

<p>1 Tuesday, 4 July 2017 2 (10.00 am) 3 Welcome by THE CHAIR 4 THE CHAIR: Good morning to everyone. As you will probably 5 know, my name is Alexis Jay and I'm the chair of 6 the Independent Inquiry Into Child Sexual Abuse. Can 7 I also introduce the other panel members here: 8 Professor Sir Malcolm Evans, Ivor Frank and 9 Drusilla Sharpling. 10 The topic for today's seminar is victims' and 11 survivors' experiences, impact of child sexual abuse, 12 support needs and support services. This is a topic 13 that's of great significance to the inquiry, so I am 14 very pleased to welcome all of you who have agreed to 15 take part today to assist us, and also to see so many 16 people in attendance in the public gallery, including 17 several people we recognise who have previously attended 18 and we know have travelled some distance to be here, so 19 thank you very much for coming. 20 Welcome to you all. I would just like to remind you 21 where the seminar fits within the programme of work that 22 I set out in the review in December 2016 and what the 23 parameters are that we must abide by. 24 I set out the approach to the seminar programme with 25 the view that they would make a significant contribution</p> <p style="text-align: center;">Page 1</p>	<p>1 days that we have to do much more than touch on the 2 surface of these difficult and sensitive topics. We 3 also recognise that every victim and survivor has an 4 individual experience that is unique to them, and not 5 everyone will want to engage or will want to do so in 6 precisely the same way, and we, at all costs, try to 7 avoid a "one size fits all" scenario. 8 But this seminar is only one part of a broader 9 programme of work, and there are other ways in which 10 those who don't have an opportunity to speak today will 11 be able to have their voice heard if they wish to do so. 12 Ms Riel Karmy-Jones QC, who is one of the inquiry's 13 counsel team, will be facilitating the seminar and will 14 tell you a little more about those in a minute, but they 15 include the consultation which is currently under way, 16 seeking victims' and survivors' views on the impact of 17 child sexual abuse and support services, and a primary 18 research project with victims and survivors, also 19 exploring support services, will begin in the autumn. 20 Given the importance of the matters we will be 21 dealing with over the next two days, it's critical to 22 ensure that we use the time well and to address the 23 issues as best we can. To that end, the panel and I are 24 looking forward to an open, ordered and respectful 25 discussion, and that, as those of you who have attended</p> <p style="text-align: center;">Page 3</p>
<p>1 to our work and would assist us in gathering information 2 and opinions on important issues, such as this one. It 3 would also help to provide a context against which 4 myself and the panel could consider the evidence we will 5 come to hear in the case study hearings. 6 Although for legal reasons these seminars cannot be 7 formal evidence-gathering sessions, the content of our 8 discussion today helps in a number of different ways. 9 For example, it can help us by identifying areas 10 that require further investigation and scrutiny, and 11 also by assisting us with gathering the most up-to-date 12 opinion on the topics with which we are dealing, 13 including, of course, the first-hand experiences of 14 those directly affected by some of the issues. 15 So we are here today for the fourth seminar in the 16 programme, which will be spread across two days, and we 17 will be dealing directly with the experiences of victims 18 and survivors in relation to a number of different 19 topics, including the impact of child sexual abuse, both 20 on the individuals and their families and the 21 availability and adequacy of support services. 22 Drawing on the expertise that we, as chair and 23 panel, have gained from each of our long and varied 24 professional backgrounds over many years, we are very 25 conscious of the fact it will not be possible in the two</p> <p style="text-align: center;">Page 2</p>	<p>1 other discussions will know, we have managed to do in 2 the past very constructively in this forum. 3 Both sessions today will begin with a video. This 4 morning's will deal with the impact of child sexual 5 abuse upon victims and survivors and this will be 6 followed by a presentation given by Cate Fisher and 7 Claire Soares from the inquiry's research team, who will 8 be telling us about the findings from a rapid evidence 9 assessment on the impacts of child sexual abuse which is 10 published today. 11 This afternoon, we will see another video dealing 12 with victim and survivor experiences in accessing 13 support services. 14 The videos that have been produced for these 15 sessions have been made possible by the contribution of 16 some of the participants attending today, some of whom 17 are within the seminar horseshoe around here, and 18 I would like to take this opportunity to thank each and 19 every one of you for volunteering for the video and for 20 sharing your experiences with us. 21 We also have a number of participants from 22 professional and voluntary organisations who will bring 23 to the table a wide range of experience and knowledge. 24 The panel and I will be listening to what you all have 25 to say with very keen interest, and these discussions</p> <p style="text-align: center;">Page 4</p>

<p>1 will, as I have said, undoubtedly inform the inquiry as                  2 a whole and also identify future areas for further work.                  3 So thanks to everybody for agreeing to take part today.                  4 It is important to remember that the purpose of this                  5 seminar is not to gather evidence in the formal or legal                  6 sense. This is a forum for important issues to be                  7 discussed, facilitated by Ms Karmy-Jones.                  8 The seminar is being live streamed over the internet                  9 with a short delay. Core participants to the inquiry's                  10 investigations and members of the public who are unable                  11 to attend in person will therefore be able to follow the                  12 proceedings. Once again, I thank those of you who                  13 are participating and also those of you who have taken                  14 the trouble to be present today in the public gallery.                  15 I will now hand you over to Riel Karmy-Jones QC.                  16 Opening comments by THE FACILITATOR (Session 1)                  17 MS KARMY-JONES: I'm not sure that my microphone has come                  18 on, but thank you very much, chair, for that                  19 introduction. As the chair said, my name is                  20 Riel Karmy-Jones and I am a barrister. I am instructed                  21 as one of the lead counsel in the inquiry.                  22 One of my areas of expertise is in criminal cases                  23 involving sexual abuse, so the impact of abuse on                  24 victims and survivors and also on their family and those                  25 who are around them is something that I am very</p> <p style="text-align: center;">Page 5</p>	<p>1 and to share their experiences with us, experiences that                  2 will undoubtedly be difficult for them to speak of and                  3 may even be difficult for some of us to hear about. So                  4 can I, for a moment, just ask the five people who are                  5 with us today to introduce themselves. They are Heidi,                  6 Jennie, Helen, Lucy and Chris. Can I start out with                  7 Heidi?                  8 Introductions                  9 MS CLUTTERBUCK: Hello, I am Heidi Clutterbuck. I am                  10 a survivor of sexual abuse, and I wanted to step forward                  11 and have a voice and help make change.                  12 MS KARMY-JONES: Thank you. Jennie?                  13 MS GRACE: Hi, I'm Jennie. Also, like Heidi, I want to be                  14 participating so I can help make a change for our future                  15 generation.                  16 MS KARMY-JONES: Thank you. Helen?                  17 MS MATTHEWS: Hi, my name is Helen. I am also a survivor                  18 and victim of child abuse and, yes, I think we need to                  19 step forward now.                  20 MS KARMY-JONES: Lucy?                  21 MS DUCKWORTH: Hi, I'm Lucy Duckworth. I'm a member of                  22 the Victims and Survivors Consultative Panel. I'm also                  23 a victim of child sexual abuse myself.                  24 MS TUCK: Hi, my name is Chris Tuck. I'm a member of                  25 the VSCP and also a victim and survivor of child sexual</p> <p style="text-align: center;">Page 7</p>
<p>1 conscious of, but, today, my role is simply to                  2 facilitate this seminar, and as part of that, to try and                  3 keep things running as smoothly as possible, and to help                  4 to encourage friendly discussion and debate. So I am                  5 not going to be giving evidence today, and indeed no-one                  6 will be, for reasons that I will explain in a moment.                  7 I won't be making legal submissions, and I certainly                  8 won't be cross-examining anyone. In fact, I will be                  9 making sure that no-one is cross-examined today, because                  10 that is not the purpose of our gathering here.                  11 The focus of today's seminar, as you know, is on the                  12 victims and survivors, on their experiences and on the                  13 impact of child sexual abuse.                  14 Some of you will have noticed that the original                  15 title on the website and in the published review                  16 document included that we would be discussing redress,                  17 but since that was written, we have recognised that this                  18 was dealt with quite extensively in the last seminar                  19 in April, and so, given the time restrictions, although                  20 redress will inevitably be mentioned during the                  21 discussions around impact and support services, we are                  22 not going to deal with that as a separate topic during                  23 the course of this seminar.                  24 We are, as the chair has said, extremely grateful to                  25 those victims and survivors who have agreed to take part</p> <p style="text-align: center;">Page 6</p>	<p>1 abuse.                  2 MS KARMY-JONES: Thank you all very much for attending                  3 today.                  4 In addition to impact, we will be discussing the                  5 support needs and the support services available and                  6 asking how adequate they are, in fact. We have a number                  7 of participants from professional and voluntary                  8 organisations who have attended to help us with this.                  9 Could I just, going around the table, ask you all to                  10 introduce yourselves and the organisation that you are                  11 from?                  12 MS SHAW: Hello. My name is Gabrielle Shaw. I'm the chief                  13 executive of NAPAC, which is the National Association                  14 for People Abused in Childhood. NAPAC has existed for                  15 about 20 years and is set up to help the adult survivors                  16 of any kind of childhood abuse, be that physical,                  17 sexual, emotional, neglect, et cetera. We run                  18 a telephone helpline. Over the years, we have heard                  19 from thousands and thousands of survivors of abuse. We                  20 offer training for professionals, we run support groups                  21 for survivors and we also do advocacy.                  22 DR GLASER: My name is Danya Glaser. I am a child and                  23 adolescent psychiatrist. I work at Great Ormond Street                  24 Hospital, and in the past worked at Guy's Hospital.                  25 I come here, really, with experience of working with</p> <p style="text-align: center;">Page 8</p>

<p>1 probably over a thousand families who have been affected                  2 by child sexual abuse, ranging from children to adults                  3 to parents, the non-abusing parents and the abusers.                  4 MS D THOMAS: Good morning, my name is Dawn Thomas and I am                  5 co-chair for Rape Crisis England and Wales. We are                  6 an umbrella organisation that have 45 other Rape Crisis                  7 centres that have members up and down the country.                  8 MS FINCH: Hello, my name is Gillian Finch. I'm also                  9 a survivor of childhood sexual abuse. I'm here                  10 representing an organisation called The Survivors Trust                  11 which, similarly to Rape Crisis, is an umbrella                  12 organisation for about 130-plus organisations providing                  13 specialist support within the voluntary sector to                  14 victims of childhood sexual abuse, children and adults                  15 and across the genders. Also, 20 years ago, I set up                  16 another charity which is an organisation member of                  17 The Survivors Trust.                  18 MS KARMY-JONES: Madam Chair, I am just going to pause for                  19 a moment. I think there may be some issues with                  20 hearing. Obviously, it is very important that we have                  21 everyone in the room hearing everything that's said.                  22 Could I just ask everyone to make sure they speak                  23 directly into the mic. As you can hear, it does make                  24 a difference. If we can all lean forward and speak into                  25 our mics. Thank you very much. If you need any</p> <p style="text-align: center;">Page 9</p>	<p>1 provision for survivors of any form of violence.                  2 MS JOANKNECHT: I'm Laura Joanknecht. I'm head of clinical                  3 services at Rape Crisis South London, which is also the                  4 rape and sexual abuse support centre. We provide                  5 advocacy, helpline and therapy for survivors of sexual                  6 abuse.                  7 MS NAYLOR: I'm Amanda Naylor. I work for Barnardo's, and                  8 I head up the ten-year strategy around sexual abuse at                  9 Barnardo's, which is one of the largest children's                  10 charities in the UK. We have 100 services for children                  11 who have been sexually abused and worked with over 6,500                  12 children this last year and around 500 children who have                  13 concerning or harmful sexual behaviours towards others                  14 as well, because we see that as a really important way                  15 of addressing the problem of child sexual abuse.                  16 MS KARMY-JONES: Thank you very much. It goes without                  17 saying, everyone will have noticed, we have a largely                  18 female-dominated set of panellists today. That is not                  19 intentional. It is just the way matters have fallen.                  20 I just want to make the point that, obviously, I think                  21 everyone here recognises that men and boys are                  22 frequently the subject of sexual abuse. We did have                  23 a male victim and survivor who was to attend this                  24 morning. Unfortunately, due to reasons outside his                  25 control, he had to step out yesterday afternoon. But we</p> <p style="text-align: center;">Page 11</p>
<p>1 clarification at the break as to who is who, please let                  2 us know and we will remind you.                  3 I'm also asked if the aircon could be turned down                  4 a little. I know that will have been noted and if                  5 anything can be done, it will be.                  6 Can we carry on with the introductions, please. We                  7 now I think skip over to the other side of the room.                  8 DR BLACKMAN: Hello, I'm Noelle Blackman. I'm the chief                  9 exec of a small national charity called Respond. We                  10 work specifically with people with learning disabilities                  11 and autism, from childhood, aged 5, right the way                  12 through to old age. The core of our work is                  13 psychotherapy. We also now provide services for people                  14 with learning disabilities who sexually abuse others as                  15 well.                  16 MS LARA: Hi. I am Almudena Lara. I'm head of policy of                  17 the National Society for the Prevention of Cruelty                  18 against Children. The NSPCC works to support children                  19 that suffer abuse, all types of abuse, including sexual                  20 abuse, and we run a number of services, like Helpline,                  21 Childline, and also set up interventions with the view                  22 of supporting children and scale up the services.                  23 MS A THOMAS: Good morning, I'm Akima Thomas, the clinical                  24 director of Women and Girls Network.                  25 Women and Girls Network provides a wrap-around, holistic</p> <p style="text-align: center;">Page 10</p>	<p>1 will be having two male victims and survivors from the                  2 consultative panel here later today and also others here                  3 tomorrow. So just in case anyone is concerned that we                  4 have a bias towards females, that's not the case and not                  5 the intention.                  6 I just want to thank everyone attending today and                  7 taking the time to prepare for this seminar. Just to                  8 set the seminar into context, the Independent Inquiry                  9 Into Child Sexual Abuse have, in the terms of reference                  10 that are available on the website, set out in summary to                  11 investigate whether public bodies and other non-state                  12 institutions in England and Wales have taken their                  13 responsibility to protect children from sexual abuse                  14 seriously, and to make meaningful contributions to                  15 change for the future.                  16 In December 2016, in her review of the inquiry's                  17 terms of reference and work, the chair, Professor Jay,                  18 said this:                  19 "The experiences of victims and survivors remain of                  20 central importance to this work, the work of this                  21 inquiry."                  22 She was thereby expressing a real commitment for the                  23 experiences of victims and survivors to be at the heart                  24 of the inquiry's remit.                  25 As Professor Jay has mentioned in her opening</p> <p style="text-align: center;">Page 12</p>

<p>1 comments, although we have two days for this seminar, it                  2 is inevitable that it can only scratch the surface of                  3 this important, very important, but huge topic. These                  4 discussions are only one part, one aspect, of                  5 the inquiry's work involving victims and survivors,                  6 however. The seminar sits within a much broader                  7 programme of work specifically aimed at gathering the                  8 experiences and the views of victims and survivors.                  9 There is some information about this broader                  10 programme of work set out in the pack on the chairs of                  11 all of those of you who are in the public gallery, but                  12 it includes the Truth Project, which invites victims and                  13 survivors of child sexual abuse to contact the inquiry                  14 and to share their experiences, and that can be accessed                  15 on the inquiry's website; it includes our regional forum                  16 events, such as the one recently held in March of this                  17 year in Manchester; an online consultation, which                  18 I would like to bring to your attention, which seeks to                  19 examine a series of issues relating to victims' and                  20 survivors' experiences of the impact of child sexual                  21 abuse and accessing support services, so particularly                  22 pertinent for today's seminar.                  23 The consultation runs up until early September 2017,                  24 and it is open to anyone who is a victim and survivor of                  25 child sexual abuse, or to people who wish to complete</p> <p style="text-align: center;">Page 13</p>	<p>1 evidence-gathering process, so it is not the forum for                  2 cross-examination or interrogation. We are not here to                  3 question people's experiences or to launch any criticism                  4 against individuals, or even against any specific                  5 organisations. In order to maintain the focus on the                  6 matters that we are dealing with, only comments,                  7 observations, contributions and questions as to                  8 clarification will be taken during the seminar.                  9 To outline the programme, we are going to begin by                  10 watching a short video which deals with the impact of                  11 child sexual abuse on victims and survivors, which some                  12 of our participants here today have contributed to.                  13 Cate Fisher and Claire Soares from the inquiry's                  14 research team will then be telling us about the findings                  15 from a rapid evidence assessment on the impact of child                  16 sexual abuse which is published today. Their                  17 presentation is going to cover the findings of that                  18 assessment and the review, explore the impacts not only                  19 on the victims and survivors, but also their family                  20 members and wider society.                  21 Following that presentation, there will be an                  22 opportunity for our participants to ask questions about                  23 points of clarification and wider research. We will                  24 then turn to some of the wider issues that have been                  25 raised, and then our invited participants will take the</p> <p style="text-align: center;">Page 15</p>
<p>1 the survey on behalf of someone else who is a victim or                  2 a survivor. To date, we have had over 100 responses,                  3 and can I please encourage anyone who is interested                  4 please to complete it. The deadline for completion is                  5 5 September of this year.                  6 There is also a number of round-table events which                  7 will be held with members of the Victims and Survivors                  8 Forum in August and September, the purpose of which is                  9 to explore in more detail the themes emerging from the                  10 seminar and to gather further insights directly from                  11 victims and survivors themselves.                  12 There is also a significant amount of primary                  13 research which is, and will be, undertaken with victims                  14 and survivors to explore issues relating to support and                  15 redress following child sexual abuse.                  16 Insight shared at this seminar is going to help to                  17 inform the focus and approach of that project and to                  18 ensure it remains relevant to victims' and survivors'                  19 views and experiences.                  20 Now, we have a lot of ground to cover today, and                  21 some very sensitive topics. So I thought it might be                  22 helpful, madam chair, if I set out the approach that we                  23 are going to take, because there are some restrictions                  24 on what we can and cannot do today and indeed tomorrow.                  25 As the chair has said, this is not a formal or legal</p> <p style="text-align: center;">Page 14</p>	<p>1 lead.                  2 Later today, there will be a second video, dealing                  3 with the experiences of support services, and that will                  4 be in the afternoon session.                  5 Now, at the end of each session, we will take                  6 10 or 15 minutes, depending on the time available, and                  7 open the floor to those of you who have been good enough                  8 to attend in the public gallery. We may not be able to                  9 get to all of you, but I will do my best to get as many                  10 comments as possible and as many observations as                  11 possible. It may be tempting to try to ask questions,                  12 but we really have a busy agenda today, so I will be                  13 keeping very much to that, and we will not be able to                  14 digress onto the issues that do not fall into it. There                  15 simply isn't the time or the scope to deal with that.                  16 So you have to bear in mind that asking questions                  17 will inevitably deprive someone of an opportunity to                  18 speak on the topic.                  19 Today's seminar provides us with a huge opportunity                  20 to gain really valuable information, and we want                  21 everyone to contribute without fear. So although things                  22 may be emotional, please do treat each other and all of                  23 the participants with respect.                  24 Please also remember that, because of their function                  25 in the wider inquiry, the panel are unable to engage in</p> <p style="text-align: center;">Page 16</p>

<p>1 the way that others can, as they have a judicial role,                  2 so it is necessary that they remain impartial and                  3 without bias. As such, they are not able to answer                  4 questions or express opinions on what they hear today.                  5 If I don't get to you today, if there are some of                  6 you who feel you haven't been heard, please do contact                  7 us through the website. We really do want your views,                  8 but we do have limitations on time, and I will do my                  9 best.                  10 By way of advance warning, tomorrow we are going to                  11 hear from Professor Lorraine Radford, who is a professor                  12 of social policy and social work at the University of                  13 Central Lancashire, who will be presenting the findings                  14 from another rapid evidence assessment that she has                  15 conducted for the inquiry dealing with what we can learn                  16 about child protection from other jurisdictions                  17 published in April. Professor Radford presented some of                  18 the findings from the report at the previous inquiry                  19 seminar in April, so I understand that her presentation                  20 tomorrow will focus on their findings specifically on                  21 support services for child victims and survivors.                  22 Just to repeat, because I know some people came in                  23 a little later, Sue gave us an introduction. Can I just                  24 repeat a couple of things. As I think many of you will                  25 know, there is a delay in the live video feed. As the</p> <p style="text-align: center;">Page 17</p>	<p>1 over to Cate Fisher and Claire Soares to set up the                  2 playing of the video, and in a moment after that for                  3 their presentation. Can I thank you all in advance for                  4 the hard work that you have put in and that you have put                  5 in and the research team have put in in preparing the                  6 presentation for today. Thank you very much.                  7 (Video played)                  8 MS KARMY-JONES: Can I just pause here for a moment? That                  9 was plainly very moving and emotive, and thank you again                  10 to all of those who took part in the making of                  11 the video.                  12 You all know what's on the agenda for this morning,                  13 but can I just ask one thing of Heidi, Helen and Jennie,                  14 and also moving on to Lucy and Chris. One thing that we                  15 are interested in, of course, is what you personally                  16 would like to achieve from this seminar. Heidi, what                  17 would you like to achieve from this seminar?                  18 MS CLUTTERBUCK: I would like to share my experiences so                  19 that there is understanding, and with understanding                  20 comes knowledge to build services and support and things                  21 that go both ways, both in prevention and in the other                  22 way to support and help people go forward with knowledge                  23 that we get it right. Because clearly at the moment                  24 there are issues that need to be overcome.                  25 MS KARMY-JONES: Helen? How about you?</p> <p style="text-align: center;">Page 19</p>
<p>1 chair has said, it is because of sensitive matters we                  2 are dealing with. If any matter does come up that                  3 I consider to be sensitive, I will pause and I will ask                  4 the chair to address it.                  5 As I have said, it goes without saying, and without                  6 saying again, that some of the material we have                  7 discussed today may be distressing, so we have support                  8 staff available, I think it is Terry and Johnny, and                  9 other support staff raising their hands, so you know                  10 where they are. They are there for anyone, to provide                  11 emotional support to anyone in the room who wishes to                  12 speak to them, including members of the public.                  13 If anyone feels upset or overwhelmed, please just                  14 approach either member of the support staff, and there                  15 are private rooms available for quiet discussion.                  16 Conversations you have with them will be confidential                  17 unless a risk to themselves or others is disclosed.                  18 We are also conscious that sometimes the impact of                  19 discussions around these topics may not be felt until                  20 some time later. People may leave today feeling elated                  21 that they have spoken out, but that may be followed in                  22 the days or weeks to come by distress or discomfort. If                  23 that happens, please contact us at the inquiry and we                  24 will help you.                  25 Moving on now, finally, to the seminar, can I hand</p> <p style="text-align: center;">Page 18</p>	<p>1 MS MATTHEWS: You know, I think changes need to happen for                  2 the young ones that are coming through now. You know,                  3 unfortunately, I'm 40 years down the line, and I've                  4 always been -- people have always moaned at me that                  5 I put other people first, and I will carry on doing                  6 that. The children that are going through these issues                  7 now that we have gone through and that we have had to                  8 live with, and move on, no matter what, I just hope that                  9 we can get the help for those that are going through it                  10 now or have been through it in the last few years, but                  11 also, yeah, for the people that need help now.                  12 I have got more to say on the subject a bit later,                  13 but I think that there needs to be a lot more support,                  14 which, unfortunately, people don't feel that there is.                  15 MS KARMY-JONES: Thank you. Jennie? If you can just make                  16 sure you have the mic near you. Thanks.                  17 MS GRACE: I would like to see changes, implement staff and                  18 those who work with survivors and victims be more able                  19 to cover the different ranges of abuse. You know,                  20 I think, like Helen was saying, there is a gap in our                  21 young people. I would like, you know, at least my                  22 experience to sort of, like, be used to help people                  23 understand the long-term impact so that we are able to                  24 reach children before they are damaged. It is                  25 contagious then, because it filters through to family.</p> <p style="text-align: center;">Page 20</p>

<p>1 We can prevent that if we look at the findings and 2 facts. 3 MS KARMY-JONES: See if we can stop it before it begins. 4 MS GRACE: Yes. 5 MS KARMY-JONES: What about you, Lucy? 6 MS DUCKWORTH: Just to echo what everyone has said, really. 7 I would like this seminar to be a really important part 8 of contributing to IICSA's recommendations. Really 9 importantly, I would like us to challenge our 10 perceptions of victims and survivors. I would like us 11 to recognise that it knows no class or race or financial 12 boundaries and that it pervades all of society, and that 13 we really do have a culture of denial, and we can see 14 that just in the media and the criticism that even this 15 inquiry is receiving. 16 I think that there is a really important 17 conversation there and I think there is a lot of 18 research to be done towards attitudes and recognising 19 the unique needs that each survivor has and that there 20 needs to be change throughout their lifetime and that 21 they are different depending on the person and their 22 experience, and I think that this seminar is a really, 23 really positive time for us all to come together and 24 have that really important conversation, which will feed 25 into the recommendations the panel are going to make.</p> <p style="text-align: center;">Page 21</p>	<p>1 Presentation by MS CATE FISHER and MS CLAIRE SOARES 2 MS FISHER: Thanks, Riel, and good morning everyone. 3 I think I am fairly close to the mic, but if you 4 struggle to hear me at any point, do let me know. 5 As Riel has explained, Claire and I will present the 6 key findings from the project that the inquiry's 7 research team has undertaken exploring the impacts of 8 child sexual abuse. The research was undertaken by 9 myself, Claire Soares and two other members of 10 the research team Rachel Hurcombe and 11 Alexandra Goldsmith. 12 Establishing the impacts of child sexual abuse, or 13 CSA, as I will refer to it from now on, has 14 cross-cutting relevance to the work of the inquiry. It 15 is vital to an understanding of the ways in which 16 society can help to reduce and provide redress for the 17 adverse consequences of CSA. 18 As you will hear during the presentation, the themes 19 that emerge from this research echo many of the impacts 20 that were discussed so powerfully in the video we have 21 just seen. 22 In order to maximise the time available for the 23 expert participant discussion, we have kept this 24 presentation brief and high level, and restricted it to 25 the key themes emerging from the study.</p> <p style="text-align: center;">Page 23</p>
<p>1 MS KARMY-JONES: Thank you. And Chris? 2 MS TUCK: Where to start? Educating children so that they 3 know what abuse is and what is not abuse, so that they 4 are able to find the right words and find their voice so 5 they can speak up. Not that they should protect 6 themselves, but give them the tools to be able to do 7 that. 8 Educate society as a whole about the prevalence of 9 child sexual abuse, the impact of child sexual abuse, 10 the failings of child sexual abuse, the lack of 11 specialist support for child sexual abuse victims and 12 survivors, and societal change is what's needed to 13 change child sexual abuse approaches. We need changes 14 in law, we need changes in systems, and that's why we 15 are all here sharing our experiences, which for me at 16 the moment are really quite raw, and helping a sister 17 through a breakdown when there is no specialist support 18 available is very, very hard, and that's why I'm here 19 and that's what I want to see. 20 MS KARMY-JONES: Thank you for that. So we have a lot of 21 ground to cover. Let's try to make sure we touch on all 22 of those aspects during the course of this seminar. 23 With that, we are now going to turn to Cate and 24 Claire for their presentation. 25</p> <p style="text-align: center;">Page 22</p>	<p>1 Detailed findings are available in the full report 2 which was published today on the inquiry's website, 3 alongside the summary report, which everyone here should 4 have a copy of. 5 So, in terms of the structure, over the next half an 6 hour or so, I will briefly summarise the aims of 7 the research and the approach we adopted to identifying 8 and summarising existing evidence. I will also flag 9 some of the key challenges involved in trying to 10 identify the impacts of CSA, which are important to bear 11 in mind when considering the findings. Claire will then 12 provide an overview of the key research findings about 13 impacts on victims and survivors, including the 14 important issues of resilience and recovery. I will 15 then discuss the impacts of CSA on the families of 16 victims and survivors and on wider society, and then 17 bring the presentation to a close, and, as Riel said, at 18 that point you will have the opportunity to ask 19 questions or points of clarification. 20 So the overarching aims of the research were to 21 summarise the existing evidence about the impacts of CSA 22 on three groups: victims and survivors, their families 23 and wider society. 24 The research focused primarily on the first group, 25 victims and survivors, and, perhaps unsurprisingly, the</p> <p style="text-align: center;">Page 24</p>

<p>1 majority of the studies we located related to this                  2 group. We sought to understand what the impacts of CSA                  3 were on the victims and survivors across their life                  4 course, from childhood and early adulthood to later                  5 life, and also how those impacts varied for different                  6 groups of victims and survivors. By "impacts", we mean                  7 the consequences of, or outcomes, life outcomes,                  8 following CSA. So the final aim of the project was to                  9 identify gaps in the evidence where further research                  10 might be valuable.</p> <p>11 The approach we adopted to exploring these views is                  12 known as a rapid evidence assessment method, or REA.                  13 This is a form of literature review which uses                  14 a transparent and robust approach to identify and                  15 summarise key existing research on a particular topic.                  16 It is transparent and robust, but is less time-consuming                  17 and less resource-intensive than a full systematic                  18 review.</p> <p>19 We conducted literature searches using pre-defined                  20 search terms in peer-reviewed journal databases as well                  21 as in sources of grey literature, and by "grey                  22 literature" we mean things like third sector and                  23 government publications.</p> <p>24 In order to keep the volume of evidence we reviewed                  25 to a manageable level, we applied some inclusion</p> <p style="text-align: center;">Page 25</p>	<p>1 breadth and diversity of research findings on this                  2 issue.</p> <p>3 In order to ensure the quality and relevance of                  4 the project, we sought advice from the inquiry's expert                  5 reference groups, made up of victims and survivors and                  6 academic experts, throughout the course of the project.                  7 The final report was peer reviewed by two independent                  8 academics working in the field of CSA.</p> <p>9 So before I hand over to Claire to talk you through                  10 the key findings about impacts on victims and survivors,                  11 it is important to briefly consider the challenges                  12 involved in identifying the impacts of CSA. Quite                  13 a wide number of issues make this task difficult, but                  14 three of the main ones which are highlighted on this                  15 slide are, first, that statistical research might show                  16 an association or a link between CSA and a particular                  17 life outcome, such as later life employment. But this                  18 doesn't often enable us to say categorically that CSA                  19 caused the outcome in question. Instead, it just                  20 enables us to say that the risk of experiencing                  21 a certain outcome is higher amongst victims and                  22 survivors than amongst those who haven't experienced                  23 CSA.</p> <p>24 Now, linked to this, polyvictimisation or the                  25 experience of more than one kind of child maltreatment</p> <p style="text-align: center;">Page 27</p>
<p>1 criteria, so we focused on publications from 2006 which                  2 specifically discussed the impacts of CSA, rather than                  3 the impacts of child abuse or child maltreatment more                  4 broadly. We didn't, however, limit the evidence we                  5 reviewed to any particular type of CSA, so we included                  6 information on the impacts of intrafamilial CSA as well                  7 as institutional abuse and child sexual exploitation.                  8 We also didn't limit the research to evidence from                  9 England and Wales, so we included international                  10 literature from a number of comparable countries,                  11 including the US and Australia.</p> <p>12 After sifting and prioritising the literature, we                  13 were left with 205 studies which we analysed and                  14 assessed for rigour, and these included both                  15 quantitative and qualitative studies. You will see we                  16 used some quotes from victims and survivors drawn from                  17 these qualitative studies at a few points in our                  18 presentation to illustrate the findings.</p> <p>19 We also included some additional literature in the                  20 reports to provide further context where necessary.</p> <p>21 So just to emphasise, this wasn't a comprehensive                  22 and exhaustive review of all the research that exists on                  23 impacts. There are simply too many studies for this to                  24 have been possible in the time that we had available.                  25 But, instead, the aim was to identify and summarise the</p> <p style="text-align: center;">Page 26</p>	<p>1 is relatively common amongst victims and survivors. But                  2 distinguishing the impacts of CSA from the impacts of                  3 other types of abuse or maltreatment is often just not                  4 possible.</p> <p>5 Finally, research studies define and measure both                  6 CSA and outcomes following CSA in very different ways.                  7 This makes it quite difficult to compare findings from                  8 different studies and to draw conclusions about                  9 differences or similarities and impacts on different                  10 groups of victims and survivors that are focused on by                  11 different studies.</p> <p>12 However, despite these challenges, the existing                  13 evidence does point to a range of outcomes that victims                  14 and survivors are at an increased risk of experiencing.</p> <p>15 I now pass you over to Claire to provide you with an                  16 overview of this evidence.</p> <p>17 MS SOARES: Thank you, Cate. Moving on to look at the                  18 impact of CSA on victims and survivors, here is a quote                  19 from the literature which, in addition to the video we                  20 have just seen, quite powerfully demonstrates these                  21 impacts:</p> <p>22 "The effects of what happened have stayed with me,                  23 undealt with and unprocessed, throughout my life. The                  24 damage from my early years has coloured everything else                  25 at all stages of my life."</p> <p style="text-align: center;">Page 28</p>

<p>1 This quote was pulled out because it really                  2 emphasises how the significant impacts of CSA can endure                  3 throughout victims' and survivors' lives. The impacts                  4 are complex and wide ranging and very often                  5 interconnected.                  6 Victims and survivors are also a diverse group, so                  7 the impacts will vary significantly between different                  8 groups of victims and survivors, as well as between                  9 individuals. To keep the findings conceptually clear,                  10 the impacts are organised into seven different areas,                  11 which you will see on the slide. These are: physical                  12 health, such as physical injuries, and, for women,                  13 problems relating to childbirth; emotional well-being                  14 and mental health, including anxiety, depression and                  15 post-traumatic stress disorder, or PTSD; externalising                  16 behaviours, including substance misuse and what the                  17 literature sometimes describes as risky sexual                  18 behaviours; interpersonal relationships, for example,                  19 with partners or with children; socioeconomic outcomes,                  20 including financial instability and lower educational                  21 attainment; religious and spiritual belief; and                  22 vulnerability to revictimisation, whether sexual or                  23 other.                  24 Due to the time constraints of the presentation, we                  25 are going to focus on three of these areas which</p> <p style="text-align: center;">Page 29</p>	<p>1 One study found among victims and survivors of child                  2 sexual exploitation particularly, 73 per cent had PTSD                  3 and 37 per cent had generalised anxiety disorder.                  4 The risk of CSA victims and survivors attempting                  5 suicide can be as much as six times higher than the                  6 general population, and rates of self-harm are also                  7 relatively high compared with non-victims and survivors.                  8 Moving on to look at the second area, interpersonal                  9 relationships, it is evident that CSA can have                  10 a profound effect on victims' and survivors' ability to                  11 maintain and form positive relationships. Only                  12 17 per cent of CSA victims and survivors are said to                  13 have a secure attachment style, important for forming                  14 strong emotional connections, behaviours and                  15 interactions between people.                  16 Few studies were found in this research which                  17 explored the impacts of CSA on interpersonal                  18 relationships in childhood and most of the literature                  19 was adult focused. Intimate relationships and                  20 parent/child relationships were particularly prominent                  21 areas.                  22 Victims and survivors can face a number of emotional                  23 barriers which pose challenges for the formation of                  24 intimate relationships. They can be at increased risk                  25 of experiencing poor relationship satisfaction and</p> <p style="text-align: center;">Page 31</p>
<p>1 demonstrate the breadth of the different types of                  2 impacts that victims and survivors can experience, and                  3 some of the links between these. These are emotional                  4 well-being and mental health, interpersonal                  5 relationships and socioeconomic outcomes. As Cate has                  6 already said, all seven of these areas are discussed in                  7 detail in the full report published today.                  8 Starting with emotional well-being and mental                  9 health, those with a history of CSA may experience                  10 a range of impacts in relation to these. Impacts on                  11 emotional well-being, particularly around the time of                  12 the CSA, can include feelings of fear, anger, self-blame                  13 and confusion. These feelings can persist into                  14 adulthood and lead to emotions such as worthlessness,                  15 powerlessness, low self-esteem and a lack of confidence.                  16 Mental health problems as a consequence of CSA                  17 include a range of conditions, including PTSD and                  18 complex trauma, anxiety, depression, self-harm, suicide                  19 attempts, dissociation and postnatal depression.                  20 Looking at a few of those conditions more closely,                  21 there is a lot of literature out there on depression and                  22 anxiety, and the likelihood of major depression among                  23 victims and survivors of CSA relative to others has been                  24 shown to be around twice as likely in samples of young                  25 adults and females.</p> <p style="text-align: center;">Page 30</p>	<p>1 stability. They may also adopt maladaptive coping                  2 strategies, such as substance misuse, and that can                  3 contribute to relationship breakdowns.                  4 Complexities in relation to sexual intimacy also                  5 emerge. For example, sexual trauma, flashbacks and                  6 sexual pain can mean that some victims and survivors                  7 avoid sex altogether. One study which explored sexual                  8 function in women following intrafamilial CSA suggests                  9 that 75 per cent reported problems with sexual                  10 functioning. It is clear that parenthood or the                  11 prospect of it can also be extremely challenging. The                  12 research in this area is complex. It highlights                  13 pregnancy and the peri-natal period as a particularly                  14 vulnerable time, the different parenting styles that can                  15 be adopted and the fear of harm being inflicted on their                  16 child, all of which can negatively impact on a parenting                  17 experience. Victims and survivors can lack the                  18 self-belief or confidence in their own parenting                  19 capability as well, and depression can compound problems                  20 of parent/child relationships also.                  21 The third area is socioeconomic outcomes, and there                  22 is evidence of an enduring association between CSA and                  23 reduced life chances in terms of educational attainment,                  24 employment rates and income levels. This can begin in                  25 the school years and extend well into adulthood.</p> <p style="text-align: center;">Page 32</p>

<p>1 CSA has been associated with an overall reduction in 2 educational engagement and attainment. It has also been 3 associated with increased employment or time out of the 4 labour market, increased receipt of welfare benefits, 5 reduced incomes and greater financial instability. 6 Poor physical health or mental health and low 7 educational attainment have been found to be barriers to 8 stable employment. There is also some evidence of 9 a link between CSA and homelessness or unstable housing 10 conditions. 11 In some cases, CSA has actually been linked to 12 increased educational attainment and career achievement, 13 so overachievement or overworking appear to function as 14 coping strategies for dealing with the abuse and 15 mentally or physically escaping from it. It can also be 16 a way of coping with the aftereffects of abuse, such as 17 low self-esteem. 18 The last part of this section relates to resilience 19 and recovery. Whilst research highlights associations 20 between CSA and a number of different outcomes focusing 21 on the detrimental impacts of CSA, it's important to 22 note these are not inevitable, and some victims and 23 survivors demonstrate resilience and/or recovery. 24 Research has increasingly explored why some people do 25 not suffer adverse consequences despite experiencing</p> <p style="text-align: center;">Page 33</p>	<p>1 symptoms, until they reach levels of functioning and 2 well-being that are more or less the same as before the 3 event. This is sometimes driven by the adoption of more 4 effective coping strategies and individuals tend to move 5 back and forth through the recovery process and will 6 obviously recover at different rates as well. 7 There are a number of risk and protective factors 8 which affect whether people show resilience or recovery. 9 A risk factor is an attribute, characteristic or 10 condition which increases an individual's risk of 11 experiencing an adverse outcome. A protective factor is 12 an attribute, characteristic or condition which reduces 13 this risk. 14 As shown on the slide, risk and protective factors 15 may relevant to several different areas, including those 16 which are individual to the victim and survivor, 17 individual characteristics; the context and 18 characteristics of the abuse; the victim and survivor's 19 interpersonal and family relationships, including having 20 a supportive adult, or adults, in their lives and 21 receiving a positive response to the disclosure of CSA 22 from family members; and the wider social and 23 environmental context is the last one, and this includes 24 having access to appropriate support services, both in 25 childhood and in adulthood, and, again, receiving</p> <p style="text-align: center;">Page 35</p>
<p>1 traumatic events such as CSA. There are theories which 2 focus on why some people are resilient or demonstrate 3 outcomes that indicate recovery and post-traumatic 4 growth. The concept of resilience and recovery are 5 certainly related but they're also distinct. So on the 6 slide there are two examples of resilience and recovery 7 trajectories. Looking at the resilience diagram, it 8 illustrates that individuals are able to positively 9 adapt and sustain relatively healthy levels of 10 functioning after exposure to a traumatic event. In the 11 first few weeks after the event, they may experience 12 some disruption to functioning, such as problems with 13 sleeping or intrusive thoughts, but they don't typically 14 persist. 15 Overall, these individuals appear to be somewhat 16 insulated against potential impacts, or at least the 17 impacts might be minimised. 18 Recovery, on the other side, is a more gradual 19 process that can occur over a long period of time. It's 20 characterised by a significant decline in well-being in 21 the direct aftermath of the trauma, and also by 22 physical, mental and behavioural problems, which can 23 last for several months, years or even decades. 24 Recovery begins when the individual starts to 25 experience a gradual improvement or a reduction in these</p> <p style="text-align: center;">Page 34</p>	<p>1 a positive response to disclosure from professionals. 2 Within these different areas, some factors will be 3 fixed, for example, age, and others will be much more 4 dynamic and amenable to change. The final point to make 5 in relation to resilience and recovery is that, over the 6 course of their lifetime, victims and survivors of CSA 7 may encounter certain situations which can trigger or 8 retrigger the trauma associated with the abuse. These 9 situations include having to undergo intimate medical 10 examinations, for example, or going through legal 11 proceedings related to the CSA. 12 This can cause distressing emotions and traumatic 13 memories to resurface which can disrupt resilience and 14 recovery. This highlights the importance of sensitive 15 and informed practice amongst the range of professionals 16 who come into contact with victims and survivors of CSA. 17 I will now pass back over to Cate, who is going to 18 talk about the impacts of CSA on the families of victims 19 and survivors and also the impact on wider society. 20 MS FISHER: Thank you, Claire. The evidence shows that CSA 21 doesn't just impact on the lives of victims and 22 survivors, but can also have a profound ripple effect 23 for their family members. Most of the existing evidence 24 in this area that we found related to impacts on 25 non-offending parents and most commonly on mothers.</p> <p style="text-align: center;">Page 36</p>

<p>1 Parents have been found to experience emotional distress                  2 following the disclosure or identification of CSA,                  3 including a range of negative emotions, such as guilt,                  4 self-blame, grief and feelings of failure as a parent.                  5 The evidence suggests that these emotions can be                  6 particularly pronounced in cases of intrafamilial abuse.                  7 Trauma and PTSD also appear to be common following                  8 a disclosure of CSA by a child, and the experience can                  9 be particularly difficult where the parent themselves is                  10 a victim and survivor and memories of their own abuse                  11 are triggered by the discovery of their child's                  12 experiences. The use of mental and physical health                  13 services by both mothers and fathers has been found to                  14 increase following identification of CSA, and personal                  15 relationships can also be affected, with family                  16 breakdown and social isolation often resulting from the                  17 stress caused by the situation.                  18 The research suggests that negative consequences can                  19 also include disruption to parents' employment and                  20 housing and financial instability. Again, this appears                  21 to be particularly pronounced in cases of intrafamilial                  22 abuse, where the abuser was a parent or carer and the                  23 discovery of the abuse led to a family breakdown.                  24 A smaller body of research explored the impacts of                  25 CSA on non-abused siblings and found that they also,</p> <p style="text-align: center;">Page 37</p>	<p>1 on wider society, and by "wider society" we mean                  2 communities and the broader population over and above                  3 victims and survivors and their immediate families.                  4 Again, studies that explicitly considered the                  5 impacts of CSA on wider society were fairly limited. Of                  6 those which did exist, most considered impacts in terms                  7 of the provision and usage of statutory services by both                  8 victims and survivors and perpetrators of CSA. One                  9 study in particular analysed the financial impact of CSA                  10 in the UK and estimated the costs to be in the region of                  11 GBP3.2 billion per year. The vast majority of these                  12 costs were a result of the impacts of CSA on the victims                  13 and survivors, some of which we just heard about from                  14 Claire.                  15 Included in these costs, as you can see in the table                  16 on the slide, were the provision of child and adult                  17 mental and physical health services to victims and                  18 survivors of CSA, which is represented by the top                  19 "Health" line; criminal justice system costs included                  20 the detection of CSA and the punishment of perpetrators;                  21 services for children included social services and care                  22 as well as third sector services. But by far the                  23 largest single category of costs was made up of losses                  24 to the labour market resulting from victims and                  25 survivors being more likely to be unemployed and also</p> <p style="text-align: center;">Page 39</p>
<p>1 unsurprisingly, can suffer as a result of the trauma and                  2 upheaval within their family.                  3 Impacts on family members aren't restricted to cases                  4 in which the CSA is disclosed or identified, however,                  5 and the evidence suggests that children can exhibit                  6 a range of distressing and challenging behavioural and                  7 emotional issues following CSA which parents can                  8 struggle to cope with effectively. So there is evidence                  9 to suggest that if parents are struggling to cope with                  10 their child's behaviour and are therefore unable to                  11 support them in the ways that they need, it can increase                  12 the likelihood of the child experiencing adverse                  13 consequences.                  14 So this suggests the importance of holistic support                  15 services which support both the child victim and their                  16 non-abusing family members.                  17 As part of this review, we also looked for evidence                  18 on the impacts of CSA on partners and children of                  19 victims and survivors in adulthood. We actually found                  20 very few studies which explicitly addressed this                  21 question, but the findings that Claire presented on                  22 impacts on victims' and survivors' interpersonal                  23 relationships clearly have implications for these groups                  24 and further research would be valuable in this area.                  25 I am now going to briefly discuss the impacts of CSA</p> <p style="text-align: center;">Page 38</p>	<p>1 more likely to work in lower-paid jobs than their                  2 non-abused counterparts. This was estimated to amount                  3 to GBP2.7 billion per year.                  4 The study estimated that CSA costs the public purse                  5 around GBP424 million per year, suggesting that CSA is                  6 a problem which society collectively cannot afford not                  7 to address.                  8 So to briefly summarise the key themes emerging from                  9 the research, the trauma of CSA can lead to significant                  10 wide-ranging and life-long adverse outcomes. Impacts                  11 are not just experienced by victims and survivors. CSA                  12 can have profound ripple effects for both family members                  13 of the victim and survivor and for wider society.                  14 However, as Claire highlighted, enduring adverse impacts                  15 are not inevitable. Resilience and recovery are                  16 possible, and effective, timely support services for                  17 victims and survivors and their families throughout                  18 their lives are important in helping to achieve this.                  19 I just wanted to end with a quote from a victim and                  20 survivor. Given the focus over the next few days on                  21 support needs and support services, this quote                  22 emphasises both how difficult but also how important                  23 disclosure and accessing support services can be to                  24 victims and survivors' recovery. I will just read it                  25 out:</p> <p style="text-align: center;">Page 40</p>

1 "My road to recovery began and I managed to tell  
 2 a friend. To me, this was a huge risk, which it seemed  
 3 could almost be fatal. I then had the fortune to find  
 4 a therapist (which seemed an even bigger risk) who had  
 5 the amazing skill and patience, kindness and care to  
 6 reach me and help me see the truth of the situation, so  
 7 I could begin to actually value and love myself. This  
 8 is something that had seemed impossible."  
 9 Thank you. I will hand back to you, Riel.  
 10 MS KARMY-JONES: Thank you very much, Claire and Cate for  
 11 that really thorough and very, very good presentation.  
 12 Discussion chaired by THE FACILITATOR  
 13 MS KARMY-JONES: Can I now invite questions from our  
 14 participants around the table on any points of  
 15 clarification on the research and the presentation that  
 16 you have just heard? I will again ask you to restrict  
 17 yourself, at this stage, to points of clarification,  
 18 rather than questions, because we will have an  
 19 opportunity to raise wider issues in the discussions  
 20 thereafter. Can I ask people to indicate whether they  
 21 have a question or a point of clarification. Thank you,  
 22 Gabrielle.  
 23 MS SHAW: Thank you for that presentation. Obviously a very  
 24 well-evidenced and well-researched piece. One key  
 25 point, and I think you touched on it briefly, is that

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1 the focus and the tone of the REA avoids, to us, the  
 2 central necessity of seeing the different types of abuse  
 3 in the wider context of a lived life as a whole.  
 4 Because it is very rare to experience just childhood  
 5 sexual abuse, for instance. What we hear on the NAPAC  
 6 helpline from survivors is that there is physical abuse,  
 7 neglect, emotional abuse, and so forth. So what this  
 8 quite narrow definition seems to do is ignore two key  
 9 pieces of research. One of them is the ACE studies --  
 10 adverse childhood experiences -- and the other is the  
 11 work that the Scottish Government is doing,  
 12 "Transforming Psychological Trauma", which is equipping  
 13 the whole Scottish workforce with a trauma-informed  
 14 approach.  
 15 I just wanted to get your thoughts on that point.  
 16 MS FISHER: Thank you for that point. I absolutely agree.  
 17 I think, as an inquiry, we recognise that  
 18 polyvictimisation is a common experience for victims and  
 19 survivors of CSA, and that CSA cannot be taken out of  
 20 that wider context of people's lived experience, as you  
 21 say.  
 22 The ACE study, we are aware of that. It doesn't  
 23 disaggregate its findings by type of abuse, so it didn't  
 24 fit within the parameters for this research.  
 25 We are aware there are quite a few studies out

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1 there, and evidence reviews, which do draw together the  
 2 evidence on the impacts of child abuse or child  
 3 maltreatment more broadly and, given the terms of  
 4 reference for the inquiry and the fact that there seemed  
 5 to be an evidence gap in terms of an REA focusing  
 6 specifically on CSA, we felt that this was a useful  
 7 contribution to the conversation, particularly in terms  
 8 of the kind of discussions we are having around redress  
 9 specifically for CSA, but we absolutely recognise that  
 10 often that kind of abuse is not experienced in  
 11 isolation, and that's something we need to take into  
 12 account.  
 13 MS KARMY-JONES: Thank you very much, Cate. Can I ask if  
 14 there are any other questions, points of clarification?  
 15 MS NAYLOR: Two points, if possible, the first one being,  
 16 you quoted some research from Sneddon, Wager and Allnock  
 17 and, as part of that research, what was also identified  
 18 was 20 per cent of children and young people show no  
 19 symptoms or indicators of abuse at the time, as  
 20 children, but maybe later in adulthood, and there are so  
 21 many, as Barnardo's does as well, organisations that  
 22 rely on seeing indicators, looking at difficulties.  
 23 I wonder whether that means, really, in terms of where  
 24 we take that work forward as a sector?  
 25 Secondly, you weren't able to show this as part of

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1 your presentation, but I know in the report you make it  
 2 very clear that many marginalised groups of survivors,  
 3 children and adults, from BME communities, lesbian, gay,  
 4 bisexual, trans communities, boys and young men,  
 5 disabled, young people, are missing completely from  
 6 research. I have been involved on many levels at many  
 7 different times over the last five years in research  
 8 expert strategy panels or in an advisory capacity, and  
 9 each time we address the issue of, where are these  
 10 really important and vulnerable groups of victims and  
 11 survivors? Often, the commissioning of that research,  
 12 within very short timescales, within very limited  
 13 budgets, stops us from being able to properly work  
 14 alongside those communities to identify people's  
 15 experiences, and, therefore, services, as a result, will  
 16 always look to those who are within research and what we  
 17 learn.  
 18 So a question for yourselves and the inquiry is, at  
 19 what point are we going to say that we absolutely need  
 20 to work alongside these communities and identify the  
 21 problems and ways that we can work more effectively with  
 22 them?  
 23 MS FISHER: Thank you, I completely agree with that point.  
 24 We have flagged BME communities, LGBT, men, disabled,  
 25 victims and survivors as groups which aren't really

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1 represented in the evidence.  
 2 I think those two issues are things that it would be  
 3 really useful to discuss today, in terms of how those  
 4 evidence gaps can best be filled, and also the  
 5 challenge, as you recognise, of identifying victims and  
 6 survivors during childhood, if they are not displaying  
 7 any symptoms, is a challenge that, unfortunately, we  
 8 don't have the answers to within the research, but  
 9 definitely an interesting one for discussion.  
 10 MS KARMY-JONES: Thank you. I think, Akima, you had, again,  
 11 a question about clarifying something?  
 12 MS A THOMAS: I just wanted to ask the researchers, a very  
 13 robust piece of research, but I was also thinking about  
 14 why you didn't use other, kind of, clinical  
 15 conceptualisations like developmental trauma, which  
 16 I think is particularly key for survivors of childhood  
 17 sexual abuse and also more of an emphasis on complex  
 18 traumatic stress disorder, because I think that gives us  
 19 more of a context to understand the role of  
 20 the perpetrator. Otherwise, we just have a very stark  
 21 picture of a mental health situation as opposed to the  
 22 impact of perpetrators and trauma. So I just wanted to  
 23 get a clarification about why those pieces were missing.  
 24 And also about thinking as well about resilience.  
 25 Absolutely, your research was really robust around that,

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1 but there has also been work that Woman & Girls Network  
 2 has done and other researches that have looked at  
 3 survivors' agency and their resistant strategies which  
 4 have impacted on their level of resistance -- sorry, on  
 5 their resilience and, therefore, their recovery as well.  
 6 So I just wanted clarification about why those kind of  
 7 key pieces weren't present?  
 8 MS FISHER: The review, as I mentioned at the start, wasn't  
 9 systematic and it wasn't exhaustive. I think one of  
 10 the big challenges we faced was the volume of literature  
 11 available in this area and also the number of different  
 12 conceptual models which have been applied to thinking  
 13 about impacts.  
 14 I think the ones you used are very important. We do  
 15 mention complex trauma and a few other models briefly in  
 16 the reports, but I think you are absolutely right, that  
 17 those are issues and areas that it would be worth  
 18 looking into further as we take this programme of  
 19 research on, and similarly with those other research  
 20 reports we are absolutely open to considering other  
 21 research that hasn't been included in this study. It  
 22 usually wasn't that it was deliberately omitted, but  
 23 more that we had to be selective in what we included, so  
 24 please do feel free to send us anything that would be  
 25 interesting for us to consider after the seminar.

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1 DR BLACKMAN: I want to really build on what you have both  
 2 been saying, specifically the focus on people with  
 3 learning disabilities, and young people with learning  
 4 disabilities particularly. I think the developmental  
 5 trauma issue that you raised is incredibly important, in  
 6 that many of the people we see who have now the label  
 7 "learning disability" or "autism" have been multiply  
 8 abused in early childhood, and their delay is actually  
 9 a big part of the picture that is then presented, but  
 10 that's not what's seen. That's the invisible bit. So  
 11 missing that from this inquiry is just so important.  
 12 You know, I am the charity here representing, in  
 13 a sense, people with learning disabilities. We are  
 14 a tiny charity. I don't think we have contributed  
 15 nearly enough, but I think it mustn't be invisible  
 16 because it is just so important.  
 17 MS FISHER: Just to reiterate the point, we really welcome  
 18 your contributions and your advice on that issue. If we  
 19 don't have time to cover it adequately today, we would  
 20 value your submissions afterwards about that issue and  
 21 about things we should be exploring further.  
 22 MS KARMY-JONES: Is there anyone else on this side of  
 23 the room who would like to make some? Yes, Gillian?  
 24 MS FINCH: I want to echo what everybody else has been  
 25 saying in terms of the things that have already been

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1 talked about, so thank you for that, and certainly for  
 2 me thinking about the support of partners and also peer  
 3 support have been incredibly important. Thank you for  
 4 clarifying at the beginning why there were no males  
 5 sitting here in terms of representation other than the  
 6 panel. I think that is going to be incredibly  
 7 important, that that is present in the future, and you  
 8 have mentioned that it is, so thank you for that.  
 9 I wanted to ask, because of time, you omitted the  
 10 physical side of the findings, whether you had  
 11 determined that obesity was there, because I have  
 12 recently been part of a panel that -- when we talk about  
 13 survivors' voices and how important it is to be heard  
 14 and how we want to change things as survivors for the  
 15 future, being part of a panel recently where that was  
 16 totally ignored when I was saying that for some children  
 17 the beginning of a journey around physical health with  
 18 obesity begins as a result of some of the impact of  
 19 child abuse. Was that something that you found?  
 20 MS FISHER: Yes, we did. We located a number of quite  
 21 high-quality studies which found an association between  
 22 CSA and obesity or high BMI, and it was also flagged as  
 23 a risk factor amongst victims and survivors for further  
 24 physical health problems, so that definitely came out of  
 25 the research, yes, and that's all covered in the full

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1 report.  
 2 MS FINCH: Thank you.  
 3 DR GLASER: Thank you very much for the very interesting  
 4 report. I would like to make one point and two  
 5 questions. I think that your list of gaps is very  
 6 important, so I think we need to focus on those.  
 7 Then I have two questions. One is, is there in the  
 8 literature any way of distinguishing, or is it not  
 9 a useful distinction, between the abuse that was  
 10 suffered by children outside the family environment,  
 11 which was partly the focus of the Children's  
 12 Commissioner's report, the first report, and -- because  
 13 this inquiry is also concerned with institutional abuse  
 14 and abuse by other bodies.  
 15 My question is, was there a distinction in terms of  
 16 the effects and the impacts between abuse which would be  
 17 called extrafamilial and sometimes by people who had not  
 18 previously been known by the children, but sometimes  
 19 had. That's one question.  
 20 The second question partly relates to the ACE study  
 21 but also the impacts that you have. To what extent do  
 22 the impacts take into account any therapeutic help which  
 23 the child or the reporter in the retrospective studies  
 24 actually had? Because I know from the ACE studies that  
 25 people are asked about their adverse childhood

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1 experiences in great detail, but to my knowledge there  
 2 are no questionnaires on ACEs, on adverse childhood  
 3 experiences, which also ask, "And what help did you  
 4 receive between the trauma and now?" So I wondered  
 5 whether in your outcomes that was factored in, or is  
 6 absent, because, in a sense, that does inform us to some  
 7 extent of the value of any therapeutic intervention, and  
 8 the follow-up of therapy is usually very short term.  
 9 MS FISHER: Taking that second question first, I think it  
 10 did appear to be a bit of a gap in the questions that  
 11 were asked of victims and survivors in most pieces of  
 12 research we looked at. The ones that did explore the  
 13 issue of therapy or support services tended to be  
 14 specifically focused on that and maybe evaluating the  
 15 impact of that therapy.  
 16 It did -- support services, therapy and counselling  
 17 in particular, did come out strongly as a protective  
 18 factor for a number of different outcomes, so that did  
 19 feature there, but I think you are right in saying that  
 20 is a bit of a gap in the evidence in terms of the way  
 21 that most researchers approach the question of impacts.  
 22 In terms of the distinction between impacts  
 23 depending on whether abuse was intra- or extrafamilial,  
 24 again, it was quite challenging to draw any conclusive  
 25 conclusions about the difference in impacts between

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1 those groups because we didn't locate any research which  
 2 looked at or compared within its one sample people with  
 3 those different types, or who had experienced those  
 4 different types of abuse. We found certainly several  
 5 studies that looked specifically at institutional abuse,  
 6 but comparing across them was very difficult because of  
 7 the different way in which outcomes were defined and  
 8 were measured.  
 9 I think something to note and something that did  
 10 seem to come out of the research was that a number of  
 11 the protective factors which can help to increase the  
 12 risk of resilience would be less -- I think would be  
 13 less likely to be in existence if a young person was  
 14 abused, say, within the context of a care home or some  
 15 other situation in which they might be less likely to  
 16 have a very supportive adult or a supportive kind of  
 17 school environment.  
 18 So I think that area is worth further consideration,  
 19 but it was quite difficult, as I say, to identify clear  
 20 differences in the impacts.  
 21 MS KARMY-JONES: Thank you. Almudena, I think you had a --  
 22 MS LARA: Yes. Just a question about the extent to which  
 23 the literature covered the impact of online abuse or  
 24 online-facilitated abuse, which might not be a factor of  
 25 relevance for the more historic type of abuse, but it is

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1 certainly something we are seeing more and more, linking  
 2 back to, how do we use this to protect children in the  
 3 future? I think it is an area where we just need to be  
 4 very aware.  
 5 MS FISHER: Yes. Unfortunately, that was something we  
 6 flagged as another evidence gap. So online abuse and  
 7 grooming as well. There doesn't seem to be very much  
 8 which focuses specifically on that. I think that will  
 9 be, as you say, an increasingly important area to try to  
 10 understand going forward, but unfortunately, we didn't  
 11 locate anything that gave us much insight into that  
 12 area.  
 13 MS KARMY-JONES: Excellent. We are going to take a break in  
 14 a few minutes, and I just wanted to ask the panel if  
 15 there was any point of clarification that they wished to  
 16 make or to ask Cate and Claire about, just before we  
 17 take the break?  
 18 MR O'MARA: We need to have questions from the floor as  
 19 well?  
 20 MS KARMY-JONES: We are going to take questions from the  
 21 floor at the end of each session, so at the end, before  
 22 we get to the lunchtime break, we will. If you take  
 23 a note, we will definitely come back to you, sir, I will  
 24 remember you.  
 25 MR O'MARA: I won't be back.

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1 MR FRANK: I would just like to ask one question about the  
 2 headline figure that you have given on page 21 of  
 3 the summary of the cost of child sexual abuse in terms  
 4 of just cash; GBP3.2 billion. Do I understand that to  
 5 be an annual cost?  
 6 MS FISHER: That's right, yes. It was actually taken from  
 7 an NSPCC study which used the most -- it is fairly  
 8 recent. It used the most robust research available on  
 9 the impacts of CSA and, yes, that's an annual cost and  
 10 it is actually in 2012/13 prices as well.  
 11 MR FRANK: So do we understand it might be greater today?  
 12 MS FISHER: I think so. Also, the NSPCC do emphasise in  
 13 their report that they have erred on -- or used lower,  
 14 kind of, estimates for certain things, so actually they  
 15 think it is quite a conservative estimate.  
 16 MR FRANK: Thank you very much.  
 17 MS KARMY-JONES: Thank you. Now, we will take a break, and  
 18 we will come back to focus on the victims and survivors  
 19 and use the presentation that we have just heard as  
 20 a springboard for that. As I have said, I will come  
 21 back to those of you in the public gallery at the end of  
 22 the morning session and there will be about 15 minutes  
 23 for you to give any observations or comments or indeed  
 24 share your own experiences with the panel.  
 25 Could I suggest, then, that we take the break now,

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1 madam chair, for the coffee break, just for maybe 15 or  
 2 so minutes.  
 3 THE CHAIR: Thank you, Ms Karmy-Jones.  
 4 (11.25 am)  
 5 (A short break)  
 6 (11.45 am)  
 7 THE CHAIR: Can I say again, before we embark on the second  
 8 session, the panel and I have had a brief discussion and  
 9 we would like to revert to our previous format in the  
 10 seminars which worked so well, which is to invite  
 11 comments from the public gallery at this point. It has  
 12 proved to be very beneficial to the general debate in  
 13 the other seminars and we want to take a few minutes to  
 14 do that now. We would like to begin, if you would take  
 15 this up, Ms Karmy-Jones, with Mr O'Mara, who obviously  
 16 had something he wanted to say.  
 17 Comments from THE PUBLIC GALLERY  
 18 MR O'MARA: Nigel O'Mara from the East Midlands Survivors.  
 19 Several people have brought up the fact that there  
 20 are no male representatives outside of the panel here  
 21 today. I just wanted to make a point that male  
 22 survivors have been asking to participate. I asked  
 23 myself four months ago when I spoke with the solicitors  
 24 to the inquiry. I have asked by email, I have asked by  
 25 the forum email and also through my solicitor. We

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1 didn't even get a response. So it is no surprise that  
 2 there is no man here. It is sad to say that I expected  
 3 that.  
 4 MS KARMY-JONES: Mr O'Mara, thank you very much for telling  
 5 us about that. We will reflect on it. As you may know,  
 6 there are some people who have volunteered who are core  
 7 participants and, for various complicated and legal  
 8 reasons, it is very difficult for core participants to  
 9 take part in a session like this, because it is not an  
 10 evidence-gathering session. So it is important for any  
 11 of those who fall into that category to bear that in  
 12 mind. But thank you for that, and we will reflect on  
 13 it.  
 14 I wonder if there is anyone else? I can see there  
 15 is a gentleman there who would like to contribute  
 16 something.  
 17 MR ROBSON: Peter Robson. First of all, I have already  
 18 spoken to the young ladies about the chats.  
 19 I appreciate that very much.  
 20 The other thing is, I have explained things to them  
 21 about the chatting and how people go up and down, and  
 22 I'm a perfect example. Last week, Wednesday night,  
 23 I was all right; Thursday, that's it. Madam chair,  
 24 I must apologise to you and your staff because I behaved  
 25 in a manner that is not right in any way whatsoever.

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1 There is no excuse for it. I would like to publicly  
 2 apologise to your staff and those ladies concerned.  
 3 Thank you.  
 4 THE CHAIR: I'm sure we know very well from our past  
 5 experience of you that you have behaved very properly.  
 6 MR ROBSON: Yes.  
 7 MS KARMY-JONES: Can I just say one thing? If any of you  
 8 wish to contribute but don't want to give your names,  
 9 please don't feel you need to identify yourselves.  
 10 MR ENRIGHT: Just very briefly, chair, David Enright,  
 11 I represent quite a number of the core participants  
 12 here.  
 13 The thing that was upsetting people was (a) of  
 14 course there is no male representation on the panel, and  
 15 it is a very important issue. I understand there were  
 16 arrangements made and that person was not able to turn  
 17 up. But if the position was reversed and the entire  
 18 panel was male, that would not be acceptable. It is  
 19 a valid point that Mr O'Mara is making: male survivors  
 20 must be represented, their voices must be heard. They  
 21 do have a unique perspective.  
 22 Secondly, I am very grateful to you for reverting to  
 23 the system whereby core participants have the  
 24 opportunity to comment at the end of each part of  
 25 the session because it is very easy to forget during the

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1 course of a long morning what it is you want to say.  
 2 Thirdly, one of my core participant clients said to  
 3 me outside, "It is all running very smoothly, isn't it,  
 4 but what about us? What about us?" This is the thing:  
 5 it is so easy to have a nicely ordered and quickly  
 6 functioning meeting, but to forget that the whole  
 7 purpose of what we are doing is to reflect and to hear  
 8 and to absorb the views of the people who are here, who  
 9 will not necessarily always operate in an organised and  
 10 neat way. Their voices must be heard and heard  
 11 regularly and heard loud and clear. Thank you.  
 12 MS KARMY-JONES: Thank you, Mr Enright. Yes, this gentleman  
 13 on the end here.  
 14 UNIDENTIFIED SPEAKER: Just reiterating what the gentleman  
 15 says there about the male stuff as well, it's  
 16 overwhelming from this side of the fence seeing as many  
 17 women on the panel -- but equally deserve to be there,  
 18 no disrespect in that sense. Going back to what we are  
 19 here for, the impacts and stuff like that, basically,  
 20 when I came out with what happened to me to the police,  
 21 I had something called hypomania, is what they put it  
 22 down to, and the impact of that for me and on my family  
 23 was devastating. All the police wanted to do was lock  
 24 me up, thinking I was crazy -- do you know what  
 25 I mean? -- and wouldn't let me back into my

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1 accommodation for -- I think I had to see ten clinical  
 2 psychiatrists before they would even let me back into my  
 3 sanctuary where my children are. And those impacts,  
 4 people don't see those impacts. But the police side of  
 5 things, they failed miserably in the sense of addressing  
 6 the issue of what was -- and I even phoned the police  
 7 officer who took my statement and everything, and all  
 8 they did is sent two police vans, two blue lights, boom,  
 9 straight to my accommodation to arrest me.  
 10 So the impact on my family then, you know what  
 11 I mean, is they didn't know, they thought I'd lost the  
 12 plot in that sense, you know what I mean, but what I was  
 13 saying was -- yeah, it was repetitive and it was  
 14 constant, you know what I mean, but it was -- when  
 15 trying to explain that to people and when people said,  
 16 "How can you explain it", you know what I mean, "what  
 17 happened?" And basically, it was like a Rolodex of  
 18 memory just coming flooding back to me, like on  
 19 a Rolodex, someone spinning it. Them sort of impacts,  
 20 you know what I mean. Then you see the entirety of it  
 21 opening up in front of you. It's a scary point for  
 22 a survivor of abuse to have to face that, but there  
 23 needs to be an equalness in the sense of authorities  
 24 understanding the problems of what survivors have and  
 25 the PTSD and the complex PTSD behind the things because,

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1 at the end of the day, if you don't understand those  
 2 problems, you are never going to be able to help them  
 3 properly and successfully. That's what we all are  
 4 trying to aim to do, is trying to get the point to them;  
 5 you know what I mean? At the end of the day, it is all  
 6 about working towards one goal and that goal is to help  
 7 us understand what happened to us and put things in  
 8 place for the future of children today because there is  
 9 nothing at the minute. They're still at threat, they  
 10 are still at risk.  
 11 MS KARMY-JONES: Thank you for that, that is a very powerful  
 12 image, the Rolodex, and I think many people will find  
 13 that resonated with them. Thank you.  
 14 Is there anyone else? I saw a lady in the back,  
 15 over there, who seemed to feel something about that.  
 16 Was there anything you wanted to add?  
 17 UNIDENTIFIED SPEAKER: I totally agree with what he's  
 18 saying. I have been working with sexual abuse victims  
 19 and survivors for the last 40 years. I'm just being  
 20 honest. Just sitting here listening, I'm thinking, it's  
 21 not rocket science. If you listen to victims, you  
 22 really listen to victims and say, "What do they need?".  
 23 Not what everybody has put on paper, but what do they  
 24 need, what are they saying, what should we be doing? We  
 25 need to stop sexual abuse. I don't think it is that

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1 difficult, to be honest, if people really, really come  
 2 together and say, "This is what we want to do. Let's  
 3 educate children". It's not rocket science. Somebody  
 4 needs to be focusing more on what can we do to stop this  
 5 in the future. What can we do for the survivors. Not  
 6 what we think they need, but what are they saying.  
 7 That's all that's important. What do they need to get,  
 8 what do they want? It is about them. I think we  
 9 really, really need to start looking at what people are  
 10 saying, and listening to them, and do it. Not talk  
 11 about it, just do it.  
 12 MS KARMY-JONES: Absolutely. That is going to be taken very  
 13 much into account. This sits in that wider programme of  
 14 works and let's keep listening, let's keep talking.  
 15 I think you wanted to say something.  
 16 UNIDENTIFIED SPEAKER: Before I ask, is this going to --  
 17 when it is being filmed, is it actually going live on  
 18 TV?  
 19 MS KARMY-JONES: Not live on TV. It is going online onto  
 20 the website. So if you don't want to say anything, you  
 21 don't have to and you don't have to identify yourself.  
 22 UNIDENTIFIED SPEAKER: I'm fine with it being within the  
 23 actual organisation, but I would not like it to be like  
 24 a documentary.  
 25 MS KARMY-JONES: It goes on to the IICSA YouTube channel as

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1 well.  
 2 UNIDENTIFIED SPEAKER: I'm an adult survivor/victim of  
 3 sexual abuse. One of the things that I found really,  
 4 really hard and one of the reasons why I came here today  
 5 was to see if I could get any support in -- there was  
 6 four men and my own mother that actually raped me, and  
 7 I find it so hard to try and find an organisation where  
 8 there's the same sex, not the opposite sex. Because, as  
 9 a child, you're brought up as the opposite sex attract  
 10 one another, but when it's your own mother -- I know I'm  
 11 not the only one in the world, I know, and it did happen  
 12 to me in the '70s and a lot has changed between then and  
 13 now, but I still can't find somebody or an organisation  
 14 that solely deals with that, because it is completely  
 15 different to the men.  
 16 I can deal with that in my therapy, but when it's  
 17 your own mother that was supposed to love and nurture  
 18 you, and I'm still trying to find somewhere where I can  
 19 meet people the same as me and feel normal that I'm  
 20 actually feeling this way, so that somebody else can  
 21 say, "Do you know what, I understand what you are  
 22 feeling. I understand". Because, like I said,  
 23 a mother -- you know, I know she didn't love me, but  
 24 I just would like to be -- maybe, you know, having  
 25 a support group where other people are sharing their

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1 experiences and I realise, you know, actually, mine was  
 2 quite light. But at the moment I'm taking the shame  
 3 because it was my own mother. It wasn't a stranger or  
 4 a babysitter; my own mother. That's why I'm here today.  
 5 THE CHAIR: Ms Karmy-Jones, could I just say something.  
 6 Would you like us to edit the feed?  
 7 MS KARMY-JONES: We know that you are conscious -- you have  
 8 just disclosed something extremely sensitive to us. Can  
 9 I invite you to take a moment and maybe take some time  
 10 to speak to the supporters here? Would you like us to  
 11 edit the feed to take out what you have said?  
 12 UNIDENTIFIED SPEAKER: If you don't mind.  
 13 MS KARMY-JONES: Yes, please, can we just stop the feed?  
 14 UNIDENTIFIED SPEAKER: I still haven't got over the shame of  
 15 it. There are loads of friends and people out there  
 16 that don't know.  
 17 MS KARMY-JONES: I think we can edit the feed so that, when  
 18 it goes online, we can --  
 19 THE CHAIR: Yes. The transmission doesn't show the public  
 20 gallery, but it would have your voice on it. But it is  
 21 possible for us to remove that, if you would wish that.  
 22 UNIDENTIFIED SPEAKER: Yes, please.  
 23 THE CHAIR: Thank you.  
 24 MS KARMY-JONES: Please take up the offers of support, if  
 25 that would help, and please engage with us on that. It

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1 is a very interesting point that you raise.  
 2 I have just been asked to pause for a moment. Okay.  
 3 We can begin again. But just to clarify, the words that  
 4 you said will be on the transcript, but your image won't  
 5 be on any of the footage.  
 6 UNIDENTIFIED SPEAKER: Thank you.  
 7 MS KARMY-JONES: I don't know if there is anyone else in the  
 8 gallery, and then I will move --  
 9 MS CLUTTERBUCK: I would like to speak. Watching you get so  
 10 upset there is awful and, as a victim myself, I will  
 11 help you, I will give you my phone number when I come  
 12 across. I'm not a trained professional and I can't help  
 13 to heal anything, but I certainly would hold your hand  
 14 through the process and bang on people's doors for you,  
 15 so I'm happy to do that. There's lots of power and  
 16 knowledge in other survivors and, if you don't feel  
 17 comfortable in this setting, there is stuff to help you  
 18 out there.  
 19 MS KARMY-JONES: Thank you very much for that.  
 20 UNIDENTIFIED SPEAKER: Hello. My name is Mary. I just want  
 21 a very, very basic need for every child: please look  
 22 behind the reputation of these children, because the  
 23 reputation that a child is given, even before she enters  
 24 the case system with her siblings and what is happening  
 25 around her, she carries that through the rest of her

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1 life. She either says, "Enough is enough, I'm going to  
 2 go one way or I'm going to go the other", but where is  
 3 the help? Because there is no help, because your  
 4 reputation has gone before you, even if you did not make  
 5 that reputation in the first place. That is an abuse in  
 6 itself. Thank you.  
 7 MS KARMY-JONES: Unless there is anyone else who wants to  
 8 deal with something now, we will open up at the end of  
 9 this session again.  
 10 UNIDENTIFIED SPEAKER: Sorry, yes. In the presentation side  
 11 of things, was the institutional -- when you're going  
 12 into the institutional abuse and stuff like that, was  
 13 prisons in that category? Because, let's be honest,  
 14 there are a lot of people in prison who have been  
 15 abused, and that in itself I think would open your eyes  
 16 in that sense also, you know what I mean, as to how many  
 17 people are actually in there who have actually been  
 18 through it. The thing is, they can't escape, they can't  
 19 come to these events, they can't come and voice their  
 20 opinion in the way that they need to. So I think, me  
 21 personally, that that should be addressed also, and  
 22 looking into the study of prisons as well, because at  
 23 the end of the day, there is damage in there also.  
 24 MS KARMY-JONES: Yes, that is a point of clarification.  
 25 I don't know if, Cate and Claire, you can help us.

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<p>1 THE CHAIR: I think we will be able to help there, actually.                  2 Two main ways. Of course you are absolutely right in                  3 the issues you are raising and we have also recognised                  4 that. We have instituted research that will start later                  5 in the year, I believe, looking at prisoners, and also,                  6 separately from that, we have got -- within the                  7 Truth Project, we are embarking on an initiative to                  8 engage with people in prison who have been abused                  9 themselves, and that's due to start quite soon,                  10 I believe. Initially, I think, in the north-west area.                  11 So we do understand the significance of that particular                  12 experience and we will definitely be looking at that.                  13 Discussion chaired by THE FACILITATOR (continued)                  14 MS KARMY-JONES: Thank you, chair. Maybe I can now turn                  15 back to some of our victims and survivors on the panel,                  16 in terms of our participants, and see whether there is                  17 anything else that they would like to add about how                  18 child sexual abuse has affected their lives and in                  19 relation to the areas that were identified by the                  20 research.                  21 Was there anything out of the research project that                  22 you wanted to add that you felt arose out of it? Maybe                  23 Heidi, if I could start with you.                  24 MS CLUTTERBUCK: The thing that jumped out the most to me is                  25 actually at the end, where they were talking about</p> <p style="text-align: center;">Page 65</p>	<p>1 with trauma, then this 20 years of mental and physical                  2 decline that I have seen in most of my siblings, not all                  3 of my siblings, could have been prevented. That really                  4 is a travesty, that one family of six, just my family,                  5 for example, is all impacted, and you multiply that                  6 amongst all victims and survivors, and it's a horrendous                  7 picture.                  8 We are trying to cope day in, day out with this CSA                  9 "thing" and half the time you can't verbalise what you                  10 are going through, people don't want to listen. I even                  11 find myself turning off now. When I get too many people                  12 going on about it, I turn off myself because it brings                  13 me down. So there needs to be an outlet. This is why                  14 this is so important for us as victims and survivors, to                  15 have the right and appropriate support where we can                  16 offload the suppressed emotions that make us unwell, in                  17 time, so it doesn't impact my family.                  18 Like, I have children. I don't want them impacted.                  19 All my siblings -- there are 12 girls and nine boys. We                  20 don't want them impacted. We want it to stop in our                  21 generation. But we need the support and help for us as                  22 adults as well as for the children going through it as                  23 well.                  24 MS KARMY-JONES: That flows into something said by the                  25 gentleman over here as well about children and the</p> <p style="text-align: center;">Page 67</p>
<p>1 resilience and recovery. It was very striking that you                  2 could change somebody's trajectory of how they recover                  3 by giving them good services, giving them the support,                  4 giving them the coping mechanisms and the skills, and                  5 that's the thing that stood out the most for me, is                  6 that, actually, you're highlighting the fact that there                  7 are ways in which -- trauma is awful and people                  8 experience it in lots of different ways, but that really                  9 screamed out to me that what we need to do is get those                  10 things in place to improve the outcomes for everybody.                  11 All of the other things that you are highlighting, like                  12 the many lost days at work, and everything else, they                  13 will be affected by that, but actually the reason that                  14 you are doing it is for that victim.                  15 MS TUCK: When you can't talk about what you are going                  16 through, you suppress it, and that in itself, if you are                  17 trying to hide away from it, over decades, can manifest                  18 itself in ill-health, and that's borne out by the REA                  19 that you have done.                  20 But the impact on emotional and physical health is                  21 absolutely immense. Just looking at my family, without                  22 going into lots of details, there's been a lot of                  23 trauma, and even this to day, that trauma is still                  24 present. I think if the interventions were there                  25 20 years ago as part of a support package that dealt</p> <p style="text-align: center;">Page 66</p>	<p>1 future and how things move on. So thank you for that.                  2 Helen, was there anything that you wanted to raise?                  3 MS MATTHEWS: I wanted to talk about the impacts on family                  4 and how I think it goes down the line. It wasn't just                  5 me that it's impacted, it's my whole family, my                  6 children. At one stage in your life you decide, "Okay,                  7 I'm not going to tell anyone or I'm not going to let                  8 this out, it's going to stay with me", but it does get                  9 out, it has to get out, because it is like a worm inside                  10 you that just needs to come out. So it has impacted my                  11 kids a lot, but it has also impacted my physical health.                  12 It just seems that every time I go to a different                  13 consultant I'm getting diagnosed with a different thing.                  14 I'm now on my eighth diagnosis and I wonder how much                  15 I would actually have had if I hadn't have suffered the                  16 child sexual abuse. What would have maybe not been                  17 there. I've been told I'm too complex in the past.                  18 I think we have all probably been told that once or                  19 twice, haven't we? So, yeah. The impact that it has on                  20 your own family and the impact it has on you is far, far                  21 deeper than a lot of people can ever imagine. The only                  22 people that can imagine are us lot who have been through                  23 it.                  24 MS KARMY-JONES: Lucy, is there something that you wanted to                  25 add to that?</p> <p style="text-align: center;">Page 68</p>

<p>1 MS DUCKWORTH: Yes. I wanted to just echo what everyone has                  2 said, really. I think everyone in this room can talk                  3 a lot about the impact and the ripple effects. But                  4 going on what the lady said earlier about reputations,                  5 it is a really important part. I used to be a teacher                  6 and I am really conscious that, as soon as those                  7 children have been flagged up, they're noted that way in                  8 the care system. I know as a survivor myself, once you                  9 speak out, you can't take it back. As a professional,                  10 you are always judged for that. There seems to be very                  11 little recognition that your needs change throughout                  12 your life and that your support needs change throughout                  13 your life, and that is the same -- lots of health                  14 problems, they treat the symptom. We are not actually                  15 treating the root. We have this -- I don't like saying                  16 "victim-blaming culture" too much, but it is true. It                  17 is in everything we do, it's in our education system and                  18 our health system, and it really needs addressing. It                  19 is most obviously in the criminal justice system.                  20 I know when victims disclose, their sexual history is                  21 asked about. They have to disclose all their past                  22 boyfriends and their reputation. I don't know for                  23 certain, but I'm fairly sure that's not the case for the                  24 perpetrators. I think that is something -- again, it is                  25 another re-abuse and we don't realise how much we are</p> <p style="text-align: center;">Page 69</p>	<p>1 about you, so you have problems internally, you know,                  2 mentally you are going absolutely cuckoo la-la sort of                  3 thing.                  4 I believe that the more we speak about it, the more                  5 we are open about it in our schools, in our work                  6 places, everywhere, the easier it will become and the                  7 secrets and lies will not be so great. I think there                  8 will always be someone trying to hide it, but there will                  9 be a platform for people to speak. But we have to start                  10 being comfortable about speaking it. I think that's the                  11 first step, you know, that people who are working with                  12 vulnerable people or children and things like that, they                  13 need to be able to train to speak about abuse and kind                  14 of like, not immune themselves, have feeling about it,                  15 have that compassion, but, again, I think survivors are                  16 the right people to do that. We are able to teach.                  17 MS KARMY-JONES: Thanks, again, to everyone here, including                  18 the public gallery, because this is one step towards                  19 that, isn't it, and the fact that you are able to do it                  20 we hope will encourage others to come forward as well.                  21 One of the things that's very interesting, the                  22 number of you who have referred to health issues very                  23 much ties in I think with something that Gillian raised                  24 about the question of obesity, for example, and perhaps                  25 does warrant further consideration.</p> <p style="text-align: center;">Page 71</p>
<p>1 re-enacting abuse throughout the victims' lives and that                  2 really needs to be addressed.                  3 MS KARMY-JONES: We will have a discussion about what                  4 happens in the criminal justice system perhaps a little                  5 later.                  6 MS DUCKWORTH: Yes, sorry.                  7 MS KARMY-JONES: That's very helpful. I don't want to leave                  8 out Jennie.                  9 MS GRACE: All I was going to say, it is the secrets and                  10 lies. You're brought up never to tell and, when you do                  11 tell, you're judged. So it is impressing that, and also                  12 trying to fit into the world around us and trying to                  13 understand it, but then, when you speak out and someone                  14 says, "Oh, I don't believe you. Are you sure?", like                  15 Helen said, you are given a label because either they                  16 don't want to deal with it or they don't know how to                  17 deal with it. But for the victim and survivor, it is                  18 torture, because you know that it's gone on and then you                  19 start questioning yourself, did it really happen, and                  20 so -- and you go away and you beat yourself up.                  21 Either the steps of beating yourself up or sort of                  22 like self-harming because you just -- the pain is too                  23 great. You know, you have opened this can and sometimes                  24 you can't push it down so that it doesn't come out. But                  25 then, if you can't do that, you're holding every being</p> <p style="text-align: center;">Page 70</p>	<p>1 Gillian, I don't know if there was anything you                  2 wanted to add to what you said earlier on that topic                  3 before I ask another question about the research                  4 project?                  5 MS FINCH: I think it is incredibly important, because the                  6 absence of some research, and we know why that is, is                  7 because it's been underfunded or there hasn't been time                  8 to do it properly or it's not been published, but within                  9 the survivor community, we know a huge amount about the                  10 impact as children and then as adults, and we are all                  11 unique and we have all had unique experiences.                  12 But I think that to ask those questions not just of                  13 the child who has anorexia, who is noticeably so, or the                  14 child who is bulimic and that's discovered, but to                  15 ignore the fat kid in the corner and assume that that's                  16 because of, you know, poor diet, that might be true, but                  17 actually that might be that child screaming and saying,                  18 "There's a problem".                  19 I wasn't a fat kid, but I have met lots of women who                  20 access the services that we run collectively across the                  21 country who were, either a male or a female, a fat kid                  22 who was sitting in the corner and didn't disclose.                  23 If we say, as the Children's Commissioner has                  24 highlighted, that we, as a society, are too dependent on                  25 the child disclosing and so many of our educative</p> <p style="text-align: center;">Page 72</p>

<p>1 processes are about teaching the child to say something,                  2 but, you know what, I was that child and, when your dad                  3 is a police inspector, you can't say no. Even if                  4 somebody had given me permission to say no -- I mean,                  5 I felt bad enough as an adult having not disclosed, but                  6 imagine how it would feel if you are told through an                  7 educative process that, "This is sexual abuse and you                  8 have the right to tell somebody". If you can't tell                  9 somebody because the people who are doing this to you                  10 are in authority, and who is going to believe you and                  11 who is going to help you, how much worse are you going                  12 to feel?                  13 So I think we need to have some balance here as                  14 well. It is not just about educating children, which,                  15 yes, we must do, we need to educate society, we need to                  16 educate other adults, neighbours, friends, because, you                  17 know what, when you do disclose, there is often a,                  18 "Well, I did suspect something" or "I thought                  19 something", and nobody says anything. We want them to                  20 talk. We want them to help rescue the children.                  21 MS KARMY-JONES: Thank you very much. One of the issues                  22 that this raises is whether there were any other points                  23 that might have been raised or that you feel from your                  24 experience were missed in the consideration of                  25 the research project. I am really speaking about</p> <p style="text-align: center;">Page 73</p>	<p>1 answered.                  2 We are trying to cover these in as many different                  3 and varied ways as possible. So just to give some                  4 reassurance that, simply because something is not                  5 necessarily being directly addressed in what we have                  6 before us, does not mean that it is being ignored. We                  7 have to approach all these things from a lot of                  8 different perspectives. You can't look at everything in                  9 one basket. So we just wanted to stress that.                  10 But of course, one of the most important things of                  11 occasions like this is, we need to discover if there are                  12 any others that we are not picking up on so that we can                  13 factor that into what we are going to do going forward.                  14 As was stressed at the outset, this is very much                  15 a listening exercise in order to find out what we need                  16 to know about what is being said, but also what we need                  17 to know and discover more about. So thank you. I think                  18 it is helpful to have that opportunity for the                  19 clarification.                  20 MS KARMY-JONES: Thank you very much. That takes us neatly                  21 into the question. Is there anything else, turning                  22 really to the victims and survivors at the moment, that                  23 you felt was missed, that you noticed wasn't considered,                  24 in the research project that you would like to bring to                  25 the chair and the panel's attention and, indeed, the</p> <p style="text-align: center;">Page 75</p>
<p>1 personal matters.                  2 I think one of the things that someone raised                  3 earlier this morning was about people with learning                  4 difficulties, and I think, Professor Evans, you had                  5 a comment to make about people with learning                  6 difficulties, that there was in fact a separate                  7 investigation or a separate route for people with                  8 learning difficulties through the inquiry. Is that an                  9 observation that you wanted to deal with?                  10 PROF SIR MALCOLM EVANS: Well, yes, thank you. Really, all                  11 I wanted to do was just to stress that very many                  12 valuable points have been made about the things that                  13 this particular research project has not necessarily                  14 been focusing on. But that is not to say that we are                  15 not aware of the importance of these for the inquiry as                  16 a whole. There are many, many different strands of work                  17 going on with the inquiry through the different                  18 investigations that are currently in train. Doubtless,                  19 you will know many of these and other pieces of work                  20 that are taking place that will feed into this. I just                  21 wanted to try to reassure people that, simply because                  22 particular aspects of the concerns -- and, you know,                  23 people with disabilities and learning difficulties is                  24 a good example, but also what the gentleman raised about                  25 prisons, for example, is another, which has already been</p> <p style="text-align: center;">Page 74</p>	<p>1 research team's attention? Jennie, I think you had                  2 something you wanted to say?                  3 MS GRACE: One of the things that I found growing up is the                  4 fact that it wasn't -- you know, people used to say,                  5 "Well, you know, they're nice. It couldn't have                  6 happened", and you know, like, when they have these                  7 videos about paedophiles and grooming and things like                  8 that, they always tell the child, "Do not allow yourself                  9 to be touched". Grooming isn't actually being touched.                  10 It is speaking, it is giving the child a gift, it is                  11 being nice, and, you know, when someone is being nice                  12 and then it's taken away by pain, it's such a different                  13 contrast, and people will only see the outside of what's                  14 happening. We see both. It's looking beyond. Because                  15 we kind of, like, look on the surface of things, and if                  16 they look okay, that's okay, but it's looking beyond                  17 that, asking questions. Because at the end of                  18 the day -- if you ask difficult questions and people                  19 don't like it, well, in some ways they have to live with                  20 that, but if you don't ask those questions and someone's                  21 life is damaged, how is that person going to live with                  22 it? I think those are the questions we need to ask. We                  23 can't keep on treading on eggshells around this. We                  24 need to start asking difficult questions. But it's the                  25 protection of our society we need to think of.</p> <p style="text-align: center;">Page 76</p>

<p>1 MS KARMY-JONES: Thanks very much for that. Helen?                  2 MS MATTHEWS: I just wanted to touch on when I was a child,                  3 and after the abuse stopped. I was in and out of                  4 hospital for years, stomach complaint after stomach                  5 complaint after stomach complaint. Eventually, I was                  6 stuck in front of a two-way mirror with a psychiatrist,                  7 and then the fear of my family finding out what had                  8 happened, so I wouldn't go back. So I would echo what                  9 Jennie said: keep pushing, keep trying to find out what                  10 is wrong with this child. It may be different now.                  11 I hope it is different now. Luckily, thank God,                  12 I haven't had to go there with my kids, but I just hope                  13 that if someone sees something not right with a child,                  14 don't just assume don't do anything, look into it and                  15 keep going, because I am sure they will find something.                  16 Because children don't make up these things for nothing.                  17 You know, I had an issue with my stomach. I didn't, as                  18 it turns out, but I had an issue with me. If you are                  19 suspicious about something, keep doing it.                  20 MS KARMY-JONES: Thank you.                  21 MS SHAW: I just wanted to pick up on a point that Jennie                  22 made, an excellent point, it was about the grooming                  23 process. Within the report itself on pages 139/140,                  24 there is a brief mention of that. But I think that                  25 could be -- just reflecting on what people have been</p> <p style="text-align: center;">Page 77</p>	<p>1 that doesn't mean you go on to be an abuser. That is                  2 a complete myth, as we all know. However, she was                  3 vulnerable and went into two violent relationships.                  4 Obviously, that impacted all the children growing up.                  5 I want to look at the bigger picture, basically. So in                  6 a domestic violence household. So the children are                  7 hypervigilant and stressed out completely, impacted all                  8 the while they're growing up. It is not just in my                  9 family, it is in quite a few families.                  10 Then those siblings go off and have maybe good or                  11 bad relationships, end up with an addiction or not,                  12 maybe end up losing their children because of anger                  13 management issues. Because the support is not there for                  14 those siblings when they need it for whatever they need                  15 it for, the ripple effects are massive. Even though                  16 myself and my five siblings are tight-knit right at this                  17 moment in time, the impact has been devastating.                  18 I don't think the research actually paints that picture                  19 of the wider context of how far it can impact every                  20 single one of the siblings and then have a knock-on                  21 effect. You try and contain it, but it does have                  22 a knock-on effect.                  23 Also, a lot of people that I have had contacting me,                  24 they are losing their children because they can't parent                  25 them effectively. So, you know, there are some bad</p> <p style="text-align: center;">Page 79</p>
<p>1 saying, both in the public gallery and around the table,                  2 today, it is obviously a huge thing: the transference of                  3 responsibility onto the child by the perpetrator,                  4 manipulating the child, making them feel they are                  5 responsible for it. We know that this makes survivors                  6 feel -- children feel that they chose or perhaps even                  7 enjoyed the abuse, so they can't see it as the                  8 perpetrator's fault.                  9 What I would ask is to explore that, the grooming                  10 process, the transference, more fully, because it is                  11 obviously a very lived experience for a lot of people.                  12 MS KARMY-JONES: Yes, madam chair?                  13 THE CHAIR: Just in response to that last comment, which                  14 I entirely agree with you about, just to say that within                  15 the child sexual exploitation investigation strand, we                  16 will be looking at that. And to answer the other                  17 comments, many comments have been made so far about                  18 health services, and we will have a seminar similar to                  19 this in the autumn focusing exclusively on child sexual                  20 abuse and how that is responded to within the health                  21 service.                  22 MS KARMY-JONES: Thank you very much for clarifying that.                  23 Chris, I think you had something?                  24 MS TUCK: Talking about the lifetime impacts over, like                  25 a family, for example, my mum was abused as a child, but</p> <p style="text-align: center;">Page 78</p>	<p>1 parents out there that neglect and abuse, so, yes, take                  2 their children away because you have got to protect                  3 them. But there is also a lot of parents that do not,                  4 for whatever reason, have the parenting skills, and if                  5 they have gone through child sexual abuse and -- not                  6 that they don't know any different, but they haven't had                  7 the help and support to help them be a good family unit,                  8 they need that support there as well.                  9 It is finding the right support at every single                  10 level, and we have got to understand the full impact of                  11 child sexual abuse on a family unit and then the ripple                  12 effects and then the support to plug it everywhere. So                  13 we can really help victims and survivors of child sexual                  14 abuse, because, otherwise, it will just go on from                  15 generation to generation and we can't have that rot set                  16 in.                  17 MS KARMY-JONES: That sounds a bit like the root of                  18 the tree: it will affect every branch and leaf that                  19 flows off of it. Thank you for that.                  20 Amanda?                  21 MS NAYLOR: I just want to pick up on your point, Chris,                  22 really, because I think there have been some really good                  23 examples of family-strength-based approaches. I know                  24 Barnardo's have been commissioned to do some work by the                  25 Department for Education called FCASE, which looked at</p> <p style="text-align: center;">Page 80</p>

<p>1 that systemic approach through families and the support 2 and the different support needs. 3 What then happens is, we learn from those models and 4 then we go back to commissioning areas that focus the 5 money on non-children and don't look at those wider 6 support needs of people. I know I'm straying slightly 7 into the next session. However, in terms of impact 8 then, what we then do is work with the child and almost 9 make it the child's responsibility to recover rather 10 than look at a family systemic recovery model. I think 11 it is really important to make the link between what we 12 know in research and what works in terms of 13 strength-based approaches. Yet, out in the field I see 14 risk-focused, problem-focused approaches with children. 15 The evidence shows that that isn't what's working and 16 what would work is something else. Somehow, we need to 17 make sure that everybody is working on developing 18 services based on really strong evidence. 19 MS KARMY-JONES: Danya? 20 DR GLASER: In the main report -- this wasn't brought out 21 today in the summary report -- several times, risk 22 factors -- one of the risk factors that's mentioned is 23 having to talk about the abuse and that retraumatising, 24 on the one hand, and then, on the other hand, several 25 people have said -- and I happen to believe that that's</p> <p style="text-align: center;">Page 81</p>	<p>1 Often, we get adult survivors of childhood sexual abuse 2 and their non-offending partners that are able to 3 support as well. Sometimes it is the reverse, where it 4 is parents of children that have been abused looking for 5 support. But obviously that's limited. But it is 6 a provision that we need to expand and think about going 7 forward. 8 MS KARMY-JONES: Thank you. It in fact leads on to -- just 9 to clarify, one of the next questions I wanted to raise 10 with all of you was, is there anything you wanted to 11 share with us, over and above what you have already 12 said, about how your experiences have affected others 13 within your family? Heidi? 14 MS CLUTTERBUCK: One of the things that I had to do prior to 15 coming here in such a public manner was, I have got five 16 children, two older boys who knew about my abuse, and 17 three younger children. Before coming out in such 18 a public manner, I needed to have a conversation with my 19 younger children to keep them safe and give them 20 knowledge, and I looked everywhere for help. I went to 21 my SARC centre, I went to all different organisations 22 recommended by the SARC, and people told me time and 23 time again, "We have not dealt with anyone who has had 24 these conversations". 25 So I ended up using a friend who is a therapist, and</p> <p style="text-align: center;">Page 83</p>
<p>1 the case from a psychiatry point of view -- that it is 2 very, very important in the long term to be able to 3 talk. 4 So I think that there needs to be some clarification 5 about what aspects of talking are perceived or are 6 actually retraumatising, and how one can talk in 7 a non-retraumatising way. 8 When we -- the NICE guideline is going to come out 9 on child maltreatment. There was quite a debate about, 10 for instance, cognitive behavioural therapy which some 11 children and survivors felt should not be recommended 12 because it would be seen as retraumatising, and yet, on 13 the other hand, trauma-focused CBT, cognitive 14 behavioural therapy, is partly based on being able 15 slowly to be able to talk. 16 So I think these contradictions between, on the one 17 hand, talking about it being seen as harmful and 18 compounding the harm, on the one hand, and, on the other 19 hand, the need to talk, I think that's something that 20 needs to be clarified and explored further. 21 MS KARMY-JONES: I think, Dawn, you had something you wanted 22 to share with us? 23 MS D THOMAS: Yes. I guess I just wanted to expand on what 24 the lady was saying down there in terms of 25 the rippling-out effect on extended family members.</p> <p style="text-align: center;">Page 82</p>	<p>1 she taught me how to tell a social story, and then I had 2 to work with the school, and victims have to make all 3 these types of decisions as you go along, as you are 4 healing and recovering. It is not a case of whether you 5 are a good parent or a bad parent, you are trying to do 6 the best for your family. We don't have the answers. 7 We are the victims. We are still learning about 8 ourselves. Yet, we are the head of our family, or part 9 of the head of our family, and we don't want these 10 things to ripple on. We don't want them to carry on. 11 So there has to be also, in terms of support and 12 knowledge, how to deal with that, because that legacy 13 will go through your family and there will be hurdles 14 that you have to face. Getting it right or wrong will 15 be really pivotal with how you go forward as a family. 16 I just wanted to highlight that. 17 MS KARMY-JONES: Thank you. I think, Laura, you had 18 something you wanted to say? 19 MS JOANKNECHT: I just wanted to pick up on the fact that, 20 as a society, we tend to judge behaviour and to ask, 21 rather, "What has happened here?", rather than, "What is 22 wrong with you?", which I know is something that lots of 23 people have alluded to. 24 I also wanted to talk about the importance of 25 specialist services because, as a psychotherapist,</p> <p style="text-align: center;">Page 84</p>

1 I know there are many psychotherapists in the world with  
 2 various levels of training. However, we hear a lot of  
 3 experiences from survivors who have had really poor  
 4 experiences of therapy which have reinforced some of  
 5 the myths, it hasn't picked up the undercurrents, the  
 6 nuances, of the impact of sexual violation. The  
 7 importance of understanding a sensory motor approach to  
 8 psychotherapy which enables the client, especially if  
 9 they have been abused at a preverbal stage or a stage  
 10 when language hasn't been developed fully to help them  
 11 express what's happened to them, that there needs to be  
 12 specialist training for all professionals who are trying  
 13 to facilitate survivors, because, otherwise, that's  
 14 where the retraumatisation can come in.  
 15 MS TUCK: I forgot the question.  
 16 MS KARMY-JONES: It was about how your experience has  
 17 affected the lives of your family and supporters,  
 18 really, and even friends, those around you.  
 19 MS TUCK: Some of my siblings don't want to speak up, and  
 20 they don't want to be identified with what I'm doing,  
 21 but obviously they are identified. They support me, but  
 22 they don't want to keep talking about stuff. Whereas  
 23 others do, but it doesn't matter what they are feeling,  
 24 it all impacts on myself because you just take it on as  
 25 a head of the family. You just take it all on.

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1 There needs to be a place where you can offload this  
 2 and where you can talk to other people.  
 3 MS CLUTTERBUCK: And feel safe.  
 4 MS TUCK: And feel safe doing so. When you are trying to  
 5 have all of this going on, as you said, you are trying  
 6 to --  
 7 MS CLUTTERBUCK: Navigate.  
 8 MS TUCK: -- be the best parent you can be, hold down a job,  
 9 do this and do that and look after five other people's  
 10 lives and keep it all intact and keep it all rolling  
 11 forward. It's difficult, it's very challenging, and  
 12 when you may have an off day and you're exploding in  
 13 someone's face and they don't understand, and you don't  
 14 understand, then obviously there needs to be -- keep  
 15 going on but there has to be that special support  
 16 therapy there to help people through everything they are  
 17 going through, and it's going to change day by day.  
 18 Some people will remain victims because of what they  
 19 have gone through without that proper specialist  
 20 intervention.  
 21 It just needs to be made available. That's it.  
 22 MS KARMY-JONES: Jennie, was there something you wanted to  
 23 share with us?  
 24 MS GRACE: The impact it has on my family, I have got two  
 25 children and, due to circumstances, I can only have one

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1 of my children in contact because there is an element of  
 2 danger for the other side of my family. That in itself,  
 3 nobody understands why, you know, and every day you feel  
 4 the pain of not being able to see your child. I've got  
 5 three grandchildren. I can't see them because it could  
 6 put them in potential danger. So you basically are on  
 7 your own with your other child, and they don't  
 8 understand. It's the damage that is constantly  
 9 happening.  
 10 Like Chris says, you have got to be the one who  
 11 tries to make it okay, and you're tired, but you've got  
 12 to always keep this persona that everything is all  
 13 right, because, if you let any of that down, you are  
 14 either a bad parent -- and, you know, so many times  
 15 I have heard, "Oh, Jennie, you're a bad parent", and yet  
 16 they don't really understand, to sacrifice one of your  
 17 children to keep them safe, it's like taking your heart  
 18 out, basically.  
 19 MS KARMY-JONES: Jennie, I think that was a really emotive  
 20 thing you have told us about and everyone will take on  
 21 board. I'm sure it resonates as well with everybody  
 22 around the table and in the public gallery, so thank you  
 23 for that.  
 24 Helen?  
 25 MS MATTHEWS: I'm sorry, half the time I don't know if

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1 I want to say anything or not.  
 2 As we are talking about support still, you know,  
 3 40 years later, I still haven't had the support, and I'm  
 4 sure that the majority of people in this room feel  
 5 exactly the same way.  
 6 I work for a mental health trust. I have been --  
 7 I went through a crisis three years ago. We will go  
 8 into that more this afternoon. But I still haven't had  
 9 the support. I still haven't got to the root of my  
 10 problems. So if I haven't got to the root of my  
 11 problem, how am I going to help anyone else and also  
 12 support my own children through this? They have been  
 13 fantastic. They are a massive support to me. But they  
 14 don't understand because I can't explain it to them  
 15 properly because I haven't got to the root of my  
 16 problem. So how can I talk to them properly about it,  
 17 if you know what I mean? So get to the root the whole  
 18 time, because, if you don't, you're just going to be  
 19 skimming on the surface, really, until I get the  
 20 support.  
 21 MS KARMY-JONES: Can I just ask something about that, and we  
 22 are going to move on to support in a bit more detail  
 23 this afternoon, but does the need for support change  
 24 across your lifetime?  
 25 MS MATTHEWS: Yes.

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<p>1 MS KARMY-JONES: At different stages of life and how?                  2 What's your experience of that?                  3 MS MATTHEWS: My first counsellor, I was 23. She was                  4 attached to my GP surgery. I opened up to her and said                  5 what had happened to me, and she said, "Well, I'm going                  6 to be honest with you. I have never dealt with somebody                  7 who has suffered child abuse. I don't know what to do".                  8 So I bought her a book. I got her a book, brought it                  9 back the next week and said, "Good luck with that", and                  10 I left because it was no help for me, because she didn't                  11 know what to do with me. So that was the start. Again,                  12 I went on another 10 years before I tried to get help                  13 again. I'm still stumbling. So I don't know.                  14 MS KARMY-JONES: There are different stages of one's life.                  15 We are different people at different stages, aren't we?                  16 MS MATTHEWS: Yes. Because I have stumbled through my life,                  17 I have literally stumbled from relationship to                  18 relationship, from marriage to marriage -- I have only                  19 been married twice, but it feels like 10 times. I have                  20 stumbled through life, getting help at some stage or                  21 another, but it skimmed the surface, it hasn't got down.                  22 If you don't get down to the root, then I'm going to                  23 keep going this way. So hopefully I will get help soon.                  24 MS DUCKWORTH: There are two points, actually. First of                  25 all, what you were saying about the impact and what I'm</p> <p style="text-align: center;">Page 89</p>	<p>1 MS TUCK: I will keep this very brief. You're saying                  2 change, support needs change. I built a new life for                  3 myself from 15 to 30. I tried to ignore all of that                  4 that was going on. So I built a new identity. It took                  5 me ten years to become qualified as an accountant. That                  6 was because I kept failing, but I got there in the end                  7 through bloody determination. But whilst I was doing                  8 that, I was also very bulimic. When I got there, I had                  9 my first child when I was 28 and that was the start of                  10 my breakdown, two years' mental health decline.                  11 I actually had a breakdown at work in front of everybody                  12 and then had to go to the doctor, who gave me six                  13 sessions of counselling where I just cried and never                  14 spoke about anything. No-one ever said to me, "What is                  15 wrong with you?", and I don't think I had the words to                  16 verbalise it because I was trying to leave it all                  17 behind.                  18 Even whilst I was going through the interventions                  19 for being pregnant and peri-natal care and all of that,                  20 that was all traumatising. Every operation I had, I'd                  21 get retraumatised because you are very vulnerable when                  22 you have got -- no disrespect to men, because I do like                  23 you, but when you have men in the room and you're in                  24 a gown and you have nothing on underneath and they're                  25 trying to do things and you're going to be put to sleep</p> <p style="text-align: center;">Page 91</p>
<p>1 hearing today from everyone -- as I said, we can all                  2 talk about the impact a lot, but what I'm really                  3 noticing is there are gaps in knowledge, and hugely so,                  4 among everybody. When friends ask you, "How are you?",                  5 they don't actually want to hear the real answer.                  6 I have teachers coming to me saying, "Everyone is                  7 talking about this but no-one is changing child                  8 protection law". On the contrary, there are now schools                  9 that don't have to have child protection laws -- in free                  10 schools and academies -- legally. In some ways, it                  11 feels like we are going back. So there is a huge gap in                  12 knowledge and that is definitely there, for me, the                  13 families and the partners as well.                  14 Just going on from what Helen is saying as well and                  15 about the different support needs at different times                  16 throughout your life. When you disclose, generally,                  17 obviously, you are going to need a lot more support, but                  18 going back to what I was saying earlier, when you get to                  19 that rock bottom, people often will assume that you are                  20 like that forever and you will be judged like that for                  21 a very long time. You don't always have access to the                  22 support that changes with your needs and with your                  23 level, and that is very true from child straight through                  24 to adulthood.                  25 MS KARMY-JONES: Thank you. Chris?</p> <p style="text-align: center;">Page 90</p>	<p>1 it's very, very traumatising. These physical things                  2 that I have had as a result of my internalised stress,                  3 two anal surgeries and three hip surgeries, so it goes                  4 on and on and on. It is not until you look back at the                  5 impact of what you have gone through that you realise,                  6 shit, that's a lot of stuff you have put up with just                  7 because you have gone through CSA. It is just like,                  8 wow, how the hell did you get to where you are today,                  9 because look what you've done, look at the challenges                  10 you have overcome, you know.                  11 But that is -- we want this growth and this                  12 resilience for every victim and survivor. We don't want                  13 them to be stuck in these mental health issues and                  14 challenges and these physical health challenges. As                  15 a society and as a government and an inquiry, what we                  16 are all doing here today is to highlight the impact and                  17 the support services and what the true needs of victims                  18 and survivors are, because we deserve it. We have gone                  19 through a lot and we deserve our health and our                  20 happiness and our growth. That's the bottom line.                  21 MS KARMY-JONES: Thank you. Gillian, can I start with you                  22 and then I will go to Dawn?                  23 MS FINCH: Yes, things change during our lifetime.                  24 Sometimes more resilient than others. I think one of                  25 the things that for me has been quite striking in the</p> <p style="text-align: center;">Page 92</p>

1 last decade, the last five years, and certainly since  
 2 the inquiry started, and that is this cry that there are  
 3 no services, there are no services. It hurts me because  
 4 I know that, for the last 20 years plus, we have had  
 5 some services, some that have done harm, huge harm, and  
 6 I would say -- I hate to say it, because I know there  
 7 are some amazing mental health professionals out there,  
 8 but I would say mental health has done an enormous  
 9 amount of harm. I have seen people who have been  
 10 subjected to emerging modalities that have -- somebody  
 11 who didn't like being touched, so they were put in  
 12 a touch therapy course for a week and being touched by  
 13 strangers and then deemed as being the failure because  
 14 they were actually traumatised by what was happening.

15 But I think the biggest thing for me is this -- even  
 16 though these services exist, these amazing, incredible  
 17 services that exist within the voluntary sector, the  
 18 specialist sexual violence services that I'm here to  
 19 represent and you're here to represent, that people say  
 20 there's nothing. I know there are services out there,  
 21 services that have done some incredible work with  
 22 survivors, but they are not always that visible and they  
 23 are not always that well advertised and they are not  
 24 really -- people have moved on to the 'net now, so we  
 25 are not there.

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1 You know, when I was looking for a service 20 years  
 2 ago, I didn't know that you could go to a Rape Crisis  
 3 service for sexual abuse. I didn't know that.  
 4 Actually, that meant that my journey 20 years ago could  
 5 have been so different if I had known that. I went  
 6 ahead and set up another service called CIS'ters because  
 7 I didn't know I could do that.

8 I think it is about promoting what is already out  
 9 there so people don't feel so desperate.

10 Finally, I want to say that our journeys are so  
 11 different. I am somebody who was sexually abused as  
 12 a child by a member of my family who was also an  
 13 institutional figurehead, but at the same time I have  
 14 been in a loving, lasting relationship 40 years plus.  
 15 I think that we, as survivors, don't always realise how  
 16 difficult we can be to live with and that, as we grow  
 17 and as we change, that relationship changes as well.  
 18 Our friendships change. I think that's not really come  
 19 through in the report.

20 I used to be somebody who had lots and lots of  
 21 friends and I turned around at 40 and, when I was 50,  
 22 they had all changed. That was because I was a giver,  
 23 and actually the need for support includes friendships  
 24 and it is about, how do you make an enduring, equal  
 25 friendship, because often we will start off just giving,

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1 giving, giving in terms of friends, just to have  
 2 somebody close.

3 The other thing is, people talk about survivors as  
 4 mothers or fathers, but there's a huge number of  
 5 survivors who chose, as I did, not to become a parent,  
 6 because my fear, my anxiety, was that I would not be  
 7 able to protect a child, that the world was such  
 8 a dangerous place. Not just the world, but I was so  
 9 contaminated that I was a bad person, because that was  
 10 where the invested fear was, it was in me, that I did  
 11 not have children and chose to have myself sterilised at  
 12 the age of 21.

13 Do I regret that? Occasionally, I do. I have some  
 14 wonderful nephews and nieces, but at the same time the  
 15 cost of sexual abuse is far higher than most people can  
 16 realise. I think when we talk about operations, it is  
 17 not just the girls, it is the boys as well. The  
 18 operations. Any intrusive examination, anywhere where  
 19 you feel vulnerable -- doctors, dentists, all of those  
 20 areas, some of that did come out in the report, I think  
 21 that the cost is high.

22 What we put in place has to be -- for that child to  
 23 give up where they are now, and we are seeing this with  
 24 CSC, for the child to give up where they are now, what  
 25 you offer has got to be greater. What you have got to

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1 offer me in terms of being able to trust is greater than  
 2 where I am when I can't trust. Otherwise, I'm not going  
 3 to put my hand out and grab it. But the first thing is,  
 4 we have to be able to promote what we have already in  
 5 terms of these amazing services and invested by people  
 6 who set them up with great heart and very little  
 7 funding, and they're disappearing around us as we are  
 8 sitting here talking, and to me that's another crisis,  
 9 and I know that's another conversation, but actually to  
 10 me -- why do people not know about them? Why do people  
 11 not know about these services that are already out  
 12 there?

13 MS KARMY-JONES: Thank you, Gillian. I am just going to  
 14 turn to Dawn and then one last comment perhaps from  
 15 Amanda and Noelle. I would thereafter like to open it  
 16 up to the public gallery. We may have to go a little  
 17 bit beyond the 1.00 pm mark.

18 MS D THOMAS: I would just like to pick up on a point that  
 19 Helen made in terms of seeking support and then being  
 20 given a counsellor linked to your GP and then  
 21 counsellors not having the knowledge, or that specialist  
 22 knowledge, around the impact of sexual violence.

23 For me as a CEO of a Rape Crisis centre and also  
 24 co-chair of Rape Crisis England and Wales, this is  
 25 something we hear quite often, where we have doctors,

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1 counsellors, signposting clients or survivors into us  
 2 because the area was too difficult or the topic was too  
 3 emotive to deal with. It is something that we often  
 4 see.  
 5 Picking up on a couple of points that Gillian made,  
 6 in terms of the specialist support needed for survivors  
 7 of childhood sexual abuse, it needs to be more holistic.  
 8 As a Rape Crisis movement last year, we supported  
 9 just over 83,000 survivors, adult survivors, of  
 10 childhood sexual abuse, and yet, as Gillian said, there  
 11 are many people that wouldn't put two and two together  
 12 to access support as an adult survivor of childhood  
 13 sexual abuse from a Rape Crisis centre. I just wanted  
 14 to make that point.  
 15 MS KARMY-JONES: Thank you very much. Amanda, can I go to  
 16 you next, and then I think --  
 17 MS NAYLOR: Just picking up on Gillian's point around  
 18 relationships, that's something Barnardo's have been  
 19 working really hard on. I've brought some voices and  
 20 experiences of some of those marginalised groups we  
 21 talked about, so we would like to submit that later,  
 22 madam chair, to the inquiry around hearing those voices  
 23 within this forum. I think that's really important, and  
 24 the impact.  
 25 Secondly, picking up around what we heard, these

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1 transition points or trigger points in people's lives  
 2 where things take a different turn or -- either negative  
 3 or positive. What we are seeing more and more is  
 4 children and young people when they are transitioning to  
 5 adulthood and the gap there between both services, but,  
 6 also, the impact of losing those protective networks and  
 7 then starting again in adult networks is really  
 8 significant, both in terms of revictimisation potential  
 9 there, because young people are more vulnerable, but  
 10 also having to start telling their stories again and  
 11 start finding new support networks and, actually, making  
 12 that link to make that transition much more seamless  
 13 requires both the children's sector and the adult sector  
 14 to work together well, but also not just around the  
 15 voluntary sector, health, education, all areas need to  
 16 really come together to make that transition happen,  
 17 because I think we are seeing more and more young people  
 18 have had support, they have made progress, but at that  
 19 point when nobody picks that up, they fall down again  
 20 and adult services aren't always there, or young people  
 21 might not feel old enough sometimes to access adult  
 22 services because they are still young adults, so we  
 23 really need to meet that gap.  
 24 DR BLACKMAN: I just wanted to go back, right back to  
 25 talking about how our therapies can often retraumatise

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1 people. I think there is a lot to learn, perhaps, from  
 2 some of the therapeutic work we do with people with  
 3 learning disabilities where we have to really think  
 4 about developmental trauma and approaching them at the  
 5 developmental place they are at right now. I think we  
 6 often go in, when we are supporting people, as adults or  
 7 survivors of CSA at an adult level, and actually it is  
 8 a very unprocessed, still very childhood experience, so  
 9 I think -- you spoke a little bit about a trauma-based  
 10 approach which I think -- across all systems, which  
 11 I think is really important. But I think it also needs  
 12 to be a developmental trauma approach so that we  
 13 actually don't go in at the wrong level, which is very  
 14 harmful and we also think about the regulation, the  
 15 emotional regulation that is often missed for children  
 16 who have experienced CSA, who maybe even within their  
 17 protective family, the whole family becomes disregulated  
 18 and, actually, to address regulation and to address the  
 19 developmental trauma is really important.  
 20 MS KARMY-JONES: I think there are others around the table.  
 21 Akima, you are one. Can I hold that thought and turn to  
 22 the public gallery and come back to you after the break.  
 23 If we can go to the public gallery now and see if  
 24 there is something you would like to contribute to the  
 25 discussion.

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1 Comments from THE PUBLIC GALLERY  
 2 UNIDENTIFIED SPEAKER: When I think back, what would really  
 3 help -- I don't know if they have changed it now,  
 4 because this is like 30 years ago, but back then, all  
 5 they were more concerned about is stopping the act. One  
 6 of the things that I think is so imperative and  
 7 important is that, just because you have taken that  
 8 child out of that place where they are not being  
 9 protected and then thinking that's okay, it's not  
 10 happening no more, that child will be fine, no, you need  
 11 to now start working with that child mentally, because  
 12 all that happens is they say, "Right, the experience has  
 13 stopped", then the next minute the child experiences  
 14 a whirlwind, because to the child, they don't know they  
 15 are being abused, they don't understand that type of  
 16 language.  
 17 So one minute the child is there with their family  
 18 thinking everything is okay, then the referrals come  
 19 through, the child has been removed and all of a sudden  
 20 now the child doesn't understand why has that child now  
 21 been removed.  
 22 One of the things that I think would have helped me,  
 23 on my file, when the allegation was made, it said that  
 24 I should have I think it was "psychiatric child play" or  
 25 "child therapy". The social worker actually put, "There

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<p>1 is no time", and closed the case.                  2 Now, I personally believe that my mental health that                  3 I'm constantly battling with every day is because of                  4 what they tried to not address as a child.                  5 So, for instance, it is a situation where now I feel                  6 like if I would have had the right therapy as a child at                  7 my level, rather than waiting until I became an adult                  8 and then finding all of these organisations and                  9 charities myself to get help, by that time, I've gone                  10 through the sexual abuse, I have gone through a                  11 relationship, gone through buying a house, and you go                  12 through everything else in life, but you still haven't                  13 dealt with what's been happening down there, so then it                  14 makes everything else such a hard problem because you                  15 feel like you're not coping, but it is not because of                  16 that; it is because the mental problems that a child                  17 has, you need to address it at that child's                  18 understanding, so that hopefully by the time they do                  19 turn into a teenager and adult, they are not walking                  20 around with rage and wanting to kill everyone because                  21 they are feeling so let down.                  22 It is so important that you get that child to                  23 understand that what happened was wrong, it wasn't their                  24 fault, and, hopefully, working with them, they will be                  25 able to grow up so they don't end up either going on</p> <p style="text-align: center;">Page 101</p>	<p>1 I agree with what the lady said before: one of the very                  2 important things that we are missing, until the people                  3 at the top of the system stop covering up and take                  4 sexual abuse seriously -- not talking about it, not                  5 writing reports, but actually do something at the top,                  6 no matter what happens in this room today, it is not                  7 going to make any difference because she is right, they                  8 need to have systems in place to deal with sexual abuse                  9 when people disclose, and to deal with it appropriately,                  10 and you need to cut the root of it. But it is top                  11 assisted, and I know because I have worked in it                  12 40 years. It is covering up. Until that is stopped, we                  13 are not going to have the result that we need for                  14 people. We are not going to do it. We need to stop it.                  15 We need to be challenging the systems of change.                  16 MR ROBSON: Pete Robson again. What the lady just said                  17 there about people at the top, she hit a note with me                  18 there.                  19 As we all know, there are people at the top -- and                  20 I mean at the top -- who still are covering these things                  21 up. I have to be careful. Last time I was in here,                  22 I got in trouble for it. But they are at the top. But                  23 I will mention this, I think there was leading counsel,                  24 an MP, and a social worker there tried to cover this                  25 whistleblowing up. Now that social worker is the MP and</p> <p style="text-align: center;">Page 103</p>
<p>1 drugs to hide the pain or going on alcohol. It is so                  2 important that just because the act is not happening                  3 anymore, it is so important now to try to get that child                  4 to understand what happened wasn't their fault and then                  5 to continue working with them, or else they are just                  6 going to fall into the system and now they are going to                  7 be trying to look for support as an adult but yet still                  8 speaking to that inner child.                  9 MS KARMY-JONES: That's a very interesting observation and                  10 ties in with the comment, perhaps, about different                  11 supports being needed at different stages in your life.                  12 Thank you very much for that.                  13 MR O'MARA: Nigel O'Mara. One of the things that I think                  14 was missing from the report, if we can just go back to                  15 that bit, was the impact of homelessness on victims of                  16 sexual abuse and how that affects the way they interact                  17 with services.                  18 Very often, because they have had to move to                  19 a different area, that means all of the services that                  20 they are using have to change. I think it couldn't be                  21 too far to think of a way of making that a lot easier to                  22 cope with and a lot easier for the survivor to be able                  23 to continue using a single service if they'd prefer.                  24 MS PATCHETT: My name is Gee Patchett. We run an                  25 organisation that works with victims and survivors.</p> <p style="text-align: center;">Page 102</p>	<p>1 the MP who opened it up in parliament is assisting. So                  2 that's one way of covering up, isn't it, promoting them.                  3 That's my personal opinion.                  4 The other thing is, with counselling, once again I'm                  5 going back on to my friend Colin Watson. I am sick and                  6 I am sick of asking, begging and pleading to get help                  7 for him. In the 1980s he reported to the police. He                  8 was told I think in 1999 that they were dead or couldn't                  9 trace them. I'll tell you the names I can remember --                  10 MS KARMY-JONES: I'm just going to ask for names not to be                  11 mentioned. Otherwise, we will potentially have to cut                  12 the feed.                  13 MR ROBSON: Yes. Anyhow, he was told they were dead. A few                  14 years later, he asked about -- then they had no records                  15 of him having reported it, full stop. That's it, gone.                  16 A few years later, because he's bed-bound, he                  17 happened to be -- said to his carer, "Will you get my                  18 case out?" There in the case there was this report from                  19 1999 from the executive who he reported to originally                  20 which proved that he had reported it. When he got back                  21 in touch with the police, he said, "There's the                  22 documentation". "Oh, they were destroyed in a flood".                  23 I think there was something that they didn't -- I mean                  24 (inaudible) destroyed in the flood to start with.                  25 One last thing is, since then, I have been getting</p> <p style="text-align: center;">Page 104</p>

1 counselling, and I appreciate what that lady is doing  
2 for me. As I said last week, we have had an example of  
3 what I am like. That lady is now, next week, going to  
4 start finding out this evil person inside of me which  
5 I'm fighting off. But Colin is still waiting for that.  
6 I have also asked the lad from IICSA several times to  
7 get him help. He said he's done this and done that.  
8 But nothing has been done for Colin Watson.  
9 MS KARMY-JONES: Be careful about names.  
10 MR ROBSON: Colin said I can use his name.  
11 MS KARMY-JONES: The lady at the back, please, and then  
12 I will come back to you, sir.  
13 MS COATES: Sheila Coates from the VSCP. We have heard the  
14 words "specialist services" today quite a lot. We all  
15 need to be very clear what we mean by that. Victims and  
16 survivors and victims and survivors organisations are  
17 very clear what they mean by that. If we get this wrong  
18 about specialist services, we will create something  
19 worse than we already have. So we need to be careful.  
20 We currently have a situation in this country where  
21 victims and survivors are waiting six months,  
22 nine months, a year to access support from specialist  
23 services. I'm not even sure how long you wait in the  
24 statutory sector and the statutory sector then refers  
25 on. So we have a crisis.

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1 So this piece of work and what we are talking about  
2 needs to be really focused. This isn't something that's  
3 not really important. I know this sounds really  
4 emotive, but people will die while we are having these  
5 conversations.  
6 MS KARMY-JONES: The gentleman just sitting in front of you,  
7 please.  
8 UNIDENTIFIED SPEAKER: I missed a little bit earlier, so  
9 somebody may have mentioned this, but I think there is  
10 a spiritual element to this, in that, when somebody is  
11 abused, they take on that person's character; it may  
12 penetrate the subconscious mind and then come out later.  
13 I have heard plenty of people talking about these  
14 characters that they have in their head. They call it  
15 DID, something like that, dissociative personality.  
16 So I think that when somebody is abused, penetrated  
17 physically, there is also an energetic psychological,  
18 psychic penetration and the victim is left contaminated  
19 by that.  
20 So not only do they have to understand their own  
21 particular emotional structure based on their  
22 experience, they need to understand the psychology of  
23 the abuser, which will help them to avoid future  
24 situations like that. I think it will also give  
25 a certain amount of peace of mind.

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1 I hope nobody has a go at me for saying this, but  
2 I think the abusers are so deep in the darkness, so  
3 abused themselves, that they're not even aware of it.  
4 They think what they are doing is all okay, but if they  
5 actually managed to get out of the box, their own  
6 personal box, and look at their behaviour, they'd be  
7 able to see how deep in that darkness they are. All  
8 they are doing is pulling people into it. That's all  
9 I have to say for the moment. Maybe there will be  
10 something tomorrow.  
11 MS KARMY-JONES: Thank you very much. I am just going to  
12 see if there is one more contribution. I don't know if  
13 you, sir -- you made an expression. I wondered if you  
14 wanted to add anything at all?  
15 UNIDENTIFIED SPEAKER: Going back to therapy side of things,  
16 I was going through EMDR.  
17 MS KARMY-JONES: Just help everyone with that, EMDR?  
18 UNIDENTIFIED SPEAKER: Rapid eye movement thing it is, where  
19 they put you back obviously to the event, you know what  
20 I mean, and they try and put it back into your mind in  
21 a more organised way, not in a chaotic way, which is  
22 what is in all our minds, people who have been through  
23 abuse, it's the chaoticness that -- we don't quite  
24 understand the damage that's actually been done, but we  
25 have to be made to face it, you know what I mean, when

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1 we actually have no knowledge of it, you know what  
2 I mean, because the damage is massive, and all survivors  
3 survive it in different way. Whatever road they go down  
4 to survive, they just survive to get through.  
5 Basically, going through EMDR, it took a long time  
6 obviously for me to get to that point to let them go  
7 through with EMDR and stuff like that.  
8 But about three or four months into it, the can of  
9 worms has obviously been lifted off the events, and then  
10 all of a sudden the funding was pulled. So, basically,  
11 they couldn't even close my EMDR session properly, so  
12 that can of worms is still open, do you know what  
13 I mean, and then I have gone to GP, asked for help again  
14 to finish off what they had obviously started. The GP,  
15 two-year waiting list, and I can't have the therapist  
16 that I actually had beforehand because she's a private  
17 therapist and not an NHS therapist.  
18 So it took all that time -- basically wasted all  
19 that time, you know what I mean, and now they are  
20 expecting me to wait another two years to then start it  
21 all again. That ain't fair. It is just not.  
22 MS KARMY-JONES: Thank you very much. Just one last thing.  
23 MS ANDERSON: My name is Jocelyn and I run a Rape & Sexual  
24 Abuse Support Centre. There are a couple of things that  
25 I wanted to pick up on.

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<p>1 One was going back to the report which is looking at                  2 child sexual abuse. The thing that stood out for me,                  3 and I know somebody mentioned it earlier, was the lack                  4 of mention of grooming and how children are controlled                  5 and how they are maintained. For me, that needed to be                  6 expanded upon.                  7 But also the element is that many people look at                  8 child sexual abuse and think it is a one-off event.                  9 What for me didn't come out in the paper is that it is                  10 very often a sustained period, you know, 10, 15 years of                  11 children being abused and then trying to unravel that                  12 later on in life. So there is something about                  13 complexity of child sexual abuse and the insidious                  14 nature of abuse that for me was missing from the paper.                  15 Also, picking up on the lady's point in the front,                  16 when you start looking at safeguarding and child sexual                  17 exploitation strategies from local government and health                  18 authorities, they stop at the point of where they have                  19 made the intervention. The support for the children                  20 going forward is cursory. It is, "Oh, well, we will                  21 pass that on to the voluntary sector, or something else                  22 will happen". There aren't actual plans to support                  23 those children going forward.                  24 We opened a children's counselling service. Within                  25 six months, we had 75 children. No advertising, no</p> <p style="text-align: center;">Page 109</p>	<p>1 participants to the table? I am going to ask each of                  2 you to introduce yourselves, the new participants, if                  3 that is all right, head in hands. If we can start with                  4 Jocelyn, where are you? We have moved some people                  5 around. Hi Jocelyn. We have met in a different way.                  6 Thank you for joining the participants' table. I think                  7 you were scheduled to do that. Tell us a little bit                  8 more about yourself, please?                  9 Introductions                  10 MS ANDERSON: My name is Jocelyn Anderson. I am the chief                  11 executive of West Mercia Rape and Sexual Abuse Support                  12 Centre. We work with children and women survivors of                  13 rape and child sexual abuse. I am a therapist and                  14 I have been working with survivors for about 14 or                  15 15 years.                  16 MS KARMY-JONES: Thank you. Then we have Oliver sitting                  17 next to you.                  18 MR CHANTLER: Hi, I am Oliver Chantler, I am public affairs                  19 and campaigns manager at Samaritans. Samaritans is the                  20 UK and Ireland's largest suicide prevention charity and,                  21 as part of our work, obviously we do hear from survivors                  22 of sexual abuse.                  23 MS KARMY-JONES: Thank you. Next to you we have Noel?                  24 PROF SMITH: Hello, my name is Noel Smith. I am a professor                  25 from the University of Suffolk. I think my main</p> <p style="text-align: center;">Page 111</p>
<p>1 nothing. Purely people finding their own way to us. So                  2 the demand is out there, and when you look at the mental                  3 health services at the moment, CAMHS, just because you                  4 have been raped or sexually abused does not guarantee                  5 you a service. You have to have an underlying mental                  6 health condition to go along with that. Give that child                  7 six months, and they will have developed one. So we                  8 need to make the interventions at the time.                  9 MS KARMY-JONES: That's a good note to pause for our                  10 afternoon break. Could I ask, madam chair, if you would                  11 be inclined to come back at 2.10 pm to give everyone                  12 a full break to go out and get lunch.                  13 THE CHAIR: Yes, of course, Ms Karmy-Jones. I would like to                  14 take this opportunity to thank those members of                  15 the panel and the audience who are not returning this                  16 afternoon. Thank you very much for your presence today                  17 and for all of your contributions. We will return at                  18 2.10 pm.                  19 (1.10 pm)                  20 (The short adjournment)                  21 (2.10 pm)                  22 Opening comments by THE FACILITATOR (Session 2)                  23 MS KARMY-JONES: Hello everyone, and welcome back.                  24 We are going to start on our second session of                  25 the day. Can I welcome, first of all, some new</p> <p style="text-align: center;">Page 110</p>	<p>1 function here is to talk to a piece of research that                  2 I undertook in collaboration with transitions and                  3 survivors and The Survivors Trust which was focused                  4 about looking at adult survivors' experiences of                  5 services and service provision.                  6 MS KARMY-JONES: Thank you. We also have two new                  7 panellists. Fay, if you could tell us about yourself,                  8 please.                  9 MS MAXTED: Hi there. Yes, I am on the Victims and                  10 Survivors Consultative Panel. I was sexually abused at                  11 a very young age, before I started school. It took me                  12 quite a few decades to work out how to put that                  13 somewhere in its place and move on a little bit.                  14 MS KARMY-JONES: Thank you for joining us. And Peter?                  15 MR SAUNDERS: Hi, I'm Pete Saunders. I'm the founder of                  16 NAPAC and currently a member of the Victims and                  17 Survivors Consultative Panel. It is good to see faces                  18 here, some of them go back 20 -- in fact, some faces go                  19 back a lot further than 20 years, but it is good to be                  20 here. But before I forget, I would make the point that                  21 I agree completely with what Nigel O'Mara said this                  22 morning about the lack of male representation this                  23 morning. That was something that we tried to bring to                  24 the attention of the inquiry, as soon as we came in this                  25 morning, that it was unacceptable, but what we all have</p> <p style="text-align: center;">Page 112</p>

1 to bear in mind, and this is not an apology on behalf of  
2 IICSA, is that IICSA, itself, of course, is an  
3 institution that is guided and ruled by certain rules  
4 and procedures and legalities, but the other point  
5 I think that David Enright made, which was that, had it  
6 just been a table full of men this morning, there would  
7 have been uproar, so I'm glad that they mentioned that  
8 and I look forward to this afternoon's discussion.

9 MS KARMY-JONES: Thank you. We spent the morning speaking  
10 about impact. Three of our victims and survivors  
11 participants have asked and offered to read out their  
12 victim impact statements to us to really highlight some  
13 of the things that we were talking about this morning.  
14 It is a very generous offer. Thank you. I have spoken  
15 to the chair and the panel, and they are very, very  
16 happy to hear that.

17 I think, Heidi -- no, in fact, Helen, I think you  
18 were going to kick off with that. Thank you.

19 Statement read by MS MATTHEWS

20 MS MATTHEWS: First of all, I've written notes on top of  
21 notes, so it is a bit around the wrong way, and I have  
22 got glasses on now, so I can see you all now.

23 Mine was taken from another speech I did for  
24 somewhere else, so it is a bit bitty:

25 "I have suffered with chronic depression for

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1 30 years. I have suffered with periods of suicidal  
2 thoughts with absolutely no self-worth. I have had  
3 varying degrees of self-harm, aversions to food,  
4 substance misuse with alcohol, chronic pain, which there  
5 is a link with depression, as we know, and I have always  
6 been told, you know, 'You're too complex'. That was  
7 always my biggest thing: 'You're too complex for us',  
8 and I was moved on.

9 "The reason for all this was that I suffered sexual  
10 abuse between the ages of 9 and 11 by my uncle. I was  
11 seen at CAMS at approximately the age of 14. That  
12 didn't work because they put me in front of a two-way  
13 mirror and I was absolutely petrified that my secret  
14 would get out, so I ran out of the room, my family close  
15 following. No-one ever questioned why. They just sort  
16 of let me carry on and just put it down to me being  
17 a child.

18 "This then led to family secrets, with some close  
19 family members knowing and others not, which then  
20 impounded the effects of the PTSD, up until now.

21 "My uncle did admit what he had done, but my mum  
22 always tried to get me to go to the police, but that was  
23 mainly because my mum and dad had split up so she  
24 thought 'Let's get back at her dad and get her to report  
25 it to the police', but the police did say to me that it

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1 would be a long, drawn-out process and there was no  
2 guarantee that I was going to win anyway. So of course  
3 I didn't do anything about it.

4 "For years I couldn't look at myself in the mirror,  
5 I couldn't see through the black fog in my head and  
6 I couldn't get any intensive, specialised therapy.

7 "For years -- I have got two children who have also  
8 suffered with me because whatever I went through in my  
9 40 years they have gone through in 28 of them. I have  
10 had two failed relationships, two failed marriages, two  
11 failed main relationships, and I isolate myself to this  
12 day. I go out, I go to work, I come home, I don't go  
13 out.

14 "I have chosen badly. I think I have always chosen  
15 the wrong type of relationship because I have  
16 self-sabotaged my whole life. But after I hit crisis  
17 point about four years ago, when I literally begged them  
18 to admit me onto the mental health ward, they said that,  
19 no, they felt this wasn't what I needed. They were  
20 right. If they'd admitted me, I probably would have  
21 gone further down that line. I don't know where I would  
22 have been.

23 "The suicidal thoughts have stopped, but mainly  
24 since my grandchild was born. But I can now say that  
25 I'm fairly proud of the fairly level-headed person

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1 I have become now. But all from the little bits that  
2 I've taken from that innocent nine-year-old little girl,  
3 from the lies, the deceit, the letdowns, everything,  
4 that nine-year-old little girl still stands there in  
5 front of me to this day.

6 "But the sad part of this is, I'm now having to pay  
7 for my own treatment. I now have to pay for a weekly  
8 appointment. But, really, it is 40 years too late. It  
9 should have come 40 years ago. But I will end with my  
10 favourite quote:

11 "Healing doesn't mean that damage never existed.  
12 It simply means the damage no longer controls our  
13 lives'."

14 Thank you.

15 Statement made by MS GRACE

16 MS GRACE: As I said before, I'm a survivor of sexual abuse.  
17 One of the things I was always told as a child, that  
18 I was evil, bad, naughty, it was my fault. As a child,  
19 you want to please everybody, and you learn to please  
20 everybody around you, especially adults.

21 I grew up going overboard with everything, never  
22 that happy medium, because I wanted to be liked, but  
23 never really achieving that, because people started to  
24 use me.

25 I had -- I still do have -- nightmares, and, you

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1 know, something could trigger it off, something that's  
2 happened during the day. I subconsciously push it to  
3 the back of my head, but as soon as I fall asleep, it  
4 comes out in nightmares.

5 With that, I end up and still make myself clean,  
6 going through a ritual, but it never happens, because  
7 you hear the voices of the perpetrators and you just  
8 want to be -- you want to be different, you don't want  
9 to be carrying all this filth at the times that -- you  
10 know, that's not always I feel filthy, but there are  
11 times when you do.

12 Constantly moving, and the effect that has on my  
13 son, who is 17. We had to move several times, the  
14 majority of the time not of our own fault, but that  
15 leaves my 17-year-old son never making friends. Myself,  
16 you know, being a mother, completely isolated from  
17 anybody else but the services. So you don't trust the  
18 services because, when you went out for help when you  
19 were younger, they didn't listen. The mental health  
20 services treated me quite appallingly at the age of 11  
21 because my behaviour became erratic. I was diagnosed  
22 with schizophrenia. Less than 10 years ago, that  
23 diagnosis was changed to post-traumatic stress. That  
24 doesn't mean that -- I had so many psychotic medications  
25 pumped into me that there is an underlying damage. My

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1 memory is -- like, I can't remember -- I want to say  
2 things and it doesn't connect, and that's, you know, the  
3 damage of the psycho -- because I wasn't psychotic.  
4 I have had ECT at the age of 13, and you kind of like  
5 think, instead of allowing me to say this was happening,  
6 it was pushed down and pushed down, and so the words  
7 that the people were saying to me, "You're evil, you're  
8 dirty", things like that, you know, you wear them.

9 It's like, the physical damage, I have had  
10 operations to try to rectify the damage which was  
11 done -- I mean, I was a toddler -- up until I was in my  
12 20s, you know, and nobody would listen to me. So you go  
13 to -- you seek help in behavioural ways.

14 I became a selective mute, but my eyes would tell my  
15 pain, and my behaviour would tell my pain, but that  
16 didn't -- it didn't help me. So you kind of like have  
17 this label.

18 So, you know, the trust that you have -- you are  
19 meant to have in the services, you cannot -- you just  
20 can't trust them. You will use the services to the  
21 ability that you want them, like the psychotic  
22 medication, because I couldn't express what was  
23 happening. It actually numbed my feelings. But then,  
24 you know, to deal with the pain afterwards, especially  
25 after I had my daughter, it was, like, the trigger

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1 that -- you know, going through the birth, it triggers  
2 off so many memories that, again, you have a label  
3 pushed upon you, because they're not looking at what is  
4 affecting your behaviour, what is affecting your fear,  
5 it's just added, you know, "Tick, she is definitely  
6 psychotic".

7 So I wouldn't allow people near me. I was like  
8 a scared animal, really. You know, when the nurses came  
9 to dress me and things like that, it was like, you know,  
10 I'm screaming, "Don't touch me", and things like that.  
11 So you're, again, labelled.

12 When you don't have trust and people are ordering  
13 you, instead of -- you know, as a mother, because you  
14 have been abused, you want to be able to be taught how  
15 to be a mum to your children, but people -- you know,  
16 people in authority saw that as a neglect, instead of  
17 me -- you know, saying, "Right, Jennie, let's help you  
18 with this, let's work alongside you". It was like, "Oh,  
19 dear, alarm bells, we need to put this child on an  
20 at-risk register". I was crying out for someone to show  
21 me what I needed to do, show me how to feed my child and  
22 how -- you know, show me, and, you know, I was a mum.  
23 I had the same feelings, the same love for my child, but  
24 it was the lack of how to care for the needs of  
25 the child and, if someone had shown me, I really believe

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1 that it wouldn't have caused being put on the at-risk  
2 register, which, again, lack of trust, and all that  
3 stuff, those words and that, came in.

4 So all those years, you know, for about 30-odd  
5 years, you listen to this voice. When something is  
6 done, you know, that you have no control, like children  
7 being put on the at-risk register, the triggers of  
8 the birth, the wrong labels, you basically want to be  
9 heard. But because you're not, you're carrying all  
10 these labels. It's like -- I see it as an embedded  
11 tattoo. And it grows with you.

12 Seeking services, there was nobody there, so you  
13 kind of try to help yourself, but every time you try to  
14 help yourself, you fall flat back down again.

15 Also, seeking justice. The justice system, the  
16 place in that, it's just so hard to be heard. Again, it  
17 looks as if you're the criminal and it's, like, you have  
18 to prove -- keep on proving that you're worthy.  
19 Sometimes, you're never getting there, you know, but we  
20 try and try and try; "Listen, I'm telling the truth".

21 Being heard and believed is the freedom that the  
22 majority of us need to be able to live a relatively  
23 normal life, and that's kind of like -- you know, and  
24 it's my children. My children, sadly, have to suffer  
25 because of the years that nobody really wanted to help.

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<p>1 So it is the impact on my children. That's what                  2 I -- that's what hurts me the most, my children.                  3 MS KARMY-JONES: Thank you very, very much.                  4 Statement read by MS CLUTTERBUCK                  5 MS CLUTTERBUCK: Mine takes a bit of a different format.                  6 This is something I wrote as part of my impact statement                  7 for the IPCC, and it actually describes the day that                  8 I went to the police station and disclosed, after                  9 40 years, and the events that happened afterwards:                  10 "As I climb into my car, I can feel the rise of                  11 acid-filled sick in my throat. It catches me by                  12 surprise and I swallow hard, trying to will it back in                  13 its rightful place. Inhaling deeply, I sit motionless                  14 gripping my steering wheel. Although I'm not moving, my                  15 mind is racing at supersonic speed: am I really going to                  16 do this? Is it the right thing? What about everyone                  17 I care about? What if I'm not strong enough? What if                  18 no-one believes me? Then I did something I never do,                  19 I remember. I go back to that time. I remember all                  20 those long-ignored memories, and then I start the car.                  21 "On autopilot, I take a familiar route used for                  22 carefree shopping trips and coffee with friends, except                  23 this journey will not be fun. No laughter or purchases                  24 to hide. I will come back from this trip different.                  25 The journey will change me forever. Again, the doubts</p> <p style="text-align: center;">Page 121</p>	<p>1 a rundown of the variation bugs and viruses doing the                  2 rounds at playgroup and school and safely back to that                  3 mysterious rash.                  4 "A feeling of guilt washes over me. Jane is one of                  5 my closest friends, a friendship steeped in history and                  6 shared experiences. She knows me inside and out, and                  7 yet, today, she has no idea. This journey, this                  8 destination, will change me forever, and yet she doesn't                  9 have a clue. But that isn't because I don't love or                  10 trust her. In fact, it is because I love her so much,                  11 I am protecting her and that is the way it needs to                  12 stay. No good will come from sharing this, not with                  13 people I love. Of that, I am sure.                  14 "As Jane launches into an intricate description of                  15 the rash, I arrive. I am here and now I need to move                  16 before I lose my nerve. 'Jane, I have to go. I'm in                  17 town and I just need to pop and get some shopping before                  18 the school run. I need to go. I'll call tonight. I'll                  19 check how things are with the rash'. I pause and then                  20 say, 'I love you' and I press the 'End call'. Shit,                  21 shit, shit. A lie. Well, Jane had done her job.                  22 Distracted I was, but now I also felt guilty and sad.                  23 Reasoning this isn't about anyone else but me, I am                  24 protecting her, so that makes that small lie an act of                  25 kindness.</p> <p style="text-align: center;">Page 123</p>
<p>1 and fears begin to shout in my head louder and louder.                  2 I grab at the radio, desperate to hear a new noise, but                  3 the chatter is too loud, too prominent. Okay. Who can                  4 I phone? Who of all my friends will chatter with little                  5 input from me? Jane. I quickly hit 'Dial' on my                  6 hands-free and, after a few rings, she is chattering                  7 happily with tales of rugby matches, nits and a very                  8 unusual rash. I have never been so pleased to hear of                  9 normal humdrum in my life. I listen intently trying to                  10 focus on every word, occasionally um-ing and agreeing                  11 when necessary, but then hot, nervous, angry tears prick                  12 in my eyes. I blink hard, willing them away, but more                  13 come, making my nose run at the same time. I sniff,                  14 trying to gain my composure. 'Are you okay?', comes the                  15 question into the car space around me. 'Are you okay?'.                  16 No, I'm not, I am scared and frightened and I feel sick.                  17 I don't want to do this, but I know I have to. I want                  18 so badly right now to share this with you, but I can't,                  19 and I just want to turn around and pretend this isn't                  20 happening. I want to go home, but I can't. I just                  21 can't.                  22 "Startled, I can't think of what to say and after an                  23 awkward silence I say, 'Oh, I think I'm coming down with                  24 something'. My heart is now nearly beating out of my                  25 chest, but in true Jane style she happily launches into</p> <p style="text-align: center;">Page 122</p>	<p>1 "As I step out of the car, I am met with ice cold                  2 sleet and a piercing wind, but it feels beautiful.                  3 I stand lifting my head to the grey, bleak sky. Closing                  4 my eyes, I just breathe, in, out, slowly forgetting all                  5 the noise and chaos in my mind. I stand there for some                  6 time, as when I open my eyes again, the sleet has turned                  7 to snow and I have a shroud of snow across my shoulders.                  8 It is time.                  9 "I turn and walk head down determined and set on my                  10 path. Strangely, a sense of calm increases with every                  11 step. I walk boldly up the steps of the police station                  12 and stride confidently to the desk. I don't want anyone                  13 to pick up on my fear. I want to appear in control.                  14 I am not scared. I am not a victim. I am in control.                  15 "The receptionist smiles as I approach her, 'I'm                  16 here to see Inspector Adams. He is expecting me. It is                  17 Alice Williams'. Without looking up, she taps a few                  18 buttons and waves for me to take a seat. As I sit in                  19 the welcoming atmosphere of grey walls and posters in                  20 every language about domestic violence, I begin to                  21 fidget and can feel a rising sense of panic. God,                  22 please do not leave me here for long. I then randomly                  23 decide to play a bizarre game of 'Guess the crime of                  24 the people who enter the room'. After only five minutes                  25 I have identified a serial killer, a boy racer and</p> <p style="text-align: center;">Page 124</p>

<p>1 a stalker, all of whom I have invented a host of crimes                  2 committed, until Inspector Adams appears at the door,                  3 accompanied by a heavily pregnant woman.                  4 "After pleasantries are exchanged, I follow into an                  5 interview room. It is a small grey box of a room with                  6 a small desk in the corner and a chair on either side                  7 and on old-fashioned recorder on the desk. Inside the                  8 grey box we begin. Inspector Adams has left me in the                  9 capable hands of Carol, Sergeant Evans. A professional                  10 looking woman of about 30 who is immensely pregnant.                  11 She's wearing a striped top which helps to increase the                  12 largeness of her tummy. Gok Wan really is right:                  13 horizontal stripes do nothing for the fuller figure.                  14 She looks like a kindly soul and after a small talk of                  15 due dates and labour we settle down to business.                  16 "We begin with the basic details of who I am, date                  17 of birth, personal details, my family, all safe                  18 territory. Then she speaks the words I have dreaded                  19 since I entered the grey box. 'Can you tell me, in your                  20 own words, about your abuse?'. I suddenly feel                  21 startled. My mouth is dry and the sick is rising again                  22 in my throat. I dig my fingernails into the side of my                  23 leg to try to push myself into action. My brain jumps                  24 back in time and I travel back to those long-ignored,                  25 but not forgotten, memories. Autopilot kicks in and</p> <p style="text-align: center;">Page 125</p>	<p>1 away into the distance, so he continues.                  2 "As he lifts the carriage door and her eyes adjust                  3 to the light, she searches desperately on the ground for                  4 the footprints, but they are gone, new snow has settled.                  5 No-one can see. That's why they didn't come. She feels                  6 so sad. No-one is going to ever come. She doesn't want                  7 to play in the snow anymore. She wants to hide in her                  8 room. She's sore from what he has done and just wants                  9 to hide.                  10 "Suddenly, I can feel her in the grey box. I can                  11 feel her sadness hanging in the air around me. It                  12 almost feels like I'm having an out-of-body experience.                  13 She is crouched on the floor, curled in a tiny ball in                  14 the corner of the room. Hugging her knees, she is bent                  15 forward and I cannot see her face. Although she makes                  16 no sound, I can tell she is crying. I remember those                  17 silent tears. Silent tears that are full of pain and                  18 fear but make no noise. You try so hard to keep them in                  19 but they push and push until you feel like your head                  20 will explode.                  21 "So eventually your body betrays you and they begin                  22 to flow. In a last act of defiance, she stays silent,                  23 trying not to be part of this involuntary process. For                  24 a brief moment, I study her. I recognise those clothes,                  25 hair, even the smell of her. I know what she is</p> <p style="text-align: center;">Page 127</p>
<p>1 I repeat the details. As I do, I stare intently at the                  2 wall opposite me, trying to trick my brain into speaking                  3 without feeling the horror of the details I am                  4 repeating. I study every smudge, footprint and I think                  5 I see blood on the wall, all the time talking but not                  6 listening to my own words.                  7 "But then something jolts me back in the room,                  8 a memory I have no power to ignore. It is of a little                  9 girl. It is snowing and she can't wait to play outside.                  10 She scurries around getting all wrapped up and waits                  11 excitedly by the front door. Then a teenage man appears                  12 to take her out to play. This won't be fun. She                  13 doesn't want to go. But her parents usher her out of                  14 the door.                  15 "Where they live, there are communal garages and he                  16 leads her away from the direction of the park to                  17 a garage with a green door. As they walk, she looks at                  18 their footprints in the deep snow. I can hear what she                  19 is thinking. 'Perhaps this is the day. Perhaps today                  20 he will get caught. People will see the footprints.                  21 They will see them and they will come and find us'.                  22 Whilst inside and he is doing those awful things to her                  23 tiny body, she lies facedown waiting for someone to                  24 come. She hears voices and footsteps and he is                  25 startled. He stops, pauses, but then the footsteps walk</p> <p style="text-align: center;">Page 126</p>	<p>1 thinking. I can tell without her saying a word: 'You                  2 left me. You left me here and you never came. I needed                  3 you and you never came. I waited so long. Why did you                  4 leave me here alone?'. I want to crouch down. I want                  5 to scoop her up in my arms and hold her close, kiss her                  6 hair and comfort her like I would my own children, make                  7 her feel safe. 'I am here. You are safe, I came back                  8 for you. I'm sorry it's been so long but I am here                  9 now'. But then she is gone. All I can hear is my own                  10 breathing. A voice breaks into the silence. 'Are you                  11 okay?', asks Sergeant Evans. 'I just need a minute.                  12 Can I pop to the toilet?', I respond. Without thinking,                  13 I stand and reach for the door. It is locked and it                  14 makes me panic. I wasn't expecting that. It hits home                  15 where I am. You are in a police station. This is                  16 a dangerous place. The doors are locked to either keep                  17 people in or out. It just depends which side of                  18 the door you are.                  19 "A perfect place, I reflect, to share those                  20 memories. Lock the door and throw away the key.                  21 "I'm now stood in the toilet feeling startled and                  22 numb. What just happened? Am I really doing this?                  23 I lean over the sink and splash cold water on my face.                  24 That feels lovely. I concentrate on this pleasant                  25 sensation as I try to settle myself again. Come on, you</p> <p style="text-align: center;">Page 128</p>

<p>1 can do this. The hard part is over. Just go back in                  2 and finish what you came to do. Then the secrets aren't                  3 yours anymore. Someone else can carry them. Someone                  4 else can worry. Someone else can make decisions. This                  5 is your chance. This is your chance to be free. From                  6 this moment, you can be free.                  7 "I step back inside the box with my calm exterior                  8 restored, back to the task in hand. I resume my role in                  9 settling into the study of a new part of the wall. This                  10 technique works and there are only two small parts where                  11 I falter and the tears threaten. I dig deep and will                  12 myself forward.                  13 "There is so much to say, so much to explain, that                  14 time runs out and Carol tells me I must come back                  15 tomorrow to finish my statement.                  16 "We then busy ourselves with the paperwork and, as                  17 she rereads what we have put, I watch her hand wrap                  18 protectively around her tummy, probably to protect her                  19 baby from hearing the horrid details and my mind                  20 wanders, thinking of her unborn baby. 'I hope you're                  21 always safe, always loved and lead a happy life'.                  22 "Outside it is snowing heavily and once again I am                  23 comforted by the coolness on my face. I walk slowly                  24 back to the car, trying to catch up with my own thoughts                  25 before I return home. Tears come unexpectedly in a wave</p> <p style="text-align: center;">Page 129</p>	<p>1 Disorientated in the dark, I reach out for Alex and feel                  2 his warmth beside me. I curl myself gently around his                  3 side, being careful not to wake him. I stay in this                  4 same position, drifting in and out of sleep until the                  5 first glimmers of light tug at the corners of our                  6 curtain. It is a new day and there is much to do.                  7 "Today, I must return and complete my aim. I am                  8 exhausted both physically and mentally, but the pull to                  9 carry on is overwhelming. I have a bizarre mixture of                  10 feeling in control of the situation, I have chosen this                  11 path, and my emotions being all over the place. It is                  12 alien to me, all of this. All of these memories have                  13 been hidden and contained, never expressed, never felt,                  14 always trying to do the right thing.                  15 "So here we are again, same grey box, same hidden                  16 memories, but today I am different from yesterday.                  17 I feel more detached, more distant from the horrors.                  18 I am struck with the sudden thought that perhaps that                  19 was why she came, to remind me I am different now. I do                  20 have choices. I am an adult with a voice, a voice that                  21 has stayed silent for far too long. I am not that                  22 little girl, but to finally give her a voice may just                  23 give me a sense of peace.                  24 "Then it is done. Just like that. I sign the                  25 papers as if signing for my grocery shopping. I make</p> <p style="text-align: center;">Page 131</p>
<p>1 of relief and real physical pain. I ache all over in                  2 every bone, every muscle. I must have been tensing                  3 every part of myself without realising it. Here comes                  4 the acid sick again, but this time I can't hold it in.                  5 It powers out of my mouth and onto my shoes and I am                  6 powerless to stop it.                  7 "I am now bent over, trying to catch my breath, my                  8 two worst nightmares: being sick and crying in public.                  9 Can this day really get any worse?                  10 "Then my phone rings in my pocket and I answer it                  11 without thinking. It is Alex asking me can I pick up                  12 some milk on the way home. There. Now I am back in                  13 life. Back to normal. Things are the same as before.                  14 Life is still going on. Nothing has changed.                  15 "But am I? I give myself no time to answer and                  16 I walk back to the car and go home. Enough. Enough for                  17 today. Think no more. Tomorrow can wait.                  18 "That night, I cannot settle. Sleep does not come                  19 as easily as it usually does and I drift off eventually                  20 with a sense of foreboding. In my dreams, the little                  21 girl appears again. I revisit long-forgotten memories                  22 that it appears I have woken. Strangely, although I am                  23 now an adult, the same fears and sadness come and I feel                  24 powerless and trapped. I wake myself out of the dream                  25 to find I am crying, crying those same silent tears.</p> <p style="text-align: center;">Page 130</p>	<p>1 polite conversation with Sergeant Evans and wish her                  2 well on her impending arrival.                  3 "She informs me they will be in touch. These things                  4 take time. I say my thank yous and step into the                  5 outside world. I walk a small distance away, convincing                  6 myself along the way that I am fine, all the time                  7 feeling a rising sense of panic in my tummy. I get into                  8 the car and the tears come along with huge, loud sobs                  9 which shake my whole body. I am shocked by their                  10 severity but I am powerless to do a thing about them.                  11 34 years in the making, they are intense and exhausting.                  12 When they are done, I sit in my car in shock, trying to                  13 gather myself together. Just enough to make it home,                  14 that's all I need. And that's all I get. I literally                  15 fall in my own front door, drag myself upstairs and                  16 climb into bed fully clothed, boots and all, and fall                  17 asleep instantly. I'm woken by my phone alarm waking me                  18 to remind me it is time for the school run. I put the                  19 phone to snooze and spend a few minutes gathering my                  20 thoughts. You have done it. You have stood up for                  21 yourself and never, ever forget why, but put those                  22 memories back where they belong, in the past, and,                  23 unless you have to, don't ever go back there again.                  24 "Tonight, I am going to watch a trashy movie and                  25 chill with my family and walk back to the life I love.</p> <p style="text-align: center;">Page 132</p>

1 The past is the past and I choose a different future."  
 2 The rest of this statement is a response to -- I had  
 3 an investigation with Gloucestershire Police that had  
 4 issues and then got referred to the IPCC, so this is my  
 5 response to those comments in there, if that makes  
 6 sense.  
 7 So back to, "Am I really going to do this? Is it  
 8 the right thing? What about everyone I care about?  
 9 What if I am not strong enough? What if no-one believes  
 10 me?". All of my fears I had at the beginning of this  
 11 process were about myself. I was scared and wasn't sure  
 12 if I had the strength needed emotionally. But the two  
 13 things that pushed me on were my utter belief it was the  
 14 right thing to do and my faith in the police.  
 15 I absolutely believed they would do the right thing and  
 16 care and help for me in the process. I had no reason to  
 17 fear or question, and placed my blind faith entirely in  
 18 them.  
 19 That, sadly, is one of the things that I feel robbed  
 20 of in this process. I had respect and admiration for  
 21 the work of the police. I believed that they would care  
 22 for my welfare and help me to seek justice and closure.  
 23 I am the victim and that's what the police do, is to  
 24 protect victims, and to seek to make offenders  
 25 accountable.

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1 Come on, you can do this, the hard part is over.  
 2 Just go back in and finish what you came to do. Then  
 3 the secrets aren't yours anymore. Someone else can  
 4 carry them. Someone else can worry. Someone else can  
 5 make decisions. This is your chance to be free.  
 6 When you suffer abuse in your childhood and you  
 7 remain silent, it is like carrying a huge suitcase  
 8 filled with cement around with you. It weighs you down  
 9 and you have to carry it because you don't want people  
 10 to see the awful contents inside. It is with you  
 11 always: your wedding day, on the birth of your children,  
 12 always there, always weighing you down. Then there is  
 13 the responsibility that goes with it, a constant fear  
 14 for others. Will he do it again? So you watch  
 15 constantly, looking for any sign. But he is a good  
 16 liar, a manipulator and you can never win. So my hope  
 17 was that by handing all this over I would be free.  
 18 I was so tired. Tired of living in fear. Who better to  
 19 turn to than the police? They had such knowledge and  
 20 power. All I needed to do was be brave and, after all,  
 21 that's what they do best.  
 22 Sadly, this didn't happen. The last thing I go back  
 23 to is:  
 24 "You have done it. You finally stood up for  
 25 yourself and never, ever forget why, but put those

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1 memories back where they belong, in the past. One of  
 2 the cruellest parts of this process is that I have had  
 3 to recount or share those details over and over. Each  
 4 time revisiting and retraumatizing myself. And why?  
 5 For other people's knowledge. And it has been  
 6 a sacrifice I have had to make to get to the next level  
 7 or stage. It is wrong. Whilst I know I appear on the  
 8 surface to cope, you do not see the weeping mess my  
 9 husband has to hold while I quietly fall apart.  
 10 "And now, regardless of the outcome of this  
 11 investigation, I have already lost. I was ready. For  
 12 the first time in my life, I felt able to stand up and  
 13 report my abuse. I was scared, but I also felt brave  
 14 and I had so many hopes in that process, how it would  
 15 heal me and offer some type of closure. At that point,  
 16 I was expressing things I had never vocalised in my  
 17 entire life. It was painful and harrowing and I saw it  
 18 as a path to heal. But the moment has passed and I will  
 19 never get that time again.  
 20 "I firmly place that, for whatever reason, at the  
 21 feet of Gloucestershire Constabulary. As a victim, you  
 22 hope for closure and justice. You failed me and that's  
 23 unforgivable. You can make every excuse in the world,  
 24 but the outcome is the same.  
 25 "Even now, while writing this statement, I have had

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1 to balance my need for giving an honest, open account  
 2 with the fear of how things could potentially be used in  
 3 the future. Will I find myself in a position again  
 4 where my own words are misinterpreted or used to attack  
 5 or belittle me? After a few days of reflecting, I have  
 6 decided to leave in such personal detail. Otherwise,  
 7 how will people learn? How will I ever move on if I am  
 8 not honest and open? The benefit I can see for everyone  
 9 involved.  
 10 "If at some later stage I find these words used to  
 11 attack or belittle me, I will just simply continue to  
 12 walk forward and face whatever comes my way. I refuse  
 13 to be scared or intimidated anymore. It is a scary  
 14 process laying your feelings on the line and  
 15 I understand that for some it is hard."  
 16 This is just a little quote that I found  
 17 particularly important:  
 18 "'Have you ever played chess, Kitty?'. I eyed her.  
 19 What did a board game have to do with this? 'Not  
 20 really'. 'You and I should play some time. I think you  
 21 would like it', she said. 'It is a game of strategy,  
 22 mostly. The strong pieces are in the back row while the  
 23 weak pieces, the pawns, are all in the front ready to  
 24 take the brunt of the attack. Because of their limited  
 25 movement and vulnerability, most people underestimate

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<p>1 them and they only use them to protect the more powerful                  2 pieces. But when I play, I protect my pawns'. 'Why?',                  3 I said, not entirely sure where this conversation was                  4 going. 'If they're weak, what's the point?'. 'They may                  5 be weak when the game begins, but their potential is                  6 remarkable. Most of the time, they will be taken by the                  7 other side and held captive until the end of the game.                  8 But if you are careful, if you keep your eyes open, and                  9 pay attention to what your opponent is doing, if you                  10 protect your pawns and they reach the other side, do you                  11 know what happens then?'. I shook my head and she                  12 smiled. 'Your pawn becomes a queen'. She touched my                  13 cheek, her fingers cold as ice, 'Because they kept                  14 moving forward and triumphed against impossible odds,                  15 they become the most powerful piece in the game. Never                  16 forget that, all right? Never forget the potential one                  17 solitary pawn has to change the entire game'.                  18 MS KARMY-JONES: Thank you very much. Thank you all for                  19 those very moving and personal accounts of your                  20 experiences of impact and also the impact of disclosure                  21 of child sexual abuse and the impact that it had upon                  22 you and continues, plainly, to have.                  23 It was always going to be part of our discussions                  24 for the rest of today and tomorrow, but incorporated in                  25 some of what you raised were some more issues about the</p> <p style="text-align: center;">Page 137</p>	<p>1 I think my first counselling experience was at                  2 a local counselling service, where I went along and                  3 poured my heart out to this individual, told him about                  4 what had happened to me at home and told him about what                  5 had happened to me at my school, and his response,                  6 I will never forget, was that his children had all been                  7 to that school and had a great experience.                  8 I remember leaving the counselling room that day                  9 feeling somewhat deflated, as you will appreciate.                  10 I then saw somebody at a very large London hospital                  11 who had the name "Dr" in their title and wore a white                  12 coat to confirm that title. I remember again pouring my                  13 heart out, and at the end of that was given some                  14 advice -- well, a statement and then some advice. The                  15 statement was that this person, this doctor person --                  16 and there are one or two people in the room who know who                  17 I'm talking about here, thankfully, mercifully, long                  18 retired, I hope -- suggested or asked me why I didn't                  19 stop the abuse, and I remember at the time being                  20 completely dumbfounded by that question, because                  21 I thought, yes, of course I should have stopped it, you                  22 know, I was 7 and about 4 stone and the abuser at the                  23 time was a 20-stone, 30-odd-year-old rugby playing                  24 individual. Of course I could have stopped it.                  25 The final suggestion from this individual was,</p> <p style="text-align: center;">Page 139</p>
<p>1 support and services that adult survivors and their                  2 families do or sometimes don't get.                  3 Remembering that we will be discussing support                  4 services for child victims of abuse tomorrow, I would                  5 like to now use that as a springboard to move on to our                  6 video, which deals with support services and their                  7 availability. So if we could play the video now,                  8 please.                  9 (Video played)                  10 Discussion chaired by THE FACILITATOR                  11 MS KARMY-JONES: I would now like to turn to the panellists                  12 and ask those of you who wish to contribute to consider                  13 the questions of what we mean by "support" and                  14 "services". Most people here will know that there are                  15 statutory services, there are professional services,                  16 there are voluntary organisations. To help us a little                  17 bit with that, and also to consider the question of what                  18 kind of support services adult victims and survivors                  19 need. Yes, Pete?                  20 MR SAUNDERS: If I may just illustrate a little of what                  21 happened to me when I first disclosed, which was                  22 22 years ago, at the age of 38. It was very difficult                  23 to find anybody to actually talk to, but I had a number                  24 of experiences with different people in different shades                  25 of sort of white/grey coats.</p> <p style="text-align: center;">Page 138</p>	<p>1 knowing of my Catholic upbringing, they suggested that                  2 I went to confession.                  3 So that was some very unhelpful encounters. Then                  4 the next counselling experience that I remember vividly,                  5 which, again, was many, many years ago, was somebody                  6 that I used to visit on a weekly basis and who, halfway                  7 through my counselling hour, or 50 minutes I think it                  8 is, used to actually nod off. I know that I am                  9 capable -- again, some of you will know this -- of                  10 boring people to death, but I was sort of paying for the                  11 privilege of boring this person, but I think they should                  12 have made an effort to actually stay awake while I was                  13 pouring my heart out and trying to get some help for                  14 myself.                  15 My kind of conclusion from those experiences -- oh,                  16 and a final one was another hospital where I saw a young                  17 psychiatrist, who was a very, very nice chap, listened                  18 to me for an hour and a half and then declared at the                  19 end that he didn't know what to do and how to help me                  20 and couldn't think of any services to refer me to. It                  21 was then that I resolved to set up NAPAC, which I hope                  22 most of you are familiar with, and can proudly say that                  23 we have helped many tens of thousands of people over the                  24 years, and many of those people feed back to us the                  25 importance and the life saving of simply having somebody</p> <p style="text-align: center;">Page 140</p>

1 who listens, who understands, who doesn't say something  
 2 inane like, "Well, it happened a long time ago. Pull  
 3 yourself together". I'm sure some of us survivors have  
 4 heard those comments. Or, again, in the case of my own  
 5 dear family, "Why did you have to bring it up now?"  
 6 Well, I'd waited 38 years to bring up. I guess maybe  
 7 I should have waited another 38 and it wouldn't have  
 8 been a problem.

9 My response was to set up the self-help, which is  
 10 really what NAPAC is all about. I will get told off if  
 11 I am advertising the charity, but I think the work that  
 12 NAPAC does is incredibly important, and listening to  
 13 this morning and the discussions about the rapid  
 14 evidence assessment and everything, I know that there  
 15 will have been people here in the room not just from  
 16 NAPAC, but from some of the other organisations, that  
 17 will say, "We could have told you all this. If you had  
 18 just come and talked to us, we could have told you all  
 19 this". As somebody back there said, it really isn't  
 20 rocket science.

21 I finish by just saying that I bought my wife a beer  
 22 mat -- she calls it a tea coaster, I call it a beer  
 23 mat -- and it says on it, "It's never too late to have  
 24 a happy childhood". I think that's the message we have  
 25 to get out there: no matter what's happened in our

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1 lives, and no two people's experience is the same, and  
 2 it galls me when somebody says, "You will need  
 3 a lifetime of counselling" or "You will need this" or  
 4 "You will need this" or "I had it a lot worse than you".  
 5 We often find people who categorise and grade the  
 6 importance or the continuum, if you like, of somebody  
 7 suffering, and I think that is very, very unhelpful and,  
 8 again, before I shut up, I would say that the members of  
 9 the VSCP that I work with here and meet with on  
 10 a regular basis, they have probably all -- and we have  
 11 all at times -- voiced all the concerns that we see out  
 12 there in the Twitter world or in the Facebook world,  
 13 they are all things that we do bring up from time to  
 14 time, in fact, we bring them up all the time, to try to  
 15 effect change and to try to make this inquiry as  
 16 effective as it possibly can be, because there are  
 17 people sitting around the table, around the room today,  
 18 who I have known for nearly 20 years, and I never  
 19 thought we'd be sitting here having this inquiry, so  
 20 credit to the people who instituted it.

21 But mostly credit to the survivors who put the  
 22 pressure to make it happen, and I hope we continue to  
 23 get behind it with all its -- with warts and all. It is  
 24 the best chance we have of making real change. Somebody  
 25 earlier said, "What about all the other inquiries that

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1 have been undertaken over the years that gather dust and  
 2 nothing much changes?". I believe this is going to be  
 3 different and any of those inquiries that have been left  
 4 on the shelf to gather dust, we are going to -- the  
 5 panel, the inquiry, is going to ask, why is that the  
 6 case, because, as we all know, as we all know, abuse is  
 7 something that is happening right now. It isn't just  
 8 something that happened a long time ago. We hate that  
 9 term "historical abuse". It may be historical in one  
 10 sense, but for the survivors of those crimes, and as we  
 11 have heard today, and we all live with the consequences  
 12 each and every day of our lives. So I will just shut up  
 13 there, because I can go on and on and on. But thank  
 14 you.

15 MS KARMY-JONES: Thank you. I wanted to say, first of all,  
 16 I am grateful that you remembered to not mention the  
 17 name, and can I just use that as a springboard to remind  
 18 everyone not to mention names of third parties here,  
 19 because we will have to stop the feed and do redactions  
 20 later on.

21 Also, the phrase you used, "It's never too late to  
 22 have a happy childhood", chimes very much, I suppose,  
 23 with something Heidi was saying about enveloping that  
 24 small child and meeting that small child again, and that  
 25 was a lovely set of images offset against each other.

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1 Also, paying for the privilege. I would like to  
 2 come back to that in a moment because it also chimes  
 3 with something that Helen said earlier, but I will come  
 4 back that in a moment, if I may, Helen, but you might  
 5 want to think about that for a minute.

6 First of all, can I turn to Noelle, because I think  
 7 you have something you wanted to say.

8 DR BLACKMAN: Thank you. At the beginning of the inquiry,  
 9 when the survivors group panel was being set up, we  
 10 tried really carefully to bring a survivor with  
 11 a learning disability in, and looking at how we could  
 12 support somebody to be on the panel who was a survivor  
 13 with a learning disability, and that proved a challenge.  
 14 But I wanted to bring a little bit of that perspective  
 15 here from the many survivors I have worked with.  
 16 I would say that for many of those women, particularly  
 17 the women -- there are men as well -- it has been --  
 18 they've had years of living in mental health hospitals  
 19 under section, where no-one has ever recognised that the  
 20 reason that they're there is actually because of  
 21 sustained sexual abuse in their childhood. Everything  
 22 is put down to their learning disability, and  
 23 subsequently then written off as sort of mental health  
 24 issues.

25 I think particularly, I really want to raise that as

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<p>1 particularly for people with learning disabilities,                  2 because it is so easy to put all the behaviour that's                  3 seen into, "That's just what happens when you have                  4 a learning disability. That's your challenging                  5 behaviour". I just work with so many women who have                  6 spent 30 years or more under section in a hospital in                  7 horrendous circumstances because nobody recognised that                  8 they were a victim of child sexual abuse. I just want                  9 to make sure that that kind of life is here represented                  10 as well.                  11 MS KARMY-JONES: I think that actually might bring us to                  12 Akima who had a point, before we rose for lunch, on                  13 a similar topic.                  14 MS A THOMAS: It was, actually, yes, and I am glad you have                  15 raised that. I guess there was something about what we                  16 heard this morning maybe that didn't quite come out in                  17 the report about the profundity of survivors'                  18 experiences. Bessel van der Kolk, he talks about                  19 injuries that bruise the soul. I think that's kind of                  20 really appropriate for thinking -- it is not just the                  21 sum total of the different symptoms that impact                  22 somebody, but it is about somebody's liberty being taken                  23 away, humiliation and degradation and what that does to                  24 somebody's total well-being.                  25 Also, I guess I wanted to -- it is a bit out of</p> <p style="text-align: center;">Page 145</p>	<p>1 that happens that goes undetected because we are just                  2 playing with symptoms. That's the point that I wanted                  3 to make earlier.                  4 MS KARMY-JONES: Fay, I think you wanted to add something?                  5 MS MAXTED: Thank you. It is actually picking up on the                  6 point that Akima was making around only picking up on                  7 the symptoms, and thinking particularly about services                  8 and what we mean by "specialist services".                  9 I just wanted to talk about, going back to 1996,                  10 when I first volunteered for Rape and Sexual Abuse                  11 Support Centre. I had suffered previously for about                  12 10 years with severe depression following the birth of                  13 my second daughter, and I'd seen numerous psychiatrists,                  14 had CPNs, seen various GPs. It wasn't until                  15 I volunteered in that service that the volunteer                  16 training educated me about trauma, about the impact of                  17 trauma, and made sense for me of the depression, the                  18 flashbacks, the nightmares, the panic attacks, and it                  19 was both chilling and enlightening at the same time, but                  20 empowering as well. For me, that's the absolute focus                  21 of specialist services, the fact that they don't do to                  22 survivors or put them through a process, they empower                  23 them, they welcome them in and encourage them and work                  24 with them to give them back that happy childhood,                  25 wherever it might be, and to give them back the choices</p> <p style="text-align: center;">Page 147</p>
<p>1 context, but very much in context as well, with the                  2 testimony that we heard from the woman at the end,                  3 Jennie, and that's about misdiagnosis and about the                  4 challenges, and I think we continue to see those                  5 challenges around, whether it is individuals with                  6 learning difficulties, but certainly the bucket list of                  7 how women are put into categories such as borderline                  8 personality, personality disorder, so that kind of                  9 bucket list, and what we lose with that is that -- there                  10 are two things that happen. One is, it is a double                  11 stigmatisation for a victim/survivor who has to endure                  12 the idea, in a sense, of their experiences, but then to                  13 be stigmatised with the mental health challenge as well.                  14 How those two things are conflated, it obscures                  15 actually what's happened. It obscures the perpetrator                  16 because, all of a sudden, we have a mental health issue,                  17 we have depression, we have schizophrenia, we have                  18 psychosis. What we haven't got is the impact of trauma                  19 and how the trauma needs to be recognised, as that's the                  20 main goal. Otherwise, you are going to get GPs who will                  21 continue to dispense antidepressants, treating symptoms                  22 and we are never getting to the root cause of why this                  23 happens.                  24 Also, that kind of feeds into commissioning, it                  25 feeds into services and it feeds into all the violence</p> <p style="text-align: center;">Page 146</p>	<p>1 that they need to be able to make to live a life which                  2 is normal, because, actually, most survivors have really                  3 modest aims, and that's just to live a normal life,                  4 where they can go to the shop and do their shopping or                  5 they can go out with a friend and have coffee, and we                  6 need services that are responsive to that that don't                  7 make judgments about people or place stigma on them or                  8 have negative attitudes about survivors, which I find                  9 many services do have, maybe as a result of the fact                  10 that sometimes a survivor's behaviour can be                  11 challenging. You know, we have difficult times and                  12 sometimes that plays out. So services that are built on                  13 a survivor insight into what's happening for that                  14 person, where a survivor doesn't have to go and explain                  15 all the reasons why life is difficult. There is an                  16 understanding already there, and the workers are                  17 educated and ready to work with them.                  18 MS KARMY-JONES: Thank you very much. I think, Oliver, you                  19 had a contribution to make?                  20 MR CHANTLER: Yes I thought it would be really helpful for                  21 me to outline where Samaritans sees itself on this                  22 issue. I was particularly struck by what Jennie said at                  23 the end of her piece, that it is so important to be                  24 heard and to be believed.                  25 Now, what Samaritans does, of course, is let people</p> <p style="text-align: center;">Page 148</p>

<p>1 talk to us, to be heard, to often explore their thoughts                  2 and feelings in a way that they won't have been able to.                  3 Samaritans allows people to express their thoughts and                  4 feelings in a way that they may never have done before,                  5 and sometimes speaking to us about abuse that people                  6 have suffered rather than speaking to a family member or                  7 to, say, someone from the police can be easier for some                  8 people, speaking to someone who is an anonymous stranger                  9 at the end of the phone, and what we do is, we don't                  10 give people advice, but we allow people to work through                  11 those problems and to start to think about how they                  12 might approach them and whether they might seek to                  13 approach the police, to approach statutory services or                  14 whomever.                  15 But obviously we have heard from the video and from                  16 some of the people here about specialist services not                  17 necessarily being available or, if they are available,                  18 not being good enough, and from the Samaritans'                  19 perspective, we really want to stress that we are not                  20 a sticking plaster and we are not there to provide that                  21 sort of -- we are not there to provide a counselling                  22 service that specialist services ought to be providing.                  23 For people who have suffered from serious abuse, we                  24 are very much there, we would see, as a first point of                  25 contact and to support people, perhaps, alongside</p> <p style="text-align: center;">Page 149</p>	<p>1 provision, it is to recognise that we are talking about                  2 something that needs to be planned and delivered on                  3 a long-term basis, and we need to take more of                  4 a life-course approach to service provision.                  5 From our research, the respondents in our research                  6 had on average experienced abuse over a seven-year                  7 period. On average, there was a 20-year gap between the                  8 first experience of abuse and accessing services. When                  9 did people did access services, people were accessing on                  10 average four or five services because of their                  11 experience of abuse over a 10-year period. It is really                  12 important to think about planning services over the                  13 longer term.                  14 The second point to highlight is, Pete said service                  15 provision is not rocket science. I think there is                  16 a real point that there are some really basic                  17 fundamental elements about how services respond to                  18 people that our research suggests we are not getting                  19 right.                  20 When we designed our research, we had an overall                  21 satisfaction indicator. We designed our research with                  22 a consultative group of survivors, and the survivors                  23 said, "That's fine, but what you also need to have is                  24 three questions: did services believe you? Did they                  25 listen to you? And did they respect you?" I probably</p> <p style="text-align: center;">Page 151</p>
<p>1 specialist services. You know, we are unique in that we                  2 are open 24 hours a day. So even if someone is getting                  3 the best psychotherapy in the world, at 3 o'clock in the                  4 morning the option is potentially to call us, or not                  5 necessarily have anyone to speak to.                  6 But our service is not there as a replacement for                  7 what people really need, which, as the person pointed                  8 out in your video, is often very long-term counselling.                  9 Specialist counselling, it is face to face, it is not                  10 speaking to an anonymous stranger on the phone, so we                  11 would very much echo that those services need to be in                  12 place, and that's why Samaritans doesn't simply provide                  13 our services, that's why we come along to things like                  14 this and advocate for the public sector to step up and                  15 make sure that people actually get what they need.                  16 MS KARMY-JONES: Thank you very much. Before I move on to                  17 Noel Smith, madam chair, I see the time. I just                  18 wondered if you would be happy to forgo the afternoon                  19 break? There is a lot of information to cover. I would                  20 like to turn to the public gallery in a moment as well.                  21 If no-one is in urgent need, would that be all right?                  22 PROF SMITH: Two observations from the focus on survivors'                  23 research might be helpful to air at this point.                  24 MS KARMY-JONES: Remember to keep your voice up, please.                  25 PROF SMITH: The first is, when we talk about service</p> <p style="text-align: center;">Page 150</p>	<p>1 don't have to say anything about why they are                  2 particularly important questions.                  3 What we found when we undertook the research is that                  4 there was a really strong correlation between those                  5 questions and overall satisfaction, and that really fed                  6 very powerfully through to the findings. So we found                  7 that satisfaction levels were -- there was a real                  8 diversity in people's levels of satisfaction. Some of                  9 it, there was very high levels of satisfaction going                  10 down to very low levels of satisfaction.                  11 It was satisfaction with voluntary and community                  12 services that tended to be very high, and satisfaction                  13 with the statutory services that were very low. As an                  14 example of that, less than 50 per cent of                  15 the respondents in the survey said that they had felt                  16 believed, listened to and respected by A&amp;E and hospital                  17 services and by social services.                  18 So they are not very complicated things to                  19 understand about what makes a good service response, but                  20 clearly they are not in place in some places.                  21 MS KARMY-JONES: Thank you. That's very helpful. Jocelyn,                  22 I know you wanted to say something. I wanted to direct                  23 the discussion, using that as a movement, on to                  24 training, really, and on to what's lacking. Is that                  25 something that you can speak to us about?</p> <p style="text-align: center;">Page 152</p>

<p>1 MS ANDERSON: That was what I wanted to bring in, really,                  2 the training element. Fay spoke earlier about the                  3 voluntary sector having training packages where you have                  4 people come into the organisation. For a lot of                  5 the times, it's the first time people have actually had                  6 training around sexual violence. When you look at                  7 particularly social workers, teachers, GPs, one of                  8 the elements that is missing from their basic training                  9 is identification of sexual violence, because it is not                  10 considered.</p> <p>11 When you look at counsellors as a general -- and                  12 psychotherapists as well, the sexual violence element is                  13 missing from the training. I think if we are going to                  14 move forward and actually stop child abuse, we need to                  15 be alive to the signs, we need to be able to have the                  16 conversations. I worked alongside a psychiatrist                  17 recently whose attitude was, "We don't ask about the                  18 sexual violence because we don't want to open that can                  19 of worms, because, if we do, the client won't have the                  20 support they need". You are in the public sector. You                  21 are a psychiatrist. Is that not, arguably, where people                  22 should be to be supported? "Oh, no, we have referred                  23 them to your service so that you can support them                  24 effectively".</p> <p>25 Oliver was saying earlier about mopping up -- you</p> <p style="text-align: center;">Page 153</p>	<p>1 need the services we have to be more inclusive? What                  2 are your experiences of it? If I can start with the                  3 public gallery, if anyone has something they want to say                  4 about that?</p> <p style="text-align: center;">Comments from THE PUBLIC GALLERY</p> <p>6 UNIDENTIFIED SPEAKER: Hello. I am Martin Vine, Forde Park                  7 School. Regarding the support services, I live in                  8 a small town in the middle of Wiltshire, and the support                  9 services there are fantastic, but they have got limited                  10 funding. They cannot support those that need support.                  11 Is there any way that financial funding can be                  12 implemented to those support services throughout the                  13 country for all people and get some funding in place,                  14 instead of just reviewing and -- instead of just                  15 reviewing it all the time, actually implement it?</p> <p>16 MS KARMY-JONES: We are going to be dealing with that kind                  17 of issue in our session tomorrow. We can't take direct                  18 questions. The purpose, as I outlined -- sir, I'm not                  19 sure if you were here in the morning session -- is for                  20 you to tell us, give us your observations. We are                  21 trying to learn from you. We can't take the questions                  22 unless they are a question of clarification around                  23 a presentation already given.</p> <p>24 Can I then turn, please, to someone else? We will                  25 turn back to that issue tomorrow. We will try to</p> <p style="text-align: center;">Page 155</p>
<p>1 know, not there for sticking plasters. But there is                  2 a training identification, there is a need for all                  3 professionals to have training around sexual violence                  4 and also to be able to ask questions around it at                  5 initial assessment stage. Even if somebody doesn't                  6 disclose at the initial assessment, you have opened the                  7 conversation, you have opened the dialogue. You have                  8 allowed somebody to have that breathing space and to                  9 think about it. But so often clients are shut down at                  10 that first element because it's just not mentioned.</p> <p>11 MS KARMY-JONES: Moving on from that, and we will come back                  12 to it in a minute, I did want to just turn to the                  13 members of the public. You have heard some things                  14 spoken about today, and perhaps you could consider those                  15 if there is anything you want to address now, but one                  16 question I had was, do different groups of victims and                  17 survivors need a different type of service?</p> <p>18 Over the course of today, we have heard from people                  19 of various different backgrounds. We have heard from                  20 people who have teaching backgrounds, who work in the                  21 mental health industry, someone who is an accountant,                  22 someone who has had contact with prison and been in                  23 prison and been a drug user. There has also been                  24 mention of LGBT people, black and ethnic minorities. Do                  25 we need different services for different people or do we</p> <p style="text-align: center;">Page 154</p>	<p>1 address it in the context of our discussions tomorrow.                  2 We will remember it, I promise. The gentleman here in                  3 the white shirt I think has something that he would like                  4 to add. Sir, you at the back, I will come and speak to                  5 you at the end.</p> <p>6 UNIDENTIFIED SPEAKER: What I found difficult with the                  7 support side of things is, all the GPs in the planet                  8 would like to throw every drug in the market at you from                  9 every antidepressant to every anti-psychotic to                  10 everything that they have got in their arsenal. But                  11 when you look at all the tablets that every one of them                  12 doctors are giving to survivors of abuse, there is no                  13 medication that's going to solve this. There isn't                  14 a medicine on the market that will. But they pile in                  15 medication to you constantly, and every single one of                  16 them is suppressing. We've suppressed this long enough.                  17 Now it is about bringing it to the fight and they have                  18 got to stop doing that, because, at the end of the day,                  19 they have got to work out what the problem is instead of                  20 dealing with the effects of it rather than getting to                  21 the point of the problem itself, instead of just trying                  22 to palm you off with Largactils, and amitriptylines and                  23 chlorpromazines, all them avenues of tablets which are                  24 all suppressing. You know what I mean? They did the                  25 same with me when I had my hypomania. The doctor gave</p> <p style="text-align: center;">Page 156</p>

<p>1 me chlorpromazine, looking at it, Largactil. What I do                  2 I need Largactil for? I'm a survivor of abuse, not                  3 someone with voices. You know what I mean? There was                  4 no support there from it. Do you know what I mean?                  5 MS KARMY-JONES: Thank you. Lucy?                  6 MS DUCKWORTH: Just to answer the question of different                  7 types of services and support and different needs,                  8 I think that's where it gets really complex, because                  9 a lot of people just give one standard service and                  10 I think all of us in this room will know people where                  11 CBT has worked for some and not others. Some people say                  12 psychotherapy doesn't work for them, for others it is                  13 life changing. That's the first point.                  14 The second point is, it is essential to understand                  15 where or in what context the abuse took place. If it                  16 was in the family, then you didn't have a safe space to                  17 go home. If it was at the school, then your education                  18 was damaged. Speaking as a church survivor myself and                  19 someone who has volunteered for church survivors, faith                  20 organisations are a very key point. Some people                  21 maintain their faith despite being abused in the faith                  22 organisation. It really impacts the way service and                  23 therapy is accessed and it is really crucial to have                  24 that understanding and also be aware of those trigger                  25 points within the service you're abused in.</p> <p style="text-align: center;">Page 157</p>	<p>1 a survivor that they have been stopped from going on to                  2 counselling, psychotherapy, et cetera, because, first of                  3 all, they have to deal with their addictions. You have                  4 to first of all deal with the reason for the addiction                  5 before you can deal with the addiction, and that is                  6 something that has been got fundamentally wrong and has                  7 been got fundamentally wrong for decades.                  8 MS KARMY-JONES: Thank you. Can we take maybe one more?                  9 The lady in the front here?                  10 UNIDENTIFIED SPEAKER: One of the things I think that would                  11 be helpful is if -- I think it is called                  12 multidisciplinary. The professionals that are all                  13 helping, they need to be able to communicate and be able                  14 to speak and sort of like help that one person. Because                  15 what I find is, you will have a separate person to deal                  16 with the chronic illness, a separate person to deal with                  17 the counselling, a separate person, when, really, it all                  18 stemmed from the one thing, the child sexual abuse. But                  19 some professionals don't want to concentrate on that.                  20 The point that I was making earlier is that, if you                  21 deal with the child, by the time, hopefully, they get to                  22 adulthood -- obviously, the pain is never going to go                  23 away, but at least they have a better understanding of                  24 it. Whereas now, for me, I personally believe, if I did                  25 have that when I was younger, I would not be spending</p> <p style="text-align: center;">Page 159</p>
<p>1 MS TUCK: Again, just following on from what Lucy said, the                  2 support services offered, specialist support services                  3 offered, need to be client led. If it is client led, it                  4 is based on the person, what they have been through,                  5 what the dynamics are, what the complexities are and the                  6 service is then shaped for the recovery of that person                  7 in particular. That costs money, it takes time. Do we                  8 have that resource?                  9 MS KARMY-JONES: It brings it back to the question of                  10 training, I think.                  11 MS COATES: I have heard quite a lot today of people saying                  12 it is not rocket science, and I'm terribly sorry, but it                  13 is rocket science. So all these years on, we still                  14 can't get this right. I think one of the things for me                  15 that's really frustrating is the voluntary sector, the                  16 statutory sector, we are all trying to provide                  17 something, but there is no join-up. If there is                  18 a referral into the voluntary sector, the statutory                  19 sector shut down, they then don't support the person any                  20 further. If we in the voluntary sector want to refer                  21 into the statutory sector we find it very difficult. So                  22 there is something about the resources that we all have,                  23 we are not using in a joined-up way, and that I think is                  24 rocket science.                  25 MR O'MARA: I don't know how many times I have been told by</p> <p style="text-align: center;">Page 158</p>	<p>1 the rest of my life fighting for happiness or fighting                  2 for my mental health. Not only that, I don't know if                  3 anybody else has heard of fibromyalgia, but they have                  4 actually said that relates to trauma as well. But yet,                  5 they are not actually -- they are saying it is                  6 associated with sexual trauma, but there isn't anything                  7 done in research to say actually it is. But to me,                  8 I believe, whereas, when I was younger, it was                  9 constantly on my brain, I was either going to go mad or                  10 stop myself from thinking of it. I think, in the end,                  11 my body said to me, "I've had enough", and that's why                  12 I've come out with this fibromyalgia, where there is                  13 constant negative trauma going on all the time.                  14 MS KARMY-JONES: I'm just going to pause there with the                  15 public gallery and finish on this and suggest we take                  16 a short break for the shorthand writers. But it does                  17 seem that the words that Professor Jay used in her                  18 opening about one size not fitting all are particularly                  19 apt to this topic. If we can come back and speak about                  20 training and communication between support services as                  21 a starting point, and we will be speaking about --                  22 training and communication between support services and                  23 between the voluntary and the statutory sectors, if we                  24 can talk about that after a short break. Can we keep it                  25 to five or ten minutes, please? Thank you very much.</p> <p style="text-align: center;">Page 160</p>

<p>1 (3.34 pm) 2 (A short break) 3 (3.43 pm) 4 MS KARMY-JONES: Thank you, everyone, for your patience over 5 that being quite a short break. 6 Discussion chaired by THE FACILITATOR (continued) 7 Akima, I just wanted to turn to you to deal with an 8 issue that you have brought up with us over the break. 9 Do you want to just kick off? 10 MS A THOMAS: Absolutely. I just felt that we kind of 11 skimmed over, because there was a point around "Does one 12 size fit all?" and I felt that we didn't really look 13 enough at diversity and how diversity is reflected. 14 I am just going to pick on one in terms of looking at 15 the experiences of BME women and the lack of service 16 provision. All of the other complexities as well, and 17 I don't want to go into a hierarchy of difference in 18 terms of who is the most oppressed, but how do we 19 consider the additional push and pull factors of 20 multiple disadvantage around lack of access to power, 21 marginalisation, discrimination, oppression, and whether 22 we can have more of an intersectional kind of approach, 23 thinking about all of those overlapping processes of 24 oppression and discrimination and how that impacts on 25 the well-being of someone. We know, for example, that</p> <p style="text-align: center;">Page 161</p>	<p>1 means for somebody and complex needs. We know that 2 everything is complex, but that lifelong trajectory of 3 poverty, of discrimination, has its toll. I just wanted 4 to bring that to the panel's awareness. 5 MS KARMY-JONES: That's a really good point. Thank you for 6 that. I was suggesting to Dr Helen Powell, who sits 7 next to me, that we might be able to bring that in 8 a little bit more tomorrow when we continue our 9 discussions, but we'll see how we can work it in to 10 widen the debate. 11 Gabrielle, I know you had something you wanted to 12 mention and, if you have any observations to make on 13 what Akima said, perhaps you could add those? 14 MS SHAW: Yes, thanks. I think Akima makes some very 15 powerful points on that, and I don't have too much more 16 to add on that. Just to thank the comments from the 17 public gallery. Some very pertinent and extremely 18 insightful comments that we hear on the NAPAC helpline 19 and Pete mentioned NAPAC has been going for 20 years, we 20 have heard from thousands of survivors. These points 21 are points we hear. It leads into my point about 22 training as well. 23 I think a change of emphasis, a change of approach 24 to trauma, an informed approach, is something NAPAC has 25 been trying to do ourselves, but we are not the only</p> <p style="text-align: center;">Page 163</p>
<p>1 BME women are much more likely to be diagnosed with more 2 psychotic disorders, are usually hospitalised in terms 3 of -- you know, are not given access to talking 4 therapies. So for us to think that there is -- so we 5 need a specialism within a specialism, because I don't 6 think there is a sense of equity or equality in terms of 7 how services are delivered, and for us to think that 8 services are delivered in the same way for all survivors 9 would be very naive of us. 10 So how do we start thinking about those extra 11 factors? For example, BME young women might be 12 experiencing forced marriage, FGM, any of those other 13 factors. That's all that's thought about. What they 14 are also experiencing is CSA as well. So we do need 15 forums, thoughts, interventions that start thinking 16 about, in a more holistic way, the needs of all 17 survivors, those who have got language, you know, who 18 need support with language, and access, what are the 19 barriers? So I just think we kind of skimmed that and 20 I think that needs to be -- we need to start thinking 21 about really important wrap-around service provision and 22 holistic service provision, and that means the same and 23 different services for everyone, depending on need, but 24 also I think that what we haven't talked about as well 25 today is around multiple disadvantage and what that</p> <p style="text-align: center;">Page 162</p>	<p>1 ones, not to claim the higher ground here. Part of our 2 services is training for professionals, so it is 3 a course called SASCA -- "Supporting Adult Survivors of 4 Childhood Abuse". It is aimed at professionals who may 5 come into contact with adult survivors of abuse, be that 6 in the NHS, health services, police, et cetera. 7 It is about giving professionals confidence to 8 change the approach and changing the question from "What 9 happened to you?" to -- sorry, changing the question 10 from, "What is wrong with you?" to "What happened to 11 you?". I think that change of approach really starts 12 the conversation off on a much better footing, because 13 it empowers those survivors. 14 The trauma-informed framework that the NHS Scotland 15 and the Scottish Government are doing, and also MOPAC -- 16 the Mayor's Office for Policing and Crime -- in London 17 are starting to do some really good work around this. 18 There are some basic principles that NAPAC certainly 19 would like to see rolled out across the UK, because it 20 gives survivors choice rather than being told what to 21 do. Playing an equal part in the services that 22 client-centred approach that I think Chris or one of 23 the comments from the public gallery made is so 24 important and that's something we would definitely like 25 to see more of.</p> <p style="text-align: center;">Page 164</p>

<p>1 MS KARMY-JONES: Thank you very much.                  2 I would like to turn to this side of the room and                  3 see if anyone would like to make a contribution.                  4 Noelle?                  5 DR BLACKMAN: Respond is a very small national charity, well                  6 known for the work we do for people with learning                  7 disabilities. Often we are asked to go and provide                  8 a little bit of training to some more mainstream                  9 services. Actually, I think that's a very important                  10 thing to do.                  11 When we first start that dialogue with                  12 organisations, what they think they want is for us to                  13 help them to make things a bit more pictorial and think                  14 about access, as in steps and lifts and ridiculous                  15 things like that. Once we get there, actually what we                  16 are really doing is talking about marginalised groups,                  17 stigmatised groups, thinking about attachment, thinking                  18 about trauma-informed, but developmentally                  19 trauma-informed, approaches. Actually, I think there                  20 are so many similarities, really, to a lot of the groups                  21 who are isolated and left out, including people with                  22 learning disabilities. So I think, actually, perhaps,                  23 really looking closely at what kind of training -- a lot                  24 has been mentioned today about all the underlying                  25 things. You know, making sure that things are</p> <p style="text-align: center;">Page 165</p>	<p>1 have forgotten that in front of them is a survivor who                  2 is waiting to be heard, is waiting to be believed, but                  3 is not running towards the door that is safeguarding.                  4 Whereas in our sector, safeguarding is still                  5 important, it is incredibly important and safeguarding                  6 takes place, but there is time for a heartbeat. I think                  7 we need to be understanding that dialogue around                  8 safeguarding and what safeguarding means and bring that                  9 to a place that we can all feel better about, because                  10 the reason often that survivors will choose the                  11 voluntary sector is because they need time to breathe,                  12 they need empowerment, so that when they present for                  13 reporting -- and we are not talking about a long time,                  14 but when they go forward for reporting, they are much                  15 more empowered, they are much more believable, credible                  16 and safeguarding takes place.                  17 When it happens with a knee-jerk reaction, we know,                  18 don't we -- we all know, if we are honest about it --                  19 that often safeguarding does not take place because                  20 there isn't sufficient evidence at that point, and the                  21 survivor has withdrawn their statement as being -- they                  22 didn't really say that. So I think for me, I'm all for                  23 us going forward and I'm all for us doing things more                  24 together, but we need to have this ironed out because we                  25 will do more harm to survivors if we don't.</p> <p style="text-align: center;">Page 167</p>
<p>1 developmentally trauma informed, thinking about also how                  2 people manage their feelings from early on                  3 developmentally, all of those things. So in some ways,                  4 there may be a baseline training that we could -- a lot                  5 of us could input to, and then actually there are                  6 probably smaller amounts of specialism that we can sort                  7 of add on the top, as it were.                  8 MS KARMY-JONES: Training and communication seem to be                  9 a theme that runs through these discussions.                  10 Gillian, I think you were next with a hand up.                  11 MS FINCH: Training is incredibly important, and certainly                  12 we and other organisations deliver that currently to the                  13 statutory sector. But it is, at the moment, in small                  14 pockets. What we need is something that is much more                  15 standardised. But within that, there is a danger that                  16 we also have to acknowledge that if we start talking                  17 about joined up and we start talking about                  18 communication, one of the areas that we are coming at                  19 things from a different perspective -- and I talk about                  20 this as a survivor, running a survivor organisation, not                  21 The Survivors Trust, something else -- is, when you drop                  22 in an acknowledged -- because it is about an                  23 acknowledged -- disclosure within the statutory sector,                  24 immediately they start running towards safeguarding.                  25 Within a heartbeat, they are in safeguarding and they</p> <p style="text-align: center;">Page 166</p>	<p>1 MS KARMY-JONES: Dawn, I wondered whether there was                  2 something you wanted to add to what Gillian said?                  3 MS D THOMAS: I guess I was agreeing with Gillian in terms                  4 of that safeguarding, and as a third sector sexual                  5 organisation supporting survivors, it's being aware that                  6 you are holding that risk while you are working with                  7 that client, that you are mindful with some of                  8 the information that they are disclosing, but supporting                  9 them and getting them to the place where they either                  10 choose to report or they choose not to report. But then                  11 you support them if they choose to report and if they                  12 choose to report the safeguarding concern, if there is                  13 such a thing.                  14 It is also about delivering training to some of                  15 the professionals that signpost in to us. I use the                  16 words "signpost in to us" because actually that client                  17 doesn't come with the funding that that statutory                  18 organisation has received. So it is actually training                  19 those organisations in terms of what we do and what our                  20 limitations are sometimes.                  21 As a Rape Crisis organisation, we are not "one size                  22 fits all". So we are not just face-to-face counselling,                  23 we are supporting survivors, access, health, mental                  24 health, criminal justice system as well.                  25 It is actually educating some of those statutory</p> <p style="text-align: center;">Page 168</p>

1 organisations as well.  
 2 MS KARMY-JONES: Thank you. The question about funding ties  
 3 in to what Helen was saying earlier about when she  
 4 mentioned having to pay for her own counselling. Helen,  
 5 I don't know if you wanted to say anything more about  
 6 that. After you, I am going to turn back to this side  
 7 because I know there are some people who wanted to  
 8 mention some things.  
 9 MS MATTHEWS: I could talk loads about that.  
 10 MS KARMY-JONES: Just give us a few lines.  
 11 MS MATTHEWS: It has been something I have been doing for  
 12 years, not necessarily paying for it, but falling from  
 13 one place to another to another and not getting  
 14 anywhere.  
 15 It was only someone at work who actually said to  
 16 me -- can I mention names in that case?  
 17 MS KARMY-JONES: If you could not mention.  
 18 MS MATTHEWS: I don't mean a personal name.  
 19 MS KARMY-JONES: Organisations, I think that's fine.  
 20 MS MATTHEWS: A colleague at work said, "Have you heard of  
 21 One in Four?" No. Anyway, she had and I phoned them  
 22 and they were amazing and finally now I've got a first  
 23 assessment. But I work for a mental health trust. It's  
 24 disgraceful. And I've been through the service. So if  
 25 someone like me, who works for them and has been through

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1 the service, still can't get the help, I think that's  
 2 a disgrace. So something needs to happen hopefully  
 3 before they go into secondary services, you know, at the  
 4 GP stage or whatever.  
 5 MS KARMY-JONES: So training and spread of information  
 6 really as well.  
 7 MS MATTHEWS: Yes. If it can be avoided to go down the  
 8 mental health route, but go -- link them to another  
 9 organisation, then that's got to be better for the  
 10 person, because I think going into the mental health  
 11 services sometimes isn't good either. It just makes you  
 12 feel much worse. Obviously, if you need it, then that's  
 13 great.  
 14 I think the training and I think we have mentioned  
 15 before those bridges and all the connections need to be  
 16 all, you know, 100 per cent, really. You can't say to  
 17 someone, "Go to this place" and they're not good, so it  
 18 all has to be checked out and it all has to run like  
 19 clockwork, really, to help.  
 20 MS KARMY-JONES: Thank you. Just moving on to Jocelyn, you  
 21 had, a little while ago, your hand up.  
 22 MS ANDERSON: There were a few points I wanted to pick up  
 23 on. One was the training element, about the referrals  
 24 and the signposting that goes on. I think there should  
 25 be something in there as well for professionals to

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1 recognise that when you are signposting on, you have to  
 2 do that in an ethical way. You can't just say, "Here  
 3 you go. I have handed you on because you are too  
 4 difficult, you are too complex for me", because that is  
 5 traumatising the client again. It is that respectful,  
 6 "These are the experts, these are the people who might  
 7 be able to help you further". One of the reasons people  
 8 come to the voluntary sector is because our records are  
 9 different. If you go to a GP, if you go to a mental  
 10 health service, things are put on your medical record.  
 11 I'm working with a chap in his 60s at the moment who  
 12 can't get a house because he can't get life insurance,  
 13 because, when he was 17, he tried to commit suicide, so  
 14 he is seen as a risk. That's because the insurance  
 15 company have gone back through and asked for his medical  
 16 records.  
 17 If you are going to be faced with something like  
 18 that, is it any wonder that people don't disclose?  
 19 So it is not just that element at the time, it is  
 20 about how it impacts on people going forward, the impact  
 21 on the client, the complex needs. One of the things  
 22 that's happening for us in the voluntary sector is that  
 23 statutory sector agencies, so like IAPT, are picking up  
 24 from the session before about depression. The vast  
 25 majority of our clients are on medication, have been

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1 given drugs for depression, complex needs and access to  
 2 an IAPT service -- the "Improving Access to  
 3 Psychological Therapies".  
 4 As soon as somebody mentions rape or sexual abuse,  
 5 they are stopped and they are referred on. Again, the  
 6 money doesn't follow them. But it is that element of,  
 7 "What are you doing? Can we not have a conversation  
 8 here? Could we not work with that person?", because  
 9 that client is not only telling the GP to get into IAPT,  
 10 they are telling IAPT to get into that service, and then  
 11 they come to the voluntary sector at the end and they're  
 12 telling us again. So that could be the fourth or fifth  
 13 time somebody is making that disclosure.  
 14 MS KARMY-JONES: Can I turn to Noel now?  
 15 PROF SMITH: A brief point. I think it is worth flagging up  
 16 learning that we could gather from routine enquiry. So  
 17 routine enquiry offers the potential for systematic  
 18 approaches in large organisations to ask service users  
 19 about their experiences in childhood. There is a quite  
 20 sophisticated model that's been developed by Lancashire  
 21 Health Authority, the REACH Project, which is "Routine  
 22 Enquiries and Adversity in Childhood".  
 23 There was also an evaluation of the use of routine  
 24 enquiry mental health services. Not many people know  
 25 this, but since 2003, it has been policy within mental

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<p>1 health services in the UK -- in England, to operate                  2 routine enquiry. There was an evaluation a couple of                  3 years ago by the National Centre and others which could                  4 only conclude that it was being used very inconsistently                  5 in different trusts.                  6 What they found hampered it was management support,                  7 the motivation in the organisations to operate it. But                  8 also a lack of confidence amongst staff, confidence in                  9 knowing what to do -- knowing how to ask the question,                  10 knowing what to do when they get a response, and                  11 confidence in whether they'd be supported in the                  12 organisation for dealing with that.                  13 So I think there is important learning to be                  14 gathered from that. One of the critical points is about                  15 the relationship between policy and systems and                  16 professional capabilities, and any approach in terms of                  17 having some more systematic, can't address one without                  18 the other.                  19 MS KARMY-JONES: Thank you very much. Akima?                  20 MS A THOMAS: I hate to be the bearer of bad news, but                  21 I have worked in this sector for the last 27 years and                  22 sometimes, if I close my eyes and don't look around,                  23 I feel as if I'm back in the '80s. So there is                  24 something about -- we are talking about training.                  25 I don't think it is an issue of training. I think we</p> <p style="text-align: center;">Page 173</p>	<p>1 please.                  2 MS MAXTED: Thank you. It is something that builds on the                  3 point that Akima has just made about attitudes and also                  4 the routine enquiry that Noel was talking about too.                  5 The Survivors Trust was involved in developing or                  6 commenting on the process of routine enquiry when it was                  7 first introduced. What they found was, in each training                  8 group, there were numbers of professionals who were                  9 impacted by being educated about sexual violence and                  10 about childhood sexual abuse, and they were survivors                  11 themselves. One of the things that really needs to                  12 change is this attitude towards survivors. We aren't                  13 "other"; we are amongst the rest of society. There are                  14 so many survivors. The rate of prevalence is so high                  15 that wherever you go and wherever you look, there are                  16 survivors. They just aren't enabled to say, "This has                  17 happened to me". I think it is really difficult                  18 sometimes for professionals to say, "I'm a survivor",                  19 and that's because of attitudes. That needs to change.                  20 The other point I wanted to make about training was                  21 that all the training in the world will not support                  22 someone if the organisation itself isn't set up to                  23 deliver that support that someone needs to work with                  24 trauma. So if those systems aren't in place to support                  25 the professionals who are supporting the survivors, then</p> <p style="text-align: center;">Page 175</p>
<p>1 know what we need to know. We have got -- I don't know,                  2 fibre connection, we know -- we have all of that                  3 information at our disposal. So why isn't it                  4 implemented? So there is something for me about -- more                  5 fundamental than training and communication is: what are                  6 the attitudes; what's the belief system; what's our                  7 commitment; what's our political will; what's our moral                  8 integrity about why we are not providing the services;                  9 why CSA is still going on? I think we need that bigger                  10 picture thinking and -- yeah, I just want to end with                  11 that.                  12 Also, I won't keep talking about things that other                  13 people have said, but somebody referred to "a can of                  14 worms". Well, who wants a can of worms? Open them up                  15 and let them free would be another point. So there is                  16 something about, how do we start thinking about this in                  17 a different way? It needs new kind of thinking. I hope                  18 that this inquiry is going to raise more questions,                  19 because I think we need to be searching for something                  20 other than this rhetoric that we just keep repeating.                  21 MS KARMY-JONES: Fay, I can see you have your hand up. Can                  22 I say it is the last answer or discussion point on                  23 training that I would like to take. I would like to                  24 move on to something else and back to the rest of the                  25 victims, survivors and the public gallery thereafter,</p> <p style="text-align: center;">Page 174</p>	<p>1 they won't feel confident to ask and they won't feel                  2 confident to work with someone safely.                  3 MS KARMY-JONES: Thank you very much. I would like to                  4 quickly change the tack a little and ask people to think                  5 about and to help us with what works, what has worked.                  6 Focusing on our victims and survivors, what's worked for                  7 you, and what does resilience and recovery actually mean                  8 to you? It is a bit like -- Heidi, you have put your                  9 hand up. It is a bit like your pawns and queens analogy                  10 you gave us earlier. Help us with what has worked for                  11 you.                  12 MS CLUTTERBUCK: I have been really lucky to have support                  13 via The Glade, where I live. It is a SARC centre. Now,                  14 initially, if you had a normal referral, you would get                  15 six weeks bog standard of therapy and then you --                  16 I don't know where you would go, because I have never                  17 got to the end of the six weeks. Because, for me, my                  18 therapist was intelligent enough and caring enough to be                  19 able to say, "I'm going to stand by you. This is an                  20 awful process", because I was going through an                  21 investigation, "I am with you to the end. I don't know                  22 when that end is", and actually it ended up being four                  23 years. I know that there were a number of occasions                  24 where he was challenged for the fact that he was still                  25 seeing me.</p> <p style="text-align: center;">Page 176</p>

<p>1 It filtered off, and we ended up coming to an                  2 understanding, as it is now, that if I am stuck with                  3 something or I need some advice, like me needing to tell                  4 the children, I will ring him and say, "Can I have an                  5 appointment?", but then I might not see him for six                  6 weeks, because that's where we are, because we have made                  7 that progress, and I identified that with the research                  8 that you said and the resilience, because I have learnt                  9 resilience, and by learning that, actually, I don't need                  10 as much as I ever needed. But you still need that                  11 back-up plan.</p> <p>12 So I feel as though I have almost had the gold                  13 standard of support, but I think that was luck in the                  14 therapist that I had and he had the foresight to say,                  15 "I'm in this for the long haul", and I think if he                  16 hadn't have done that, if he'd have left me partway in                  17 an investigation, I think I'd have fallen off the end of                  18 the world. So I'm very grateful for the engagement, and                  19 if anybody ever thought about reaching out and, you                  20 know, looking for that type of support, I can't speak                  21 highly enough.</p> <p>22 MS KARMY-JONES: Pete, what about you? Can you give us                  23 anything that's worked or an indication of what                  24 resilience is like for you? What's recovery like? Is                  25 there a recovery or is it just a continuing process?</p> <p style="text-align: center;">Page 177</p>	<p>1 life", and just knowing that there are people out there                  2 who care is so important.</p> <p>3 It's funny, I don't take calls on the helpline                  4 anymore, I used to years ago, but I always remember --                  5 again, this is no disrespect to the counsellors and                  6 therapists in the room, but I always remember taking                  7 a call from someone who said, "Do you do counselling?"                  8 And I said "No", and they said "Oh, thank God", because                  9 their experience had been very negative, you know, and                  10 then we had a great conversation and they were able to                  11 move on. So it does come back to education, in a way,                  12 and Sheila and I disagree over whether it is rocket                  13 science or not. You know, it shouldn't be that                  14 complicated. I do a lot of media, and people say, oh,                  15 you do great on the media. I say the same thing every                  16 time: "Don't hurt kids and support survivors", which                  17 coincidentally I have got to leave to go to a TV studio                  18 right now, so I'm really sorry, but I'm going to have to                  19 leave. But thanks for today, it's been great, and see                  20 you again soon.</p> <p>21 MS KARMY-JONES: Thank you very much. I wonder if I can now                  22 just turn briefly to the public who have attended and                  23 ask them to address the question of what works and how                  24 recovery is shown or represented for them? This                  25 gentleman in the front and then back to Chris.</p> <p style="text-align: center;">Page 179</p>
<p>1 MR SAUNDERS: I described some of the challenging things                  2 that I underwent -- suffered some years ago, and I think                  3 what Heidi just described should sort of be the gold                  4 standard of open-ended support. I am now fortunate                  5 that -- I mean, I have to declare that I am a person of                  6 faith, so I kind of had a faith that sustained me over                  7 the decades, but I still have a weekly therapy session                  8 to this day with somebody who, to use the term we often                  9 use, "gets it", understands, and understands me, funnily                  10 enough, which, you know, most people, probably                  11 understandably, wouldn't, but she seems to, and                  12 challenge. Because, as survivors, we put ourselves down                  13 a lot, don't we? As that lovely lady there was saying,                  14 we kind of take on the blame and the shame, when it                  15 doesn't belong to us and, even at 60 years of age, I'm                  16 still struggling to believe that it wasn't my fault,                  17 even though the little bit of the brain up there that                  18 still functions says, "Of course it wasn't your fault.                  19 You were a child".</p> <p>20 So the short answer to what you kindly asked is,                  21 I don't know the answer. What I do know is -- and,                  22 again, having been involved with NAPAC, privileged to be                  23 involved with NAPAC, I have seen enormous feedback, huge                  24 numbers of people that come back to us who just simply                  25 say, "NAPAC saved my life. That phone call saved my</p> <p style="text-align: center;">Page 178</p>	<p>1 Comments from THE PUBLIC GALLERY</p> <p>2 MR ROBSON: What Peter just said about counselling there,                  3 I think there is counselling and counselling. I got                  4 counselling for six weeks. What you were on about,                  5 earlier on, yeah, well, that's my expression of it. But                  6 the lady I'm seeing now is completely different. I have                  7 done six weeks. Now we are going to do another six                  8 weeks and we are going to get that little evil man out                  9 of me. Hopefully. But I do feel a lot better for that                  10 lady, and I would like to thank that lady as well. So                  11 there is counselling and then there is counselling.</p> <p>12 MS KARMY-JONES: Thank you very much. Can we go to Chris?</p> <p>13 MS TUCK: I think for me, not dissing statutory services                  14 because they are there for a reason and they are needed                  15 for some people, especially, you know, if the drugs are                  16 needed, but statutory therapy, support, is done on their                  17 terms and in their time and, for an example, at the                  18 beginning of my police case a year ago, I got very                  19 traumatised and ended up going down the doctor's and                  20 they said, "Right, what meds do you want?", I said,                  21 "I don't want meds, I want someone to listen. That's                  22 what I need. I want someone to listen". "Sorry,                  23 I can't help". I said, "Right, okay, I'm going on                  24 holiday in two days. I need someone to speak to".                  25 "Okay, we will get someone to contact you". I got</p> <p style="text-align: center;">Page 180</p>

<p>1 a phone call on the day I was flying out from the 2 airport saying "Your appointment is at 10.30 this 3 morning and, if you don't make it, we're going to 4 discharge you", and I'm like, "Thanks very much". 5 So that was my statutory intervention last year. 6 When I had my breakdown in 2000, doctors put it down 7 as stress because we didn't want it down on my medical 8 records. I was a professional, qualified accountant, 9 I didn't want it going on my medical records because it 10 would affect my career prospects. So in the voluntary 11 sector, everything is done at our pace and on our time. 12 So if I have a blip, I can say or do or I can go away, 13 but the minute you drop out of statutory sector, they 14 don't want to know, you are out of the system and then 15 you have to join in again. The fear of reporting CSA 16 now to the statutory sector actually has a knock-on 17 effect of children on the at-risk register, maybe, 18 da-da-da, whereas, if you go to the voluntary sector, 19 what you say is private and stays that way. 20 So there is a lot of reasons why people will want to 21 go to a voluntary sector, third sector, over statutory 22 because of the fear of all of that what I have just 23 spoken about, really. 24 MS KARMY-JONES: Thank you. Anyone else? One last comment 25 and then we will have to adjourn until tomorrow.</p> <p style="text-align: center;">Page 181</p>	<p>1 all of the victims and survivors, both on the panel and 2 in the audience, for coming today and for sharing their 3 experiences with us. We all appreciate how difficult it 4 may be to speak publicly about these things, but we all 5 benefit from this. 6 We are very grateful for the real assistance you 7 have given to us. 8 Let me say, there is no substitute for the authentic 9 voice of lived experience, and we have had a very great 10 deal of that today, so thank you very much. 11 I won't say very much more, except that we will, as 12 a panel, carefully consider everything that we have 13 heard, but we have tomorrow to come as well, and we are 14 moving on to some different areas, so thanks to all for 15 your participation and we will see you tomorrow. 16 MS KARMY-JONES: Thank you. Can I just add one thing, 17 chair, to that? Just as I said at the beginning, we are 18 all very conscious that sometimes the impact of 19 discussions around topics like this may not be apparent 20 until later, so people may leave the building having 21 felt that they have said something of worth or not quite 22 got something off their chest, and it may be followed in 23 days, weeks, or time after that with a downward sense 24 and with distress. If that happens, please do contact 25 us. If you feel like that now, please do make use of</p> <p style="text-align: center;">Page 183</p>
<p>1 MS PATCHETT: One thing that does work, I never give my 2 clients time. If a client comes to see me, if it is 3 four hours, five hours, six hours, seven hours, eight or 4 nine, that's it. Because people, you can't see a client 5 and say, "I've got 50 minutes". You can't do it. You 6 have got to just give them that time and let them be. 7 It is so, so crucial. Your clients leave feeling -- you 8 have a client coming in, their face on the floor, and 9 they leave smiling because someone has listened, they 10 have respected them. They are there with them. And 11 they leave feeling empowered and so, so much better. So 12 time is so, so crucial with clients. 13 MS KARMY-JONES: Thank you very, very much. I think we are 14 going to have to draw a close today. There will be more 15 opportunities tomorrow for everyone who is able to 16 attend to help to contribute and to let their views be 17 known, including the participants, who I want to thank. 18 I don't know, Professor Jay, whether you had any 19 observations to make? 20 Concluding remarks by THE CHAIR 21 THE CHAIRMAN: Just some very brief comments to conclude. 22 I want to thank you, Ms Karmy-Jones, for your excellent 23 facilitation of the day. Thanks to all the panellists 24 who have contributed to a stimulating and very 25 illuminating discussion. But I especially wish to thank</p> <p style="text-align: center;">Page 182</p>	<p>1 the supporters present here today. Once again, thank 2 you. 3 (4.16 pm) 4 (The hearing was adjourned until 5 Wednesday, 5 July 2017 at 10.00 am) 6 I N D E X 7 8 Welcome by THE CHAIR .....1 9 10 Opening comments by THE FACILITATOR .....5 11 (Session 1) 12 13 Introductions .....7 14 15 Presentation by MS CATE FISHER and .....23 16 MS CLAIRE SOARES 17 18 Discussion chaired by THE .....41 19 FACILITATOR 20 21 Comments from THE PUBLIC GALLERY .....54 22 23 Discussion chaired by THE .....65 24 FACILITATOR (continued) 25</p> <p style="text-align: center;">Page 184</p>

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