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Abstract

CSA is prevalent internationally and its negative impact can continue in adulthood. India has a high prevalence of child maltreatment. The present study recorded the ‘recovering’ experiences of adult survivors of child sexual abuse (CSA) in India and developed a clinically applicable framework of recovery. Qualitative semi-structured individual interviews were conducted. Transcripts were analysed using Interpretative Phenomenological Analysis (IPA) to identify recurrent themes. A total 20 adult survivors were interviewed. Results identified four core stages/processes of ‘moving on from CSA’ based on the descriptions provided by participants in India: The Affected Self - Keeping the Self Together; Accurate Symbolisation; Activation of the Recovering Self; Re-connection, Integration and Growth. We have developed the first survivor-centred relational **growth – based** model of recovery from CSA in India and potentially internationally. The findings support relational approaches to treatment and service delivery. A clear recovery process within and outwith services has been identified, thus emphasising the need for psychosocial support for facilitating personally meaningful recovery within the community through consistent practice. The findings have implications for continuing professional development (CPD), training, supervision, social reform, service delivery and policy as well as self-recovery of adult survivors. It is recommended to include relational approaches in working with survivors in India and internationally.

Key words: child sexual abuse, recovery, relational, qualitative, clinical framework, India

Introduction

Context

The study reported in this paper is placed in the context of our previous work with CSA and relational trauma survivors in Scotland, which led to identification of factors that contribute to and hinder recovery of survivors from the impact of CSA in adulthood, and affects their satisfaction with existing services (Chouliara et al., 2009, 2011; 2012; 2013; 2017). The present research adds to the critical mass of extant literature by providing a cross-cultural and international perspective to the Scottish-based completed work. This research was situated within the activities of the Working Party for Survivors of Childhood Sexual Abuse, British Psychological Society Scotland (Chouliara & Ranjbar, 2011), which has now fulfilled its mission and has been dismantled; and Survivor Scotland, the National Strategy for Childhood Abuse by the Scottish Government.

19% of the children in the world live in India (Seth, 2015). It is estimated that 40% of these children require care and protection, which highlights the extent of their risk and vulnerability factors and challenges faced by them (Nayar, 2015; MWCD, 2007). Due to the multicultural, multi-ethnic and multi-religious population of India, there are significant vulnerabilities and challenges encountered by socio-economically deprived groups, especially children (Charak & Koot, 2015). The need for actions required in the health and social care system to address the extent of deprivation and abuse has been highlighted by activists, scholars and practitioners (Narang, 2015). Although attempts have been made towards addressing child education and health aspects, child protection remains largely ignored. Relevant Indian authorities recognise the macro level costs and impact of leaving issues of child abuse and neglect, such as CSA, female foeticide and infanticide, girl child discrimination, child marriage, and child trafficking, unaddressed. In this context, the present study is both timely and justified.

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Background

Widespread prevalence of CSA has been reported in many countries. Pereda et al. (2009), in their recent review of 39 international epidemiological studies from 21 countries on prevalence of CSA using a broad definition of the phenomenon, reported its prevalence for males and females as 0.6-60% and 0.5 – 53.2% respectively across studies. Overall, most frequently reported prevalence rate of CSA for males is below 10% (in 57.50% of the studies reviewed), and between 10 and 20% (in 35.71% of the studies) for females. In the UK, reported prevalence rate of CSA is 11% for males and 21% for females (May-Chahal and Cawson, 2005). A National Study on Child Abuse in India (Ministry of Women & Children Development, 2007) with a sample size of 12447 children, 2324 young adults and 2449 stakeholders, looked at different forms of child abuse, including Physical Abuse, Sexual Abuse and Emotional Abuse and Girl Child Neglect in five different evidence groups, i.e. in a family environment, in school, at work, on the street and in care. This study was also meant to complement the UN Secretary General's Global Study on Violence against Children (2006). It was found that 53.22% of the children in the sample reported having experienced at least one type of sexual abuse. Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls. 21.90% child respondents reported facing severe forms of sexual abuse, while 50.76% indicated experiences of other forms of sexual abuse. Children living on the streets, children at work, and children in institutional care reported the highest incidence of sexual assault. 50% of abusers were known to the child or were in a position of trust and responsibility. Most children did not report the abuse to anyone.

In this study, we have adopted the definition of recovery provided by the Scottish Recovery Network, as it is considered to be evidence-based and internationally applicable (Slade et al.,

2015; Le Boutillier et al., 2015; Leamy et al., 2011). It also highlights the importance of personally meaningful recovery and not simply absence of symptoms, and also focuses on the unique and deeply personal nature of recovering (SRN, 2012).

Our previous research on views and experiences of therapists and survivors from CSA services in one area in Scotland (Chouliara et al., 2013; 2011) highlighted the importance of personally meaningful recovery as opposed to mental health symptom reduction alone. This is supported by evidence from extant literature that people who seek or accept help from mental health services are not solely concerned with attaining symptom remission (Roberts and Wolfson, 2004), but with achieving improvements in other areas of their lives, such as being able to engage in meaningful activity and meaningful personal relationships (Lelliott, 2000). Personally meaningful recovery is experienced as a long-term process or a “journey”, and is based on positive aspects, such as hope, resilience, involvement, participation, inclusion, meaning, purpose, control, self-management, and contribution to society (Stickley and Wright, 2011 a,b; Repper, 2000).

Previous work on recovery in CSA

Previous work on recovery from mental health difficulties in adults with a history of CSA is presented as follows. Little and Hamby (1999) surveyed 131 therapists with sexual abuse histories themselves and compared gender differences between male and female survivors in relation to outcomes and recovery. Several recovery experiences appeared more important for women than for men: relinquishing guilt; talking about the abuse; renegotiating family of origin relationships; personal therapy; reading or writing about CSA; hospitalisation, and CSA workshops. Meekums (1999) interviewed 14 women participating in a creative group-work program for sexual abuse survivors, and from this hypothesised a 4-stage model of recovery through creative group therapy: striving (struggling to survive, burial of memories, disembodiment); incubation (immersion in art activity, unearthing unconscious material,

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facing reality, speaking the unspeakable); illumination (gaining a new perspective, cognitive shifts), and evaluation (laying the abuse to rest and gaining a sense of distance). A sense of safety was central throughout this process. Results from these two studies are of limited generalisability, given that psychotherapists were included in the sample of one study only, whereas aim of the latter study was to investigate recovery exclusively through creative group therapy. Overall, a number of psychotherapeutic theories about recovery based on clinical observations have been discussed in previous literature (e.g. Herman, 1992; Mennen and Meadow, 1993). In general, these models focus on recovery via psychotherapy. However, these theories do not appear to have been empirically evaluated. Additionally, therapeutic models alone are likely to over-emphasise the impact of psychotherapeutic factors in recovery, and diminish or ignore the impact of other factors such as social support, time, peer networks, family members and spirituality.

Banyard and Williams (2007) explored meanings of recovery in 21 survivors using a narrative approach. Many survivors challenged the notion of a “full recovery”. They viewed recovery as an ongoing process involving change. Recovery to them also meant acceptance of what happened, making peace with one self, talking about experiences and feelings and making links to substance misuse recovery. Participants also talked about “turning points”, which describe significant changes during the life course. Finally, participants referred to the importance of spirituality in recovery and the value of external resources such as social support. With the exception of the present study, there has been only one theoretical model to date that explained recovery processes from sexual abuse based on primary data. Specifically, Draucker et al. (2011) conducted open ended semi-structured interviews with survivors of sexual abuse and asked them to describe their experiences of healing throughout their lives. Following a constructivist grounded theory method, they have proposed a model that includes four stages of healing, five domains of functioning and six enabling factors that facilitate movement in between stages. The four stages are grappling exploring the meaning of CSA, tackling the effects of CSA and laying claim to one’s life. Factors enabling movement between stages

involved personal factors such as personal agency and contextual factors such as ongoing support. A critical life event precedes movement to the final stage of healing. Survivors described healing in terms of living a satisfying life, stopping the cycle of abuse, disclosing what happened to them, spiritual transformation and engaging in altruism. Draucker et al. (2009) have also conducted a qualitative metasynthesis to describe healing from sexual abuse based on survivors' experiences. Based on results from n = 51 reports, they identified four domains of healing, i.e. managing memories, relating to significant others, seeking safety and re-evaluating one's self.

Limitations of previous research

As it becomes evident, there is limited international literature, including UK and India, on the perspectives of personally meaningful recovery from CSA. The bulk of previous relevant research has been predominantly focused on either resilience or coping strategies (Himelein and McElrath 1996; Chambers and Belicki 1998; Dufour et al. 2000; Dufour and Nadeau 2001; Kia-Keating et al. 2005; Bogar and Hulse-Killacky 2006; Grossman et al. 2006; Daigneault et al. 2007). With the exception of Draucker et al. (2011), our work (Chouliara et al., 2011; 2013; 2017), to our knowledge, is the only other study that employed a qualitative methodology to propose a model of recovery based on the experiences of survivors themselves. Both Banyard and Williams (2007) and Draucker's et al. (2011) proposed that "turning points" or "critical incidents" can enhance recovery, although the mechanisms explaining how this is achieved still remain unknown. Also, such research was mainly focused on clinical samples with little relevance to survivors who are recovering in the community and might or might not have used mental health services before.

Our recently published study of 20 survivors of CSA in Scotland in services and within the community aimed to tackle this gap in extant literature by investigating the mechanisms of disclosure and by identifying the dynamic aspects of the process (Chouliara et al., 2013). Main

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themes included: The Affected Self, Factors Hindering Recovery, Factors Enhancing Recovery, The Hurdles of Recovery, and the Recovering Self. The Affected Self included: lack of boundary awareness and self-blame, over self-reliance, over-vigilance and guilt, shame, aloneness and social stigma. The recovering self comprised of increasing confidence, assertiveness, ability to self-care and self-acceptance, and embracing vulnerability. We have also developed the first survivor-centred framework of recovery, embedded in the accounts of participants (Chouliara et al., 2013). Our recent study (Chouliara et al., 2017) focused on recovery of CSA within (or through?) group therapy from the perspective of survivors, both completers and non completers, and clinicians. **Main change processes identified by survivors were as follows: self versus others, trust versus threat, confrontation versus avoidance, and “patching up” versus true healing. Therapeutic processes identified by clinicians included managing group dynamics, unpredictability and uncertainty, and process versus content. Recovery within group therapy was explained in relational terms, including therapeutic dissonance, the dynamic interaction of self and experience as well as building empathic trusting relations.**

The present study aimed at extending our previous work and findings by adding a more global perspective and allowing for cross-cultural comparisons. It allowed us to develop a framework of recovery from CSA in India, and compare this with the previously developed framework, based on Scottish data. Given the increasing prevalence of CSA and child exploitation rates in India, such investigation was both timely and justified. The socio-political differences between Scotland and India, especially in terms of a unique internationally recognised National Strategy for Survivors of CSA in Scotland and the In Care Abuse Enquiry, add to the value of cross cultural comparisons between the two countries.

Aims

The present study aimed at replicating an already completed study in Scotland by:

- Eliciting the views and lived experiences of male and female adult survivors of CSA in India about their recovery process.
- Developing the first culturally-relevant survivor-centred and clinically meaningful theoretical framework of how survivors recover from CSA in adulthood in India.

Method

Participants

Sample consisted of 20 adult survivors of CSA in India, 6 males and 14 females, aged between 24 and 54 years. Similar to the Scottish study (Chouliara et al., 2013), the sample included survivors who had received mental health input in the past as well as those who have been recovering in the community and might or might not have received such input. Sample size is higher than the 6-8 recommended for Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) to ensure we include a wide range of views and experiences, especially as prior evidence from India has been limited. Key Inclusion criteria was: history of CSA, where sexual abuse is defined as any unwanted sexual contact or repeated exposure to sexual material (e.g. pornographic images) with a perpetrator prior to the age of 18 years; aged 18+ years at the time of inclusion; willingness to participate, and able to give written consent. Exclusion criteria included: younger than 18 years of age; currently experiencing mental health difficulties that severely impede ability to cope, current substance dependency and/or current thoughts of harming self or others. Suitability of prospective participants to take part, especially in relation to their mental state, was based on the professional judgement of professionals who referred participants to the research team, and also on the clinical judgement of the interviewer (JN) who is a trained professional with extensive experience in the field of sexual abuse and

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exploitation. We worked in partnership with a pioneering NGO in India working with adult survivors of CSA, RAHI.

Mention partnership with Rahi

Procedure

Participants were invited to participate in a one-off semi-structured qualitative interview, about their recovery process following CSA. Access to survivors was facilitated by local NGOs and voluntary organisations in India. Participants were referred to the research team by professionals working in these organisations. Participation in interviews was entirely voluntary and confidential. Principles of sensitive interviewing in health settings were followed at all times (Chouliara et al., 2004). Interviews took place face-to-face (7 interviews) or via Skype (13 interviews) to accommodate survivors from a wide range of geographical locations in India. Participants were offered a choice of either method of interviewing in order to maximise acceptance and minimise travelling and disruption of their daily lives. Most chose Skype interviews. On line interviewing has been shown to be an effective and safe method of interviewing in sensitive topics in health care (Oates, 2015). Previous evidence suggests that use of Skype in qualitative research allows reaching a geographical spread of participants more safely, cheaply and quickly than face-to-face meetings. Rapport, sensitivity and collaboration can be achieved using this medium (Janghorban et al., 2014; Oates, 2015). In addition, the interviewer was the same in all interviews, who is also from India. Hence, the continuity, consistency and comfort of participants were maintained in all interviews, both face to face and skype. Emerging themes were confirmed and further explored through subsequent interviews. Ethical approval for the study has been obtained by the Ethics for Research

Committee of Edinburgh Napier University in East Scotland. Formal permission was obtained by participating NGOs and voluntary organisations.

Design and Analysis

Interviews employed IPA supported by techniques from the Critical Incident Interview (Flanagan, 1954; Chouliara et al., 2013). This aimed to extract and identify those experiences from the survivors that might have been crucial in either hindering or facilitating their recovery journey following childhood abuse. The interviews collected provided information on: **How survivors experience recovery (i.e. insider's perspective)**; how survivors recover from their experiences of abuse; main challenges and barriers in faced by them in their recovery; and strategies survivors employ to cope with their distress during their recovery journey. They were conducted in English by JN, as all the survivors were comfortable with English. Since participants belonged to different geographical regions of India, English was the common language spoken by all. Specifically, the critical incidence questions aimed at eliciting experiences regarding Context, e.g. *'Describe an event / incident from your recovery journey that you found particularly challenging/helpful, How long ago the incident happened?, What happened as a result?'*; Behaviour, e.g. *'What exactly did you do that was effective / ineffective?'*; and Consequences, e.g. *'What was the outcome of your behaviour?'*. Examples of other interview questions included: *'How do you understand recovery?, What does recovery mean to you?', 'Where do you think you are at the moment in your recovery journey?', 'What do you do these days to feel better about yourself?'*. Field notes were kept and transcribed. They enriched data collection and analysis further, by illustrating additional relevant information. Specifically, field notes helped contextualising the data in terms of body language, spontaneous emotional reactions, and body-language (in) congruence. They also facilitated preliminary analysis which fostered self-reflection, crucial for understanding and meaning-making. Preliminary analysis revealed emergent themes, which allowed the researcher to shift

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attention and fostered a more developed investigation of emerging themes within the research team context (Burgess, 1991). Data were analysed by ZC and JN using IPA, which is a method seeking to capture the experiences and views of participants and identify key themes (Smith et al., 2009). Transcripts were read repeatedly and then coded to identify emergent themes. Recurrent themes were then identified across transcripts. Such themes reflected shared understandings by participants of the issues under investigation. Data were compared and analysed until we were satisfied that emerging themes adequately described the text and that final themes closely reflected the data, i.e. until saturation is reached (O'Callaghan, 2001). To ensure rigour a cohort of the transcripts was read by two researchers in the project team (ZC, JN) and recurrent themes were discussed in the team (ZC, TK, JN). The involvement of all team members in this process ensured that the interpretive processes involved was collaborative and insightful. The data was then analysed further in order to unpack the situated nature of the themes, to understand them fully, and to highlight the similarities and differences in the various participants' accounts (Lofland & Lofland 1995). Links between emergent themes were also identified and modelled to provide a clinically meaningful framework embedded in the experiences of participants.

Results

Analysis identified four core stage/processes in the way participants in India described their journey of moving on from CSA, i.e. 1. The Affected Self- Keeping the Self Together, 2. Accurate Symbolisation, 3. Activation of the Recovering Self, and 4. Self Re-connection, Integration and Growth.

These stages, including the core theme and sub-themes that emerged from the findings, evidenced by the quotes from the participants, are discussed in detail below.

1. The Affected Self – Keeping the Self Together

The Affected Self is a stage of turmoil, high distress and multiple challenges in all areas of life, including physical, psychological, and relational. At this stage, participants did not necessarily link their challenges to their experience of abuse, which further became a source of turmoil and chaos as they seemed unable to fathom the roots or causes for such persistent complexities experienced in their life. Concerns related to self-identity, relationship with others, sexuality and intimacy, as well as masculinity and femininity surfaced in addition to other physical and psychological traumatic experiences. Further, lack of support and feelings of isolation exasperated their problems. Following sub-themes, substantiated by quotes from the participants, describe the challenges faced by them during this stage as well as their constant ongoing struggle to 'keep themselves together' during this period of turmoil and confusion.

Turmoil & Confusion

Participants described this stage as 'a long and confusing period of their lives', marked with an array of persistent multiple challenges with their physical and psychological health as well as difficult and often destructive relationships. They felt unable to make sense of and/or find a remedy for their problems, whereas they did not make a link between their abusive past and their current state of confusion and chaos. They described this as a state of continuous fear, pain and confusion.

'For me it's a journey that...umm I have done consciously from around 2005 but more really a journey when I really took cognizant of the fact when I found that was, you know, not doing well in some things and trying, struggling at work, at home, I began to think that, you know, like I'm sure this has had some impact on my life and it's been kind of subdued under the carpet for the longest time. So, I don't know the relevance if I tell you at this point...' Participant 2

Grappling with sexuality and intimacy

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Coming to terms with a healthy sexual relationship was one of the major areas of confusion shared by participants, spanning the spectrum of extreme sexual expression.

For some participants it took the form of random, casual sex, and sexual experimentation.

'... In the beginning I had also become uh you know, in my bid to understand my sexuality, I used to have random sex with a lot of people. I went into the wrong path also, once upon a time I wanted to do everything that uh that uh...I was scared of..' Participant 11

Whereas, some were at the other extreme end of the spectrum, experiencing 'frigidity' and lack of sexual intimacy in a relationship.

'I've been married now for fourteen years and uh...for a year I mean..uh..we haven't been able to have sex..you know..so..I think we reached a point where we both didn't know what the hell was happening..I mean he knew about my sexual abuse but I didn't realize that my abuse had affected the fact that I can't have sex' Participant 13

Most of the male participants shared being in homosexual relationships. This presented a big dilemma for them for many critical growing-up years regarding their sexual orientation. Since most of them were sexually abused by a (one or more) male perpetrator(s), they struggled to find links between their abuse and sexual orientation. Almost all of them shared this dilemma, and various attempts they made to understand and decide if their homosexual orientation was the result of sexual abuse by a male perpetrator.

'I do feel is umm my sexual orientation is probably because of those incidents but umm again umm it's not that you can point a finger at it and say no and I am what I am because of that. But maybe I found it pleasurable there maybe because you know I was already you know my sexual orientation was already decided but again I am in no position to answer those questions, because I don't know. So that was probably the biggest impact you know. I sometimes feel that those instances you know led me..led to... my sexual orientation the way it is now so.' Participant 16

However, some male survivors were found questioning the social reaction towards their sexual orientation. Overall, the reaction of society towards abuse survivors further seemed to become a cause of turmoil, pain and anger. According to participants, reactions towards male(s) and female(s) seemed to vary, especially in terms of dimensions of abuse and sexuality. Abuse of

men is still less heard of. Therefore, male survivors said they felt at the receiving end of higher level of stigma, contributing to the confusion and turmoil and hindering attempts to disclosure.

'So does it mean that because I'm gay today...uh... I should have been abused when I was a child or a child of 7 years old should have uh...been enjoying this act because he comes across as gay, comes openly as gay, do we say the same thing about a female who was also a survivor of child sexual abuse, do we say that about her that probably she must have enjoyed it because today she's turned out heterosexual okay... so, so we don't point the same finger at her...and.....we don't go ask her...did heterosexual abuse make you heterosexual?' Participant 11

A Moment of Impact

At some point in this turmoil and confusion, they described experiencing a point of impact. They described this as 'a *clicking moment*' or a '*lightbulb moment*' when they were able to trace their challenges to their traumatic past, usually as a result to an external trigger, e.g. discussion with a friend or through a story in the media.

'...And my life, er...that's when I looked at, and I realised that yeah there was something \wrong there and I don't know what to do about it. And, that's one of my seniors in college, she was also a great friend...so she talked to me about abuse...So, she talked about it. And...finally it was like a light bulb that came on and... it made me realise that...perhaps that was why I was er... going into these patterns of self-sabotage from time to time, especially into my relationships. And I don't let anybody come too close lest they leave me or...lest they betray me' Participant 3

'I don't know, just something clicked, you know, one day, and then I just said well OK, maybe it's time I went ahead and got help...' Participant 1

At other times this eureka moment took the form of a crisis point, during which 'the bubble burst', in other words they were not able anymore to keep on maintaining the facade of 'normality' and pretending that everything was OK. This crisis was described as a breaking point in physical and/or mental health.

'Before I came to (this organisation) for therapy...is when this whole bubble burst for me and I kind of started getting in touch with my pain and umm I was umm 10 years...since 10 years I'm on antidepressants, so I umm...tried...all, I've tried EFT, I've tried NLP (neurolinguistic programming) umm...I went into therapy with other counsellors who really didn't focus on the CSA aspect of it...' Participant 2

Commented [NJ1]: May be we can remove this quote? There are a lot of quotes given above already that make the point.

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For some, this point of impact even came in the form of a positive event, e.g. *'feeling respected and accepted by another individual'* (Participant 17), which triggered the recovery process, even though disclosure did not occur.

Hence, it seemed that for some, the 'point of impact' was an outcome of a crisis or fatigue of constant, ongoing suffering, whereas for many others it was a result of support or validation and/or acceptance of their 'self' by others. This indicates the significance of a social support system in facilitating recovery of survivors, even including realisation and/or recognition of their suffering

2. Accurate Symbolisation

Accurate symbolisation reflected a turning point, which seemed to force the abusive experience and its impact to become more accurately symbolised into awareness and to be linked. At this stage, unavoidably the emotional pain of the abuse is felt in all its magnitude, and confronted. For some participants, this was a more conscious process in order to exit from the first stage of confusion and turmoil; whereas for others, it came from external sources where they felt something resonating with their experiences.

Identification & Connection

After the crisis stage, participants were able to give name to the abuse experiences as such, connect them with their challenges and turmoil, and therefore symbolise them more accurately in their awareness. This is the stage of greater insight when *'the penny dropped'* and the connections begun to be established..

'It took me a long time to connect to umm what umm dysfunction I was feeling in my adult life, to connect that to my childhood experience and to say that umm it's not my fault that I've become like this. And then now I'm consciously trying to um change those behaviour patterns... so, I feel that if that comes through with it, it will be a umm really big help, because the abuse manifests itself in these ways, you know, really, there's no physical, I mean, most of the times it is, it is these insidious ways in which it affects you.' Participant 2

For some participants, this connection and realisation happened in therapy with the help of some gentle, yet consistent and persistent 'push' from the therapist.

'I mean it was just constant therapy in terms of my therapist pushing me to...you know first recall all my incidents and...uh...really even making the link, that my lack of sex or my inability to have sex is related to sexual abuse. That was like the first thing for me to even realize...so..that was the first thing that happened through therapy.' Participant 13

For others it was triggered by external cues, e.g. articles and books on child sexual abuse. These cues helped 'the penny drop'.

'I think that umm so far at the age of 18-19, I came across a few articles of you know umm child sexual abuse because it was you know umm more scary form of abuse where it was you know the penetration, and it left pain where you know kind of the physical pain on the victim you know.....but at that point of time so in the newspaper umm there was one small section there where um which also talked about a very general kind of abuse where you know where its not necessarily painful but its also like acts like fondling you know and your exposure to porn at an early age and such things, that was when I actually realized umm when I was umm what I had gone through was abuse.' Participant 16

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Feeling & Confronting the Pain

The realisation of what had happened and the enormity of the impact it had on their lives and wellness was unavoidably followed by a need to confront the pain, sadness, loss and often anger that they felt. Participants seemed to believe that getting in touch with the enormity of

Commented [NJ2]: May be, this quote can be removed? Too many quotes dilute the point being made. I think, the analysis and our understanding of each stage needs to be strengthened and quotes can be reduced.

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their pain and confronting the wide spectrum of difficult emotions was paramount before they could move on. It is at this point where recovery was activated.

'I stayed for a very long time in that pain...I became aware of the shit I was in (laughs). But I stayed there for a very long time now...Umm at the same time, I think, becoming aware was itself also part of the recovery...' Participant 2

Hence, this stage was predominantly signified acceptance and conformation of the pain and making connections, which marked the beginning of the recovery process. Although, not easy, participants seemed to break and go beyond the boundaries of denial and accept their abusive experiences, no matter how painful it seemed.

3. Activation of the Recovering Self

The second stage of accurate symbolisation and acceptance of the pain is followed by Activation of the Recovering Self, which often started with disclosure and involved working through relational and boundary issues, as well challenges associated with these processes. This is a stage where survivors actively and consciously seemed to embark on the journey of their recovery from abuse.

Negation VS. Affirmation

At this point participants decided to 'reach out' to trustful and accepting others to make a disclosure. Participants highlighted how helpful disclosures, e.g., where they perceived a 'listening ear' or acceptance of their experiences, led to the development of a sense of safety and acknowledgment and affirmation of their experiences, thereby accelerating their recovery process. On the contrary, secrecy and denial within the family, as well as non empathic response to disclosures were described by participants as a negation of their experience and as a rejection of a part of them, which led to fragmentation, anger and shame, thereby hindering recovery in some ways

'...For me what definitely uh...did not help is...that when I first told my mother this she was like oh forget about it...this is a very typical response...and um...there is a lot of anger generated around that denial, like you know it becomes this...this... and I wasn't really able to have any empathy for my...you know...my parents or for the family set up...all the trauma was being negated...this (organisation's name) is the only place where I came...where I felt like some acceptance. There was some affirmation...' Participant10

A general attitude of silence and secrecy around family problems has been reported by participants. Attempts of disclosure seem to further push the issues into silence, which is shrouded by stigma, shame and blame. This proves to be counterproductive for survivors of abuse as it not only negates their abusive experience but also demeans their self worth and self concept.

'...the kind of abuse we are dealing with here (csa), it happens in families, right..., uh...where you are completely told to shut up and never talk about any problem that is going on in the family, especially if you are a female, even more perhaps.. I mean I don't know about the experience of boys, I am sure it's just as bad, but I am just generalizing from my female experience, so specially if you are a female you are just told to shut up and and be quite and whatever.....so that I think is the first violation of boundaries, you know. ' Participant 17

Commented [NJ3]: I would shorten this quote and only keep this much. I would delete the rest.

Given this context and lack of space to talk about abusive experiences, the need for disclosure followed by validation, acceptance, trust and respect was shared by many survivors. It seems to be an empowering and affirmative step forward in recovery journey of survivors. Hence, almost all the participants have emphasised the significance of 'opening up and talking about the abuse to someone trusted' as a first important step forward, even if it is not another human being. In case of one participant, opening up and receiving a compassionate and unconditional listening ear from a pet dog proved to be a highly therapeutic experience.

'...so every time I open up there is something that I understand about myself so opening up is the thing, speaking about my issue was the thing that helped me,... the whole catharsis, the whole beginning you know umm... started with my dog, this was something that helped me, truly and completely, it was my dog, it was speaking to my dog, ...and my dog did things umm.. that no human could do because all that I wanted at that point, that juncture of my life for two ears to listen and to listen empathetically, so my dog did exactly that,...he not only listen to me, every time I cried he used to come and lick my tears you know... and he emoted in ways that...no human being could, like when I, when I cried he used to umm attentively come up and pounce on me, when I, when I said something that was morose he used to make those sounds (makes dog whining noises) those doggy sounds that one would make....I wasn't speaking to someone who was judging me, I wasn't speaking to someone in the end who was.. who was going to

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offer any kind of advice to me, I wasn't speaking to someone who knows much more about the field than me, I was speaking to someone who understands nothing about me yet loves me unconditionally, so I feel that was a factor in animal therapy that helped me quite a lot' Participant 11

At the same time, lack of understanding and 'advise' from therapists and clinicians was another experience of 'negation' shared by quite a few participants. It reflects that while a positive therapeutic experience can be extremely helpful, and affirmative; a negative therapeutic experience can be counterproductive.

'...she (referring to current therapist) was I think the third therapist, that I had tried, or maybe the fourth, there were 2 or 3 before that, they were all useless....So the earlier ones were all, really useless, so useless, that I just can't I tell you. It was a culture of positive thinking, oh if you are feeling sad, then why don't you think of positive thoughts...Oh you know, if you have this problem, then why don't you practice the piano, it was so bad (laughs...), it was like the same thing as being in college, trying to talk about something and realizing that there is no environment of discussion, and again feeling that you are the foolish one, like you are the problem, not that there is a problem out there, so I tried these therapists, one of them was so idiotic, and she is still practicing, she should be banned. She actually suggested, cause I was going through some major depression..I should go out and do something about the riots that are happening... so it was not like I lost faith in therapy, I guess I realized that it wasn't doing anything much for me so I just dropped it all.' Participant 17

'...she (referring to current therapist) was I think the third therapist, that I had tried, or maybe the fourth, there were 2 or 3 before that, they were all useless....So the earlier ones were all, really useless, so useless, that I just can't I tell you... so I tried these therapists, one of them was so idiotic, and she is still practicing, she should be banned. She actually suggested, cause I was going through some major depression, I should go out and do something about the riots that are happening... so it was not like I lost faith in therapy, I guess I realized that it wasn't doing anything much for me so I just dropped it all.' Participant 17

Not all participants sought help from therapists or other people. Although a large number of participants emphasized opening up and talking about the abusive experience to a trusted or significant other - pet, friend or family member or a therapist, some participants came to similar

understandings, strength and affirmation through inner resilience, referring it to as 'self help.' Some of them embarked on this journey and found their answers on their own, thereby generating self-awareness and self-acceptance. However, they did take conscious steps towards 'self-recovery'.

'So the events those days that you know helped me accept me finally was....umm I would say just..reading up more... I am a person who may not speak to people easily, so I would rather given that at some point I got access to the internet and the just searched that you know why am I attracted to guys and you know would somebody abusing me umm somebody abusing me at a very early teenage caused something like this umm so I just kept searching for such kind of information and then..uh.. my understanding of this whole thing developed. So it was more like..you know.. kind of a self help way to deal with it. I did not talk to anybody about this until you know... today is the day when I am quite talking..the most...being most verbal about this.' Participant 16

However, at the same time, the participant acknowledged that perhaps talking to someone at the right time would have been helpful and a faster process than trying 'self help ways'.

'....Umm one thing that I would have liked to do that I never got a chance to do, is talk to someone who went through all this, before I kind of tried the self help methodology or whatever. It's like a long...methodology and you know it is kind of stressful and lot of peak period of confusion but probably if I had gone maybe I didn't have the guts to do it, but maybe if I had gone and met someone or met an organization that helped me kind of deal with it better at that point of time, it wouldn't have taken me so long to accept it or it would have been less stressful at what it is. so I think that's something I didn't do and I don't know if I should have done or I could have done that but if it would have happened, it would have been better.' Participant 16

Therefore, it seemed that, although some people choose ways towards self-help or self recovery, it was a slower process than seeking help from others, such as an organization or a trained therapist. This reiterates the benefits of disclosure. However, for the latter to be productive and helpful, the reaction of others is critical, which facilitates or hinders recovery. It seemed to have greater chances of being counter-productive or more harmful, if the reaction from others and/or help received from the therapist is perceived to be negative.

'Old demons' - Breaking and addressing the patterns

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Although, during this stage, many participants started the process of recovery through seeking help from others or self-help, the process did not seem without hurdles. It seemed like a process of going back and forth in recovery process, where old demons or patterns surfaced and created hurdles in this journey. However, participants felt better prepared and more resilient in facing such hurdles, and it facilitated a process of understanding and addressing their past patterns.

'...so I begun to understand myself and my own reactions a lot better...especially those things which are like...about yourself which are contradictory and you don't know how to uh...for instance feeling implicated in a process and yet...and... and...feeling guilty about it...you know something...uh...uh...or how uh...survivors of child sexual abuse typically oscillate between being sexually completely withdrawn or can oscillate between being sexually withdrawn or being sexually active or they can do one extreme or the other...so a lot of those things started to make sense...' Participant 10

During transitions, e.g. a new relationship, birth of a child, 'old demons' resurfaced. However, the recovering self seemed more able to deal with sexual and relational issues more effectively than the affected self previously.

'...I think the old demons never go away. They come back, they revisit you all the time. But I think just where you look at...even your pain from...or the demons, it's from a very different place... I think the pain still comes alive...sometimes when you see things if you are in pain, when you are actually bringing up your own child...uh some fears come back, but where you look at them from, is very different...' Participant 2

Sexual identity, Confusion and the 'Right Kind of Touch'

The issues with sexuality and/or the sexual patterns seemed the hard ones to let go off and came back more often. This is because some of these factors were deeply ingrained and internalised in the process of 'grooming' associated with CSA. These factors also perhaps related to how survivors made sense of their abusive experience. For example, participants talked about arousal during the abuse as a factor that often accentuated the long term impact on their sexual life and maintained guilt, shame and low self-worth.

'.....I've seen this with a lot of people that umm...especially men, that...when the abuse is happening...now an organ is a physical organ. When...er...it will react to a sensation. And they feel that you are enjoying it..and the abusers sometimes do use those...those ways of sort of...um...enticing the child further or embroiling the child into this, even more. To say, but you enjoyed it. But you asked for it...all of that..you look at it from a grown up's perspective and you feel ashamed at the child. You feel angry at the child. You feel, how dare you, how could you, how could I do it? How...how...Why didn't I say No? Why didn't I go to somebody? All of that... and there's a lot of selfblame that happens'. Participant 4

Participants also talked about the corrective experience of touch within a safe intimate relationship. Hence, allowing one self to be more open and receptive to other positive relationships seemed another way of breaking the patterns and addressing 'old demons'.

'At that point, umm... my needs were very different. I think for me at that time the most important need was security, safety, um and I found that in him (referring to her husband) and I think he gave me umm complete attention and the love I wanted and the touch, the right kind of touch' Participant 2

Addressing their challenges and **breaking the patterns** around sexuality, including understanding and accepting their sexual orientation marked an important step in recovery especially for male participants.

'The only thing that kept pricking me was that I am gay because of those incidents and so again at some point of time it took me 5-6 years to accept my sexual orientation, so was more of a question of why why why and some stage, it was like who cares why. I should just accept what I am and then move on with it. So that was probably the way I dealt with it.' Participant 16

However, it did raise speculation in some male participants' that perhaps '*this difference*', in their sexual orientation and a 'more feminine outlook' made them vulnerable to sexual abuse by male perpetrators in the first place.

'....But at the same time there was this thing of, I tried to analyze myself, even before abuse like when I was around four years old, I have pictures of mine dressed in a sari, I was always there..with women in my house, never with men, I always played with dolls.....,I didn't know words like sexuality or...homosexuality at that time, but I knew that I was different, and probably this was the difference that the abuser also saw, the fact that I was quiet, my brother was also in the same house, quite macho, always going to play and cranky, and here I was, I would sleep in anyone's arms, I would go, I...I would be very quiet, you know, not fight for anything, very docile, and probably these were the characteristics..'.Participant 11

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Hence, this stage signifies Activation of Recovery, including accepting, understanding and breaking old patterns.

4. Re-Connection with Self, Integration & Growth

At the fourth stage of Re-connection with the Self, participants started integrating the abusive experience as part of their life narrative, making meaning, rebuilding trust with self and others, and building a stronger sense of purpose and connection. Some participants even talked about developing a higher purpose in life, reaching out to others and service for a cause.

Taking ownership of one's recovery and growth

A number of participants indicated that working towards recovery becomes a continuous and conscious process. Significance of taking ownership of and responsibility for ones growth followed by concrete, conscious and constant steps to identify and work on aspects of self that were affected the most have been emphasised.

'...you know it's like personal growth became like a target..so..I said okay..I need to work on intimacy..I need to work on speaking to guys, I need to work on..you know (laughs) not to think every guy out there is trying to sleep with me..you know..so..ya..so I..I don't see it as one turning point. For me it's just been four years of constant, detailed therapy, of constant push of working on myself, on overcoming my blocks, the barriers, recognizing it in every other aspect, besides sex, seeing how it is impacting on my personal relationships, in every way..whether it is with friendships, whether it's with in-laws, whether it's with you know..so it was just constant constant personal work on..on..myself..so it was like that..' Participant 13

The participants emphasised that, though it's a conscious and ongoing process, it is about taking small steps at a time.

'It was just constant..uh..continuous small baby steps. It wasn't one major jump on any day..it was just small baby steps constantly and being aware of the issue, then going back home, thinking about it, possibly crying about it, letting it out of your system and then say okay, this

is what I need to work on. And then you know taking that on. So it was just that baby baby baby steps. It's been really baby steps sometimes it's been crawling...' Participant 13

It takes lot of determination and self motivation to do this. 'Wanting badly to recover' and 'willingness to work on self' provides the motivation needed to undertake this long recovery journey comprising conscious, constant, baby steps.

'..Because I..I wanted to recover. I just wanted to recover. I just had had had enough! And I said enough is enough, I need to get over this! So it was just that self motivation..I need to get over this and whatever I need to do for that I'm gonna do. Whoever I need to talk to, whichever relationship I need to set right, I'm gonna do it. Because if you are not willing to work on yourself then nobody can help you..nobody can help you..no matter how good a therapist might be, they'll just be hitting blanks.... I really think it comes from the person themselves. They have to want to recover first. They have to want to recover. That is the biggest step.' Participant 13

While taking responsibility for one's life and self was considered an important step and process in recovery, paradoxically it has been highlighted as being 'most challenging' as well.

'I think the most challenging is to accept that you are responsible (laughs) for your life, for your happiness and your own mental being, your own peace of mind, you know to retain that personality , you know that is the most challenging thing, to stay out of depression is very challenging, to also recognize depression as an illness that is external to you and it is not you,.....so not blaming myself any more for being ill...these little challenges.....because you blame yourself for everything...for being sad, for being ill, for being sad and for being thin, you are the one who is at fault, you know, to really actually be able to reclaim yourself...and...this I think is the biggest challenge, I don't think there is any other challenge.....in my life.' Participant 17

The Plunge of Trust

Participants highlighted the importance of renegotiating management of their personal power and negotiating boundaries within relationships in a healthier and more balanced manner.

Within that context they described negotiating the development of trusting relationships and trusting themselves in this process more. They talked about finding the strength to take the risk of trusting others again in a more balanced manner.

'For me the change was in becoming-being over-trusting, then being not trusting, and then finding a balance of...a person will be...that trust is not given. Just because you're human being, just because you're so and so, so and so...it's not given to you by default. Earlier it was. So now you have to earn it. And once you earn it, doesn't mean it's by default' Participant 5

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Survive VS. Thrive

This stage was described as a movement – often made up by small steps and small changes- from simply surviving, but plighted by difficulties and un-wellness towards taking life in their own hands, becoming more independent and self-reliant, connecting with others in appropriate and intimate manner and pursuing goals and dreams, and coming back to themselves.

'I mean that part that happened, happened... but it doesn't have to be a burden that I carry for the rest of my life, and which is somewhere, where I sort of, disconnected in a way- not...in a more positive way, with what happened. That, yeah, it happened, but it's no longer my definition' Participant 4

As evident in their account, this process centres on managing to integrate the abusive experience as a part of the self and their live story, but not allowing it to become their life story and dominate the self.

'..I think after a point you just have to... let go... and think of the future as... more or less a blind space. ...I started defining myself er... first as a victim then a survivor. So everything about me became about child sexual abuse. And slowly as the recovery progresses, I realise that...there's so much more to me, there's so much more to my life' Participant 5

This process is essentially described as a movement from victimhood to survivor-hood and of letting go.

'...For recovery to happen, um...a lot of anger release needs to happen. You know, a lot of...not just in terms of..not just in terms of crying, not just the story, not just talking about what happened. And...and it's not just about survivor-ship. Honestly, everybody survives, usually. Most people survive. The idea is can you survive in a healthy manner...!'

Participant 4

Fragmentation VS. Integration

Participants talked about this advanced stage in the recovery process where they move from fragmentation to integration.

'I mean it doesn't mean that you never think about it again and... it's an inherent part of your life... it means you know how to handle it...and mostly you're happy...um...so...moving on I think it means becoming a whole person where before you were a fragmented person...fragmented and puzzled and anguished...so, yeah, I'm not that anymore' Participant 8

Integration was described by participants as the process of becoming themselves that marks higher self confidence, self awareness and self acceptance coupled with compassion for self and others.

'...I'm totally my own person today, empowered, independent, feel amazing about myself, I have amazing relationships, friends, girls, guys, both...my husband can't believe how evolved I am...we are two independent people in an amazing relationship.....I'm just my own person! I feel super empowered. I feel great about myself..I'm in no victimhood mode..I..uh..there's compassion inside me which was never existent..I'm willing to go out and do stuff for people, rather than expect people to do stuff for me....so I mean from zero I've moved to hundred..' Participant 13

Higher sense of self and purpose

A number of participants described the need to show compassion to others and help other survivors through their recovery process. This has been indicated as an integral part of the healing process in their journey from 'victim' to 'empowered survivor.'

'...This... go back and help the people who've gone through it..for me that's an important part of my own healing as well....it makes me feel good to be able to help somebody else whose possibly been through it and does not have the guts or hope...to show them that..it... it can work' Participant 13

A number of participants have taken initiatives of helping other survivors, either through one-on-one initiatives, blogging, media interviews or stories, or forming a voluntary/charity organization. This almost activist-stance helped some survivors to move on by providing a sense of closure and perspective.

'.....Probably I have not moved on internally, of course from the outside I feel that I have moved on but maybe that's one step I think that (referring to helping others through his voluntary organization), may be would give me closure. Umm I would say that umm when I can at least you know do small steps in making sure that it doesn't happen to someone else that would be, again it may not be like I cannot change the world I know that. But I would may influence I think 100 people I think educated 100 people, I think that would be enough satisfaction for me.' Participant 16

[TABLE 1. ABOUT HERE]

A Relational Framework for Moving on from CSA in India: The Recovering Self Concept

A framework has been developed by modelling the themes identified in the experiences of survivors in India (See Table 1.). Qualitative modelling was conducted by utilising a method developed by Zoë Chouliara, which consists of thematic analysis and synthesising of already identified themes, i.e. thematically analysing already extracted themes and subthemes, treating them as original data, and identifying links and meta-themes emerging. That way we were able to create meta-themes which captured patterns of connections between themes. These reflected a dialogue process and consensus in the research team. We have successfully developed and utilised this method in our previous work (Chouliara & Kearney, 2007; Chouliara et al., 2004; 2011; 2013). A more detailed description of this qualitative modelling method is beyond the scope of this paper and will be published elsewhere.

The presently proposed model builds upon previously developed models by the team on recovery from childhood/relational abuse (Chouliara et al., 2013, 2017). The proposed is the first ever framework providing insights on recovery and growth following CSA in India. The proposed model describes four key processes and three key points. The first process includes a state of turmoil and confusion in an attempt to keep the self concept together and prevent disintegration. The second process consists of dissonance and attempting a more accurate symbolisation of the abusive experience. At this stage the abusive experience is consciously identified and named. During the process of self-activation of recovery, the disclosure usually takes place. The reaction by others to the survivors' disclosure determines a negating or affirming process. The forth process is marked by reinvesting in trusting relationships,

integrating the narrative into self concept, aligning self concept with experience, i.e. resolving incongruence between personal values and lifestyle, self compassion and possibly higher purpose and personal growth. The model describes three key points/milestones in the recovery process. These include: 'A moment of impact', which paves the way to accurate symbolisation of the abusive experience and eventually disclosure; 'Disclosure', which marks development of further growth or regression to the turmoil and confusion of the Affected Self stage at least for some time; and Trust, which marks the beginning of reinvestment in intimacy, safety, and growth. These are explained below:

1. **The Affected Self- Keeping the Self Together:** A stage of turmoil, high distress and multiple challenges in all areas of life, including physical, psychological, and relational. At this stage participants do not necessarily link their challenges to their experience of abuse.
2. **Accurate Symbolisation:** It follows a turning point which forces the abusive experience and its impact to become more accurately symbolised into awareness and to be linked. At this stage unavoidably the emotional pain of the abuse is felt in all its magnitude and confronted.
3. **Activation of the Recovering Self:** This often starts with disclosure and consists of working through relational and boundary issues, as well challenges associated with these processes.
4. **Re-connection, Integration and Growth:** Here participants start integrating the abusive experience as part of their life narrative, making meaning, rebuilding trust to self and others, and building a stronger sense of purpose and connection. Some participants were even talking about developing a higher purpose in life, and reaching out to others.

The proposed model supports the recovery model developed based on Scottish data (Chouliara et al., 2013; 2017). The recovery process described here bears many similarities with the process described by survivors in Scotland. Similarities include a common understanding of recovery as a dynamic non-linear life long process, identifying the movement from the affected

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to the recovering self, emphasising the key role of disclosure, as well as the role of self concept – targeting emotions, i.e. shame and guilt. Another similarity between the work in Scotland and in India is the prominent role of trust as a key factor in rebuilding the self and facilitating recovering in adulthood (Chouliara et al., 2011; 2013; 2013; 2017). A main difference is that India data emphasised the key role of social and environmental influences play in disclosure and recovery, in terms of social stereotypes, media and family impact. This was not overtly acknowledged in the Scottish data. The difference might be explained by cultural factors, i.e. India has a more collectivistic culture whereas Scotland tends to be more individualistic. Therefore, external influences bear a different significance in these contexts. However, the present model, significantly furthers our understanding of the recovery process by adding novel information. The key contributions of the model to our previous work and previous literature are:

- It describes the recovery process prior to disclosure in more detail and the processes preparing and leading to disclosure;
- It describes key milestones in the recovery process that act as catalysts;
- It places more emphasis on the role of trust in recovery and growth. These findings add to the importance of interpersonal trust in recovery from relational trauma, as evident in our previous work (Chouliara et al., 2011;2013;2017);
- It introduces the impact of social and environmental external influences in the recovery process;
- It highlights the sexual and sexuality related challenges in the recovery process; and

- It provides more insights on the growth and re-investment process. These insights are much closer to post-traumatic growth and authenticity literature than previously thought.

Finally, the proposed model is essentially a model describing the recovering self concept. Therefore, it illustrates processes and milestones indicating long term change rather than symptom improvement. It is therefore essentially a person-centred model of understanding and encouraging recovery and growth.

Discussion

Contextualisation into previous work by us and others

Our proposed model of recovery from CSA shares similarities with the models proposed previously based on Scottish data (Chouliara et al., 2013; 2017). It also does not contradict the model proposed by Draucker et al. (2011). It does however bear fundamental differences with the Child Abuse Accommodation Syndrome (Summit, 1983). In specific, our work opposes pathologising and ‘clinicalisation’ of CSA recovery. Our findings redefine recovering from CSA as relational, person-centred meaning making growth process, as opposed to a process of accommodation, powerlessness, and pathology, which characterises most previous literature. However, a big difference with Summit’s work is that ours is focused on adults rather than children. Furthermore, this is the first empirical study to focus on the experiences of recovery from CSA in India from the survivor perspective by adopting a personally meaningful recovery stance.

The study has also developed the first ever framework on recovery embedded on data from India and it is the first ever relational self concept – based recovery model internationally. Our findings identified four key processes of recovery and three milestones/catalysts in the recovery process. As evident from our findings, survivors themselves described their recovering process

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in relational and meaning making terms. The importance of disclosure and the response to it has been well documented by us and others (Ross et al., 2010; Chouliara et al., 2011; 2013; 2017). The present findings do affirm the importance of disclosure in the recovery process, but they extend our understanding by mapping the processes and milestones that lead up to disclosure. Thus, emphasising that recovery begins even prior to disclosure. As often disclosure marks the identification of survivors in health and social care services, even for survivors who have been using services for a long time before that point, an understanding of emotional states and needs prior to disclosure seem paramount for policy, practice and research. The present findings also introduce the importance of dissonance and the importance of ‘naming’ the abuse as such, which is also crucial in confronting the feelings about the abuse and about the self. Previous literature has been poor in identifying the process of accurate symbolisation, despite its seemingly key role in the recovery process and emotional regulation. The role of trust in recovery and rebuilding the self concept, especially so in managing the relational challenges and re-investing in intimate relationships, has been neglected in previous research. Our previous research has consistently highlighted the importance of trusting therapeutic relationships in recovery from CSA and other relational traumas both in one-to-one and group therapy (Chouliara et al., 2011; 2013; 2017). However, the present findings highlight the role of trust for the first time in the context of meaning making and growth. Therefore, the importance of rebuilding trust in achieving long term change and growth in recovering from relational trauma is introduced for a first time in the literature. These findings have potentially serious implications in terms of treatment models. Trust based models and interventions would be particularly beneficial in working with survivors. This is because relational approaches would actively focus on key recovering milestones, i.e. facilitating self concept re-organisation, managing dissonance, enabling accurate symbolisation and repairing ruptures in core

assumptions, especially so trust. Our teams are currently working on developing such trust based interventions and on a scale measuring therapeutic trust.

A difference with previous findings in Scotland is the explicit mention of potential implications of CSA for sexuality and sexual orientation. In the present study we did not make a case of including survivors of different sexual orientations. Exploring implications of abuse specifically on sexuality was not within the scope of the study. However, many male participants admitted to homosexual relationships and wondered about the impact of the abuse on their sexuality. Given that the study included a small number of males anyway (n=6), more research is required to unpick the impact of CSA on sexuality, sexual satisfaction and ultimately recovery.

The proposed model has implications for understanding post-traumatic growth in survivors of abuse. Clear links can be drawn between the present findings and Stephen Joseph's work on post-traumatic growth as well as his more recent work on redefining human suffering from a person centred positive psychology perspective (Joseph, 2017). The role of interpersonal trust in repairing shattered assumptions and even a marked growth process towards greater congruence and authenticity is emphasised in our data. The role of trust as a mechanism of self-concept re-organisation, which is central in post-traumatic growth, is a process not picked up in the post-traumatic literature so far (Tedeschi & Calhoun, 2004; Cann et al., 2010). Research on the growth trajectory of survivors in recovery could tease out these change processes and identify ways of maximising post-traumatic growth.

Strengths & Limitations

Data collection took place in India in 2013, thus we cannot be certain that our findings can be generalised more widely. This of course is inherent in qualitative designs such as ours, where the focus is more on 'fit' and applicability, rather than large sample size and representation. On the other hand, our qualitative methodology enabled in-depth exploration of sensitive lived

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experiences. Our methodological approach enabled thick description, whereas saturation and rigour were carefully attended. In addition, the present findings are in alignment with our previous body of research in Scotland (Chouliara et al., 2009;2011;2013; 2017). Also, the strong common threads between our work in Scotland and India are encouraging in terms of the usefulness, applicability and generalisability of our findings across settings.

Selection bias might still be an issue due to self selection. It might be the case that more resilient survivors and/or those at advanced stages of recovery or on the contrary those who are faced with challenges in their recovery might have come forward, thus presenting a somewhat skewed representation of the recovery process. However, the present study utilised a sensitive and rigorous qualitative methodology to elicit and analyse the survivors' perspective on their recovery process. Inclusion criteria in the study by definition implied some disclosure of having experienced CSA, which was unavoidable. This might have introduced bias especially regarding disclosure, trust and growth in the findings of this study. However, we also make a case of including survivors who have and have not utilised mental health services, thus obtaining a more generally applicable range of views and experiences of recovery. Also the in-depth analysis of disclosure-related narratives in this study revealed a trajectory of ambivalence, tension and dilemmas even prior to disclosure, which provides insights to the recovery process of survivors, irrespective of their current disclosure choices or use of services. Such insights might be highly relevant for supporting survivors in the community, and designing survivor-friendly health and social care services. Selections bias might be further compounded by the higher number of Skype interviews as compared to face-to-face. This might imply that more highly educated, younger and technologically aware survivors might have been recruited. On the other hand, Skype interviews might have allowed for more privacy and comfort to talk about sensitive difficult experiences. Skype has also allowed the

interviewer to pick up on body language and facial expressions, thus immediacy was preserved and perhaps even enhanced in the data. In any case, we have not detected any difference in the richness of data obtained by face-to-face and Skype interviews in this study.

Although this study was cross sectional, and survivors with serious current mental health problems were excluded, inclusion of a wide range of experiences ensured representation of the trajectory and different phases in the recovery process. In this type of research with sensitive groups, the tension between ethical and methodological conflicts is to a certain degree unavoidable. However, participant safety has to prevail (Chouliara et al., 2004). **On the other hand, the inclusion of survivors recovering in the community -and not an exclusively clinical sample- is a strength. This is because it provided insight into the wider spectrum of the recovering process and not just clinical recovery.**

Contextualisation of findings in policy and practice

The proposed theoretical framework emphasises the importance of pre and post disclosure recovery processes as well as the importance of interpersonal trust as important milestone in the recovery process. The introduction of standard enquiry on abuse in psychiatric and maternity services in Scotland raises an array of questions about sensitive questioning, application and monitoring of the enquiry and disclosure **process internationally**. According to Chouliara et al. (2011), more training is required on handling disclosures for professionals working with CSA in Scotland. The findings of the present study provide further support for such **training internationally. According to these findings, such training must take into account and be informed by the particular environmental impact on disclosure and recovery of survivors across cultural contexts. Therefore, given the global nature of CSA, the establishment of international guidelines for good practice in managing disclosure with inbuilt modules on various cultural contexts seems both timely and necessary.** In addition, adopting a model of personally meaningful recovery, from a survivor-centred perspective places further demands

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on the therapeutic relationship per se, on clinical governance and supervision of clinicians. Therefore, the model put forward by the present findings sets certain challenges for trauma-sensitive and trauma informed services. It also calls for more emphasis on relational models in clinical practice, training and supervision. Our previous work has highlighted the potential role of relational and person-centred models in timely and appropriate management of drop outs in survivors of CSA and other relational traumas (Chouliara et al., 2017). The present findings corroborate the importance of such models in India, in order to ensure safety and quality of care for survivors. The present findings brought forward the importance of media and social stereotypes about CSA and their often detrimental impact on disclosure and recovery. Good practice guidelines for the media on how best to report on CSA cases on a national and international basis appear paramount, if we are to promote environments that are conducive to recovery. By extending these findings the role of education cannot be underestimated especially in addressing social stereotypes and also in early detection of CSA. Consistency in the messages about and management of CSA across professional settings including education, media, health care, and law enforcement is paramount. This can be achieved by common good practice guidelines and is paramount given our findings that survivors face many challenges and attempt to address them often unsuccessfully prior to even disclosing.

Conclusion

This study brings new insight to our understanding of survivors of CSA, and highlights the deeply personal aspect to recovery, by acknowledging the role of external and relational factors. Our findings recognise the importance of relational models of working within the therapeutic relationship and also in terms of organizational and training structures, if we are to

respond effectively to disclosures and facilitate the whole spectrum of the recovery process.

CSA is a highly prevalent phenomenon in the UK, in India and internationally with potentially detrimental effects on survivors, their families and communities. Because of the developmental aspects involved and the often repetitive nature of the abuse and victimisation process, the effects of CSA are often ego-syntonic. Nevertheless, treatment models rarely explicitly focus on self-concept reorganisation, whereas previous research on recovery and resilience in this field has not tackled the issue of growth and on-going change as opposed to symptom reduction and coping improvement. The present findings fill previous gaps and bring forward a different understanding of recovering from CSA, as a relational, meaning making growth process. The proposed framework illustrates the milestones involved in the recovery of the self and in meaning making. Thus it highlights the usefulness of person-centred and relational models in the management of disclosure and recovery of CSA survivors internationally.

Conflict of Interest

No known conflict of interest to report

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Table 1. A Person - Centred Framework for Moving on from Childhood Sexual Abuse in India: *The Recovering Self*

