

Victims and Survivors Forum Consultation on Protected Characteristics: Summary Report

February 2021

Introduction

Engagement with victims and survivors is an important part of the Inquiry's work. It builds on the information we hear through our investigations, our research and through the Truth Project. The Victims and Survivors Forum is open to all victims and survivors of child sexual abuse. It was set up to facilitate engagement, make it easier to ask questions, offer suggestions, and for the Inquiry to gather the views of victims and survivors.

So far, we have held four workshop series with Forum members. In April 2019, we met with the Forum to explore the topic of the [criminal justice system](#). In July and August 2019 we discussed [culture change in relation to child sexual abuse](#). In November 2019, we spoke with Forum members about [accessing records](#) relating to the child sexual abuse they suffered. Most recently, in May 2020, we sought views from Forum members about the subject of [redress](#), via an online questionnaire.

Engaging with the Forum through face-to-face events has not been possible due to the Covid-19 pandemic. As a result, we developed an online questionnaire for members of the Forum on the topic of protected characteristics.

Forum members were asked to complete a questionnaire which included free text and tick-box questions. The Inquiry received responses from 131 Forum members about how protected characteristics affected their experience of child sexual abuse. The purpose of this consultation was to improve our understanding of the diverse challenges and issues that are faced by victims and survivors.

The questionnaire was divided into four parts. The first part asked Forum members whether they felt their protected characteristics affected their experience of being a victim and survivor of child sexual abuse. The second and third parts asked Forum members about their experiences of interacting with institutions and accessing support services, and whether they felt their experiences were affected by their protected characteristics. The final part of the questionnaire gathered demographic information about those who participated in the online consultation.

This report provides a summary of the key themes that emerged from the online consultation launched in August 2020. It sets out a statistical overview of the protected characteristics that Forum members identify with, before summarising the themes that emerged from Forum members' written responses.

The Inquiry would like to thank everyone who participated.

Background

One way in which we can talk about diversity is through the lens of protected characteristics. A list of nine protected characteristics is set out in the Equality Act 2010, which is a law that protects people from discrimination in the UK. Protected characteristics, as set out in the Equality Act 2010, include age, disability, race, religion or belief, sex, sexual orientation, gender reassignment, marriage and civil partnership, and pregnancy and maternity.¹ These cover many different parts of people's identities and individuals can identify with more than one protected characteristic.

The Inquiry wanted to engage with the Forum to hear about whether and how victims and survivors feel any of their protected characteristics may have affected their experience of child sexual abuse or its impact.

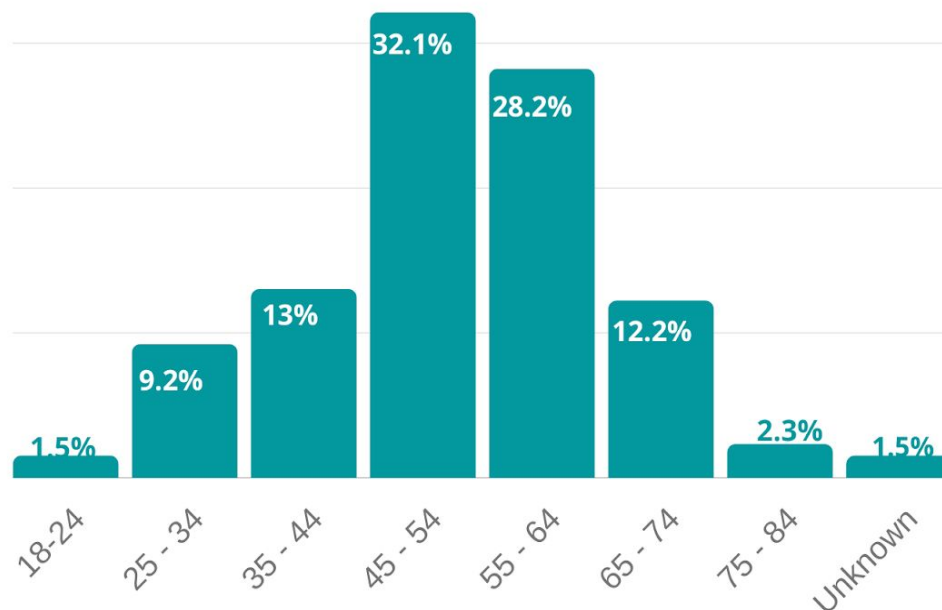
The aim of the report is to reflect views expressed by members of the Forum. This report represents the views of those who responded. As a result, the themes in this summary report should not be read as representing the views and experiences of all victims and survivors. In addition, the language used in this summary report reflects the language used by participants. It does not indicate that the Inquiry is taking a particular position in relation to any of the protected characteristics or any of the other issues discussed.

¹ The Equality Act 2010, Part 2, Chapter 1, section 4.

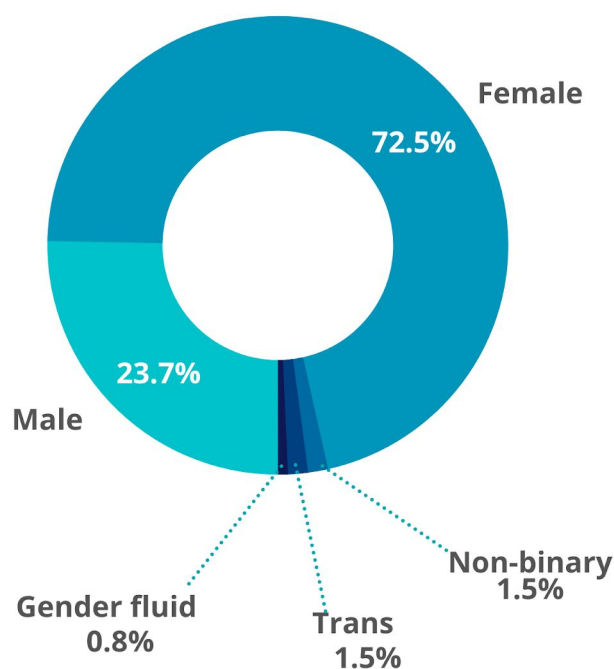
Statistical overview

Quantitative information

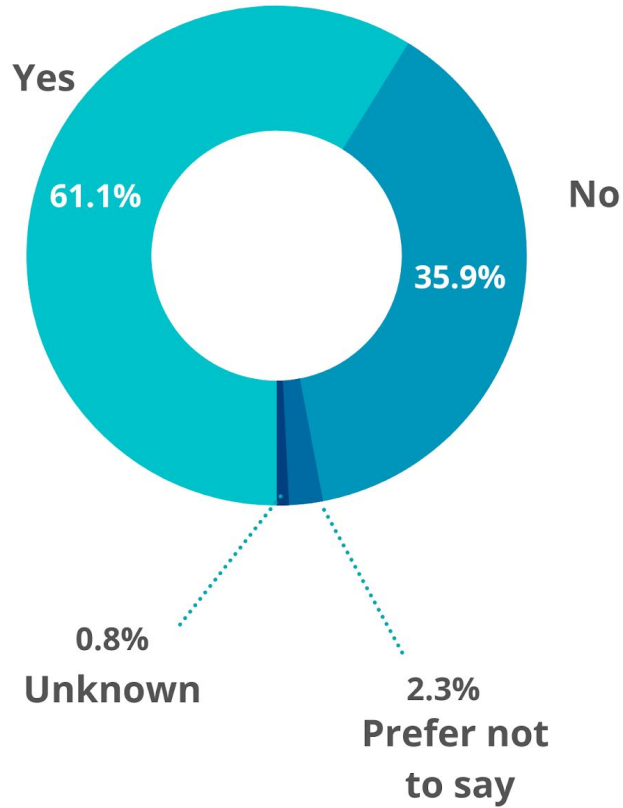
1. The online questionnaire gathered statistical demographic information on Forum members who participated in the consultation. The following statistical information shows how many respondents identified with each protected characteristic. It should be noted that due to rounding, the percentages in the following diagrams may not total 100 percent.
2. We provided respondents with a list of age bands and asked them to indicate the category that includes their current age in years.



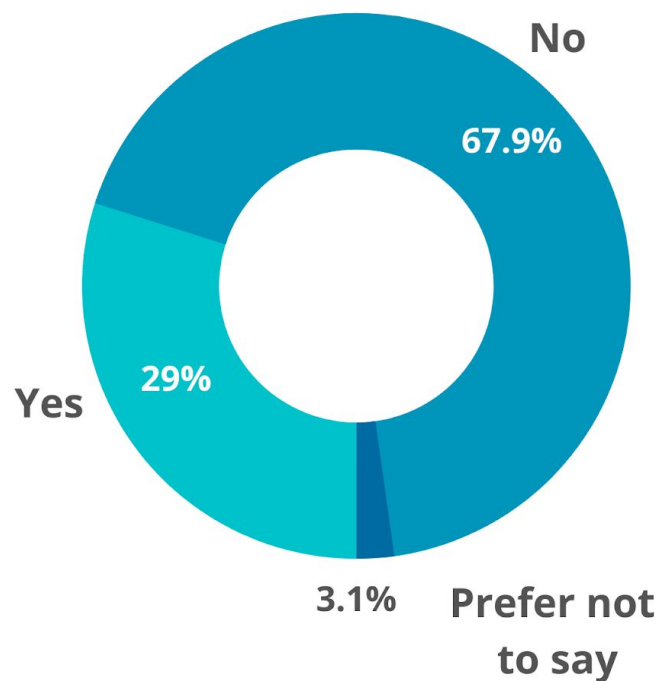
3. We asked respondents how they would describe their gender.



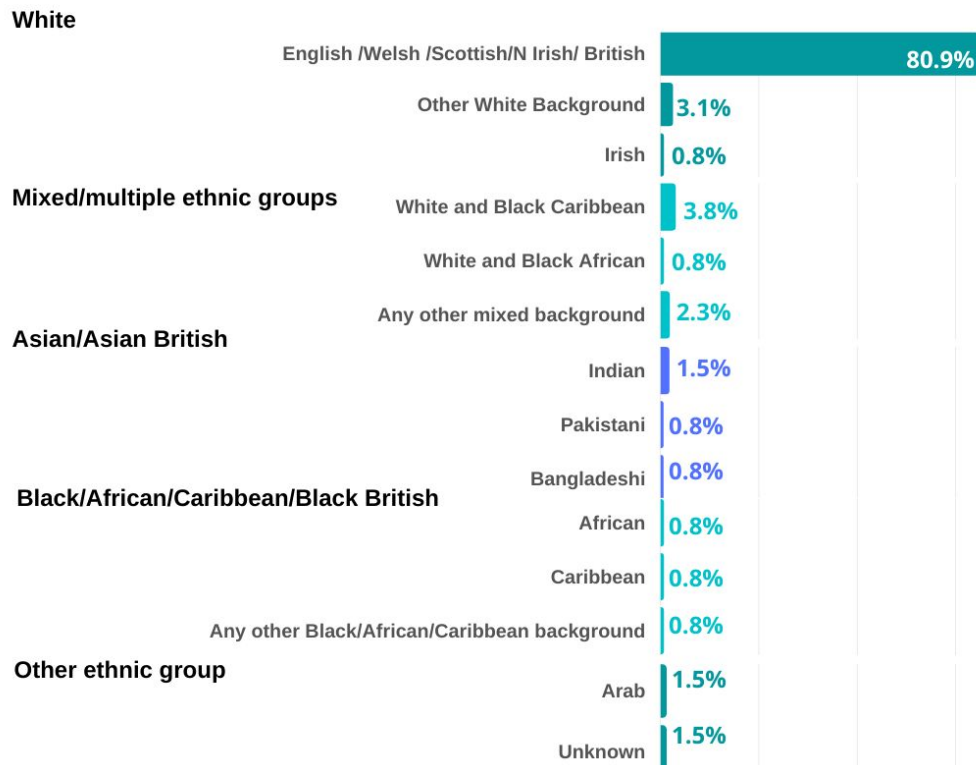
4. We asked respondents whether their day-to-day activities were limited because of a health condition/illness or disability.



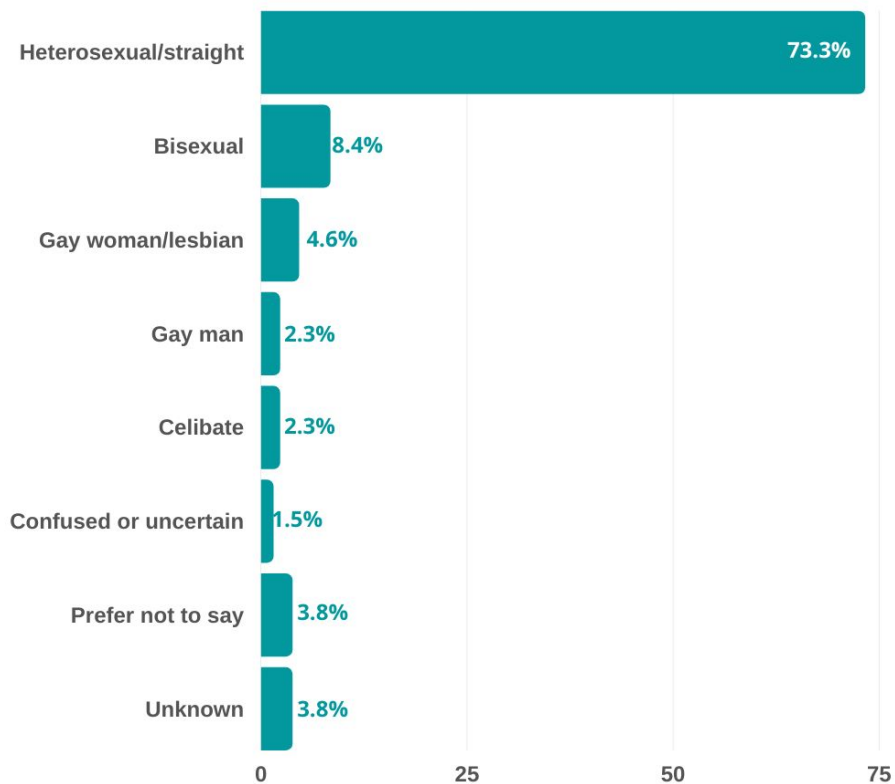
5. We asked respondents whether they were affected by a health condition/illness or disability at the time they were sexually abused.



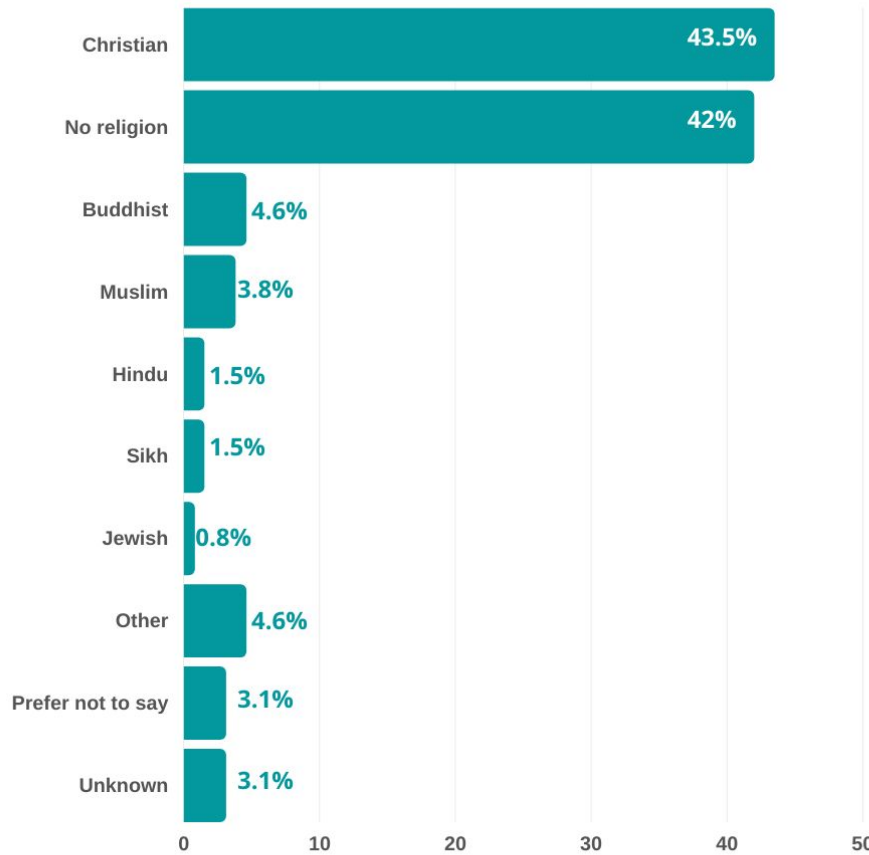
6. We asked respondents to describe their ethnicity.



7. We asked respondents how they would describe their sexual orientation or sexual preference.



8. We asked respondents how they would describe their religion or beliefs.



Note: The percentages add up to more than 100 percent due to a small number of participants who selected more than one religion.

Question one - Do you feel that any of your protected characteristics have affected your experience of child sexual abuse or the impact that it has had on your life?

1. Some 85 percent of Forum members who responded felt that their protected characteristics had affected their experience of child sexual abuse or its impact; 15 percent of Forum members felt that their protected characteristics had not affected their experience of child sexual abuse or its impact; and 1 percent did not respond.²

Vulnerability to child sexual abuse

2. Some Forum members felt that their protected characteristics had made them more vulnerable to child sexual abuse. Forum members who are neurodiverse told us how it could lead them to misinterpret social situations and not understand when others are acting inappropriately, making them more vulnerable to child sexual abuse. For example, one neurodiverse Forum member described being targeted by perpetrators who felt they could manipulate and exploit them.

“I am on the Autism Spectrum and was undiagnosed (this is common in females who tend to get diagnosed later in life) – I feel that due to being vulnerable in this way and not understanding social ‘norms’ predators could sense this and felt able to manipulate me easily.”

3. One Forum member told us how they also felt their disabilities made them more vulnerable to child sexual abuse. However, their behaviour was misunderstood and neither their disabilities nor the signs that they were being sexually abused were identified.

“I am diagnosed with Autism, Dyslexia, Dyspraxia, and Auditory Processing Disorder. However these were not diagnosed until my adulthood which meant I went undiagnosed in childhood. I believe I was targeted because I had existing vulnerabilities and I was misdiagnosed and labelled as naughty, which meant that the underlying issues were not detected, and I was not protected. The symptoms of abuse were labelled as ‘she’s just a difficult child’ and thus went unnoticed as did my disabilities. I’m not surprised I was overlooked for these reasons, and the perpetrators got away with it.”

4. Others described how their mental health condition or disability increased their vulnerability to child sexual abuse because it led to them being marginalised by others. One Forum member told us that their attention deficit hyperactivity disorder (ADHD) condition had made them impulsive and more likely to take risks. They described how they experienced stigma attached to the symptoms of this condition and how they were more likely to be excluded by peers and felt isolated. They also described how seeking attention and affection from others because of this isolation

² Due to rounding, the percentages do not total 100 percent.

led to them being sexually groomed and assaulted by adult staff. In addition, one Forum member described how children with disabilities may be exposed to multiple professional carers and expressed a concern that this could increase their risk of being sexually abused.

5. Others felt that their sex put them at greater risk of child sexual abuse and reduced their likelihood of being believed. Respondents to this question mainly told us about the vulnerabilities of being female over male, though it should be noted that overall, most survey respondents were female. We were told how stereotypes of the “*sexually dominant male*” and the “*submissive female*”, can result in girls either expecting or accepting sexual exploitation. Forum members told us that this is further compounded by cultural attitudes that female bodies are both a “*temptation*” and a “*commodity*”. Forum members described how this can lead to female victims and survivors feeling unable to speak out against the child sexual abuse they suffered.

“Being a girl was definitely the main reason for being abused and at the young age is a very easy target. Being a girl was like having no identity so no reason to be respected.”

“As a girl, I was told to speak only when I was spoken to. To do as I was told. Not to complain. Not to say “no”. I was not to say “no” to anyone in authority.”

“I believe that the way that culture still leaves women with the message that their bodies are both a temptation and a commodity is a huge problem. Our bodies are used to sell everything from hot sauce to fashion, but often there is very little of the fashion on the body that is ‘selling’ it. It sends an unhealthy message. Moreover, we get the message that men have no control over their sex drive, thus giving us the responsibility to protect ourselves from them. If we do not, might we have been “asking” for it? Should we not have said No, when we were too scared for our voice to show up?”

6. With regard to religion or belief, some Forum members described feeling isolated and unable to associate with anyone outside of their religious community. One Forum member described a culture of “*insularity*” within the Jehovah’s Witnesses and how it fostered distrust towards secular authority. Being raised within a highly religious community was also mentioned as a factor increasing vulnerability to child sexual abuse. For example, one Forum member described wanting to rebel against their conservative religious upbringing, which consequently led them to environments where they were more likely to be sexually abused.

“Coming from a Christian background led me to rebel against my parents leading me into the arms of a sexual predator.”

Impacts of child sexual abuse

7. Forum members told us how their protected characteristics impacted their experience of child sexual abuse. A dominant theme that emerged from Forum members was

the sense of shame that they felt in being a victim and survivor of child sexual abuse. Forum members often linked this sense of shame to their particular protected characteristics.

8. The majority of Forum members who responded to this consultation identified as female and many respondents shared with us how being female had exacerbated the shame they felt in being victims and survivors of child sexual abuse. We heard about the sense of shame they were made to feel due to victim-blaming attitudes towards women. Some described feeling less important and respected because of their sex, while others described being labelled as “*promiscuous*” and “*asking for it*” when they spoke about being a victim and survivor of child sexual abuse.

“I was a victim of abuse by a male teacher at my all girls’ school when I was 16. To all the adults involved, I had either made up the story, with some malicious or insane intent, or I was a “little tart” ... As a consequence, I was expelled from school and the man kept his job.”

9. One Forum member described how these societal attitudes and sense of shame held them back throughout adult life as they struggled to build confidence and feel that they were equal to others around them. Similarly, we heard how stereotypes in relation to masculinity, such as “*boys don’t cry*” can leave male victims and survivors feeling ashamed and unable to fully understand that they had been sexually abused.

10. Some also said they experienced a sense of shame and blame linked to their religious upbringing. Respondents to this question mainly told us about the vulnerabilities they felt of being female within Christianity. We were told that some religious teachings and doctrines can emphasise that women’s bodies belong to their future husbands and that women must be “*submissive and prudent*”.

“In regard to religion, while I do not believe this is the true doctrine of Christianity, the leaders in my church taught me that women’s bodies belonged to their future husbands and should be preserved for their future pleasure. Psychologically, this disconnected me from ownership of my own body as a female.”

11. One respondent told us that religious doctrines and worldviews emphasise that women are “*dogmatic, dangerous and deceitful*”. Forum members explained that such views of women can lead to female victims and survivors feeling responsible and to blame for the child sexual abuse they suffered. In addition, some Forum members described how religious leaders would sometimes minimise their experiences of child sexual abuse and told us how this invalidation added to their trauma.

12. Some Forum members from certain ethnic minority communities described the sense of shame that they felt from being a victim and survivor of child sexual abuse within their community. Forum members described feeling completely ostracised and disowned by their communities due to being a victim and survivor. One Forum member told us that they felt a sense of shame and that being a victim and survivor of child sexual abuse was seen to have damaged the honour of their family and

community. Another Forum member indicated that any sexual contact, including sexual abuse, prior to marriage can be met with physical violence from family members within Arab communities. They described how this can lead to intense trauma and feelings of isolation and vulnerability.

“I’m from an Arab Muslim family and the abuse took place at home (my biological father). The stigma, taboo and shame involved in exposing my family was unbearable due to my upbringing. In my home country if a girl has any sexual contact prior to marriage it is considered acceptable to kill her to avoid bringing shame on the family.”

Protected characteristics affected by child sexual abuse

13. In addition to sharing their views on how their protected characteristics had influenced their experience of child sexual abuse, some Forum members felt that being sexually abused as a child had actually affected their protected characteristics. For example, we heard that child sexual abuse could lead to disabilities later in life or affect how victims and survivors accept and experience their particular protected characteristics, such as sexual orientation and religious faith.

14. Forum members described a range of physical disabilities and mental health problems that they developed after being sexually abused as a child. For some, this included having arthritis and damaged cervixes as a result of the sexual abuse. Others described how the child sexual abuse caused complex mental health problems such as post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (C-PTSD). We were told that this can further impact victims and survivors’ lives in multiple ways, such as interpersonal relationships and the ability to obtain and sustain employment.

“The long-term impact of having been forced to accept harm perpetrated against me throughout the whole of my childhood has been continuing to attract and create harm in all areas of my life: relationships, health, education, housing, employment and finances. The abuse has caused complex mental health disorders. Physical illnesses up to and including womb cancer last year have tended to manifest around my reproductive areas. The body remembers.”

15. Some Forum members also suggested that being sexually abused as a child had led to difficulties in accepting or understanding their sexual orientation. One Forum member described feeling “*confused*” about their sexual orientation as a result of the sexual abuse they suffered. Others spoke about suppressing their sexual orientation in order to prove they were “*normal*” and how the child sexual abuse impacted their ability to accept their sexual orientation. In addition, one Forum member described how being a victim and survivor of child sexual abuse made it difficult to form an authentic connection with their own sexual identity.

“I’m worried that my sexuality has been impacted by the childhood sexual abuse. Like would I be gay if I hadn’t been hurt and scarred by a man.”

16. Some Forum members also told us how their religion or belief were affected by being a victim and survivor of child sexual abuse. Losing faith and trust in religious institutions was a common theme among Forum members who had been previously raised with a religious upbringing. Those who had lost faith in their religion described how religious leaders would respond inadequately to allegations of child sexual abuse, by either dismissing the allegation or not acknowledging the existence of abuse.
17. In addition, one Forum member told us how being a victim and survivor of child sexual abuse affected their pregnancy and maternity. The Forum member described experiencing flashbacks while breastfeeding and feeling more anxious during the early stages of motherhood.

Question two - Explain the ways in which you feel your experience of interacting with the institution(s) where you were abused, or with any institutions you came into contact with in relation to the abuse, may have been affected by any of your protected characteristics.

18. There were 73 percent of Forum members who felt that their protected characteristics had affected their interaction with institutions. A further 22 percent of Forum members felt that their protected characteristics had not affected their interaction with institutions, while 5 percent of Forum members did not respond or preferred not to say.

Barriers to disclosing or reporting child sexual abuse

19. Some respondents felt that their protected characteristics created a barrier to disclosing as well as or in addition to reporting child sexual abuse. For example, some victims and survivors who are neurodiverse said that they found it difficult to fully communicate their experiences in a way that could be understood by staff within institutions. We heard that children with complex needs or disabilities can have difficulty naming their body parts and were not helped by institutions to communicate what happened to them.

“I am diagnosed H F Autistic (high-functioning autism) with Mild Asperger’s as an adult at 50. As a child experiencing sexual abuse I could not communicate these repeated traumas aged 5–7, so I dissociated through mutism and daydreaming.”

20. Some victims and survivors who had mental health problems or physical disabilities described feeling dismissed by institutions, such as teachers in schools or social services. One Forum member with learning and mental health problems described how they were treated as “unreliable” by institutions, which made it more difficult to be taken seriously when disclosing that they were sexually abused. One Forum member shared their experience of interacting with the police. They told us they had been diagnosed with severe complex post-traumatic stress disorder (C-PTSD) and they were struggling with flashbacks while disclosing the child sexual abuse they suffered. When this was disclosed to the police, they labelled the victim and survivor as ‘mental’. It was suggested that these misunderstandings and mischaracterisations of disabilities can result in the underreporting of child sexual abuse and children with disabilities being left to deal with the child sexual abuse themselves.
21. Some said that they felt their sex made them feel unheard, dismissed and sometimes disrespected or sexualised by institutions. One Forum member described feeling less important than men when reporting non-recent cases of child sexual abuse. We heard how some victims and survivors would be accused of fabricating lies or being labelled as “little tarts” or ‘whores’ when attempting to disclose to professionals or family members. It was also felt that societal biases and expectations surrounding an individual’s sex can make victims and survivors feel as if they must accept responsibility for the child sexual abuse they suffered. Others described how these

societal attitudes made them feel unable to report the child sexual abuse to statutory authorities.

“The requirement to be a ‘good girl’, to fit the ideal of a passive compliant child, affected all of my interactions, within institutions, and does so to this day.”

22. Similarly, male victims and survivors described being dismissed by institutions, such as the police, when they tried to report being sexually abused as a child. We heard how the stereotypes that men should “*man up*” can undermine and invalidate their experiences, resulting in male victims and survivors feeling unable to process the child sexual abuse they suffered and subsequently report this to statutory authorities. We also heard one example of a school denying the experience of one male victim and survivor as they perceived victims and survivors to be female.

23. We also heard that Forum members who had a religious upbringing experienced difficulties in reporting child sexual abuse. The majority of Forum members who described such difficulties identified as belonging within a Christian denomination. We were told by these Forum members that in some Christian denominations, the topic of child sexual abuse remains taboo, which can result in members of some religious communities disengaging from this topic. For example, we heard that some religious leaders within Christian denominations do not clearly discuss inappropriate touching and whether this is a violation of religious scripture.

“Religious people including priests often seemed disgusted by any talk of sexuality and would dismiss, ignore or actively shut down conversations about it.”

24. We were told by some Forum members how they would be expected to obey religious doctrine without question. In addition, we heard how religious leaders would sometimes actively discourage victims and survivors from disclosing child sexual abuse to statutory authorities. One Forum member felt that the Church of England wanted to cover up the child sexual abuse when they disclosed and described how religious leaders would dismiss or minimise the severity of the abuse. Within the Jehovah’s Witnesses, we were told that elders would prefer victims to keep silent.

“Jehovah’s Witnesses discouraged engaging with ‘worldly’ authorities (ie, the police). They foster distrust.”

25. Age was also considered to be a barrier to disclosing or reporting child sexual abuse. Some Forum members felt they were less likely to be believed as a child when they attempted to disclose the sexual abuse they suffered. Conversely, one Forum member felt that reporting the child sexual abuse as an adult was held against them and that they were ignored because they had not reported the sexual abuse when they were a child.

26. Forum members also spoke about how their ethnic group and their cultural upbringing made it difficult to disclose that they had been sexually abused as a child. Victims and survivors from certain ethnic minority communities described having limited knowledge or understanding of child sexual abuse due to the topic remaining

a taboo within their communities. It was felt that this can leave children being unable to express that they had been sexually abused. We heard how this is compounded by the fact that within certain ethnic minority communities, child sexual abuse is a topic that is not discussed. One Forum member described being seen as a 'troublemaker' when attempting to speak out against the sexual abuse they suffered as a child and faced the risk of being ostracised from their community.

27. Others spoke about how racism and other people's perceptions and treatment of people from certain ethnic groups created a barrier to disclosure. Mistrust of the police from the black community was specifically mentioned. It was felt that the language used by the police was not sympathetic or understanding, and left victims and survivors feeling ignored and that their trauma was not recognised.

Lack of understanding of protected characteristics

28. In terms of interacting with institutions, many Forum members said that they received unhelpful responses from institutions due to a perceived lack of understanding of their protected characteristics. Some Forum members expressed how institutions, such as the police, lacked cultural sensitivity or an understanding of their ethnic background. It was felt that this lack of understanding led to institutions either minimising the harm that they experienced or blamed them for the child sexual abuse suffered. Prejudicial assumptions about race from institutions were also raised as an issue, with Forum members feeling that their race impacted the sympathy, compassion and respect they received from institutions.

"As a bi-racial black female my race impacted the sympathy, compassion and belief I got. It also made care home staff see me as a consenting and willing participant in my rape. They refused to see me as a child or as innocent. I strongly believe I was seen as the issue."

29. Although socioeconomic status is not listed as a protected characteristic, some Forum members did share that they felt their experience of child sexual abuse was impacted by their social class. For example, one Forum member felt that working-class girls do not feel supported or listened to by staff within institutions and support services, as the children do not feel able to relate to them or trust them due to having different life experiences. In addition, one Forum member felt that working-class girls are perceived as "sexual beings" at a much earlier age than middle-class girls, with working-class girls treated as being fully complicit in the child sexual abuse they suffered.

30. We also heard that victims and survivors received poor responses from institutions due to stereotypical attitudes about sexual orientation. For example, one Forum member told us that the institution they interacted with prejudicially assumed she hated men because she was a lesbian.

"When people learn of my experiences of sexual abuse, there has always been a follow-up question 'Do you think this is why you're are a lesbian?' There has always

been the assumption that due to my experience of sexual abuse that I dislike or hate men and so 'becoming a lesbian' has somehow been a conscious choice on my part."

31. A few Forum members described how institutional environments, such as police stations and court rooms, were not appropriately designed for children. One Forum member described their experience of appearing in court as a child as *"traumatic"* and felt that there was an underlying assumption that children do not tell the truth. Another Forum member described having a negative experience with the criminal justice system as a result of their age.

"I did not disclose my first case of abuse to anyone until I was 19 and I always felt like I was dragged through the system rather than advised or spoken to correctly, maybe because of my age. My solicitors didn't get my evidence in on time, otherwise I was told I would have had a very good case. I felt like because of my age that I was not treated respectfully or even like a human at some point."

32. However, some Forum members did share the positive experiences they had when interacting with institutions. For example, one victim and survivor described the police as being excellent when they provided a witness statement.

Question three - Please explain how you feel any of your protected characteristics have affected your ability to access or benefit from support services.

33. Some 58 percent of Forum members said that their protected characteristics had affected their access to support services. Another 37 percent of Forum members felt that their protected characteristics had not affected their access to support services, while 5 percent of Forum members did not respond or preferred not to say.
34. While support services may mean different things to individuals at different points in their lives, for the purposes of this consultation, support services are defined as any service, organisation or intervention that provides support, advice or treatment to victims and survivors and their families. Support services can be statutory, voluntary or private, and may be specialist or generalist in relation to child sexual abuse. Examples of health support services include seeing a general practitioner (GP) and mental health services provided by the NHS. Examples of recovery support services include counselling and psychotherapy, which may be provided by a charity or voluntary organisation (either specialising in child sexual abuse or not), or through a GP or hospital. Examples of justice support services include victim support services and sexual assault referral centres.

Availability of appropriate support

35. Some Forum members said that they felt that support services do not currently meet their needs as they feel they are not tailored to their protected characteristics. Victims and survivors with mental health problems, such as complex post-traumatic stress disorder (C-PTSD), felt that C-PTSD, as a new diagnosis, was not fully understood yet by the psychiatric profession. One Forum member shared that the therapy they received to cope with the C-PTSD was not effective and, as a result, they had to cope with the condition on their own.
36. Some victims and survivors of child sexual abuse told us they were excluded from statutory health services such as NHS services, due to having complex mental health problems. Those who have complex mental health problems were also sometimes not considered to be suitable for cope and recovery services, such as counselling. One Forum member described how a child sexual abuse support organisation would not support them, due to their mental health problems, and that a mental health support organisation would not support them due to being a victim and survivor of child sexual abuse.

“My mental health difficulties put me in a catch-22. Child sexual abuse support organisations won’t support me because of that, and mental health support organisations won’t support me because of my child sexual abuse history.”

37. Neurodiverse victims and survivors also shared the difficulties they experienced in receiving the right type of support for their protected characteristics. We were told that neurodiverse individuals were unable to or afraid to communicate verbally with

the appropriate emotional language, making it difficult to find the right strategies to protect themselves and to be supported. One Forum member with autism told us that counsellors struggled to understand their needs and the way they viewed and processed the world. Furthermore, we heard how neurodiverse individuals can feel isolated, which can prevent them from getting the help and support that they need. We were also told how physically disabled victims and survivors experienced difficulties in accessing support from the independent specialist sexual violence and abuse voluntary sector. Some sexual violence and abuse specialist voluntary sector services were described as not disability-friendly for those with mobility issues.

38. A few female and male Forum members also felt that support services were unavailable to them or were lacking in appropriate provision because of their sex or gender. Several Forum described insufficient resourcing and funding to develop services for female and male victims and survivors of child sexual abuse.

“There are very few services for male survivors and the ones that do exist are city-centric leaving many with no access to services whatsoever. I live in a rural area and my Police and Crime Commissioner refuses to employ males either as ISVAs or in support roles for victims of abuse.”

“I have had to largely self fund the support I have sought, for over five decades. It seems likely that this is because male dominated societies insufficiently resource, fund or develop services required by girls and women.”

Barriers to accessing services

39. Some Forum members from certain ethnic minority communities described the mistrust that they feel towards statutory health services. We heard how the existence of prejudicial attitudes about race from statutory services can cause a barrier for ethnic minority communities who believe that they will not receive the support that they need.

“Reaching out and asking for help from a country I felt was hostile towards me was almost impossible. I had experienced racial abuse at school and our windows at home were smashed when I was growing up in the 1970s.”

40. We were also told about the difficulties that victims and survivors can face in accessing support due to their sexual orientation. For example, one Forum member shared how their sexual orientation impacted their ability to seek help because they feared facing discrimination. For those who were able to access support, we heard one example of a counsellor disregarding the problems a victim and survivor was experiencing in relation to their sexual orientation. We were told this can greatly impact victims and survivors’ mental health and prevent them from accessing support in the future.

“It’s difficult as a woman to talk to a man about my [sexual abuse], especially when my personal relationships as a lesbian are inextricably linked and would need discussion too. I have always been acutely aware of the sensationalism surrounding

lesbianism and straight men, especially in relation to pornography. I have always therefore been reluctant to discuss any of my experiences with men, even men in professional roles of support.”

41. Gender reassignment was also mentioned as impacting victims and survivors' ability to access support services. We were told that trans men victims and survivors can find it hard to approach all-male peer support groups, fearing they will not be understood.
42. Religion or belief also caused problems for a few victims and survivors in accessing support. Forum members mainly told us about the problems they faced in accessing support when belonging to a Christian denomination. Some Forum members told us that being raised within a particular religion can create barriers to seeking help from outside their religious community. For example, one Forum member told us how religious leaders within their church were very protective of how the community is stigmatised. We heard how, if victims and survivors sought external help, they risked facing exclusion from the religious community as they are made to feel as if they had betrayed the church. Within the Jehovah's Witnesses for example, Forum members explained that support was given in the form of 'theocratic activities' and that professional help, such as psychological therapy or counselling, were discouraged as it could bring "*reproach to the name of God*". In addition, we heard that within this Christian denomination, self-help literature was viewed as 'worldly' and a potential danger to the faith.

"I think as a Christian there can be a pressure not to access support outside of the church community and that can lead to exclusion when you do, people making you feel like you have betrayed the Church. And there is pressure to use prayer ministry and internal support rather than professional psychotherapy".

43. Some Forum members also felt that their sex created a barrier to accessing support services. For example, a few male victims and survivors felt that this was due to a lack of understanding and awareness about how child sexual abuse impacts boys and men. We heard how the perception that males are more able to cope without support is actually a symptom of males not being able to express distress due to "*social constructs and conditioning*". One Forum member who had accessed counselling through cope and recovery services, described how he found it difficult to relate honestly to the child sexual abuse, and instead suppressed all taboo feelings and memories. Another male Forum member described feeling uncomfortable accessing support from a survivors group as he assumed that he would have to engage with other men.

"I did contact a survivors group in Bristol at around the same time. This was online and I did have brief email communication as I recall. I felt uncomfortable as it was aimed at 'male survivors of abuse' or 'survivors of male abuse' or some such phrase and I got the impression I would have to meet up with men and this is what I felt most uncomfortable about. Men were the problem, not the solution."

44. Some female Forum members described the difficulties they faced in accessing

therapeutic support from statutory health services. We were told that these services created barriers to accessing support due to not being believed or ignored, or due to negative attitudes by service staff.

“When trying to get therapeutic support as an adult, the fact that I am female seemed to reduce the likelihood of abuse being named as a crime by therapists. Because I am female, male and female therapists were both more likely to disbelieve my account, regard it as exaggerated or made up because we all live in a male dominated society.”

45. Although not a protected characteristic, one Forum member felt that they were unable to access support services due to the “*machismo*” of coming from a working-class background.

Unhelpful responses from services

46. Some Forum members also told us that they felt some statutory health services displayed unconscious bias or held stereotypical attitudes about certain protected characteristics. For example, one Forum member felt that their GP did not treat their disclosure of child sexual abuse seriously because they were a child. Others described how they felt their experiences of child sexual abuse were minimised or dismissed by professionals, such as doctors or social workers, because of their sex.

“When I disclosed the abuse to my GP, in my 20s, and asked to see my records, he refused saying that 'nothing like that happened in your family'. He used his privilege to deny the abuse and protect the abuser. It was easier for him to do this because I was female and he was male and a doctor.”

47. We also heard how statutory health services can have various prejudicial assumptions towards certain ethnic minority communities, impacting the way they support victims and survivors from these communities. We heard how biases and stereotypes among some statutory services can create real barriers for victims and survivors when attempting to reach outside the community for help and support.

“I was supposed to have had a social worker but one never appeared to check up on me. As a result I missed an entire year of school because my abusers would not let me go to school. There is a lack of understanding and awareness of sexual abuse in the Sikh community. I have had people say to me, ‘Sikhs are good, lovely people, they don’t sexually abuse girls’.”

48. Additionally, we heard how victims and survivors of child sexual abuse are sometimes overlooked by statutory health services for fear of being labelled racist. We were told that this can result in victims and survivors feeling that they have been treated differently due to their ethnicity. One Forum member felt that their GP denied them treatment and minimised their experience of child sexual abuse due to their ethnicity.

“They didn’t want to help or intervene or protect me because I am a Sikh, they were

*more concerned about being racist than helping and rescuing a child who was being abused.*³

“Doctors (stereotyping that's based on my mum's experience of being a nurse for the NHS for 45 years) didn't care about the black kids. So I've often wondered if a white family would have been given different advice.”

49. We also heard of the need to change maternity services to more actively support those who might be concerned about how child sexual abuse can impact interpersonal relationships with their children later on in life.

Positive experiences of accessing or benefiting from support services

50. However, some Forum members described having positive experiences of accessing and benefiting from support services. For example, one Forum member told us that they received the help they needed once they were referred to a counselling service through a sexual assault referral centre. Another Forum member told us that their journey to recovery was assisted by therapy with a Transactional Analysis practitioner. We also heard that some Forum members had positive experiences with sexual violence and abuse specialist voluntary sector services and through private therapy. Additionally one Forum member told us how they were able to access treatment via the NHS Improving Access to Psychological Therapies service and described how invaluable it was to gain access to free treatment with a high intensity therapist.

³ The Inquiry is aware that Sikhism can be considered as an ethnicity, as well as a religion. As the Forum member spoke about their experiences within the context of race, the Inquiry has analysed the response in the same context.

What happens next?

Forum members have told us that their experiences of child sexual abuse may vary according to their different characteristics or background, and some may experience particular impacts such as their sense of identity and belonging in their community. Further, we have been told how victims and survivors may experience different responses from institutions or that their experiences of accessing and benefiting support may vary according to their protected characteristics. The information Forum members have provided will, alongside other evidence we have heard, inform the preparation of the Inquiry's Final Report.

Glossary

This glossary sets out descriptions of terms used in this report. It is intended to assist readers to understand some of the terminology used in this report.

Attention deficit hyperactivity disorder (ADHD)

ADHD is a developmental condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse. The symptoms of ADHD can be categorised into two types: inattentiveness, and hyperactivity and impulsiveness. However someone can have a 'combined' type of these two categories. (Source: [NHS overview of ADHD](#))

Asperger's syndrome

Autism is often described as a 'spectrum disorder' because the condition affects people in many different ways and to varying degrees. Asperger's syndrome is a form of autism; although not an official diagnostic category anymore, it still describes a group of people with more specific strengths and challenges. While there are similarities with autism, people with Asperger's syndrome have fewer problems with speaking and are often of average, or above average, intelligence. They also tend to have more exceptional skills or abilities in a specific topic than people who are not considered neurodiverse). (Source: [ASPIE - Asperger's](#))

Auditory processing disorder (APD)

APD affects how the brain interprets sound rather than how sound is carried through the ear to the brain. People with APD have difficulty in understanding sounds, including spoken words. (Source: [NHS Auditory Processing Disorder](#))

Autism (spectrum disorder)

Autism spectrum disorder (ASD) is a neurodevelopmental disorder or condition that affects how someone develops in terms of their behaviour and how they communicate with others. People with autism usually experience difficulties in social interaction, social communication and behavioural flexibility. (Source: [BUPA Autism Spectrum Disorders](#))

Complex post-traumatic stress disorder (C-PTSD)

C-PTSD is a condition where people experience symptoms of post-traumatic stress disorder (such as difficulties in self-organisation, avoidance, hypervigilance), along with additional symptoms such as difficulty in regulating emotions, changes in consciousness, negative self-perception and difficulty with relationships. PTSD is generally related to a single event, while C-PTSD is related to a series of events or one prolonged event. (Source: [NHS Complex PTSD](#))

Dyslexia

Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed. (Source: [British Dyslexia Association - About Dyslexia](#))

Dyspraxia

Dyspraxia, also known as developmental coordination disorder, is a condition affecting movement and coordination. It can affect coordination skills such as tasks requiring balance,

playing sports or learning to drive a car. It can also affect fine motor skills, such as writing or using small objects. (Source: [NHS Dyspraxia](#))

Neurodiversity

Sociologist Judy Singer first used the term 'neurodiversity' in the late 1990s upon recognising that what we call 'diversity', namely the differences we see in people, can be applied to understanding the variations in the way the brain functions. It recognises that there is a need to move away from unhelpful concepts of 'normal' or 'abnormal' when understanding differences in thinking, brain functioning and experiences of the world. These variations include autism, ADHD, the 'dys's (-lexia, -praxia, -calculia etc), learning disabilities and more. As with significant physical differences, when compared to a neurotypical brain, if there is neurodiversity then reasonable adjustments should be made to how people in this group are understood.