

# Can adult survivors of childhood sexual abuse access justice and support?

Part One:

Achieving quality information and support for survivors.



**May 2019**

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**Survivor L**

*If you want us [survivors] to talk about abuse, come forward and go to court then you have to at least support us.*

*Even if we don't, or can't, report there has to be support for us to live with dignity.*

## Foreword by Sarah Champion MP

The scale of child sexual abuse in this country is simply staggering. Seven per cent of people aged between 16 and 59 report that they were sexually abused as a child<sup>1</sup>, equating to over two million victims and survivors. Abuse impacts nearly every aspect of a person's life. It also affects the families of victims and has substantial costs for wider society.<sup>2</sup>

From my work in Rotherham and in Parliament, I have heard time and again of the multiple ways in which survivors are abandoned by Government in their time of greatest need.

It is my sincere hope that this report can serve as a catalyst for change so that survivors can access the information and services they need to rebuild their lives.

On behalf of the All-Party Parliamentary Group, I would like to thank the survivors who gave their time to submit evidence to the inquiry and those who responded to our survey. Most of all, I am grateful to those survivors who gave evidence in person to MPs and Peers in Parliament. I would also like to thank the organisations who contributed evidence and to The Survivors Trust for providing the Secretariat.

*Chair of the APPG on Adult Survivors of Childhood Sexual Abuse and Ambassador of National Counselling Society.*



## The APPG for Adult Survivors of Childhood Sexual Abuse

The All-Party Parliamentary Group (APPG) for Adult Survivors of Childhood Sexual Abuse was formed in November 2018. The purpose of forming the APPG was to highlight the needs of victims and survivors across the country and to give a voice to their concerns in Parliament.

The Secretariat for the APPG is provided by The Survivors Trust (TST), the largest umbrella agency for specialist voluntary sector rape and sexual abuse services in Europe. It comprises a network of 130 voluntary sector agencies providing a wide range of services for victims and survivors of all ages, male and female, of all forms of sexual violence, sexual abuse and sexual exploitation, including support for partners and family members.

<sup>1</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/abuseduringchildhood/findingsfromtheyearendingmarch2016crimesurveyforenglandandwales>

<sup>2</sup><https://www.iicsa.org.uk/key-documents/1534/view/iicsa-impacts-child-sexual-abuse-rapid-evidence-assessment-full-report-english.pdf>

## Introduction

As its first inquiry, the APPG has explored survivors' experiences of accessing support services and the criminal justice system.

This report is the first of three to be published through 2019 that presents the findings from the APPG's inquiry. Upcoming reports will cover:

- survivors' experiences of police and the Crown Prosecution Service
- the court process, after court care and compensation

The findings were gathered in four ways:

- i. Online survey of survivors with 365 respondents
- ii. Survivors' evidence session in Parliament
- iii. Sector professional evidence session in Parliament
- iv. Written evidence submitted to the APPG

Data that is presented in this report, unless otherwise stated, is drawn from the APPG's online survey of 365 survivors of childhood sexual abuse.<sup>3</sup> The scale of the data set is both rare and valuable given the challenges of obtaining the views of significant numbers of adult survivors. The data is new and presented in public for the first time in this report.

## Terminology

Throughout this report, the term 'survivor' is used to describe individuals who have experienced child sexual abuse in the past, where the abuse is not current and ongoing. At its' inaugural meeting the APPG decided to use the term 'survivor' whilst accepting that some individuals who have experienced abuse prefer the term 'victim'. The APPG also acknowledges the tragic truth that not all individuals who experience childhood sexual abuse survive.

Where a 'disclosure' of abuse is discussed, this should be taken to mean a survivor telling any other person about the abuse for the first time. Our survey found 56 per cent of survivors first disclosed to a partner, family member or friend. Counsellors or therapists (12 per cent) were the most likely professional for survivors to disclose to, followed by teachers (seven per cent), police (seven per cent) and doctors (five per cent).



Where you see a speech bubble in this report, this is the opinion of one of the nearly 400 survivors who contributed to the inquiry.

<sup>3</sup>See Appendix 2 for data tables from APPG online survey of 365 adult survivors of child sexual abuse.

## Executive Summary

Survivors of child sexual abuse are impacted by the effects of its trauma throughout their lives. The average wait for survivors to disclose abuse is 26 years.<sup>4</sup> Survivors told the inquiry that the abuse has negatively impacted their intimate relationships (90 per cent of respondents), mental health (89 per cent), family life (81 per cent), career (72 per cent) and education (65 per cent)<sup>3</sup>.

Survivors feel that the most important form of support to their recovery is specialist voluntary sector counselling or therapy and 47 per cent said this was the case. However, the inquiry heard that some services have faced enormous increases in demand; up to 30 per cent year-on-year in some cases. Government funding to services is currently insufficient to keep up with that demand.

The funding landscape is complex, but specialist sexual violence and abuse support services (SSVSS) do not feel they receive a fair proportion of government funding, despite the inquiry's survey finding that they provide the most valued form of support to survivors. All services, including NHS and third sector services, should operate in concert in order to deliver the support survivors need. Yet current funding mechanisms too often lead to a siloed approach that exacerbates poor commissioning and the postcode lottery.

Mental Health services were identified as the second most important form of support by survivors, but only 16 per cent said that NHS mental health services met their needs. The NHS must become more responsive, especially in regions where large-scale child sexual abuse has occurred. A contributing issue is that Clinical Commissioning Groups do not currently engage to a material extent with or commission sufficient third sector specialist services.

Survivors highly value trauma-informed care, an approach that recognises the psychological trauma caused by abuse, its impact across all aspects of a person's life, and which supports a person to recover from the trauma. Survivors feel that frontline professionals (for example GPs, police, social workers and Jobcentre Plus work coaches) should be trained in this approach.

Signposting of services is poor, with survivors often given inaccurate information about the availability of services in their area. Survivors prized easily accessible information about child sexual abuse and its impact. This empowered survivors, enabling them to make choices about their recovery, especially in the absence of professional expertise.

<sup>4</sup>According to evidence submitted to the inquiry by Survivors UK.

# Key Recommendations

1.

The Home Office should commission and publish research on the economic and social costs of child sexual abuse.

2.

The upcoming Spending Review for 2020-2023 should create a discrete, cross-departmental strategic fund to transform Government response to child sexual abuse. This should fund core services to meet demand and recognise the value of the specialist voluntary sector.

3.

NHS England should collect data on Clinical Commissioning Group (CCG) expenditure on long-term therapeutic care for survivors, and consider ringfenced funding as a way to ensure CCGs commission specialist voluntary sector services to meet demand.

4.

Government departments should issue guidance to frontline professionals on how to respond in a trauma-informed way, developed in collaboration with specialist sexual violence and abuse voluntary sector umbrella agencies.

5.

The Government should fund a nationwide public health campaign to raise awareness of the issues around childhood sexual abuse, highlight the potential impact on survivors, tackle social myths and stereotypes about sexual abuse and direct survivors and professionals to sources of support and information.

# 1. The impact on survivors

The inquiry heard from survivors about the devastating effect of child sexual abuse on every aspect of their life. Survivors described how abuse impacted upon their family and intimate relationships, their physical and mental health, education, career and financial stability.

## Relationships

*Some of the time I cannot even sit up in bed. I have to have friends who come round and support me. My life is very, very difficult to manage.*

Survivor F described the challenges of maintaining employment and social relationships due to a neurological condition that professionals told her had been triggered by sexual abuse. She sometimes requires significant support, including home visits from friends, in order to manage a daily routine. This has impacted her ability to work, and her friendships and family relationships.



**90%**

**of survivors' intimate relationships were negatively impacted because of CSA.**

**81%**

**of survivors' said their family life was negatively impacted because of CSA.**

## Securing mental health support

Survivor O told the inquiry how difficult it had been, over a period of decades, to obtain a psychological assessment, diagnosis and treatment that enabled her to live a stable life.



*I'm a survivor of childhood sexual abuse and of the mental health system.*

**89 %**

**of survivors said their mental health had been negatively impacted as a result of CSA.**

## Finances



Survivor T told the inquiry about the complete lack of support he received after his case was closed. He was not referred to appropriate support services and was required to pay for counselling and therapy out of his own pocket. This led him to accrue significant credit card debt, a situation that was exacerbated by losing his job.

*I found my phone was being invaded by media, journalists. My work. They phoned [my workplace]. I found myself having to explain myself to people I never wanted to. I lost my job.*

*I was told: 'Thanks very much for your contribution, now just go off and get on with your life.' There was no support, there was no intervention, there was no follow-up. I was cast adrift to get on with life. And that's what I did for two decades...*

**46%**

**of survivors said their financial situation had been negatively impacted as a result of CSA.**

**72%**

**of survivors' work / career was negatively impacted because of CSA.**

**65%**

**of survivors said their education had been negatively impacted by CSA.**

## Recommendations

- The Home Office should commission and publish research on the economic and social costs of child sexual abuse. There is precedent with recent research on the cost to society of domestic abuse<sup>5</sup>.
- Such research should mirror Professor Sylvia Walby's methodology<sup>6</sup> and assess the costs to the economy of lost economic output, expenditure on public services, and the human and emotional costs of child sexual abuse.
- Research should attempt to understand the financial impact on the individual. This will highlight the severity of child sexual abuse, recognising the duty for Government to act is a fiscal one as well as a moral one.
- The Treasury must apportion resources commensurate with reducing costs, both to the individual and society.

<sup>5</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/772180/horr107.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf)

<sup>6</sup>[http://eprints.lancs.ac.uk/88449/1/Cost\\_of\\_domestic\\_violence\\_update\\_4\\_.pdf](http://eprints.lancs.ac.uk/88449/1/Cost_of_domestic_violence_update_4_.pdf)

## 2. Specialist voluntary sector services: the support survivors want

**47% of survivors believe that specialist voluntary sector sexual abuse counselling/therapy is the single most important support service for victims after disclosure.**

**Yet only 19% were aware of this service when they needed it.**

Specialist sexual violence and sexual abuse support services (SSVSS) provide a wide variety of services tailored to meet the range of needs a survivor may experience. These include sexual violence counselling (face-to-face and online), therapy and support groups, pre-trial therapy, advocacy, Independent Sexual Violence Advisor (ISVA) services, social support, peer support groups, art and play therapy, helplines, text and email support and information.

The specialist sexual violence sector has in place national service standards operated by three organisations: The Survivors Trust, Rape Crisis England and Wales and the Male Survivors Partnership. These offer a quality assurance framework for providing services for survivors of sexual violence and abuse. The standards set a benchmark for qualifications and training and are underpinned by an ethos of survivor empowerment and involvement.

Reasons for valuing specialist sexual violence voluntary sector services included: support for people regardless of whether they report to police, no pressure to pursue criminal justice, being met by knowledgeable staff in a welcoming, non-clinical environment, a range of flexible services tailored to survivors' needs from helplines to counselling as well as recognition that there is nothing wrong with them - the issue is the residual trauma of the abuse.

*It was because of CISTERS (SSVSS) and the Independent Sexual Violence Advisor that I could begin the criminal justice process. To know someone would be there while I gave my statement, to listen and to know, it was priceless.*

Many survivors spoke about the importance of being able to access counselling to get their lives back on track. Survivors felt that they needed to be able to attend treatment as soon as they were ready. For the majority of survivors, accessing SSVSS was challenging due to demand and the limited financial resource available to the service.

*I got subsidised counselling [for a while] but now I have to find money to pay privately.*

*I was having counselling from Rape Crisis but when I really needed it before the court case it had to end because they could only give it to me for 26 weeks because of funding. I thought: 'I really need it right now.' I thought: 'where do I go?' The CPS didn't provide me with any guidance.*

When survivors were successfully engaged with a service, which they considered was a valuable support, they felt there was a 'sword of Damocles' hanging over them as the number of sessions available was often restricted due to funding. Several survivors said that there was a cessation in their counselling just when they felt they needed it most, when the trial was about to begin. Others spoke appreciatively about services extending the number of sessions to cover stressful periods (such as the trial) but this was not feasible for many services. The inquiry found funding challenges were leading some services in the sector to only offer short-term counselling.



Specialist sexual violence voluntary sector services are uniformly seeing increased demand and managing this in different ways. The situation is exacerbated by a funding lottery that has little consistency across the regions of the country. Some services have limited or closed waiting lists, but a few services have demonstrated flexibility in order to meet survivors' needs.

*I was lucky enough to have counselling for extended sessions. I wouldn't have had strength to get through the court process without it.*

Many of those who could afford it paid for private treatment, but many did not have that option available to them. There was also a perception that the scarcity of available counselling led survivors to compete with other survivors – causing tension.

*I was fortunate to be able to access therapy [because of professional benevolent fund] but 99 per cent of survivors can't or can't afford it. And I carry a lot of guilt because of that.*

### 3. Funding pressures for specialist sexual violence voluntary sector services

Delivering a high-quality service is crucial to rebuilding lives and getting criminal justice outcomes. The Government's Victims Strategy contains scant information in regard to improving the quality of services available for adult survivors. A lot of resource has gone into improving the response for children, but adults are often forgotten and go to the back of a long queue if they first disclose in later life. According to evidence submitted to the inquiry by SurvivorsUK, the average wait from abuse to disclosure is 26 years.

The Government's Victims Strategy commits to review spending on child sexual abuse services. This is welcome, but the parameters are not outlined. It is essential that the review considers the lifelong impact of childhood sexual abuse and how funding might be made available to survivors throughout their lifetime. The failure to strategically tackle need as it arises leads to costs elsewhere as survivors' education, employment, housing and relationships are all negatively impacted.

2019 brings a rare opportunity for transformative funding reform through the upcoming Spending Review, which will set budgets for 2020 to 2023. In a speech about the Spending Review on 19 March 2019<sup>7</sup>, the Chief Secretary to the Treasury, Liz

Truss, said the Government needed to intervene because not everyone is currently able to participate in the economy:

*"Perhaps because... they have been traumatised and left in despair after suffering the consequences of crime. And it should be government's responsibility to prioritise support for these people – helping those on the margins move to a position where they can take control of their lives."*

*And to stop any more people getting into that position in the first place. It's a simple idea: that we should spend more on the areas which have the biggest impact and less on those that don't. And it points towards the moral case for proper public spending control."*

The Chief Secretary went on to describe a focus in the Spending Review on preventing grooming and child sexual exploitation. This inquiry commends the Chief Secretary for recognising the multiple ways in which traumatised victims of sexual abuse can be hindered from playing a full part in the economy and community life. In the Spending Review the Government should create a transformative fund for tackling child sexual abuse and recognise the vital work the specialist voluntary sector does in responding to abuse, preventing re-victimisation and upskilling statutory agencies like children's social care and health to prevent further harm.

<sup>7</sup><https://www.gov.uk/government/speeches/what-should-the-spending-review-focus-on-speech-by-the-chief-secretary-to-the-treasury>

Evidence from 47 member agencies of The Survivors Trust found that the funding profile across the sector continues to rely most heavily on philanthropic funders, as it has done for decades.

<b>Funder</b>	<b>% of total agency costs</b>	<b>Range across agencies</b>
Philanthropic funders	30%	53% - 10%
Office of the Police and Crime Commissioners	18%	40% - 0%
Ministry of Justice Rape Support Funds	17%	25% - 0%
NHS/ Clinical Commissioning Groups	14.5%	30% - 0%
Local Authority	13%	35% - 0%
Home Office	2%	7.5% - 0%

Further to this, the average level of reserves held by The Survivors Trust member agencies is four months, with a range from two weeks to 24 months. Many agencies operate in a state of constant precarity, putting untold stress on staff and survivors.

A reliance on philanthropy can be problematic for services. Some agencies rely solely on donations or legacies. Where a support service is funded through a number of charitable trust funds, this places a great administrative burden on specialist services to constantly seek funding with consequential additional reporting and often conflicting monitoring requirements. The inquiry also found funding tends to be awarded for short-term projects. Funding focusses on transformation so endless new activities have to be identified or tried and trusted services re-packaged as innovative.

The Victims Strategy sets out Government's ambition to streamline funding for victims' services. It is welcome that the Ministry of Justice Rape Support Fund provides a level of security and stability for funded agencies, has been increased to £24m and will be allocated on a three-year basis. The Rape Support Fund is one of very few opportunities that fund administrative and management costs. These costs are essential to the effective operating of a

support centre, which many philanthropic funders are not keen to finance. Therefore, the extension to three-year funding is welcome.

However, despite the significant increases in numbers of victims and survivors both reporting and seeking support from specialist services, there has been no substantial increase to the budget. Waiting lists have consequently risen in line with increased demand.

In evidence to the inquiry, SurvivorsUK stated that in each of the past three years, demand for services has increased 30 per cent year-on-year. In response, SurvivorsUK has grown its' staff by 300 per cent in the last two years, but is still unable to meet demand. This experience is mirrored across third sector services up and down the country.

In 2017, the National Association for People Abused in Childhood (NAPAC) answered 8,500 calls and emails on its' national support line – less than a tenth of the nearly 90,000 inquiries during this period.

In 2017/18, Rape Crisis England and Wales experienced a 17 per cent increase in the number of individuals attempting to access their services on the previous year. Waiting lists for Rape Crisis services consequently range from three to 14 months.

*We need counselling and we need therapy. We need little things. There's nothing there. Just a chance to rebuild our lives. It's not our fault.*

In evidence to the inquiry, the Victims Commissioner stated that many support services are:

*'struggling to cope as so many more survivors find the courage to come forward and ask for help... [this is] simply a consequence of rising demand and lack of provision.'*

This inquiry supports the call for a national audit of practitioners trained in dealing with child sexual abuse with a focus on understanding supply and demand, and it demands considerable additional financial resource to areas of high need.

There is currently a pilot underway to devolve the Rape Support Funds to Police and Crime Commissioners (PCCs). Whilst this offers the opportunity to reduce the number of bids a specialist agency needs

to submit, devolution brings a risk that local commissioners may not recognise the value of specialist sexual violence support services (SSVSS). Many commissioners are now moving to tendering large generic contracts, often for providing support to all victims of all crimes. The pilots, and their subsequent review, must ensure that specialist services delivering highly specialised input to vulnerable victims and survivors, using professionally qualified staff, are commissioned to meet survivors' needs.

Previously, umbrella agencies for the SSVSS have been funded alongside their member agencies. This reflects the need for national representation for SSVSS and the survivors they are working with and for quality service standards to be supported. However, this funding has decreased in real terms, having not been increased from £150,000 in total since 2011. Funding is now subject to open competition increasing the number of awards but reducing the amount available to each agency. It is essential that the umbrella agencies are supported to continue their work in representing and supporting specialist agencies that otherwise do not have the resources to engage nationally. Without this support, specialist agencies will not have a voice in national policy and service development consultations. This risks affecting the ability of SSVSS to engage with commissioners and ultimately the delivery of specialist services to survivors.

It should not be up to survivors to demand services. For too long Government has been behind the curve on responding to childhood sexual abuse. The implications for the individual, but also the community's trust and faith in political institutions' ability to respond, is profound.

The desperate sense of hopelessness from the lack of available services can have considerable effects on survivors who may already feel let down by society. One survivor spoke about frustration at the lack of services driving people to extreme alternatives out of hopelessness.

*The lack of support drives some people to the internet... [they] are drawn into campaign and protest groups who use survivors to self-promote, and they parade them [survivors] on the internet under the guise of speaking out.*

*They promote that all official services are the enemy and 'paedophile supporters' which creates a further lack of trust for survivors when they need to access these services. It also gives the public a particularly negative, angry, pitchfork-holding perception of what and who survivors are, which is simply not true.*

## Recommendations

- The upcoming Spending Review, for 2020-2023, should create a discrete, cross-departmental strategic fund to transform Government's response to child sexual abuse. This should fund core services to meet demand and recognise the value of the specialist voluntary sector.
- Pilots for devolved commissioning must ensure that SSVSS are commissioned to meet survivors' needs. This is vital as their services are highly valued by survivors, and SSVSS provide additionality to statutory services through upskilling and advice.
- The 10 per cent increase in the Rape Support Fund is welcome but does not meet increases in demand. The Ministry of Justice should develop a mechanism for pegging the fund to increases in demand so that SSVSS are not forced to reduce provision of support to survivors.
- SSVSS umbrella agencies should be funded appropriately to ensure representation for member agencies and support for quality assurance standards.

## 4. Accessing support through the NHS

The NHS is a crucial safety net for all British citizens, whether they have acute or chronic illnesses, physical or mental health concerns. This is particularly true of adult survivors of childhood sexual abuse.

**89% of survivors said abuse negatively impacted their mental health.**

**45% said abuse negatively impacted their physical health.**

The NHS is uniquely advantaged as a national body with a duty to respond to sexual abuse and to promote survivors' recovery. An effective NHS response can be the difference between a lifetime of health challenges and an individual that is able to thrive.

Survivors identified mental health services as the second most important form of support for survivors after disclosing.

**Only 16% of those who accessed NHS mental health services felt that it had met their needs.**

**Only 23% of survivors said that physical health services met their needs after disclosing.**

Survivors had a mixed experience of accessing mental health treatments on the NHS. Many struggled to get access to appropriate treatments due to incorrect diagnoses. Others felt that primary mental health services acted as a gatekeeper that prevented them from accessing more appropriate services. In these cases, survivors were often provided with treatments for anxiety or depression which they felt were manifestations of the trauma they had experienced from abuse, rather than dealing with the underlying trauma. Such services were not highly valued, with six sessions of cognitive behavioural therapy on the telephone being a common experience.

Survivors described a situation where they had to battle to have their needs recognised as an

adult survivor seeking support, years after the abuse had occurred. As the trauma was distant, the pathways into appropriate services were often blocked and long waiting lists prevented survivors from accessing support when they finally felt ready.



*I've fought tooth and nail to get a therapist who is funded by the CCG.*

Clinical Commissioning Groups (CCGs) hold responsibility for commissioning long-term therapeutic support for survivors of sexual violence and abuse.<sup>8</sup> In response to two written questions by Sarah Champion MP<sup>9</sup> on the portion of CCG funding spent on long-term therapeutic care for survivors of child sexual abuse and the NHS assessment of effectiveness of CCGs commissioning those services, the Department for Health and Social Care stated:

*'NHS England has made no assessment of the effectiveness of clinical commissioning groups (CCGs) in commissioning therapeutic care for survivors of sexual assault.*

*Information on the proportion of their budget CCGs have spent on therapeutic services for survivors of sexual abuse is not collected or held centrally.'*

As part of its' response, the Department for Health and Social Care also published a letter from Minister Jackie Doyle-Price to CCGs, reminding them of the 'important role' of the specialist voluntary sector. The Minister's letter indicates that the Department for Health and Social Care is concerned that CCGs might misunderstand or neglect the needs of survivors of sexual abuse and need to improve their commissioning of specialist voluntary sector services. The Minister's concerns were echoed by The Survivors Trust, who stated that CCGs are reluctant to engage with specialist voluntary sector services. It is concerning that data is not centrally collected, as this would improve the accountability of CCGs.

In April 2018, the Strategic Direction for Sexual Assault and Abuse Services (SAAS)<sup>10</sup> was launched by the Department of Health and Social Care, the Home Office, the Ministry of Justice, NHS England and Public Health England.

SAAS recognises the need for the NHS to become trauma-informed to meet the 'short, medium and long-term needs over the lifetime of a survivor'. It echoes the findings of this inquiry, that survivors too often do not receive a trauma-informed response when attending an NHS service, and pledges to improve awareness and training across its workforce. It is right that future service specifications and tenders will recognise the links between trauma and mental health for survivors of sexual abuse.

Importantly, SAAS recognises the need for a collaborative approach to integrating services across the health, care, justice and voluntary sectors. It is welcome that SAAS, and the Minister in her letter to CCGs, makes reference to the commissioning of SSVSS, which provides long-term therapeutic support that survivors highly value.

Andy Hunt, National Programme Manager, Non-Custodial Services and Sexual Assault (NHS England) described in evidence to the APPG, an ambition to respond rapidly in areas of high need, specifically following Rotherham or Rochdale-like scandals, where there has been an identification of high need through police or National Crime Agency (NCA) investigations. This is reliant upon commissioners, namely Police and Crime Commissioners (PCCs) and CCGs, to recognise and meet the need in their area. The Department for Health and Social Care and the NHS has reiterated a commitment to drive correct behaviours from commissioners so that requests originate locally.

<sup>8</sup><https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-08482-180913-Service-specification-No.-30-Sexual-Assault-Referral-Centres.pdf>

<sup>9</sup><https://www.parliament.uk/business/publications/written-questions-answers-statements/written-questions-answers/?page=1&max=20&questiontype=AllQuestions&house=commons%2clords&uin=230782>

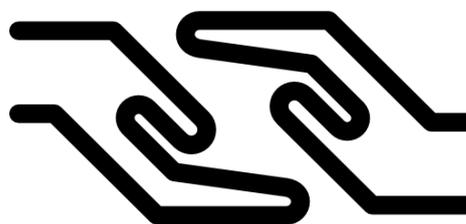
<sup>10</sup><https://www.england.nhs.uk/publication/strategic-direction-for-sexual-assault-and-abuse-services/>

However, in the wake of large-scale child sexual abuse and exploitation scandals, health services have been too slow in responding to a surge in demand. Whilst the ambitions of the NHS are noble, survivors must not be made to wait because bureaucracies in their region are not functioning effectively. This is further complicated by the uneven knowledge base of commissioners, which can exacerbate existing inequalities between regions.

Furthermore, whilst the SAAS recognises the need for a collaborative approach, it does not provide any powers to direct the ring-fencing of funds or enhance accountability to support how services are commissioned and delivered.

Recent investment in Sexual Assault Referral Centres (SARCs) is welcome, but coverage is still inconsistent across the regions of England and Wales and does not meet the minimum recommended

levels per head under Council of Europe recommendations.<sup>11</sup> England currently has only 47 of the 71 SARCs recommended. It is also vital to recognise that, whilst they are a valuable resource to survivors of sexual violence, SARCs are not often accessed by adult survivors of childhood sexual abuse. Specialist voluntary sector sexual violence and abuse services are often preferred by survivors who want a trauma-informed approach to their care.



## Recommendations

- NHS England should collect data on Clinical Commissioning Group (CCG) expenditure on long-term therapeutic care for survivors and consider ringfenced funding as a way to ensure CCGs commission specialist voluntary sector services to meet demand.
- NHS England should set out plans to meet the minimum recommended number of SARCs, as set out by the Council of Europe.
- The SAAS Partnership Board, comprising representatives from the Department of Health and Social Care, the Home Office, the Ministry of Justice, NHS England, Public Health England and SSVSS, should be mandated to develop guidelines and levels of accountability to support commissioning and delivery of specialist sexual violence and abuse support services.

<sup>11</sup>[https://www.coe.int/t/dg2/equality/domesticviolencecampaign/source/eg-vaw-conf\(2007\)study%20rev.en.pdf](https://www.coe.int/t/dg2/equality/domesticviolencecampaign/source/eg-vaw-conf(2007)study%20rev.en.pdf)

## 5. Providing a quality service: understanding trauma

Across the health and social care sector, there is an increasing understanding of the impact of early life trauma. Adverse Childhood Experiences (ACEs)<sup>12</sup>, as this approach is known, recognises that when children are exposed to adverse and stressful experiences, it can impact on their ability to think, interact with others and on their learning. There is not yet a nationwide strategy for the ACEs' approach, but its growth is of particular significance to adult survivors. If awareness of early life trauma becomes increasingly widespread this may increase the number of survivors identified as having Post-Traumatic Stress Disorder and subsequently the number of survivors receiving appropriate treatments. Such an approach asks of the survivor 'what happened to you?' rather than 'what's wrong with you?' The latter approach, having been standard practice across many professions for decades, may have contributed to survivors' sense of guilt and shame.

*Many survivors who ... try to access help through their GPs [face] a lottery as to which kind of help they will get. [There is a] lack of diagnosis and failure to understand the significance of the disclosure ... many survivors are misdiagnosed with lower level issues such as anxiety and depression.*

*Having to tell your adviser in the open-plan Jobcentre what is happening [trauma symptoms] and they then ask for medical or police proof letters which is hard to get ... leaving the survivor in limbo [with] more and more problems and pressure building up.*

Survivors told the inquiry they want to be met with a trauma-informed response by professionals they encounter. Trauma-informed is a model of care that recognises the trauma caused by abuse and its impact across all aspects of a person's life. This method supports a person to recover from the trauma. Survivors want recognition by frontline professionals of the prevalence of trauma and its impact on their emotional, psychological and social wellbeing. Trauma-informed care should recognise the multiple psychological and social factors that impede a person's recovery and ability to engage with the community.

Many survivors had difficulties with the NHS, which did not have a trauma-informed approach to care. It was felt that the effects of abuse are not well-known in the NHS, and many struggled to achieve an appropriate diagnosis. This sometimes led to insensitive questioning and difficulties for survivors in accessing a range of physical and mental health treatments.

*There is not enough education about post-traumatic stress disorder in the NHS or criminal justice system.*

<sup>12</sup><https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/506/506.pdf>

However, whilst there is increasing understanding of ACEs and the need for trauma-informed care, there is still insufficient awareness of what this means in practice across all healthcare settings. This lack of understanding has hampered previous attempts to introduce proactive enquiry with patients about possible abuse experiences. Reasons for this include: not knowing what to do next, concerns over safeguarding (overreacting vs. not responding), feeling uncomfortable with the subject matter, or dealing with their own trauma responses as a result of burn-out or their own abuse histories.

There needs to be a whole-organisation adoption of a trauma-informed approach that includes recognising the potential impact on staff of receiving disclosures and promotes staff wellbeing alongside care for the survivor. Staff must be given the resources and time to fully commit to delivering trauma-informed responses, reinforced with effective leadership and management. Research<sup>13</sup> has noted that SSVSS is experienced in creating a safe and supportive environment for working with survivors.

*I was able to get consistent support until I was ready to report.*

In accessing support from SSVSS, survivors found value in meeting other survivors and having group and individual sessions with people who

understood their trauma. When survivors received the right kind of treatment, they felt it made a dramatic difference to their lives.

*Fortnightly therapy group sessions with other women who had been through the same experience... It was so good to know I wasn't alone.*

However, whilst survivors told the inquiry they prefer attending SSVSS for therapy and support, there is currently a lack of supporting, research-led, evidence that meets the criteria for inclusion in National Institute for Health and Care Excellence (NICE) Guidelines. NICE research is often reliant on randomised control trials which can be difficult to run for survivors of child sexual abuse. Further, many psychological therapies do not lend themselves to the kind of research that NICE prioritises. This has resulted in an over-representation of Cognitive Behavioural Therapies (CBT) in Guidelines, despite the Delphi Analysis published in 2010<sup>14</sup> which identified a person-centred and integrative approach as most effective when working with survivors of sexual violence and sexual abuse. This means that despite the positive outcomes achieved by SSVSS, their work is not reflected in NICE Guidelines for working with survivors of sexual abuse. This has implications for commissioning and funding processes.

## Recommendations

- Government departments should issue guidance to organisations with frontline professionals who regularly encounter survivors on how to respond in a trauma-informed way, developed in conjunction with SSVSS umbrella agencies. This should include, but not be limited to: Department for Education for teachers and social workers, Department for Health and Social Care for GPs and sexual health nurses, Department for Work and Pensions for Jobcentre Plus staff and contracted employment providers, the Home Office for police, Ministry of Justice for CPS and judges.
- National Institute for Health Research should commission research into effective support and therapies for survivors of sexual abuse.

<sup>13</sup> [https://aifs.gov.au/sites/default/files/publication-documents/acssa\\_wrap4.pdf](https://aifs.gov.au/sites/default/files/publication-documents/acssa_wrap4.pdf)

<sup>14</sup> [Domestic and Sexual Violence and Abuse: Findings from a Delphi Expert consultation\(2010,\) Deakin](#)

## 6. Providing information to survivors

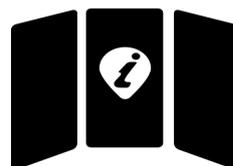
Many survivors explained the unmet need for easily accessible information about child sexual abuse and its impact. Many researched on the internet due to the dearth of accurate and relevant information provided to them by professionals.

**12% of survivors say information about the impact of abuse is the *most important* form of support after they disclose.**

Survivors said that they wanted to be empowered to make decisions for themselves, but to do this they needed readily available information. Too often professionals did not understand abuse, or how to respond to disclosure, and survivors described experiences of needing to request specific referrals from professionals.

Services are not well integrated and there exists a confusing landscape of support that differs vastly in quality and availability across the regions of England and Wales. It is not always clear for survivors where they can access support or what support is most appropriate for them. Survivors feel disempowered and many described a process of having to discover and achieve support without any help from sector professionals.

*A counsellor referred me to local specialist organisation. I got an information pack and didn't open it for four years. But to know it was there was a saviour.*



**Specialist voluntary sector counselling was identified as the most important service for victims after disclosure, but only 19% said they were aware of the service.**

Many survivors felt cut adrift by police and the CPS and that they were not offered support to get through the process. This was compounded by a lack of counselling or therapy available more generally.

*My doctor told me about CISTERS [SSVSS] but said there's a very long waiting list, but there has never been a waiting list! I could have gone years ago...*

*They [police] said I was under immense stress but didn't offer me support for that.*

Other survivors described finding out, after the process was concluded, that specific support had been available but that no one had referred them to it or even informed them of it.

In some cases, survivors were provided with incorrect information about services available locally which stalled their recovery.

*We only realised recently that there is also support for the families through this. Surely this should have been mentioned from the outset.*

**Only 16% of survivors were directed to specialist support services appropriate for them by police, e.g. Women's/Men's/LGBT/ BAME.**

Evidence submitted to the inquiry did not sufficiently explore the specific needs of Black, Asian and Minority Ethnic (BAME), Lesbian, Gay, Bisexual and Trans (LGBT) and disabled survivors of child sexual abuse for this report to draw conclusions. In light of the absence of available information and the need to promote the voices of marginalised survivors, Government should consider how to explore these needs through its future activity.

Childhood sexual abuse is recognised as a public health issue that has profound social and health consequences, not just for those directly affected but also for their family members and partners. The general population would benefit from increased awareness of the prevalence and impact of sexual abuse and develop a deeper understanding of the issues that survivors face in their personal and work lives. A nationwide media campaign aimed at raising awareness would dispel myths and empower both survivors and the general population with accurate information. The campaign could also tackle the stigma that many survivors feel is still attached to having been sexually abused.



The Ministry of Justice has developed a new website to provide information to victims about support and the criminal justice process: [www.victimandwitnessinformation.org.uk](http://www.victimandwitnessinformation.org.uk).

The website is not well publicised and requires prior knowledge of its existence to locate it through search engines. The site does not synchronise with Police and Crime Commissioner websites where listings of specialist services are provided. While it provides links to The Survivors Trust and Rape Crisis England and Wales websites, it does not integrate their local service finder functions on the site.

The creation of the site is a step in the right direction as much of the information about the criminal justice system is accessible and relevant to survivors. However, the site has the potential to become a vital resource by becoming a one-stop-shop for survivors to find local support services and information about the impact of child sexual abuse if modified.

## Recommendations

- The Government should fund a nationwide public health campaign to: raise awareness of the issues around childhood sexual abuse, highlight the potential impact on survivors, tackle social myths and stereotypes about sexual abuse and direct survivors and professionals to sources of support and information.
- The Government should provide and promote a one-stop-shop website where survivors can access information about the impact of abuse and be able to locate relevant services in their area. [www.victimandwitnessinformation.org.uk](http://www.victimandwitnessinformation.org.uk) should be reimagined as the first port of call for survivors independently trying to access information and should be co-designed with SSVSS to ensure survivors' priorities are reflected in the design.
- The website should be widely publicised so that frontline professionals such as GPs can direct survivors to the site, wherever they are based in the country, in the knowledge they can locate local services from there.
- The website should enable survivors to locate up-to-date information about local SSVSS, health and police services by typing in their postcode. The website should therefore integrate information with Police and Crime Commissioners' websites, as well as SSVSS locators, like The Survivors Trust's listings.
- Government should commission research into whether BAME, LGBT and disabled survivors have difficulty in accessing services, if specialist services need to be commissioned and seek to address any shortfall.

## Conclusion

This inquiry has heard from survivors across the country about the lifelong impact of child sexual abuse across all spheres of their lives.

Survivors have told us that they want to be able to access good quality information about the impact of child sexual abuse and the availability and whereabouts of local support services. Survivors want frontline professionals to have easy access to this knowledge also, in order that they can be referred when appropriate.

Survivors stated they want the professionals they meet to understand the impact of trauma upon a person's life. They want to see a change in approach, rooted in empathy, where professionals recognise that trauma can impede a survivor's ability to play a full part in economic life and wider society. Professionals must acknowledge that their response to survivors' trauma must change before expecting survivors' outcomes to improve.

Survivors told the inquiry they want to be able to access services that will help them to rebuild their lives, namely specialist voluntary sector support and NHS treatment. Survivors were aware of the current funding restraints in the specialist voluntary sector and want Government funding increased to meet demand.

Unless the straightforward and achievable recommendations of this report are acknowledged and acted upon, we will be failing a significant portion of the population. The APPG looks forward to hearing from Government about its plans to deliver the support and information survivors need.

# Glossary

## **Adverse Childhood Experiences (ACEs)**

Stressful or traumatic events, including abuse and neglect.

## **Clinical Commissioning Groups (CCGs)**

Groups of GP practices that are responsible for commissioning most health and care services for patients in their area.

## **Council of Europe**

A human rights organisation that includes 47 member states, 28 of which are members of the European Union.

## **Crown Prosecution Service (CPS)**

The principal public prosecuting agency for conducting criminal prosecutions in England and Wales.

## **National Crime Agency (NCA)**

The UK's lead law enforcement agency against organised crime: human, weapon and drug trafficking, cyber-crime and economic crime.

## **Police and Crime Commissioners (PCCs)**

Elected representatives who oversee how crime is tackled in a police force area. Their aim is to cut crime and to ensure the police force is effective.

## **NHS England's Strategic Direction for Sexual Assault and Abuse Services (SAAS)**

An NHS strategic document outlining how services for victims and survivors of sexual assault and abuse, in all settings of the health and care system, need to evolve between publication (2018) and 2023.

## **Sexual Assault Referral Centre (SARC)**

Provides services to victims/survivors of rape or sexual assault regardless of whether the survivor/victim chooses to report the offence to the police or not.

## **Specialist Voluntary Sector Sexual Violence and Abuse Services (SSVSS)**

Third sector organisations providing a range of services to survivors of sexual abuse, including counselling, therapy and Independent Sexual Violence Advisors.

## **Spending Review**

A governmental process carried out by HM Treasury to set firm expenditure limits and define the key improvements that the public can expect from these resources.

## **Trauma-informed care**

A professional approach to care that recognises that a person may have a history of physical, sexual, emotional abuse, and/or other traumas, that trauma impacts upon a person's emotional, psychological and social wellbeing throughout their lifespan and roots a response in empathy and understanding.

## **Victims Commissioner**

An independent person, appointed by Government, with responsibility for promoting the interests of victims and witnesses.

## **Victims Strategy**

A cross-government strategy that sets out the Government's vision for victims of crime, published September 2018.

## **Victim Support**

An independent charity dedicated to supporting victims of crime and traumatic incidents in England and Wales

# Appendix 1

## The Survivors Trust

The Survivors Trust (TST) provides the Secretariat for the APPG on Adult Survivors of Childhood Sexual Abuse.

TST is a UK-wide national umbrella agency for [130 specialist organisations](#) for support for the impact of rape, sexual violence and childhood sexual abuse throughout the UK and Ireland.

Its Trustee Board is exclusively made up of managers and directors of rape and sexual abuse support services. The core aim is to empower survivors of rape, sexual violence or childhood sexual abuse through supporting and improving effective responses to survivors. Member organisations provide a range of direct services to survivors including counselling, support, helplines and advocacy services for women, men and children.

The Trust provides support and networking for member agencies, delivers accredited training, raises awareness about rape and sexual abuse and its effect on survivors, their supporters and society at large and promotes effective responses to rape and sexual abuse on a local, regional and national level.

TST supports working in ways that recognise human rights and dignity, demonstrates understanding of the role of gender in the impact of sexual violence and abuse on women and men, appreciates the variety of human experience and culture, demonstrates a commitment to showing justice in dealing with all others and encourages development and improvement of responses to all survivors.



## **With grateful thanks to all those who contributed:**

The 365 survivors who responded to the online survey.

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Andy Connolly, Director, SurvivorsUK.

Andy Hunt, National Programme Manager, Sexual Assault, NHS England.

Baroness Helen Newlove, Victims Commissioner.

Claire Cunnington, Wellcome Trust Doctoral Researcher, University of Sheffield.

Clean Slate.

David Lean.

Diana Fawcett, Chief Officer, Victim Support.

Dr Lynn Suter, Psychologist and Clinical Director, Lifecentre.

Fay Maxted OBE, Chief Executive, The Survivors Trust.

Faith W.

Jim Pomeroy.

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Mark Samaru, Support for Survivors.

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Nicci Robinson, Chief Executive, SHE UK.

And to the many other organisations and survivors who contributed anonymously.

 [@appgsurvivors](https://www.facebook.com/appgsurvivors)

 [appgsurvivorscsa.co.uk](http://appgsurvivorscsa.co.uk)

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