

Support services for victims and survivors of child sexual abuse

Executive summary

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The report contains direct accounts and quotes from victims and survivors of child sexual abuse and exploitation. Reading the report can have an emotional impact. There are some support organisations that it may be helpful to contact if you have been affected by any of the content in the report: <https://www.iicsa.org.uk/help-and-support-0>.

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Support services for victims and survivors of child sexual abuse

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Introduction

The Independent Inquiry into Child Sexual Abuse ('the Inquiry') was established in 2015 to consider the extent to which state and non-state institutions have taken seriously their duty of care to protect children from child sexual abuse in England and Wales. At the heart of the Inquiry's work is understanding the experiences of victims and survivors themselves. This research, which was carried out by independent research consultants Broome|Gekoski in conjunction with the University of Hertfordshire, was commissioned by the Inquiry specifically to learn more about child sexual abuse victims and survivors' views and experiences of support services.

Child sexual abuse is prevalent, with 7.5% of adults aged 18–74 years having reported experiencing child sexual abuse in England and Wales before the age of 16 (Office for National Statistics, 2020). Experiencing child sexual abuse can have various short and long-term impacts, including physical and mental health problems, socio-economic issues, effects on relationships, religious/spiritual impacts, and vulnerability to re-victimisation (Fisher et al., 2017). To cope with these impacts, victims and survivors may need the help of statutory and voluntary support services. However, very little research has been carried out regarding their experiences of support systems (Chouliara et al., 2012). This research aims to address that knowledge gap.

Definition of support services

While support services may mean different things to different people at different times, for the purposes of this report support services are defined as:

Any service, organisation or intervention that provides support, advice or treatment to victims, survivors and their families to reduce the impact of having experienced child sexual abuse.¹

Specifically, three broad forms of services are explored: justice, recovery and health.²

1 It should be noted that this research looks at formal/official support services. Victims and survivors may also have access to informal support – for example, through family and friends – which is not considered here.

2 For the purposes of this report, 'justice'-based services include: the police, Crown Prosecution Service, criminal and civil courts, sexual assault referral centres and Independent Sexual Violence Advisors. 'Recovery'-based services include: counselling, psychotherapy, specialist child sexual abuse support services, faith groups, Samaritans and children's charities. 'Health'-based services include: hospital services, sexual health services, mental health services and general practitioners.

Aims

The four broad research aims were to:

- understand more about victims and survivors' reasons for not accessing support services and any barriers to access;
- learn about victims and survivors' perceptions and experiences of support services;
- understand what support services victims and survivors think are available to them and how to access them; and
- explore whether there are unmet needs for support services which impact on whether victims and survivors access support.

Methods

The sample was drawn from 634 adults who self-identified as victims and survivors of child sexual abuse as part of the 'Abuse during childhood' module in the Crime Survey for England and Wales (CSEW) year ending March 2019 (Office for National Statistics, 2020).³ A mixed-methods approach was used to explore the above research aims:

- A quantitative online survey⁴ of 181 victims and survivors from the CSEW recontact sample, including both those who had and had not accessed support. Descriptive and inferential analyses were conducted.
- Twenty-four qualitative in-depth interviews with three groups: (A) eight who had not accessed support services; (B) eight who self-identified as having had positive experiences of support services; and (C) eight who had negative experiences of support services. The interviews were analysed using thematic analysis.

These were supplemented with six pen portraits (two from each of the above groups), and a network map to aid understanding of the service landscape.

The research participants

The ages of the survey respondents ranged from 19 to 74 years, with an average of 47 years. Around four in five identified as female (82%), the majority identified as being of a White ethnic background (92%), and one in three reported having a disability (33%). All regions of England and Wales were represented, with one in four living in London or South East England (26%). Nearly nine in ten identified as heterosexual (89%).⁵

³ This recruitment method was considered particularly valuable, as most research in this area draws on samples recruited from support services themselves.

⁴ The survey was completed between 15 October and 24 November 2019.

⁵ There were no statistically significant differences between the Crime Survey for England and Wales recontact sample and the online survey respondents in relation to key demographic characteristics (eg age group, gender and ethnicity).

Respondents reported experiencing between one and eight types of child sexual abuse. The two most common forms were being kissed or groped on any part of the body in a sexual way (73%) and penetration (64%). The age at first victimisation spanned from infancy to 17 years old, with an average of 9 years old.

Child sexual abuse was more likely to have occurred in a familial setting (41%) than an institutional one (11%). Two in five (43%) respondents identified a friend, acquaintance or neighbour as the perpetrator. Around one in four (27%) identified an immediate – typically male – family member as the perpetrator. A stranger was identified by one in five (20%) respondents.

Just over one in five respondents had never previously disclosed their experiences of child sexual abuse (21%), while four in five had made a disclosure (79%). Respondents were more than twice as likely to report making a disclosure later in life (75%) than at the time of the abuse (28%). A quarter disclosed at both points (24%).

Research findings

The key research findings from both the quantitative and qualitative aspects of this work are presented below. Victims and survivors who took part in the quantitative survey are referred to as ‘respondents’, while those who took part in qualitative interviews are referred to as ‘participants’.

1. Most victims and survivors have not accessed support services.

Nearly three-quarters of survey respondents reported not having accessed any support services, with only just over a quarter having received some form of support, advice or treatment due to their experience of child sexual abuse.

2. Victims and survivors who access support services take a long time to do so and rate them as mediocre.

The average time between first child sexual abuse victimisation and contact with a support service was 19 years and there was a substantial variation in time between sexual abuse and access to support services (0–58 years). The average ‘helpfulness’ rating across all support services was 5.3 (on a scale of 0–10 with 0 being ‘Not helpful at all’ and 10 being ‘Extremely helpful’).

3. The most highly rated forms of support across all services were those provided by voluntary sector specialist services.

Across all support services, the most highly rated by survey respondents were counselling provided by a charity/voluntary organisation specialising in child sexual abuse and sexual abuse and/or rape support services provided by a specialist charity/voluntary organisation. One participant said of such a service: *“They were really, really good. I felt very, very comfortable talking to them. I just needed to try and get closure to the way I was feeling.”*

Interview participants also stressed the importance of such specialist support being from counsellors/therapists with training in, and particular knowledge of, trauma generally, and child sexual abuse specifically. One participant said that there should be more *“people that are trained in child sexual abuse. Not a generalised counsellor.”*

4. Counselling provided through health services was considered the least helpful service overall by some respondents, and the most helpful service overall by some other respondents.

Survey respondents were asked what one service was the most helpful overall. The service selected by the highest number of respondents was counselling provided through health services like a GP or hospital.

However, it is notable that when survey respondents were asked which one service was the least helpful overall, counselling provided through health services was again selected by the highest number of respondents.

While the finding that counselling provided through health services was named as both the most and least helpful form of support may seem counterintuitive or contradictory, there are a number of potential explanations. First, it is important to note that this form of support is the most commonly accessed. Therefore, more respondents had experience of the service on which to judge it. Second, there are many different factors that might impact on how different individuals perceive the helpfulness of services and these can vary between services of the same 'type'. These include the individual needs and preferences of the respondent, where and when they accessed the service, and the reason for accessing the support service. In addition, respondents' relationships with individual counsellors may have differed, as might the type of counselling (eg trauma-informed versus generic mental health), and the number of sessions offered and attended.

For example, one participant who had a positive experience of counselling through health services said: *"I felt the person [counsellor] that I was talking to really cared about what happened and was giving me the courage to open up about it."* While a participant who had a negative experience of counselling said: *"I had the feeling she just wanted to do the prescribed six sessions with me and just get me out of the surgery to move on."*

5. Victims and survivors stressed the importance of being heard, listened to, understood, believed, and not judged, by caring and empathetic professionals.

Interview participants appreciated professionals who were caring and empathetic; heard, listened to and believed them; did not judge or blame them; and gave them enough time to talk. One participant said: *"She [the counsellor] was empathetic. She'd studied it. She'd looked at it. She understood it."*

Participants also talked of the importance of welcoming, warm, private and comfortable physical environments, as opposed to clinical ones: *"It was a very friendly, very calm place. Each of the rooms was very private, very kind of neutral, like comfy chairs, quite dim lighting."*

6. The vast majority of victims and survivors reported at least one barrier to support.

More than four in five (84%) survey respondents identified at least one form of barrier to support, such as personal (67%), service-specific (53%), family or community (48%), practical (33%) or financial (29%) issues.

One personal barrier participants spoke of was feeling that you should 'just get on with it': *"These two things happened and you get over it. You don't make a big fuss or a dance about it. Get on with life."* Service-specific barriers included long waiting times: *"The NHS wait was too long ... I was desperate. I was in a really bad way."*

While family or community barriers included protecting the family: *"One abiding thought I've always had is: I was aware of protecting my parents ... so I didn't say everything ... I've always kept some of it back."*

7. A key personal issue or reason for not accessing support was victims and survivors not feeling they needed it.

One particularly interesting finding was that some participants reported not feeling that they needed support and had not been adversely affected by their experiences. It is notable that these participants tended to be older. One said: *"It didn't do me any lasting harm ... I suppose, deep down, I don't feel that I've got a problem."*

There are different ways to interpret this finding. It could be argued that victims may benefit from support even if they do not think that they need it. However, such arguments can be seen as paternalistic and it may be that some victims and survivors have higher levels of resilience than is commonly supposed.

8. A substantial minority of victims and survivors reported having unmet needs.

Two in five (43%) respondents reported currently having unmet needs linked to their experiences of child sexual abuse. The most commonly mentioned type of support desired (but not available or offered) was counselling provided by a specialist organisation. One participant said: *"I've looked in my area for services specific for child sexual abuse and it's very thin on the ground."*

Participants also talked of how support services could be improved by: help being available as soon as it is needed; better training; less reliance on medication; services for females only and services for males only; specialist support groups; multi-agency working; ongoing support; free services; and up-to-date treatments. One participant said: *"I think there should be almost immediate help."*

9. Significant relationships were found between the views and experiences of victims and survivors of child sexual abuse and their demographic characteristics and the type of child sexual abuse experienced.

Female respondents were significantly more likely than males to report having experienced child sexual abuse in a family setting, but were less likely to have done so in an institutional setting. Those respondents who tried to get support but were unable to, and those who had unmet needs, were significantly younger in age.

Those respondents experiencing child sexual abuse within family and/or institutional contexts were significantly more likely to report experiencing barriers to accessing support services than those who experienced child sexual abuse in other settings. Those who experienced child sexual abuse within the family were, however, significantly more likely than others to have accessed support.

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