

<p>1 Wednesday, 5 July 2017 2 (10.00 am) 3 Welcome by THE CHAIR 4 THE CHAIR: Good morning, and welcome to everyone here. 5 This is the second day of our seminar dealing with 6 victims and survivors' experiences, the impacts of child 7 sexual abuse, support needs and support services. 8 For the benefit of any who were not here yesterday, 9 my name is Alexis Jay, and, as you will know, I'm the 10 chair of the Independent Inquiry Into Child Sexual 11 Abuse. Also here are the other panel members: 12 Ivor Frank, Professor Sir Malcolm Evans and 13 Drusilla Sharpling. 14 As I said yesterday, the experiences of victims and 15 survivors is a topic that is of real significance and 16 importance to us at the inquiry, so I am very pleased to 17 again welcome all of those who have agreed to take part 18 today to assist us, and to see that so many of you in 19 the public gallery have returned, as well as some new 20 faces. So thank you very much for that. 21 Welcome to you all. I am not going to repeat my 22 opening comments of yesterday. A transcript is 23 available on the inquiry website, as is a video of 24 yesterday's proceedings. 25 Yesterday's session was extremely helpful to us, and</p> <p style="text-align: center;">Page 1</p>	<p>1 and child sexual abuse. I am also instructed as one of 2 the lead counsel to this inquiry. 3 I neglected yesterday to introduce those who are 4 sitting with me. First of all, Dr Helen Powell is 5 sitting next to me, who has really spearheaded this 6 seminar process, together with Cate Fisher, whom you met 7 yesterday. Dr Lorraine Radford is sitting at the end of 8 our bench, who will be giving us a presentation later on 9 this morning. 10 As I said, the research team have been instrumental 11 in putting together the programme for the seminar today. 12 Turning to the participants, if we can, we are again 13 very, very grateful to all those victims and survivors 14 who have agreed to take part and especially those who 15 come again for a second day. Thank you, Heidi and 16 Jennie and Chris. 17 As we have some new people, I am just going to ask 18 everyone to go through introductions again, please. If 19 I can start with the victims and survivors, please. 20 I will start with Jennie? 21 Introductions 22 MS GRACE: Hi, I'm Jennie. I'm a survivor of sexual abuse, 23 and I'm here to help with my input. 24 MS CLUTTERBUCK: Hello, I'm Heidi Clutterbuck. I'm 25 a survivor of child sexual abuse and I'm here to share</p> <p style="text-align: center;">Page 3</p>
<p>1 we heard a great deal of very important and constructive 2 contributions about the impact of child sexual abuse and 3 the services provided to adults. 4 So the panel are now looking forward to continuing 5 today, and I understand the course of the focus of 6 the seminar is to be more around the needs of child 7 victims. 8 The seminar will again be facilitated by 9 Ms Karmy-Jones QC, and will again be live streamed over 10 the internet with a short delay, so that those who are 11 unable to attend in person will therefore be able to 12 follow the proceedings. 13 Once again, I thank those of you who are 14 participating and those of you who have taken the 15 trouble to be present today in the public gallery. 16 I will hand you over to Ms Karmy-Jones. 17 Opening comments by THE FACILITATOR (Session 3) 18 MS KARMY-JONES: Thank you very much, chair. 19 We went through some introductions yesterday, but we 20 are going to go through some of those again today, for 21 any new attendees today. It is fantastic to see many of 22 you who were here yesterday have taken the trouble to 23 come back again, so thank you. 24 I am Riel Karmy-Jones. I am a barrister. One of my 25 areas of expertise is in cases involving sexual abuse</p> <p style="text-align: center;">Page 2</p>	<p>1 my voice and help to learn and instigate change. 2 MS TUCK: My name is Chris Tuck, I'm a child sexual abuse 3 survivor and a member of the VSCP. I am here just to 4 add my voice to everybody else's so we can make change 5 happen. 6 MS MAXTED: Good morning. Fay Maxted, I'm on the Victims 7 and Survivors Consultative Panel. We were hoping to 8 have Danny Wolstencroft here this morning. He's not 9 been able to join us, which is really sad. It would 10 have been good to have a male survivor sitting in the 11 horseshoe. But I have spoken to Danny this morning and 12 asked him what he would like me to say, and he's given 13 me a brief and shocking rundown of his experiences of 14 services when he was younger, so I am hoping to input 15 that in the course of the meeting. 16 MS KARMY-JONES: Thank you. Again, today's focus is on 17 children. Yesterday's focus was on adults. We are very 18 conscious that we don't have the voice of a child here 19 today, but I hope that all will understand the 20 difficulties that there would be in trying to put 21 a child in a seminar like this in any capacity, not 22 least the impact that that might have on any child 23 concerned. 24 We don't have a parent or carer of a child here 25 either to speak for them. Again, there would be</p> <p style="text-align: center;">Page 4</p>

<p>1 difficulties around that because we are live streaming 2 this event, and there is always a potential for 3 identification, and it must be paramount in anything 4 that we do to keep the protection of children at the 5 forefront of our minds. 6 I am going to ask other participants to identify 7 themselves, but can I just say, on behalf of those who 8 have prepared the seminar, we had expected, as Fay said, 9 to have a male victim here, and we are very sad that 10 Danny can't join us today, for reasons outside his 11 control. He was due to attend. We are doing our best 12 to see if we can find someone to step in at short notice 13 perhaps a little later this morning, but I'm not sure 14 whether that will be possible as yet. But what I do 15 hope is that those of you who may be victims and 16 survivors in the public gallery feel free to share your 17 experiences with us during the course of the question 18 and answer sessions that we are going to come to. 19 Can I now just move on to the rest of the panellists 20 and ask everyone else to introduce themselves, perhaps 21 just going around the circle, starting with you, Linda. 22 MS LEWIS: Good morning. My name is Linda Lewis and I'm 23 from The Survivors Trust. I am very happy to be here 24 today to provide my input and examples of my experience 25 in supporting survivors and having also got personal</p> <p style="text-align: center;">Page 5</p>	<p>1 umbrella organisation of 45 members delivering 2 counselling, helpline, advocacy. We support women and 3 girls, men and boys and children from as young as 5. 4 MS WILLIAMSON: Good morning. My name is Annette Williamson 5 and I am the team leader from Birmingham Children's 6 Hospital for the Child Protection Support Services. 7 I am a nurse by background, and I have a small team of 8 five members that support staff across the hospital and 9 in the community within the child and adolescent mental 10 health services in all aspects of child protection, but 11 obviously that does include child sexual abuse as well. 12 DR GLASER: Good morning, my name is Danya Glaser, I'm 13 a child and adolescent psychiatrist and researcher and 14 I have worked with very many families where there has 15 been child sexual abuse, right across the range from 16 predisclosure, disclosure, therapeutic work with 17 families, children, parents and even sometimes abusers. 18 Thank you. 19 DR HICKLE: Hi. My name is Kristine Hickle. I'm from the 20 University of Sussex. My research has primarily been 21 focused on child sexual exploitation and issues related 22 to human trafficking and, probably more broadly, 23 interventions for children and adults victimised by 24 sexual abuse. I have also worked in various capacities 25 as a practitioner for the last 10 years with survivors</p> <p style="text-align: center;">Page 7</p>
<p>1 experience too. Thank you. 2 MS A THOMAS: Akima Thomas, clinical director of 3 Women and Girls Network. Women and Girls Network 4 provides a holistic service for survivors of any form of 5 violence, providing wrap-around provision, including 6 individual counselling work, body therapies, group work, 7 advocacy and advice. 8 MS KARMY-JONES: Can I remind everyone it is difficult to 9 hear, particularly at the back of the public gallery. 10 If you make sure your turn your mic on and off, but tilt 11 it down towards you, please, and try to speak into it. 12 It does make a difference. So do try to use the mics. 13 PROF COOPER: Good morning, I'm Andrew Cooper. I work at 14 the Tavistock Centre, part of the Tavistock & Portman 15 NHS Foundation Trust, which has been part of setting up 16 new clinical pathways for child victims of CSA, which 17 I might speak about later. I do some work with the 18 Truth Project strand of the inquiry as well. 19 MS LARA: I am Almudena Lara. I'm from the National Society 20 for the Prevention of Cruelty against Children. We 21 design and deliver services for children who have 22 suffered abuse, including the Helpline and the Childline 23 services. 24 MS D THOMAS: Good morning. My name is Dawn Thomas. I am 25 representing Rape Crisis England and Wales, which is an</p> <p style="text-align: center;">Page 6</p>	<p>1 of sexual violence, both in the US and the UK. 2 MS NAYLOR: My name is Amanda Naylor. I work for 3 Barnardo's, one of the UK's largest children's 4 charities. We have around 100 services across the UK 5 for children who have been sexually abused and a growing 6 number of services for children who display concerning 7 or harmful sexual behaviours. I am hoping today to 8 bring the voices of many of those children to 9 proceedings and share their views as we have collected 10 them across the year. 11 Opening comments by THE FACILITATOR (Session 3) (continued) 12 MS KARMY-JONES: As with yesterday, we have a great deal of 13 ground to cover today. Can I just remind everyone that 14 this is not a formal or legal evidence-gathering 15 process, so it is not the forum for cross-examination, 16 for interrogation, we are not going to go experiences or 17 launch criticisms, please. The purpose of today is not 18 to put people on the spot or to ask them to justify 19 a position that they or their organisation may take. We 20 just don't have the scope for that kind of discussion 21 today. 22 In order to remain focused on the matters which we 23 have to deal with, I will only take comments, 24 observations, and contributions, or questions as to 25 clarification of what has been said in the presentation,</p> <p style="text-align: center;">Page 8</p>

<p>1 for instance, that Professor Radford is going to give to 2 us in a moment, and during the course of the seminar I'm 3 going to try to stop any cross-room discussions 4 starting, because that inevitably excludes the rest of 5 the room from the debate and the discussions. So please 6 try to direct any comments or observations through me. 7 When speaking of experiences, and this is something 8 for the victims and survivors in particular and also for 9 the public gallery, you saw yesterday we do have to be 10 very careful about mentioning names. There are legal 11 reasons for that, but please don't mention names of 12 others not present. 13 A couple of reminders. As I have said, and as you 14 have seen, we have a number of victims and survivors 15 here, both as panellists and potentially amongst the 16 public gallery, so can I ask the public gallery, please 17 bear that in mind and please be sensitive about doing 18 things that might cause distress. No phones in here, 19 you have been told, but also outside taking photographs 20 and things that you do, just bear in mind there are 21 people around you, even if tweets are sent, who may not 22 be very happy with that. So just take some care for 23 those around you, really. 24 We don't want anyone to feel afraid of speaking out 25 in this forum.</p> <p style="text-align: center;">Page 9</p>	<p>1 moment. We have a busy agenda, so I will be keeping to 2 that and I won't be able to let the panellists or the 3 public gallery digress onto issues that don't fall 4 within it. 5 Please also remember that, because of their function 6 in the wider inquiry, the panel are simply unable, for 7 good reason, to engage with everything in the way that 8 others can because they do have a quasi judicial role in 9 the inquiry. So it is necessary that they have to 10 remain impartial and without bias, so they are not able 11 to answer questions, in any event, or express overt 12 opinions on what they hear today. 13 There is a live video feed, as you have been told. 14 There is a delay in it. Some of you yesterday saw the 15 reasons for that, and how we use it and why we use it: 16 for good reason. As you know, if a matter comes up 17 today that is sensitive, we will pause it, and you have 18 seen how that works. 19 It goes without saying that some of the material we 20 discuss is inevitably distressing, and so there are the 21 two support staff available, whom you have seen. They 22 are available to provide support to anyone in the room 23 who wishes to speak to them, and if anyone does feel 24 upset or overwhelmed, please do speak to them and use 25 them to the best of their ability. There are private</p> <p style="text-align: center;">Page 11</p>
<p>1 We particularly would like to encourage anyone who 2 has had an experience that they want to share to access 3 our online consultation form that's on the website, 4 which will be open until 5 September. I outlined in 5 some detail yesterday that this seminar is only one 6 aspect of a very broad programme of work that the 7 inquiry is undertaking in order to hear the accounts of 8 victims and survivors. There is more detail of that in 9 your pack. I won't repeat it all today. 10 We will follow the same process that we did 11 yesterday and the format. At the end of each session, 12 I am going to take 10 or 15 minutes, sometimes more, 13 depending on the time available, to open the floor to 14 those in the public gallery who have been good enough to 15 attend. We had some really, really excellent and 16 informative input from all of you yesterday, thank you. 17 More of that is very welcome. 18 We may not be able to get to everyone. I will do my 19 best to take comments and observations as we go, as many 20 as possible. If not, please write in and tell us what 21 you wanted to say. 22 Again, it may be tempting, particularly from the 23 public gallery, to try and ask questions, but, as I have 24 said, we are restricting things to observations and 25 giving views. Those are what are helping us at the</p> <p style="text-align: center;">Page 10</p>	<p>1 rooms available for quiet discussion. Conversations 2 will be confidential, unless there is any risk to 3 themselves or others that is disclosed. 4 As I said yesterday, we are conscious that sometimes 5 impact comes later, so please continue to keep in touch 6 with us later on, if you find, after leaving today, that 7 it has opened up some issue for you and you are 8 distressed as a result. 9 I am now going to move over and hand on to 10 Professor Radford, who will be presenting the findings 11 from a rapid evidence assessment that she conducted for 12 the inquiry dealing with what we can learn about child 13 protection from other jurisdictions. Professor Radford 14 gave a presentation at an earlier seminar, in April, 15 I think, this year, and this is part of it, but much 16 more focused on the support services for child victims 17 and survivors. So thank you, Professor Radford. 18 Presentation by PROFESSOR LORRAINE RADFORD 19 PROF RADFORD: Good morning. My presentation today looks, 20 as was said, at support services for children and young 21 people affected by sexual abuse and sexual exploitation. 22 The content draws on this wider rapid evidence 23 assessment, which we completed for the inquiry, on what 24 can be learnt about preventing and responding to child 25 sexual abuse and sexual exploitation from other</p> <p style="text-align: center;">Page 12</p>

<p>1 jurisdictions.</p> <p>2 The report is available on the inquiry website, and</p> <p>3 I believe there are hard copies available today. It was</p> <p>4 authored by myself and my colleagues at the University</p> <p>5 of Central Lancashire, Helen Richardson Foster,</p> <p>6 Christine Barter and Nicky Stanley.</p> <p>7 A rapid evidence assessment is basically desk-based</p> <p>8 research. It is like a systematic review, in that</p> <p>9 systematic and transparent methods are used to search</p> <p>10 for, to quality appraise and to analyse published</p> <p>11 research literature. For a rapid assessment exercise,</p> <p>12 though, there are limits on the scope and the time for</p> <p>13 the research, so the things that I say today will be by</p> <p>14 no means exhaustive of the literature that might exist.</p> <p>15 In the presentation today, I have been asked to</p> <p>16 address three key issues. Firstly, what are the key</p> <p>17 issues in the provision of specialist services for</p> <p>18 sexually abused children in England and Wales; secondly,</p> <p>19 what kinds of support services and delivery models are</p> <p>20 most effective; and, thirdly, are there examples of good</p> <p>21 and also unhelpful or bad practice that we need to be</p> <p>22 aware of?</p> <p>23 Apart from the findings relating to supporting child</p> <p>24 victims or survivors, most of the findings from the</p> <p>25 research were presented to the inquiry in April this</p> <p style="text-align: center;">Page 13</p>	<p>1 in online databases of peer-reviewed journals, and we</p> <p>2 looked at publications between the years 2004 to 2016.</p> <p>3 We also searched for grey literature, and by that I mean</p> <p>4 the research that's published in other areas outside of</p> <p>5 academic research journals, so publications from</p> <p>6 government departments and also NGOs, for example.</p> <p>7 So altogether we identified around to 12,000</p> <p>8 potential publications. We screened a large amount of</p> <p>9 the literature out on the basis of relevance and 483</p> <p>10 full text publications were then rated for quality</p> <p>11 against agreed quality assessment criteria.</p> <p>12 We identified 88 high quality studies which we</p> <p>13 included in the report, and 24 of those addressed issues</p> <p>14 of victim support.</p> <p>15 Where the research findings on a topic were</p> <p>16 particularly thin, we conducted some specific, focused,</p> <p>17 additional searches to identify research that might be</p> <p>18 promising, and by that I mean it didn't yet meet the</p> <p>19 criteria for high-quality research evidence.</p> <p>20 We identified 90 promising studies which we included</p> <p>21 in the discussion in the report and 32 of these looked</p> <p>22 specifically at issues relating to victim support.</p> <p>23 The final step in this review process was to conduct</p> <p>24 a weight of evidence assessment, which basically means</p> <p>25 looking at all of the evidence that we gathered, its</p> <p style="text-align: center;">Page 15</p>
<p>1 year. So the evidence review looked at research from</p> <p>2 jurisdictions that were similar to the United Kingdom,</p> <p>3 on what works in both prevention and response to</p> <p>4 children who are affected by sexual abuse and sexual</p> <p>5 exploitation.</p> <p>6 In the earlier presentation, we covered primary</p> <p>7 prevention, disclosure, identification, reporting and</p> <p>8 child protection responses and also managing offenders,</p> <p>9 with the focus on similar jurisdictions, but putting</p> <p>10 this in the context of responses in England and Wales.</p> <p>11 So today I am going to just draw on a small section</p> <p>12 of the report, looking at the information that we have</p> <p>13 on supporting victims and survivors in chapters 5, 6 and</p> <p>14 7 of the report, and focusing predominantly on two</p> <p>15 areas: what we know about victim support; and what the</p> <p>16 research literature says about aiding recovery.</p> <p>17 Redress is another important area that we did</p> <p>18 consider in the report, but because of limited time, we</p> <p>19 are not going to talk about that today, and it has to be</p> <p>20 said that the research literature is very limited in</p> <p>21 relation to child victims.</p> <p>22 I will just very briefly say something about how the</p> <p>23 research was done, and, again, full details are</p> <p>24 available on the online report. In the study, we used</p> <p>25 agreed search terms to identify research which is listed</p> <p style="text-align: center;">Page 14</p>	<p>1 overall quality, and whether it was relevant to the</p> <p>2 research questions and whether it had been conducted</p> <p>3 ethically.</p> <p>4 It should be said, though, that we didn't</p> <p>5 systematically search for information on services in</p> <p>6 England and Wales, and so I can't say that the</p> <p>7 information I present today is exhaustive of everything</p> <p>8 that's happening in England and Wales.</p> <p>9 I will just move on to the first question that I was</p> <p>10 asked to address: what are the key issues in the</p> <p>11 provision of specialist services for sexually abused</p> <p>12 children in England and Wales?</p> <p>13 Now, we know from England and Wales that there are</p> <p>14 a number of studies that have found substantial gaps in</p> <p>15 the availability and accessibility of support services</p> <p>16 for child victims of sexual abuse and sexual</p> <p>17 exploitation. It should be noted, though, that none of</p> <p>18 the studies that we found in our research were</p> <p>19 particularly recent, and so the availability of services</p> <p>20 may have changed since these research studies were</p> <p>21 completed.</p> <p>22 To give you an example, drawing on prevalence</p> <p>23 findings on rates of child sexual abuse and its impact</p> <p>24 in the United Kingdom, Allnock and colleagues mapped the</p> <p>25 estimated levels of need against the levels of provision</p> <p style="text-align: center;">Page 16</p>

<p>1 which were gained from a survey and interviews with 2 providers and commissioners of therapeutic services in 3 the United Kingdom. 4 Now, assuming very conservatively that children in 5 the population who had experienced sexual abuse and also 6 reported having suicidal tendencies would be the 7 children who are most likely to require therapeutic 8 support, the researchers estimated that there is 9 a shortfall in provision of over 57,000 places for 10 children each year in therapeutic services. 11 This study also found that there are issues in 12 access to services, with long waiting times reported, 13 and some children having to travel many miles to access 14 a service. Similar gaps in service provision have been 15 found in relation to young people affected by sexual 16 exploitation, for example, studies that Barnardo's has 17 produced by Scott and Skidmore and more recently by Jago 18 and colleagues, who looked at responses of local 19 children's safeguarding boards in England, and found 20 that one-quarter of them were unable to implement 21 properly the guidance on provision for children affected 22 by sexual exploitation. 23 So the lack of services for children with particular 24 needs is also a significant challenge. Services are not 25 based on what we know about needs in relation to the</p> <p style="text-align: center;">Page 17</p>	<p>1 sexual abuse and sexual exploitation with other forms of 2 victimisation and adversity, the loss of related 3 services supporting children living with abuse and 4 adversity, for example, domestic violence services for 5 children, is also highly likely to have an impact on the 6 general availability of support for children and young 7 people who have experienced sexual abuse and sexual 8 exploitation. 9 Moving on to consider the second question, looking 10 at what kinds of support services and delivery models 11 are most effective for meeting the needs of different 12 groups of child victims and their families, we can say 13 from our review of the research that the forms and 14 intensity of support for children and young people will 15 vary because the consequences of the abuse won't be the 16 same for all children. 17 As was said yesterday, children and young people may 18 not experience only sexual abuse and sexual 19 exploitation, but they may have other forms of abuse and 20 adversity in their lives. It is the whole set of 21 challenges for the child that need to be addressed. 22 The needs of children who have been sexually abused 23 and those who have been sexually exploited are likely to 24 differ, as those sexually exploited may have additional 25 vulnerabilities that might require different types of</p> <p style="text-align: center;">Page 19</p>
<p>1 different vulnerabilities that children may have on the 2 basis of their age, their gender, whether or not they 3 have disability, their ethnicity, the type of abuse they 4 experience, where it occurs and whether it is in an 5 institutional or a non-institutional setting. 6 For example, research by Franklin and colleagues 7 into services for children with learning disabilities 8 who are vulnerable to sexual exploitation found that 9 there were considerable gaps in service provision and in 10 the training of professionals to provide support. So 11 both the Allnock and the Franklin studies in the 12 United Kingdom found that specialist services reported 13 very limited experience of working with particular 14 groups of children and young people, such as children 15 from black and ethnic minority groups with learning 16 difficulties, and some services that they contacted had 17 never had any experience or any referrals from a child 18 from black or ethnic minority group with learning 19 difficulties. 20 So there also appear to be considerable knowledge 21 gaps in the availability and accessibility of services 22 to support children and young people who have been 23 victims of online abuse, victims of trafficking and 24 sexual exploitation. 25 Finally, because of the interconnected nature of</p> <p style="text-align: center;">Page 18</p>	<p>1 practical, emotional, therapeutic and also social 2 support. 3 The sexually-exploited child might be more likely to 4 be homeless or to have drug or alcohol dependence, to be 5 a single parent, to have low self-esteem and poor 6 employment options, although of course these can be 7 experiences also for sexually abused children and young 8 people. 9 There is a consensus in the research that services 10 need to be able to meet the constellation of needs that 11 children and young people have. Young, 12 sexually-exploited people will access most often 13 services which offer them a range of help; help ranging 14 from health advice to legal advice to help with 15 practical issues and outreach services, for instance. 16 Support will also vary according to the age and 17 developmental issues, so a teenage girl is likely to 18 require different support to a preschool child who has 19 been sexually abused. A teenage boy who has been 20 sexually exploited might have different needs from 21 a sexually-exploited girl. 22 Research from the young survivors on their views on 23 services also shows that access to and the provision of 24 services needs to be comfortable for children and for 25 adolescents.</p> <p style="text-align: center;">Page 20</p>

<p>1 So good practice in child protection is also 2 recognised as working to prevent and respond to sexual 3 abuse and sexual exploitation with support appropriate 4 to the needs of children across the continuum of care, 5 from low-level support to high-level support for 6 children who may have additional and more complex needs. 7 So the evidence review showed that those in 8 institutional settings are likely to be more vulnerable 9 to abuse and to harm because they lack the social 10 support and family support that people who have not been 11 in care or in institutional settings may well have. 12 A recent review by the Australian Royal Commission 13 into Institutional Responses into Child Sexual Abuse, 14 which was not recorded in our report, confirms this 15 finding, and recommends that support for these children 16 might be needed over a longer period of time. 17 A number of promising studies in the evidence review 18 endorsed the conclusion that staff who are knowledgeable 19 about the dynamics and the impacts of sexual abuse and 20 sexual exploitation and who are proficient at forming 21 relationships based on trust are important to provide 22 support to child victims. 23 There is also promising research from the 24 United Kingdom, and also from overseas, to suggest that, 25 in cases of sexual abuse, apart from cases of sexual</p> <p style="text-align: center;">Page 21</p>	<p>1 So researchers in the USA have recommended 2 organisational changes to improve safeguarding in these 3 children's services, and although these are still poorly 4 researched in terms of their impact and their effect, 5 these approaches certainly warrant further exploration. 6 In terms of delivery, we also know that having 7 coordinated and co-located multisector teams may be 8 promising models of delivery. An example from the 9 United Kingdom is the hub and spoke model which has been 10 explored by the University of Bedfordshire. This 11 extends the reach of specialist teams, the hubs, by 12 placing specialist workers as the spokes in new areas so 13 they can develop capacity and also local expertise. So 14 evaluations of this type of model of working with 15 specialist teams, in places like Australia, and also in 16 the United Kingdom, show some promising results. 17 To effectively implement policies, programmes or 18 practice changes, organisations need to consider not 19 only what changes they need to do, but also how to 20 implement those changes. We found very little research 21 on effective implementation frameworks in our review of 22 evidence, but nonetheless, there are indications that 23 implementation is extremely important for effective 24 policy change, and this is confirmed by other reviews 25 for other inquiries, again, such as the Australian Royal</p> <p style="text-align: center;">Page 23</p>
<p>1 abuse that occur in closed institutional contexts, 2 support services that can be provided in partnership 3 with parents may give more promising results. 4 Research on sexual exploitation in the UK and 5 overseas suggests that proactive outreach and advocacy 6 for children and young people affected by sexual 7 exploitation can be helpful in building the relationship 8 of trust that's needed to allow those young people to 9 access sources of support. 10 A number of the overseas inquiries into child abuse 11 in institutional contexts shows that there are 12 organisational barriers to effective safeguarding. So 13 the evidence review identified that some of the areas 14 that need to be addressed included privacy of 15 the offender and the offender being alone with the 16 child; persons in positions of trust having little 17 supervision or monitoring; a lack of safeguarding 18 policies; failure to report or to sanction offenders; 19 a culture where abuse is normalised; a hierarchical 20 organisation where it is very difficult for junior staff 21 to complain, let alone children; a lack of an adequate 22 complaints system; and lack of safe spaces for children 23 who are victimised to tell anybody what is happening to 24 them or to have their complaints acted upon 25 appropriately.</p> <p style="text-align: center;">Page 22</p>	<p>1 Commission of Inquiry. 2 It is recommended that having organisational 3 readiness to change with well-trained and supported 4 staff may be one feature of best practice and 5 implementation, and there has been ongoing work in this 6 area promoted by the World Health Organization. 7 Moving on to the third question that I have been 8 asked to address: are there examples of good and 9 unhelpful or bad practice in England and Wales and 10 internationally? 11 It has to be said that a lot more is known about 12 unhelpful and ineffective responses, and this has been 13 confirmed by the many inquiry reports and research 14 studies that exist internationally and in the 15 United Kingdom which have highlighted some of 16 the challenges in responding well to children affected 17 by sexual abuse and sexual exploitation. Young people 18 who have disclosed abuse have not been protected because 19 of professional failure to act. Young victims have not 20 been treated as victims, but they have been treated as 21 troublesome, and sexually-exploited young people have 22 often been shunned for choosing inappropriate 23 lifestyles. 24 Awareness about the extent and nature of the problem 25 and the priorities for safeguarding have often been</p> <p style="text-align: center;">Page 24</p>

<p>1 wrong. Support for child victims in many areas has been 2 shown to be inadequate. Organisational responses can be 3 traumatic and revictimising for victims and survivors. 4 While policy guidance exists, failure to implement 5 it has been persistent. An example of persistent 6 implementation failure is implementing the 7 recommendations from the Achieving Best Evidence 8 guidance. This was guidance on the treatment of 9 vulnerable child witnesses, which was first issued in 10 2002. Research has repeatedly shown over the years, 11 including reports from the Children's Commissioner and 12 also the University of Bedfordshire, both in 2015, that 13 the guidance is implemented in an inconsistent way and 14 with variations in practice from area to area. 15 So the evidence review found that there is limited 16 but promising research on specialist co-located teams. 17 There are promising findings from England, Australia and 18 Iceland, for instance, that these specialist co-located 19 teams can bring improved victim support and improved 20 satisfaction for victims/survivors and also their 21 families. 22 We found some limited, but also quite promising, 23 research on trauma-informed approaches to working with 24 child survivors, and these basically aim to change 25 organisational responses.</p> <p style="text-align: center;">Page 25</p>	<p>1 outreach, to build a relationship of trust with a young 2 person; providing advocacy; maintaining attention, 3 listening to them and showing interest in the young 4 person's life and what's happening to them; and 5 facilitating access to services and sources of support. 6 Many victims of trafficking lack consistent contact 7 with services or contact with a social worker. The 8 organisation ECPAT has campaigned for the introduction 9 of guardianship schemes for trafficked children and 10 young people, similar to the schemes that exist in the 11 Netherlands, on the basis that this would help 12 trafficked young people to access care and also perhaps 13 help them from going missing. 14 There is at present, again, limited but promising 15 research from an evaluation in Scotland of the Scottish 16 Guardianship Scheme which found that this had a positive 17 impact on a young person's access into services. 18 The last area to consider -- well, the greatest 19 amount of research that we found in our review in 20 relation to support for child victims and survivors was 21 in the area of therapies. This very much reflects the 22 bias in research towards the United States in relation 23 to child protection and child abuse in general, and also 24 to health sources of funding for research. It shouldn't 25 be assumed, also, that therapy in itself is helpful,</p> <p style="text-align: center;">Page 27</p>
<p>1 So, simply put, trauma-informed approaches take into 2 account that a system's operating procedures might 3 inadvertently retraumatise victims and survivors. So 4 they have two dimensions to their approach. Firstly, 5 they work with awareness of the young person's history 6 of past and current abuse and, secondly, they use this 7 awareness in order to design the service response. 8 It seems that different approaches to 9 trauma-informed working may exist in the US, Australia, 10 Scotland and England, and some of these approaches have 11 published guidance and principles to help organisations 12 to implement these approaches. 13 So elements of this approach are said to exist in 14 England, in the work of the Anna Freud Centre, and in 15 some of Barnardo's services, for example. 16 For example, Barnardo's 4 A's Approach with young 17 people who are victims of sexual exploitation draws on 18 knowledge about trauma and its impact in its four key 19 features of its response. Briefly put, these 4 A's aim 20 to address the history of trauma and poor attachment 21 which highly vulnerable, sexually-exploited young people 22 might have, by working with them in a way that shows the 23 young person that the professional will be there for 24 them. 25 So this involves doing things like assertive</p> <p style="text-align: center;">Page 26</p>	<p>1 because, as was noted yesterday, some therapy can be 2 positively harmful for adults and possibly also for 3 child victims. So having good research in this area is 4 therefore vitally important. 5 Many of the studies that we reviewed looked at 6 psychotherapeutic responses for children who were 7 already showing clinical trauma and behavioural problems 8 as a result of experiencing abuse. 9 Psychotherapeutic approaches are basically those 10 that draw on psychological methods. 11 A main message coming from this research is that, 12 although there is this bias towards psychotherapeutic 13 approaches, there isn't one single therapeutic approach 14 which will meet all of the needs of a particular child 15 because needs will vary according to the individual 16 circumstances and experiences. This highlights the need 17 to have good assessment and flexible responses based on 18 needs. 19 So a number of publications that exist which draw 20 together findings from several studies which have 21 concluded that the best evidence that we have on 22 therapies is in the area of trauma-focused, cognitive 23 behavioural therapies for children. 24 So trauma-focused cognitive behavioural therapies 25 are a form of psychotherapy which aim to focus on and</p> <p style="text-align: center;">Page 28</p>

<p>1 solve problems by changing unhelpful thinking and the 2 behaviour associated with this. So for a sexually 3 abused person, for example, it might involve looking at 4 critical and unhelpful thoughts and coping behaviours 5 with a young person, helping them to recognise the 6 triggers for this and helping them also to develop 7 skills to counteract some of those negative thoughts so 8 that they can address behavioural problems that they may 9 have. 10 So while moderately good for adults and for teams, 11 these approaches have been found to be less effective 12 for younger children. 13 We also found some limited but promising research on 14 other therapies, such as drama therapy, and these really 15 warrant further attention because of their scope for 16 working with children and young people who aren't able 17 to verbalise and engage with talking therapies. 18 The evidence review found some evidence also that 19 longer-term approaches to therapy for children may have 20 a greater impact. 21 There are considerable knowledge gaps, although some 22 promising findings, on psychodynamic approaches to 23 therapy. Psychodynamic approaches are those that focus 24 on unconscious processes and how these might influence 25 a person's present behaviour, and they aim to improve</p> <p style="text-align: center;">Page 29</p>	<p>1 of this approach is the Hope for Families programme 2 developed by Bentovim and Elliott and currently being 3 empirically tested in the United Kingdom. 4 In conclusion, it can be said that we found the best 5 evidence in our review on therapies for children, so the 6 focus in relation to victim and survivor support has 7 been squarely on research at the very late stage of 8 manifest harm. More evidence was found for 9 trauma-focused cognitive behavioural therapies than for 10 other types of therapies. 11 We found promising developments in other areas of 12 victim support, drawing on trauma-informed approaches 13 and on responses to sexual exploitation, but these 14 developments have mostly been nurtured by the voluntary 15 sector. So there is scope to build on and to develop 16 these initiatives. 17 Challenges that we still need to address include 18 providing support across the prevention spectrum, not 19 just at the very late stage when children and young 20 people have behaviour/mental health problems or suicidal 21 tendencies. 22 Improving the accessibility and availability of 23 services, not only in the extent and the location of 24 services across the country, but also in the relevance 25 that they have to children and young people with</p> <p style="text-align: center;">Page 31</p>
<p>1 the person's self-awareness and understanding of how the 2 past might influence what they do in the present. So we 3 found some promising research in Germany and in the 4 United Kingdom from organisations such as the NSPCC, for 5 example. The NSPCC's Letting the Future In study looked 6 at these approaches and tested out these approaches for 7 young people between the ages of 8 to 16 years old, and 8 they found that children who receive these approaches 9 have reduced trauma symptoms compared with children who 10 are put on a waiting list as a control group. So these 11 findings warrant some further attention. 12 There were a number of studies that conclude that 13 maybe eclectic approaches to therapies that combine 14 different approaches may be more effective for children 15 and young people affected by sexual abuse. 16 There is growing interest in what are called modular 17 flexible therapies which recognise that not one single 18 intervention will be adequate to address the differences 19 that children have in experiences and impact, on the 20 basis of age, gender, ethnicity and other 21 vulnerabilities that they might have. 22 So these modular and flexible approaches aim to 23 investigate common practice elements across different 24 approaches to inform a more flexible and modular 25 approach to providing therapeutic support. An example</p> <p style="text-align: center;">Page 30</p>	<p>1 different needs and experiences. 2 Related to this is the need to have services that 3 meet the diverse needs of girls and boys of different 4 ages, children who are abused within and outside 5 institutions, children who experience online abuse, 6 those who are affected by sexual exploitation, children 7 with disabilities and with the range of needs related to 8 overlapping abuse experiences and other adversities. 9 We also found significant challenges in the 10 implementation of policy guidance, and in building the 11 capacity of trained and knowledgeable professionals, 12 knowledgeable communities, and also supporting parents 13 and carers in the support that they give to their 14 children. Thank you. 15 Discussion chaired by THE FACILITATOR 16 MS KARMY-JONES: Thank you very much for that very 17 interesting report. I am now going to invite questions 18 from the participants around the table, just in respect 19 of clarification, please, around any aspects of 20 the presentation that you have just heard. We will go 21 on to wider points after that, but is there anyone who 22 would like to raise a point of clarification? 23 No. I am going to raise one point, not as 24 a participant as such, so I'm going slightly beyond my 25 remit, but I was very interested to hear what you said</p> <p style="text-align: center;">Page 32</p>

<p>1 about victims of trafficking, because that is one of my 2 very particular areas, I do a lot of trafficking and 3 slavery cases. You mentioned the access to care that 4 they have. One of the issues I have found in the cases 5 that I have done is that there is a gap between the 6 access to care that they have, and I am speaking about 7 young victims who have been trafficked for the purpose 8 of sexual exploitation and who are children, or very 9 young, just moving into adulthood. We go through the 10 trial process, they are taken care of during the trial, 11 they are allowed to build up a very good relationship 12 with social workers and the people who look after them, 13 their carers, with the police officers.</p> <p>14 We go through the trial. We win the trial. They 15 leave on a height of elation. And very shortly 16 thereafter, they are not exactly cut loose, but for 17 various reasons, they are moved. They are no longer 18 entitled to have access to the social worker dealing 19 with them. They are moved from a place of safety that 20 they have found. The social worker is told to have no 21 more engagement with them. They are sometimes moved out 22 of the area that they are.</p> <p>23 So they are not completely cut loose, I know that 24 the police very often try very hard to, kind of, keep 25 contact over time, but I was wondering,</p> <p style="text-align: center;">Page 33</p>	<p>1 applied to victims of trafficking.</p> <p>2 It is not unique to victims of trafficking, it is 3 a problem that we have with children in the care system 4 too, the level of support that children in care have.</p> <p>5 MS KARMY-JONES: Amanda, I think you had something you 6 wanted to clarify?</p> <p>7 MS NAYLOR: A couple of points, Professor Radford. You 8 talked around the scope of the rapid evidence assessment 9 looking at specialist services, but what we know around 10 children is quite often their first response will be 11 from a universal service, because that's who they have 12 access to, whether that is a teacher or another youth 13 service.</p> <p>14 I'm just wondering, first of all, what your thoughts 15 are around universal services and their important role, 16 particularly for those marginalised groups you talked 17 about. We are not seeing these specialist services, 18 maybe because there is a lack of identification of 19 the vulnerabilities of children at that universal 20 service. That was my first point, really.</p> <p>21 Secondly, you talked about child protection and the 22 multiagency sector working together as showing some 23 really promising impact for children. We know the 24 Children and Social Work Act 2017 has changed local 25 safeguarding board arrangements. It's made the focus</p> <p style="text-align: center;">Page 35</p>
<p>1 Professor Radford, whether you have any comments on 2 that, and why -- well, I understand some of the reasons 3 why, and it is so that the social workers can take in 4 the next round of victims and ensure that there is no, 5 if you like, cross-contamination between the parties, to 6 try to ensure the safety of the one who has been through 7 the trial process, so that they are not taken back and 8 re-trafficked. Do you have any observations around that?</p> <p>9 PROF RADFORD: I think part of it is how we are 10 conceptualising the needs of the support in relation to 11 recovery. It is interesting, because I did do some work 12 for UNICEF where understanding of recovery for victims 13 of trafficking is somewhat different than in the UK, the 14 focus is on recovery and reintegration. So they seem to 15 have moved a little further, although services may not 16 have done.</p> <p>17 The thinking has moved further in terms of what do 18 you actually need to rebuild a young person's life. So 19 we need to be shifting away from thinking about, let's 20 give them some therapy or some support in court, to 21 thinking about, what does it actually mean to enable 22 these young people to overcome the harm that was caused 23 and, as we heard yesterday from adults, that harm can, 24 in some cases, persist for a very long time, and 25 throughout your life. So similar thinking needs to be</p> <p style="text-align: center;">Page 34</p>	<p>1 very much police, local authorities and health.</p> <p>2 Where we have had impact, I feel, has been having 3 the voluntary sector and education very clearly involved 4 in those multiagency safeguarding arrangements. I'm 5 wondering whether you have any thoughts around the 6 impact of some of those changes as well?</p> <p>7 PROF RADFORD: The issue about identification in universal 8 services was something we looked at in the earlier 9 seminar. The earlier presentation highlighted that 10 there are gaps in knowledge about, you know, how to 11 respond effectively, and there has been research, for 12 instance, in the education sector that suggests that, 13 although schools and teachers are quite a major source 14 of referral for child protection issues, nonetheless, 15 schools and teachers feel quite poorly equipped to 16 identify and respond.</p> <p>17 So there are huge gaps, in terms of what happens in 18 universal services that need to be addressed.</p> <p>19 Regards multiagency work and what's happening with 20 local child safeguarding boards, I think it is a shame, 21 actually, narrowing down the focus, because it has been 22 this multidisciplinary focus that's been very effective 23 in some areas, and the voluntary sector has really 24 pioneered and led some of these changes and advances in 25 thinking and in developing practice and researching the</p> <p style="text-align: center;">Page 36</p>

<p>1 impact of that practice for children and young people. 2 MS KARMY-JONES: Andrew, you had an observation? 3 PROF COOPER: Thank you very much. Thanks for a very clear 4 and comprehensive report. You mentioned briefly, 5 I think, the question of institutional cultures at one 6 point. This inquiry is primarily focused upon 7 institutional abuse. My own view is that I think we 8 need good research into how abusive institutional 9 cultures work. Now, that, I think, requires a slightly 10 different kind of research from that which you have been 11 mostly been concentrating on. It has to be sort of 12 naturalistic, taking case studies; for example, the 13 Rotherham situation is one that comes to mind. But we 14 need to understand, I believe, how these dynamics arise, 15 how they are sustained, how we cope with them when we 16 encounter them. I wondered whether you had any 17 observation in that direction? 18 PROF RADFORD: I did provide evidence for the Scottish 19 Government inquiry on institutional abuse and my brief 20 there was to look at the prevalence and the impact of 21 institutional abuse historically, so I have got some 22 understanding of the literature on the basis of 23 the research literature that's been conducted looking at 24 prevalence rates in the population and prevalence rates 25 within residential institutions, and also we read a lot</p> <p style="text-align: center;">Page 37</p>	<p>1 with children, and we know that that hasn't been 2 happening. 3 MS KARMY-JONES: I have a number of names who have asked to 4 speak, but can I just turn to Fay quickly? I will come 5 back. 6 MS MAXTED: Professor Radford, you mentioned in your 7 presentation in relation to institutions a failure to 8 report or to sanction offenders. I am just linking that 9 to the statistic highlighted by the Children's 10 Commissioner that actually the authorities are only 11 aware of one in eight children who are experiencing 12 child sexual abuse. Although the evidence that you have 13 presented around what the services are doing with 14 children that they are aware of, that huge number of 15 child victims who are not being picked up and not being 16 recognised is hugely concerning. I wondered if there 17 was anything that you identified around that huge gap? 18 PROF RADFORD: Again, we addressed that huge gap between 19 what we know about prevalence and what comes to the 20 attention of organisations and services in the earlier 21 seminar. In terms of the challenges, the identification 22 challenges are absolutely huge, actually. There isn't 23 one simple answer. It does require change across 24 a number of different layers. So in what happens with 25 services, what happens with individual interactions,</p> <p style="text-align: center;">Page 39</p>
<p>1 of the inquiry reports. 2 For this current review, we also reviewed some of 3 the studies that bring together the findings from some 4 of those inquiry reports. A study in Germany, for 5 instance, which brought together a lot of 6 the international inquiry reports. So there is quite 7 a lot from those reports on how institutional abuse 8 operates and what the challenges are and some of 9 the barriers that I identified in terms of how 10 institutions work, like having a closed organisational 11 structure, lack of supervision of trusted staff, having 12 members of staff alone and unmonitored in private 13 contexts with children and young people. A lot of those 14 features come through in a number of those studies. 15 So I think that that would be a place where we could 16 start to address that. Yes, clearly, it would be 17 helpful to have more research on how this happens and 18 what's currently happening in these environments, but 19 organisations that don't have safeguarding policies, 20 I think it is perfectly obvious that they ought to have 21 safeguarding policies and that there are resources there 22 that would enable them to develop them. 23 Organisations that don't actually take any action 24 against abusers when they're identified need to be 25 taking action and also to be removing abusers from work</p> <p style="text-align: center;">Page 38</p>	<p>1 what happens in terms of knowledge and awareness and 2 understanding about the extent and the impact of abuse 3 on children, and also being aware of how children, if 4 they disclose, might disclose and what the barriers to 5 disclosure might be for a child of different ages and 6 different experiences. So it is not a simple answer, 7 I'm afraid. 8 But I think that there are areas where maybe we 9 could invest more resources, where we haven't, and one 10 area where, again, if you look at it internationally, in 11 low-resource and medium-income nations they have been 12 putting resources into equipping parents to support 13 their children and to talk to children about safety and 14 sexual matters. So having approaches like that that 15 support parents in protecting their own children and 16 support communities in protecting children are areas 17 where I think, you know, further work could be done. It 18 may well have a huge benefit. Because we do know from 19 the research literature that a lot of survivors don't 20 tell. They might not tell anyone, ever. But if they do 21 tell, they're most likely to tell either a friend, and 22 children will tell their peers, or they might tell 23 another family member, and so actually working with 24 people in the community with young people and with 25 parents would be a helpful step.</p> <p style="text-align: center;">Page 40</p>

<p>1 It was suggested, actually, that survivors having to 2 attend today and talk about their experiences meant 3 that -- it was Heidi who said it -- you had to tell your 4 children about what had happened, and that there is no 5 support for people in that situation. Well, the 6 voluntary sector has done a huge amount to raise 7 awareness, but, again, I think the voluntary sector 8 could be doing more working with parents and with 9 families to look at the aftermath of abuse, so not just 10 on prevention, but looking at it in all stages, you 11 know, from identification through to supporting children 12 where abuse has become known.</p> <p>13 One of the pieces of research that I did when I was 14 working for the NSPCC involved going back and talking to 15 young adult survivors about what sources of support had 16 helped and what might have helped and what might have 17 been done differently, and for a lot of them, actually, 18 the family response was significant in what they were 19 saying. So a lot of young people said, "Well, after 20 they found out what had been happening with my uncle or 21 my dad, everything just shut down and it was never 22 mentioned again, and he is still coming around and 23 having tea once a month", which is very difficult in 24 terms of supporting somebody's recovery over their life 25 course, so providing support for families would be</p> <p style="text-align: center;">Page 41</p>	<p>1 has been a victim and then you want to have those 2 appropriate conversations, I wanted to say in response, 3 the people that I went to for advice to start those 4 conversations weren't unwilling, they just didn't have 5 the knowledge. So I played this game of round robin and 6 then actually had to acknowledge that the knowledge 7 wasn't there, so then went to a friend who was 8 a therapist and said, "Okay, we are going to make our 9 own knowledge, so what techniques would you ..." and we 10 made a bespoke package for my children. But if I didn't 11 have the skills or the friends or the connections to 12 find other resources, I would be stumbling in the dark, 13 perhaps getting things wrong, with a willingness to help 14 my children and not being able to do it.</p> <p>15 MS KARMY-JONES: Thank you. I am just going to turn back to 16 some of our other panellists now. Danya, you had 17 something you wished to clarify?</p> <p>18 DR GLASER: Yes. I think some of us are slightly in the 19 dark about how much the issue of early recognition has 20 already been dealt with, so if that's been dealt with in 21 the inquiry, then we can look it up on the web. I don't 22 know whether I'm allowed to make a couple of comments 23 about that?</p> <p>24 MS KARMY-JONES: Take your moment, by all means, make 25 a couple of comments.</p> <p style="text-align: center;">Page 43</p>
<p>1 a very useful thing that could be done.</p> <p>2 MS KARMY-JONES: I think that very much ties in with things 3 that were raised yesterday and something both Heidi and 4 Chris touched on. Chris touched on the fact that the 5 families of -- it is not just the victims, the child 6 victims themselves, but also the children of those 7 children who are affected by what took place. We 8 developed the analogy of a tree from what you said 9 yesterday.</p> <p>10 Is there anything -- I saw your hand go up. Was 11 there something you wanted to add specifically? And 12 I haven't forgotten about the others around the table.</p> <p>13 MS TUCK: Just quickly. Most abuse takes part in the home, 14 as we all know. So educating parents, to me, is not the 15 way to go. Yes, some parents will teach their children, 16 and I have taught my children, but most parents who 17 abuse will want to keep that knowledge to themselves and 18 they will carry on abusing their children, so those 19 children need that education from outside of the home so 20 that they know what abuse is and what it isn't. So 21 I just wanted to really pick up on that point. That was 22 it, really.</p> <p>23 MS KARMY-JONES: Thanks, Chris.</p> <p>24 MS CLUTTERBUCK: Can I just say, I wanted to clarify from 25 the other side of the coin, if you are that parent who</p> <p style="text-align: center;">Page 42</p>	<p>1 DR GLASER: I think, as has been mentioned, the majority of 2 children don't tell at the time, and at the moment we 3 are relying on disclosures, which we need, because 4 that's really the only evidence we have, the description 5 of what has actually happened, because there are usually 6 no witnesses and the abusers aren't about to come 7 forward and say, "I have just done it". So the barriers 8 to disclosure are very important and there is a very 9 interesting and important piece of research, I think 10 from the University of East Anglia, which came from the 11 Children's Commissioner about barriers to disclosure, 12 why children don't talk.</p> <p>13 The other important area is what can we do as 14 outsiders, in a sense, when a child either sends out 15 deliberate signals or inadvertent signals or shows 16 difficulties which are due to, probably due to, sexual 17 abuse, and how can we enable the people who will see 18 these difficulties, and that's particularly teachers, 19 nursery teachers, sometimes parents, other people in 20 contact with the children, to ask the children in 21 a non-leading way what has actually -- not what has 22 happened, but what is going on in the child's life which 23 might explain some of these difficulties, particularly 24 when there are changes in behaviour.</p> <p>25 I imagine the inquiry has talked about this, but one</p> <p style="text-align: center;">Page 44</p>

<p>1 of the barriers to talking to children is the criminal 2 legal system, because professionals are very worried 3 about being accused of leading children and, come the 4 criminal case, if it ever gets that far, then the person 5 who has first talked to the child will be accused of 6 leading the child. So finding very clear, very explicit 7 ways, of helping all adults in contact with children to 8 ask children in non-leading ways, enabling the children 9 to begin to talk if they have something to say, I think 10 is a very important aspect. This may have already been 11 covered by the inquiry, but I just wanted to say that. 12 MS KARMY-JONES: Thank you very much. Almudena? 13 MS LARA: I have two questions. The first one is about the 14 gap on evidence for children under the age of 4. It 15 seems to me like that is a very important area, given 16 everything we know about brain development and early 17 experiences. So I wonder if you could comment a bit on 18 that gap and what needs to happen to populate that gap. 19 My other question is about the interventions and to 20 what extent are we picking up the impact of particular 21 interventions versus the key elements that make a good 22 intervention. So, for example, the quality of 23 the practitioners, the quality of the relationship with 24 the victim, the continuity of that relationship so that 25 a trust is allowed to build, and also how much the</p> <p style="text-align: center;">Page 45</p>	<p>1 PROF RADFORD: Yes, so it is not just what the therapy is 2 and what it does, but how it is implemented. Also, 3 that's one of the features of these modular approaches, 4 where they are looking at common practice elements. So 5 they are looking at, you know, is it the relationship 6 and what are the features of the relationship that might 7 be significant in improving that particular approach. 8 I don't think the current research necessarily 9 always distinguishes that. Evaluation methods have 10 improved, so they are less likely to be just purely 11 quantitative. They are more likely to employ mixed 12 methods and the ones that employ mixed methods tend to 13 give you better information on those types of really 14 important questions, like, what is the relationship with 15 the particular therapist and the user of the service? 16 MS KARMY-JONES: I think we have Dawn, who wanted to clarify 17 something. 18 MS D THOMAS: Thank you. Just a couple of points, but 19 firstly, the acknowledgement of the work that the third 20 sector produces in working with children and young 21 people is brilliant. 22 You mentioned the Australian report, in terms of it 23 was noted that survivors would require support over 24 a long period of time, but you didn't include it in your 25 own report. Can I just ask why?</p> <p style="text-align: center;">Page 47</p>
<p>1 practitioners work with the family and the wider context 2 of the victims. I don't know whether the literature 3 really allows to separate what might be a cognitive 4 behavioural therapy versus the key elements that make 5 a good implementation of a therapy. Thank you. 6 PROF RADFORD: Regards under 4s, the research literature on 7 support is fairly limited, or certainly the research we 8 found was very limited. That is a gap, I think, in 9 relation to providing effective support that probably 10 needs to be addressed. 11 There is some work that we found, that was discussed 12 in the earlier seminar, on working in a preventive way 13 with younger children and also in interviewing and 14 talking to younger children. So in those areas, I think 15 there's probably more literature, but in relation to the 16 therapeutic literature, well, not a huge amount. 17 Certainly not in what's regarded as the good evidence 18 bracket at the moment. Because one of the problems is 19 that a lot of these studies use different age groups for 20 children and don't necessarily focus on that very young 21 age group. 22 Sorry, what was the second part of the question? 23 MS LARA: The second part of the question was the extent to 24 which the therapies themselves are delivering good 25 impact versus how the actual therapy is being delivered.</p> <p style="text-align: center;">Page 46</p>	<p>1 PROF RADFORD: Well, because there is a limit on the scope 2 of things that we could include, and also, in 3 preparation for this seminar, I thought I would just 4 update and have a look at what else has been published 5 on the Australian inquiry, and so that one came after 6 our report was published. So it really confirms what we 7 found about children in institutional settings having 8 greater vulnerabilities, but they made that firm 9 recommendation that that means, therefore, that they may 10 need longer-term and different types of support. 11 Nobody has tested that suggestion out in the 12 research literature, so that's something that maybe we 13 need to think about and look at. 14 MS D THOMAS: Can I just ask another point? There was 15 conversations around the table about supporting parents 16 or non-offending family members. It is something that 17 Rape Crisis centres do up and down the country, and it 18 is available to those non-offending family members. 19 I just wanted to make that known. 20 MS KARMY-JONES: Can I, before we move on to the next 21 section, just ask the panel whether there was anything 22 that they wanted to clarify, and then we will move on to 23 the public gallery, perhaps, and later come back to 24 other members? 25 MS SHARPLING: Thank you, Professor Radford. Just one</p> <p style="text-align: center;">Page 48</p>

<p>1 question. You spoke about the challenges, I think, 2 looking at your last slide, of the implementation of 3 policy guidance. Did your research uncover why 4 implement was so difficult? 5 PROF RADFORD: No, it is really impressionistic, really, so 6 I don't think I would be qualified to say that. I would 7 imagine that resources would be one issue that might be 8 relevant here, and possibly lack of leadership. It is 9 interesting that the provision is patchy. So it 10 certainly warrants somebody looking into it further. 11 I think I would just be guessing if I was asked to 12 address that question. 13 MS KARMY-JONES: I was going to now just open matters up to 14 the public gallery for my requests about clarification 15 or any comments or observations, please, remember about 16 questions. 17 Comments from THE PUBLIC GALLERY 18 MR O'MARA: Nigel O'Mara, East Midlands Survivors. Thank 19 you very much, Professor Radford, for your report. One 20 of the things that I noticed is you spoke about people 21 with some learning difficulties in the report, but 22 I thought that other disabilities were rather excluded. 23 I was particularly thinking about, in this country, we 24 have specific schools for deaf children, for blind 25 children, where they are very vulnerable and find it</p> <p style="text-align: center;">Page 49</p>	<p>1 quite limited, I'm afraid. 2 MS KARMY-JONES: Gillian, thank you for coming back. 3 MS FINCH: I wasn't supposed to come back, but I felt the 4 need. 5 Thank you again, Lorraine, for quite a comprehensive 6 report. I wanted to pick up the point that Chris has 7 already made, that when we are talking about working 8 with the wider family, whether that is a child that's 9 been abused within the family or institutionally, this 10 identification of what I will call non-abusing primary 11 caregivers or wider family members, because I can see 12 why there is, in many cases, a victim satisfaction in 13 terms of, "Yes, this is a successful intervention", 14 because the family members want you to move on, and, 15 actually, the work that we do with adult survivors -- 16 not all -- that are in contact with the service that 17 I set up and run, which is called CIS'ters, is that 18 many, later on, in conversations with family members, 19 discover that the so-called primary caregiver actually 20 knew more than they acknowledged at the time, and so it 21 is still about the person who is undertaking the 22 intervention being groomed by individuals within the 23 family in order to extricate themselves from the 24 situation, whether that is a longer intervention or 25 a shorter intervention, there is this, for us, very much</p> <p style="text-align: center;">Page 51</p>
<p>1 very difficult to access any form of services. I'm just 2 wondering, if that was part of your report, if there 3 were any reports that you'd seen that were included in 4 this on that? 5 Another point was, I very much welcomed your look at 6 guardianship and mentoring. I think mentoring is an 7 extremely important way forward in the protection of 8 young children particularly. It gives somewhere else 9 for the young person to report to external to both their 10 family and the legal services. 11 The last little point I wanted to make was about, 12 there is a specific legal state that children enter when 13 they disclose to a state-registered adult, as it were, 14 where there is great difficulty in choosing which form 15 of therapy they are allowed to have whilst that judicial 16 process is going forward. I think that is something 17 that has to be looked at a lot more deeply. 18 PROF RADFORD: In relation to other types of disabilities, 19 working with children and disability in general is quite 20 a gap in this research literature from our review. 21 The other thing is that, of course, different types 22 of disabilities may impact differently on what children 23 can access. We can't assume the experience of children 24 with learning difficulties will be the same as children 25 who are deaf, for instance, so the research is really</p> <p style="text-align: center;">Page 50</p>	<p>1 nervousness around identification of primary caregivers 2 as being non-abusing, because there are lots of 3 different forms of abuse, and the child will be silent 4 because already their world has gone bang. 5 MS KARMY-JONES: Thank you very much. Jocelyn, I think you 6 had a matter you wanted to raise. Again, one of our 7 panellists from yesterday. 8 MS ANDERSON: Thank you. It was to pick up on the early 9 identification of children when they have been raped or 10 sexually abused, and I'm thinking particularly of those 11 who are raped by peers within schools. 12 There are supposed to be safeguarding measures that 13 protect children at the time and what we are finding 14 increasingly reported to centre is that, where a peer 15 has raped a child in the school, they are then being put 16 back into the same classroom. So you have children 17 where you are looking at them already emotionally 18 traumatised by going through a rape, but then they are 19 being placed back into the school or into the same 20 classroom as the person who raped them. This isn't 21 being picked up by safeguarding boards nor is it being 22 challenged effectively by the police or social services 23 who seem to think that once the case is going through 24 the criminal justice process or it is under 25 investigation, that they have no more responsibility.</p> <p style="text-align: center;">Page 52</p>

<p>1 Also, if the case is NFA'd, which happens so often 2 with children and sexual abuse, they are then just left 3 and there is no support within the school. What happens 4 is that the victim is left to move schools, change, go 5 on to whatever, but more worryingly is that there is no 6 risk assessment on the child that has perpetrated that 7 crime within the school. So you are leaving a potential 8 rapist with a whole school of children to abuse, and it 9 is one of the growth areas that we are seeing within 10 Rape Crisis centres. 11 MS KARMY-JONES: Is there anyone else from the public 12 gallery? Yes. 13 UNIDENTIFIED SPEAKER: I just wanted to ask from the report, 14 just a clarification, because you talked a lot about 15 services, and I just wondered if you managed to define 16 what a service is or what a specialist service is? 17 MS KARMY-JONES: That's a good question. Was there 18 a definition, as such? 19 PROF RADFORD: I think we did have a definition, but off the 20 top of my head, I can't remember what it is. We were 21 asked to look at it across different sectors, so we 22 looked at health and police, the justice system, and so 23 on, and we also identified the voluntary sector and then 24 we had a section that we called online. So, yes, the 25 focus really was in services that were provided by</p> <p style="text-align: center;">Page 53</p>	<p>1 bigger organisations like Barnardo's and the NSPCC and 2 Victim Support, et cetera. 3 When you are looking at the reports from the 4 voluntary sector, the terminology out there is very 5 messy, so we have things like "Violence against women 6 and girls, violence against men and boys, sexual 7 violence, gender-based violence. So when you are 8 looking at those reports, how did you, or could you, or 9 was it really difficult to pull out information about 10 CSA when everything is written in a generic sense? 11 PROF RADFORD: It was very difficult, actually. So for 12 online searches, it is quite straightforward, because in 13 peer-reviewed journals you can put in search terms and 14 there is generally some agreement about what these terms 15 mean. 16 Looking at identifying the grey literature, what we 17 had to do is, we had to agree which were the areas or 18 the websites where we would search for information, and 19 then do specific searches that were agreed with the 20 inquiry, in terms of what might be appropriate terms 21 that we could use to identify the literature in those 22 areas, and, I have to say, it wouldn't have been 23 comprehensive because there was a bias towards larger 24 organisations, and so the work coming through from 25 smaller organisations might not have come through on</p> <p style="text-align: center;">Page 55</p>
<p>1 organisations working in those areas, some of which 2 provided universal services and some of which provided 3 more specialist services. Specialist services are those 4 that focus specifically on working with abuse or sexual 5 violence. 6 MS KARMY-JONES: Thank you very much. It is obviously 7 a very wide area and the scope for a definition must be 8 incredibly wide. Do I take it that you set yourself not 9 so much definition but parameters which define the scope 10 of service that you were looking at? 11 PROF RADFORD: We applied a sectorial analysis, so we looked 12 at services working in different areas, so it would 13 include health, education, and so on. 14 MS KARMY-JONES: Thank you. 15 MS COATES: Thank you, Professor Radford. It is just 16 a clarification which will show my ignorance about rapid 17 assessment and methodologies for research. I just would 18 like a bit of clarification. It is about terminology. 19 I think we are all currently in a world where we are 20 using different terms for different things, and where 21 you are looking at grey evidence, grey reports, sorry, 22 they are usually reports that are written by the 23 voluntary sector that haven't gone through any rigorous 24 academic process, mainly because most of the voluntary 25 sector groups haven't got any money to do it, except the</p> <p style="text-align: center;">Page 54</p>	<p>1 that search. 2 The only way that they might have come through is if 3 they had done a particularly significant study that was 4 referenced in another report that we'd already included 5 in the review, we followed up on references and searched 6 manually for sources that were indicated as perhaps 7 having, you know, something important to say. 8 So I have to say, no, it wasn't at all consistent 9 and certainly not exhaustive. 10 MS KARMY-JONES: Can we just take one more for the moment, 11 please? 12 MR ROBSON: Peter Robson. First of all, a bit about 13 children. As I said last week, I had a bad week. 14 Saturday, I was in bed crying, and I was asking for my 15 mother. That's the child in me, finding the lost 16 children. 17 The other thing is, when the lady turned around and 18 said about the voluntary services, according to them, 19 they're all inundated. There are waiting lists for 20 weeks on end in them. The funds are there to pay them. 21 The government suddenly find 150 million, 10 votes, they 22 think they are going to get a landslide. They didn't. 23 So now they've paid 150 million to 10 people, 24 150 million each, to buy 10 votes, 1.5 billion. Why can 25 that 1.5 billion not be used for, like, the lady who was</p> <p style="text-align: center;">Page 56</p>

1 on about yesterday having to go off and pay privately.
 2 Why should she have to pay it privately? She's paying
 3 her insurances, she's paying her stamps, why isn't the
 4 government doing things with the money that should be
 5 done with the money, which we pay our stamps for, and
 6 that is the health, our health, mental health as well,
 7 and that lady getting the help that she needs.
 8 MS KARMY-JONES: Thank you for that. Of course everyone
 9 understands your feelings about that. We are going to
 10 touch back on that sort of issue during the session in
 11 the afternoon.
 12 Can I now invite everyone to take a 15-minute break,
 13 chair, if that is appropriate.
 14 When we come back, just so that we have a taste of
 15 what is to come, and to forewarn people, I am going to
 16 turn to some of the victims and survivors and ask them
 17 to tell us a little bit about their experiences as
 18 children and subsequently and really to deal with how
 19 services and support has changed over the years, so we
 20 will come back to that. Thank you very much.
 21 (11.35 am)
 22 (A short break)
 23 (11.55 am)
 24
 25

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1 Discussion chaired by THE FACILITATOR (continued)
 2 MS KARMY-JONES: If we can turn now to some of our victims
 3 and survivors, and just deal with the question, if you
 4 are able, of your experiences of support services,
 5 perhaps also dealing with some of the barriers there are
 6 on disclosure for children and considering the different
 7 ages. There is going to be a difference, isn't there,
 8 for children of different ages?
 9 Can I start off with you, Jennie, on that?
 10 MS GRACE: Because I was brought up in the care system,
 11 I came with labels and, you know, when my behaviour
 12 started to be erratic, I was already -- some of
 13 the labels I was diagnosed with -- and I really hate
 14 this terminology, but this is one of them -- was
 15 "acutely retarded". So you are not being heard.
 16 When I was referred to services, they were aware of
 17 what was going on, but after reading my social work
 18 reports just recently, there was a comment about:
 19 "We believe these children are being abused, but
 20 because of their long-term diagnosis of being acutely
 21 retarded, it will not cause them any long-term effect."
 22 This is the kind of thing that we -- as a society,
 23 we look at the niceties of things, those who can fall
 24 into place and be eloquent and things like that, and
 25 that's a barrier. I don't like to say that I'm

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1 different because I'm black, but society sometimes
 2 treats you differently. So it is not just that. It is
 3 because I have a so-called learning difficulty. You
 4 know, I wasn't educated. I taught myself to read and
 5 write. I'm not as well spoken as the rest, but I'm
 6 knowledgeable. I'm no fool.
 7 So I think we, as a society, put those barriers in
 8 place. It's like the working class, the middle class,
 9 you know, that is kind of like the system we go through.
 10 So this was the barrier, this is why I didn't get
 11 the support I needed. Then, as an adult, going for my
 12 son to get support, because of me, he doesn't get the
 13 support that he needs. At 8 years old, my son had
 14 witnessed so much that had happened to me, so he was
 15 traumatised, so you go and seek help for your son. One
 16 of the things they said, "We haven't got the relevant
 17 support, but what we can do, we can put him in a group
 18 for teenagers who have drug and alcohol problems", and
 19 you just think, you know -- this is why you get so
 20 frustrated, because, first of all, your children are
 21 your -- not our gems, but they are precious, and you
 22 want the best for them. You don't want them to be
 23 angry, you want them to see the good in life.
 24 Basically, you want them to know there is goodness in
 25 life and they are worthy of being cared for and helped.

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1 It is that barrier. It is only last year my son is
 2 now -- I have asked him permission can I say this,
 3 because he has a passion to help people who have been on
 4 the margin, and he said yes. But it is only last year
 5 that he's been given some support, but from the age of 3
 6 until now it's taken to get the relevant support.
 7 MS KARMY-JONES: How old is he now?
 8 MS GRACE: He is coming up to 18. So he has had this
 9 support and all of a sudden, he's coming to 18, the
 10 services are dropped, he's got to move into adult. He
 11 has bared his soul to these people and it's, again, that
 12 trust. Because he doesn't trust. He hasn't had proof
 13 of trust. He hasn't had proof that he's -- you know,
 14 he's had it from his mum that he's worthy, but from
 15 anybody else in society, he hasn't.
 16 We say about the family, you know, that build-up of
 17 explaining to your children how to safeguard themselves
 18 against predators. As a survivor, my main instinct was
 19 to safeguard my child and make him aware he is too
 20 precious to be hurt. But it is the mental torture, the
 21 rejection of people because either someone in the family
 22 has suffered or they are different. That is a massive,
 23 massive impact on our society, and then we wonder why
 24 people are going into prison to feel like they feel
 25 okay, why they are causing problems, why they are

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1 self-harming: because we put these obstacles in the way
 2 to stop them from seeking the necessary help.
 3 MS KARMY-JONES: Thank you, Jennie, very much for that.
 4 Heidi, was there something that you wanted to add
 5 about that?
 6 MS CLUTTERBUCK: What I wanted to make clear is, when you
 7 are very young child, a small child, and something
 8 happens to you, you have no concept or understanding of
 9 what's happened, so actually your acknowledgement may
 10 come years after the trauma, and you reach an age where
 11 you have that understanding and you start to realise --
 12 I used to think that people could tell. I used to think
 13 that it absolutely dripped out of every pore of me and
 14 that they were ignoring it because I'd done something
 15 wrong, I had that guilt.
 16 Then, when I made the brave step of telling
 17 a teacher at school, he just wasn't equipped, and he did
 18 nothing, and that was really devastating, and at the
 19 same time, because my abuser was in my family, another
 20 victim came forward and it was highlighted, and the
 21 police -- unfortunately, there was no safeguarding and
 22 there was no prosecution. He denied everything that
 23 happened with her.
 24 Within my own family, I saw a protection of him.
 25 I remember making a conscious decision, and I heard of

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1 how they spoke awfully about her and the things that she
 2 had said, which I knew were true, and I made a conscious
 3 decision and thought, "I am never sharing that with
 4 anyone ever again", and I didn't until I was 18, and
 5 I went to a police officer, who was in the family, at
 6 18, who then, because he was also related to the
 7 perpetrator, didn't do what he needed to do.
 8 Looking back and listening to the presentation
 9 earlier about trust, I always believe that I wanted
 10 somebody to go back and rescue me as a child. That's
 11 what I needed, was the adults around me. Now that
 12 I have moved on, I didn't need that. What I needed was
 13 those adults to take care of me and give me the tools.
 14 I needed to rescue myself, which I ultimately did as an
 15 adult. It is very interesting, when you hear everybody
 16 talk, and making people safe and the trust. The trust
 17 is important, because, once they trust you, they can
 18 believe in the notion that they can heal themselves, and
 19 I think that's the first step in having understanding,
 20 is understanding what the child needs from the services.
 21 Some children do need to be rescued because they don't
 22 have that level of understanding, but for me I needed
 23 the tools, and it came much later in life, and that
 24 caused a lot of suffering. Thank you.
 25 MS KARMY-JONES: It is a difficult one, with the need that

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1 you mentioned, you need to rescue yourself, but age
 2 comes into it as well, doesn't it?
 3 MS CLUTTERBUCK: Absolutely.
 4 MS KARMY-JONES: And, as you have already said, the
 5 understanding that is achieved at different ages.
 6 Chris, what about you?
 7 MS TUCK: For me, trauma often brings the inner child to the
 8 forefront. As an adult, sitting here, standing here,
 9 whatever, you see an adult, but it is the child's needs
 10 that come out in every circumstance, when you're
 11 triggered, when you have a nightmare, whatever it is.
 12 So we need to really hold on to that thought when you
 13 are dealing with adults. It is their inner child, that
 14 their needs weren't met at the time -- safeguarding,
 15 nurture, whatever it is, protection -- and that is what
 16 they are really calling out for now.
 17 For me, at the age of 9, I was groomed and sexually
 18 abused outside of the family home. I reported it to the
 19 police at the time. I know this doesn't happen now, but
 20 it happened then. I had an internal examination, even
 21 though I told them that I wasn't sexually assaulted in
 22 that way.
 23 That has had a massive impact on me as an adolescent
 24 and as an adult. Even though I am an adult now, sitting
 25 in front of you, all those scars come from not having

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1 the right intervention when I was a child, not being
 2 listened to, having the power taken away from me.
 3 I visited a SARC in my work a couple of weeks ago
 4 and it got retriggered and I was traumatised because of
 5 that event. But what was reassuring to hear was that
 6 they don't do that now. They will listen to the child.
 7 If the child says, "I have not been touched", they will
 8 not do that intervention. That was good for me to hear
 9 because that actually calmed me down a little bit.
 10 But I was not given the therapy that I needed at
 11 that time. So if any child is going through that
 12 forensic examination, then they need the proper support
 13 and therapy around them. Because one of my questions to
 14 the person at the SARC, who was very knowledgeable, was,
 15 "How do you know what the consequences are of that
 16 happening as a child, what is going to be the
 17 consequence of that in the future for that person, like
 18 I was triggered at the age of 47?", and they said, "We
 19 haven't got the research on that yet, so we don't know".
 20 So that needs to be looked at.
 21 Social services were involved throughout my whole
 22 childhood. They didn't listen. We told them what was
 23 going on. But because they saw a particular picture,
 24 they didn't believe the children over the adults. So
 25 listen. This is the interventions that we need.

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<p>1 I wrote stories at school. "You've got an 2 overactive imagination", even though, when they look at 3 you, they can see you are neglected and all the rest of 4 it. So even though the signs are there staring them in 5 the face -- I know for a fact this is still going on 6 because I get people telling me all the time, "People 7 are not listening" or they don't know where to pass it 8 up. We all know teachers are under a strain of doing 9 whatever they have to do, but when you are going through 10 abuse within the home, outside the home, wherever it is, 11 you can't educate yourself at school because you are 12 worried about surviving. You can't be educating 13 yourself and surviving at the same time. It doesn't 14 happen. 15 So for me, one of the key interventions, maybe, that 16 I have seen in a school is like a pastoral care 17 position, where the child can go and discuss anything to 18 do with anything that might be happening at home, 19 outside of the home, just someone, as Nigel said, like 20 a mentoring position that is mandatory in all schools so 21 that the teachers can't pass the buck for the children's 22 welfare, but there is that welfare person there to look 23 after the children that are going through stuff that 24 might not want to speak to a person in authority. 25 Then that person has all the networks around them</p> <p style="text-align: center;">Page 65</p>	<p>1 told that if they have anything they want to say or 2 anything that they want to share that's causing them 3 anxiety, they can write it down, they don't have to put 4 their name on it, and they can post it, like 5 a letterbox. What do you think of that? Would that be 6 helpful or not? 7 MS CLUTTERBUCK: It is like giving them the responsibility. 8 If you have a young child who can't vocalise or doesn't 9 have the understanding, so what they might write down is 10 a symptom of how they feel or their reaction to 11 something, but it might not necessarily highlight 12 actually what's going on. 13 So it might be a stepping stone, but you would have 14 to have incredibly knowledgeable people to be able to 15 unpick it. It couldn't just be the teacher. It would 16 have to be a professional. I have a feeling, because we 17 have those in our school, that it is to do around 18 bullying and things like that, very general childhood 19 things. You would have to have a keen eye to pick that 20 up. 21 MS KARMY-JONES: It would also, I suppose, have to be 22 a child who had reached a certain level of 23 understanding. 24 MS CLUTTERBUCK: Exactly. 25 MS TUCK: Also, when you are a vulnerable child at school,</p> <p style="text-align: center;">Page 67</p>
<p>1 and they can pass on and safeguard and everything. 2 But for me, my brothers, they exhibited anger and 3 they always got into fights and that was their way of 4 dealing with what they were going through at home. My 5 brother ran away so many times and yet the police came 6 to the school, called -- let's call it a caregiver. 7 They called a caregiver to come and collect him and he 8 was -- basically, they were giving him back to the 9 abuser. They weren't listening. They weren't asking 10 the right questions. 11 These interventions for children are so, so 12 important, because, if we don't put these interventions 13 in place, whatever that looks like, and we have heard 14 that they are multifaceted and it is different for each 15 child, those children are going to be like us, sitting 16 around this room facing the same issues, facing the same 17 challenges, and we have to address all of this in order 18 to stop this happening in the future, and I think it is 19 just so, so important that everybody takes a role in 20 this. 21 MS KARMY-JONES: Chris, just one thought, I'm conscious that 22 there are now in some schools that I have just come 23 across the introduction of something called -- I think 24 it is called a "worry box" or an "anxiety box", which is 25 a little box with a slot where children are invited and</p> <p style="text-align: center;">Page 66</p>	<p>1 bullying takes over as well. Your peers bully you to an 2 extent, and that can be really traumatising. If the 3 school then don't pick up the bullying, or they do pick 4 up the bullying, then it can almost lead to them getting 5 a disclosure, as well, out of a child. 6 So it is just being aware of looking at the child in 7 its circumstances and looking at what the child is doing 8 differently to how they used to be, for example, or just 9 being there for that child, never being too busy, but 10 having someone I think specifically there to look after 11 the mental wellness of children in general, because of 12 mental health stresses and all the rest of it, and the 13 rates of suicide for young adolescents is so high that 14 I think there is a need for someone that is qualified by 15 experience as well as qualifications to be in schools to 16 offer that role. 17 MS KARMY-JONES: Thank you. Fay, I don't know if you wanted 18 to add anything? 19 MS MAXTED: Thank you, yes. I spoke to Danny this morning 20 as well, and asked him about the support that he'd had 21 as a child and a young person. He said that the support 22 he'd had was a prescription for methadone when he was 23 17, which took three months to come through. As an 24 18-month-old baby, he was left for three days and found 25 by the Army Welfare Officer. He says there's no record</p> <p style="text-align: center;">Page 68</p>

<p>1 of that in his social services records. 2 He was then given into the care of his grandparents, 3 and his grandfather was a magistrate and a pillar of 4 the community. He was also abusing Danny, and Danny 5 started running away from home when he was 7. Again, 6 no-one picked up on the reasons for that. 7 He says he was hyperactive and destructive, he 8 couldn't concentrate on his work, he didn't do his 9 homework. The only intervention he had from the teacher 10 was to stand him in front of class and time how long he 11 could stand still for. When we think about encouraging 12 children to speak out, we really need to encourage the 13 people working with children to take their full 14 responsibility, I think. 15 As he got older, he would turn up at school, off his 16 head on drugs, he says, and alcohol. One time in 17 a swimming lesson, he nearly drowned. Again, no-one 18 asked. No-one was questioning what was happening. He 19 was being picked up from school at that point by an 20 older man who was grooming him, and, again, he says the 21 teachers stood by and did nothing. 22 In fact, the police found him, one time when he'd 23 run away, at an older man's house, and he was just left 24 there. That led him, at the age of 17, to that 25 prescription for methadone. I think that's just such an</p> <p style="text-align: center;">Page 69</p>	<p>1 that her 12-year-old son had been abused outside the 2 family, and when she went to see her family GP to try to 3 access some services for him, she was told, "Oh, you've 4 got no need to worry, he's 12, he's going to forget this 5 and move on in his life". Also, the lack of 6 understanding of what specialist support services are 7 available out there. 8 Time and time again, I hear parents saying to me 9 they had to Google it, they had to find it themselves, 10 because, despite going to various statutory sector 11 services, for whatever reason, and saying they have got 12 concerns, they weren't referred on or signposted 13 accordingly. 14 The other thing I just wanted to raise was, again, 15 talking about support of the child, I think it is really 16 important that when you look at the family itself, I'm 17 talking about non-abusive family members, if you set 18 up -- look at it as the dominoes that are all lined up, 19 and if you knock that one domino down, they all come 20 tumbling down. I have spent many times speaking to not 21 just parents, but grandparents, who are absolutely 22 bereft at the idea of what's happened to their loved 23 ones. Parents, themselves, and also siblings, 24 sometimes, even if they have been abused, or not abused, 25 are left out, the not-abused siblings are left out of</p> <p style="text-align: center;">Page 71</p>
<p>1 horrific example of how an abused child just constantly 2 is left, and all of the signs that they are giving out 3 in their behaviour are just not picked up and not 4 challenged. 5 MS KARMIY-JONES: Thanks a lot, Fay. I know Danny would have 6 been with us today if he could have got here. For the 7 record, can I say that we are really grateful because 8 that is an extraordinary tale and it is very helpful to 9 have that shared with everyone. 10 Can I turn to Linda for a moment, because I think 11 you may have something to say on this topic, and also on 12 the question of support for not just the parents but 13 also other carers or supporters within a family or 14 within the extended surroundings of a child victim. 15 MS LEWIS: Yes, thank you. From my experience of talking to 16 family members who have children -- sorry, can you hear 17 me? 18 From my experience of talking to parents who are 19 non-abusive parents of children, I have heard some 20 really disturbing stuff, and it is recent, it is 21 not things that happened a long time ago. We are 22 talking about how things used to be, but I find it very 23 saddening to hear that these things are still going on 24 to this very day. 25 An example is of a parent who recently informed me</p> <p style="text-align: center;">Page 70</p>	<p>1 any ongoing support therapies that may be available. 2 So I think it is really important that we catch the 3 whole family, because I do believe that by capturing the 4 whole family and ensuring they get access to support, 5 you are actually supporting that child, because, as one 6 therapist once said to me, "It is such a shame. I get 7 the child coming for one hour a week and they go home 8 and the parents have no idea about how to communicate 9 with their child, how to talk to them, what they should 10 talk about, what they shouldn't talk about", so that 11 needs to be shared across everywhere. 12 My experience is, I have seen really good services 13 in the voluntary sector for family members, but I'm not 14 seeing and hearing it in the statutory sector, which 15 should be there too. 16 MS KARMIY-JONES: Thank you. Was there anyone who wanted to 17 raise any other -- 18 MS A THOMAS: Yes. I think, thank you for everybody's 19 contributions, but I think we are still continuing to 20 struggle, and I agree with Linda that that struggle is 21 still present. It is interesting that we haven't got 22 anybody from CAMS representing that service, when we 23 know that CAMS do not accept children who have had 24 experiences of CSA unless there is mitigating mental 25 health issues as well. So I think that's appalling, in</p> <p style="text-align: center;">Page 72</p>

<p>1 terms of statutory responses.</p> <p>2 Thinking about the complexity of childhood sexual</p> <p>3 abuse, and we know the complexities of it, and therefore</p> <p>4 we need a complex solution to that in terms of -- and we</p> <p>5 understand about prompt and potent interventions, and</p> <p>6 I'm still wondering why that doesn't happen, you know,</p> <p>7 what's the intention?</p> <p>8 Certainly for the voluntary sector, we have had to</p> <p>9 bend over backwards with very limited funding capacity</p> <p>10 to make sure that we are working to ensure a survivor</p> <p>11 focus, a young-person-centred response with</p> <p>12 transparency, accountability in what we are doing, but</p> <p>13 I don't see that reflected in statutory services.</p> <p>14 You know, the police can just carry on doing exactly</p> <p>15 what they have always done without any regard of common</p> <p>16 and current research in terms of the neuroscience of</p> <p>17 brain impacts and memory and how statements are taken.</p> <p>18 So I think that is a concern. It is also a concern that</p> <p>19 I know that the police have as well.</p> <p>20 I heard a very senior police officer say that they</p> <p>21 couldn't cope with the numbers of disclosures around</p> <p>22 child sexual abuse, so they wanted everything to be kind</p> <p>23 of quietened down. So there are those kinds of things,</p> <p>24 in terms of their responses as well.</p> <p>25 Also thinking as well about social care and social</p> <p style="text-align: center;">Page 73</p>	<p>1 adults knowing best, and there is a responsibility that</p> <p>2 adults need to take and professionals need to take to</p> <p>3 keep children safe, but equally, children need to be</p> <p>4 heard in that process, if we are not to reiterate some</p> <p>5 of the behaviours that they have experienced previously</p> <p>6 in being silenced, and the numbers of children and young</p> <p>7 people we are working with who have been removed from</p> <p>8 a situation and put in a secure unit, for example, for</p> <p>9 their own protection as a solution, rather than looking</p> <p>10 at how we keep their community safe.</p> <p>11 An example of that, we are working with</p> <p>12 a 15-year-old young girl who has multiple perpetrators</p> <p>13 who are exploiting her currently and other young people</p> <p>14 that she hasn't named, and I met her the other week.</p> <p>15 She won't tell us who those perpetrators are. When you</p> <p>16 say, "Why can't you tell us?", she said, "Because</p> <p>17 I don't think the police can keep me safe, and I don't</p> <p>18 want to move and I don't want my little sister to be in</p> <p>19 danger and I don't want my parents to have to move</p> <p>20 because they will have to find new work, so I am going</p> <p>21 to hold this", and so in terms of safeguarding children,</p> <p>22 we have to hear those individual responses and develop</p> <p>23 safeguarding approaches that enable us to start really</p> <p>24 working with those children.</p> <p>25 The other thing we have talked a lot today about is</p> <p style="text-align: center;">Page 75</p>
<p>1 services and how maybe safeguarding legislation policy</p> <p>2 and frameworks don't quite adapt or aren't relevant to</p> <p>3 older adolescent children. Their lives are very complex</p> <p>4 in terms of -- peer abuse is the most prevalent form of</p> <p>5 abuse. I don't think safeguarding legislation has</p> <p>6 caught up with that. So there is this timelag in terms</p> <p>7 of interventions, policy and our responses. I just</p> <p>8 wanted to make that point.</p> <p>9 MS KARMY-JONES: Amanda?</p> <p>10 MS NAYLOR: I want to pick up on a number of points, really.</p> <p>11 Professor Radford talked earlier about the Barnardo's</p> <p>12 4 A's approach, and although that has really helped us</p> <p>13 make those initial relationships with children and young</p> <p>14 people, that's the start of support services. I think,</p> <p>15 thinking through the journey, and it is those children's</p> <p>16 life journey, it is really important to look at how</p> <p>17 those services interconnect at different points. What</p> <p>18 we often see is there are some interventions that are</p> <p>19 positive, but then they go and that child has to</p> <p>20 continue their life until another positive intervention.</p> <p>21 There needs to be something around that life journey and</p> <p>22 working with young people at every stage.</p> <p>23 Central for us at Barnardo's at the moment is around</p> <p>24 making sure we hear children's voices in that process.</p> <p>25 I think there is a big focus on rescuing children and</p> <p style="text-align: center;">Page 74</p>	<p>1 therapy and the way therapy helps, but what we find is,</p> <p>2 it takes a lot of support for young people to get to</p> <p>3 a point of emotional safety where they can start that</p> <p>4 recovery journey, and that's really crucial, because who</p> <p>5 provides that process is often the voluntary sector.</p> <p>6 They emotionally hold people and help them make sense</p> <p>7 and help them work in different ways to get to a point</p> <p>8 where they can sit and have those conversations.</p> <p>9 So I think it is really important we invest in</p> <p>10 therapy, but I think it is really important to</p> <p>11 understand the journey of getting people to that point</p> <p>12 as well.</p> <p>13 The final thing around the services we have</p> <p>14 developed, again, we talked about the male/female kind</p> <p>15 of imbalance around panel members, but also around</p> <p>16 services. We need to do a lot of work to make sure our</p> <p>17 services are working in the right ways for lots of</p> <p>18 different children.</p> <p>19 The one approach that we often have at the moment,</p> <p>20 the one-to-one work, the kind of recovery work that we</p> <p>21 do, we know it doesn't always work for boys, we know it</p> <p>22 doesn't always work for disabled children, we know it</p> <p>23 doesn't always work for children from black and minority</p> <p>24 ethnic communities who may find that one-on-one approach</p> <p>25 really quite confrontational and difficult, and we have</p> <p style="text-align: center;">Page 76</p>

<p>1 to give children a choice of the types of services they 2 receive rather than offering them, "This is what's been 3 commissioned and this is what we are going to deliver". 4 Only when we start to do that, can we start to support 5 children through that service journey. 6 MS KARMY-JONES: Thank you. Kristine, did you have 7 something? 8 DR HICKLE: Yes. In some ways, I was going to echo a lot of 9 what's been said at this point in particular in relation 10 to the flexibility of services. To me, the theme -- it 11 seems like a theme that came through a lot in your 12 report, Lorraine, and in the kind of comments that were 13 made, this idea that services have to be flexible in 14 multiple ways so that we can see disclosure not as an 15 event but as a process that happens over time. It 16 happens through behaviour, that all of that is about 17 disclosure and our responsibility is to see that as 18 such, rather than, you know, waiting. 19 But the flexibility also might mean that when we 20 develop really good services for children, we don't see 21 it as a failure when they need a top-up, they need 22 additional services, when they are adolescents, in 23 dealing with kind of new sexual feelings in 24 relationships or when they give birth or when their 25 child reaches the age that they were abused, that that</p> <p style="text-align: center;">Page 77</p>	<p>1 DR GLASER: Thank you. I have got a few comments and one 2 question. 3 I hang my head in shame because I'm the nearest you 4 are going to get to CAMS. I don't work in CAMS now but 5 I have worked in CAMS for many years and I think we all 6 need to acknowledge that the current state of CAMS is 7 lamentable and very worrying. 8 The question about therapy, just to continue with 9 what has been said, there is evidence that groupwork 10 works, actually, there is research evidence. 11 Interestingly, one of the aspects of the groupwork which 12 is important is the parallel work for the caregivers, 13 because, certainly, until children can travel on their 14 own, unless the caregivers bring the children to 15 therapy, they won't get there. So parallel work is 16 shown to be very important. And, of course, that can 17 begin to pick up the problems and the difficulties which 18 the caregivers have, maybe the birth parents, maybe 19 foster parents. 20 Moving on to trauma-focused CBT, again, the evidence 21 of the trauma-focused CBT is that it works better on the 22 whole if there is parallel work with a parent, and then 23 some of the work with the parent and child together and 24 some separately. 25 But the other thing to add to the trauma focus,</p> <p style="text-align: center;">Page 79</p>
<p>1 idea that flexibility means that you get it when you 2 need it and you get it in those forms. 3 One of the things that I have done in practice in 4 the last 10 years is a lot of group work for girls who 5 have been sexually exploited and abused. I noted in 6 your report, Lorraine, how there is very little research 7 on that, but just how effective group work can be, and 8 the idea that people can access and get the things they 9 need when they need it. Again, to me, that was really 10 important. 11 But part of the flexibility of services is also the 12 commissioning -- the funding of services and the 13 availability. It feels really difficult, I think, with 14 my social work hat on, to say we can do any of this 15 without a real kind of acknowledgement that this is 16 expensive. It is not expensive in the long run, when 17 people are helped and supported and empowered, but we 18 can't say we will do this well without really 19 acknowledging that there has to be a financial 20 investment for social workers to hold low enough case 21 loads to do that flexible relational work and for the 22 voluntary sector to have enough people, enough bodies in 23 desks, in cars and on the streets, you know, kind of 24 hanging out and being and supporting. 25 MS KARMY-JONES: Thank you. Danya?</p> <p style="text-align: center;">Page 78</p>	<p>1 where the difference is between trauma-focused CBT and 2 ordinary CBT, is the emphasis on the fact that these 3 children have been traumatised and that part of the work 4 that's required is to enable them to begin to talk about 5 what has happened in a safe way, and then maybe also 6 talk with their parents about it. So it is a very 7 important part of it. 8 Also, in Letting the Future In, the NSPCC, that was 9 an important part. 10 My question is, when you mentioned about these 11 letterboxes for children, I don't know whether Childline 12 has been mentioned at all and previously. I think 13 Childline is always saying, very rightly, that the 14 feedback from the users of Childline has been wonderful. 15 It has been very positive. But I guess I think it is 16 probably important to hear from people here whether they 17 would have used Childline, whether they found it 18 helpful, and not only the feedback of the actual users 19 but how Childline would have helped people who might not 20 have used it? 21 MS KARMY-JONES: Thank you. I'm just taking a note of that. 22 Just before we get to that -- it is a very good question 23 because it deals with the development and how things 24 have changed, but just before we get to that, could I go 25 to Annette, who I think had something that she wanted to</p> <p style="text-align: center;">Page 80</p>

<p>1 add on the earlier topic, and then we will move on? 2 MS WILLIAMSON: Thank you. I think I probably am echoing 3 a lot of what has been said, and whilst I don't directly 4 work within CAMS, I offer child protection support to 5 CAMS service providers within Birmingham. I think one 6 of the issues is definitely about funding, the model of 7 working is very much a rule of rescue rather than 8 a proactive upstream approach. But from my perspective, 9 I'm based within the Children's Hospital. I see 10 increasing numbers of young people that are presenting 11 that are self-harming, and often, whilst they will have 12 an initial crisis intervention through CAMS, then there 13 is often a wait when they go home to actually receive 14 CAMS intervention. 15 I think the detection of CSA or CSE is sometimes 16 being masked through other presentations of potential 17 harm and abuse, and self-harm I think is a very key 18 issue for us at the moment. I think it is something 19 that needs to be explored much further. 20 MS KARMY-JONES: Thank you. Going back to the question of 21 Childline and its effectiveness, I don't know, Almudena, 22 whether there is anything you would like to say about 23 that, coming from your perspective? 24 MS LARA: Yes. I would say that there is huge demand for 25 the Childline services. We have received -- I think the</p> <p style="text-align: center;">Page 81</p>	<p>1 to, and the different ways in which you could do it. 2 So we said to them, "If you don't feel comfortable 3 saying something face to face, you can write a letter, 4 you can send an email, you can send a text. You could 5 do all sorts of things", and it was really good for my 6 children to understand that there were lots of options 7 and there were lots of people around them so that, if 8 they had something that worried them or they -- because 9 they will have probably an interest of me being here, so 10 I should imagine that they are going to have questions, 11 and they probably will look on the internet. 12 I was kind of thinking about that in that same 13 scenario. You need to sort of point out, it doesn't 14 have to be face to face with a teacher, it doesn't have 15 to -- there are lots of options, especially the way 16 children interact now. I think that that potentially is 17 missed, in a way, because children wouldn't necessarily 18 think that they had those kinds of options, that it 19 would have to be face to face, and that's a daunting 20 thing to do. That was just my thoughts on that. 21 I think, if I had my time again, I would have -- 22 I like to write. So I would have written someone 23 a letter, but who would you -- you know, back then, who 24 would you have given that letter to? But to have 25 something back then that was more appropriate, and to</p> <p style="text-align: center;">Page 83</p>
<p>1 statistics are one contact every 25 seconds. So there 2 is clearly a lot of demand. 3 Not all of it will be due to child sexual abuse. In 4 fact, some children might reach for very, very diverse 5 types of issues. But for some children, this would be 6 the first step into a journey of disclosure. So it is 7 important to recognise the value of a service that 8 reaches out in a universal way to all children, and it 9 might have different impacts and different effects for 10 different children. 11 I think the important aspect of it is how that then 12 connects to other services that might be of more 13 specialist support once the need has been identified. 14 MS KARMY-JONES: Can I just ask some of our victims and 15 survivors: plainly, it comes down, to some extent, on 16 education and understanding of services when you are 17 a child, but do you think that you would have been able 18 to avail yourselves of a Childline-type service? 19 MS CLUTTERBUCK: One of the things that I discussed when we 20 talked about this meeting that we had, one of the things 21 we discussed as a family, we highlighted a number of 22 people, a number of ways, in which, if my children had 23 a worry or a fear about the disclosure I made to them, 24 but the topic in general, we then talked about how, if 25 you had a worry, then the different people you could go</p> <p style="text-align: center;">Page 82</p>	<p>1 have a range of options, would have been healthy. 2 MS TUCK: I think the same. Unfortunately, Childline 3 happened when I was leaving home at 15 and then I felt 4 it didn't apply to me because I was taking myself to 5 safety. 6 I would like to believe that if my own children were 7 going through something like we went through, they would 8 know to reach out to a helpline like that, and I think 9 it would be invaluable. But it is then, what's the 10 pathway after that; who picks up the interventions; who 11 provides the support services that they need? That's 12 what I would be worried about. 13 MS LARA: Just to clarify one point as well, which is that 14 Childline has moved on with the times. So a lot of 15 children reach us online, so they don't need to speak up 16 the phone and speak to the counsellors. 17 Also to say that, we are not reaching all the 18 demands. Only three in every four calls or contacts get 19 addressed, so that is a concern. 20 MS MAXTED: I just wanted to highlight, in terms of 21 Childline, that what it does is offer the child or the 22 young person an ability to control the disclosure, and 23 I think that's really crucial and it is something which 24 is incredibly frightening, I think, for the children and 25 young people, that once they do say something, then</p> <p style="text-align: center;">Page 84</p>

<p>1 a whole machinery runs into place which has an uncertain 2 outcome and can be traumatic in itself. So I think 3 there is huge value in allowing the child some control 4 over what's happening. 5 I was way too old when Childline was launched, but 6 if it had been around when I was younger, I would 7 definitely have used it, yes. 8 PROF COOPER: My organisation does incorporate CAMS 9 services. I think we are relatively protected 10 comparative to most CAMS services, which, everywhere 11 I know about, are in a just lamentable state. It is 12 a scandal, really, which is not to say that when they 13 were better resourced, they were dealing particularly 14 well with child sexual abuse. 15 I think there are some small signs of hope in the 16 statutory sector, and I just wanted to speak briefly, 17 from what I know of it, about the two CSA hubs that have 18 been established in London -- one in the north and one 19 in the south -- and, maybe Lorraine knows about them, 20 these are multisectorial CSA hubs that provide advocacy, 21 medical intervention and short-term therapy, and are the 22 beginnings, I think, of establishing proper pathways. 23 These are very new. I think a proper evaluation of them 24 is about to be published. They have been evaluated in 25 an interim way.</p> <p style="text-align: center;">Page 85</p>	<p>1 So we speak, absolutely rightly, about the need for 2 training and education, but it has got to be of 3 a particular kind that engages with these very profound 4 anxieties that surround the whole area of child sexual 5 abuse, I think. Thank you. 6 MS KARMY-JONES: Linda, I think you wanted to add something 7 to that? 8 MS LEWIS: Thank you. I wanted to add to that another 9 element that, with regards to services that we need to 10 be aware of, is the transition from being what's known 11 as a child into an adult. I have come across cases 12 where they have been on a waiting list to get into CAMS, 13 for example, and then they've said, "Oh, well, you're 14 almost an adult, so it is pointless putting you on our 15 waiting list and now you have to go on another waiting 16 list for the adult services". There is a lot of 17 frustration and anger out there by parents and, of 18 course, the individuals themselves, it's the time period 19 they are waiting. 20 Also, the poor referral systems that are out there, 21 so that they get told to go to this place and then they 22 sit on a waiting list for three, six months, or even 23 longer, to be told, "Oh, actually", when they have done 24 an assessment, "you have come to the wrong place and you 25 need to go somewhere else". So there is certainly a lot</p> <p style="text-align: center;">Page 87</p>
<p>1 But they have produced this CSA hub tool kit, which 2 I think is quite valuable, and which the research team 3 and the panel may want to avail themselves of if they 4 don't know about it. This initiative is linked to the 5 development of child houses in London, which I think 6 probably everybody has heard of, which are funded by 7 I think the Mayor of London as well as the NHS. Other 8 people may be able to speak more knowledgeably about 9 child houses than I can. 10 But there are some signs of development and hope. 11 I just wanted to say one other thing, if I might. 12 I talked to more than one very experienced clinical 13 social work practitioner in preparation for today, and 14 something they said to me, both of them, which resonated 15 for me, is that, in terms of universal services, 16 frontline services, including teachers, I don't know, 17 children centre workers, but also social workers 18 themselves, there is something about child sexual abuse 19 that when there may be signs of it, there might be 20 evidence of it looking you in the face, people are very 21 afraid of this. It makes people anxious, in a way that 22 other forms of child maltreatment or possible child 23 maltreatment doesn't. It really stirs up something that 24 people can't cope with, even if they are otherwise very 25 competent and well-trained professionals.</p> <p style="text-align: center;">Page 86</p>	<p>1 of work to be done around proper referring in to 2 services. 3 MS KARMY-JONES: We are going to come back to that again 4 probably after lunch. 5 Jennie, did you want to add something? 6 MS GRACE: First of all, it's about, you know, when the 7 child is ready to disclose as well. I think we are 8 looking at, you know, the child has already disclosed, 9 where do they go for help? But there needs to be help 10 before that child discloses. You know, from the 11 telltale signs that we have got, we have got -- you 12 know, you can't really say to the child, "Have you been 13 abused?" So what they really want is to feel like they 14 are worthy, and so putting into place a befriender, 15 someone who they know they can go to talk to about 16 anything. You know, get to know the child. As you are 17 doing that, put strategies into place that will fit that 18 child's needs. 19 So the background work, so that when they finally 20 disclose, there is somebody already there in place that 21 that child can be helped with. 22 There is no point, you know, kind of like, "Don't 23 disclose", because, for one reason or another, the 24 police are detached from helping, and they shouldn't be 25 able to help the aftermath of it. They are</p> <p style="text-align: center;">Page 88</p>

1 investigating.
 2 Going back to the police, I think they need to be
 3 trained how to speak to survivors and victims, because
 4 they have this kind of, like, uncomfortableness, like
 5 Andrew was saying. We pick up that. As children, we
 6 pick up when somebody is not comfortable with what we
 7 are disclosing. So we close up again. It is that
 8 freedom.
 9 The only way I can think we can keep -- you know,
 10 have that comfortableness, is by -- like I said
 11 yesterday, that freedom to speak about it and continue
 12 to speak about it, you know, in our churches, in our
 13 home life, in the playground. We try and protect our
 14 children so much that we are not actually protecting
 15 them. We have got legislations in place. Those
 16 legislations aren't working the majority of the time.
 17 They are pieces of paper. We need to be putting those
 18 legislations into place by putting people into place,
 19 not paper. It is kind of -- we need to see that child
 20 as an individual and worthy to be heard. Once that
 21 child knows that they are worthy, we can help them, but
 22 they need to know that because that worthiness has been
 23 broken by the pain they have gone through.
 24 MS KARMY-JONES: Thank you. Heidi?
 25 MS CLUTTERBUCK: One of the things I wanted to say in

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1 response to what Professor Cooper said was that there is
 2 this feeling of -- it is almost like a dirty subject to
 3 be discussed. From my point of view, it is because
 4 there is not a common dialogue. Because if these
 5 professionals are dealing with children in trauma, it is
 6 very difficult and they are trying to navigate. What
 7 they need, and it is the purpose of this, is to speak to
 8 adults that have recovered and then can take you back
 9 and have a calmer, more centred conversation, so that
 10 you can find the knowledge and learning so you get the
 11 learning from the child, but through an adult's eyes,
 12 that it's easier to engage with.
 13 There is a big disconnect. Not many professionals
 14 actually engage with survivors. So the knowledge is
 15 lost. I just wanted to point that out.
 16 MS KARMY-JONES: Thank you. Dawn, was there something that
 17 you wanted to add? Akima?
 18 MS A THOMAS: The other Thomas. Yes, I just wanted to pick
 19 up on what Andrew was saying about the planned
 20 children's hubs and that's absolutely fantastic, but
 21 also, we can't have a pathway which only has one
 22 destination, which is about the involvement of statutory
 23 services. How do we also increase those pathways, you
 24 know, because it isn't one size fits all?
 25 We know the same way with adult services that many

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1 children don't want to disclose to statutory, but they
 2 still need to disclose and their testimony still needs
 3 to be heard and they still need to have access to
 4 therapy and healing. So just thinking about the
 5 multitudinal ways that children need to be supported to
 6 disclose.
 7 And also about the limitations that that also
 8 creates around current experiences and a very tight,
 9 small forensic window. I guess we are back to that kind
 10 of more bio-medical model and not kind of thinking in
 11 a more expansive way.
 12 MS KARMY-JONES: Yes, Amanda?
 13 MS NAYLOR: I just don't want us to leave this subject until
 14 we have talked about children who have concerning sexual
 15 behaviours or harmful sexual behaviours, because I think
 16 it is a really important thing that we need to address
 17 if we are going to stop child sexual abuse.
 18 Often, those children who are coming to our sexually
 19 harmful behaviour services have been showing indicators
 20 of concerning sexual behaviour for a long time. In the
 21 same way as you talked, Professor Cooper, about the fear
 22 of professionals addressing victim indicators, I think
 23 we have that same fear of addressing concerning harmful
 24 sexual behaviours.
 25 The young people, and it is mainly young men that

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1 are being identified, have all had very traumatic
 2 experiences before they end up in our services. Not
 3 always child sexual abuse, but sometimes; quite often
 4 domestic abuse; quite often neglect. We cannot work
 5 with those young people as if they were adult offenders.
 6 I think that is really important. We have an
 7 opportunity to first of all help them understand their
 8 own traumatic experiences, but then develop new
 9 behaviours and change and thrive into adult life.
 10 We have heard today around peer-on-peer abuse and
 11 the difficulties of managing that. We won't manage that
 12 until we really address sexually harmful behaviour and
 13 the services available to those young people.
 14 MS KARMY-JONES: Thank you. Can I have the last word from
 15 our table from Chris, please?
 16 MS TUCK: Recently, my daughter, who is 14, came home from
 17 secondary school, inappropriate behaviour from a male
 18 student. So I went down to the school and I said, "You
 19 know, this has to stop". "Oh, it is a bit of banter".
 20 "Not where I'm coming from, it is not banter. It is
 21 inappropriate, it is making my daughter feel
 22 uncomfortable, she doesn't want to go to school". So
 23 they had a word and sorted it all out and everything.
 24 But I think children now, the boundaries around
 25 healthy/unhealthy relationships is just not there. They

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<p>1 don't get that education. I think it is also key that 2 they learn that to stop that peer-on-peer abuse 3 happening. Lots of dysfunctional families, broken-down 4 families, the role models are just not there growing up. 5 It is a real societal issue and, when you get down to 6 the grass roots of it all, it is that education that is 7 just not there. Even though I'm again going on, "The 8 schools need to educate", the schools need to be given 9 the resources to educate about this whole thing, this 10 whole subject. 11 MS KARMY-JONES: Can I turn now to our public gallery and 12 open it up to people who want to make observations about 13 what we have been discussing? The lady in the front 14 row? 15 Comments from THE PUBLIC GALLERY 16 MS WALTON-WILLIAMS: Thank you. I'm Laura Walton-Williams. 17 I'm really pleased you have brought those two points up 18 because there is some strong research in America that 19 shows that, if you are going to tackle sexual violence, 20 you need to be doing it at an individual level, in an 21 educational level, in a family setting and also at 22 a societal level. There are some good programmes they 23 have shown -- I think there are three different 24 programmes they have shown have worked to ensure that 25 children and young adults understand the concept of</p> <p style="text-align: center;">Page 93</p>	<p>1 Again, flagging up the point I made earlier about 2 peer-on-peer abuse, what we are finding more and more is 3 that children are expressing concerns that schools are 4 dismissing as banter, that it is exploration, it is just 5 children trying out new things. But a sexual assault is 6 not banter nor is it trying boundaries. We need to be 7 educating children. 8 Not how you protect yourself, because you can't 9 protect yourself from child abuse, but shouldn't we also 10 be putting in there for children, "Don't rape"? Put the 11 blame where it belongs. 12 MS KARMY-JONES: Thank you. Just to remind everyone in the 13 public gallery, if you don't want to give your name, by 14 no means do you have to. If you are worried about being 15 seen on the video feed, let us know and we can cut the 16 video feed or edit you out later on. 17 MR O'MARA: I would like you to get at least one perspective 18 of a male's experience historically. 19 MS KARMY-JONES: Thank you, Mr O'Mara, we appreciate it. 20 MR O'MARA: I do stress it is historically. I would like to 21 go a little bit through my own experiences of therapy. 22 My first disclosure was when I was 12. As a result 23 of that, I was in the care system, and I was trying to 24 find some kind of therapy or some kind of -- something 25 that would stop my self-destructive behaviour, or the</p> <p style="text-align: center;">Page 95</p>
<p>1 consent and what is appropriate behaviour. I think 2 that's really important, that rather than just 3 addressing the problem after it's happened, you need to 4 have a very proactive approach. I think that both 5 aspects of services need to be considered equally, 6 really, to ensure that we kind of try to move this 7 problem. So I'm really pleased that that was raised 8 there. Thank you. 9 MS KARMY-JONES: Jocelyn, I think you had something? 10 MS ANDERSON: Picking up again with education in schools and 11 some of the work that we have been doing, we have an 12 educational programme, we go into schools, it is 13 modular, it is working incredibly well. In the first 14 session we attended, we had four safeguarding 15 disclosures from children who had been off to try to 16 meet people and do things. One of the things that's 17 come out of it very strongly is the teachers don't feel 18 they should be the ones teaching about sexual violence. 19 They don't feel equipped, they don't feel that they can 20 have those conversations. More importantly, they don't 21 want it to damage their relationship with the child 22 going forward. 23 So we have worked very effectively, doing into 24 schools as an outside agency, but doing it in an ethical 25 way as well so that we can provide that support.</p> <p style="text-align: center;">Page 94</p>	<p>1 people around me were trying to. I was living in 2 Camberley at the time, so I was sent off by train once 3 a week on my own at that time, at that age, to Tooting 4 in central London from Camberley. 5 But I couldn't get counselling for being sexually 6 abused because there wasn't even a law against it for 7 men at that time. So the only counselling I could get 8 was to try to change my sexuality from being gay to 9 being straight, which obviously didn't work. 10 But the experiences I got there from that did give 11 me some little bit of support, because the therapist was 12 actually very good, and realised that it wasn't about my 13 sexuality, it was about the experiences I had had. 14 I didn't get any more support until I was 22. It 15 was never even mentioned again. I only got support then 16 because I was lucky enough, literally lucky enough, to 17 run into a guy called Richie McMullen, who was running 18 the Streetwise Youth Projects for young people involved 19 in prostitution at the time. 20 After a few years' counselling with him, together 21 with him and some other people, we formed Survivors UK, 22 the first helpline for male survivors in the country, 23 and that's the beginning of support services for males, 24 because the law hadn't yet caught up. The law didn't 25 catch up until the '90s. I realise the situation is</p> <p style="text-align: center;">Page 96</p>

1 very different for males now, but I think it is
 2 important that the inquiry see that perspective. Thank
 3 you.
 4 MS KARMA-JONES: Thank you, Mr O'Mara. Anyone else in the
 5 public gallery? The lady at the back.
 6 MS PATCHETT: You know, I have to say, as much as we are
 7 talking about what's needed, there is something no-one
 8 is addressing, that, in reality, we have a blockage in
 9 the system, and we need to really start talking about
 10 that as well, because even talking about the police --
 11 I have worked with police and so forth, but the police,
 12 some of them really do try to do their jobs, but they
 13 know that, once they have done an investigation,
 14 traumatised a child further, they will not get
 15 a prosecution. They really do know. In the beginning
 16 of me doing this work I'm doing, I used to be so angry
 17 at the police, because I'm thinking, "How can you do
 18 this?", but then, when you get to know some police and
 19 you understand what is going on, there are blockages.
 20 There are teachers that know about these things. They
 21 are not allowed to say anything. I have been told.
 22 I know people in the system. The system is, they have
 23 got it written in their files, they have done nothing
 24 about it. It is happening in this country.
 25 Some of the things I know that are actually

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1 happening in the borough I live in are unbelievable.
 2 Because there are no outside agencies to make sure that
 3 boroughs actually do what they need to be doing to
 4 protect children. There is nothing. There is nobody to
 5 check them. So people are getting away with not doing
 6 their jobs, children are not being protected in schools.
 7 Even if they are disclosing, nothing is being done about
 8 it. They still get away with doing absolutely nothing.
 9 But we need more than just leaving authorities to take
 10 the authority. We also need something in place to make
 11 sure this is working, whatever is put in place from
 12 here, something needs to be changed. There are
 13 blockages and we have got to stop skirting around it.
 14 It is like the pink elephant in this room, but we need
 15 to look at the blockages. What is stopping the system
 16 from working? And break down those and put some in
 17 place that will work, that will take care of what needs
 18 to be done.
 19 MS KARMA-JONES: Thank you very much. There is no-one else
 20 in the public gallery. I just wondered if there was
 21 anyone around the table who wanted to make a comment on
 22 anything that's been shared with us by the public
 23 gallery on these topics? Jennie?
 24 MS GRACE: Nigel, it is really good to hear from you,
 25 because my foster brothers and sisters -- I have foster

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1 brothers who went through the abuse. It is so hard for
 2 men to say what's happened to them, and they have to
 3 feel that they are strong, you know, no crying, things
 4 like that, just to fit into society, and yet it is okay
 5 to say you have been abused. It really is. We have to
 6 show our men to come forward, that it is okay, because
 7 you deserve to be helped, and kind of like bring them
 8 in, bring them in, because they have got so much fruit
 9 to give and just let them help and support the changes
 10 that need to be implemented. We need men coming forward
 11 and put the help in putting these changes into place,
 12 because, sadly, it's happening to both.
 13 MS KARMA-JONES: Thank you. Madam chair, that may be
 14 a convenient moment for lunch. Perhaps when we come
 15 back, just to focus minds on something to discuss when
 16 we come back, one of the things that has been raised
 17 across the morning has been -- and indeed yesterday --
 18 was the question of fear, and fear by service providers
 19 of engagement with potential victims of child sexual
 20 abuse when they come to the attention of the services.
 21 I wonder if we can just have a think about that and
 22 think about how we can break that cycle -- if it is
 23 there, do we agree it is there, and how we can break the
 24 cycle of fear, together with the question of whether in
 25 the small -- and it is a comparatively small -- number

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1 of cases where children do come to the attention and are
 2 referred, the communication between organisations and
 3 how children, and if children, are referred between
 4 professional organisations and voluntary services. So
 5 perhaps food for thought over lunchtime. Thank you very
 6 much.
 7 (1.00 pm)
 8 (The short adjournment)
 9 (2.00 pm)
 10 Opening comments by THE FACILITATOR (Session 4)
 11 MS KARMA-JONES: We have a number of new participants this
 12 afternoon, which is wonderful. Thank you very much for
 13 attending. Could I ask that we go around the room and
 14 ask each individual, please, to give us a brief
 15 introduction, names and who they are. We are on pretty
 16 much first-name terms here, but just tell us who you
 17 are. Thank you.
 18 Introductions
 19 MS WINDLE: I'm Michelle Windle. I'm a director at
 20 The Green House. We provide therapy services for anyone
 21 who has been sexually abused or raped at any point in
 22 their lives. I'm here to represent my organisation and
 23 also other organisations as part of a sexual violence
 24 reference group, The Consortium Group, that we have in
 25 Bristol where we bring different organisations together

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<p>1 to serve service users. 2 MS BOND: Hello, I'm Kyra Bond, director of Womankind, which 3 is a Bristol women's therapy centre. We work with women 4 survivors of rape and sexual abuse and women with mental 5 health issues. We have specialisms in working with deaf 6 women, trafficked women and refugee women as well, and 7 we are also part of Bristol Sexual Violence Consortium. 8 MS ANDERSON: Hello. I'm Jocelyn Anderson. I'm the chief 9 executive of West Mercia Rape and Sexual Abuse Support 10 Centre. We are a direct service provider working with 11 children, men and women, advocacy services, counselling 12 services, and that's it. 13 BARONESS NEWLOVE: Hello. I'm Baroness Newlove. I'm 14 Victims Commissioner for England and Wales. 15 MS KARMY-JONES: I think the lady sitting next to you is 16 your policy adviser? 17 BARONESS NEWLOVE: Yes, Lena Parmar, who is my head policy 18 adviser. She can't reach. 19 PROF COOPER: Good afternoon, I'm Andrew Cooper. I work at 20 the Tavistock Centre, part of the Tavistock & Portman 21 NHS Foundation Trust. I do some work with the 22 Truth Project strand of the inquiry and I also have 23 colleagues who are involved in setting up new clinical 24 pathways for children who have been sexually abused in 25 north London.</p> <p style="text-align: center;">Page 101</p>	<p>1 abuse. 2 MS EGGLESTON: Lee Eggleston representing Rape Crisis 3 England & Wales. I also work in a frontline service 4 based in Essex. 5 MS HAYES: Good afternoon. Vivienne Hayes from the 6 Women's Resource Centre. We are the national umbrella 7 body for women's charities and a significant number of 8 our network work around violence against women and 9 girls, including sexual violence. 10 MS SHAW: Hello. My name is Gabrielle Shaw. I'm the chief 11 executive of NAPAC, which is the National Association 12 for People Abused in Childhood, a national charity that 13 offers services for adult survivors of any kind of 14 childhood abuse, be that sexual, physical, emotional or 15 neglect. We offer a telephone helpline. We run support 16 groups and training and also do advocacy for survivors. 17 MR MAY: I'm Michael May. I am a survivor of childhood 18 sexual abuse and I have, over the last 10 years, worked 19 extensively in the sexual violence support sector 20 running an organisation called Survivors UK which 21 provides specialist psychotherapeutic support to male 22 survivors of sexual abuse and a national digital support 23 offering. I have also for two years been a member of 24 the Victims and Survivors Consultative Panel. 25</p> <p style="text-align: center;">Page 103</p>
<p>1 MS MAXTED: Hello, there. Fay Maxted. I am here as 2 a member of the Victims and Survivors Consultative 3 Panel. 4 MS KARMY-JONES: We will carry on, because the new people 5 need to know who else is on the table. 6 MS COATES: I'm Sheila. I'm also on the Victims and 7 Survivors Consultative Panel and I have been sitting 8 over there since yesterday, and now I'm over here. It 9 looks really different. 10 I'm also a survivor of childhood sexual abuse. 11 I was abused by a senior member of 12 the St Vincent de Paul organisation -- if you know about 13 the Catholic Church, it is linked to the Catholic 14 Church -- and two members in my family. 15 MS CLUTTERBUCK: I'm Heidi Clutterbuck. I am a survivor and 16 I'm here to offer my voice. 17 MS GRACE: Hi, I'm Jennie and I am also a survivor and I'm 18 here to offer my voice too. 19 MS LARA: Hi, I'm Almudena Lara and I'm from the National 20 Society for the Prevention of Cruelty against Children. 21 MS PRAKASH: Hello, I'm Namita Prakash. I'm representing 22 The Survivors Trust. I'm also a service manager for 23 a centre based in Reading that provides different 24 services, like counselling and ISVA support and 25 a helpline, to victims and survivors of rape and sexual</p> <p style="text-align: center;">Page 102</p>	<p>1 Opening comments by THE FACILITATOR (Session 4) (continued) 2 MS KARMY-JONES: Thank you very much to all of you, and 3 especially to Michael, who has come at very short notice 4 to help us in the absence of one of our other attendees 5 who couldn't attend this morning. 6 Can I just pick up and deal with some points that 7 were made to me across the lunchtime break by actually 8 a number of different people, and just throw them in so 9 that we can bear them in mind for the discussions this 10 afternoon. 11 Quite a few people have pointed out to me that a lot 12 has been said about the statutory organisations, and of 13 course we haven't got any statutory organisations here, 14 any representatives here. So we haven't heard them in 15 reply. We don't know what their replies might be. 16 I just want to say that we do recognise that 17 sometimes there are other factors in play that they may 18 have spoken to. An example that was raised with me, 19 again over the break, by someone was that police, for 20 example, are not generally the first to receive 21 disclosure from a child. Usually a school or a local 22 authority will be the first to receive such disclosure. 23 So there is an interplay potentially of agencies before 24 it gets to the police and also thereafter that sometimes 25 causes some complexity. Just so that everyone can bear</p> <p style="text-align: center;">Page 104</p>

<p>1 that in mind as we go through.</p> <p>2 We are, in fact, going to have another seminar</p> <p>3 specifically dealing with the criminal justice system</p> <p>4 later on this year, so it might be one to keep an eye</p> <p>5 out for.</p> <p>6 Discussion chaired by THE FACILITATOR</p> <p>7 MS KARMY-JONES: Moving on, we were about to discuss the</p> <p>8 relatively small number of cases where children do come</p> <p>9 to the attention of support services, and discuss how</p> <p>10 they come to be referred into agencies to the voluntary</p> <p>11 sector, and the question of fear where there is</p> <p>12 a referral: how they are referred, what happens after</p> <p>13 that, and where there is a fear of engagement when they</p> <p>14 come to the attention of others.</p> <p>15 It is something that, Andrew, you raised, and</p> <p>16 I wondered if you had had any further thoughts around</p> <p>17 that that you would like to share with us?</p> <p>18 PROF COOPER: Maybe just for the benefit of people who are</p> <p>19 new here this afternoon, I will sort of repeat more or</p> <p>20 less what I said this morning, which was just that, in</p> <p>21 discussion with some colleagues, clinical social</p> <p>22 workers, really, in preparation for today, they made the</p> <p>23 point that, in their view, as experienced practitioners,</p> <p>24 they see all the time that ordinary frontline</p> <p>25 professionals -- teachers, but also other social</p> <p style="text-align: center;">Page 105</p>	<p>1 couldn't see or recognise physical abuse. The story of</p> <p>2 how that changed is too long to go into here. In 1978,</p> <p>3 when I was a frontline social work practitioner,</p> <p>4 I remember a case, the first case I ever encountered of</p> <p>5 child sexual abuse. A woman actually presented herself</p> <p>6 on duty at my office and said, in effect, "I think my</p> <p>7 husband is abusing our daughter". She just walked in</p> <p>8 and came out with it. Now, we engaged with this family,</p> <p>9 probably very clumsily and inadequately, but we did</p> <p>10 engage with them.</p> <p>11 But what I remember is that we held a case</p> <p>12 conference and our child protection coordinator, as they</p> <p>13 were known in those days, said, "Oh, I must come to this</p> <p>14 conference. We don't see many of these cases".</p> <p>15 That was how child sexual abuse was in 1978. It was</p> <p>16 something that happened in rural communities or, you</p> <p>17 know -- it was called incest.</p> <p>18 1979 came around and the Cleveland crisis erupted</p> <p>19 onto the British scene. It was such a dramatic and</p> <p>20 powerful social contest in which, as it were, the</p> <p>21 reality of intrafamilial child sexual abuse was</p> <p>22 becoming -- was surfacing in society, there were very</p> <p>23 powerful forces saying this was all fantasy, this was</p> <p>24 a witch-hunt against parents and so forth. There was</p> <p>25 a tremendous contest, very turbulent. For a time, none</p> <p style="text-align: center;">Page 107</p>
<p>1 workers, children's centre workers -- are really very</p> <p>2 frightened of child sexual abuse.</p> <p>3 There is something particular about child sexual</p> <p>4 abuse, different perhaps from physical abuse or neglect,</p> <p>5 that really stirs up very, very powerful and potent</p> <p>6 feelings in professionals who may otherwise be very</p> <p>7 competent and very well trained, so that actually they</p> <p>8 can't really cope with or respond appropriately to what</p> <p>9 they think they might be seeing. That was really the</p> <p>10 point I made, and it seemed to resonate around the room.</p> <p>11 I think I added that, while we talk rightly about</p> <p>12 the need for training at the frontline in relation to</p> <p>13 universal services where so much might be picked up and</p> <p>14 often isn't, in my view it needs to be a particular kind</p> <p>15 of training that sort of relates to these very sort of</p> <p>16 deep and profound anxieties that are present in ordinary</p> <p>17 professionals, and in the community at large. It can't</p> <p>18 just be a sort of didactic transmission or educative</p> <p>19 training, I think.</p> <p>20 But you asked me if I had had any other thoughts.</p> <p>21 The only other thought I had over lunch was really this,</p> <p>22 that it is worth talking a bit about history, the</p> <p>23 history of child maltreatment and child protection in</p> <p>24 this country.</p> <p>25 Seventy-five years ago, even sixty years ago, we</p> <p style="text-align: center;">Page 106</p>	<p>1 of us knew what to think, and it took a public inquiry,</p> <p>2 a very successful one, I think chaired by</p> <p>3 Elizabeth Butler-Sloss, to kind of settle the matter at</p> <p>4 a sort of social level.</p> <p>5 From there on, we accepted rather better that</p> <p>6 intrafamilial sexual abuse was a reality. Things have</p> <p>7 moved on in other ways since. Child sexual exploitation</p> <p>8 was known about but not really well known about until</p> <p>9 Rotherham and Alexis Jay's own report.</p> <p>10 It seems to me that the present inquiry is wrestling</p> <p>11 with tremendously complex and difficult questions, but</p> <p>12 it might do well to sort of view itself as another stage</p> <p>13 in this kind of historical progression. We are sort of</p> <p>14 living through it and we are helping that progression,</p> <p>15 hopefully, but it is very complicated and difficult and</p> <p>16 there is a great deal to address.</p> <p>17 This question of the sort of readiness, the kind of</p> <p>18 emotional readiness, of the general population and the</p> <p>19 ordinary professionals in key positions to really be</p> <p>20 able to face that it is happening much more often than</p> <p>21 we want to know, and that we have to be prepared to be</p> <p>22 open to that and to know how to engage with children is</p> <p>23 pretty key to being able to kind of unlock more</p> <p>24 successful engagement with children and prevention, and</p> <p>25 so forth. I think that's all I really wanted to say.</p> <p style="text-align: center;">Page 108</p>

<p>1 MS KARMY-JONES: Can I ask if there is anyone else who wants 2 to contribute something around the fear? Yes, Heidi? 3 MS CLUTTERBUCK: When you talk about it being something that 4 is historic, in the past, I have noticed that in the 5 investigations that I have been involved in what then 6 happens is, there is a legacy of ownership if there were 7 failing and that fear is then replicated again because 8 organisations like the police don't want to own that 9 fear and, therefore, there are other victims who then 10 get highlighted but there is a reluctance to deal with 11 it in case there is any issue with their conduct 12 previously, if that makes sense. 13 So there is this culture of fear that these cases 14 are coming up, and yet they are not being dealt with in 15 an adequate way because they don't want to go through 16 the bones of the past. 17 Hopefully, one of the things, through talking about 18 it in the inquiry, is that this fear will be dealt with, 19 because only by owning those problems in the past and 20 creating learning will we get better at doing the things 21 that we need to do now. 22 MS KARMY-JONES: Thank you very much. I think, Fay, you had 23 an observation to make? 24 MS MAXTED: Thank you, yes. I think it links back to 25 attitudes, again, in society and how difficult it has</p> <p style="text-align: center;">Page 109</p>	<p>1 opposed to something wrong happened to them. 2 MS KARMY-JONES: Jocelyn? You had something? 3 MS ANDERSON: I think there is another side to the fear 4 element as well with professionals which links in to the 5 lack of understanding around sexual violence. 6 When you look at the grooming process, if you have 7 got a perpetrator, they will be grooming everybody 8 around that child, or whoever they are abusing. So many 9 times you hear from professionals, "I don't want to make 10 a mistake. Oh, he seems like a really nice man. 11 I don't want to brand him as a rapist, because, what if 12 I am wrong?". So there is that element as well, that 13 people don't want to believe that perpetrators are out 14 there perpetrating, because if you acknowledge the scale 15 of child abuse, you have to acknowledge the people who 16 are living in your community, who you are working with, 17 are potentially abusing children as well. People don't 18 want to make the mistake and say, "I accused them and 19 I got it wrong". 20 BARONESS NEWLOVE: I think there is another element of 21 statutory and voluntary, from what I have picked up, is 22 also I am really concerned about disabled people. 23 I have heard quite a lot of evidence where the blame has 24 been on the parents and, because they have got 25 a disability, the threat is to take that child away, not</p> <p style="text-align: center;">Page 111</p>
<p>1 been for survivors to disclose, feeling there is a taboo 2 around the subject and feeling then that there is some 3 stigma attached to saying and disclosing that you are 4 a victim of child sexual abuse. 5 What's happened is, in the absence of statutory 6 services stepping up to the mark and working with 7 survivors and identifying children, the voluntary sector 8 has filled that void and has worked absolutely admirably 9 to provide services and to be a voice for survivors 10 wherever they can, and the difference that those 11 services make in terms of approaching working with 12 survivors from an empowerment perspective, from 13 providing a space where you don't have to explain the 14 trauma symptoms that you're experiencing because the 15 workers there understand and know and know how to work 16 with that. 17 I think we have a distance to go until statutory 18 services are able to offer the same, and in the 19 meantime, the voluntary sector is picking up. 20 If we think about the children in the past who 21 weren't able to disclose then and who are now coming 22 forward in huge numbers, many of them choosing the 23 voluntary sector specifically because they will get 24 a different response there to one which otherwise makes 25 them feel as if there is something wrong with them, as</p> <p style="text-align: center;">Page 110</p>	<p>1 deal with the abuse, maybe not within the family, but 2 they have been abused within a school environment. For 3 me, that's a bullying tactic. That doesn't gain 4 confidence. I am also questioning whether they have got 5 enough knowledge on the medical condition of the child, 6 so what gives them the right to make a decision? 7 Parents are fearful of coming forward. So I think there 8 is that sector that the statutory need to be open and 9 honest about that and say they haven't got the right 10 qualifications to come to a kind of conclusion. But 11 that is my worrying aspect, the more and more I hear 12 about this, parents are really frightened of getting the 13 support because it is blamed on the parents' behaviour 14 making that disabled child act that way, and yet it 15 isn't, and I think we need to be careful that we don't 16 dismiss that kind of sector. 17 MS KARMY-JONES: Thank you. Very good point. Yes, 18 Michelle? 19 MS WINDLE: I think that fear is also mirrored in the 20 commissioning structure. We have a male and female rape 21 support fund. We don't have a child rape support fund. 22 There is no statutory funding for children under 13. In 23 our service, we support adults and children. Actually, 24 the adult service has trebled in capacity since 2014. 25 The children's service has hardly grown at all because</p> <p style="text-align: center;">Page 112</p>

<p>1 there is no funding. It goes back to health, where 2 health is recommissioned because of austerity, that 3 financial envelope isn't increased. I think that's 4 something that we need to bear in mind, that we still 5 can't cope with the fact that children -- we have 100 6 children each year that we see -- are being raped today 7 but we don't want to deal with it at this point. 8 MS KARMY-JONES: Thank you. Can I just raise something 9 following on from a number of the comments that have 10 been made. It is another aspect potentially of fear, 11 and I ask for some comments on this. 12 My experience as a barrister shows that there are 13 often difficulties with record keeping. As I said at 14 the outset, sometimes very often, particularly with 15 children, police aren't the people who will actually 16 receive the first account, it will be a school, it may 17 be social services, it may be someone in the voluntary 18 sector. Often, there are difficulties with the record 19 keeping, the quality of record, and disclosure 20 thereafter, especially when the sexual abuse of 21 the child may have happened many, many years ago. 22 Sometimes there is not a recognition that the record 23 that is kept may not be needed until many, many years 24 down the line. It may be the first account taken at 25 a time that's proximate to the abuse, and sometimes they</p> <p style="text-align: center;">Page 113</p>	<p>1 records accurately. 2 Listen to what the person is saying and writing down 3 what that person is saying. 4 Also, what I find is, when you have visits from 5 professionals or you go and see professionals, the notes 6 aren't done until much later. You know, if we ask 7 everybody, "Can you remember what happened?", after you 8 have met, you know, a couple of people talking about 9 what's happened to them, "Can you note word for word 10 what they say?" So it is misinterpreting the statement 11 automatically. That needs to be changed. We have got 12 all this technology. You know, even if, for example, 13 you say to someone, "Can I record it?", and it's 14 recorded so you know exactly what that person's saying 15 and you can actually put it down. 16 MS KARMY-JONES: Thank you. Within that, of course, are 17 issues such as getting the consent of the individual 18 child to having something recorded, even on paper; it is 19 the recognition that sometimes anyone making disclosure 20 of sexual abuse may not tell everything all at once. 21 There is layered disclosure, which I'm sure everyone 22 knows about. 23 MS GRACE: If that's the case, you know, like you're saying 24 about people recording information, that's the problem. 25 That is an issue that in some way we need to find, "How</p> <p style="text-align: center;">Page 115</p>
<p>1 are destroyed, sometimes they are not kept at all. 2 I just wondered, in terms of the fear around that, if 3 any of the panellists had any observations about whether 4 there is anything that could be done to make that 5 process a little bit more uniform or to break that kind 6 of cycle? Baroness? 7 BARONESS NEWLOVE: I think, to make sure there is a record 8 and actually something to redress, we need a law that 9 gives victims the rights to have that accountability. 10 So you have to make a record because, when it does 11 occur, many years down the line, there is accountability 12 and responsibility instead of victims having to go 13 through 25 people to get confidence and, as children say 14 to me, "Why would I come forward when nobody believes 15 us?", and that's at an early age. So you have to leave 16 them with confidence that you are going to record it and 17 when they do have the confidence again to do that, there 18 is something there set in statute to protect them. 19 MS GRACE: First of all, I think, are the records that are 20 recorded accurate? Because on my recording of my 21 records it's "Domestic violence". There is 22 a difference. If, for example, the police or someone 23 else got hold of those records and you're making 24 allegations and you've told them that, how are we going 25 to be believed? So it is actually documenting those</p> <p style="text-align: center;">Page 114</p>	<p>1 do we solve that issue?". 2 MS KARMY-JONES: Thank you. Sheila? Then I will come back 3 to Heidi. 4 MS COATES: Just another comment about fear, actually, which 5 is around, if a child is being sexually abused in 6 a family situation or in an institutional situation, 7 that child, particularly if it is the oldest child, 8 takes on the responsibility for the rest of the family 9 and then will try to protect the non-abusing parent or 10 even the abusing parent and their siblings. So the fear 11 of engaging in a system or disclosing is extreme in 12 dysfunctional families more so than others because of 13 that responsibility. I think that isn't picked up by 14 the system very well. 15 MS KARMY-JONES: Thank you. Heidi? 16 MS CLUTTERBUCK: Just to point out, when you say about 17 recording as well, the other thing that needs to happen 18 is, whether it is the child engaging or an adult with 19 them, it has to be agreed, because when you are saying 20 about the training, if you have a professional who has 21 no understanding of the impacts and the issues around 22 CSA, how they record the information that you give and 23 interpret it is very different. 24 So the only way to overcome that is, once that has 25 been made and recorded, that those people sign it and</p> <p style="text-align: center;">Page 116</p>

<p>1 say, "That is what I meant and that is how I said it 2 and, actually, no, that bit needs to be said like this". 3 Because once it is recorded in that manner, if there is 4 a misinterpretation, that then has legs and will follow 5 people for years. 6 MS KARMY-JONES: Just thinking of your own experiences, just 7 as a question to throw out and put in -- and I don't 8 want this to be difficult and please don't answer it if 9 it is, but just thinking back, would it have been easy 10 for any victims and survivors to go through a process 11 like that at the time? Because it could potentially be 12 seen as frightening to go through that exercise of 13 signing documents. What do you think? 14 MS CLUTTERBUCK: It depends how you view it. Do you 15 remember when I said earlier how it was about you 16 learning to save yourself and realising that you could 17 be part of your own recovery? So in that way, it would 18 be a healthy process. But, of course, you have the 19 issue that you would need the support and the trained 20 professionals around you. But in terms of doing it, 21 I would say nobody gets anything right first time. So 22 if you had this mind-set, like you say, disclosure can 23 happen over a number of weeks or months, the mind-set 24 that what they say on that first session may not be the 25 whole picture, and actually we are going to keep</p> <p style="text-align: center;">Page 117</p>	<p>1 the other kind of fear, the fear of the supporter in 2 receiving disclosure and having an automatic reaction 3 of, "This is too complicated. This may be opening up 4 a can of worms", which was a phrase that Akima, who is 5 not with us now, I think raised yesterday. How do we 6 deal with that? Andrew, can I ask you to deal with your 7 point and then maybe think about that? 8 PROF COOPER: Perhaps I will touch on that as well. 9 It was just occur to me that, from the point of view 10 of the adult witness of the child's behaviour or 11 communications, professional or not, if you make 12 a record, you are faced with the question then, "Well, 13 what do I do now that I've recorded it?" First of all, 14 you notice something and then you make a notation of it, 15 as it were. 16 Recording it sort of faces you with the fact that, 17 "Maybe I have got to do something". Now, if you are 18 afraid and actually you feel that what you have seen is 19 uncertain, you can't quite make sense of it, the easiest 20 thing to do is not to make a record in the first place, 21 because then you are not faced with thinking about what 22 you might have to do. I think you get the point of me 23 making that point. 24 But it kind of links to your next question, which is 25 really to do with the way in which professionals</p> <p style="text-align: center;">Page 119</p>
<p>1 touching base. Does that make sense? 2 MS KARMY-JONES: Absolutely. 3 MS HAYES: I think it is about the process, really, and to 4 talk about gathering evidence. I assume we are looking 5 at criminal justice remedies. But before that, victims 6 and survivors actually need support that is not 7 connected or dependent on the criminal justice system. 8 Also, if that is in place as the priority, and, as Fay 9 said, that comes from specialist voluntary sector orgs, 10 then perhaps the next phase of gathering the evidence 11 wouldn't be as complicated. 12 MS KARMY-JONES: Jennie, was there something you wanted to 13 add? 14 MS GRACE: You know when you go to the Rape Centre for -- 15 the place, you are recorded, you are filmed, and it is 16 frightening, it really is frightening, but, you know, 17 for me, if I knew that, in hindsight, the recording 18 would keep the documents, everything I said, in place 19 and intact in what I was saying, I think I would have 20 agreed to it, because you want truth, you want to be 21 heard. So that is stronger than the fear of being 22 recorded, I think. That's me personally. 23 MS KARMY-JONES: Can I just touch back, and this may be 24 dealing with something -- and by all means go back to 25 the point that you want to raise, Andrew, but just with</p> <p style="text-align: center;">Page 118</p>	<p>1 themselves need support to think about these things, and 2 so the whole role of what we sometimes refer to as 3 supervision or reflective supervision, in all sorts of 4 settings, not just clinical settings but in schools, is 5 critical, because people have to be helped to think 6 these things through, to stay with the difficulty of 7 what they might be seeing or witnessing or having 8 difficulty making sense of, and so behind the person who 9 is in a position to actually move something on, there 10 has got to be someone else helping and sustaining them 11 and helping them think. 12 This of course implies more skill, more training and 13 more money, probably, but if we want a decent response, 14 it is a big part of the picture. 15 MS KARMY-JONES: Thank you. Sheila? 16 MS COATES: Whilst I totally agree that there are many 17 professionals, both in the statutory and voluntary 18 sector, who are frightened of dealing with abuse, there 19 is also an element of staff, both voluntary and 20 statutory, who are outright hostile to victims and 21 survivors. They are two different issues that need two 22 different responses. 23 The hostility element is the responsibility, really, 24 of managers of services: the supervision of staff, the 25 managing of staff, the line management. That should be</p> <p style="text-align: center;">Page 120</p>

<p>1 something that's picked up in the process of being in 2 their profession. I think there is a particular issue 3 about managers and senior managers and directors being 4 trained to be able to identify hostility. That 5 hostility comes from the culture that we all live in. 6 We have spoken a lot over two days, and the bit 7 that's missing for me is that this is part of our 8 culture and other countries' culture. That's where 9 child abuse sits. We are all members of society, and we 10 bring that cultural attitude into our work. That is 11 something we really need to focus on and figure out how 12 we deal with that.</p> <p>13 MS HAYES: I would like to agree with Sheila. I think the 14 fear of professionals around receiving disclosure is 15 absolutely rooted in the fact that child sexual abuse is 16 endemic in this society and, in fact, globally. Nobody 17 generally wants to believe the proportion of it, the 18 level of it, because it's a stain on humanity, and it is 19 quite difficult to acknowledge that, really, because 20 then you have to get active and do something about it. 21 Until we are able to take a whole societal approach 22 that opens this up and acknowledges it as the disease 23 that it is -- if it was cancer or something else 24 gripping us, we'd be all over it, looking for ways to 25 deal with it, but it's hidden and it's brushed under the</p> <p style="text-align: center;">Page 121</p>	<p>1 information and upskill children around these issues, 2 and wider society, and I think if we could effect some 3 change within schools and how the curriculum works and 4 what are the key issues, I think we would make a great 5 difference, actually.</p> <p>6 MS KARMY-JONES: Thank you. Andrew? 7 PROF COOPER: Well, it is a huge question that you have 8 asked, I think. One thought I have is, again, back to 9 this inquiry: the research evidence of various kinds -- 10 and I don't just mean the kind of quantitative evidence, 11 but the narrative evidence that I think has been 12 collected and will emerge from the Truth Project -- will 13 form an immensely powerful basis for sort of public 14 communication if a way can be found to make best use of 15 it.</p> <p>16 Now, we all know the extraordinary sort of 17 viciousness and turbulence that can arise in the public 18 sphere when a case of child death breaks into the open. 19 I mean, the sort of social dynamics are nightmarish. So 20 the question is, is there a way to communicate publicly 21 that catches the attention of the culture, the wider 22 public, about child sexual abuse that doesn't create 23 those kinds of vicious dynamics, but isn't afraid of 24 taking the issue into the public sphere which will cause 25 turbulence, because this is a -- you know, as the</p> <p style="text-align: center;">Page 123</p>
<p>1 carpet, and unless we are able to address that, we are 2 not going to make very much progress at all.</p> <p>3 MS KARMY-JONES: So help us with this. We have talked about 4 things being brushed under the carpet. We have talked 5 about needing to break the cycle. We have talked about 6 crisis points and things like that. So what do we do? 7 MS WINDLE: As a centre that works with children, we have 8 phone calls all week where people -- we have got 9 professionals asking for help with that fear, and it is 10 not a service that we advertise, but because we work 11 with children, people are -- we have got school mentors, 12 school nurses, GPs, asking us, "What should we do in 13 these circumstances?"</p> <p>14 I think there are centres of expertise and services 15 like ours, but it is not something we are funded to do 16 because we are funded to do the therapy side of things 17 and struggling with the waiting lists that we have. So 18 I think there is a case of upskilling services like 19 ourselves so that we have that ability to have that 20 advocacy and advice and to then do training beyond that. 21 So there are options and people are seeking us out 22 without us actually coming forward and being advertised.</p> <p>23 MS KARMY-JONES: Thank you very much. Anyone else, 24 suggestions, positive suggestions? 25 MS HAYES: I think schools are a great place to share</p> <p style="text-align: center;">Page 122</p>	<p>1 speaker over there said, it is a profoundly disturbing 2 issue at a global social level.</p> <p>3 So to really move on, there is a big risk to be 4 taken, but this inquiry is gathering the kind of 5 grounded evidence that could make that possible, not 6 just a kind of campaign, but a real sort of movement, 7 something of that kind.</p> <p>8 MS KARMY-JONES: Thank you. Jennie, you had a contribution 9 to make? 10 MS GRACE: I was thinking down the lines of having 11 a designated person in the school, because teachers 12 aren't -- you know, we are taking teachers away from 13 their profession, and it is over-fearing. Instead of 14 focusing on what we can teach the teacher, let's empower 15 them by having somebody there they can go to as well as 16 those disclosing, so you have someone who understands 17 about abuse. The teacher can go and say, if it happens, 18 "I have got someone", you know, and that person can come 19 alongside that. But the way that I feel it needs to be 20 done is, whoever is in that school has to somehow meet 21 the pupils in that school, whether coming into class, 22 doing a couple of lessons, so it is a familiar face. So 23 it is just kind of like -- we have to be gentle, but 24 strong, and that's the only way forward. Like Andrew 25 was saying, we have to rock the boat. That's the only</p> <p style="text-align: center;">Page 124</p>

<p>1 way we can make a difference, rocking the boat, but in 2 a positive way. 3 MS KARMY-JONES: Thank you. Gabrielle? 4 MS SHAW: Just an answer -- well, not an answer, a response 5 to your question about what do we do about positive 6 movements, and in regard to what Andrew said as well, 7 I think it is a multifaceted approach, and it may be 8 helpful to look at the good work that's already ongoing. 9 As well as this inquiry, for instance, let's look 10 culturally at how child abuse is treated in the media 11 and there have been several shows over the past few 12 months, or couple of years, "Broadchurch", 13 "Three Girls", et cetera. It is an issue that's 14 starting to come up and starting to be treated in that 15 kind of environment, and through the media it will reach 16 many, many, many millions more than we could ever hope 17 to do as an inquiry. 18 What we can feed into that and how we engage in that 19 would be useful, and something I also mentioned 20 yesterday, and I sound like a poster girl for it, 21 I don't mean to, but the NHS Education Scotland and the 22 Scottish Government rolling out "Transforming 23 Psychological Trauma", which is training the entire 24 Scottish healthcare workforce in trauma-informed 25 services. We can celebrate that and try to roll that</p> <p style="text-align: center;">Page 125</p>	<p>1 Also within schools, a zero tolerance policy. You 2 know, sexual assault is sexual assault. It is not 3 "banter". It is not children making discoveries and 4 just having a laugh. It is sexual assault. We need to 5 be clearer with schools about what the guidelines are, 6 what you can do, and also educating children about what 7 true consent is. 8 MS KARMY-JONES: Thank you very much. Baroness? 9 BARONESS NEWLOVE: I think culture is a big issue of 10 recognising what problems we have and accepting that it 11 needs to be reported and understood if it is within the 12 families. 13 Also, another thing. We go on about schools, but 14 I know with other crimes -- and I always look at the 15 victim, not the crime, because it is around their needs, 16 their support, that we have got to enable them to gain 17 confidence. How do you break the cycle of schools not 18 knowing they have the issue? Because a lot of schools 19 don't recognise knife crime, they have alcohol issues. 20 I think most of this is, as the inquiry goes along, we 21 have got to put a lot of investment into this. It has 22 not just got to be piecemeal, political, or whatever. 23 Because we have excellent services here, and to shine 24 good practice of the visits I see across the country, it 25 is working together as joint cooperative pathways to</p> <p style="text-align: center;">Page 127</p>
<p>1 out across the UK, push that agenda, because I think 2 that would make a material difference to people coming 3 forward and disclosing today. 4 MS KARMY-JONES: Thank you very much. Jocelyn? 5 MS ANDERSON: I know I touched on it yesterday, about 6 training. Social work training, the input in our local 7 university is two hours on sexual violence, and that's 8 because we do the input. There is very little education 9 out there for professionals. If you are expecting 10 a social worker to recognise indicators of abuse, it 11 takes more than two hours. 12 Unless you are looking at safeguarding teachers, 13 there is very little input on sexual violence and what 14 actually constitutes sexual violence. 15 You are talking about trauma-informed. Some of 16 the courses are brilliant, but a half day isn't going to 17 cut it. It needs to be a proper educational programme 18 that is society wide. Because there are the programmes 19 on television and so many people you hear the day after 20 going, "Oh, but I don't believe it", because people 21 don't want to believe it. It is that societal element 22 where people still turn away because they don't want to 23 look at sexual violence, they don't want to accept it is 24 there. It is that element of: it is; what are we going 25 to do about it?</p> <p style="text-align: center;">Page 126</p>	<p>1 make it clear. 2 Most importantly, I don't think you just need advice 3 in school, I believe and keep saying we need an advocate 4 to speak for that victim, that survivor, because if 5 it's -- it is not present, they have got a lot of 6 experience and they need to get off for many years and 7 their voice can be missed. So we must ensure we have an 8 adviser who speaks and can gain that confidence. So 9 they recognise all these support centres that go around 10 there, but you can't keep just doing it on piecemeal 11 funding. I think that's the priority. We could say 12 a lot here about what's good, but if anybody is taking 13 this very seriously, this is where government has got to 14 put in a lot of funding to make this consistent so that 15 culturally everybody understands it and has no fear to 16 go forward. There will be a support mechanism in place. 17 MS KARMY-JONES: I think there are some people in the public 18 gallery who will very much welcome those observations, 19 bearing in mind some of the comments we had earlier in 20 the day. So thank you for that. 21 Sheila, I think you had a comment? 22 MS COATES: This might be really off the wall because 23 I think you have asked quite a hard question. It will 24 take us all six months to work something out. 25 One of the things I have always remembered is</p> <p style="text-align: center;">Page 128</p>

<p>1 a group of survivors saying to me they don't like the 2 term "child sexual abuse", and I have a bit of a thing 3 about language. I think language is really important. 4 They didn't like the term "child sexual abuse" because 5 they felt "abuse" is a word that's used for drug abuse, 6 alcohol abuse, it is something you do to yourself. 7 I thought about that quite a lot. But that issue 8 has sort of subsided a bit. But I think it is worth 9 raising here, maybe we need to think about the language. 10 I am raising it in terms of, when you talk to 11 professionals and professionals working in the statutory 12 and voluntary sector who work with child sexual abuse 13 day in and day out, they know what it is because they 14 hear it. So they are very aware of what it is and they 15 know what they need to do to help and support. 16 When you talk to members in society, they don't know 17 what it is. There is something about the term "child 18 sexual abuse" that hides what it actually is. I think 19 maybe, as a society, we need to be brave enough to 20 actually start saying what this thing is. I think as 21 you said, Gabrielle, the stuff with "Three Girls" on the 22 TV, whenever it was, a few weeks ago, that was brave 23 enough to show what it is, what child sexual 24 exploitation is, what child sexual abuse is. Maybe the 25 material that we start producing needs to be a bit less</p> <p style="text-align: center;">Page 129</p>	<p>1 adult survivor, a long time to own the word "rape", 2 because it was easier for me to talk about child sexual 3 abuse than to say, "Three four or four times a week, my 4 dad raped me", because it wasn't grooming, it was 5 violence, it wasn't ever welcome, and to try and explain 6 to somebody else what that does to a child, including 7 a pregnancy, including suicide attempts, and then them 8 turn around to me when I first began -- you talk about 9 records -- when I first began talking about this, it was 10 in those early days when you were talking, 11 Professor Cooper, about how people viewed this subject. 12 I can remember being in a training course when 13 I first set up CIS'ters and hadn't disclosed to the 14 other delegates, and they were talking about, you know, 15 "Most of this is just imaginary. Children fantasise 16 about having sex with their parents", and sitting there, 17 screaming in my head. 18 One of the issues we have is that adult survivors 19 have had prior experience of societal and professional 20 views and myths about this topic, and I think we can 21 educate as much as we want in schools, but you know 22 those kids aren't in school every day, they are living 23 in society and they are seeing their GP and they are 24 seeing other professionals, and how they talk about this 25 topic, how their neighbour talks about this topic, shuts</p> <p style="text-align: center;">Page 131</p>
<p>1 safe and we need to start really thinking about how we 2 show society what this is. 3 I know someone said to me once, "It is just a bit of 4 tickling, isn't it? It's touching". Lots of people 5 still don't know what it is, and we will never get 6 anywhere until that changes. 7 MS KARMY-JONES: Maybe it is also a question of not 8 understanding what the impact of it is as well. 9 MS COATES: That, too. 10 MS KARMY-JONES: Thank you. I can see the time, so I would 11 like to open things out to the public gallery, if I may. 12 There is a lady -- yes, behind you -- hello, Gillian. 13 Comments from THE PUBLIC GALLERY 14 MS FINCH: A couple of things. I have been sitting here, 15 just going a bit bonkers, really. 16 I totally agree with Sheila. I think, as a society, 17 we soften this subject, don't we, by saying "child 18 sexual abuse"? We talk about the "rape" of adults and 19 "sexual violence" and we talk about "child sexual 20 abuse". Actually, a lot of sexual abuse of children 21 includes rape. 22 What I found when I first started to disclose was 23 that people weren't willing to hear it. People were 24 trying to rationalise to me what had happened to me 25 because it made it easier for them. It took me, as an</p> <p style="text-align: center;">Page 130</p>	<p>1 them up. 2 I think we need an awareness campaign similar to 3 that which we had about 15/20 years ago around domestic 4 violence, where we showed it in its enormity of what 5 domestic violence is and how it silences the victim. We 6 need something similar. It needs to be two-pronged. 7 The other thing for me is around record keeping. 8 I do want to return to this because there is a bit 9 that's been missed. I'm an army brat and there are an 10 awful lot of adults out there who were born into 11 a service life because that's where their parents were 12 at the time. My records, and I know this is the same 13 for lots of other people -- not everybody, but lots of 14 other people. My childhood records never made it into 15 the NHS system. So all of the stuff that's been 16 documented about some of the things I experienced as 17 a child have never made it into my file, and they have 18 never been able to find them. They are no longer -- 19 they don't exist. 20 But that's not just the NHS record, the army record, 21 it is also the fact that at 12 and a half, when I was 22 running away, I went to the police. Then, as an adult 23 survivor, I wanted to go back, as part of my healing 24 journey to find what I had said when I'd said it, and 25 that record no longer existed. So I think it is not</p> <p style="text-align: center;">Page 132</p>

1 just records when somebody has disclosed, it's the
 2 records that form part of the journey into their owning
 3 this topic and being able to let go of some of it.
 4 Those records are also important.
 5 MS KARMY-JONES: Thank you. Anyone else? Yes, Chris?
 6 MS TUCK: I think, going back to the records thing as well,
 7 I have done, like Gillian, going back to find records
 8 for part of the healing journey. Social services: no
 9 records. We went through the court system. My mum got
 10 custody. My dad was a paedophile. He got put away.
 11 The schools: no records. The police, we reported
 12 twice: no records. Why is that? Did I not exist? Did
 13 it not happen? I know it happened, but I have got no
 14 back-up for any of it.
 15 Doctors' records. We weren't ever taken to the
 16 doctors. They kept us away from the doctors. So
 17 there's no records of anything. Why didn't I go when
 18 I was an adult? Because I was ashamed and I didn't want
 19 a bad health record because then I wouldn't get a job
 20 and I couldn't progress in my career. So you suffer in
 21 silence. It is just not adequate. It does need to
 22 change. It needs to get better.
 23 MS KARMY-JONES: Just on that, something that comes up a lot
 24 is where records aren't well kept obviously. The
 25 problem with that is that it leads to the accusation

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1 that there is no record. Therefore, it didn't happen.
 2 That's something that really has to be -- in my view,
 3 giving evidence briefly and outstepping my remit, it
 4 does need to be addressed. But if we can carry on
 5 around the public gallery.
 6 MR ROBSON: Peter Robson. With reference to you talking
 7 about the records there, the professor there saying,
 8 when somebody goes to somebody, "Blah, blah, blah ...
 9 shall I write it down?", he said no. (Whistles). That
 10 rings a bell again.
 11 My experience just recently, I'm being told, "Why
 12 didn't you say anything earlier? Why wasn't it
 13 mentioned earlier?" Since 1970, I forgot one incident
 14 in my life which brought all this back to me, and that
 15 was where it was put on record by a social worker the
 16 abuse that was going on in the family and I forgot all
 17 about that. But now I'm having to prove it. Now I have
 18 realised that. In court, about 1970, it is on record.
 19 If it is on record somewhere, it will be caught and it
 20 will be kept. So people should keep records if people
 21 are saying children are being abused.
 22 The other thing is the Cleveland child abuse crisis.
 23 Are there any statistics on that? The people that
 24 started that crisis up opened a can of worms. A lot of
 25 people got put into gaol for things they didn't do as

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1 well. I would like to know the statistics on that since
 2 they have done that. How many people that've been found
 3 guilty have subsequently been found not guilty? I know
 4 one man in that crisis who killed himself and left
 5 a deathbed statement saying he did not touch his
 6 children. Did you know that? No. Not many people do.
 7 But I also know the other fact that the lady who
 8 read it -- not the judge -- Judge Butler-Sloss, was it?
 9 Dr Marietta Higgs was asked a question in the courts,
 10 "How do you know this man has abused that child?" Her
 11 reply, and it's in the papers at the time, was, "I did
 12 it to my own children to see what the results were and
 13 what happens". My first question at that time -- and
 14 I blew up -- like I said, 1979, and I remembered, and
 15 I thought to myself, "Why the dickens hasn't she been
 16 prosecuted? She's just said she done it to her own
 17 children".
 18 MS KARMY-JONES: That lady isn't here to answer for herself,
 19 so we do have to be a little bit careful about some of
 20 that.
 21 MR ROBSON: It is in public records.
 22 MS KARMY-JONES: I absolutely accept that, but we do need to
 23 be a little careful.
 24 MR ROBSON: I could name the social worker as well.
 25 MS KARMY-JONES: Don't, please, just for the moment.

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1 MR ROBSON: You're going back to 1979. You've hit me on the
 2 head again. These things have been building with us.
 3 MS KARMY-JONES: It is not a question of trying to stop you.
 4 MR ROBSON: I apologise for that.
 5 MS KARMY-JONES: You understand what I mean? We have some
 6 difficulties with that.
 7 MR ROBSON: I accept that. These things do affect us and,
 8 like I said, over the weekend, I'm crying for my mother,
 9 I'm a little child. I'm 66. A 66-year-old crying for
 10 their mum.
 11 MS KARMY-JONES: One of the points that's been very
 12 effectively made by many of the people who are victims
 13 and survivors here today is, whatever age disclosure is
 14 made, no matter how old you are when disclosure is made,
 15 you are the child when you make that disclosure, and
 16 that's, I think, someone that everyone recognises.
 17 MR ROBSON: I tried to say the same, and I agree. Don't get
 18 me wrong. I'm here for the same reason as these ladies
 19 are. I'm trying to stop it happening to somebody else
 20 and that's what we need. If you don't keep a record of
 21 it -- if somebody comes to me, my first thing would be
 22 to phone the police up.
 23 MS KARMY-JONES: Thank you for that.
 24 MR ROBSON: No hesitation.
 25 MS KARMY-JONES: Thank you for the contribution. Now I am

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

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1 morning, but perhaps with that thought in mind, this
 2 would be an appropriate moment, chair, for our 10-minute
 3 break, 10 or 15 minutes.
 4 (3.00 pm)
 5 (A short break)
 6 (3.18 pm)
 7 MS KARMY-JONES: I did promise I would come back to one
 8 person in the public gallery, if I may, who wanted to
 9 make some observations. That's Laura, in the front row.
 10 Could we have a couple of observations quickly, please.
 11 MS WALTON-WILLIAMS: I just wanted to feed on a couple of
 12 things people had said that I thought were really
 13 important.
 14 I think, Jennie, you mentioned about the kind of
 15 recording and I think care on the language that's used.
 16 Because the fear is then that that could then be used
 17 against you in court, especially if you are using that
 18 child-like language. I think that is something that
 19 probably needs to be discussed in the criminal
 20 justice/Crown Prosecution Service area about the
 21 recording process and how well that is used to support
 22 victims, not to be used against them.
 23 I also wanted to feed on something Jocelyn said
 24 about the zero tolerance policy, which I completely
 25 agree with, but I think it is also important to look at

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

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

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1 sector could do more to work with families.
 2 I completely and utterly support that view, but we need
 3 the money to be able to do it. We are creaking at the
 4 seams, as it is, now.
 5 Discussion chaired by THE FACILITATOR (continued)
 6 MS KARMY-JONES: I'm going to come back to that in a moment.
 7 But just before we rose, I mentioned the differences
 8 that have been mentioned across the morning and the
 9 afternoon, the different needs in the way services are
 10 provided to different groups. I would just like to
 11 touch on that again. Professor Radford spoke about it
 12 this morning. We have had discussions about the
 13 distinction in what's needed by men and women, black and
 14 minority ethnicities, very young children, children,
 15 teens and those entering adulthood and young people in
 16 the prison system.
 17 I am just going to ask Michael if we can help us
 18 with some of -- if there is anything he wants to share,
 19 as a male survivor.
 20 MR MAY: Thank you. As I mentioned earlier, I'm wearing two
 21 hats while I am here. One of them is someone who, as an
 22 adult, sought help for events that occurred in my
 23 childhood and one is as a specialist provider, what it
 24 has been like to try to support other men who are
 25 searching for support for things that happened in their

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1 childhood.
 2 I was really lucky. I live in London. And so, when
 3 I was able to make the decision to begin to look at the
 4 legacy of the impacts of abuse in my life, there was an
 5 organisation that I could find that specifically worked
 6 with men, that had a longstanding history and track
 7 record of providing specialist support, that at the time
 8 only offered 12 sessions but actually, as a nascent
 9 survivor, 12 sessions seemed like a huge amount. It was
 10 terrifying to think I would actually go for 12 hours to
 11 talk about this thing that I had never talked about
 12 before. But it existed for me.
 13 It doesn't exist for the vast majority of male
 14 survivors around this country, and I'm going to swap my
 15 hats a bit here.
 16 I have been peeking in through the live feed at much
 17 of what's been happening over the last day and a half
 18 and many interesting things have come up. You talked
 19 about the divisions between the need base for
 20 colour-based diversity, for abilities-based diversity,
 21 for gender-based diversity not just male and female, but
 22 gender generally. I only really know about the male and
 23 female and a bit about the colour thing.
 24 In the world in which I live, I have experience of
 25 running groups, both online and in person, where men of

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1 all colours and all abilities say to me, "But it is
 2 impossible for me to find support, because I finally
 3 found the bravery to put my hand up and someone has said
 4 to me that I have to get on a train for three and a half
 5 hours in order to get my counselling, and I can't afford
 6 it and I don't have the time because I have a job. So
 7 I guess the only thing available to me is the helpline
 8 where I can't talk to the same person. I can't develop
 9 a relationship of trust for someone to be able to help
 10 me".
 11 I am, as I said, fortunate to live in London where
 12 a service existed. Baroness Newlove commissioned and
 13 authored a report for MOPAC, the Mayor's Office for
 14 Policing and Crime, for three and a half years now, in
 15 which they looked at the needs of victims across the
 16 capital and in which she highlighted, as one of the top
 17 three priorities, additional support for male victims of
 18 abuse. She didn't specify sexual abuse, it was abuse
 19 generally, although sexual abuse was one of the main
 20 cohorts.
 21 The results following on from that were, London,
 22 which is the city in which GBP875,000 a year is spent
 23 specifically on the provision of specialist support for
 24 victims who identify as female, and that is money which
 25 should be spent there, because the women's sector has

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1 done an extraordinary job and provides a robust and
 2 wonderful service. I have no question about that. But
 3 in the aftermath of this report that identified the
 4 needs of men and the fact that they had been
 5 marginalised and unspoken, what happened was the amount
 6 of money available to men, which was then GBP37,000 was
 7 reduced to 26, and it has not increased since then. So
 8 we live in the most densely populated part of
 9 the country, in the city to which everywhere looks to
 10 see excellence of provision, and we say to male victims
 11 and survivors, "Here is 26 grand. That should be enough
 12 for you". I know that your question was not about
 13 money, but symbolically, money means a great deal.
 14 The other thing that I will bring up, and my
 15 colleague, Sheila, who I know shares some of my
 16 thoughts, is that we operate in a system which is now
 17 very largely informed by the violence against women and
 18 girls, agenda and strategy, and that is a valuable piece
 19 of work which has come out of international thinking
 20 that really understands and respects that violence
 21 perpetrated against women and girls is
 22 disproportionately endemic in the world and in this
 23 country. Unfortunately -- an unfortunate, unseen and
 24 really impactful consequence of that is that the voice
 25 of men gets lost.

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

12 That's what I wanted to say.

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

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

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1 is evidenced and that will be actually increased by the
2 work that we are doing right now. People watching this
3 live feed are going to be impacted and may well need
4 service that isn't available to them for nine to
5 12 months.

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

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

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

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

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

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

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1 Victim Support, hello big players that make it easy.

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

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

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

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

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

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<p>1 Also, it is a topdown approach, where the design of 2 the service is made by the commissioners, who may or may 3 not have a clue about what's needed. I think we need to 4 go back to looking at grants, which are closer to the 5 community, they are available in small amounts to small 6 groups, but I think overridingly we have to acknowledge 7 that there is simply a lack of investment into services 8 for victims and survivors, and until we have some 9 political will and some real money on the table, this is 10 not going to change, and survivors and victims are not 11 going to have access to gender-specific or race-specific 12 services that they actually need.</p> <p>13 There are other issues around commissioning. You 14 know, apparently under austerity there is no money -- 15 not that I accept that -- and so what we see is a lack 16 of joined-up commissioning as well. Health have got 17 a very poor record in investing in these services, and 18 I'm sure we'd all agree that the impacts on mental and 19 physical health of sexual violence is enormous.</p> <p>20 So what we need is the fund holders to work together 21 to spend their money better, and we also need an 22 acknowledgement that statutory services just fail over 23 and over again to meet the needs of victims and 24 survivors, and we need some of that money diverted to 25 the voluntary sector.</p> <p style="text-align: center;">Page 149</p>	<p>1 Regarding health, health needs to be stripped right 2 back as well, because let's say we give you GBP1 million 3 for whatever you want to do, the actual legal side of 4 having therapy, it's one rule for everybody. We are 5 going through the same door. There is no fast track for 6 any other person. It is one door. That actually is 7 actually falling off, it seems, because it is flooded. 8 So we need really, to be more permanently and 9 professionally about this, to actually get all the ducks 10 lined up and actually we all enter at the same pace, 11 that we have the resources to tackle the issues, we have 12 the resources to actually get the quality of workers, 13 because it is about quality, it is not about volunteers 14 who do a really good job, but having quality 15 professional workers which I have to say we haven't got 16 enough in this country to do this.</p> <p>17 Secondly, have that advocate that speaks for that 18 victim right through, so if there is a gap, they are not 19 left in the abyss. They are not signposted to just say 20 "Well, thank you very much, we have done our bit", and 21 then everything else. And actually collaborate with 22 small organisations and the big organisations, because 23 the small organisations may not want to be so 24 successful, but the reason why there is small 25 organisations is because victims have set them up</p> <p style="text-align: center;">Page 151</p>
<p>1 MS KARMY-JONES: Baroness Newlove, I think you had an 2 observation?</p> <p>3 BARONESS NEWLOVE: I'm not going to disagree with any of 4 the speakers there. I am actually nodding my head. As 5 Victims Commissioner, I travel around the country to 6 look at all the PCCs we are commissioning, but most 7 importantly to speak to victims on the ground to see if 8 they are receiving that service. I think it needs 9 stripping right back. If we are going to really be 10 serious about how we handle any victim of crime, we need 11 to be very serious how we do this. You know, there are 12 lots of pendulum-swinging messages that we are going to 13 support this, we are going to do this, but take politics 14 to one side. First of all, you have to recognise the 15 injury that's going on for these survivors or victims, 16 whatever they are saying, and it is not about labelling, 17 it is what they are comfortable in, but most importantly 18 I do think we should have more collaboration. There 19 needs to be more agencies working together, but not any 20 agency owns the pot. It is in the middle of 21 the table -- I have said this for a long time -- so that 22 there is accountability. We need to strip back to see 23 with these agencies how many victims they do work with 24 and it is not just going into an organisation to supply 25 workers and not actually supply support for victims.</p> <p style="text-align: center;">Page 150</p>	<p>1 because there is a gap. Actually, we shouldn't be 2 belittling them, we should actually see there is a gap 3 and there is a need for them to be brought together. 4 Nobody owns this arena. There is a subject we need to 5 make sure everybody gets healthier from.</p> <p>6 I think also the funding which I have written to the 7 ministers about, the formula is incorrect. I have put 8 it on my website. I don't believe in having annual 9 funding. That doesn't give you consistency. That 10 doesn't give you quality. That doesn't give you true 11 data to say this is working. It is not true 12 measurements. I believe you should be three-year 13 funding, so that, like you would run a business, it 14 gives you the time to embed, to get your workers and 15 actually get true evaluations from victims and survivors 16 on the ground, so that actually can look at a proper 17 funding formula. Also, we have devolution, so it is 18 very postcode lottery. The formula, it doesn't really 19 result in what your population is. It is actually what 20 is on the ground, we need to make sure we have got the 21 right resources.</p> <p>22 I meet some fantastic workers. We could do all 23 this, in a sense, but we have to be serious. This has 24 to be stripped right down, making sure victims have the 25 rights, they have redress routes, and recognise that we</p> <p style="text-align: center;">Page 152</p>

1 need to work smarter together to ensure we give healthy
 2 and safety journeys for these victims and survivors.
 3 MS SHAW: Excellent points, actually, most of which I was
 4 going to make myself anyway. But just to echo what
 5 Michael, Vivienne and Baroness Newlove have said, and
 6 picking up one of the points you made very powerfully,
 7 Baroness, about the length of funding, in a way, trying
 8 to be to be understanding, you can see why government
 9 currently tends to give one-year funding, because they
 10 have been burned before, and we know the names of
 11 charities who have gone to the wall and been given lots
 12 of money. So you can understand that.
 13 I can only agree with you that you spend most of
 14 that year desperately trying to account for that funding
 15 and then the next six months of it preparing for the
 16 next round of funding. That doesn't lead to security of
 17 service for survivors and victims and those we are meant
 18 to serve. So that would be a huge, huge shot in the
 19 arm.
 20 I think -- obviously, like Michael said, we are
 21 accountable. We are delivering a service. It needs to
 22 be evaluated. But we also need that security of
 23 a slightly longer term of funding. So I can only agree
 24 with what you have said there.
 25 MS KARMY-JONES: Thank you very much. Namita? We haven't

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1 heard from you, I don't think, yet.
 2 MS PRAKASH: There are a couple of points that I wanted to
 3 make. To start with, the funding or the commissioning
 4 landscape is changing and it is changing very rapidly.
 5 My colleagues have already talked about tender, which
 6 has disadvantaged smaller charities like ours providing
 7 services in a small area, because you don't have the
 8 expertise, you don't have the manpower or the resources,
 9 to be able to do a 60-page tender and try to answer all
 10 the technicalities that's there.
 11 Secondly, the point about devolution of funding,
 12 which is happening -- which has happened already,
 13 I would say, but it is specifically in regards to PCCs.
 14 So what I am noticing or what we are experiencing as
 15 a sector is each area, in terms of PCCs, is devolving or
 16 designing their own funding strategy, their own
 17 understanding of what's needed or what's not needed, and
 18 it is not working, unfortunately, for the sector,
 19 especially for small organisations. That includes
 20 things like going for big contracts. So one contract
 21 for a massive area. Of course, a rape support centre
 22 can't do that. So they would have to go in with other
 23 players, if possible. Most of the time, it is not,
 24 because it is all about money. We say it is not about
 25 money, but unfortunately, at the end of the day, it is

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1 about money.
 2 Also, it is redesigning services, and the fact that
 3 a lot of these big contracts are going to non-specialist
 4 services is a big concern. Specialist services -- and
 5 we have been talking about that this whole day today,
 6 and I hear other colleagues and speakers talk about
 7 that, but that's being missed. I have heard
 8 commissioners say that, "We don't recognise you as the
 9 only specialist service", but anybody providing
 10 counselling is specialist. So it is losing that focus,
 11 losing the amount of work that's been done over decades
 12 and years into building an organisation with the right
 13 ethos, the right culture, the right staff with the
 14 training and the passion to do the right work. It is
 15 all -- losing all that through that.
 16 Also, I would like to talk about Ministry of Justice
 17 funding, so the rape support funding, you know, I just
 18 want to applaud that, because that is one of
 19 the consistent fundings that has helped the sector.
 20 However, there are concerns that it is going to be
 21 devolved to PCC as well. That is, again, raising that
 22 as a concern because it is not going to be helpful. It
 23 is the rape support centres, the Rape Crisis centres,
 24 that are going to lose the funding.
 25 My last point is about NHS and CCGs. We don't get

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1 any funding from there. It is about how we can get them
 2 to join the funding bandwagon or commissioning process
 3 and help the sector, because we get a lot of referrals
 4 from there. We've got -- the usual wait in CAMS is nine
 5 to 18 months, 26 months in some cases that I have been
 6 told recently, and most of the clients are children and
 7 young people who don't want to go there, they want to
 8 come to us. Yes, we work with them, but how do we
 9 continue to work with them without even one iota of
 10 funding? Thank you.
 11 MS EGGLESTON: There is so much to say and not much time
 12 around commissioning. In fact, "commissioning" and
 13 "sustainability" are two of my least favourite words and
 14 I feel they have completely lost their meaning. We have
 15 heard a lot over the last two days in testimony given
 16 here and between us we have collectively looked at the
 17 hundreds of years, probably, of testimony around
 18 services being needs-led. What we are finding is
 19 needs-led is not what is funded.
 20 So one of the things I would like to inquiry to look
 21 at is the origins of some of the funding streams. When
 22 we talk about the rape support fund, that's from
 23 surcharges of fines, and, when we look at NHS funding,
 24 the origins of that is offender management.
 25 So I would like the inquiry to do some thinking or

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<p>1 research around where these funding streams come from, 2 because, as Michael said, when the funding stream comes 3 down and it is devolved, it doesn't end up landing at 4 our desks, because, in that process, things change and 5 commitments locally or different agendas mean that the 6 funding doesn't go where it should. 7 I think probably I spend the majority of my life now 8 trying to sustain services and talking about 9 commissioning instead of being able to develop services 10 and meet some of the needs that have been expressed so 11 eloquently here and in other places. 12 It frustrates me a lot when you ask the question, 13 "What can help, what can we do different?", because 14 I think that this inquiry, along with all the other 15 zillions of inquiries and recommendations and reports 16 that we have all been involved in collectively around 17 this table and in the audience, has been quite clear 18 about what works, where funding needs to go and what 19 needs to change, what needs to happen, and it feels like 20 we are stuck. 21 Someone said earlier there is a block. 22 Commissioning or the procurement process has been one of 23 the -- I think has been one of the most significant 24 things that have stopped partnership working, because 25 where we may have been joined up or do multi-agency</p> <p style="text-align: center;">Page 157</p>	<p>1 many dimensions. So it's geography, it's type of 2 service, it's source of funding. 3 We really need to move to a space where it is victim 4 and child focused. 5 There are some good initiatives, and we have heard 6 about some this morning. The child house, which the 7 NSPCC knows a bit about because we are involved in it, 8 is a good initiative that brings together the mental 9 health support, the therapeutic support, the support 10 through the court system, which can often undo a lot of 11 the support that has been received by the victims in 12 their therapeutic journey, so bringing anything in this 13 space that actually cuts across the barriers of a very 14 fragmented commissioning and brings it all together and 15 wraps it around the victim is really what we need in 16 this space. 17 MS KARMY-JONES: Thank you. I am just going to ask Kyra if 18 you have anything to contribute to this discussion? 19 MS BOND: In terms of commissioning models, it is evident 20 that we need a much more joined-up approach and the 21 commissioning model needs to model that for the sector. 22 We have actually set up a Bristol Sexual Violence 23 Consortium which is working really well, and I think it 24 is a good commissioning model, where we are not actually 25 competing against each other and there is actual added</p> <p style="text-align: center;">Page 159</p>
<p>1 work, it's now very competitive. For example, without 2 going into hours of details, which I could easily do 3 about procurement, often before a tender is announced, 4 you're invited to a marketplace, and in that marketplace 5 you're expected to share your expertise, your knowledge, 6 your service delivery, in a very public forum, and they 7 are very big players, some of them are -- there are very 8 few little providers that are able to compete for some 9 of the tenders we go for and some of which we are 10 excluded from going for because we don't come under care 11 quality guidance or provide forensic services, and they 12 then take our ideas, they contact us, they expect us to 13 work in partnership for nothing. Then, when that tender 14 is awarded, there is no funding and we are asked to do 15 it in a voluntary capacity. 16 We have seen that happen over and over again, and 17 I think that unless something -- you know, we have said 18 it a lot, around that political will. Unless that 19 changes, then by the time this inquiry reports, there 20 won't be many of us left to deliver whatever 21 recommendations come out. 22 MS KARMY-JONES: Thank you for that. Almudena? 23 MS LARA: I think my points have all been made, but just to 24 stress again, what we see and experience is a very 25 fragmented market for commissioning and that cuts across</p> <p style="text-align: center;">Page 158</p>	<p>1 value that service users are getting in terms of our 2 wrap-around services and the additional support that 3 they can get. 4 It is working really well for us in Bristol and 5 I think it is a model that could perhaps be rolled out 6 in other areas in the UK. 7 MS KARMY-JONES: Jocelyn, I think you had a comment to make? 8 MS ANDERSON: I think for me as well it goes beyond the 9 commissioning model. There are a lot of reports that 10 come out, there are a lot of recommendations, but they 11 never have any teeth. 12 So when you are going to commissioners locally and 13 you are saying, "Sexual violence needs this", "It is not 14 my responsibility". Neither health nor local 15 authorities will pick up any responsibility for sexual 16 violence because they don't have to because there is 17 nothing backing that and saying, "You have to provide 18 this service" in any format. So we drop out time and 19 time again, and we just get passed from pillar to post. 20 The PCC locally for us has been very supportive, but 21 he is very, very clear that he is not involved in 22 counselling, which is a health responsibility, and 23 I have got to be honest, I agree, it should come to 24 health. 25 But there is no buy-in, no discussion. We can't</p> <p style="text-align: center;">Page 160</p>

<p>1 even meet with the health commissioners locally because 2 they just say, "Well, it is not our responsibility. It 3 is NHSE, it is NHS this, it is the CCGs", and you get 4 passed from pillar to post, because there is nothing 5 that says they have to actually contribute. 6 MS KARMY-JONES: Thank you. And Sheila? 7 MS COATES: Commissioning drives me insane. What we have is 8 a broken commissioning landscape, and it is only going 9 to get worse. 10 Just for people's information, Lloyds Bank 11 Foundation produced a report in 2016 called 12 "Commissioning In Crisis", so if anyone wants to know 13 more about the commissioning landscape, it is a very 14 good report. 15 I tried to think about good commissioners, and 16 I can't think of any. I'm glad to hear about Bristol. 17 I had heard of Bristol. And, Jocelyn, I knew about your 18 area and your PCC, but it is very hard to find examples 19 of good commissioning. 20 If commissioners are not doing their job properly, 21 which I actually think they are not, then where are the 22 sanctions for commissioners undertaking processes that 23 are really unfair, that are often not transparent, and 24 that are not fit for purpose? There needs to be some 25 searching on what commissioners are actually doing.</p> <p style="text-align: center;">Page 161</p>	<p>1 MS KARMY-JONES: Thank you. Fay? 2 MS MAXTED: Thank you. When we talk about commissioning and 3 services, what we are actually talking about is the 4 process that adult survivors and child victims can 5 access, with the aim of recovering from what's happened 6 to them. Somehow, that all gets lost in the discussion 7 of how much this costs or how many sessions can be 8 provided for this amount of money. 9 As Sheila was saying, what commissioning does is, it 10 funnels services in a particular direction so that they 11 deliver similar things to statutory services, which for 12 the voluntary sector is a complete travesty of the way 13 they were set up, in a response to survivors' needs 14 directly. 15 For example, peer support is not well supported 16 through commissioning processes, and yet it is crucial 17 for survivors to meet other survivors to normalise 18 what's happened to them, to meet other people who have 19 experienced the same thing and can meet them on equal 20 ground. 21 The vast majority of sexual abuse and rape support 22 centres and Rape Crisis centres I would say were set up 23 by survivors themselves because of that gap that we 24 talked about earlier. So that survivor-led focus runs 25 through the whole of the specialist sexual violence</p> <p style="text-align: center;">Page 163</p>
<p>1 For me, commissioners don't understand sexual 2 violence, and that's the first problem. So sexual 3 violence and sexual abuse does not exist in most 4 commissioners' heads. They commission perpetrator 5 programmes, domestic violence services and stuff linked 6 to crime, other crime. But "sexual violence" does not 7 exist as a term and neither does "child sexual abuse". 8 That's the same with health commissioners. We have to 9 change that, and it is very difficult changing that. 10 But linked to what Namita was saying, the whole 11 funding landscape has completely changed. So where we 12 might all be thinking, "We need money for this, they 13 need money for that, we need grants for this", it's 14 over. The grant system is over. We are all being 15 forced down a tendering route, and that route is 16 generic. They don't care whether you are providing 17 services for men, women, children, you will do it all. 18 You will do everything under the tender. 19 Usually, they don't take a proportionate approach. 20 There is not any emphasis on social value or long-term 21 value. There is no challenge on poor commissioning 22 processes. There is no transparency. There is no 23 chance for CSA services to maximise their potential. 24 So the whole thing about commissioning I think needs 25 more time and more discussion, but it is a mess.</p> <p style="text-align: center;">Page 162</p>	<p>1 voluntary sector, and it has been a crucial element in 2 raising awareness locally of the needs of survivors and 3 in driving attempts to secure funding for services. 4 The value of those centres in a community is not 5 just about the services they deliver, it is about the 6 fact that they train volunteers. They train volunteers 7 who then become specialist counsellors in working with 8 survivors. They allow opportunities for survivors to 9 volunteer and pay back into that service, which is 10 a wonderful way of combating post-traumatic stress. You 11 are actually turning that negative experience into 12 something which is positive. 13 All of that, for me, is endangered by commissioning 14 processes which do favour large organisations which 15 don't think about the variety of services or the variety 16 of input that a survivor might need around all of 17 the impacts that they have experienced, and that variety 18 is lost and that passion and drive to work with 19 survivors for survivors is lost in the commissioning 20 process. 21 MS KARMY-JONES: Michael? 22 MR MAY: I will keep this quick, but I am very minded, in 23 the light of what Fay said, to think about this report, 24 "The Impact of Child Sexual Abuse". 25 One of the issues for me about commissioning is</p> <p style="text-align: center;">Page 164</p>

<p>1 that, to this point, we have never had a piece of work 2 like this that said, "Actually, human beings who have 3 experienced in their childhood these events suffer these 4 things", because most survivors turn up to a health 5 service -- and sometimes they are sexual violence 6 specialist services as well -- where you are treated for 7 the consequence. You are treated specifically for: 8 "You have some anxiety based on the fact that you were 9 abused. You have some depression based on the fact that 10 you were abused. You have some presentation of some 11 other thing based on the fact that you were abused". So 12 you are treated as though disparate parts of you can be 13 hived off for, "Let's have some depression counselling. 14 Let's have some desensitisation around anxiety". 15 Commissioning to this point has not considered the 16 holistic approach to, "This is a person with multiple 17 impacts." This is seeing the impacts one by one. 18 Because, as human beings, we are impacted in multiple 19 ways simultaneously. It doesn't sort of go, "So I have 20 dealt with a bit of depression. Oh, look, now I can 21 think about whether I have some anxiety or not, because 22 generally I am anxious and depressed at the same time". 23 We are looking at methods of commissioning, but, 24 actually, I really want the work that we do within the 25 context of this inquiry to address some of the thinking</p> <p style="text-align: center;">Page 165</p>	<p>1 things". That's very different, that they are 2 presenting to us and asking, rather than us going to 3 help other people. 4 I think that is an opportunity that the Savile 5 situation has presented to us, that more people have the 6 language and the courage to come forward to ask for 7 help. 8 MS KARMY-JONES: Thank you for that. I think we can now 9 move quickly to the public gallery, if there are any 10 observations that anyone would like to make about what's 11 been said in this last session. 12 Gillian, you have your hand up at the back. 13 Comments from THE PUBLIC GALLERY 14 MS FINCH: I just want to echo something that Fay said, and 15 that's about the importance of survivors' voices -- that 16 has been the tsunami, actually, that we have experienced 17 in recent years -- and how important it is that we can 18 maintain peer-led and survivor-led organisations, 19 because that activation, that activist movement, is not 20 just about delivering services to each other and 21 empowering each other, it is also about educating 22 society as well. 23 I think, within all the systems that we are talking 24 about around commissioning, that mustn't be left out of 25 the discussion. So it is not about replacing</p> <p style="text-align: center;">Page 167</p>
<p>1 about human beings who have been abused; that they come 2 as a package of everything at the same time. 3 So commissioning, because it happens to suit 4 a particular strand of what you are funding, doesn't 5 meet the need of the whole person. 6 MS KARMY-JONES: Thank you. We have time for one more 7 observation, from Michelle. 8 MS WINDLE: I wanted to end on a positive note and actually 9 say commissioning for sexual abuse is actually an 10 opportunity. One of the things that services -- where 11 people are coming forward to ask for help is that people 12 are actively engaged and are asking for help to change 13 the way things are. 14 The amount of money spent on government issues with 15 troubled families, where you are actually trying to go 16 into people's lives and help them, what you are doing 17 here is, we are having people saying, "I would like to 18 sign up for six months worth of therapy", and they turn 19 up every single week. 20 The average age of the men we see is 44, dealing 21 with childhood sexual abuse. Probation is a big 22 referrer for us. There is alcohol. There is ripple 23 effects across the family. What they are saying is, 24 "I want to come for six months every single week and 25 make a real difference to the way that I am doing</p> <p style="text-align: center;">Page 166</p>	<p>1 counselling, it is in addition to counselling. It is 2 not about saying one is better than the other. They 3 have equal worth. 4 It is about survivors choosing, as the last speaker 5 has just said, to engage and say, "This is what I want 6 and this is what I need", and it is the uniqueness of 7 the individual. 8 But I know that peer-led services work for those who 9 choose to access them, and we mustn't lose them because 10 they are often the smallest of organisations 11 organisationally. We mustn't lose that in all the rest 12 that's happening. 13 MS KARMY-JONES: Thank you. Anyone else? 14 MS WALTON-WILLIAMS: I just have a question, really, for 15 most people in the room, because we are talking about 16 commissioning. In December last year, the National 17 Institute of Health Research released a commissioning 18 brief to evaluate how sexual assault services are 19 delivered in England and Wales. I was hoping that some 20 of you people in the room know about this, because it 21 would be very concerning to me if you weren't involved 22 with this, because some of the areas that they were 23 interested in looking at were the -- I only found this 24 out because I went to a SARC and the lady asked me if 25 I was potentially interested in going for a bid in this</p> <p style="text-align: center;">Page 168</p>

<p>1 area. But if you are not aware of it, I would be 2 concerned, because they were dealing with the services 3 that you -- they're evaluating who should be delivering 4 the services that you are delivering. 5 Therefore, if you are not aware of it, I have still 6 got it, so I'm happy to send it to anybody if you want 7 to read about it. I think the short listing process has 8 happened, so I would be interested to know who might 9 know about this. 10 MS KARMY-JONES: I can see Fay has her hand up and is very 11 generously accepting a question from the public gallery. 12 MS MAXTED: Yes, I think the evaluation was actually of 13 sexual assault referral centres, not sexual assault 14 services generally, so very specifically around the 15 centres which are dealing predominantly with recent 16 cases of sexual assault and rape, and I think the focus 17 was around how they're working with mental health. So 18 it was quite specific. 19 I think, in terms of bids for that, the academic 20 departments in large universities will have been the 21 ones bidding, hopefully in partnership with some local 22 services. 23 MS WALTON-WILLIAMS: I think there were six different 24 streams, one of which was about third sector and 25 voluntary organisations. That's why I raised it,</p> <p style="text-align: center;">Page 169</p>	<p>1 see whether there are any observations they would like 2 to make or whether they would just like to conclude the 3 proceedings? Thank you, chair. 4 THE CHAIR: Just one observation from me before going on to 5 conclude the proceedings, which is just to say that the 6 inquiry intends to look at the overall resourcing of all 7 services for child sexual abuse, and of course we will 8 look at the position of Wales separately from England. 9 We haven't heard much about Wales today. They do some 10 things differently there, so we do intend to look 11 separately at the funding and resources of both 12 countries. 13 Beyond that, unless my colleagues have anything else 14 to say, I want to thank you, Ms Karmy-Jones, again for 15 your excellent facilitation today, and to all the 16 panellists for contributing to a very stimulating 17 discussion, both today and yesterday. 18 I want to thank Cate Fisher and Claire Soares, who 19 give us a presentation yesterday, and also 20 Professor Lorraine Radford for her informed presentation 21 today, and particularly to thank Dr Helen Powell of 22 the inquiry's research team who played a major role in 23 organising this seminar. So thank you, Helen. 24 Most of all, we all wish to thank the victims and 25 survivors, both at the table and in the audience -- and</p> <p style="text-align: center;">Page 171</p>
<p>1 because I thought it might be an opportunity to feed in 2 to that. 3 MS KARMY-JONES: Thanks. 4 MS EGGLESTON: It is an opportunity, but it is specifically 5 related to SARCs. NHS England have been doing several 6 reviews, including that one. It has been a year-long 7 tender. So it is not due to start until next April. 8 In the autumn, whatever that means, 9 September/October, NHS England are publishing their 10 five-year forward view, and we are concerned about some 11 of the recommendations in that because we think that, in 12 terms of specialist services, we are not sure how that 13 is going to kind of relate to us because it definitely 14 has a criminal justice focus. 15 MS KARMY-JONES: Thanks, Lee. I am just going to turn to 16 Mr O'Mara here, who I think has something that he would 17 just like to say, and perhaps we can tie up our 18 discussions after that. 19 MR O'MARA: I just wanted to say something about the 20 difference between specialist services and peer-led 21 services: just because something is peer led doesn't 22 mean it is not professional; it doesn't mean it is not 23 qualified; and it doesn't mean it doesn't work. Thank 24 you. 25 MS KARMY-JONES: Thank you. Can I then turn to our panel to</p> <p style="text-align: center;">Page 170</p>	<p>1 they have changed, as we know, over the two days -- for 2 coming and sharing with us their experiences. We have 3 all benefited greatly from your contributions and they 4 will all be taken into account when the inquiry works 5 both on its interim report and its final report. 6 A full transcript of today's seminar will be 7 available on the inquiry website this evening, a video 8 of the broadcast will also be available in the same 9 place in a few days' time, and a report summarising the 10 discussion throughout the seminar will be posted on the 11 website in the coming weeks. 12 To all of you who have been with us over the past 13 two days, thank you for your attention and your 14 constructive comments, and the panel and I hope to see 15 you again at future events. So thank you. 16 MS KARMY-JONES: Thank you very much. Just one final thing: 17 everyone, I think, has heard me say at different stages 18 of the proceedings, please engage with the online 19 questionnaire if you haven't done so already and it is 20 appropriate for you to do so. Please tell others that 21 you may speak to about it. Please do contact the 22 inquiry if you have something to say. 23 Also, if there is any aftershock for anyone here 24 about any of the events that have been discussed, if 25 there is any distress, again, please get in touch,</p> <p style="text-align: center;">Page 172</p>

<p>1 because we can help with dealing with that. 2 MR O'MARA: Where would you get in touch for that? 3 MS KARMY-JONES: I will speak to you afterwards. Come and 4 ask us. We have our two -- 5 MR O'MARA: I'm not asking for me. I'm asking generally, 6 where would somebody approach? 7 MS KARMY-JONES: Contact the inquiry number and we will help 8 put you in touch with someone. 9 MR O'MARA: Thank you. 10 MS KARMY-JONES: It is on the web again. 11 MR O'MARA: Just so they know where they would start that 12 process. 13 MS KARMY-JONES: Thank you very much, Mr O'Mara. It is 14 a good thing that you have clarified that. But the 15 information is on the website. It is relatively 16 straightforward to navigate. There is a contact number 17 there for enquiries. Please do. And if you have any 18 queries today, please contact the staff here and we will 19 help further. Thank you. 20 (4.08 pm) 21 (The hearing concluded) 22 I N D E X 23 24 Welcome by THE CHAIR1 25</p>	<p>1 2 Opening comments by THE FACILITATOR104 3 (Session 4) (continued) 4 5 Discussion chaired by THE105 6 FACILITATOR 7 8 Comments from THE PUBLIC GALLERY130 9 10 Discussion chaired by THE141 11 FACILITATOR (continued) 12 13 Comments from THE PUBLIC GALLERY167 14 15 16 17 18 19 20 21 22 23 24 25</p>
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