



## Response to the 'Victim's Strategy'

### About the Research

This submission is based upon Wellcome Trust funded research involving 140 adult survey respondents and 21 interviews. Participants were asked what helped and hindered their recovery from childhood sexual abuse. Most respondents were from the UK (82%) aged between 18-70 and included 6% responses from ethnic minorities. The survey respondents were 85% female, 14% male and 1 trans. 8% were disabled when abused. 20% had experienced CSE and 19% were not sure (possibly being too young to comprehend). 49% were abused by a family member, 42% by an acquaintance and 9% a stranger. 67% of survey respondents had reported the crime to police and 33% had not. Pseudonyms are used for all participants. This submission will explain what worked well for the respondents, what did not work well and what needs to change.

### What works well

32% gave positive examples of police responses to reporting the crime. These were characterised by clear, respectful communication and being taken seriously as this example from Amelia explains *'The police officers I worked with believed me from the beginning and consistently told me that what I was doing was the right thing and would help to protect society from a predator.'* The vast majority of participants stated that they approached police to protect children so this approach was appreciated.

### What does not work well

46% of survey respondents said that the main factor affecting their recovery were the stigma and stereotypes around abuse. This resulted in poor responses to disclosure from family, friends and professionals (including police officers) which resulted in the individual not reporting the crime or accessing services and not being aware of the effects of abuse. Stigma and stereotyping enables abuse.

51% gave examples of a poor response to reporting the crime. Four people reported the crime to the police as children but no action was taken. Emily reports she was *'spat at by police officers, called derogatory names & laughed at while I was working on the streets in my preteens/early teens.'* Lynne, who was abused by her grandfather, states *'All the times I phoned the police they didn't even ever want to speak to me. I'd give his name, the car that he was driving around but no they never asked to speak to me or interview me.'*

Others, who reported as adults, were upset that agreements were not kept to. George was upset that *'it was agreed that she (a police officer) would organise sending over a plain clothed specialist sex crime police person and I agreed to that. But what actually happened was that two uniformed police officers, male, came over'* He found the legal process distressing.

Ruth was surprised when a police officer *'acted like a headless chicken'* when she went to report the abuse. She states that what she wanted was *'someone who gives a toss and wants to know...a willing pair of ears, someone I could tell what happened to, who was in a position to do something'*

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*about it.* Some people wanted a female officer to talk to but others just wanted a professional response regardless of gender.

The majority of victims are only heard when they are adults, although 38% of interview participants had tried to tell someone as a child, so at that point physical evidence is less likely. Many people who have been abused are very young (50% of people in this research were under 8 when the abuse started, 17% were 0-3) and were traumatised thus their memories may not be linear or complete. There is evidence also that trauma memory is more sensory (sights, sounds, sensations) than verbal (Van Der Kolk, 2014) again making it difficult to package into coherent evidence. For example, in this research 6 interviewees (29%) had been diagnosed with PTSD and the remaining 15 (71%) had not been assessed. However, they all reported negative trauma effects including substance abuse, eating disorders, poor self-care and mental health issues.

The nature of this crime, often with a relationship to the perpetrator, has many implications. Firstly, family members can be reluctant to accept that a crime occurred at all especially within their own family. Of 21 interviewees 12 (57%) had family members that suspected the crime at the time and only 2 families acted. The familial or close nature of the crime also means that some families refused to provide corroborating evidence when the crime was reported. For example, Lorraine, abused by her brother, states *'the police were unable to proceed with an arrest as witnesses wouldn't give statements. Guess they wanted to protect their sibling/family.'* Many families had other issues occurring simultaneously, such as parental substance abuse, interpersonal violence or mental health issues (38% of interviews).

Once the investigation proceeds the individual can feel swept away by the process as Carly explains *'it's easy to begin to feel like a bystander in the process – once the wheels are in motion, it rumbles on with fairly little input from you. I also found it difficult that communication could 'pop through' at any point and completely ruin my day – having an email come through about my case while I was at work was often a trigger for overwhelming feelings and panic attacks...I'm not sure how these practicalities could be helped – perhaps a more formal discussion as part of the reporting process about how and when you'd like to be contacted, with scope to only be contacted at certain times and in certain ways?'*

Alice was told her case wouldn't be taken forward *'because I've had a mental breakdown... they said that the defence would have a field day with me. Even now, that makes me really, really angry because, when you think for a victim, the reason why they have the breakdown and they're on antidepressants and antipsychotics ... it's a consequence of what he did and that goes against me... That has got to change.'*

When giving evidence in court support, communication and preparation is vital, as Ruth explains *'I had hoped that someone could show me what the court looked like inside, where I would be sitting and where he would be, just so I had an idea what was going to happen. That really didn't happen (pause) and I was pretty much there on my own, erm, I hadn't realised that the waiting area was a communal waiting area and that he would be there waiting.'* The trial itself can be extremely distressing. Amelia was re-traumatised by the defence solicitor *'using choice in clothes, problems at school and mental health difficulties against me'* She states that *'professionals involved in prosecuting sexual abuse cases need to be aware of victim's needs to be...made fully aware of*

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*what arguments the defence might throw at them in court so they can adequately prepare themselves for what is a very adversarial experience.’ As Martine says ‘The victim is already traumatised and fragile, they don’t need an emotional beating when trying to achieve justice.’*

Ruth states *‘a lot of help is there right until the point where the court case is over, once that case is over you are no longer their problem.’* She was not informed when the perpetrator, her father, was given day release or released from custody. Her family, including her father, were given practical assistance (housing, benefits etc) upon his release but she was not. Thus working in partnership with other agencies to properly support people who have been abused during and after engagement with the legal justice system is essential.

I asked interview participants what one thing they wanted those in power to change. Participants wanted longer sentences for abusing children. 38% of interviewees wanted better funding for services and, as Amelia states, for institutions and agencies to *‘truly examine their failings to protect children and to make sure it doesn’t happen again – in the main, to believe children and adults when they take the courageous step to come forward to the authorities.’* Ultimately what is required is a root and branch change as Penia explains *‘Have a look at their own structures and how they duplicate the emotional and psychological abuse within their own structures because...I don’t think people realise the impact that having structures that are excessively power dominated or authoritarian in terms of how much that triggers and limits the capacity of your abuse survivors.’* Abusers are often people in authority and, therefore, engagement with the criminal justice system can be, in and of itself, triggering. Trust in that system is vital and not always there at present.

## What needs to change

### **1) Stigma**

There needs to be an overarching effort to change the dialogue around CSA/CSE. Victim blaming and stigmatisation means that people are reluctant to disclose abuse because of the very real prospect of being rejected and disbelieved. This benefits perpetrators. Secondly the image of perpetrators as evil monsters, whilst illustrating people’s understandable horror of such abuse, results in individuals being reluctant to accept that their relative, partner or friend could be a perpetrator. This again benefits perpetrators.

### **2) Better Response to Disclosure**

In this research the main factor affecting people’s recovering is the people’s reactions. Anyone likely to hear such disclosures should be trained in sensitive, trauma informed responses. A poor response could inhibit any further attempts to speak and, again, benefits perpetrators.

### **3) Trauma Informed Responses**

Evidence shows that the majority of people who have experienced child sexual abuse have some form of traumatic disorder (Maikovich et al., 2009). PTSD triggers can cause extreme anxiety or fear and thus affects the individual’s ability to engage with services or give evidence. Taking a trauma-based approach is essential for professionals that help people who have been abused. Individuals approaching services should be tested for PTSD (by the NHS) as a matter of course and individuals approaching other services should be treated as though they have PTSD, in the absence of such an assessment. In practice this means understanding the individuals needs and requirements and making all possible attempts to accommodate them. Furthermore PTSD and the effects of PTSD should not invalidate an individuals ‘credibility’ but in fact be seen as evidence of trauma.

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#### **4) Better Social Care**

Many children who are abused live in families where other issues (addiction, domestic violence, mental health issues) are ongoing. Proper social care and support will benefit those children, their family and may prevent or limit abuse.

#### **5) Better Communication and Support**

Reporting a crime and navigating the legal system is a stressful experience. Doing so with the added burdens of stigma, PTSD and possible familial rejection maximises the potential for this stress. Excellent communication and support is essential. This includes clarity of the process and communicating in a manner that is best for the individual wherever possible. Individuals should be offered support throughout and after any legal case by an appropriate agency.

#### **6) Building Trust**

Many respondents distrusted police. It should be remembered that people were often abused by people in authority, some even by police officers. Thus responses to disclosure and treatment throughout the legal process (as discussed) should be exemplary. The impact of media statements about complainants 'believability' should be considered carefully.

#### **7) Higher Conviction Rates and Longer Sentences for Perpetrators**

The actions suggested above should help to increase conviction rates for CSA/CSE offenders. Respondents wanted sentences that reflected the severity of the crime and did not feel that this was currently the case.

Presently there are many factors that enable the continuing abuse of children as outlined above. People who have experienced abuse, in general, want to report the crime and should be viewed as a resource to assist with identifying perpetrators who may be active now.

#### References:

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