

Newsletter

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£12 p.a. subscription for non-members
or organisations

free for SURVIVORs
who are Members
of CIS'ters

Charity registration:
1184857
(previously 1123125)



CIS'ters IS NOT a therapy group: it is a small registered charity, run by survivors
“we might be victim/survivors, but this is not all that we are, or can be”

2024: Steeper Mountains

Email: helpme@cisters.org.uk **Phone:** 023 80 338080 (answer phone)

Strategy Event 20th January 2024

In common with the majority of other specialist services we have reviewed our strategic plan which had been created just before the onset of the pandemic.

Trustees needed to fully appreciate the changes in landscape since that time and where we should focus stretched funding and make associated key business decisions. Trustees began by hosting a Strategy Event and invited others to attend to provide their own perspectives on ‘what is needed’ going forward. Trustees held their Board Meeting the following week and were able to use the outcome from the Strategy Event to focus on ‘next steps’ for the next 12 months.

Obviously **funding** is the key issue, as new financial income during 2023/24 financial year had been very much down on the prior year, and 2024/25 known income looks considerably less. So we will be pushing forward with a funding initiative – and anything you can do to help us with that would be very much appreciated. Remember, as members, we are a collective and **CIS'ters** is ‘ours’ and funding is the difference between being here, or not.

All who attended the Strategy Event voted for Tollys **Toolkit** (the self-help manual we are creating from a lived experience perspective) to remain a high priority. Trustees agreed this at their subsequent Board Meeting. This is an ongoing initiative and we thank all of the participants who are making this happen.

As expected, those at the Strategy Event, and at the Trust Board all agreed that we should continue to host an annual **weekend workshop**. The next one is in May 2024 and all members will have received a flyer about this. There are a small number of places still available – so please contact our admin office if you would like to know more. This event is only accessible to Members.

Newsletters continue to be the chosen method of communication with our 500+ Members (across the UK) and remain free for the time being.

Finally, our investment in our **website** required further consideration – not least because we have reached the point of requiring a major upgrade (in software) which will cost us nearly £5,000. We do require YOUR help with identifying what is essential to any revised website, and what we can let go of – or need to add. More about this within the newsletter (as an information/task sheet).



We acknowledge and appreciate the help offered by Professor Sir Jonathan Montgomery who is one of our Patrons – who facilitated the Strategy Event and attend the Board meeting the following week in an advisory capacity.

How are you supposed to deal with the shame ? – a series of emails from Emma

Email 1 - Firstly, I just need to say how much receiving ~~your~~ **our** newsletter has meant to me over the last few years. I will admit that when it initially drops onto my door mat my body goes into freeze as it so often does at the smallest of things, and I may even not open the envelope for weeks at a time but eventually, I always do.

Freeze, dissociation and memory problems are responses/states that I spend an awful lot of time in - we are firm friends - and this has led to many afflictions, such as never being able to get near the subject of 'that part' of my childhood in therapy, never being able to tell anyone that knows me, not being able to identify my own feelings at all, feeling constantly lonely etc. I know you know them all.

Anyway, ~~your~~ **the** newsletter has been for me a safe space where I can hear the voices of others like me and feel, for a brief moment, not quite so lonely. Mostly because you are not a large, faceless, nameless charity. You are personable enough to offer some small, distant point of connection - one that doesn't send me spiralling into some dissociative response.

I know that you and many many of ~~your~~ **our** members know exactly how it feels to have never been able to express their complicated inner world to even the closest people in our lives and how it can be so hard to live with questions that you can't ask anybody. It only occurred to me after reading ~~you're~~ **our** October 2023 newsletter that I might voice one question within CIS'ters. It is full of shame and not something I've ever put to paper before but I'll aim to formulate a proper sentence:

"How are you supposed to deal with the shame of STIs after CSA?" I struggle to find resources on this topic.

There is a real cruelty in the way your body reminds you of times you spend your whole life trying to forget, and reminds you in what feels like the dirtiest/shameful way. I suppose the topic of STIs is still full of dirtiness and shame no matter in what sense/when they were acquired, only there is an added layer of dirt and shame that I have always had during every outbreak.

I'm a little surprised that I managed to write that paragraph and will be shocked further if I actually go through with sending this email, but I can't imagine any scenario in which this question could be asked. So, thank you for listening, even if there is no advice or resources for this topic, I appreciate the space you have created at Cisters.

Email 2 - Permission very much granted to reproduce - both for use on the website and for the content to have been adjusted with some really subtle but powerful changes as I didn't realise how even my language "your members, your newsletter" etc. is an invisible barrier that helps to perpetuate the distance/separation/disconnection.

Thank you too for the book recommendation! Books anywhere near the subject are something I have very much avoided, but it sounds as though it was impactful and I suppose I have never had someone with first-hand experience to vouch for a resource before so thank you, I will add it to my list of 'brave things I aim to do'.

You have certainly, through this email exchange, helped me to achieve something that wasn't even on my list and for that I am so grateful. Thank you.

Email 3 - I have found the silence surrounding this (specific) issue deafening over the years. Blame seems to be so often shifted back onto children and it is something that in my work with children I am so aware of and work hard to counteract (and yet) I find it is much harder to be as compassionate to my child self.

The publication you included in your email I, I suppose it didn't really occur to me that there would now be specific training or guidelines for GPs on this - mostly because experiences I have had with medical professionals, and it sounds like this is the case for yourself also, have not shown this to be the case.

I really appreciate you sharing relevant aspects of your own history of STIs as a child/teen – the solidarity in this area is not something I am used to and hearing something about your personal experience – I am

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not sure how to finish this sentence. It sounds too clichéd to say it made me feel 'less alone' but I want you to know that there are other positive feelings in there that I am not sure how to express, so thank you.

As a child I certainly had no clue that what I had was an STI (or STIs) and given the general narrative of "your bodies are changing" at the age of 12, I had presumed any symptoms I had was just 'normal' or what was happening to everyone. I didn't seek help. I didn't really have anyone in my life that I could go to. I used to get outbreaks of spots 'down there' so painful that I couldn't walk. I especially remember a ballet class when I was 12 – I couldn't move for pain. These episodes carried on occurring throughout my teens and although I went to a clinic when I was an older teen, herpes didn't show up in my results at that point. Chlamydia did which was treated with tablets and life went on.

Not too long after this I had surgery to investigate stomach and period issues and the results were such that the Chlamydia had essentially been there for so long raging through my fallopian tubes and ovaries and damaging everything to the extent that nothing in there works anymore. I was told I was like the poster child for why Chlamydia is such a silent destroyer if left untreated. I left that 10-minute consultation carrying an additional layer of shame and weight of responsibility that has never quite left me.

I didn't find out for another few years that the spot outbreaks were herpes, which was only captured by a nurse when I just so happened to be having another tiny outbreak when I was going through IVF treatment with my then fiancée a few years later. I didn't ever tell him. I am ashamed to say that.

My current partner (female) and I had such a similar experience to yourself (& husband) when we were first together. She got thrush so badly that the first two rounds of treatment didn't work and I was convinced I had given her an STI. That was back in 2014, I didn't manage to tell her I had an STI until lockdown 2020. I still feel drenched in shame every time an outbreak occurs.

My outbreaks are fewer and further between and so slight in comparison to when I was younger, and I am now able to divulge to my partner when one is occurring or I feel about to occur – this means we have less contact, don't share towels or razor blades etc. I do not actually know if that is enough to ensure her safety, but I have been too ashamed to ever consider asking for advice, in addition to the fact that I have only ever proved time and time again to be an expert freeze/dissociator. It wouldn't matter how much I wanted to ask, if I got in a room with someone, there would be no words.

I can't tell you the right words for how this email exchange has helped me so much already. In being able to write down words I never have before and by feeling made to feel safe to do so – it is huge for me.

*Your kindness and your strength in sharing parts of you to help other people is something I really admire, and can only dream that one day I would have the strength to do. **From Emma, joined 2021.***

REMEMBER NATIONAL 24/7 HELPLINE <https://247sexualabusesupport.org.uk/>

This is a government funded crisis line and is for anyone aged 16 and above who lives in England or Wales and who has been affected by rape, child sexual abuse, sexual assault, sexual harassment or any other form of sexual violence – at any point in their life. This includes people who have experienced sexual violence or abuse themselves, as well as their friends, family or anyone else who is trying to support them.

If you don't have access to the internet, then you can still contact them via free number 0808 500 2222

**RAISING FUNDS - TAKE PART IN THE VITALITY 10k
LONDON ON SUNDAY 22/10/2024**

We have acquired seven places for this event in London.
PLEASE contact us for more info.

ONE IN FOUR – BROKEN PIECES – FILM SHOWS WHAT THERAPY IS LIKE – GOOD FILM



This short film https://youtu.be/zQy85SGaRMA?si=AlloS_cUk58FdDza gives a really good insight into the focus on rebuilding lives and increasing resilience. Well done to One in Four which is a brilliant therapy service based in London that was originally set up in 1999 by Colm O’Gorman, a male survivor who saw the need for services to be led by therapists with lived experience. He eventually moved back to Ireland and opened a 2nd charity based on a similar format there.



Appreciating the art of kintsugi can help us develop a deeper sense of resilience and strength in the face of adversity. Kintsugi reminds us of the impermanence of all things – nothing stays forever. Like a piece of pottery, our lives are infused with fragility, setbacks and unpredictability.

Adopting a kintsugi philosophy can help us to shift our thinking; we can begin to view our scars as a reminder of the challenges we have overcome, developing greater self-acceptance and compassion. Instead of viewing flaws that need to be hidden or fixed, we can begin to see weaknesses as opportunities for growth and transformation.

Like the cracks in the pottery, our scars and flaws are a part of our life story. A very descriptive video can be found at >> https://youtu.be/7_isRGulVFI?si=zKQmCC8r426taGhb

Interestingly, One in Four (UK) + CIS’ters were two of the SIX agencies that founded **The Survivors Trust** in 2003 as a collective voice for our small agencies, to help lobby (for example) government on important issues, including funding. Since that time TST has grown considerably and is now a key umbrella organisation that represents 120+ services nationally. You can learn more about TST by visiting their website <https://thesurvivorstrust.org/>

CIS’ters WEEKEND WORKSHOP 18/19 MAY 2024

This is a Member Only Event, which includes one night residential.
We have a few places left.

Contact the office for more information.

BARRIER EXISTS FOR SURVIVORS WHO ARE ON BENEFITS

Thank you to Carri-Ann (who joined **CIS'ters** in 2002) for highlighting the following issue to us:

The CICA (Criminal Injuries Compensation Authority) is a government body set up to compensate victims of violent crime and abuse. The purpose of the scheme is to compensate victims who may not be able to claim against those responsible for causing their injuries. This scheme is increasingly being used now by survivors of familial sexual abuse including those who were previously barred by the 1979 'same roof' rule which has since been removed.

However, if you have received, or are due to receive, money from CICA and in receipt of means tested benefits e.g. Universal Credit, then the legal advice given to Carri-Ann and others is that they should consider setting up a Personal Injury Trust. This is because if you are in receipt of government means-tested benefits you are under a duty to declare your compensation award to the benefits agency as a 'change in your circumstances'. Who you tell depends on which benefits you receive.

If you receive means tested benefits (such as Housing Benefit etc.) your CICA compensation is excluded from your capital for benefits eligibility calculations but only for 52 weeks and is then taken into account again

We also understand that the Department of Work & Pensions (DWP) have the option to review or possibly withhold your means tested benefits if they believe that you have significant capital assets or income in your personal bank account. Carri-Ann advises that setting up a Personal Injury Trust is a way of maintaining current status (continuing to receive means-tested benefits) and be able to receive the CICA compensation award.

So - if you are on benefits and applying to CICA for compensation – her advice is to seek legal advice on how best to protect the compensation award without jeopardising your current means-tested status.

More info from Assn Child Abuse Lawyers <https://childabuselawyers.com/> or <tel:02083904701> or via <https://www.leighday.co.uk/our-services/human-rights/children-vulnerable-adults/personal-injury-trusts/>



Stressful Life Events Linked to Poor Biological Health
published 23 Jan 2024

Thanks to Julie (joined **CIS'ters** in 2006) – who highlighted the following research:

<https://neurosciencenews.com/financial-stress-health-25511/> **Summary:** Researchers have found a strong link between stressful life events and deteriorating biological health. Analyzing blood concentrations of four key biomarkers in over 4,900 participants, the study reveals how stress disrupts the immune, nervous, and endocrine systems' communication, increasing the risk of illnesses like cardiovascular disease and depression.

People who experience stressful life events or circumstances are more likely to have worse biological health, as indicated by biomarkers involved in the interaction between our immune, nervous and endocrine systems, according to a new study by UCL researchers.

Funding: The research was supported by the National Institute on Aging, the UK's National Institute for Health and Care Research (NIHR), the Economic and Social Research Council (ESRC), the Biotechnology and Biological Sciences Research Council (BBSRC) and UCL. Lead author, PhD candidate Odessa S. Hamilton (UCL Institute of Epidemiology & Health Care), said: "When the immune and neuroendocrine systems function well together, homeostasis is maintained and health is preserved. But chronic stress can disrupt this biological exchange and lead to disease.

Note from Gillian: this again underpins the research undertaken in the late 1990s – highlighting the link between adverse childhood experiences and physical impact in later life. For more information on ACEs go to this page on our website > <https://cisters.org.uk/the-impact/adverse-childhood-experiences-ace/> -

If you are a Member and do not have access to the internet, please contact our office and we will print off useful information on ACEs and post it to you.



The following petition is a campaign set up by Rebecca, a CSA survivor who has been emotionally triggered by recent contact from the police.

<https://chnng.it/YfW52BPJy8>

“I am a survivor of sexual abuse, and unfortunately, I have also been a victim of revictimisation by the police. This traumatic experience has resulted in recurring nightmares and resurfacing memories that are detrimental to my mental well-being. It's not just me; there are countless others who share similar experiences.

Revictimisation occurs when survivors are subjected to further trauma after their initial ordeal, often due to insensitive handling by authorities or legal procedures. According to the World Health Organisation, one in three women worldwide experience physical or sexual violence in their lifetime - this means millions could potentially face revictimisation.

In cases where the perpetrator seeks removal from the sex offenders register, it is crucial that victims be notified through appropriate (more sensitive) channels such as Victim Support, rather than the police.

The current system risks causing relapses in victims' lives due to trauma reappearing unexpectedly. It's time we address this issue head-on and ensure our legal system protects survivors instead of adding to their pain.”

Rebecca is asking that you help make this change happen by signing the petition which can be found at: <https://chnng.it/YfW52BPJy8>

The following quote has been taken from within a Draft Consultation sent out recently by the Royal College of Psychiatrists titled ‘Non-Recent CSA and impact on adult MH’. The quote is from someone with lived experience and says:

If I could sum up good support in just three words, these would be...

- **HEARD** – above all, I need you to listen.
- **HELD** – I cannot fully describe how excruciatingly painful this can be for me. I need to be emotionally held safely while I process that.
- **HELPED** – healing is my job, but I need a trusty companion. You can help me find the resources that I need to recover in the long term.

The Angiolini Inquiry Part 1 Report published on 29th Feb 2024

The independent Inquiry, chaired by Lady Elish Angiolini KC, was established to understand how an off-duty Metropolitan police officer was able to abduct, rape and murder a member of the public. This first Report establishes a definitive account of Wayne Couzens’ conduct, behaviour and performance leading up to his conviction, as well as any opportunities missed such as decision-making relating to vetting.

The Report makes 16 recommendations for government and policing leaders, all with a clear timeframe, designed to help prevent anyone entrusted with the powers of a serving officer from abusing that trust again. The Report is available to download from the Inquiry website - www.angiolini.independent-inquiry.uk/reports/

You can also view a video of Lady Elish’s press statement <https://www.youtube.com/watch?v=syXDhc3XI9w>

TOXIC SHAME, GUILT, STIGMA AND LETTING GO

These are just words BUT the overwhelming feelings that drive them are powerful beyond belief. At the moment we are creating the session plan that covers these topics, **as part of Tolly's Toolkit** (from a perspective of lived experience of sexual abuse within a familial environment).

It has been interesting to appreciate how some words have flowed and others where it is difficult to put it into words that are understood, even within our community of survivors who are Members of CIS'ters. In major part that is because although we all have that shared experience, in reality our experiences have been vastly different, our childhood environments were similar but different, our adult-life experiences are similar, but different. Shame can be deeply entrenched (see page 2/3 of this newsletter).

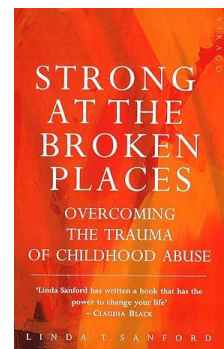
Finding a way to give voice to shame, guilt and stigma has meant going back to the beginning. Not of our exact experiences as such, but of what a child is in need of, and might have been absent, or the need to hang on might have created the need to find alternative beliefs e.g. I am a bad person (rather than the person who is harming me is bad). I am unclean. The degree to which we cling on to those (mistaken) beliefs says much about the harm that has befallen us as individuals during childhood, and later too.



Above all else, feelings of shame, guilt and stigma have the power to destroy us well beyond the actual physical experiences of sexual abuse we experienced as children/teens. Exploring these words, these emotions and from whence they came provides us with an opportunity to shake the mistaken beliefs from the tree of life and step over and beyond them. It takes effort, there is no doubt about that. It is painful, as there are hard nuggets of pain and distress.

It is overwhelming as we change from the injured to the no longer as broken. There is a useful book that many of us have found comfort within during our various journeys.

STRONG IN THE BROKEN PLACES written by Linda Sanford and still available via Amazon UK.



**I WAS A VICTIM..... I CHOSE TO BECOME A SURVIVOR
I AM NOW MOVING ON AND CHOOSING TO
NO LONGER BE DEFINED BY WHAT HAPPENED TO ME**

LISTEN TO OUR PODCASTS “Hidden Harm”

Feedback is that increasingly these are being downloaded and are useful to not only victim/survivors, but also to friends, family and also support workers/professionals.

<https://cisters.org.uk/podcastsnewsletterssurvivors-voices/the-hidden-harm-podcasts/>

Survival experience – a new perspective from Julie

As death, the ultimate fate for all of us, takes away our existence, our ability to make choices, our interactions, our thoughts, our loves and our hates, most people maintain their mood and well-being by doing all they can to push the topic of death away, (unless actively feeling suicidal), from every day thinking. We only refer occasionally to death and through using euphemisms such as ‘kicking the bucket’ or ‘passing away’. As survivors, some of us got closer up to death in childhood, aware of our inability to control the results of what was being done to us. Like some of you, I clearly remember thinking at the time, “This is it, I’m going to die”. I am delighted to say I was obviously wrong, but when death came calling again a couple of years ago, I think my earlier powerlessness fuelled my thoughts. Some of us at key intervals in our lives have actively thought we wanted to die. In this instance, I wanted to share with you a recent major experience where I was faced with death and how it made me **fight to live**.

One day I was fine, the next I was in septic shock and fighting for my life. My bowel had ruptured and after a night-long surgery to clean out and construct a new waste system (a colostomy bag), I was in intensive care for 10 days, followed by a couple of weeks on a main ward.

On the second day, whilst I was on life support, my family were called in. When the Consultant said “We’re now in for a rocky period”, my youngest child who at this time was a colo-rectal surgical registrar herself, knew that this statement was a euphemism. She knew that only 1 in 4 people with my condition survive. She got compassionate leave and every day the family sent her in first to sit with me before she would then go to ‘speak Latin to the doctors’ as my husband described her advocacy and determination that everything possible was being done. Although I don’t remember, I was later told that my older son and husband also sat with me.

I am going to write my experience in italics, so it is easier to separate from the external reality. I experienced a huge amount of delirium during this period of being so poorly.

I realised I was on a terrifying roller-coaster ride in which I was being spun round and thrown up and down whilst lasers were being fired at me, destroying bits of my body. ‘I am going to die’ I thought, but I tried hard to hang on. I got to the end of the ride, surprised I had survived, only to be flung back on it again and again. I saw a memorial to children who had died from the sexual abuse one of my perpetrators inflicted and I suddenly realised I had to warn my older brother about this.

In reality I had told my brother years ago and he gave evidence supporting my account at the trial of that perpetrator who was sent to prison. *I realised I could hear beeping sounds going on and guessed they came from a computer. I told myself to listen carefully to the beeps. I heard the beeps saying ‘death’, ‘death’, ‘death’. I wondered if I had died, so I thought about how to find out if I was dead or alive. I thought that as to be alive means to lay down new memories, I should search for the most recent event I could remember. A charming memory of me aged 7 at Brownies making a phone call from a public phone box involving putting in 4 pennies, dialling, pressing button A and giving Brown Owl the message from Tawny Owl, must mean I had died at that age (my sexual abused started when I was 6). I then heard my present family sticking up for me against the doctors who were saying I was far too expensive to look after and should be left to die. The real conversation was about how everyone was fighting for me, the NHS staff and my family.*

When the staff said I would benefit from hearing music and inquired what I liked, my family replied that I like classical music. *I was singing in ‘Mozart’s Requiem’.* I sing in a classical choir and had studied this piece when I did ‘A’ level. *My younger son was playing a solo trumpet concerto, he learnt the trumpet when growing up, and when I heard Bach’s cello sonatas, I cried. I then heard the radio announcer warning me that the doctors were still lasering my body and selling bits.*

Gradually my delirium subsided, although I still had bouts of it over the first week and then I was moved onto a general ward. My daughter didn’t reply when I accused her of unethical practice by entering me into a laser shooting experiment without my permission. My trumpet-player son came to see me and listened with such acceptance as he heard me tell him all about my frightening delirium.

I started to discover that I had lots of tubes and bags attached to me and feeling I had no control over

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body, I kept asking for them to be removed. The doctors removed what they could, but some had to remain and slowly I discovered the colostomy. It's a hole a 3-4 centimetres diameter on the same level as my belly button, with a red sphere that sometimes blows up like a balloon when it's filled with gas and other times flattens like a large wrinkled prune when its quiescent. A bag goes over the top of it, to collect output. I had another drain in from the main surgery wound which took 4 months to heal. It was only after I had been home for 6 weeks that I plucked up to change my bag myself; up until then my husband did it.

When I got home, the house soon looked like a florist's. My family and friends were constantly with me and not only did I feel so much love, I also knew how so many people wanted me to be alive and were celebrating this second chance with me. My husband became unwell so my older son moved in for a couple of months to look after both of us, until we both recovered. My present family love and want us. What a contrast with childhood! I do know that not all survivors are surrounded by people who care about them whereas the experience of being surrounded by love does help, as it clearly helped me.

It took me 5 months to recover enough to work part time, but in that time I returned to choir, learnt how to go swimming with a bag and after a few more months, started to travel again by car, train and plane. Although I get more tired than before my illness, I manage my bag and I have my life back. Looking back on this, I can see from the content of my delirium how my childhood abuse and belief at that time that I would die, resonated as I fought this time for my life. I was lucky. I love life.

With thanks to hospital staff, family and friends, from **Julie (joined in 2006)**

STATISTICS FROM NATIONAL POLICE CHIEFS COUNCIL (NPCC) – 10th Jan 2024

A new national analysis of child sexual abuse and exploitation (CSAE) crimes was recently published, in retrospect of crimes reported to the police during 2022 . The hope is that this will help provide information on the changing trends in harm that children face. NPCC assert that the insight it offers paves the way for better prevention, investigation and safeguarding across child protection. *Note from Gillian – as csa familial survivors we know that that the majority of children do not disclose (at the time nor as adults) – so the number of 'reported' crimes are going to be vastly under reported. HOWEVER – the data does provide very helpful information and useful to those seeking to safeguard children in the future.*

From our perspective as csa victim/survivors it is important to note that of the (contact) crimes reported, a third took place within the family environment.

Ian Critchley QPM (Queens Police Medal) is the current NPCC lead for Child Protection who welcomed the report and commented that:

“Child abuse is an appalling crime, and this analysis helps us understand more widely the growing challenges we are all facing nationally not least young people growing up today.

We also know that sadly reported crime remains significantly lower than the actual crimes of child abuse that take place with the National Independent Inquiry reporting 1 in 6 girls and 1 in 20 boys will be abused in childhood, an appalling statistic and one we must all seek to change”.

There is a short video which is available that summarises key points > <https://youtu.be/wQeX2Olj7BE?si=lvliQwGJ20sFB4AM>



Sarah* was living a "really average" life, until the police raided her house and arrested her husband Source: <https://news.sky.com/story/i-cant-defend-what-he-did-why-i-stayed-with-my-child-sex-offender-husband-13020279>

Sarah* was living a "really average" life, until the police raided her house and arrested her husband, who was later convicted of viewing hundreds of illegal images of children. After agonising over her future, she decided to stay with him.

After his initial arrest that day, Sarah's husband was bailed and returned to the family home. The pair sat down on the sofa and had a long conversation about the future. But a few hours later, social services arrived and told him to pack a bag and go.

Months of agonising followed but in the end Sarah decided to support her husband and keep the family together. While she would "never defend" what he did, she says, her children were a "huge factor" in her decision.

Her husband was eventually found guilty of viewing and copying more than 500 indecent images of children, aged 11 to 18. A year after their home was raided, he received a community sentence.

"I felt so isolated," she says. "They made it clear to me that I was unique in my decision."

But anecdotally, police say around 50% of people choose to stay with their sex offender partners. "There must be more than me in the UK, that choose to stay as well? But how do you come across those people? Because nobody would ever, ever, talk about it openly," she says.

In England and Wales, police forces make more than 850 arrests a month for online child sex offences. The majority of suspects are men who can have families living with them at the time of the offence.

Thousands of children every year now have to deal with the vicarious shame and stigma that's associated with such a crime when a parent is arrested for downloading images.

Dr Theresa Redmond, a professor for the eastern region policing institute at Anglia Ruskin University, describes the situation for those affected as a "high risk in terms of self-harm, suicide ideation", especially once all the other emotional, financial and physical impacts are taken into account.

Many families, like Sarah's, move home and put their children in different schools to avoid being targeted once the crime becomes known. But - whether or not partners choose to stay with the offender - there is no mandatory support for families. "The police left some leaflets with my husband," Sarah tells me, "for support for him." For her and the children, she says, "There was nothing."

Some are trying to get the law changed; Labour MP Sarah Champion tabled an amendment to the Victims and Prisoners Bill addressing the issue. Ahead of the vote, Ms Champion said: "We need to ensure these children are treated as secondary victims in the same way children born of rape will be once the bill passes."

For now, Sarah and her family are trying to make a new start. But the reality is wherever they go the shadow of her husband's crime will always follow them: "If we go to a doctor's appointment, it is on the file. If we go to the paediatrician, it's on the file. The school, it's on the file."

Every time the doorbell rings, she feels a sense of dread. "I don't answer the door anymore."

She also harbours fears for the future implications of her choice to stay. Her children say they love their father and have forgiven him but she is worried about what happens when they grow up.

"If they have children and tell their partners what happened, will they then decide that my husband and I aren't appropriate to get involved with their children?" she says, sounding fearful.

"I'll never escape the choice I made."

Note from Gillian: *I wasn't sure whether to include this article or not. You will have your own opinion. What stood out for me was the lack of after care available to (in this case) the wife and also the children. It should be there, and perhaps if it had been she might have made a different choice about staying, or allowing, the offender back into the same home as her children. That's the bit that I struggle with. That she made the choice, not only for herself, but also for her children. Sexual abuse is not victimless. We all think we would know what we would do, but until it happens we don't. But, I like to think that my choice would be to keep a sex offender (which this person is) as far away from my children as is possible.*

What about you ?



Source: anon 22/2/2024

You are NOT your abuse
You are NOT what was done to you
You are NOT your trauma.

You ARE the cleverness that survived
You ARE the courage that escaped
You ARE the power that hid
and protected a tiny spark of light.

YOU WILL fan that spark into a bonfire
of energy and determination
and with it you will burn all of their lies
turning them into ashes.

Now STEP forward

Count the progress you are making
Sure steps, though some still fragile.

Climb higher
building strong foundations
on which to grow
Go further, growing taller
Pacing resilience as it flows.

Step forward, nurture each movement.



The following link is to a **petition** urging the NHS to "Continue to invite women over the age of 71 for routine **mammograms**". Their goal is to reach 300,000 signatures and they need more support. You can read more and (if important to you) you sign the petition online here: <https://chnq.it/JqTJmHzSm7>

Trauma Responses.....

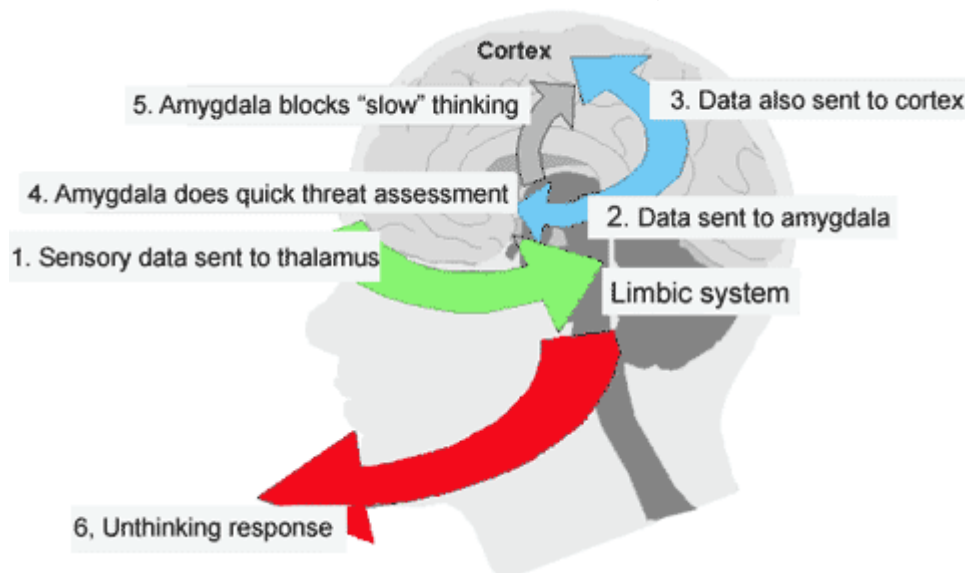
Those who have experienced domestic violence, childhood sexual abuse and exploitation and rape are very often victim blamed – by the abuser, by other family members and by society. There is an expectation that victims fight, kick, hit, risk death and serious injury – whereas all too often victims are viewed as culpable because (others reason that) the supposed victim is sexually active, uses drugs, drinks, 'dress inappropriately', trusted the wrong person, are unwilling to cooperate with authority figures, and the list goes on. We are labelled as a 'bad' person because we don't look like a real victim would.

As victims we, the survivors, more often than not also blame ourselves. *"I should have should have told someone, I should have fought back, I should have screamed. I should have done what the 'good' victims do; therefore I perceive myself as culpable in my own victimhood."*

Anyone who has had the privilege of attending a training session given by someone called Zoe Lodrick (<https://www.zoelodrick.co.uk/>) will know that at her sessions 'light bulbs' go off in the heads of the delegates sufficient to light a city. This is because she has the gift of being able to explain exactly why, *more on next page:*

Continued from previous page:

from a neuroscience perspective, someone might behave in a way that most victims do, including us !



This diagram shows the processes going on in the brain when we perceive a major threat. The amygdala is a primitive part of the brain which has 2 functions preserving our attachments and our physical integrity.

To the amygdala there is only one "fate worse than death" > a split from a key individual we are emotionally *attached* too. Attachment is vital, especially as new-borns because we are completely helpless at that time and for a long period thereafter.

Anyone who has watched a new-born animal like an elephant will be aware of just how helpless our human babies are. Human babies need a 'caregiver' and that need has been hardwired into their small brain that 'at all costs' they need to form an emotional bond with 'someone'. If you wish to witness the devastating impact of not having this initial need to form an attachment with a primary caregiver only has to be reminded of the orphanages in Romania will bear witness to the outcome of emotionally deprived children (plus neglect) <https://youtu.be/VCeWr8OFuEs?si=ZBqxLaZ1KAMKXaLU> .

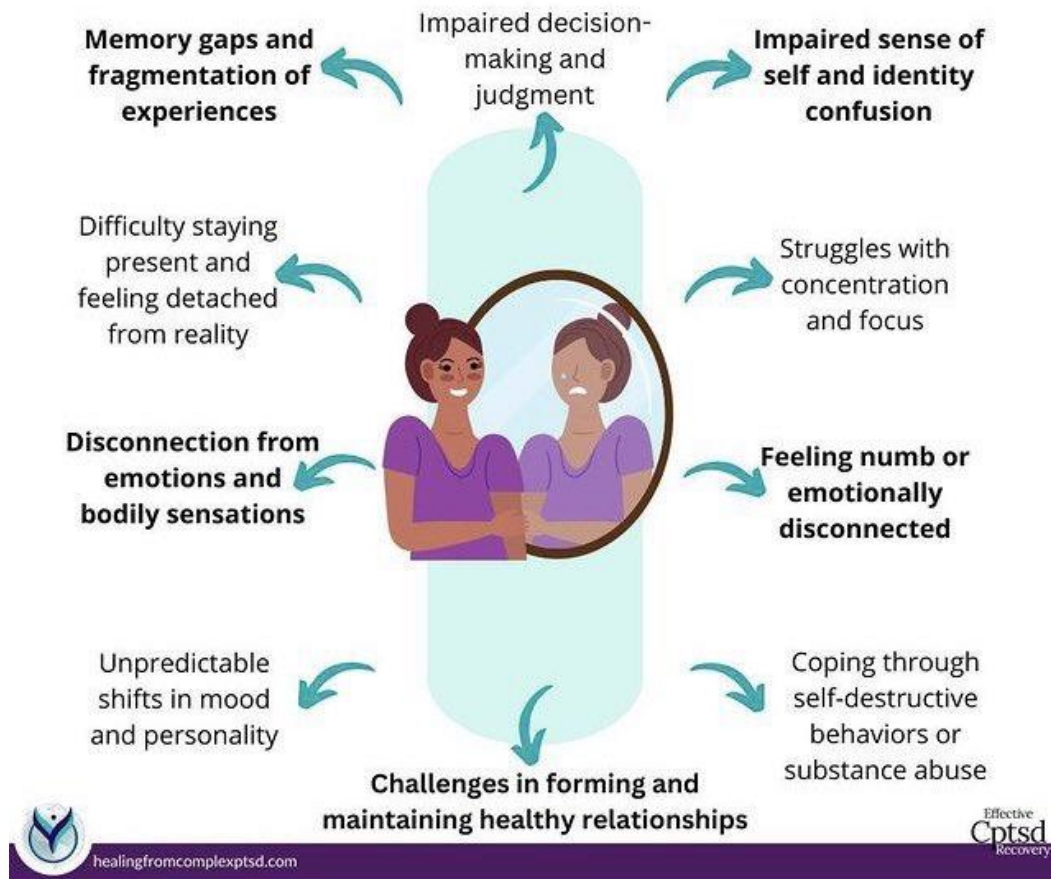
Our most primitive brain structures are only focused on physical survival. When we are threatened, survival is the primary goal. Our amygdala will decide what course of action to take literally before we have a chance to think. Fighting (the "good" victim perceived response), is far more likely to lead to physical harm. The brain chooses compliance or freezing which, for the amygdala, is a better outcome. Add in the desire to preserve an attachment to someone important to us, and fighting or fleeing becomes highly unlikely. Freezing or complying (the "bad victim" response) are actually far more likely – as we know.

Zoe Lodrick often uses an example of stagnant water which is offered to someone dying of thirst (to explain the deep-rooted need we all have to have someone in our life who fills the need first expressed as a baby). If you do not know what Evian tastes like, or if you are dying of thirst, and (crucially in explaining how some repeat patterns of being abused), you will drink the stagnant water, and go back for more. "*It is what we are used to*". Until something is done to improve the quality of the offer, of water. As child victims we drink from the toxic water until we become aware much later, that the water (our childhood environment) was polluted and affected our bodies and minds.

Society often tells us that if someone hit, raped, hurt or abused us, we would fight, even if it was a loved one. Society is wrong. We believe societal messages and also need the attachment in order to survive as vulnerable children and therefore the outcome for us are messages that we can understand such as 'dads love their children, therefore this must be ok, or I am doing the wrong thing, not him'. At the same time our brain chemistry and reactions are telling us, do not fight, do not risk injury, comply, be still, and we will survive this. Once there is a proven workable strategy (in that you (the child/teen) have not been killed, the brain has proved a workable solution) i.e. the (necessary) attachment has been preserved, and the brain will select that 'route' as the go-to strategy the next time a similar event occurs. Each time it works as a strategy, the victim has less and less chance of suddenly deciding to break away.

Knowing how important it is to be able to educate ourselves and be able to do more to break the cycle of our 'go-to' responses. Reminding ourselves too about the 'window of tolerance' is also useful to understand why we need to be resilient (emotionally and physically) to break free from the old patterns of responding to threats. <https://cisters.org.uk/the-impact/the-window-of-tolerance/>

10 ways dissociation impacts adults with complex trauma



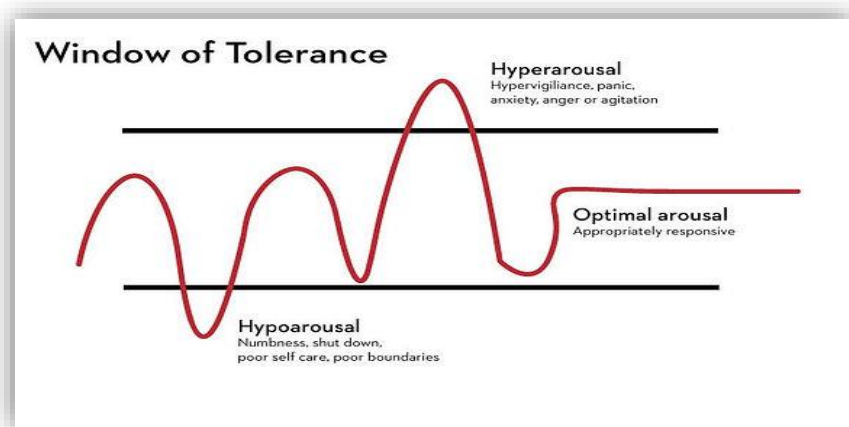
Burnout – from toxic family contact:

And you care, and you care, and you care... until one day you just don't, and finally step away.

*None of us is perfect. Though some think that we are.
None of us are totally resilient. Though some of us think we are.
None of us are totally isolated. Though some of us believe we are
None of us are unlovable. Though some of us feel we are.
None of us are have been totally silenced. Though some of us were in the past.
None of us are totally healthy. Though some of us have chosen healthier pathways.
None of us are totally without our senses. Though some will have less.
None of us are to blame for being sexually abused. Though many still think we are.
Own your freedom..... Though it takes time..... And more practice*

What Happens in my Window ? - monitor daily / intervals

Think of the Window of Tolerance like a sandwich (3 zones) with our Optimal/Safe Zone being the middle slice representing our ability to manage and monitor our actions and reactions. A short video and podcast <https://cisters.org.uk/the-impact/the-window-of-tolerance/>



Start by putting an 'X' where you would **normally** be in your window. If it is a usual kind of day.

THEN put an ARROW EACH DAY showing which direction you have or are heading and remember to ask yourself if you are still within the Optimal centre (middle zone) or have you been pushed right out?

**Thank you to
Rape & Sexual
Abuse
Counselling
Centre -
Co.Durham for
this image
(@RSACCDarlo)**





<https://www.csacentre.org.uk/research-resources/research-evidence/scale-nature-of-abuse/trends-in-official-data/>

The report highlights some disturbing outcomes.

“ the gap between the number of children being sexually abused and the identification and response by statutory agencies remains far too wide”.

The CSA Centre’s new *Child sexual abuse in 2022/23: Trends in official data* report found child protection plans for child sexual abuse were at the lowest levels in 14 years. Only 2,290 child protection plans for victims of sexual abuse were identified at that time i.e. current. The highlighted that sexual abuse made up the lowest proportion of new child protection plans of all time; just 3.6% in 2022/23, in comparison with 23% in 1993/4. This was despite countless surveys indicating that children are just as likely to experience sexual abuse as other forms of abuse, including emotional or physical abuse. In other words, children were either not being discovered as victims (very likely given that this period was during the coming out of covid period) or that this aspect of their victimhood was being ignored if other plans were in place e.g. for physical abuse. So the vast numbers of children who had been locked in their homes during the pandemic had either been protected from external/extended family abusers, or had been abused, or had not been abused. The absence of protection plans – can be interpreted in so many ways. No one knows!

There was a 1% drop in all child protection plans across categories in 2022/23, yet for the specific category of sexual abuse, there was a 9% fall in child protection plans in comparison to the previous year. This means that fewer than one in 20 children whose initial assessments recorded child sexual abuse concerns were placed on a child protection plan – and it is unclear why.

More widely, local authority children’s services in England recorded concerns about child sexual abuse in 33,760 assessments of children, 1% fewer than in the previous year. **Worryingly, in four local authorities in England there were no children identified where child sexual abuse was a concern in the entire year.** This is especially concerning, as the CSA Centre conservatively estimates that 1,223 children in the smallest ‘typical’ local authority would experience sexual abuse each year.

The CSA Centre estimates at least 500,000 children will experience some form of sexual abuse every year in England and Wales, so the number of children being identified by local authorities is not only just the tip of the iceberg, but also the gap is getting wider. *As adult victim/survivors of sexual abuse during childhood this has to be a major concern for us. Children are becoming more invisible, not less.*

Response needed

Ultimately this means that the gap between the number of children being sexually abused and the identification and response by statutory agencies remains far too wide.

The CSA Centre (and we) are asking Government to acknowledge children as disproportionately likely to be a victim of sexual offence, and to ensure that professionals and non-abusing family members are equipped with the knowledge, skills and confidence to ensure that the needs of children for whom there are concerns of child sexual abuse are identified and responded to across statutory agencies and in partnership with the specialist voluntary sector (i.e. TST organisational members etc.).

As it stands, existing statutory agency data does not include enough detail about the response children are receiving. The CSA Centre believes there is a need across Government for official data to include more information about agencies’ response (including local authorities, policing, criminal justice and health) to child sexual abuse, and for data quality, consistency and comparability across agencies to be improved. Only through this will child victims be properly supported.

CIS'ters – emotional support for Members

Recently we realised that we need to be clearer that we are **not** in a position (nor have we ever been) to be able to offer a 1:2:1 befriending service to our Members.

WE CAN and do offer, from the helpline, the ability for Members to email in and receive an email response from either the helpline team or Membership Secretary, plus we respond to requests for occasional phone calls. This approach appears to work reasonably well, given our limited resources – and we do still encourage Members to email or ring us. It might take a little while to respond, but we will.



The Victims' Commissioner Statement on Presumption Against Shorter Sentences: Exemption for High Risk Offenders

Baroness Newlove has said that she welcomes the Ministry of Justice move to exempt high-risk offenders from the presumption against shorter sentences, and underscores the need for robust pre-sentence reports and a properly resourced Probation Service.

The Victims' Commissioner, Baroness Newlove, recently said:

“Victim safety is paramount, so I welcome the announcement that the presumption against shorter sentences won't apply to those who are assessed as presenting a high risk of psychological or physical harm.

This will only work effectively if judges are provided with sound risk assessments as part of a pre-sentence report. It is important the government makes sure the Probation Service is resourced to deliver these reports and that staff are trained and experienced in making good risk assessments.

We must acknowledge victim confidence in community orders is low: all too often compliance is perceived as poor and enforcement weak. I welcome the plan that offenders who breach the conditions of a community order will still face the prospect of a prison sentence. However, this requires the Probation Service and the courts being equipped to make this prospect a reality.

I have also called on the government to listen to victims' concerns when deciding on the conditions attached to a community order. It is important that victims' concerns are heard and considered. This approach, successfully applied in parole hearings, will bolster victims' confidence that justice is being done and their needs are taken into account.”

Editorial Statement: We welcome letters from Survivors and from those who support them such as friends/allies/counsellors/social workers etc. While every effort will be made to keep contributions complete and unedited we reserve the right to make amendments when necessary, and will note it as 'edited'. Decisions about the inclusion & amendment of contributions are the responsibility of the Editorial Team, and are final. Contributions do not necessarily reflect the views & opinions of **CIS'ters**, members of the Trust Board, or the Editorial Team. Inclusion of any reference to an individual, book list, or organisation resource is not a recommendation.

The contents of this newsletter are for information and support purposes only.

This newsletter is not a substitute for individual therapy or professional supervision.

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CIS'ters: an experience in learning, sharing, growing – individually and together
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