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Childhood sexual abuse damages the very core of a person with detrimental consequences that impact almost every aspect of adult life. It's not unusual to hear a survivor describe this damage as something that is too hard, too complex and too much to heal from.

The Department of Communities Child Safety Services and Disabilities Services (2014) defines child sexual abuse to include the following:

“Kissing or holding a child in a sexual manner, exposing a sexual body part to a child, having sexual relations with a child, talking in a sexually explicit way that is not age or developmentally appropriate, making obscene phone calls or remarks to a child, sending obscene mobile text messages or e-mails to a child, fondling a child in a sexual manner, persistently intruding on a child's privacy, penetrating the child's vagina or anus by either the penis or finger or any other object, oral sex, rape, incest, showing pornographic films, magazines or photographs to a child, having a child pose or perform in a sexual manner, forcing a child to watch a sexual act, and child prostitution.”

Childhood sexual abuse is a violation of trust that is often perpetrated by close family members, during a time of important development (Courtois & Ford, 2009) and often shapes the foundational views of self and the world. As a result questions and doubts emerge in survivors about who they are, what value they have, where they belong and if other people can be trusted (Vilenica, Shakespeare-Finch & Obst, 2013).

Every survivor's story of abuse is unique with varying degrees of psychological maladaptive functioning. The impact can range from mild-to-severe depending on the perpetrators connection to the person, the age the abuse occurred, the available support and the severity and frequency of the sexual abuse. Despite the unique circumstances of any given person, Briere & Scott (2013) reported that it is common for this damage to infiltrates on to self, relationships and have psychopathological outcomes.

Research provides a long list of issues that are linked to childhood sexual abuse such as: difficulty learning, relationships difficulties, school dropout rates, sexually risky behaviour, self-harm, criminal activity, excessive drinking, and drug use (Jones et al., 2013; Zwi et al., 2007; Asberg & Renk 2012; Alexander, 2009). According to Cloitre et al. (2009) and Briere, Hodges and Godbout (2010) depression, anxiety, suicidal thoughts, plans and ideation are common aspects with sexual abuse survivors. In the research of Gibb et al. (2001) childhood sexual abuse survivors have an increased risk of internalising problems, feeling depressed and developing major depressive disorder in adulthood. According to Zwi et al. (2007) and Spartaro al. (2004) child sexual abuse has a common association with other disorders such as Anorexia

Nervosa, Bulimia, Dissociative Disorder, Bipolar, Obsessive Compulsive Disorder and Post-Traumatic Stress Disorder (PTSD).

One of the more potent issues for survivors is the powerlessness that is felt as a result of being groomed, manipulated, tricked or forced during a time of life when children do not have the knowledge or power to protect themselves. This powerlessness and feeling of lacking control over what happened is something that is carried forward later in life with some nasty consequences. According to Briere & Scott (2013) this powerlessness can produce: a strong fear of being used and abused in relationships, sabotaging and giving up behaviours, experiencing major trust issues, a heightened fight-flight-freeze response to circumstances where powerlessness and lack of control are triggered, and a loss of personal autonomy. Park & Al (2006) state that survivors often have a desperate need to gain healing and freedom from the influence of the trauma they have lived through. The road to recovery is a daunting and difficult task that requires not only bravery but also an active participation in the recovery process and this often involves the help of counsellors and psychologists.

Counsellors and psychologists have varying opinions about which therapeutic approach to take for this type of client. The common counselling theories that are used are cognitive behavioural therapy, psychodynamic, narrative therapy, exposure therapy, mindfulness and eclectic approaches. According to Briere and Scott (2013) the chosen combination of therapy used by professionals isn't necessarily important as long as the core elements of trauma recovery are covered. These include: an unconditional positive regard towards the client, psycho-education on trauma and symptoms, stress reduction training, cognitive interventions, memory processing and activities that increase self-awareness and self-acceptance.

There is some interesting research that can address powerlessness and loss of control. The research suggests that elements of resilience, if used in therapy, can enhance and build resilience in survivors and has potential to change the typical psychopathology trajectory.

According to Jackson et al. (2007) resilience incorporates hardiness, a sense of hope, self-confidence, resourcefulness, optimism, flexibility, emotional awareness, and emotional intelligence. Similarly, Southwick, Vythilingam and Charney (2005) identified five key resilience components which assist a person to adapt to adversity such as: positive emotions, cognitive flexibility, life meaning, social supports, and active coping strategies.

Resilience is referred to as despite the hardships faced (genetic, psychological and environmental) the person can adapt and continue to function competently. A resilient person portrays a capacity to cope with a broad number of issues with both external and internal stressors. According to Werner and Smith

(1989) a resilient person can, despite abuse, develop a healthy personality without significant damage. According to Masten (2001) resilience is not something that you have or do not have, but is something that can be gained through a process, a skill developed over time to create positive adaptation.

In the research of Draucker et al. (2011) there was a link identified with the more resilient survivors of childhood sexual abuse with the concepts of developing “meaning making” and “lay claim to one’s life”. They suggest that by incorporating these two aspects into therapy this can reduce the impact of powerlessness, increase a sense of personal autonomy and control and therefore enhance resilience in survivors. This is also confirmed through experts in the field such as Briere and Scott (2013) who confirm that the use of self-exploration (meaning making) and self-determination (laying claims to one’s life) in therapy is a way of empowering survivors. In fact they strongly recommend the use of both these concepts in therapy and deem them to be just as important in the process of recovery as integrating trauma memories and symptom reduction.

Other possible evidence that meaning making and laying claim to one’s life enhances resilience is seen in the following youth research. In the cross sectional research of Edmond et al. (2006) over eighty percent of the research participants who measured with a resilient trajectory also had very certain college plans. Likewise, in the retrospective research by Breno and Galupo (2007) the youth scholarship recipients who had a sense of control and autonomy about their education plans and the future during their recovery from childhood sexual abuse had less negative effects. Authors from both studies made a connection that childhood sexual abuse survivors with education and future plans had most likely gained internal power and autonomy which provided a sense of control. Education and future planning seem directly related to creating meaning for one’s life and being able to be self-determining and therefore this enhances resilience for childhood sexual abuse survivors. Similarly, in earlier research of Bernard (1999) survivors who were resilient had a greater sense of control and autonomy over their environment through their personal achievements. For a counsellor working with trauma clients, integration of the making of meaning and purpose with laying claim to one’s life can inform a therapeutic approach to address powerlessness and to enhance resilience. This can easily be integrated into trauma therapy as a strength-based approach.

Integrating a strength-based approach into counselling can be as simple as a counsellor increasing their awareness and listening for and observing aspects of strength within the client. A counsellor needs to take note of trauma responses but take notice of the boarder survival aspects that include a positive drive to meaning and purpose. Questions a counsellor may ask include: “Who are they?” “What are their personality strengths?” “What is important to them?” “What are there God given gifts and talents?” “What makes them sit forward and brighten up when they talk?” Even the most severely abused client with extremely low self-esteem and negative effect still has inner strength,

potential and purpose that needs to be recognised and explored - whether the client is aware of those or not. The counsellor’s role in helping the client make meaning in life and explore the self-exploration is to tap into and speak to the heart of the person and draw these aspects out. It is in the therapeutic relationship that these aspects can be drawn to the surface. Even the littlest glimpse of strength and ambition in the survivor can be focussed on - even if it is just for a small part of each counselling session.

The counsellor should be able to shine a light on the strength areas in the survivor to inspire the client to self-explore. Self-exploration may entail the recognition of personal strengths, abilities and areas of passion as well as an exploration of the areas where growth is still necessary. This helps the survivor develop a personal sense of life meaning which in turn begins to address those key questions and doubts of “Who am I and what value do I have?” Through self-exploration clients also begin to engage in self-determination which may include making decisions, learning a new skill, taking on a new challenge and making future plans. This in turn helps build confidence, personal autonomy and answer those questions and doubts about “Where I belong and who can I trust?”. It is this strength-based approach that can ignite hope about the survivor’s abilities and self-worth to inspire dreaming, organising and implementing future plans. This may involve one or several goals such as a career path, education, a desire to have a family, own a house or could be as simple as being engaged in healthy relationships or to complete a 5km run or climb a mountain.

It is the heartfelt moments in the counsellor and client relationship that can ignite hope that the survivor’s life matters, and that they are not a mistake or a discarded piece of rubbish. The empowerment gained from highlighting and exploring self within the therapeutic relationship can enhance resilience and has potential to change the course of their life (Wright, Crawford & Sebastian 2007). As faith based counsellors this whole concept of making meaning and lay claim to one’s life is not a foreign concept to Christianity. God clearly states throughout the Bible that every person is unique, chosen to be on earth for this season, and has been given gifts to use for a purpose and that God has a plan for each and every person. God sets an example for us to follow of how to speak and tap into the core of a person and breathe life on their self-esteem – who they are and their immense value, where they belong, and that there is a purpose to their life. Christian counsellors can tap into those concepts of self-exploration and self-determination through the perspective and concepts set out by God. In every counselling session there is an opportunity to allow the Holy Spirit to illuminate strengths and untapped potential in the client in order to inspire and encourage survivors to become actively involved in meaning making and laying hold of one’s life.

In conclusion, counsellors who integrate strength-based approaches into traditional trauma therapy by encouraging self-exploration and self-determination help survivors gain a sense of control and empowerment over their life. This in itself enhances

resilience and can provide a protective factor against the common outcomes typically seen in survivors of childhood sexual abuse.

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