Wednesday, 5 July 2017

(10.00 am)

Welcome by THE CHAIR

THE CHAIR: Good morning, and welcome to everyone here. This is the second day of our seminar dealing with victims and survivors' experiences, the impacts of child sexual abuse, support needs and support services.

For the benefit of any who were not here yesterday, my name is Alexis Jay, and, as you will know, I'm the chair of the Independent Inquiry Into Child Sexual Abuse. Also here are the other panel members: Ivor Frank, Professor Sir Malcolm Evans and Drusilla Sharpling.

As I said yesterday, the experiences of victims and survivors is a topic that is of real significance and importance to us at the inquiry, so I am very pleased to again welcome all of those who have agreed to take part today to assist us, and to see that so many of you in the public gallery have returned, as well as some new faces. So thank you very much for that.

Welcome to you all. I am not going to repeat my opening comments of yesterday. A transcript is available on the inquiry website, as is a video of yesterday's proceedings.

Yesterday's session was extremely helpful to us, and

we heard a great deal of very important and constructive contributions about the impact of child sexual abuse and the services provided to adults.

So the panel are now looking forward to continuing today, and I understand the course of the focus of the seminar is to be more around the needs of child victims.

The seminar will again be facilitated by Ms Karmy-Jones QC, and will again be live streamed over the internet with a short delay, so that those who are unable to attend in person will therefore be able to follow the proceedings.

Once again, I thank those of you who are participating and those of you who have taken the trouble to be present today in the public gallery.

I will hand you over to Ms Karmy-Jones.

Opening comments by THE FACILITATOR (Session 3)

MS KARMY-JONES: Thank you very much, chair.

We went through some introductions yesterday, but we are going to go through some of those again today, for any new attendees today. It is fantastic to see many of you who were here yesterday have taken the trouble to come back again, so thank you.

I am Riel Karmy-Jones. I am a barrister. One of my areas of expertise is in cases involving sexual abuse

and child sexual abuse. I am also instructed as one of the lead counsel to this inquiry.

I neglected yesterday to introduce those who are sitting with me. First of all, Dr Helen Powell is sitting next to me, who has really spearheaded this seminar process, together with Cate Fisher, whom you met yesterday. Dr Lorraine Radford is sitting at the end of our bench, who will be giving us a presentation later on this morning.

As I said, the research team have been instrumental in putting together the programme for the seminar today.

Turning to the participants, if we can, we are again very, very grateful to all those victims and survivors who have agreed to take part and especially those who come again for a second day. Thank you, Heidi and Jennie and Chris.

As we have some new people, I am just going to ask everyone to go through introductions again, please. If I can start with the victims and survivors, please. I will start with Jennie?

Introductions

MS GRACE: Hi, I'm Jennie. I'm a survivor of sexual abuse, and I'm here to help with my input.

MS CLUTTERBUCK: Hello, I'm Heidi Clutterbuck. I'm a survivor of child sexual abuse and I'm here to share

my voice and help to learn and instigate change.

MS TUCK: My name is Chris Tuck, I'm a child sexual abuse survivor and a member of the VSCP. I am here just to add my voice to everybody else's so we can make change happen.

MS MAXTED: Good morning. Fay Maxted, I'm on the Victims and Survivors Consultative Panel. We were hoping to have Danny Wolstencroft here this morning. He's not been able to join us, which is really sad. It would have been good to have a male survivor sitting in the horseshoe. But I have spoken to Danny this morning and asked him what he would like me to say, and he's given me a brief and shocking rundown of his experiences of services when he was younger, so I am hoping to input that in the course of the meeting.

MS KARMY-JONES: Thank you. Again, today's focus is on children. Yesterday's focus was on adults. We are very conscious that we don't have the voice of a child here today, but I hope that all will understand the difficulties that there would be in trying to put a child in a seminar like this in any capacity, not least the impact that that might have on any child concerned.

We don't have a parent or carer of a child here either to speak for them. Again, there would be

difficulties around that because we are live streaming this event, and there is always a potential for identification, and it must be paramount in anything that we do to keep the protection of children at the forefront of our minds.

I am going to ask other participants to identify themselves, but can I just say, on behalf of those who have prepared the seminar, we had expected, as Fay said, to have a male victim here, and we are very sad that Danny can't join us today, for reasons outside his control. He was due to attend. We are doing our best to see if we can find someone to step in at short notice perhaps a little later this morning, but I'm not sure whether that will be possible as yet. But what I do hope is that those of you who may be victims and survivors in the public gallery feel free to share your experiences with us during the course of the question and answer sessions that we are going to come to.

Can I now just move on to the rest of the panellists and ask everyone else to introduce themselves, perhaps just going around the circle, starting with you, Linda.

MS LEWIS: Good morning. My name is Linda Lewis and I'm from The Survivors Trust. I am very happy to be here today to provide my input and examples of my experience in supporting survivors and having also got personal

experience too. Thank you.

MS A THOMAS: Akima Thomas, clinical director of Women and Girls Network. Women and Girls Network provides a holistic service for survivors of any form of violence, providing wrap-around provision, including individual counselling work, body therapies, group work, advocacy and advice.

MS KARMY-JONES: Can I remind everyone it is difficult to hear, particularly at the back of the public gallery. If you make sure your turn your mic on and off, but tilt it down towards you, please, and try to speak into it. It does make a difference. So do try to use the mics.

PROF COOPER: Good morning, I'm Andrew Cooper. I work at the Tavistock Centre, part of the Tavistock & Portman NHS Foundation Trust, which has been part of setting up new clinical pathways for child victims of CSA, which I might speak about later. I do some work with the Truth Project strand of the inquiry as well.

MS LARA: I am Almudena Lara. I'm from the National Society for the Prevention of Cruelty against Children. We design and deliver services for children who have suffered abuse, including the Helpline and the Childline services.

MS D THOMAS: Good morning. My name is Dawn Thomas. I am representing Rape Crisis England and Wales, which is an

umbrella organisation of 45 members delivering counselling, helpline, advocacy. We support women and girls, men and boys and children from as young as 5.

MS WILLIAMSON: Good morning. My name is Annette Williamson and I am the team leader from Birmingham Children's Hospital for the Child Protection Support Services. I am a nurse by background, and I have a small team of five members that support staff across the hospital and in the community within the child and adolescent mental health services in all aspects of child protection, but obviously that does include child sexual abuse as well.

DR GLASER: Good morning, my name is Danya Glaser, I'm a child and adolescent psychiatrist and researcher and I have worked with very many families where there has been child sexual abuse, right across the range from predisclosure, disclosure, therapeutic work with families, children, parents and even sometimes abusers. Thank you.

DR HICKLE: Hi. My name is Kristine Hickle. I'm from the University of Sussex. My research has primarily been focused on child sexual exploitation and issues related to human trafficking and, probably more broadly, interventions for children and adults victimised by sexual abuse. I have also worked in various capacities as a practitioner for the last 10 years with survivors

of sexual violence, both in the US and the UK.

MS NAYLOR: My name is Amanda Naylor. I work for Barnardo's, one of the UK's largest children's charities. We have around 100 services across the UK for children who have been sexually abused and a growing number of services for children who display concerning or harmful sexual behaviours. I am hoping today to bring the voices of many of those children to proceedings and share their views as we have collected them across the year.

Opening comments by THE FACILITATOR (Session 3) (continued)

MS KARMY-JONES: As with yesterday, we have a great deal of ground to cover today. Can I just remind everyone that this is not a formal or legal evidence-gathering process, so it is not the forum for cross-examination, for interrogation, we are not going to go experiences or launch criticisms, please. The purpose of today is not to put people on the spot or to ask them to justify a position that they or their organisation may take. We just don't have the scope for that kind of discussion today.

In order to remain focused on the matters which we have to deal with, I will only take comments, observations, and contributions, or questions as to clarification of what has been said in the presentation,

for instance, that Professor Radford is going to give to us in a moment, and during the course of the seminar I'm going to try to stop any cross-room discussions starting, because that inevitably excludes the rest of the room from the debate and the discussions. So please try to direct any comments or observations through me.

When speaking of experiences, and this is something for the victims and survivors in particular and also for the public gallery, you saw yesterday we do have to be very careful about mentioning names. There are legal reasons for that, but please don't mention names of others not present.

A couple of reminders. As I have said, and as you have seen, we have a number of victims and survivors here, both as panellists and potentially amongst the public gallery, so can I ask the public gallery, please bear that in mind and please be sensitive about doing things that might cause distress. No phones in here, you have been told, but also outside taking photographs and things that you do, just bear in mind there are people around you, even if tweets are sent, who may not be very happy with that. So just take some care for those around you, really.

We don't want anyone to feel afraid of speaking out in this forum.

We particularly would like to encourage anyone who has had an experience that they want to share to access our online consultation form that's on the website, which will be open until 5 September. I outlined in some detail yesterday that this seminar is only one aspect of a very broad programme of work that the inquiry is undertaking in order to hear the accounts of victims and survivors. There is more detail of that in your pack. I won't repeat it all today.

We will follow the same process that we did yesterday and the format. At the end of each session, I am going to take 10 or 15 minutes, sometimes more, depending on the time available, to open the floor to those in the public gallery who have been good enough to attend. We had some really, really excellent and informative input from all of you yesterday, thank you. More of that is very welcome.

We may not be able to get to everyone. I will do my best to take comments and observations as we go, as many as possible. If not, please write in and tell us what you wanted to say.

Again, it may be tempting, particularly from the public gallery, to try and ask questions, but, as I have said, we are restricting things to observations and giving views. Those are what are helping us at the

moment. We have a busy agenda, so I will be keeping to that and I won't be able to let the panellists or the public gallery digress onto issues that don't fall within it.

Please also remember that, because of their function in the wider inquiry, the panel are simply unable, for good reason, to engage with everything in the way that others can because they do have a quasi judicial role in the inquiry. So it is necessary that they have to remain impartial and without bias, so they are not able to answer questions, in any event, or express overt opinions on what they hear today.

There is a live video feed, as you have been told. There is a delay in it. Some of you yesterday saw the reasons for that, and how we use it and why we use it: for good reason. As you know, if a matter comes up today that is sensitive, we will pause it, and you have seen how that works.

It goes without saying that some of the material we discuss is inevitably distressing, and so there are the two support staff available, whom you have seen. They are available to provide support to anyone in the room who wishes to speak to them, and if anyone does feel upset or overwhelmed, please do speak to them and use them to the best of their ability. There are private

rooms available for quiet discussion. Conversations will be confidential, unless there is any risk to themselves or others that is disclosed.

As I said yesterday, we are conscious that sometimes impact comes later, so please continue to keep in touch with us later on, if you find, after leaving today, that it has opened up some issue for you and you are distressed as a result.

I am now going to move over and hand on to Professor Radford, who will be presenting the findings from a rapid evidence assessment that she conducted for the inquiry dealing with what we can learn about child protection from other jurisdictions. Professor Radford gave a presentation at an earlier seminar, in April, I think, this year, and this is part of it, but much more focused on the support services for child victims and survivors. So thank you, Professor Radford.

Presentation by PROFESSOR LORRAINE RADFORD

PROF RADFORD: Good morning. My presentation today looks, as was said, at support services for children and young people affected by sexual abuse and sexual exploitation. The content draws on this wider rapid evidence assessment, which we completed for the inquiry, on what can be learnt about preventing and responding to child sexual abuse and sexual exploitation from other

jurisdictions.

The report is available on the inquiry website, and I believe there are hard copies available today. It was authored by myself and my colleagues at the University of Central Lancashire, Helen Richardson Foster, Christine Barter and Nicky Stanley.

A rapid evidence assessment is basically desk-based research. It is like a systematic review, in that systematic and transparent methods are used to search for, to quality appraise and to analyse published research literature. For a rapid assessment exercise, though, there are limits on the scope and the time for the research, so the things that I say today will be by no means exhaustive of the literature that might exist.

In the presentation today, I have been asked to address three key issues. Firstly, what are the key issues in the provision of specialist services for sexually abused children in England and Wales; secondly, what kinds of support services and delivery models are most effective; and, thirdly, are there examples of good and also unhelpful or bad practice that we need to be aware of?

Apart from the findings relating to supporting child victims or survivors, most of the findings from the research were presented to the inquiry in April this

year. So the evidence review looked at research from jurisdictions that were similar to the United Kingdom, on what works in both prevention and response to children who are affected by sexual abuse and sexual exploitation.

In the earlier presentation, we covered primary prevention, disclosure, identification, reporting and child protection responses and also managing offenders, with the focus on similar jurisdictions, but putting this in the context of responses in England and Wales.

So today I am going to just draw on a small section of the report, looking at the information that we have on supporting victims and survivors in chapters 5, 6 and 7 of the report, and focusing predominantly on two areas: what we know about victim support; and what the research literature says about aiding recovery.

Redress is another important area that we did consider in the report, but because of limited time, we are not going to talk about that today, and it has to be said that the research literature is very limited in relation to child victims.

I will just very briefly say something about how the research was done, and, again, full details are available on the online report. In the study, we used agreed search terms to identify research which is listed

in online databases of peer-reviewed journals, and we looked at publications between the years 2004 to 2016. We also searched for grey literature, and by that I mean the research that's published in other areas outside of academic research journals, so publications from government departments and also NGOs, for example.

So altogether we identified around to 12,000 potential publications. We screened a large amount of the literature out on the basis of relevance and 483 full text publications were then rated for quality against agreed quality assessment criteria.

We identified 88 high quality studies which we included in the report, and 24 of those addressed issues of victim support.

Where the research findings on a topic were particularly thin, we conducted some specific, focused, additional searches to identify research that might be promising, and by that I mean it didn't yet meet the criteria for high-quality research evidence.

We identified 90 promising studies which we included in the discussion in the report and 32 of these looked specifically at issues relating to victim support.

The final step in this review process was to conduct a weight of evidence assessment, which basically means looking at all of the evidence that we gathered, its

overall quality, and whether it was relevant to the research questions and whether it had been conducted ethically.

It should be said, though, that we didn't systematically search for information on services in England and Wales, and so I can't say that the information I present today is exhaustive of everything that's happening in England and Wales.

I will just move on to the first question that I was asked to address: what are the key issues in the provision of specialist services for sexually abused children in England and Wales?

Now, we know from England and Wales that there are a number of studies that have found substantial gaps in the availability and accessibility of support services for child victims of sexual abuse and sexual exploitation. It should be noted, though, that none of the studies that we found in our research were particularly recent, and so the availability of services may have changed since these research studies were completed.

To give you an example, drawing on prevalence findings on rates of child sexual abuse and its impact in the United kingdom, Allnock and colleagues mapped the estimated levels of need against the levels of provision

which were gained from a survey and interviews with providers and commissioners of therapeutic services in the United Kingdom.

Now, assuming very conservatively that children in the population who had experienced sexual abuse and also reported having suicidal tendencies would be the children who are most likely to require therapeutic support, the researchers estimated that there is a shortfall in provision of over 57,000 places for children each year in therapeutic services.

This study also found that there are issues in access to services, with long waiting times reported, and some children having to travel many miles to access a service. Similar gaps in service provision have been found in relation to young people affected by sexual exploitation, for example, studies that Barnardo's has produced by Scott and Skidmore and more recently by Jago and colleagues, who looked at responses of local children's safeguarding boards in England, and found that one-quarter of them were unable to implement properly the guidance on provision for children affected by sexual exploitation.

So the lack of services for children with particular needs is also a significant challenge. Services are not based on what we know about needs in relation to the

different vulnerabilities that children may have on the basis of their age, their gender, whether or not they have disability, their ethnicity, the type of abuse they experience, where it occurs and whether it is in an institutional or a non-institutional setting.

For example, research by Franklin and colleagues into services for children with learning disabilities who are vulnerable to sexual exploitation found that there were considerable gaps in service provision and in the training of professionals to provide support. So both the Allnock and the Franklin studies in the United Kingdom found that specialist services reported very limited experience of working with particular groups of children and young people, such as children from black and ethnic minority groups with learning difficulties, and some services that they contacted had never had any experience or any referrals from a child from black or ethnic minority group with learning difficulties.

So there also appear to be considerable knowledge gaps in the availability and accessibility of services to support children and young people who have been victims of online abuse, victims of trafficking and sexual exploitation.

Finally, because of the interconnected nature of

sexual abuse and sexual exploitation with other forms of victimisation and adversity, the loss of related services supporting children living with abuse and adversity, for example, domestic violence services for children, is also highly likely to have an impact on the general availability of support for children and young people who have experienced sexual abuse and sexual exploitation.

Moving on to consider the second question, looking at what kinds of support services and delivery models are most effective for meeting the needs of different groups of child victims and their families, we can say from our review of the research that the forms and intensity of support for children and young people will vary because the consequences of the abuse won't be the same for all children.

As was said yesterday, children and young people may not experience only sexual abuse and sexual exploitation, but they may have other forms of abuse and adversity in their lives. It is the whole set of challenges for the child that need to be addressed.

The needs of children who have been sexually abused and those who have been sexually exploited are likely to differ, as those sexually exploited may have additional vulnerabilities that might require different types of

practical, emotional, therapeutic and also social support.

The sexually-exploited child might be more likely to be homeless or to have drug or alcohol dependence, to be a single parent, to have low self-esteem and poor employment options, although of course these can be experiences also for sexually abused children and young people.

There is a consensus in the research that services need to be able to meet the constellation of needs that children and young people have. Young, sexually-exploited people will access most often services which offer them a range of help; help ranging from health advice to legal advice to help with practical issues and outreach services, for instance.

Support will also vary according to the age and developmental issues, so a teenage girl is likely to require different support to a preschool child who has been sexually abused. A teenage boy who has been sexually exploited might have different needs from a sexually-exploited girl.

Research from the young survivors on their views on services also shows that access to and the provision of services needs to be comfortable for children and for adolescents.

So good practice in child protection is also recognised as working to prevent and respond to sexual abuse and sexual exploitation with support appropriate to the needs of children across the continuum of care, from low-level support to high-level support for children who may have additional and more complex needs.

So the evidence review showed that those in institutional settings are likely to be more vulnerable to abuse and to harm because they lack the social support and family support that people who have not been in care or in institutional settings may well have.

A recent review by the Australian Royal Commission into Institutional Responses into Child Sexual Abuse, which was not recorded in our report, confirms this finding, and recommends that support for these children might be needed over a longer period of time.

A number of promising studies in the evidence review endorsed the conclusion that staff who are knowledgeable about the dynamics and the impacts of sexual abuse and sexual exploitation and who are proficient at forming relationships based on trust are important to provide support to child victims.

There is also promising research from the United Kingdom, and also from overseas, to suggest that, in cases of sexual abuse, apart from cases of sexual

abuse that occur in closed institutional contexts, support services that can be provided in partnership with parents may give more promising results.

Research on sexual exploitation in the UK and overseas suggests that proactive outreach and advocacy for children and young people affected by sexual exploitation can be helpful in building the relationship of trust that's needed to allow those young people to access sources of support.

A number of the overseas inquiries into child abuse in institutional contexts shows that there are organisational barriers to effective safeguarding. So the evidence review identified that some of the areas that need to be addressed included privacy of the offender and the offender being alone with the child; persons in positions of trust having little supervision or monitoring; a lack of safeguarding policies; failure to report or to sanction offenders; a culture where abuse is normalised; a hierarchical organisation where it is very difficult for junior staff to complain, let alone children; a lack of an adequate complaints system; and lack of safe spaces for children who are victimised to tell anybody what is happening to them or to have their complaints acted upon appropriately.

So researchers in the USA have recommended organisational changes to improve safeguarding in these children's services, and although these are still poorly researched in terms of their impact and their effect, these approaches certainly warrant further exploration.

In terms of delivery, we also know that having coordinated and co-located multisector teams may be promising models of delivery. An example from the United Kingdom is the hub and spoke model which has been explored by the University of Bedfordshire. This extends the reach of specialist teams, the hubs, by placing specialist workers as the spokes in new areas so they can develop capacity and also local expertise. So evaluations of this type of model of working with specialist teams, in places like Australia, and also in the United Kingdom, show some promising results.

To effectively implement policies, programmes or practice changes, organisations need to consider not only what changes they need to do, but also how to implement those changes. We found very little research on effective implementation frameworks in our review of evidence, but nonetheless, there are indications that implementation is extremely important for effective policy change, and this is confirmed by other reviews for other inquiries, again, such as the Australian Royal

Commission of Inquiry.

It is recommended that having organisational readiness to change with well-trained and supported staff may be one feature of best practice and implementation, and there has been ongoing work in this area promoted by the World Health Organization.

Moving on to the third question that I have been asked to address: are there examples of good and unhelpful or bad practice in England and Wales and internationally?

It has to be said that a lot more is known about unhelpful and ineffective responses, and this has been confirmed by the many inquiry reports and research studies that exist internationally and in the United Kingdom which have highlighted some of the challenges in responding well to children affected by sexual abuse and sexual exploitation. Young people who have disclosed abuse have not been protected because of professional failure to act. Young victims have not been treated as victims, but they have been treated as troublesome, and sexually-exploited young people have often been shunned for choosing inappropriate lifestyles.

Awareness about the extent and nature of the problem and the priorities for safeguarding have often been

wrong. Support for child victims in many areas has been shown to be inadequate. Organisational responses can be traumatic and revictimising for victims and survivors.

While policy guidance exists, failure to implement it has been persistent. An example of persistent implementation failure is implementing the recommendations from the Achieving Best Evidence guidance. This was guidance on the treatment of vulnerable child witnesses, which was first issued in 2002. Research has repeatedly shown over the years, including reports from the Children's Commissioner and also the University of Bedfordshire, both in 2015, that the guidance is implemented in an inconsistent way and with variations in practice from area to area.

So the evidence review found that there is limited but promising research on specialist co-located teams. There are promising findings from England, Australia and Iceland, for instance, that these specialist co-located teams can bring improved victim support and improved satisfaction for victims/survivors and also their families.

We found some limited, but also quite promising, research on trauma-informed approaches to working with child survivors, and these basically aim to change organisational responses.

So, simply put, trauma-informed approaches take into account that a system's operating procedures might inadvertently retraumatise victims and survivors. So they have two dimensions to their approach. Firstly, they work with awareness of the young person's history of past and current abuse and, secondly, they use this awareness in order to design the service response.

It seems that different approaches to trauma-informed working may exist in the US, Australia, Scotland and England, and some of these approaches have published guidance and principles to help organisations to implement these approaches.

So elements of this approach are said to exist in England, in the work of the Anna Freud Centre, and in some of Barnardo's services, for example.

For example, Barnardo's 4 A's Approach with young people who are victims of sexual exploitation draws on knowledge about trauma and its impact in its four key features of its response. Briefly put, these 4 A's aim to address the history of trauma and poor attachment which highly vulnerable, sexually-exploited young people might have, by working with them in a way that shows the young person that the professional will be there for them.

So this involves doing things like assertive

outreach, to build a relationship of trust with a young person; providing advocacy; maintaining attention, listening to them and showing interest in the young person's life and what's happening to them; and facilitating access to services and sources of support.

Many victims of trafficking lack consistent contact with services or contact with a social worker. The organisation ECPAT has campaigned for the introduction of guardianship schemes for trafficked children and young people, similar to the schemes that exist in the Netherlands, on the basis that this would help trafficked young people to access care and also perhaps help them from going missing.

There is at present, again, limited but promising research from an evaluation in Scotland of the Scottish Guardianship Scheme which found that this had a positive impact on a young person's access into services.

The last area to consider -- well, the greatest amount of research that we found in our review in relation to support for child victims and survivors was in the area of therapies. This very much reflects the bias in research towards the United States in relation to child protection and child abuse in general, and also to health sources of funding for research. It shouldn't be assumed, also, that therapy in itself is helpful,

because, as was noted yesterday, some therapy can be positively harmful for adults and possibly also for child victims. So having good research in this area is therefore vitally important.

Many of the studies that we reviewed looked at psychotherapeutic responses for children who were already showing clinical trauma and behavioural problems as a result of experiencing abuse.

Psychotherapeutic approaches are basically those that draw on psychological methods.

A main message coming from this research is that, although there is this bias towards psychotherapeutic approaches, there isn't one single therapeutic approach which will meet all of the needs of a particular child because needs will vary according to the individual circumstances and experiences. This highlights the need to have good assessment and flexible responses based on needs.

So a number of publications that exist which draw together findings from several studies which have concluded that the best evidence that we have on therapies is in the area of trauma-focused, cognitive behavioural therapies for children.

So trauma-focused cognitive behavioural therapies are a form of psychotherapy which aim to focus on and

solve problems by changing unhelpful thinking and the behaviour associated with this. So for a sexually abused person, for example, it might involve looking at critical and unhelpful thoughts and coping behaviours with a young person, helping them to recognise the triggers for this and helping them also to develop skills to counteract some of those negative thoughts so that they can address behavioural problems that they may have.

So while moderately good for adults and for teams, these approaches have been found to be less effective for younger children.

We also found some limited but promising research on other therapies, such as drama therapy, and these really warrant further attention because of their scope for working with children and young people who aren't able to verbalise and engage with talking therapies.

The evidence review found some evidence also that longer-term approaches to therapy for children may have a greater impact.

There are considerable knowledge gaps, although some promising findings, on psychodynamic approaches to therapy. Psychodynamic approaches are those that focus on unconscious processes and how these might influence a person's present behaviour, and they aim to improve

the person's self-awareness and understanding of how the past might influence what they do in the present. So we found some promising research in Germany and in the United Kingdom from organisations such as the NSPCC, for example. The NSPCC's Letting the Future In study looked at these approaches and tested out these approaches for young people between the ages of 8 to 16 years old, and they found that children who receive these approaches have reduced trauma symptoms compared with children who are put on a waiting list as a control group. So these findings warrant some further attention.

There were a number of studies that conclude that maybe eclectic approaches to therapies that combine different approaches may be more effective for children and young people affected by sexual abuse.

There is growing interest in what are called modular flexible therapies which recognise that not one single intervention will be adequate to address the differences that children have in experiences and impact, on the basis of age, gender, ethnicity and other vulnerabilities that they might have.

So these modular and flexible approaches aim to investigate common practice elements across different approaches to inform a more flexible and modular approach to providing therapeutic support. An example

of this approach is the Hope for Families programme developed by Bentovim and Elliott and currently being empirically tested in the United Kingdom.

In conclusion, it can be said that we found the best evidence in our review on therapies for children, so the focus in relation to victim and survivor support has been squarely on research at the very late stage of manifest harm. More evidence was found for trauma-focused cognitive behavioural therapies than for other types of therapies.

We found promising developments in other areas of victim support, drawing on trauma-informed approaches and on responses to sexual exploitation, but these developments have mostly been nurtured by the voluntary sector. So there is scope to build on and to develop these initiatives.

Challenges that we still need to address include providing support across the prevention spectrum, not just at the very late stage when children and young people have behaviour/mental health problems or suicidal tendencies.

Improving the accessibility and availability of services, not only in the extent and the location of services across the country, but also in the relevance that they have to children and young people with

different needs and experiences.

Related to this is the need to have services that meet the diverse needs of girls and boys of different ages, children who are abused within and outside institutions, children who experience online abuse, those who are affected by sexual exploitation, children with disabilities and with the range of needs related to overlapping abuse experiences and other adversities.

We also found significant challenges in the implementation of policy guidance, and in building the capacity of trained and knowledgeable professionals, knowledgeable communities, and also supporting parents and carers in the support that they give to their children. Thank you.

Discussion chaired by THE FACILITATOR

MS KARMY-JONES: Thank you very much for that very interesting report. I am now going to invite questions from the participants around the table, just in respect of clarification, please, around any aspects of the presentation that you have just heard. We will go on to wider points after that, but is there anyone who would like to raise a point of clarification?

No. I am going to raise one point, not as a participant as such, so I'm going slightly beyond my remit, but I was very interested to hear what you said

about victims of trafficking, because that is one of my very particular areas, I do a lot of trafficking and slavery cases. You mentioned the access to care that they have. One of the issues I have found in the cases that I have done is that there is a gap between the access to care that they have, and I am speaking about young victims who have been trafficked for the purpose of sexual exploitation and who are children, or very young, just moving into adulthood. We go through the trial process, they are taken care of during the trial, they are allowed to build up a very good relationship with social workers and the people who look after them, their carers, with the police officers.

We go through the trial. We win the trial. They leave on a height of elation. And very shortly thereafter, they are not exactly cut loose, but for various reasons, they are moved. They are no longer entitled to have access to the social worker dealing with them. They are moved from a place of safety that they have found. The social worker is told to have no more engagement with them. They are sometimes moved out of the area that they are.

So they are not completely cut loose, I know that the police very often try very hard to, kind of, keep contact over time, but I was wondering,

Professor Radford, whether you have any comments on that, and why -- well, I understand some of the reasons why, and it is so that the social workers can take in the next round of victims and ensure that there is no, if you like, cross-contamination between the parties, to try to ensure the safety of the one who has been through the trial process, so that they are not taken back and retrafficked. Do you have any observations around that?

PROF RADFORD: I think part of it is how we are conceptualising the needs of the support in relation to recovery. It is interesting, because I did do some work for UNICEF where understanding of recovery for victims of trafficking is somewhat different than in the UK, the focus is on recovery and reintegration. So they seem to have moved a little further, although services may not have done.

The thinking has moved further in terms of what do you actually need to rebuild a young person's life. So we need to be shifting away from thinking about, let's give them some therapy or some support in court, to thinking about, what does it actually mean to enable these young people to overcome the harm that was caused and, as we heard yesterday from adults, that harm can, in some cases, persist for a very long time, and throughout your life. So similar thinking needs to be

applied to victims of trafficking.

It is not unique to victims of trafficking, it is a problem that we have with children in the care system too, the level of support that children in care have.

MS KARMY-JONES: Amanda, I think you had something you wanted to clarify?

MS NAYLOR: A couple of points, Professor Radford. You talked around the scope of the rapid evidence assessment looking at specialist services, but what we know around children is quite often their first response will be from a universal service, because that's who they have access to, whether that is a teacher or another youth service.

I'm just wondering, first of all, what your thoughts are around universal services and their important role, particularly for those marginalised groups you talked about. We are not seeing these specialist services, maybe because there is a lack of identification of the vulnerabilities of children at that universal service. That was my first point, really.

Secondly, you talked about child protection and the multiagency sector working together as showing some really promising impact for children. We know the Children and Social Work Act 2017 has changed local safeguarding board arrangements. It's made the focus

very much police, local authorities and health.

Where we have had impact, I feel, has been having the voluntary sector and education very clearly involved in those multiagency safeguarding arrangements. I'm wondering whether you have any thoughts around the impact of some of those changes as well?

PROF RADFORD: The issue about identification in universal services was something we looked at in the earlier seminar. The earlier presentation highlighted that there are gaps in knowledge about, you know, how to respond effectively, and there has been research, for instance, in the education sector that suggests that, although schools and teachers are quite a major source of referral for child protection issues, nonetheless, schools and teachers feel quite poorly equipped to identify and respond.

So there are huge gaps, in terms of what happens in universal services that need to be addressed.

Regards multiagency work and what's happening with local child safeguarding boards, I think it is a shame, actually, narrowing down the focus, because it has been this multidisciplinary focus that's been very effective in some areas, and the voluntary sector has really pioneered and led some of these changes and advances in thinking and in developing practice and researching the

impact of that practice for children and young people.
MS KARMY-JONES: Andrew, you had an observation?
PROF COOPER: Thank you very much. Thanks for a very clear and comprehensive report. You mentioned briefly, I think, the question of institutional cultures at one point. This inquiry is primarily focused upon institutional abuse. My own view is that I think we need good research into how abusive institutional cultures work. Now, that, I think, requires a slightly different kind of research from that which you have been mostly been concentrating on. It has to be sort of naturalistic, taking case studies; for example, the Rotherham situation is one that comes to mind. But we need to understand, I believe, how these dynamics arise, how they are sustained, how we cope with them when we encounter them. I wondered whether you had any observation in that direction?
PROF RADFORD: I did provide evidence for the Scottish Government inquiry on institutional abuse and my brief there was to look at the prevalence and the impact of institutional abuse historically, so I have got some understanding of the literature on the basis of the research literature that's been conducted looking at prevalence rates in the population and prevalence rates within residential institutions, and also we read a lot

of the inquiry reports.
For this current review, we also reviewed some of the studies that bring together the findings from some of those inquiry reports. A study in Germany, for instance, which brought together a lot of the international inquiry reports. So there is quite a lot from those reports on how institutional abuse operates and what the challenges are and some of the barriers that I identified in terms of how institutions work, like having a closed organisational structure, lack of supervision of trusted staff, having members of staff alone and unmonitored in private contexts with children and young people. A lot of those features come through in a number of those studies.
So I think that that would be a place where we could start to address that. Yes, clearly, it would be helpful to have more research on how this happens and what's currently happening in these environments, but organisations that don't have safeguarding policies, I think it is perfectly obvious that they ought to have safeguarding policies and that there are resources there that would enable them to develop them.
Organisations that don't actually take any action against abusers when they're identified need to be taking action and also to be removing abusers from work

with children, and we know that that hasn't been happening.
MS KARMY-JONES: I have a number of names who have asked to speak, but can I just turn to Fay quickly? I will come back.
MS MAXTED: Professor Radford, you mentioned in your presentation in relation to institutions a failure to report or to sanction offenders. I am just linking that to the statistic highlighted by the Children's Commissioner that actually the authorities are only aware of one in eight children who are experiencing child sexual abuse. Although the evidence that you have presented around what the services are doing with children that they are aware of, that huge number of child victims who are not being picked up and not being recognised is hugely concerning. I wondered if there was anything that you identified around that huge gap?
PROF RADFORD: Again, we addressed that huge gap between what we know about prevalence and what comes to the attention of organisations and services in the earlier seminar. In terms of the challenges, the identification challenges are absolutely huge, actually. There isn't one simple answer. It does require change across a number of different layers. So in what happens with services, what happens with individual interactions,

what happens in terms of knowledge and awareness and understanding about the extent and the impact of abuse on children, and also being aware of how children, if they disclose, might disclose and what the barriers to disclosure might be for a child of different ages and different experiences. So it is not a simple answer, I'm afraid.
But I think that there are areas where maybe we could invest more resources, where we haven't, and one area where, again, if you look at it internationally, in low-resource and medium-income nations they have been putting resources into equipping parents to support their children and to talk to children about safety and sexual matters. So having approaches like that that support parents in protecting their own children and support communities in protecting children are areas where I think, you know, further work could be done. It may well have a huge benefit. Because we do know from the research literature that a lot of survivors don't tell. They might not tell anyone, ever. But if they do tell, they're most likely to tell either a friend, and children will tell their peers, or they might tell another family member, and so actually working with people in the community with young people and with parents would be a helpful step.

It was suggested, actually, that survivors having to attend today and talk about their experiences meant that -- it was Heidi who said it -- you had to tell your children about what had happened, and that there is no support for people in that situation. Well, the voluntary sector has done a huge amount to raise awareness, but, again, I think the voluntary sector could be doing more working with parents and with families to look at the aftermath of abuse, so not just on prevention, but looking at it in all stages, you know, from identification through to supporting children where abuse has become known.

One of the pieces of research that I did when I was working for the NSPCC involved going back and talking to young adult survivors about what sources of support had helped and what might have helped and what might have been done differently, and for a lot of them, actually, the family response was significant in what they were saying. So a lot of young people said, "Well, after they found out what had been happening with my uncle or my dad, everything just shut down and it was never mentioned again, and he is still coming around and having tea once a month", which is very difficult in terms of supporting somebody's recovery over their life course, so providing support for families would be

a very useful thing that could be done.

MS KARMY-JONES: I think that very much ties in with things that were raised yesterday and something both Heidi and Chris touched on. Chris touched on the fact that the families of -- it is not just the victims, the child victims themselves, but also the children of those children who are affected by what took place. We developed the analogy of a tree from what you said yesterday.

Is there anything -- I saw your hand go up. Was there something you wanted to add specifically? And I haven't forgotten about the others around the table.

MS TUCK: Just quickly. Most abuse takes part in the home, as we all know. So educating parents, to me, is not the way to go. Yes, some parents will teach their children, and I have taught my children, but most parents who abuse will want to keep that knowledge to themselves and they will carry on abusing their children, so those children need that education from outside of the home so that they know what abuse is and what it isn't. So I just wanted to really pick up on that point. That was it, really.

MS KARMY-JONES: Thanks, Chris.

MS CLUTTERBUCK: Can I just say, I wanted to clarify from the other side of the coin, if you are that parent who

has been a victim and then you want to have those appropriate conversations, I wanted to say in response, the people that I went to for advice to start those conversations weren't unwilling, they just didn't have the knowledge. So I played this game of round robin and then actually had to acknowledge that the knowledge wasn't there, so then went to a friend who was a therapist and said, "Okay, we are going to make our own knowledge, so what techniques would you ..." and we made a bespoke package for my children. But if I didn't have the skills or the friends or the connections to find other resources, I would be stumbling in the dark, perhaps getting things wrong, with a willingness to help my children and not being able to do it.

MS KARMY-JONES: Thank you. I am just going to turn back to some of our other panellists now. Danya, you had something you wished to clarify?

DR GLASER: Yes. I think some of us are slightly in the dark about how much the issue of early recognition has already been dealt with, so if that's been dealt with in the inquiry, then we can look it up on the web. I don't know whether I'm allowed to make a couple of comments about that?

MS KARMY-JONES: Take your moment, by all means, make a couple of comments.

DR GLASER: I think, as has been mentioned, the majority of children don't tell at the time, and at the moment we are relying on disclosures, which we need, because that's really the only evidence we have, the description of what has actually happened, because there are usually no witnesses and the abusers aren't about to come forward and say, "I have just done it". So the barriers to disclosure are very important and there is a very interesting and important piece of research, I think from the University of East Anglia, which came from the Children's Commissioner about barriers to disclosure, why children don't talk.

The other important area is what can we do as outsiders, in a sense, when a child either sends out deliberate signals or inadvertent signals or shows difficulties which are due to, probably due to, sexual abuse, and how can we enable the people who will see these difficulties, and that's particularly teachers, nursery teachers, sometimes parents, other people in contact with the children, to ask the children in a non-leading way what has actually -- not what has happened, but what is going on in the child's life which might explain some of these difficulties, particularly when there are changes in behaviour.

I imagine the inquiry has talked about this, but one

of the barriers to talking to children is the criminal legal system, because professionals are very worried about being accused of leading children and, come the criminal case, if it ever gets that far, then the person who has first talked to the child will be accused of leading the child. So finding very clear, very explicit ways, of helping all adults in contact with children to ask children in non-leading ways, enabling the children to begin to talk if they have something to say, I think is a very important aspect. This may have already been covered by the inquiry, but I just wanted to say that.

MS KARMY-JONES: Thank you very much. Almudena?

MS LARA: I have two questions. The first one is about the gap on evidence for children under the age of 4. It seems to me like that is a very important area, given everything we know about brain development and early experiences. So I wonder if you could comment a bit on that gap and what needs to happen to populate that gap.

My other question is about the interventions and to what extent are we picking up the impact of particular interventions versus the key elements that make a good intervention. So, for example, the quality of the practitioners, the quality of the relationship with the victim, the continuity of that relationship so that a trust is allowed to build, and also how much the

practitioners work with the family and the wider context of the victims. I don't know whether the literature really allows to separate what might be a cognitive behavioural therapy versus the key elements that make a good implementation of a therapy. Thank you.

PROF RADFORD: Regards under 4s, the research literature on support is fairly limited, or certainly the research we found was very limited. That is a gap, I think, in relation to providing effective support that probably needs to be addressed.

There is some work that we found, that was discussed in the earlier seminar, on working in a preventive way with younger children and also in interviewing and talking to younger children. So in those areas, I think there's probably more literature, but in relation to the therapeutic literature, well, not a huge amount. Certainly not in what's regarded as the good evidence bracket at the moment. Because one of the problems is that a lot of these studies use different age groups for children and don't necessarily focus on that very young age group.

Sorry, what was the second part of the question?

MS LARA: The second part of the question was the extent to which the therapies themselves are delivering good impact versus how the actual therapy is being delivered.

PROF RADFORD: Yes, so it is not just what the therapy is and what it does, but how it is implemented. Also, that's one of the features of these modular approaches, where they are looking at common practice elements. So they are looking at, you know, is it the relationship and what are the features of the relationship that might be significant in improving that particular approach.

I don't think the current research necessarily always distinguishes that. Evaluation methods have improved, so they are less likely to be just purely quantitative. They are more likely to employ mixed methods and the ones that employ mixed methods tend to give you better information on those types of really important questions, like, what is the relationship with the particular therapist and the user of the service?

MS KARMY-JONES: I think we have Dawn, who wanted to clarify something.

MS D THOMAS: Thank you. Just a couple of points, but firstly, the acknowledgement of the work that the third sector produces in working with children and young people is brilliant.

You mentioned the Australian report, in terms of it was noted that survivors would require support over a long period of time, but you didn't include it in your own report. Can I just ask why?

PROF RADFORD: Well, because there is a limit on the scope of things that we could include, and also, in preparation for this seminar, I thought I would just update and have a look at what else has been published on the Australian inquiry, and so that one came after our report was published. So it really confirms what we found about children in institutional settings having greater vulnerabilities, but they made that firm recommendation that that means, therefore, that they may need longer-term and different types of support.

Nobody has tested that suggestion out in the research literature, so that's something that maybe we need to think about and look at.

MS D THOMAS: Can I just ask another point? There was conversations around the table about supporting parents or non-offending family members. It is something that Rape Crisis centres do up and down the country, and it is available to those non-offending family members. I just wanted to make that known.

MS KARMY-JONES: Can I, before we move on to the next section, just ask the panel whether there was anything that they wanted to clarify, and then we will move on to the public gallery, perhaps, and later come back to other members?

MS SHARPLING: Thank you, Professor Radford. Just one

question. You spoke about the challenges, I think, looking at your last slide, of the implementation of policy guidance. Did your research uncover why implement was so difficult?

PROF RADFORD: No, it is really impressionistic, really, so I don't think I would be qualified to say that. I would imagine that resources would be one issue that might be relevant here, and possibly lack of leadership. It is interesting that the provision is patchy. So it certainly warrants somebody looking into it further. I think I would just be guessing if I was asked to address that question.

MS KARMY-JONES: I was going to now just open matters up to the public gallery for my requests about clarification or any comments or observations, please, remember about questions.

Comments from THE PUBLIC GALLERY

MR O'MARA: Nigel O'Mara, East Midlands Survivors. Thank you very much, Professor Radford, for your report. One of the things that I noticed is you spoke about people with some learning difficulties in the report, but I thought that other disabilities were rather excluded. I was particularly thinking about, in this country, we have specific schools for deaf children, for blind children, where they are very vulnerable and find it

very difficult to access any form of services. I'm just wondering, if that was part of your report, if there were any reports that you'd seen that were included in this on that?

Another point was, I very much welcomed your look at guardianship and mentoring. I think mentoring is an extremely important way forward in the protection of young children particularly. It gives somewhere else for the young person to report to external to both their family and the legal services.

The last little point I wanted to make was about, there is a specific legal state that children enter when they disclose to a state-registered adult, as it were, where there is great difficulty in choosing which form of therapy they are allowed to have whilst that judicial process is going forward. I think that is something that has to be looked at a lot more deeply.

PROF RADFORD: In relation to other types of disabilities, working with children and disability in general is quite a gap in this research literature from our review.

The other thing is that, of course, different types of disabilities may impact differently on what children can access. We can't assume the experience of children with learning difficulties will be the same as children who are deaf, for instance, so the research is really

quite limited, I'm afraid.

MS KARMY-JONES: Gillian, thank you for coming back.

MS FINCH: I wasn't supposed to come back, but I felt the need.

Thank you again, Lorraine, for quite a comprehensive report. I wanted to pick up the point that Chris has already made, that when we are talking about working with the wider family, whether that is a child that's been abused within the family or institutionally, this identification of what I will call non-abusing primary caregivers or wider family members, because I can see why there is, in many cases, a victim satisfaction in terms of, "Yes, this is a successful intervention", because the family members want you to move on, and, actually, the work that we do with adult survivors -- not all -- that are in contact with the service that I set up and run, which is called CIS'ters, is that many, later on, in conversations with family members, discover that the so-called primary caregiver actually knew more than they acknowledged at the time, and so it is still about the person who is undertaking the intervention being groomed by individuals within the family in order to extricate themselves from the situation, whether that is a longer intervention or a shorter intervention, there is this, for us, very much

nervousness around identification of primary caregivers as being non-abusing, because there are lots of different forms of abuse, and the child will be silent because already their world has gone bang.

MS KARMY-JONES: Thank you very much. Jocelyn, I think you had a matter you wanted to raise. Again, one of our panellists from yesterday.

MS ANDERSON: Thank you. It was to pick up on the early identification of children when they have been raped or sexually abused, and I'm thinking particularly of those who are raped by peers within schools.

There are supposed to be safeguarding measures that protect children at the time and what we are finding increasingly reported to centre is that, where a peer has raped a child in the school, they are then being put back into the same classroom. So you have children where you are looking at them already emotionally traumatised by going through a rape, but then they are being placed back into the school or into the same classroom as the person who raped them. This isn't being picked up by safeguarding boards nor is it being challenged effectively by the police or social services who seem to think that once the case is going through the criminal justice process or it is under investigation, that they have no more responsibility.

Also, if the case is NFA'd, which happens so often with children and sexual abuse, they are then just left and there is no support within the school. What happens is that the victim is left to move schools, change, go on to whatever, but more worryingly is that there is no risk assessment on the child that has perpetrated that crime within the school. So you are leaving a potential rapist with a whole school of children to abuse, and it is one of the growth areas that we are seeing within Rape Crisis centres.

MS KARMY-JONES: Is there anyone else from the public gallery? Yes.

UNIDENTIFIED SPEAKER: I just wanted to ask from the report, just a clarification, because you talked a lot about services, and I just wondered if you managed to define what a service is or what a specialist service is?

MS KARMY-JONES: That's a good question. Was there a definition, as such?

PROF RADFORD: I think we did have a definition, but off the top of my head, I can't remember what it is. We were asked to look at it across different sectors, so we looked at health and police, the justice system, and so on, and we also identified the voluntary sector and then we had a section that we called online. So, yes, the focus really was in services that were provided by

organisations working in those areas, some of which provided universal services and some of which provided more specialist services. Specialist services are those that focus specifically on working with abuse or sexual violence.

MS KARMY-JONES: Thank you very much. It is obviously a very wide area and the scope for a definition must be incredibly wide. Do I take it that you set yourself not so much definition but parameters which define the scope of service that you were looking at?

PROF RADFORD: We applied a sectorial analysis, so we looked at services working in different areas, so it would include health, education, and so on.

MS KARMY-JONES: Thank you.

MS COATES: Thank you, Professor Radford. It is just a clarification which will show my ignorance about rapid assessment and methodologies for research. I just would like a bit of clarification. It is about terminology.

I think we are all currently in a world where we are using different terms for different things, and where you are looking at grey evidence, grey reports, sorry, they are usually reports that are written by the voluntary sector that haven't gone through any rigorous academic process, mainly because most of the voluntary sector groups haven't got any money to do it, except the

bigger organisations like Barnardo's and the NSPCC and Victim Support, et cetera.

When you are looking at the reports from the voluntary sector, the terminology out there is very messy, so we have things like "Violence against women and girls, violence against men and boys, sexual violence, gender-based violence. So when you are looking at those reports, how did you, or could you, or was it really difficult to pull out information about CSA when everything is written in a generic sense?

PROF RADFORD: It was very difficult, actually. So for online searches, it is quite straightforward, because in peer-reviewed journals you can put in search terms and there is generally some agreement about what these terms mean.

Looking at identifying the grey literature, what we had to do is, we had to agree which were the areas or the websites where we would search for information, and then do specific searches that were agreed with the inquiry, in terms of what might be appropriate terms that we could use to identify the literature in those areas, and, I have to say, it wouldn't have been comprehensive because there was a bias towards larger organisations, and so the work coming through from smaller organisations might not have come through on

that search.

The only way that they might have come through is if they had done a particularly significant study that was referenced in another report that we'd already included in the review, we followed up on references and searched manually for sources that were indicated as perhaps having, you know, something important to say.

So I have to say, no, it wasn't at all consistent and certainly not exhaustive.

MS KARMY-JONES: Can we just take one more for the moment, please?

MR ROBSON: Peter Robson. First of all, a bit about children. As I said last week, I had a bad week. Saturday, I was in bed crying, and I was asking for my mother. That's the child in me, finding the lost children.

The other thing is, when the lady turned around and said about the voluntary services, according to them, they're all inundated. There are waiting lists for weeks on end in them. The funds are there to pay them. The government suddenly find 150 million, 10 votes, they think they are going to get a landslide. They didn't. So now they've paid 150 million to 10 people, 150 million each, to buy 10 votes, 1.5 billion. Why can that 1.5 billion not be used for, like, the lady who was

on about yesterday having to go off and pay privately. Why should she have to pay it privately? She's paying her insurances, she's paying her stamps, why isn't the government doing things with the money that should be done with the money, which we pay our stamps for, and that is the health, our health, mental health as well, and that lady getting the help that she needs.

MS KARMY-JONES: Thank you for that. Of course everyone understands your feelings about that. We are going to touch back on that sort of issue during the session in the afternoon.

Can I now invite everyone to take a 15-minute break, chair, if that is appropriate.

When we come back, just so that we have a taste of what is to come, and to forewarn people, I am going to turn to some of the victims and survivors and ask them to tell us a little bit about their experiences as children and subsequently and really to deal with how services and support has changed over the years, so we will come back to that. Thank you very much.

(11.35 am)

(A short break)

(11.55 am)

Discussion chaired by THE FACILITATOR (continued)

MS KARMY-JONES: If we can turn now to some of our victims and survivors, and just deal with the question, if you are able, of your experiences of support services, perhaps also dealing with some of the barriers there are on disclosure for children and considering the different ages. There is going to be a difference, isn't there, for children of different ages?

Can I start off with you, Jennie, on that?

MS GRACE: Because I was brought up in the care system, I came with labels and, you know, when my behaviour started to be erratic, I was already -- some of the labels I was diagnosed with -- and I really hate this terminology, but this is one of them -- was "acutely retarded". So you are not being heard.

When I was referred to services, they were aware of what was going on, but after reading my social work reports just recently, there was a comment about:

"We believe these children are being abused, but because of their long-term diagnosis of being acutely retarded, it will not cause them any long-term effect."

This is the kind of thing that we -- as a society, we look at the niceties of things, those who can fall into place and be eloquent and things like that, and that's a barrier. I don't like to say that I'm

different because I'm black, but society sometimes treats you differently. So it is not just that. It is because I have a so-called learning difficulty. You know, I wasn't educated. I taught myself to read and write. I'm not as well spoken as the rest, but I'm knowledgeable. I'm no fool.

So I think we, as a society, put those barriers in place. It's like the working class, the middle class, you know, that is kind of like the system we go through.

So this was the barrier, this is why I didn't get the support I needed. Then, as an adult, going for my son to get support, because of me, he doesn't get the support that he needs. At 8 years old, my son had witnessed so much that had happened to me, so he was traumatised, so you go and seek help for your son. One of the things they said, "We haven't got the relevant support, but what we can do, we can put him in a group for teenagers who have drug and alcohol problems", and you just think, you know -- this is why you get so frustrated, because, first of all, your children are your -- not our gems, but they are precious, and you want the best for them. You don't want them to be angry, you want them to see the good in life. Basically, you want them to know there is goodness in life and they are worthy of being cared for and helped.

It is that barrier. It is only last year my son is now -- I have asked him permission can I say this, because he has a passion to help people who have been on the margin, and he said yes. But it is only last year that he's been given some support, but from the age of 3 until now it's taken to get the relevant support.

MS KARMY-JONES: How old is he now?

MS GRACE: He is coming up to 18. So he has had this support and all of a sudden, he's coming to 18, the services are dropped, he's got to move into adult. He has bared his soul to these people and it's, again, that trust. Because he doesn't trust. He hasn't had proof of trust. He hasn't had proof that he's -- you know, he's had it from his mum that he's worthy, but from anybody else in society, he hasn't.

We say about the family, you know, that build-up of explaining to your children how to safeguard themselves against predators. As a survivor, my main instinct was to safeguard my child and make him aware he is too precious to be hurt. But it is the mental torture, the rejection of people because either someone in the family has suffered or they are different. That is a massive, massive impact on our society, and then we wonder why people are going into prison to feel like they feel okay, why they are causing problems, why they are

self-harming: because we put these obstacles in the way to stop them from seeking the necessary help.

MS KARMY-JONES: Thank you, Jennie, very much for that.

Heidi, was there something that you wanted to add about that?

MS CLUTTERBUCK: What I wanted to make clear is, when you are very young child, a small child, and something happens to you, you have no concept or understanding of what's happened, so actually your acknowledgement may come years after the trauma, and you reach an age where you have that understanding and you start to realise -- I used to think that people could tell. I used to think that it absolutely dripped out of every pore of me and that they were ignoring it because I'd done something wrong, I had that guilt.

Then, when I made the brave step of telling a teacher at school, he just wasn't equipped, and he did nothing, and that was really devastating, and at the same time, because my abuser was in my family, another victim came forward and it was highlighted, and the police -- unfortunately, there was no safeguarding and there was no prosecution. He denied everything that happened with her.

Within my own family, I saw a protection of him. I remember making a conscious decision, and I heard of

how they spoke awfully about her and the things that she had said, which I knew were true, and I made a conscious decision and thought, "I am never sharing that with anyone ever again", and I didn't until I was 18, and I went to a police officer, who was in the family, at 18, who then, because he was also related to the perpetrator, didn't do what he needed to do.

Looking back and listening to the presentation earlier about trust, I always believe that I wanted somebody to go back and rescue me as a child. That's what I needed, was the adults around me. Now that I have moved on, I didn't need that. What I needed was those adults to take care of me and give me the tools. I needed to rescue myself, which I ultimately did as an adult. It is very interesting, when you hear everybody talk, and making people safe and the trust. The trust is important, because, once they trust you, they can believe in the notion that they can heal themselves, and I think that's the first step in having understanding, is understanding what the child needs from the services. Some children do need to be rescued because they don't have that level of understanding, but for me I needed the tools, and it came much later in life, and that caused a lot of suffering. Thank you.

MS KARMY-JONES: It is a difficult one, with the need that

you mentioned, you need to rescue yourself, but age comes into it as well, doesn't it?

MS CLUTTERBUCK: Absolutely.

MS KARMY-JONES: And, as you have already said, the understanding that is achieved at different ages.

Chris, what about you?

MS TUCK: For me, trauma often brings the inner child to the forefront. As an adult, sitting here, standing here, whatever, you see an adult, but it is the child's needs that come out in every circumstance, when you're triggered, when you have a nightmare, whatever it is. So we need to really hold on to that thought when you are dealing with adults. It is their inner child, that their needs weren't met at the time -- safeguarding, nurture, whatever it is, protection -- and that is what they are really calling out for now.

For me, at the age of 9, I was groomed and sexually abused outside of the family home. I reported it to the police at the time. I know this doesn't happen now, but it happened then. I had an internal examination, even though I told them that I wasn't sexually assaulted in that way.

That has had a massive impact on me as an adolescent and as an adult. Even though I am an adult now, sitting in front of you, all those scars come from not having

the right intervention when I was a child, not being listened to, having the power taken away from me.

I visited a SARC in my work a couple of weeks ago and it got retriggered and I was traumatised because of that event. But what was reassuring to hear was that they don't do that now. They will listen to the child. If the child says, "I have not been touched", they will not do that intervention. That was good for me to hear because that actually calmed me down a little bit.

But I was not given the therapy that I needed at that time. So if any child is going through that forensic examination, then they need the proper support and therapy around them. Because one of my questions to the person at the SARC, who was very knowledgeable, was, "How do you know what the consequences are of that happening as a child, what is going to be the consequence of that in the future for that person, like I was triggered at the age of 47?", and they said, "We haven't got the research on that yet, so we don't know". So that needs to be looked at.

Social services were involved throughout my whole childhood. They didn't listen. We told them what was going on. But because they saw a particular picture, they didn't believe the children over the adults. So listen. This is the interventions that we need.

I wrote stories at school. "You've got an overactive imagination", even though, when they look at you, they can see you are neglected and all the rest of it. So even though the signs are there staring them in the face -- I know for a fact this is still going on because I get people telling me all the time, "People are not listening" or they don't know where to pass it up. We all know teachers are under a strain of doing whatever they have to do, but when you are going through abuse within the home, outside the home, wherever it is, you can't educate yourself at school because you are worried about surviving. You can't be educating yourself and surviving at the same time. It doesn't happen.

So for me, one of the key interventions, maybe, that I have seen in a school is like a pastoral care position, where the child can go and discuss anything to do with anything that might be happening at home, outside of the home, just someone, as Nigel said, like a mentoring position that is mandatory in all schools so that the teachers can't pass the buck for the children's welfare, but there is that welfare person there to look after the children that are going through stuff that might not want to speak to a person in authority.

Then that person has all the networks around them

and they can pass on and safeguard and everything.

But for me, my brothers, they exhibited anger and they always got into fights and that was their way of dealing with what they were going through at home. My brother ran away so many times and yet the police came to the school, called -- let's call it a caregiver. They called a caregiver to come and collect him and he was -- basically, they were giving him back to the abuser. They weren't listening. They weren't asking the right questions.

These interventions for children are so, so important, because, if we don't put these interventions in place, whatever that looks like, and we have heard that they are multifaceted and it is different for each child, those children are going to be like us, sitting around this room facing the same issues, facing the same challenges, and we have to address all of this in order to stop this happening in the future, and I think it is just so, so important that everybody takes a role in this.

MS KARMY-JONES: Chris, just one thought, I'm conscious that there are now in some schools that I have just come across the introduction of something called -- I think it is called a "worry box" or an "anxiety box", which is a little box with a slot where children are invited and

told that if they have anything they want to say or anything that they want to share that's causing them anxiety, they can write it down, they don't have to put their name on it, and they can post it, like a letterbox. What do you think of that? Would that be helpful or not?

MS CLUTTERBUCK: It is like giving them the responsibility. If you have a young child who can't vocalise or doesn't have the understanding, so what they might write down is a symptom of how they feel or their reaction to something, but it might not necessarily highlight actually what's going on.

So it might be a stepping stone, but you would have to have incredibly knowledgeable people to be able to unpick it. It couldn't just be the teacher. It would have to be a professional. I have a feeling, because we have those in our school, that it is to do around bullying and things like that, very general childhood things. You would have to have a keen eye to pick that up.

MS KARMY-JONES: It would also, I suppose, have to be a child who had reached a certain level of understanding.

MS CLUTTERBUCK: Exactly.

MS TUCK: Also, when you are a vulnerable child at school,

bullying takes over as well. Your peers bully you to an extent, and that can be really traumatising. If the school then don't pick up the bullying, or they do pick up the bullying, then it can almost lead to them getting a disclosure, as well, out of a child.

So it is just being aware of looking at the child in its circumstances and looking at what the child is doing differently to how they used to be, for example, or just being there for that child, never being too busy, but having someone I think specifically there to look after the mental wellness of children in general, because of mental health stresses and all the rest of it, and the rates of suicide for young adolescents is so high that I think there is a need for someone that is qualified by experience as well as qualifications to be in schools to offer that role.

MS KARMY-JONES: Thank you. Fay, I don't know if you wanted to add anything?

MS MAXTED: Thank you, yes. I spoke to Danny this morning as well, and asked him about the support that he'd had as a child and a young person. He said that the support he'd had was a prescription for methadone when he was 17, which took three months to come through. As an 18-month-old baby, he was left for three days and found by the Army Welfare Officer. He says there's no record

of that in his social services records.

He was then given into the care of his grandparents, and his grandfather was a magistrate and a pillar of the community. He was also abusing Danny, and Danny started running away from home when he was 7. Again, no-one picked up on the reasons for that.

He says he was hyperactive and destructive, he couldn't concentrate on his work, he didn't do his homework. The only intervention he had from the teacher was to stand him in front of class and time how long he could stand still for. When we think about encouraging children to speak out, we really need to encourage the people working with children to take their full responsibility, I think.

As he got older, he would turn up at school, off his head on drugs, he says, and alcohol. One time in a swimming lesson, he nearly drowned. Again, no-one asked. No-one was questioning what was happening. He was being picked up from school at that point by an older man who was grooming him, and, again, he says the teachers stood by and did nothing.

In fact, the police found him, one time when he'd run away, at an older man's house, and he was just left there. That led him, at the age of 17, to that prescription for methadone. I think that's just such an

horrific example of how an abused child just constantly is left, and all of the signs that they are giving out in their behaviour are just not picked up and not challenged.

MS KARMY-JONES: Thanks a lot, Fay. I know Danny would have been with us today if he could have got here. For the record, can I say that we are really grateful because that is an extraordinary tale and it is very helpful to have that shared with everyone.

Can I turn to Linda for a moment, because I think you may have something to say on this topic, and also on the question of support for not just the parents but also other carers or supporters within a family or within the extended surroundings of a child victim.

MS LEWIS: Yes, thank you. From my experience of talking to family members who have children -- sorry, can you hear me?

From my experience of talking to parents who are non-abusive parents of children, I have heard some really disturbing stuff, and it is recent, it is not things that happened a long time ago. We are talking about how things used to be, but I find it very saddening to hear that these things are still going on to this very day.

An example is of a parent who recently informed me

that her 12-year-old son had been abused outside the family, and when she went to see her family GP to try to access some services for him, she was told, "Oh, you've got no need to worry, he's 12, he's going to forget this and move on in his life". Also, the lack of understanding of what specialist support services are available out there.

Time and time again, I hear parents saying to me they had to Google it, they had to find it themselves, because, despite going to various statutory sector services, for whatever reason, and saying they have got concerns, they weren't referred on or signposted accordingly.

The other thing I just wanted to raise was, again, talking about support of the child, I think it is really important that when you look at the family itself, I'm talking about non-abusive family members, if you set up -- look at it as the dominoes that are all lined up, and if you knock that one domino down, they all come tumbling down. I have spent many times speaking to not just parents, but grandparents, who are absolutely bereft at the idea of what's happened to their loved ones. Parents, themselves, and also siblings, sometimes, even if they have been abused, or not abused, are left out, the not-abused siblings are left out of

any ongoing support therapies that may be available.

So I think it is really important that we catch the whole family, because I do believe that by capturing the whole family and ensuring they get access to support, you are actually supporting that child, because, as one therapist once said to me, "It is such a shame. I get the child coming for one hour a week and they go home and the parents have no idea about how to communicate with their child, how to talk to them, what they should talk about, what they shouldn't talk about", so that needs to be shared across everywhere.

My experience is, I have seen really good services in the voluntary sector for family members, but I'm not seeing and hearing it in the statutory sector, which should be there too.

MS KARMY-JONES: Thank you. Was there anyone who wanted to raise any other --

MS A THOMAS: Yes. I think, thank you for everybody's contributions, but I think we are still continuing to struggle, and I agree with Linda that that struggle is still present. It is interesting that we haven't got anybody from CAMS representing that service, when we know that CAMS do not accept children who have had experiences of CSA unless there is mitigating mental health issues as well. So I think that's appalling, in

terms of statutory responses.
Thinking about the complexity of childhood sexual abuse, and we know the complexities of it, and therefore we need a complex solution to that in terms of -- and we understand about prompt and potent interventions, and I'm still wondering why that doesn't happen, you know, what's the intention?
Certainly for the voluntary sector, we have had to bend over backwards with very limited funding capacity to make sure that we are working to ensure a survivor focus, a young-person-centred response with transparency, accountability in what we are doing, but I don't see that reflected in statutory services.
You know, the police can just carry on doing exactly what they have always done without any regard of common and current research in terms of the neuroscience of brain impacts and memory and how statements are taken. So I think that is a concern. It is also a concern that I know that the police have as well.
I heard a very senior police officer say that they couldn't cope with the numbers of disclosures around child sexual abuse, so they wanted everything to be kind of quietened down. So there are those kinds of things, in terms of their responses as well.
Also thinking as well about social care and social

services and how maybe safeguarding legislation policy and frameworks don't quite adapt or aren't relevant to older adolescent children. Their lives are very complex in terms of -- peer abuse is the most prevalent form of abuse. I don't think safeguarding legislation has caught up with that. So there is this timelag in terms of interventions, policy and our responses. I just wanted to make that point.
MS KARMY-JONES: Amanda?
MS NAYLOR: I want to pick up on a number of points, really. Professor Radford talked earlier about the Barnardo's 4 A's approach, and although that has really helped us make those initial relationships with children and young people, that's the start of support services. I think, thinking through the journey, and it is those children's life journey, it is really important to look at how those services interconnect at different points. What we often see is there are some interventions that are positive, but then they go and that child has to continue their life until another positive intervention. There needs to be something around that life journey and working with young people at every stage.
Central for us at Barnardo's at the moment is around making sure we hear children's voices in that process. I think there is a big focus on rescuing children and

adults knowing best, and there is a responsibility that adults need to take and professionals need to take to keep children safe, but equally, children need to be heard in that process, if we are not to reiterate some of the behaviours that they have experienced previously in being silenced, and the numbers of children and young people we are working with who have been removed from a situation and put in a secure unit, for example, for their own protection as a solution, rather than looking at how we keep their community safe.
An example of that, we are working with a 15-year-old young girl who has multiple perpetrators who are exploiting her currently and other young people that she hasn't named, and I met her the other week. She won't tell us who those perpetrators are. When you say, "Why can't you tell us?", she said, "Because I don't think the police can keep me safe, and I don't want to move and I don't want my little sister to be in danger and I don't want my parents to have to move because they will have to find new work, so I am going to hold this", and so in terms of safeguarding children, we have to hear those individual responses and develop safeguarding approaches that enable us to start really working with those children.
The other thing we have talked a lot today about is

therapy and the way therapy helps, but what we find is, it takes a lot of support for young people to get to a point of emotional safety where they can start that recovery journey, and that's really crucial, because who provides that process is often the voluntary sector. They emotionally hold people and help them make sense and help them work in different ways to get to a point where they can sit and have those conversations.
So I think it is really important we invest in therapy, but I think it is really important to understand the journey of getting people to that point as well.
The final thing around the services we have developed, again, we talked about the male/female kind of imbalance around panel members, but also around services. We need to do a lot of work to make sure our services are working in the right ways for lots of different children.
The one approach that we often have at the moment, the one-to-one work, the kind of recovery work that we do, we know it doesn't always work for boys, we know it doesn't always work for disabled children, we know it doesn't always work for children from black and minority ethnic communities who may find that one-on-one approach really quite confrontational and difficult, and we have

to give children a choice of the types of services they receive rather than offering them, "This is what's been commissioned and this is what we are going to deliver". Only when we start to do that, can we start to support children through that service journey.

MS KARMY-JONES: Thank you. Kristine, did you have something?

DR HICKLE: Yes. In some ways, I was going to echo a lot of what's been said at this point in particular in relation to the flexibility of services. To me, the theme -- it seems like a theme that came through a lot in your report, Lorraine, and in the kind of comments that were made, this idea that services have to be flexible in multiple ways so that we can see disclosure not as an event but as a process that happens over time. It happens through behaviour, that all of that is about disclosure and our responsibility is to see that as such, rather than, you know, waiting.

But the flexibility also might mean that when we develop really good services for children, we don't see it as a failure when they need a top-up, they need additional services, when they are adolescents, in dealing with kind of new sexual feelings in relationships or when they give birth or when their child reaches the age that they were abused, that that

idea that flexibility means that you get it when you need it and you get it in those forms.

One of the things that I have done in practice in the last 10 years is a lot of group work for girls who have been sexually exploited and abused. I noted in your report, Lorraine, how there is very little research on that, but just how effective group work can be, and the idea that people can access and get the things they need when they need it. Again, to me, that was really important.

But part of the flexibility of services is also the commissioning -- the funding of services and the availability. It feels really difficult, I think, with my social work hat on, to say we can do any of this without a real kind of acknowledgement that this is expensive. It is not expensive in the long run, when people are helped and supported and empowered, but we can't say we will do this well without really acknowledging that there has to be a financial investment for social workers to hold low enough case loads to do that flexible relational work and for the voluntary sector to have enough people, enough bodies in desks, in cars and on the streets, you know, kind of hanging out and being and supporting.

MS KARMY-JONES: Thank you. Danya?

DR GLASER: Thank you. I have got a few comments and one question.

I hang my head in shame because I'm the nearest you are going to get to CAMS. I don't work in CAMS now but I have worked in CAMS for many years and I think we all need to acknowledge that the current state of CAMS is lamentable and very worrying.

The question about therapy, just to continue with what has been said, there is evidence that groupwork works, actually, there is research evidence. Interestingly, one of the aspects of the groupwork which is important is the parallel work for the caregivers, because, certainly, until children can travel on their own, unless the caregivers bring the children to therapy, they won't get there. So parallel work is shown to be very important. And, of course, that can begin to pick up the problems and the difficulties which the caregivers have, maybe the birth parents, maybe foster parents.

Moving on to trauma-focused CBT, again, the evidence of the trauma-focused CBT is that it works better on the whole if there is parallel work with a parent, and then some of the work with the parent and child together and some separately.

But the other thing to add to the trauma focus,

where the difference is between trauma-focused CBT and ordinary CBT, is the emphasis on the fact that these children have been traumatised and that part of the work that's required is to enable them to begin to talk about what has happened in a safe way, and then maybe also talk with their parents about it. So it is a very important part of it.

Also, in Letting the Future In, the NSPCC, that was an important part.

My question is, when you mentioned about these letterboxes for children, I don't know whether Childline has been mentioned at all and previously. I think Childline is always saying, very rightly, that the feedback from the users of Childline has been wonderful. It has been very positive. But I guess I think it is probably important to hear from people here whether they would have used Childline, whether they found it helpful, and not only the feedback of the actual users but how Childline would have helped people who might not have used it?

MS KARMY-JONES: Thank you. I'm just taking a note of that. Just before we get to that -- it is a very good question because it deals with the development and how things have changed, but just before we get to that, could I go to Annette, who I think had something that she wanted to

add on the earlier topic, and then we will move on?
MS WILLIAMSON: Thank you. I think I probably am echoing a lot of what has been said, and whilst I don't directly work within CAMS, I offer child protection support to CAMS service providers within Birmingham. I think one of the issues is definitely about funding, the model of working is very much a rule of rescue rather than a proactive upstream approach. But from my perspective, I'm based within the Children's Hospital. I see increasing numbers of young people that are presenting that are self-harming, and often, whilst they will have an initial crisis intervention through CAMS, then there is often a wait when they go home to actually receive CAMS intervention.
I think the detection of CSA or CSE is sometimes being masked through other presentations of potential harm and abuse, and self-harm I think is a very key issue for us at the moment. I think it is something that needs to be explored much further.
MS KARMY-JONES: Thank you. Going back to the question of Childline and its effectiveness, I don't know, Almudena, whether there is anything you would like to say about that, coming from your perspective?
MS LARA: Yes. I would say that there is huge demand for the Childline services. We have received -- I think the

statistics are one contact every 25 seconds. So there is clearly a lot of demand.
Not all of it will be due to child sexual abuse. In fact, some children might reach for very, very diverse types of issues. But for some children, this would be the first step into a journey of disclosure. So it is important to recognise the value of a service that reaches out in a universal way to all children, and it might have different impacts and different effects for different children.
I think the important aspect of it is how that then connects to other services that might be of more specialist support once the need has been identified.
MS KARMY-JONES: Can I just ask some of our victims and survivors: plainly, it comes down, to some extent, on education and understanding of services when you are a child, but do you think that you would have been able to avail yourselves of a Childline-type service?
MS CLUTTERBUCK: One of the things that I discussed when we talked about this meeting that we had, one of the things we discussed as a family, we highlighted a number of people, a number of ways, in which, if my children had a worry or a fear about the disclosure I made to them, but the topic in general, we then talked about how, if you had a worry, then the different people you could go

to, and the different ways in which you could do it.
So we said to them, "If you don't feel comfortable saying something face to face, you can write a letter, you can send an email, you can send a text. You could do all sorts of things", and it was really good for my children to understand that there were lots of options and there were lots of people around them so that, if they had something that worried them or they -- because they will have probably an interest of me being here, so I should imagine that they are going to have questions, and they probably will look on the internet.
I was kind of thinking about that in that same scenario. You need to sort of point out, it doesn't have to be face to face with a teacher, it doesn't have to -- there are lots of options, especially the way children interact now. I think that that potentially is missed, in a way, because children wouldn't necessarily think that they had those kinds of options, that it would have to be face to face, and that's a daunting thing to do. That was just my thoughts on that.
I think, if I had my time again, I would have -- I like to write. So I would have written someone a letter, but who would you -- you know, back then, who would you have given that letter to? But to have something back then that was more appropriate, and to

have a range of options, would have been healthy.
MS TUCK: I think the same. Unfortunately, Childline happened when I was leaving home at 15 and then I felt it didn't apply to me because I was taking myself to safety.
I would like to believe that if my own children were going through something like we went through, they would know to reach out to a helpline like that, and I think it would be invaluable. But it is then, what's the pathway after that; who picks up the interventions; who provides the support services that they need? That's what I would be worried about.
MS LARA: Just to clarify one point as well, which is that Childline has moved on with the times. So a lot of children reach us online, so they don't need to speak up the phone and speak to the counsellors.
Also to say that, we are not reaching all the demands. Only three in every four calls or contacts get addressed, so that is a concern.
MS MAXTED: I just wanted to highlight, in terms of Childline, that what it does is offer the child or the young person an ability to control the disclosure, and I think that's really crucial and it is something which is incredibly frightening, I think, for the children and young people, that once they do say something, then

a whole machinery runs into place which has an uncertain outcome and can be traumatic in itself. So I think there is huge value in allowing the child some control over what's happening.

I was way too old when Childline was launched, but if it had been around when I was younger, I would definitely have used it, yes.

PROF COOPER: My organisation does incorporate CAMS services. I think we are relatively protected comparative to most CAMS services, which, everywhere I know about, are in a just lamentable state. It is a scandal, really, which is not to say that when they were better resourced, they were dealing particularly well with child sexual abuse.

I think there are some small signs of hope in the statutory sector, and I just wanted to speak briefly, from what I know of it, about the two CSA hubs that have been established in London -- one in the north and one in the south -- and, maybe Lorraine knows about them, these are multisectorial CSA hubs that provide advocacy, medical intervention and short-term therapy, and are the beginnings, I think, of establishing proper pathways. These are very new. I think a proper evaluation of them is about to be published. They have been evaluated in an interim way.

But they have produced this CSA hub tool kit, which I think is quite valuable, and which the research team and the panel may want to avail themselves of if they don't know about it. This initiative is linked to the development of child houses in London, which I think probably everybody has heard of, which are funded by I think the Mayor of London as well as the NHS. Other people may be able to speak more knowledgeably about child houses than I can.

But there are some signs of development and hope.

I just wanted to say one other thing, if I might. I talked to more than one very experienced clinical social work practitioner in preparation for today, and something they said to me, both of them, which resonated for me, is that, in terms of universal services, frontline services, including teachers, I don't know, children centre workers, but also social workers themselves, there is something about child sexual abuse that when there may be signs of it, there might be evidence of it looking you in the face, people are very afraid of this. It makes people anxious, in a way that other forms of child maltreatment or possible child maltreatment doesn't. It really stirs up something that people can't cope with, even if they are otherwise very competent and well-trained professionals.

So we speak, absolutely rightly, about the need for training and education, but it has got to be of a particular kind that engages with these very profound anxieties that surround the whole area of child sexual abuse, I think. Thank you.

MS KARMY-JONES: Linda, I think you wanted to add something to that?

MS LEWIS: Thank you. I wanted to add to that another element that, with regards to services that we need to be aware of, is the transition from being what's known as a child into an adult. I have come across cases where they have been on a waiting list to get into CAMS, for example, and then they've said, "Oh, well, you're almost an adult, so it is pointless putting you on our waiting list and now you have to go on another waiting list for the adult services". There is a lot of frustration and anger out there by parents and, of course, the individuals themselves, it's the time period they are waiting.

Also, the poor referral systems that are out there, so that they get told to go to this place and then they sit on a waiting list for three, six months, or even longer, to be told, "Oh, actually", when they have done an assessment, "you have come to the wrong place and you need to go somewhere else". So there is certainly a lot

of work to be done around proper referring in to services.

MS KARMY-JONES: We are going to come back to that again probably after lunch.

Jennie, did you want to add something?

MS GRACE: First of all, it's about, you know, when the child is ready to disclose as well. I think we are looking at, you know, the child has already disclosed, where do they go for help? But there needs to be help before that child discloses. You know, from the telltale signs that we have got, we have got -- you know, you can't really say to the child, "Have you been abused?" So what they really want is to feel like they are worthy, and so putting into place a befriender, someone who they know they can go to talk to about anything. You know, get to know the child. As you are doing that, put strategies into place that will fit that child's needs.

So the background work, so that when they finally disclose, there is somebody already there in place that that child can be helped with.

There is no point, you know, kind of like, "Don't disclose", because, for one reason or another, the police are detached from helping, and they shouldn't be able to help the aftermath of it. They are

investigating.

Going back to the police, I think they need to be trained how to speak to survivors and victims, because they have this kind of, like, uncomfortableness, like Andrew was saying. We pick up that. As children, we pick up when somebody is not comfortable with what we are disclosing. So we close up again. It is that freedom.

The only way I can think we can keep -- you know, have that comfortableness, is by -- like I said yesterday, that freedom to speak about it and continue to speak about it, you know, in our churches, in our home life, in the playground. We try and protect our children so much that we are not actually protecting them. We have got legislations in place. Those legislations aren't working the majority of the time. They are pieces of paper. We need to be putting those legislations into place by putting people into place, not paper. It is kind of -- we need to see that child as an individual and worthy to be heard. Once that child knows that they are worthy, we can help them, but they need to know that because that worthiness has been broken by the pain they have gone through.

MS KARMY-JONES: Thank you. Heidi?

MS CLUTTERBUCK: One of the things I wanted to say in

response to what Professor Cooper said was that there is this feeling of -- it is almost like a dirty subject to be discussed. From my point of view, it is because there is not a common dialogue. Because if these professionals are dealing with children in trauma, it is very difficult and they are trying to navigate. What they need, and it is the purpose of this, is to speak to adults that have recovered and then can take you back and have a calmer, more centred conversation, so that you can find the knowledge and learning so you get the learning from the child, but through an adult's eyes, that it's easier to engage with.

There is a big disconnect. Not many professionals actually engage with survivors. So the knowledge is lost. I just wanted to point that out.

MS KARMY-JONES: Thank you. Dawn, was there something that you wanted to add? Akima?

MS A THOMAS: The other Thomas. Yes, I just wanted to pick up on what Andrew was saying about the planned children's hubs and that's absolutely fantastic, but also, we can't have a pathway which only has one destination, which is about the involvement of statutory services. How do we also increase those pathways, you know, because it isn't one size fits all?

We know the same way with adult services that many

children don't want to disclose to statutory, but they still need to disclose and their testimony still needs to be heard and they still need to have access to therapy and healing. So just thinking about the multitudinal ways that children need to be supported to disclose.

And also about the limitations that that also creates around current experiences and a very tight, small forensic window. I guess we are back to that kind of more bio-medical model and not kind of thinking in a more expansive way.

MS KARMY-JONES: Yes, Amanda?

MS NAYLOR: I just don't want us to leave this subject until we have talked about children who have concerning sexual behaviours or harmful sexual behaviours, because I think it is a really important thing that we need to address if we are going to stop child sexual abuse.

Often, those children who are coming to our sexually harmful behaviour services have been showing indicators of concerning sexual behaviour for a long time. In the same way as you talked, Professor Cooper, about the fear of professionals addressing victim indicators, I think we have that same fear of addressing concerning harmful sexual behaviours.

The young people, and it is mainly young men that

are being identified, have all had very traumatic experiences before they end up in our services. Not always child sexual abuse, but sometimes; quite often domestic abuse; quite often neglect. We cannot work with those young people as if they were adult offenders. I think that is really important. We have an opportunity to first of all help them understand their own traumatic experiences, but then develop new behaviours and change and thrive into adult life.

We have heard today around peer-on-peer abuse and the difficulties of managing that. We won't manage that until we really address sexually harmful behaviour and the services available to those young people.

MS KARMY-JONES: Thank you. Can I have the last word from our table from Chris, please?

MS TUCK: Recently, my daughter, who is 14, came home from secondary school, inappropriate behaviour from a male student. So I went down to the school and I said, "You know, this has to stop". "Oh, it is a bit of banter". "Not where I'm coming from, it is not banter. It is inappropriate, it is making my daughter feel uncomfortable, she doesn't want to go to school". So they had a word and sorted it all out and everything. But I think children now, the boundaries around healthy/unhealthy relationships is just not there. They

don't get that education. I think it is also key that they learn that to stop that peer-on-peer abuse happening. Lots of dysfunctional families, broken-down families, the role models are just not there growing up. It is a real societal issue and, when you get down to the grass roots of it all, it is that education that is just not there. Even though I'm again going on, "The schools need to educate", the schools need to be given the resources to educate about this whole thing, this whole subject.

MS KARMY-JONES: Can I turn now to our public gallery and open it up to people who want to make observations about what we have been discussing? The lady in the front row?

Comments from THE PUBLIC GALLERY

MS WALTON-WILLIAMS: Thank you. I'm Laura Walton-Williams. I'm really pleased you have brought those two points up because there is some strong research in America that shows that, if you are going to tackle sexual violence, you need to be doing it at an individual level, in an educational level, in a family setting and also at a societal level. There are some good programmes they have shown -- I think there are three different programmes they have shown have worked to ensure that children and young adults understand the concept of

consent and what is appropriate behaviour. I think that's really important, that rather than just addressing the problem after it's happened, you need to have a very proactive approach. I think that both aspects of services need to be considered equally, really, to ensure that we kind of try to move this problem. So I'm really pleased that that was raised there. Thank you.

MS KARMY-JONES: Jocelyn, I think you had something?

MS ANDERSON: Picking up again with education in schools and some of the work that we have been doing, we have an educational programme, we go into schools, it is modular, it is working incredibly well. In the first session we attended, we had four safeguarding disclosures from children who had been off to try to meet people and do things. One of the things that's come out of it very strongly is the teachers don't feel they should be the ones teaching about sexual violence. They don't feel equipped, they don't feel that they can have those conversations. More importantly, they don't want it to damage their relationship with the child going forward.

So we have worked very effectively, doing into schools as an outside agency, but doing it in an ethical way as well so that we can provide that support.

Again, flagging up the point I made earlier about peer-on-peer abuse, what we are finding more and more is that children are expressing concerns that schools are dismissing as banter, that it is exploration, it is just children trying out new things. But a sexual assault is not banter nor is it trying boundaries. We need to be educating children.

Not how you protect yourself, because you can't protect yourself from child abuse, but shouldn't we also be putting in there for children, "Don't rape"? Put the blame where it belongs.

MS KARMY-JONES: Thank you. Just to remind everyone in the public gallery, if you don't want to give your name, by no means do you have to. If you are worried about being seen on the video feed, let us know and we can cut the video feed or edit you out later on.

MR O'MARA: I would like you to get at least one perspective of a male's experience historically.

MS KARMY-JONES: Thank you, Mr O'Mara, we appreciate it.

MR O'MARA: I do stress it is historically. I would like to go a little bit through my own experiences of therapy.

My first disclosure was when I was 12. As a result of that, I was in the care system, and I was trying to find some kind of therapy or some kind of -- something that would stop my self-destructive behaviour, or the

people around me were trying to. I was living in Camberley at the time, so I was sent off by train once a week on my own at that time, at that age, to Tooting in central London from Camberley.

But I couldn't get counselling for being sexually abused because there wasn't even a law against it for men at that time. So the only counselling I could get was to try to change my sexuality from being gay to being straight, which obviously didn't work.

But the experiences I got there from that did give me some little bit of support, because the therapist was actually very good, and realised that it wasn't about my sexuality, it was about the experiences I had had.

I didn't get any more support until I was 22. It was never even mentioned again. I only got support then because I was lucky enough, literally lucky enough, to run into a guy called Richie McMullen, who was running the Streetwise Youth Projects for young people involved in prostitution at the time.

After a few years' counselling with him, together with him and some other people, we formed Survivors UK, the first helpline for male survivors in the country, and that's the beginning of support services for males, because the law hadn't yet caught up. The law didn't catch up until the '90s. I realise the situation is

very different for males now, but I think it is important that the inquiry see that perspective. Thank you.

MS KARMY-JONES: Thank you, Mr O'Mara. Anyone else in the public gallery? The lady at the back.

MS PATCHETT: You know, I have to say, as much as we are talking about what's needed, there is something no-one is addressing, that, in reality, we have a blockage in the system, and we need to really start talking about that as well, because even talking about the police -- I have worked with police and so forth, but the police, some of them really do try to do their jobs, but they know that, once they have done an investigation, traumatised a child further, they will not get a prosecution. They really do know. In the beginning of me doing this work I'm doing, I used to be so angry at the police, because I'm thinking, "How can you do this?", but then, when you get to know some police and you understand what is going on, there are blockages. There are teachers that know about these things. They are not allowed to say anything. I have been told. I know people in the system. The system is, they have got it written in their files, they have done nothing about it. It is happening in this country.

Some of the things I know that are actually

happening in the borough I live in are unbelievable. Because there are no outside agencies to make sure that boroughs actually do what they need to be doing to protect children. There is nothing. There is nobody to check them. So people are getting away with not doing their jobs, children are not being protected in schools. Even if they are disclosing, nothing is being done about it. They still get away with doing absolutely nothing. But we need more than just leaving authorities to take the authority. We also need something in place to make sure this is working, whatever is put in place from here, something needs to be changed. There are blockages and we have got to stop skirting around it. It is like the pink elephant in this room, but we need to look at the blockages. What is stopping the system from working? And break down those and put some in place that will work, that will take care of what needs to be done.

MS KARMY-JONES: Thank you very much. There is no-one else in the public gallery. I just wondered if there was anyone around the table who wanted to make a comment on anything that's been shared with us by the public gallery on these topics? Jennie?

MS GRACE: Nigel, it is really good to hear from you, because my foster brothers and sisters -- I have foster

brothers who went through the abuse. It is so hard for men to say what's happened to them, and they have to feel that they are strong, you know, no crying, things like that, just to fit into society, and yet it is okay to say you have been abused. It really is. We have to show our men to come forward, that it is okay, because you deserve to be helped, and kind of like bring them in, bring them in, because they have got so much fruit to give and just let them help and support the changes that need to be implemented. We need men coming forward and put the help in putting these changes into place, because, sadly, it's happening to both.

MS KARMY-JONES: Thank you. Madam chair, that may be a convenient moment for lunch. Perhaps when we come back, just to focus minds on something to discuss when we come back, one of the things that has been raised across the morning has been -- and indeed yesterday -- was the question of fear, and fear by service providers of engagement with potential victims of child sexual abuse when they come to the attention of the services.

I wonder if we can just have a think about that and think about how we can break that cycle -- if it is there, do we agree it is there, and how we can break the cycle of fear, together with the question of whether in the small -- and it is a comparatively small -- number

of cases where children do come to the attention and are referred, the communication between organisations and how children, and if children, are referred between professional organisations and voluntary services. So perhaps food for thought over lunchtime. Thank you very much.

(1.00 pm)

(The short adjournment)

(2.00 pm)

Opening comments by THE FACILITATOR (Session 4)

MS KARMY-JONES: We have a number of new participants this afternoon, which is wonderful. Thank you very much for attending. Could I ask that we go around the room and ask each individual, please, to give us a brief introduction, names and who they are. We are on pretty much first-name terms here, but just tell us who you are. Thank you.

Introductions

MS WINDLE: I'm Michelle Windle. I'm a director at The Green House. We provide therapy services for anyone who has been sexually abused or raped at any point in their lives. I'm here to represent my organisation and also other organisations as part of a sexual violence reference group, The Consortium Group, that we have in Bristol where we bring different organisations together

to serve service users.
MS BOND: Hello, I'm Kyra Bond, director of Womankind, which is a Bristol women's therapy centre. We work with women survivors of rape and sexual abuse and women with mental health issues. We have specialisms in working with deaf women, trafficked women and refugee women as well, and we are also part of Bristol Sexual Violence Consortium.
MS ANDERSON: Hello. I'm Jocelyn Anderson. I'm the chief executive of West Mercia Rape and Sexual Abuse Support Centre. We are a direct service provider working with children, men and women, advocacy services, counselling services, and that's it.
BARONESS NEWLOVE: Hello. I'm Baroness Newlove. I'm Victims Commissioner for England and Wales.
MS KARMY-JONES: I think the lady sitting next to you is your policy adviser?
BARONESS NEWLOVE: Yes, Lena Parmar, who is my head policy adviser. She can't reach.
PROF COOPER: Good afternoon, I'm Andrew Cooper. I work at the Tavistock Centre, part of the Tavistock & Portman NHS Foundation Trust. I do some work with the Truth Project strand of the inquiry and I also have colleagues who are involved in setting up new clinical pathways for children who have been sexually abused in north London.

MS MAXTED: Hello, there. Fay Maxted. I am here as a member of the Victims and Survivors Consultative Panel.
MS KARMY-JONES: We will carry on, because the new people need to know who else is on the table.
MS COATES: I'm Sheila. I'm also on the Victims and Survivors Consultative Panel and I have been sitting over there since yesterday, and now I'm over here. It looks really different.
I'm also a survivor of childhood sexual abuse. I was abused by a senior member of the St Vincent de Paul organisation -- if you know about the Catholic Church, it is linked to the Catholic Church -- and two members in my family.
MS CLUTTERBUCK: I'm Heidi Clutterbuck. I am a survivor and I'm here to offer my voice.
MS GRACE: Hi, I'm Jennie and I am also a survivor and I'm here to offer my voice too.
MS LARA: Hi, I'm Almudena Lara and I'm from the National Society for the Prevention of Cruelty against Children.
MS PRAKASH: Hello, I'm Namita Prakash. I'm representing The Survivors Trust. I'm also a service manager for a centre based in Reading that provides different services, like counselling and ISVA support and a helpline, to victims and survivors of rape and sexual

abuse.
MS EGGLESTON: Lee Eggleston representing Rape Crisis England & Wales. I also work in a frontline service based in Essex.
MS HAYES: Good afternoon. Vivienne Hayes from the Women's Resource Centre. We are the national umbrella body for women's charities and a significant number of our network work around violence against women and girls, including sexual violence.
MS SHAW: Hello. My name is Gabrielle Shaw. I'm the chief executive of NAPAC, which is the National Association for People Abused in Childhood, a national charity that offers services for adult survivors of any kind of childhood abuse, be that sexual, physical, emotional or neglect. We offer a telephone helpline. We run support groups and training and also do advocacy for survivors.
MR MAY: I'm Michael May. I am a survivor of childhood sexual abuse and I have, over the last 10 years, worked extensively in the sexual violence support sector running an organisation called Survivors UK which provides specialist psychotherapeutic support to male survivors of sexual abuse and a national digital support offering. I have also for two years been a member of the Victims and Survivors Consultative Panel.

Opening comments by THE FACILITATOR (Session 4) (continued)
MS KARMY-JONES: Thank you very much to all of you, and especially to Michael, who has come at very short notice to help us in the absence of one of our other attendees who couldn't attend this morning.
Can I just pick up and deal with some points that were made to me across the lunchtime break by actually a number of different people, and just throw them in so that we can bear them in mind for the discussions this afternoon.
Quite a few people have pointed out to me that a lot has been said about the statutory organisations, and of course we haven't got any statutory organisations here, any representatives here. So we haven't heard them in reply. We don't know what their replies might be.
I just want to say that we do recognise that sometimes there are other factors in play that they may have spoken to. An example that was raised with me, again over the break, by someone was that police, for example, are not generally the first to receive disclosure from a child. Usually a school or a local authority will be the first to receive such disclosure. So there is an interplay potentially of agencies before it gets to the police and also thereafter that sometimes causes some complexity. Just so that everyone can bear

that in mind as we go through.
We are, in fact, going to have another seminar specifically dealing with the criminal justice system later on this year, so it might be one to keep an eye out for.
Discussion chaired by THE FACILITATOR
MS KARMY-JONES: Moving on, we were about to discuss the relatively small number of cases where children do come to the attention of support services, and discuss how they come to be referred into agencies to the voluntary sector, and the question of fear where there is a referral: how they are referred, what happens after that, and where there is a fear of engagement when they come to the attention of others.
It is something that, Andrew, you raised, and I wondered if you had had any further thoughts around that that you would like to share with us?
PROF COOPER: Maybe just for the benefit of people who are new here this afternoon, I will sort of repeat more or less what I said this morning, which was just that, in discussion with some colleagues, clinical social workers, really, in preparation for today, they made the point that, in their view, as experienced practitioners, they see all the time that ordinary frontline professionals -- teachers, but also other social

workers, children's centre workers -- are really very frightened of child sexual abuse.
There is something particular about child sexual abuse, different perhaps from physical abuse or neglect, that really stirs up very, very powerful and potent feelings in professionals who may otherwise be very competent and very well trained, so that actually they can't really cope with or respond appropriately to what they think they might be seeing. That was really the point I made, and it seemed to resonate around the room.
I think I added that, while we talk rightly about the need for training at the frontline in relation to universal services where so much might be picked up and often isn't, in my view it needs to be a particular kind of training that sort of relates to these very sort of deep and profound anxieties that are present in ordinary professionals, and in the community at large. It can't just be a sort of didactic transmission or educative training, I think.
But you asked me if I had had any other thoughts. The only other thought I had over lunch was really this, that it is worth talking a bit about history, the history of child maltreatment and child protection in this country.
Seventy-five years ago, even sixty years ago, we

couldn't see or recognise physical abuse. The story of how that changed is too long to go into here. In 1978, when I was a frontline social work practitioner, I remember a case, the first case I ever encountered of child sexual abuse. A woman actually presented herself on duty at my office and said, in effect, "I think my husband is abusing our daughter". She just walked in and came out with it. Now, we engaged with this family, probably very clumsily and inadequately, but we did engage with them.
But what I remember is that we held a case conference and our child protection coordinator, as they were known in those days, said, "Oh, I must come to this conference. We don't see many of these cases".
That was how child sexual abuse was in 1978. It was something that happened in rural communities or, you know -- it was called incest.
1979 came around and the Cleveland crisis erupted onto the British scene. It was such a dramatic and powerful social contest in which, as it were, the reality of intrafamilial child sexual abuse was becoming -- was surfacing in society, there were very powerful forces saying this was all fantasy, this was a witch-hunt against parents and so forth. There was a tremendous contest, very turbulent. For a time, none

of us knew what to think, and it took a public inquiry, a very successful one, I think chaired by Elizabeth Butler-Sloss, to kind of settle the matter at a sort of social level.
From there on, we accepted rather better that intrafamilial sexual abuse was a reality. Things have moved on in other ways since. Child sexual exploitation was known about but not really well known about until Rotherham and Alexis Jay's own report.
It seems to me that the present inquiry is wrestling with tremendously complex and difficult questions, but it might do well to sort of view itself as another stage in this kind of historical progression. We are sort of living through it and we are helping that progression, hopefully, but it is very complicated and difficult and there is a great deal to address.
This question of the sort of readiness, the kind of emotional readiness, of the general population and the ordinary professionals in key positions to really be able to face that it is happening much more often than we want to know, and that we have to be prepared to be open to that and to know how to engage with children is pretty key to being able to kind of unlock more successful engagement with children and prevention, and so forth. I think that's all I really wanted to say.

MS KARMY-JONES: Can I ask if there is anyone else who wants to contribute something around the fear? Yes, Heidi?
MS CLUTTERBUCK: When you talk about it being something that is historic, in the past, I have noticed that in the investigations that I have been involved in what then happens is, there is a legacy of ownership if there were failing and that fear is then replicated again because organisations like the police don't want to own that fear and, therefore, there are other victims who then get highlighted but there is a reluctance to deal with it in case there is any issue with their conduct previously, if that makes sense.

So there is this culture of fear that these cases are coming up, and yet they are not being dealt with in an adequate way because they don't want to go through the bones of the past.

Hopefully, one of the things, through talking about it in the inquiry, is that this fear will be dealt with, because only by owning those problems in the past and creating learning will we get better at doing the things that we need to do now.
MS KARMY-JONES: Thank you very much. I think, Fay, you had an observation to make?
MS MAXTED: Thank you, yes. I think it links back to attitudes, again, in society and how difficult it has

been for survivors to disclose, feeling there is a taboo around the subject and feeling then that there is some stigma attached to saying and disclosing that you are a victim of child sexual abuse.

What's happened is, in the absence of statutory services stepping up to the mark and working with survivors and identifying children, the voluntary sector has filled that void and has worked absolutely admirably to provide services and to be a voice for survivors wherever they can, and the difference that those services make in terms of approaching working with survivors from an empowerment perspective, from providing a space where you don't have to explain the trauma symptoms that you're experiencing because the workers there understand and know and know how to work with that.

I think we have a distance to go until statutory services are able to offer the same, and in the meantime, the voluntary sector is picking up.

If we think about the children in the past who weren't able to disclose then and who are now coming forward in huge numbers, many of them choosing the voluntary sector specifically because they will get a different response there to one which otherwise makes them feel as if there is something wrong with them, as

opposed to something wrong happened to them.
MS KARMY-JONES: Jocelyn? You had something?
MS ANDERSON: I think there is another side to the fear element as well with professionals which links in to the lack of understanding around sexual violence.

When you look at the grooming process, if you have got a perpetrator, they will be grooming everybody around that child, or whoever they are abusing. So many times you hear from professionals, "I don't want to make a mistake. Oh, he seems like a really nice man. I don't want to brand him as a rapist, because, what if I am wrong?". So there is that element as well, that people don't want to believe that perpetrators are out there perpetrating, because if you acknowledge the scale of child abuse, you have to acknowledge the people who are living in your community, who you are working with, are potentially abusing children as well. People don't want to make the mistake and say, "I accused them and I got it wrong".
BARONESS NEWLOVE: I think there is another element of statutory and voluntary, from what I have picked up, is also I am really concerned about disabled people. I have heard quite a lot of evidence where the blame has been on the parents and, because they have got a disability, the threat is to take that child away, not

deal with the abuse, maybe not within the family, but they have been abused within a school environment. For me, that's a bullying tactic. That doesn't gain confidence. I am also questioning whether they have got enough knowledge on the medical condition of the child, so what gives them the right to make a decision? Parents are fearful of coming forward. So I think there is that sector that the statutory need to be open and honest about that and say they haven't got the right qualifications to come to a kind of conclusion. But that is my worrying aspect, the more and more I hear about this, parents are really frightened of getting the support because it is blamed on the parents' behaviour making that disabled child act that way, and yet it isn't, and I think we need to be careful that we don't dismiss that kind of sector.
MS KARMY-JONES: Thank you. Very good point. Yes, Michelle?
MS WINDLE: I think that fear is also mirrored in the commissioning structure. We have a male and female rape support fund. We don't have a child rape support fund. There is no statutory funding for children under 13. In our service, we support adults and children. Actually, the adult service has trebled in capacity since 2014. The children's service has hardly grown at all because

there is no funding. It goes back to health, where health is recommissioned because of austerity, that financial envelope isn't increased. I think that's something that we need to bear in mind, that we still can't cope with the fact that children -- we have 100 children each year that we see -- are being raped today but we don't want to deal with it at this point.

MS KARMY-JONES: Thank you. Can I just raise something following on from a number of the comments that have been made. It is another aspect potentially of fear, and I ask for some comments on this.

My experience as a barrister shows that there are often difficulties with record keeping. As I said at the outset, sometimes very often, particularly with children, police aren't the people who will actually receive the first account, it will be a school, it may be social services, it may be someone in the voluntary sector. Often, there are difficulties with the record keeping, the quality of record, and disclosure thereafter, especially when the sexual abuse of the child may have happened many, many years ago. Sometimes there is not a recognition that the record that is kept may not be needed until many, many years down the line. It may be the first account taken at a time that's proximate to the abuse, and sometimes they

are destroyed, sometimes they are not kept at all. I just wondered, in terms of the fear around that, if any of the panellists had any observations about whether there is anything that could be done to make that process a little bit more uniform or to break that kind of cycle? Baroness?

BARONESS NEWLOVE: I think, to make sure there is a record and actually something to redress, we need a law that gives victims the rights to have that accountability. So you have to make a record because, when it does occur, many years down the line, there is accountability and responsibility instead of victims having to go through 25 people to get confidence and, as children say to me, "Why would I come forward when nobody believes us?", and that's at an early age. So you have to leave them with confidence that you are going to record it and when they do have the confidence again to do that, there is something there set in statute to protect them.

MS GRACE: First of all, I think, are the records that are recorded accurate? Because on my recording of my records it's "Domestic violence". There is a difference. If, for example, the police or someone else got hold of those records and you're making allegations and you've told them that, how are we going to be believed? So it is actually documenting those

records accurately.

Listen to what the person is saying and writing down what that person is saying.

Also, what I find is, when you have visits from professionals or you go and see professionals, the notes aren't done until much later. You know, if we ask everybody, "Can you remember what happened?", after you have met, you know, a couple of people talking about what's happened to them, "Can you note word for word what they say?" So it is misinterpreting the statement automatically. That needs to be changed. We have got all this technology. You know, even if, for example, you say to someone, "Can I record it?", and it's recorded so you know exactly what that person's saying and you can actually put it down.

MS KARMY-JONES: Thank you. Within that, of course, are issues such as getting the consent of the individual child to having something recorded, even on paper; it is the recognition that sometimes anyone making disclosure of sexual abuse may not tell everything all at once. There is layered disclosure, which I'm sure everyone knows about.

MS GRACE: If that's the case, you know, like you're saying about people recording information, that's the problem. That is an issue that in some way we need to find, "How

do we solve that issue?".

MS KARMY-JONES: Thank you. Sheila? Then I will come back to Heidi.

MS COATES: Just another comment about fear, actually, which is around, if a child is being sexually abused in a family situation or in an institutional situation, that child, particularly if it is the oldest child, takes on the responsibility for the rest of the family and then will try to protect the non-abusing parent or even the abusing parent and their siblings. So the fear of engaging in a system or disclosing is extreme in dysfunctional families more so than others because of that responsibility. I think that isn't picked up by the system very well.

MS KARMY-JONES: Thank you. Heidi?

MS CLUTTERBUCK: Just to point out, when you say about recording as well, the other thing that needs to happen is, whether it is the child engaging or an adult with them, it has to be agreed, because when you are saying about the training, if you have a professional who has no understanding of the impacts and the issues around CSA, how they record the information that you give and interpret it is very different.

So the only way to overcome that is, once that has been made and recorded, that those people sign it and

say, "That is what I meant and that is how I said it and, actually, no, that bit needs to be said like this". Because once it is recorded in that manner, if there is a misinterpretation, that then has legs and will follow people for years.

MS KARMY-JONES: Just thinking of your own experiences, just as a question to throw out and put in -- and I don't want this to be difficult and please don't answer it if it is, but just thinking back, would it have been easy for any victims and survivors to go through a process like that at the time? Because it could potentially be seen as frightening to go through that exercise of signing documents. What do you think?

MS CLUTTERBUCK: It depends how you view it. Do you remember when I said earlier how it was about you learning to save yourself and realising that you could be part of your own recovery? So in that way, it would be a healthy process. But, of course, you have the issue that you would need the support and the trained professionals around you. But in terms of doing it, I would say nobody gets anything right first time. So if you had this mind-set, like you say, disclosure can happen over a number of weeks or months, the mind-set that what they say on that first session may not be the whole picture, and actually we are going to keep

touching base. Does that make sense?

MS KARMY-JONES: Absolutely.

MS HAYES: I think it is about the process, really, and to talk about gathering evidence. I assume we are looking at criminal justice remedies. But before that, victims and survivors actually need support that is not connected or dependent on the criminal justice system. Also, if that is in place as the priority, and, as Fay said, that comes from specialist voluntary sector orgs, then perhaps the next phase of gathering the evidence wouldn't be as complicated.

MS KARMY-JONES: Jennie, was there something you wanted to add?

MS GRACE: You know when you go to the Rape Centre for -- the place, you are recorded, you are filmed, and it is frightening, it really is frightening, but, you know, for me, if I knew that, in hindsight, the recording would keep the documents, everything I said, in place and intact in what I was saying, I think I would have agreed to it, because you want truth, you want to be heard. So that is stronger than the fear of being recorded, I think. That's me personally.

MS KARMY-JONES: Can I just touch back, and this may be dealing with something -- and by all means go back to the point that you want to raise, Andrew, but just with

the other kind of fear, the fear of the supporter in receiving disclosure and having an automatic reaction of, "This is too complicated. This may be opening up a can of worms", which was a phrase that Akima, who is not with us now, I think raised yesterday. How do we deal with that? Andrew, can I ask you to deal with your point and then maybe think about that?

PROF COOPER: Perhaps I will touch on that as well.

It was just occur to me that, from the point of view of the adult witness of the child's behaviour or communications, professional or not, if you make a record, you are faced with the question then, "Well, what do I do now that I've recorded it?" First of all, you notice something and then you make a notation of it, as it were.

Recording it sort of faces you with the fact that, "Maybe I have got to do something". Now, if you are afraid and actually you feel that what you have seen is uncertain, you can't quite make sense of it, the easiest thing to do is not to make a record in the first place, because then you are not faced with thinking about what you might have to do. I think you get the point of me making that point.

But it kind of links to your next question, which is really to do with the way in which professionals

themselves need support to think about these things, and so the whole role of what we sometimes refer to as supervision or reflective supervision, in all sorts of settings, not just clinical settings but in schools, is critical, because people have to be helped to think these things through, to stay with the difficulty of what they might be seeing or witnessing or having difficulty making sense of, and so behind the person who is in a position to actually move something on, there has got to be someone else helping and sustaining them and helping them think.

This of course implies more skill, more training and more money, probably, but if we want a decent response, it is a big part of the picture.

MS KARMY-JONES: Thank you. Sheila?

MS COATES: Whilst I totally agree that there are many professionals, both in the statutory and voluntary sector, who are frightened of dealing with abuse, there is also an element of staff, both voluntary and statutory, who are outright hostile to victims and survivors. They are two different issues that need two different responses.

The hostility element is the responsibility, really, of managers of services: the supervision of staff, the managing of staff, the line management. That should be

something that's picked up in the process of being in their profession. I think there is a particular issue about managers and senior managers and directors being trained to be able to identify hostility. That hostility comes from the culture that we all live in.

We have spoken a lot over two days, and the bit that's missing for me is that this is part of our culture and other countries' culture. That's where child abuse sits. We are all members of society, and we bring that cultural attitude into our work. That is something we really need to focus on and figure out how we deal with that.

MS HAYES: I would like to agree with Sheila. I think the fear of professionals around receiving disclosure is absolutely rooted in the fact that child sexual abuse is endemic in this society and, in fact, globally. Nobody generally wants to believe the proportion of it, the level of it, because it's a stain on humanity, and it is quite difficult to acknowledge that, really, because then you have to get active and do something about it.

Until we are able to take a whole societal approach that opens this up and acknowledges it as the disease that it is -- if it was cancer or something else gripping us, we'd be all over it, looking for ways to deal with it, but it's hidden and it's brushed under the

carpet, and unless we are able to address that, we are not going to make very much progress at all.

MS KARMY-JONES: So help us with this. We have talked about things being brushed under the carpet. We have talked about needing to break the cycle. We have talked about crisis points and things like that. So what do we do?

MS WINDLE: As a centre that works with children, we have phone calls all week where people -- we have got professionals asking for help with that fear, and it is not a service that we advertise, but because we work with children, people are -- we have got school mentors, school nurses, GPs, asking us, "What should we do in these circumstances?"

I think there are centres of expertise and services like ours, but it is not something we are funded to do because we are funded to do the therapy side of things and struggling with the waiting lists that we have. So I think there is a case of upskilling services like ourselves so that we have that ability to have that advocacy and advice and to then do training beyond that. So there are options and people are seeking us out without us actually coming forward and being advertised.

MS KARMY-JONES: Thank you very much. Anyone else, suggestions, positive suggestions?

MS HAYES: I think schools are a great place to share

information and upskill children around these issues, and wider society, and I think if we could effect some change within schools and how the curriculum works and what are the key issues, I think we would make a great difference, actually.

MS KARMY-JONES: Thank you. Andrew?

PROF COOPER: Well, it is a huge question that you have asked, I think. One thought I have is, again, back to this inquiry: the research evidence of various kinds -- and I don't just mean the kind of quantitative evidence, but the narrative evidence that I think has been collected and will emerge from the Truth Project -- will form an immensely powerful basis for sort of public communication if a way can be found to make best use of it.

Now, we all know the extraordinary sort of viciousness and turbulence that can arise in the public sphere when a case of child death breaks into the open. I mean, the sort of social dynamics are nightmarish. So the question is, is there a way to communicate publicly that catches the attention of the culture, the wider public, about child sexual abuse that doesn't create those kinds of vicious dynamics, but isn't afraid of taking the issue into the public sphere which will cause turbulence, because this is a -- you know, as the

speaker over there said, it is a profoundly disturbing issue at a global social level.

So to really move on, there is a big risk to be taken, but this inquiry is gathering the kind of grounded evidence that could make that possible, not just a kind of campaign, but a real sort of movement, something of that kind.

MS KARMY-JONES: Thank you. Jennie, you had a contribution to make?

MS GRACE: I was thinking down the lines of having a designated person in the school, because teachers aren't -- you know, we are taking teachers away from their profession, and it is over-fearing. Instead of focusing on what we can teach the teacher, let's empower them by having somebody there they can go to as well as those disclosing, so you have someone who understands about abuse. The teacher can go and say, if it happens, "I have got someone", you know, and that person can come alongside that. But the way that I feel it needs to be done is, whoever is in that school has to somehow meet the pupils in that school, whether coming into class, doing a couple of lessons, so it is a familiar face. So it is just kind of like -- we have to be gentle, but strong, and that's the only way forward. Like Andrew was saying, we have to rock the boat. That's the only

way we can make a difference, rocking the boat, but in a positive way.

MS KARMY-JONES: Thank you. Gabrielle?

MS SHAW: Just an answer -- well, not an answer, a response to your question about what do we do about positive movements, and in regard to what Andrew said as well, I think it is a multifaceted approach, and it may be helpful to look at the good work that's already ongoing. As well as this inquiry, for instance, let's look culturally at how child abuse is treated in the media and there have been several shows over the past few months, or couple of years, "Broadchurch", "Three Girls", et cetera. It is an issue that's starting to come up and starting to be treated in that kind of environment, and through the media it will reach many, many, many millions more than we could ever hope to do as an inquiry.

What we can feed into that and how we engage in that would be useful, and something I also mentioned yesterday, and I sound like a poster girl for it, I don't mean to, but the NHS Education Scotland and the Scottish Government rolling out "Transforming Psychological Trauma", which is training the entire Scottish healthcare workforce in trauma-informed services. We can celebrate that and try to roll that

out across the UK, push that agenda, because I think that would make a material difference to people coming forward and disclosing today.

MS KARMY-JONES: Thank you very much. Jocelyn?

MS ANDERSON: I know I touched on it yesterday, about training. Social work training, the input in our local university is two hours on sexual violence, and that's because we do the input. There is very little education out there for professionals. If you are expecting a social worker to recognise indicators of abuse, it takes more than two hours.

Unless you are looking at safeguarding teachers, there is very little input on sexual violence and what actually constitutes sexual violence.

You are talking about trauma-informed. Some of the courses are brilliant, but a half day isn't going to cut it. It needs to be a proper educational programme that is society wide. Because there are the programmes on television and so many people you hear the day after going, "Oh, but I don't believe it", because people don't want to believe it. It is that societal element where people still turn away because they don't want to look at sexual violence, they don't want to accept it is there. It is that element of: it is; what are we going to do about it?

Also within schools, a zero tolerance policy. You know, sexual assault is sexual assault. It is not "banter". It is not children making discoveries and just having a laugh. It is sexual assault. We need to be clearer with schools about what the guidelines are, what you can do, and also educating children about what true consent is.

MS KARMY-JONES: Thank you very much. Baroness?

BARONESS NEWLOVE: I think culture is a big issue of recognising what problems we have and accepting that it needs to be reported and understood if it is within the families.

Also, another thing. We go on about schools, but I know with other crimes -- and I always look at the victim, not the crime, because it is around their needs, their support, that we have got to enable them to gain confidence. How do you break the cycle of schools not knowing they have the issue? Because a lot of schools don't recognise knife crime, they have alcohol issues. I think most of this is, as the inquiry goes along, we have got to put a lot of investment into this. It has not just got to be piecemeal, political, or whatever. Because we have excellent services here, and to shine good practice of the visits I see across the country, it is working together as joint cooperative pathways to

make it clear.

Most importantly, I don't think you just need advice in school, I believe and keep saying we need an advocate to speak for that victim, that survivor, because if it's -- it is not present, they have got a lot of experience and they need to get off for many years and their voice can be missed. So we must ensure we have an adviser who speaks and can gain that confidence. So they recognise all these support centres that go around there, but you can't keep just doing it on piecemeal funding. I think that's the priority. We could say a lot here about what's good, but if anybody is taking this very seriously, this is where government has got to put in a lot of funding to make this consistent so that culturally everybody understands it and has no fear to go forward. There will be a support mechanism in place.

MS KARMY-JONES: I think there are some people in the public gallery who will very much welcome those observations, bearing in mind some of the comments we had earlier in the day. So thank you for that.

Sheila, I think you had a comment?

MS COATES: This might be really off the wall because I think you have asked quite a hard question. It will take us all six months to work something out.

One of the things I have always remembered is

a group of survivors saying to me they don't like the term "child sexual abuse", and I have a bit of a thing about language. I think language is really important. They didn't like the term "child sexual abuse" because they felt "abuse" is a word that's used for drug abuse, alcohol abuse, it is something you do to yourself.

I thought about that quite a lot. But that issue has sort of subsided a bit. But I think it is worth raising here, maybe we need to think about the language.

I am raising it in terms of, when you talk to professionals and professionals working in the statutory and voluntary sector who work with child sexual abuse day in and day out, they know what it is because they hear it. So they are very aware of what it is and they know what they need to do to help and support.

When you talk to members in society, they don't know what it is. There is something about the term "child sexual abuse" that hides what it actually is. I think maybe, as a society, we need to be brave enough to actually start saying what this thing is. I think as you said, Gabrielle, the stuff with "Three Girls" on the TV, whenever it was, a few weeks ago, that was brave enough to show what it is, what child sexual exploitation is, what child sexual abuse is. Maybe the material that we start producing needs to be a bit less

safe and we need to start really thinking about how we show society what this is.

I know someone said to me once, "It is just a bit of tickling, isn't it? It's touching". Lots of people still don't know what it is, and we will never get anywhere until that changes.

MS KARMY-JONES: Maybe it is also a question of not understanding what the impact of it is as well.

MS COATES: That, too.

MS KARMY-JONES: Thank you. I can see the time, so I would like to open things out to the public gallery, if I may. There is a lady -- yes, behind you -- hello, Gillian.

Comments from THE PUBLIC GALLERY

MS FINCH: A couple of things. I have been sitting here, just going a bit bonkers, really.

I totally agree with Sheila. I think, as a society, we soften this subject, don't we, by saying "child sexual abuse"? We talk about the "rape" of adults and "sexual violence" and we talk about "child sexual abuse". Actually, a lot of sexual abuse of children includes rape.

What I found when I first started to disclose was that people weren't willing to hear it. People were trying to rationalise to me what had happened to me because it made it easier for them. It took me, as an

adult survivor, a long time to own the word "rape", because it was easier for me to talk about child sexual abuse than to say, "Three four or four times a week, my dad raped me", because it wasn't grooming, it was violence, it wasn't ever welcome, and to try and explain to somebody else what that does to a child, including a pregnancy, including suicide attempts, and then them turn around to me when I first began -- you talk about records -- when I first began talking about this, it was in those early days when you were talking, Professor Cooper, about how people viewed this subject.

I can remember being in a training course when I first set up CIS'ters and hadn't disclosed to the other delegates, and they were talking about, you know, "Most of this is just imaginary. Children fantasise about having sex with their parents", and sitting there, screaming in my head.

One of the issues we have is that adult survivors have had prior experience of societal and professional views and myths about this topic, and I think we can educate as much as we want in schools, but you know those kids aren't in school every day, they are living in society and they are seeing their GP and they are seeing other professionals, and how they talk about this topic, how their neighbour talks about this topic, shuts

them up.

I think we need an awareness campaign similar to that which we had about 15/20 years ago around domestic violence, where we showed it in its enormity of what domestic violence is and how it silences the victim. We need something similar. It needs to be two-pronged.

The other thing for me is around record keeping. I do want to return to this because there is a bit that's been missed. I'm an army brat and there are an awful lot of adults out there who were born into a service life because that's where their parents were at the time. My records, and I know this is the same for lots of other people -- not everybody, but lots of other people. My childhood records never made it into the NHS system. So all of the stuff that's been documented about some of the things I experienced as a child have never made it into my file, and they have never been able to find them. They are no longer -- they don't exist.

But that's not just the NHS record, the army record, it is also the fact that at 12 and a half, when I was running away, I went to the police. Then, as an adult survivor, I wanted to go back, as part of my healing journey to find what I had said when I'd said it, and that record no longer existed. So I think it is not

just records when somebody has disclosed, it's the records that form part of the journey into their owning this topic and being able to let go of some of it. Those records are also important.

MS KARMY-JONES: Thank you. Anyone else? Yes, Chris?

MS TUCK: I think, going back to the records thing as well, I have done, like Gillian, going back to find records for part of the healing journey. Social services: no records. We went through the court system. My mum got custody. My dad was a paedophile. He got put away.

The schools: no records. The police, we reported twice: no records. Why is that? Did I not exist? Did it not happen? I know it happened, but I have got no back-up for any of it.

Doctors' records. We weren't ever taken to the doctors. They kept us away from the doctors. So there's no records of anything. Why didn't I go when I was an adult? Because I was ashamed and I didn't want a bad health record because then I wouldn't get a job and I couldn't progress in my career. So you suffer in silence. It is just not adequate. It does need to change. It needs to get better.

MS KARMY-JONES: Just on that, something that comes up a lot is where records aren't well kept obviously. The problem with that is that it leads to the accusation

that there is no record. Therefore, it didn't happen. That's something that really has to be -- in my view, giving evidence briefly and outstepping my remit, it does need to be addressed. But if we can carry on around the public gallery.

MR ROBSON: Peter Robson. With reference to you talking about the records there, the professor there saying, when somebody goes to somebody, "Blah, blah, blah ... shall I write it down?", he said no. (Whistles). That rings a bell again.

My experience just recently, I'm being told, "Why didn't you say anything earlier? Why wasn't it mentioned earlier?" Since 1970, I forgot one incident in my life which brought all this back to me, and that was where it was put on record by a social worker the abuse that was going on in the family and I forgot all about that. But now I'm having to prove it. Now I have realised that. In court, about 1970, it is on record. If it is on record somewhere, it will be caught and it will be kept. So people should keep records if people are saying children are being abused.

The other thing is the Cleveland child abuse crisis. Are there any statistics on that? The people that started that crisis up opened a can of worms. A lot of people got put into gaol for things they didn't do as

well. I would like to know the statistics on that since they have done that. How many people that've been found guilty have subsequently been found not guilty? I know one man in that crisis who killed himself and left a deathbed statement saying he did not touch his children. Did you know that? No. Not many people do.

But I also know the other fact that the lady who read it -- not the judge -- Judge Butler-Sloss, was it? Dr Marietta Higgs was asked a question in the courts, "How do you know this man has abused that child?" Her reply, and it's in the papers at the time, was, "I did it to my own children to see what the results were and what happens". My first question at that time -- and I blew up -- like I said, 1979, and I remembered, and I thought to myself, "Why the dickens hasn't she been prosecuted? She's just said she done it to her own children".

MS KARMY-JONES: That lady isn't here to answer for herself, so we do have to be a little bit careful about some of that.

MR ROBSON: It is in public records.

MS KARMY-JONES: I absolutely accept that, but we do need to be a little careful.

MR ROBSON: I could name the social worker as well.

MS KARMY-JONES: Don't, please, just for the moment.

MR ROBSON: You're going back to 1979. You've hit me on the head again. These things have been building with us.

MS KARMY-JONES: It is not a question of trying to stop you.

MR ROBSON: I apologise for that.

MS KARMY-JONES: You understand what I mean? We have some difficulties with that.

MR ROBSON: I accept that. These things do affect us and, like I said, over the weekend, I'm crying for my mother, I'm a little child. I'm 66. A 66-year-old crying for their mum.

MS KARMY-JONES: One of the points that's been very effectively made by many of the people who are victims and survivors here today is, whatever age disclosure is made, no matter how old you are when disclosure is made, you are the child when you make that disclosure, and that's, I think, someone that everyone recognises.

MR ROBSON: I tried to say the same, and I agree. Don't get me wrong. I'm here for the same reason as these ladies are. I'm trying to stop it happening to somebody else and that's what we need. If you don't keep a record of it -- if somebody comes to me, my first thing would be to phone the police up.

MS KARMY-JONES: Thank you for that.

MR ROBSON: No hesitation.

MS KARMY-JONES: Thank you for the contribution. Now I am

going to turn to Mr O'Mara here.
MR O'MARA: I would like to bring us back to the actual question for this afternoon, which is commissioning support services for victims and survivors and the providers' viewpoint. I have provided services for male survivors for an awful long time, and the funding difference between what is given for female survivors and what is given for male survivors is massive and incredible. The amount of services that there are out there who suddenly decide that they can now take on male survivors, when previously they told male survivors that they weren't survivors, that they weren't victims, and who now I am supposed to go to as a survivor, I'm now supposed to go to those same named services to get services because they are the ones commissioned and given the money for the services.
It is about time that there was a little bit of parity and a little bit of spreading the money around so that other male survivors groups are able to fund their services.
MS KARMY-JONES: Mr O'Mara, that is a particularly apt comment, if I may say so, because, after the break, we are coming back, and I am going to be asking some questions around the differences that are needed for different groups, something that we have touched on this

morning, but perhaps with that thought in mind, this would be an appropriate moment, chair, for our 10-minute break, 10 or 15 minutes.
(3.00 pm)
(A short break)
(3.18 pm)
MS KARMY-JONES: I did promise I would come back to one person in the public gallery, if I may, who wanted to make some observations. That's Laura, in the front row. Could we have a couple of observations quickly, please.
MS WALTON-WILLIAMS: I just wanted to feed on a couple of things people had said that I thought were really important.
I think, Jennie, you mentioned about the kind of recording and I think care on the language that's used. Because the fear is then that that could then be used against you in court, especially if you are using that child-like language. I think that is something that probably needs to be discussed in the criminal justice/Crown Prosecution Service area about the recording process and how well that is used to support victims, not to be used against them.
I also wanted to feed on something Jocelyn said about the zero tolerance policy, which I completely agree with, but I think it is also important to look at

what services then -- if we have a situation where somebody, a student, is thrown out of school because they have been found guilty or they are suspected of this sort of behaviour, which I completely agree with, where does that child go? Do they go to a pupil referral system and we are moving that problem along. I think that needs a bit of attention as well.
We discussed about the general perceptions of rape and sexual offences and talked about the "Three Girls" documentary. This is something that I watched with a lot of interest, but I know a lot of people who switched it off because it was almost too shocking for them. I think that's the difficulty. It is how we can get across the seriousness of it, but without people just completely going -- and also recognising that they could also -- or somebody who is not in that setting could be a victim, because they may just go, "Oh, well, this group of people are prone to be victims and therefore that's the only area that that problem exists in". When I talk to people about this, I kind of talk about the -- if you look at, like, when Jade Goody died, the number of people going for cervical smears shot up. Now it is at a 90-year low because it was an instant thing, but now it's lost from people's memory. So it has to be almost like a drip feed, but things that all

people can access. That's about it. Thank you very much.
MS KARMY-JONES: Thank you, Laura.
MS ANDERSON: Just to pick up on your point about children that are offending. One of the things -- another area that we are working on in the centre is dual-status children, who are perpetrators and abusers, and we are acutely aware that in our area there is nowhere to send them. There is no chance.
If you accept that children's brains aren't fully formed until they are in their 20s, if there was an intervention programme, we could actually make a difference. We could put something in there and say, "This is offending behaviour. You cannot do this. You can change". But there isn't anything there. It is so frustrating. We say that we work and we do preventative work, but one of these problems, it's just not being addressed at all. I completely take your point on board. It is something we are trying to look at. But it comes down to the same thing of lack of resources, funding, commissioning processes, are you commissioned to work with victims, are you commissioned to work with perpetrators, how does that all fit in?
While I have the microphone, there was a comment Lorraine Radford made this morning about the voluntary

sector could do more to work with families. I completely and utterly support that view, but we need the money to be able to do it. We are creaking at the seams, as it is, now.

Discussion chaired by THE FACILITATOR (continued)

MS KARMY-JONES: I'm going to come back to that in a moment. But just before we rose, I mentioned the differences that have been mentioned across the morning and the afternoon, the different needs in the way services are provided to different groups. I would just like to touch on that again. Professor Radford spoke about it this morning. We have had discussions about the distinction in what's needed by men and women, black and minority ethnicities, very young children, children, teens and those entering adulthood and young people in the prison system.

I am just going to ask Michael if we can help us with some of -- if there is anything he wants to share, as a male survivor.

MR MAY: Thank you. As I mentioned earlier, I'm wearing two hats while I am here. One of them is someone who, as an adult, sought help for events that occurred in my childhood and one is as a specialist provider, what it has been like to try to support other men who are searching for support for things that happened in their

childhood.

I was really lucky. I live in London. And so, when I was able to make the decision to begin to look at the legacy of the impacts of abuse in my life, there was an organisation that I could find that specifically worked with men, that had a longstanding history and track record of providing specialist support, that at the time only offered 12 sessions but actually, as a nascent survivor, 12 sessions seemed like a huge amount. It was terrifying to think I would actually go for 12 hours to talk about this thing that I had never talked about before. But it existed for me.

It doesn't exist for the vast majority of male survivors around this country, and I'm going to swap my hats a bit here.

I have been peeking in through the live feed at much of what's been happening over the last day and a half and many interesting things have come up. You talked about the divisions between the need base for colour-based diversity, for abilities-based diversity, for gender-based diversity not just male and female, but gender generally. I only really know about the male and female and a bit about the colour thing.

In the world in which I live, I have experience of running groups, both online and in person, where men of

all colours and all abilities say to me, "But it is impossible for me to find support, because I finally found the bravery to put my hand up and someone has said to me that I have to get on a train for three and a half hours in order to get my counselling, and I can't afford it and I don't have the time because I have a job. So I guess the only thing available to me is the helpline where I can't talk to the same person. I can't develop a relationship of trust for someone to be able to help me".

I am, as I said, fortunate to live in London where a service existed. Baroness Newlove commissioned and authored a report for MOPAC, the Mayor's Office for Policing and Crime, for three and a half years now, in which they looked at the needs of victims across the capital and in which she highlighted, as one of the top three priorities, additional support for male victims of abuse. She didn't specify sexual abuse, it was abuse generally, although sexual abuse was one of the main cohorts.

The results following on from that were, London, which is the city in which GBP875,000 a year is spent specifically on the provision of specialist support for victims who identify as female, and that is money which should be spent there, because the women's sector has

done an extraordinary job and provides a robust and wonderful service. I have no question about that. But in the aftermath of this report that identified the needs of men and the fact that they had been marginalised and unspoken, what happened was the amount of money available to men, which was then GBP37,000 was reduced to 26, and it has not increased since then. So we live in the most densely populated part of the country, in the city to which everywhere looks to see excellence of provision, and we say to male victims and survivors, "Here is 26 grand. That should be enough for you". I know that your question was not about money, but symbolically, money means a great deal.

The other thing that I will bring up, and my colleague, Sheila, who I know shares some of my thoughts, is that we operate in a system which is now very largely informed by the violence against women and girls, agenda and strategy, and that is a valuable piece of work which has come out of international thinking that really understands and respects that violence perpetrated against women and girls is disproportionately endemic in the world and in this country. Unfortunately -- an unfortunate, unseen and really impactful consequence of that is that the voice of men gets lost.

So when I talk to commissioners, and we are talking about commissioning, about male services, the conversation very quickly becomes about, "So how do we work with perpetrators? How do we raise awareness of men as the perpetrators of violence to get people who have been offended by men to get more support?" It is a valuable point, it is an important conversation for us to have as a society, but when it is the conversation that is being had without the one that runs alongside it that says, "What about men that require support?", it disempowers anything to do with men.

That's what I wanted to say.

MS KARMY-JONES: Money and funding has run through a number of aspects of our discussion, and it is a very relevant problem, plainly. Just turning to the service providers again for the afternoon session, where does the money come from, is there capacity to get an increase, if there is no increase, is there any way that the funds available can be better used, better marshalled, better pooled? Can we have your observations on that?

MR MAY: Sorry, I'm jumping in again. I would want to reverse the order of your questions, actually, and start with, so there is some money that is available and we who sit around this table trying to provide services know that it is a tiny amount compared to the need that

is evidenced and that will be actually increased by the work that we are doing right now. People watching this live feed are going to be impacted and may well need service that isn't available to them for nine to 12 months.

But there is money that is available that doesn't arrive at the desks of the people sitting around this room because that money is tied up in a way that suits the commissioning -- familiar commissioning needs and environment of those that give the money. If we are thinking about statutory providers, they live in a world of: who are the preferred services in terms of who do they already have contracts with, where is it easy to get this money out to, who can they rely on to give them back intelligence in a way that is understandable and useful to them?

If you think about the way in which money divides from central government -- and I'm only using them as an example -- it is generally through tendering. Most organisations that work with survivors in a textured and specialist way do not have the money to afford to pay bid writers to come in, which is what you need to successfully tender in this community.

Tenders are often 60-page documents written in forensic legal. To understand them takes a university

degree. To complete them is a labour of extraordinary technical ability. So what happens is that the money is now being attached to existing projects and existing providers who do a great job in a generalist way, who then often say, "Great. So we provided our 10 sessions of DIT, CBT, this person came with a symptom, we have helped them with the symptom, but they still have a cause and so we are going to refer them on to you. Have a nice time, work with them. We got some money to help them. We are holding on to that money".

So it leaves this sector in a really difficult position. Where there is money already, I think it is worthwhile thinking about, how can we approach the ways in which that money can be applied for to make the competition more even. There is a much broader conversation to be had about how that can be managed. No-one is going to just give you money and say, "Here, have a good time, do a good job". Actually, you need to be able to evidence that you are working to standards, you need to be able to evidence that the work that you do has quality, has value and makes a difference, and that's a long piece of string to get to the end of.

But let's have the conversation. Let's not simply assume that it is not possible for people around this table to do it. I am going to name some names. Hello

Victim Support, hello big players that make it easy.

MS KARMY-JONES: Thank you very much for that. I just wonder whether anyone else has any contributions? We have Vivienne?

MS HAYES: Yes, I'm absolutely with Michael. The way that specialist support organisations are funded is a minefield. In fact, most of them suffer through the commissioning processes. They are unable to engage with it because of the tender process you noted. We really have to address this, because what we are seeing is generic providers now providing those services. They are not specialists. They don't have the expertise. They don't have the track record.

I also agree that men and women should have what they need and have specialist services.

I think the problem is that the pot is so dismally small that organisations are pitted against each other, and that is not helping in the provision of adequate services.

Commissioning is mostly about who can provide the most for the cheapest. That's not a good service. It is actually a waste of money. What it is doing also is driving away collaboration and sharing of information. That's not happening anymore. So it is another detrimental effect on that.

Also, it is a topdown approach, where the design of the service is made by the commissioners, who may or may not have a clue about what's needed. I think we need to go back to looking at grants, which are closer to the community, they are available in small amounts to small groups, but I think overridingly we have to acknowledge that there is simply a lack of investment into services for victims and survivors, and until we have some political will and some real money on the table, this is not going to change, and survivors and victims are not going to have access to gender-specific or race-specific services that they actually need.

There are other issues around commissioning. You know, apparently under austerity there is no money -- not that I accept that -- and so what we see is a lack of joined-up commissioning as well. Health have got a very poor record in investing in these services, and I'm sure we'd all agree that the impacts on mental and physical health of sexual violence is enormous.

So what we need is the fund holders to work together to spend their money better, and we also need an acknowledgement that statutory services just fail over and over again to meet the needs of victims and survivors, and we need some of that money diverted to the voluntary sector.

MS KARMY-JONES: Baroness Newlove, I think you had an observation?

BARONESS NEWLOVE: I'm not going to disagree with any of the speakers there. I am actually nodding my head. As Victims Commissioner, I travel around the country to look at all the PCCs we are commissioning, but most importantly to speak to victims on the ground to see if they are receiving that service. I think it needs stripping right back. If we are going to really be serious about how we handle any victim of crime, we need to be very serious how we do this. You know, there are lots of pendulum-swinging messages that we are going to support this, we are going to do this, but take politics to one side. First of all, you have to recognise the injury that's going on for these survivors or victims, whatever they are saying, and it is not about labelling, it is what they are comfortable in, but most importantly I do think we should have more collaboration. There needs to be more agencies working together, but not any agency owns the pot. It is in the middle of the table -- I have said this for a long time -- so that there is accountability. We need to strip back to see with these agencies how many victims they do work with and it is not just going into an organisation to supply workers and not actually supply support for victims.

Regarding health, health needs to be stripped right back as well, because let's say we give you GBP1 million for whatever you want to do, the actual legal side of having therapy, it's one rule for everybody. We are going through the same door. There is no fast track for any other person. It is one door. That actually is actually falling off, it seems, because it is flooded. So we need really, to be more permanently and professionally about this, to actually get all the ducks lined up and actually we all enter at the same pace, that we have the resources to tackle the issues, we have the resources to actually get the quality of workers, because it is about quality, it is not about volunteers who do a really good job, but having quality professional workers which I have to say we haven't got enough in this country to do this.

Secondly, have that advocate that speaks for that victim right through, so if there is a gap, they are not left in the abyss. They are not signposted to just say "Well, thank you very much, we have done our bit", and then everything else. And actually collaborate with small organisations and the big organisations, because the small organisations may not want to be so successful, but the reason why there is small organisations is because victims have set them up

because there is a gap. Actually, we shouldn't be belittling them, we should actually see there is a gap and there is a need for them to be brought together. Nobody owns this arena. There is a subject we need to make sure everybody gets healthier from.

I think also the funding which I have written to the ministers about, the formula is incorrect. I have put it on my website. I don't believe in having annual funding. That doesn't give you consistency. That doesn't give you quality. That doesn't give you true data to say this is working. It is not true measurements. I believe you should be three-year funding, so that, like you would run a business, it gives you the time to embed, to get your workers and actually get true evaluations from victims and survivors on the ground, so that actually can look at a proper funding formula. Also, we have devolution, so it is very postcode lottery. The formula, it doesn't really result in what your population is. It is actually what is on the ground, we need to make sure we have got the right resources.

I meet some fantastic workers. We could do all this, in a sense, but we have to be serious. This has to be stripped right down, making sure victims have the rights, they have redress routes, and recognise that we

need to work smarter together to ensure we give healthy and safety journeys for these victims and survivors.

MS SHAW: Excellent points, actually, most of which I was going to make myself anyway. But just to echo what Michael, Vivienne and Baroness Newlove have said, and picking up one of the points you made very powerfully, Baroness, about the length of funding, in a way, trying to be to be understanding, you can see why government currently tends to give one-year funding, because they have been burned before, and we know the names of charities who have gone to the wall and been given lots of money. So you can understand that.

I can only agree with you that you spend most of that year desperately trying to account for that funding and then the next six months of it preparing for the next round of funding. That doesn't lead to security of service for survivors and victims and those we are meant to serve. So that would be a huge, huge shot in the arm.

I think -- obviously, like Michael said, we are accountable. We are delivering a service. It needs to be evaluated. But we also need that security of a slightly longer term of funding. So I can only agree with what you have said there.

MS KARMY-JONES: Thank you very much. Namita? We haven't

heard from you, I don't think, yet.

MS PRAKASH: There are a couple of points that I wanted to make. To start with, the funding or the commissioning landscape is changing and it is changing very rapidly. My colleagues have already talked about tender, which has disadvantaged smaller charities like ours providing services in a small area, because you don't have the expertise, you don't have the manpower or the resources, to be able to do a 60-page tender and try to answer all the technicalities that's there.

Secondly, the point about devolution of funding, which is happening -- which has happened already, I would say, but it is specifically in regards to PCCs. So what I am noticing or what we are experiencing as a sector is each area, in terms of PCCs, is devolving or designing their own funding strategy, their own understanding of what's needed or what's not needed, and it is not working, unfortunately, for the sector, especially for small organisations. That includes things like going for big contracts. So one contract for a massive area. Of course, a rape support centre can't do that. So they would have to go in with other players, if possible. Most of the time, it is not, because it is all about money. We say it is not about money, but unfortunately, at the end of the day, it is

about money.

Also, it is redesigning services, and the fact that a lot of these big contracts are going to non-specialist services is a big concern. Specialist services -- and we have been talking about that this whole day today, and I hear other colleagues and speakers talk about that, but that's being missed. I have heard commissioners say that, "We don't recognise you as the only specialist service", but anybody providing counselling is specialist. So it is losing that focus, losing the amount of work that's been done over decades and years into building an organisation with the right ethos, the right culture, the right staff with the training and the passion to do the right work. It is all -- losing all that through that.

Also, I would like to talk about Ministry of Justice funding, so the rape support funding, you know, I just want to applaud that, because that is one of the consistent fundings that has helped the sector. However, there are concerns that it is going to be devolved to PCC as well. That is, again, raising that as a concern because it is not going to be helpful. It is the rape support centres, the Rape Crisis centres, that are going to lose the funding.

My last point is about NHS and CCGs. We don't get

any funding from there. It is about how we can get them to join the funding bandwagon or commissioning process and help the sector, because we get a lot of referrals from there. We've got -- the usual wait in CAMS is nine to 18 months, 26 months in some cases that I have been told recently, and most of the clients are children and young people who don't want to go there, they want to come to us. Yes, we work with them, but how do we continue to work with them without even one iota of funding? Thank you.

MS EGGLESTON: There is so much to say and not much time around commissioning. In fact, "commissioning" and "sustainability" are two of my least favourite words and I feel they have completely lost their meaning. We have heard a lot over the last two days in testimony given here and between us we have collectively looked at the hundreds of years, probably, of testimony around services being needs-led. What we are finding is needs-led is not what is funded.

So one of the things I would like to inquiry to look at is the origins of some of the funding streams. When we talk about the rape support fund, that's from surcharges of fines, and, when we look at NHS funding, the origins of that is offender management.

So I would like the inquiry to do some thinking or

research around where these funding streams come from, because, as Michael said, when the funding stream comes down and it is devolved, it doesn't end up landing at our desks, because, in that process, things change and commitments locally or different agendas mean that the funding doesn't go where it should.

I think probably I spend the majority of my life now trying to sustain services and talking about commissioning instead of being able to develop services and meet some of the needs that have been expressed so eloquently here and in other places.

It frustrates me a lot when you ask the question, "What can help, what can we do different?", because I think that this inquiry, along with all the other zillions of inquiries and recommendations and reports that we have all been involved in collectively around this table and in the audience, has been quite clear about what works, where funding needs to go and what needs to change, what needs to happen, and it feels like we are stuck.

Someone said earlier there is a block. Commissioning or the procurement process has been one of the -- I think has been one of the most significant things that have stopped partnership working, because where we may have been joined up or do multi-agency

work, it's now very competitive. For example, without going into hours of details, which I could easily do about procurement, often before a tender is announced, you're invited to a marketplace, and in that marketplace you're expected to share your expertise, your knowledge, your service delivery, in a very public forum, and they are very big players, some of them are -- there are very few little providers that are able to compete for some of the tenders we go for and some of which we are excluded from going for because we don't come under care quality guidance or provide forensic services, and they then take our ideas, they contact us, they expect us to work in partnership for nothing. Then, when that tender is awarded, there is no funding and we are asked to do it in a voluntary capacity.

We have seen that happen over and over again, and I think that unless something -- you know, we have said it a lot, around that political will. Unless that changes, then by the time this inquiry reports, there won't be many of us left to deliver whatever recommendations come out.

MS KARMY-JONES: Thank you for that. Almudena?

MS LARA: I think my points have all been made, but just to stress again, what we see and experience is a very fragmented market for commissioning and that cuts across

many dimensions. So it's geography, it's type of service, it's source of funding.

We really need to move to a space where it is victim and child focused.

There are some good initiatives, and we have heard about some this morning. The child house, which the NSPCC knows a bit about because we are involved in it, is a good initiative that brings together the mental health support, the therapeutic support, the support through the court system, which can often undo a lot of the support that has been received by the victims in their therapeutic journey, so bringing anything in this space that actually cuts across the barriers of a very fragmented commissioning and brings it all together and wraps it around the victim is really what we need in this space.

MS KARMY-JONES: Thank you. I am just going to ask Kyra if you have anything to contribute to this discussion?

MS BOND: In terms of commissioning models, it is evident that we need a much more joined-up approach and the commissioning model needs to model that for the sector.

We have actually set up a Bristol Sexual Violence Consortium which is working really well, and I think it is a good commissioning model, where we are not actually competing against each other and there is actual added

value that service users are getting in terms of our wrap-around services and the additional support that they can get.

It is working really well for us in Bristol and I think it is a model that could perhaps be rolled out in other areas in the UK.

MS KARMY-JONES: Jocelyn, I think you had a comment to make?

MS ANDERSON: I think for me as well it goes beyond the commissioning model. There are a lot of reports that come out, there are a lot of recommendations, but they never have any teeth.

So when you are going to commissioners locally and you are saying, "Sexual violence needs this", "It is not my responsibility". Neither health nor local authorities will pick up any responsibility for sexual violence because they don't have to because there is nothing backing that and saying,"You have to provide this service" in any format. So we drop out time and time again, and we just get passed from pillar to post.

The PCC locally for us has been very supportive, but he is very, very clear that he is not involved in counselling, which is a health responsibility, and I have got to be honest, I agree, it should come to health.

But there is no buy-in, no discussion. We can't

even meet with the health commissioners locally because they just say, "Well, it is not our responsibility. It is NHSE, it is NHS this, it is the CCGs", and you get passed from pillar to post, because there is nothing that says they have to actually contribute.

MS KARMY-JONES: Thank you. And Sheila?

MS COATES: Commissioning drives me insane. What we have is a broken commissioning landscape, and it is only going to get worse.

Just for people's information, Lloyds Bank Foundation produced a report in 2016 called "Commissioning In Crisis", so if anyone wants to know more about the commissioning landscape, it is a very good report.

I tried to think about good commissioners, and I can't think of any. I'm glad to hear about Bristol. I had heard of Bristol. And, Jocelyn, I knew about your area and your PCC, but it is very hard to find examples of good commissioning.

If commissioners are not doing their job properly, which I actually think they are not, then where are the sanctions for commissioners undertaking processes that are really unfair, that are often not transparent, and that are not fit for purpose? There needs to be some searching on what commissioners are actually doing.

For me, commissioners don't understand sexual violence, and that's the first problem. So sexual violence and sexual abuse does not exist in most commissioners' heads. They commission perpetrator programmes, domestic violence services and stuff linked to crime, other crime. But "sexual violence" does not exist as a term and neither does "child sexual abuse". That's the same with health commissioners. We have to change that, and it is very difficult changing that.

But linked to what Namita was saying, the whole funding landscape has completely changed. So where we might all be thinking, "We need money for this, they need money for that, we need grants for this", it's over. The grant system is over. We are all being forced down a tendering route, and that route is generic. They don't care whether you are providing services for men, women, children, you will do it all. You will do everything under the tender.

Usually, they don't take a proportionate approach. There is not any emphasis on social value or long-term value. There is no challenge on poor commissioning processes. There is no transparency. There is no chance for CSA services to maximise their potential.

So the whole thing about commissioning I think needs more time and more discussion, but it is a mess.

MS KARMY-JONES: Thank you. Fay?

MS MAXTED: Thank you. When we talk about commissioning and services, what we are actually talking about is the process that adult survivors and child victims can access, with the aim of recovering from what's happened to them. Somehow, that all gets lost in the discussion of how much this costs or how many sessions can be provided for this amount of money.

As Sheila was saying, what commissioning does is, it funnels services in a particular direction so that they deliver similar things to statutory services, which for the voluntary sector is a complete travesty of the way they were set up, in a response to survivors' needs directly.

For example, peer support is not well supported through commissioning processes, and yet it is crucial for survivors to meet other survivors to normalise what's happened to them, to meet other people who have experienced the same thing and can meet them on equal ground.

The vast majority of sexual abuse and rape support centres and Rape Crisis centres I would say were set up by survivors themselves because of that gap that we talked about earlier. So that survivor-led focus runs through the whole of the specialist sexual violence

voluntary sector, and it has been a crucial element in raising awareness locally of the needs of survivors and in driving attempts to secure funding for services.

The value of those centres in a community is not just about the services they deliver, it is about the fact that they train volunteers. They train volunteers who then become specialist counsellors in working with survivors. They allow opportunities for survivors to volunteer and pay back into that service, which is a wonderful way of combating post-traumatic stress. You are actually turning that negative experience into something which is positive.

All of that, for me, is endangered by commissioning processes which do favour large organisations which don't think about the variety of services or the variety of input that a survivor might need around all of the impacts that they have experienced, and that variety is lost and that passion and drive to work with survivors for survivors is lost in the commissioning process.

MS KARMY-JONES: Michael?

MR MAY: I will keep this quick, but I am very minded, in the light of what Fay said, to think about this report, "The Impact of Child Sexual Abuse".

One of the issues for me about commissioning is

that, to this point, we have never had a piece of work like this that said, "Actually, human beings who have experienced in their childhood these events suffer these things", because most survivors turn up to a health service -- and sometimes they are sexual violence specialist services as well -- where you are treated for the consequence. You are treated specifically for: "You have some anxiety based on the fact that you were abused. You have some depression based on the fact that you were abused. You have some presentation of some other thing based on the fact that you were abused". So you are treated as though disparate parts of you can be hived off for, "Let's have some depression counselling. Let's have some desensitisation around anxiety".

Commissioning to this point has not considered the holistic approach to, "This is a person with multiple impacts." This is seeing the impacts one by one. Because, as human beings, we are impacted in multiple ways simultaneously. It doesn't sort of go, "So I have dealt with a bit of depression. Oh, look, now I can think about whether I have some anxiety or not, because generally I am anxious and depressed at the same time".

We are looking at methods of commissioning, but, actually, I really want the work that we do within the context of this inquiry to address some of the thinking

about human beings who have been abused; that they come as a package of everything at the same time.

So commissioning, because it happens to suit a particular strand of what you are funding, doesn't meet the need of the whole person.

MS KARMY-JONES: Thank you. We have time for one more observation, from Michelle.

MS WINDLE: I wanted to end on a positive note and actually say commissioning for sexual abuse is actually an opportunity. One of the things that services -- where people are coming forward to ask for help is that people are actively engaged and are asking for help to change the way things are.

The amount of money spent on government issues with troubled families, where you are actually trying to go into people's lives and help them, what you are doing here is, we are having people saying, "I would like to sign up for six months worth of therapy", and they turn up every single week.

The average age of the men we see is 44, dealing with childhood sexual abuse. Probation is a big referrer for us. There is alcohol. There is ripple effects across the family. What they are saying is, "I want to come for six months every single week and make a real difference to the way that I am doing

things". That's very different, that they are presenting to us and asking, rather than us going to help other people.

I think that is an opportunity that the Savile situation has presented to us, that more people have the language and the courage to come forward to ask for help.

MS KARMY-JONES: Thank you for that. I think we can now move quickly to the public gallery, if there are any observations that anyone would like to make about what's been said in this last session.

Gillian, you have your hand up at the back.

Comments from THE PUBLIC GALLERY

MS FINCH: I just want to echo something that Fay said, and that's about the importance of survivors' voices -- that has been the tsunami, actually, that we have experienced in recent years -- and how important it is that we can maintain peer-led and survivor-led organisations, because that activation, that activist movement, is not just about delivering services to each other and empowering each other, it is also about educating society as well.

I think, within all the systems that we are talking about around commissioning, that mustn't be left out of the discussion. So it is not about replacing

counselling, it is in addition to counselling. It is not about saying one is better than the other. They have equal worth.

It is about survivors choosing, as the last speaker has just said, to engage and say, "This is what I want and this is what I need", and it is the uniqueness of the individual.

But I know that peer-led services work for those who choose to access them, and we mustn't lose them because they are often the smallest of organisations organisationally. We mustn't lose that in all the rest that's happening.

MS KARMY-JONES: Thank you. Anyone else?

MS WALTON-WILLIAMS: I just have a question, really, for most people in the room, because we are talking about commissioning. In December last year, the National Institute of Health Research released a commissioning brief to evaluate how sexual assault services are delivered in England and Wales. I was hoping that some of you people in the room know about this, because it would be very concerning to me if you weren't involved with this, because some of the areas that they were interested in looking at were the -- I only found this out because I went to a SARC and the lady asked me if I was potentially interested in going for a bid in this

area. But if you are not aware of it, I would be concerned, because they were dealing with the services that you -- they're evaluating who should be delivering the services that you are delivering.

Therefore, if you are not aware of it, I have still got it, so I'm happy to send it to anybody if you want to read about it. I think the short listing process has happened, so I would be interested to know who might know about this.

MS KARMY-JONES: I can see Fay has her hand up and is very generously accepting a question from the public gallery.

MS MAXTED: Yes, I think the evaluation was actually of sexual assault referral centres, not sexual assault services generally, so very specifically around the centres which are dealing predominantly with recent cases of sexual assault and rape, and I think the focus was around how they're working with mental health. So it was quite specific.

I think, in terms of bids for that, the academic departments in large universities will have been the ones bidding, hopefully in partnership with some local services.

MS WALTON-WILLIAMS: I think there were six different streams, one of which was about third sector and voluntary organisations. That's why I raised it,

because I thought it might be an opportunity to feed in to that.

MS KARMY-JONES: Thanks.

MS EGGLESTON: It is an opportunity, but it is specifically related to SARCs. NHS England have been doing several reviews, including that one. It has been a year-long tender. So it is not due to start until next April.

In the autumn, whatever that means, September/October, NHS England are publishing their five-year forward view, and we are concerned about some of the recommendations in that because we think that, in terms of specialist services, we are not sure how that is going to kind of relate to us because it definitely has a criminal justice focus.

MS KARMY-JONES: Thanks, Lee. I am just going to turn to Mr O'Mara here, who I think has something that he would just like to say, and perhaps we can tie up our discussions after that.

MR O'MARA: I just wanted to say something about the difference between specialist services and peer-led services: just because something is peer led doesn't mean it is not professional; it doesn't mean it is not qualified; and it doesn't mean it doesn't work. Thank you.

MS KARMY-JONES: Thank you. Can I then turn to our panel to

see whether there are any observations they would like to make or whether they would just like to conclude the proceedings? Thank you, chair.

THE CHAIR: Just one observation from me before going on to conclude the proceedings, which is just to say that the inquiry intends to look at the overall resourcing of all services for child sexual abuse, and of course we will look at the position of Wales separately from England. We haven't heard much about Wales today. They do some things differently there, so we do intend to look separately at the funding and resources of both countries.

Beyond that, unless my colleagues have anything else to say, I want to thank you, Ms Karmy-Jones, again for your excellent facilitation today, and to all the panellists for contributing to a very stimulating discussion, both today and yesterday.

I want to thank Cate Fisher and Claire Soares, who give us a presentation yesterday, and also Professor Lorraine Radford for her informed presentation today, and particularly to thank Dr Helen Powell of the inquiry's research team who played a major role in organising this seminar. So thank you, Helen.

Most of all, we all wish to thank the victims and survivors, both at the table and in the audience -- and

they have changed, as we know, over the two days -- for coming and sharing with us their experiences. We have all benefited greatly from your contributions and they will all be taken into account when the inquiry works both on its interim report and its final report.

A full transcript of today's seminar will be available on the inquiry website this evening, a video of the broadcast will also be available in the same place in a few days' time, and a report summarising the discussion throughout the seminar will be posted on the website in the coming weeks.

To all of you who have been with us over the past two days, thank you for your attention and your constructive comments, and the panel and I hope to see you again at future events. So thank you.

MS KARMY-JONES: Thank you very much. Just one final thing: everyone, I think, has heard me say at different stages of the proceedings, please engage with the online questionnaire if you haven't done so already and it is appropriate for you to do so. Please tell others that you may speak to about it. Please do contact the inquiry if you have something to say.

Also, if there is any aftershock for anyone here about any of the events that have been discussed, if there is any distress, again, please get in touch,

because we can help with dealing with that.
MR O'MARA: Where would you get in touch for that?
MS KARMY-JONES: I will speak to you afterwards. Come and ask us. We have our two --
MR O'MARA: I'm not asking for me. I'm asking generally, where would somebody approach?
MS KARMY-JONES: Contact the inquiry number and we will help put you in touch with someone.
MR O'MARA: Thank you.
MS KARMY-JONES: It is on the web again.
MR O'MARA: Just so they know where they would start that process.
MS KARMY-JONES: Thank you very much, Mr O'Mara. It is a good thing that you have clarified that. But the information is on the website. It is relatively straightforward to navigate. There is a contact number there for enquiries. Please do. And if you have any queries today, please contact the staff here and we will help further. Thank you.
(4.08 pm)
(The hearing concluded)

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