safe, women-friendly services that have case workers who are accessible over longer periods of time. Their needs are complex and comprehensive, and cannot be adequately addressed when they have a limited quota of attendances stipulated by funding requirements. Innovative responses may be achieved via volunteer networks, drop-in services, day community centres, and community based support groups. These need to be set up for the longer term and provide useful and affirming connections into a network of ongoing support.

*Information flow between services* is essential to quality care for this client group. They usually have multiple needs and are being seen by various organisations. The use of multi-focused assessments that flow across and between services is important to continuity of comprehensive care. A whole of government approach was suggested, which would include formulation of a lead agency, a clearing house, advocate groups and support groups that move across the care continuum from state-wide services to voluntary networks, such as neighbourhood centres, socio-cultural groups and faith communities.

*Creating a safe and friendly environment* so women and children feel able to speak out about their CSA and break the silence. Suggestions are made within this report and both of the resources, about ways services can be more women-friendly and make disclosure more acceptable.

*Handling the challenging behaviours of this client group*. This client group can be challenging to work with. Their needs are complex and they have often been living in a state of dissociation and disruption for many years. They may unwittingly, or knowingly, sabotage their recovery with ongoing drug and alcohol use, or movement in and out of toxic relationships. The chronicity and complexity of co-morbid conditions can make it difficult for workers to prioritise care and know where to focus their energy and resources. The report and the resources deal with multiple suggestions for services that can have the most impact, if and when the client is ready to face her issues.

Section four of the report recommends further research into a variety of issues that surfaced in this study. Several questions include, what factors contribute to the fact some women cope well after experiencing CSA, while others do not? At what points along the trajectory to addiction after CSA, are the child/adolescent/women most ready to seek help from a service, and what services/interventions would help at each point? What happens when the cognitive capacity to control intrusive memories is limited by dementia or disease? Can the work we developed in this study be transferred to communities of Indigenous women, or those from cultural and linguistically diverse backgrounds, or are their differences that need to be addressed? There are many others research possibilities noted in the report.

Section 5 of the report discusses the model of transition that has evolved from former research work by the RDNS Research Unit and has been consolidated into a model for workers who are seeking to facilitate transition in this client group. Transition

encompasses people's responses to major social, developmental, and life change events. Such changes can cause disruption, particularly when the changes are not chosen and produce adverse alterations to one's identity. The experience of disruption is an experience of feeling different. A 'taken-for-granted' way of living ends. The disruption leads to the life task of finding new ways to live and be in the changing world. The limbo phase that follows the change event is a time of sense-making. Here aspects of the former self are reclaimed and new roles, relationships and connections are established. With time and support, the CSA survivor locates a sense of coherent and continuous self within her changing world. At this time she moves into a place where life becomes more familiar. She regains a sense of ordinariness that incorporates aspects of the old and forges new beginnings. Transition is an ongoing and dynamic function of daily living, which may be 'taken-for-granted' when the changes are easily amalgamated. However, major or adverse changes create disruption to a woman's sense of self. This is particularly so for survivors who have become homeless, or those commencing the recovery process after addictions, who were the participants in this research. The sense-making activity that takes place during transition can be facilitated by the 'Look, Think, Act' process. The aim being a reconstruction of a valued self-identity with which the woman feels able to live and be in the world.

Through utilising the Context, Input, Process and Product (CIPP) evaluation framework [69], we documented the project process and articulated the outcomes, so that both may be transferable to other settings. The successful completion of the four aspects of the CIPP evaluation framework is discussed in the body of this report. The final products are transferable to other settings, and are available as free electronic downloads from the RDNS website www.rdns.org.au and the Catherine House Inc. website www.catherinehouse.org.au, so any local, national or international service can utilise these products. The RDNS Research Unit welcomes the opportunity to work in partnership with other organisations who may wish to conduct further research in this substantive field. Additionally, we are interested in collaborating with partners who wish to research the transition model, and/or use the PAR research method of 'Look, Think, Act' to build capacity and improve outcomes for a particular client group.

## Conclusion

This report and the accompanying resources that have been the outcomes of this project have built the capacity of the participants by empowering them to face the issues and emotions that are a result of sexual abuse in childhood, using the 'Look, Think, Act' process. The women express that the group work facilitated sense making and provided friends for the healing journey. Some of the women have made strident progress in reclaiming their sense of identity and they feel more content with their lives. They feel an improved sense of personal control and autonomy, which has led to a renewed sense of hope that the future can be different for them. Several women have made the transition to independent living successfully. Two women have re-entered the paid workforce. More than half the participants have successfully reunited with children and they have moved to living without alcohol, drugs and gambling. Most are more confident about their boundaries and asserting their rights within a relationship. With understanding comes the knowledge one needs to build capacity and resilience. The women are moving forward in many small but significant ways. It is the many small changes that will create a new life.

**APPENDIX A**

## Project Outcomes

Outcomes or products of this project:

- *Final Report* (this document)
- *'Reclaiming Myself After Child Sexual Abuse'* - women's self-help book.
    - Van Loon, A.M., Kralik, D. (2005) *Reclaiming Myself after Child Sexual Abuse*. Adelaide: Royal District Nursing Service Foundation Research Unit, Catherine House Inc, Centacare.
- *'Facilitating Transition After Child Sexual Abuse'* - service provider resource
    - Van Loon, A.M., Kralik, D. (2005) *Facilitating Transition after Child Sexual Abuse.* Adelaide: Royal District Nursing Service Foundation Research Unit, Catherine House Inc, Centacare.
- *Journal publications*
    - Van Loon. A.M., Koch, T., and Kralik, D. (2004) Care for Female Survivors of Child Sexual Abuse in Emergency Departments. *Accident and Emergency Nursing Journal,* 2004(12), pp. 208-214.
    - Van Loon, A.M. (2004) The Nurse's role in the caring encounter with women survivor's of child sexual abuse. *The Pursuit of Excellence.* Issue no. 27, April 2004. Royal District Nursing Service Research unit.
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    - Kralik, D., A.M. van Loon, and Visentin, K. (2005) Reflection, Reconciling and Resilience in the Chronic Illness Experience. *Educational Action Research,* IN PRESS - Accepted July 2005.
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    - Van Loon, A.M. & Kralik, D (2005) Editor Frank Colombus, *Religion and Psychology* Invited Chapter (Abstract approved) Nova Publications: USA (accepted September 2005)
- *Professional presentations*
    - van Loon, A.M. and Kralik, D. (2005) Weaving together the threads of experience to make meaningful evidence. Paper accepted for presentation at 2005 *Joanna Briggs International Convention*. Pebbles of knowledge: making evidence meaningful. Adelaide, South Australia November 28-30, 2005.
    - Kralik, D. & van Loon, A.M. (2005) Transition: Moving through life's adverse disruptions. Poster presented at the *International Conference on Engaging Communities,* Brisbane, Australia, 14-17 August 2005, sponsored by the United Nations and Queensland State Government.

These products have transferability and utility for other settings and can be accessed from the RDNS Research Unit website at www.rdns.org.au/research_unit and the Catherine House Inc. website at www.catherinehouse.org.au.

***Royal District Nursing Service (RDNS) Foundation of SA Inc.***

***Catherine House Inc.***

***Alcohol Education & Rehabilitation Foundation Ltd.***