

Victims' and Survivors' Experiences Seminar: An update report

July 2018

INTRODUCTION

1. This report provides a summary of the seminar on victims' and survivors' experiences, which the Inquiry held on 4-5 July 2017.
2. The aim of this seminar was to discuss victims' and survivors' experiences of the impacts of child sexual abuse, support needs and support services.
3. This report is not intended to be a comprehensive analysis of all the views expressed at the seminar. It summarises the discussions and highlights key areas for future work. The seminar did not constitute a formal evidence-gathering session.
4. The Chair and the Panel of the Inquiry were present at the seminar. Proceedings were convened and facilitated by a member of the Inquiry's legal team. Victims and survivors of child sexual abuse participated in the seminar, along with professionals and practitioners with expertise in the field. Members of the public were also present in the public gallery and were invited to make comments and observations.
5. The first day of the seminar focused on the short, medium and long-term impacts of child sexual abuse on victims and survivors and their families, and on the provision of support services for adult survivors of child sexual abuse. On the second day, support services for child victims and their families were discussed, as well as the commissioning of support services.
6. Presentations provided a basis for discussions. On the first day, two members of the Inquiry's research team presented key material from a rapid evidence Assessment (REA) that the team had undertaken exploring the impacts of child sexual abuse.¹ The second day featured a presentation by Professor Lorraine Radford from the University of Central Lancashire on outcomes from an REA conducted for the Inquiry on what can be learned about child protection from other jurisdictions.²
7. The seminar was streamed live (with a brief delay) on the Inquiry's website.³
8. The Inquiry would like to thank everyone who was involved in the seminar, particularly invited participants and members of the public.

1 Fisher et al. (2017) *The impacts of child sexual abuse: A rapid evidence assessment*. London: Independent Inquiry into Child Sexual Abuse. Available at: www.iicsa.org.uk/key-documents/1534/view/IICSA%20Impacts%20of%20Child%20Sexual%20Abuse%20Rapid%20Evidence%20Assessment%20Full%20Report%20%28English%29.pdf

2 Radford et al. (2017) *Rapid Evidence Assessment: What can be learnt from other jurisdictions about preventing and responding to child sexual abuse*. London: Independent Inquiry into Child Sexual Abuse. Available at: www.iicsa.org.uk/key-documents/1370/view/Learning%20from%20best%20practice%20overseas%20-%20Rapid%20Evidence%20Assessment%20-%20Full%20Report%20%28English%29.pdf

3 Videos and transcripts of the seminar, along with the agenda and the full REA report, are available at: www.iicsa.org.uk/research-seminars/victims-and-survivors%E2%80%99-experiences-impacts-support-services-and-redress

Day 1: Impacts of child sexual abuse, victim and survivor support needs and support services for adult victims and survivors

9. The basis for discussion on the first day included:
 - A presentation of key material from an REA on the impacts of child sexual abuse.
 - Two short videos in which victims and survivors talked about the impacts of child sexual abuse and their experiences of support services.
 - Victim impact statements read out by three victims and survivors.
10. The REA summarised the existing research on the impacts of child sexual abuse on three groups: victims and survivors, their families and wider society. An additional goal was to identify gaps in the literature where further research might be valuable.
11. The REA identified three challenges for research studies that aim to demonstrate the potential impacts of child sexual abuse:
 - Although statistical research may show an association between abuse and a particular outcome, this usually falls short of showing that the abuse caused the outcome in question.
 - It is difficult to isolate the impact of child sexual abuse from other types of child maltreatment that often occur alongside it, such as physical and emotional abuse.
 - Different research studies define and measure child sexual abuse outcomes in different ways, making it difficult to compare outcomes across studies.
12. The REA identified a variety of impacts on victims and survivors. Discussion focused on:
 - Emotional wellbeing and mental health: feelings of fear, anger, self-blame, confusion, worthlessness, powerlessness, low self-esteem, lack of confidence, development of post-traumatic stress disorder, complex trauma, anxiety, depression, dissociation, postnatal depression, self-harm, suicide attempts.
 - Interpersonal relationships: difficulty forming and maintaining positive relationships, problems with sexual intimacy, lack of confidence in parenting ability.
 - Socioeconomic outcomes: reduced life chances in terms of educational attainment, employment rates, income levels, homelessness and unstable housing conditions.
13. The literature considered within the REA also highlighted how adverse outcomes following child sexual abuse are not inevitable, with victims and survivors sometimes demonstrating resilience and recovery. Among the factors identified that might affect resilience and recovery were: individual factors, such as emotions, beliefs and attitudes; the context and characteristics of the child sexual abuse; interpersonal and familial factors; wider social and environmental factors.

14. The impacts of child sexual abuse on family members of victims and survivors and on wider society were also addressed within the REA. Impacts on family members included trauma and emotional distress, family breakdown and social isolation, as well as destabilising impacts on employment, housing and finances. Regarding the impacts on wider society, most studies identified in the REA looked at provision and use of statutory services. One study estimated the financial impact of child sexual abuse in the UK to be about £3.2 billion per year. Included in these costs are physical and mental health services, the criminal justice system and losses to the labour market.
16. Seminar participants pointed to the importance of ensuring inclusivity in research. Participants emphasised the gap in research involving diverse groups affected by child sexual abuse, such as: people from black and minority ethnic communities; lesbian, gay, bisexual and transgender people; disabled children and young people. Also emphasised was the omission of certain groups in research and discussions, including men and people serving prison sentences.

Discussion

Impacts of child sexual abuse and adult victim and survivor support needs

15. Several gaps in the literature were highlighted by participants. These included the fact that studies exploring impacts do not always account for any therapeutic support accessed following the abuse, and that there is a lack of research comparing abuse in a family context with extra-familial abuse. The impacts of online-facilitated child sexual abuse was also flagged as a gap in the research. Several victims and survivors of sexual abuse shared details of their own experiences of abuse and highlighted the need for greater understanding of the effects of abuse.
17. Discussion also focused on the risk of certain groups being labelled and the impacts of abuse being misinterpreted as problem behaviour. An example was given of female victims and survivors being labelled with personality disorders or other mental health conditions, with the impact of trauma going unrecognised. The Inquiry also heard that particular care needs to be taken when people with learning difficulties have been subjected to child sexual abuse, to ensure that the difficulties they have experienced are not just assumed to be consequences of their disabilities. The need to consider the potential contribution of child sexual abuse to developmental delay was also highlighted by one participant.
18. To avoid labelling children, participants pointed to the need for those around the child to look beyond their behaviour, reputation and symptoms to the root cause, in order to identify sexual abuse that may have occurred. It was stated that children being labelled and then receiving

interventions for their behaviour rather than for the causes of their behaviour can compound impacts and retraumatise victims and survivors.

19. Another point raised by participants was the need to consider the presence of other adverse experiences, such as physical and emotional abuse, when looking at impacts. An example was given of young women from black and minority ethnic communities who have experienced child sexual abuse and forced marriage or female genital mutilation. Linked to this, participants argued that professionals need to think in a holistic way. This can include adopting a trauma-informed approach and considering clinical conceptualisations such as complex trauma.
20. Participants pointed to links between eating disorders and child sexual abuse, with the REA highlighting an association between child sexual abuse and obesity. In general, it was noted that impacts can manifest as physical effects and health conditions, but that the cause of these may be missed. Participants also noted that victims and survivors may avoid health services due to risks of retraumatisation, leading to greater physical health problems.

Support services for adult victims and survivors

21. Participants contributed their thoughts on the types of support services that adult victims and survivors require. They emphasised the need for effective services to reduce the severity of the impacts and for these services to be promoted.

Contributors stated that a number of factors should be borne in mind to ensure effective services, including:

- Service provision needs to be planned and delivered on a long-term basis with a life-course approach, because individuals' support needs change over time.
- It is important to understand the context in which the abuse took place – for example, familial or in a school – when considering the types of services that victims and survivors require.
- Training and communication plays an important part in improving the quality of service provision. Participants suggested that the identification of sexual violence is one of the basic elements missing from training for counsellors, social workers, GPs and teachers. There was reference to the need for professionals to change the question they are asking victims and survivors from 'what is wrong with you?' to 'what happened to you?' One contributor suggested that there is a need for a more standardised approach to training.
- There is a need for more effective links between services in the voluntary and statutory sectors.
- Participants suggested asking three important questions in assessing the quality of service provision: 'Did services believe you? Did they listen to you? Did they respect you?'

22. Participants also shared examples of ways in which ineffective treatment for victims and survivors can unintentionally perpetuate impacts, such as counsellors not having the specialist knowledge required. One participant noted the risk of falling through the gaps when transitioning from child to adult services. The issue of handover was also discussed. One contributor stated that when professionals direct victims and survivors to other professionals, they ought to do so in an ethical way. Instead of simply handing people over because they are 'too complex', the professional should explain respectfully why someone with specialist knowledge about child sexual abuse would be better placed to support them.
23. The challenges services can face when supporting victims and survivors were also mentioned. One contributor referred to studies highlighting that some children and young people show no symptoms or indicators of abuse until later in life and that this makes it difficult to identify and support victims effectively during childhood.
24. Participants reflected on what, in their experiences, has worked in helping victims and survivors with their resilience and recovery. Reference was made to the role of faith and to effective counsellors who provide support on clients' own terms that is tailored to their needs.

Day 2: Support services for child victims and survivors of child sexual abuse

25. The basis of discussion on the second day was a presentation of key material from an REA on what can be learned from other jurisdictions about preventing and responding to child sexual abuse. The presentation focused on a section of the REA that explored support services for sexually abused children and addressed:
- provision of specialist services
 - effective support services and delivery modes
 - good and unhelpful practices
26. The first theme looked at the key issues in the provision of specialist services for sexually abused children in England and Wales. It was suggested that the main challenge relates to the availability and accessibility of support services for child victims of sexual abuse. A study by Allnock and colleagues⁴ was referenced that estimates there is a shortfall in provision of over 57,000 places for children each year in therapeutic services. The problem of gaps in services for children with particular needs was highlighted, with one study by Barnardo's⁵ cited that identifies gaps in service provision for young people affected by sexual exploitation.
27. The second theme looked at the most effective kinds of support services and delivery modes. It was highlighted that there is consensus in the literature that services need to be able to meet the variety of children and young people's needs in order to be effective – including health advice, legal advice and help with more practical issues and outreach services. Effective support is also age and sex specific; the needs of a teenage boy who has been sexually exploited may be different from those of a sexually-exploited girl. Staff who are knowledgeable about the dynamics and impacts of sexual abuse and sexual exploitation, and are good at forming relationships based on trust, are important in providing support to child victims. The literature also suggested that in cases of child sexual abuse – apart from those that occur in closed institutional contexts – support services that can be provided in partnership with parents may give better results.
28. The third theme looked at examples of good and unhelpful practices. The presentation highlighted that a lot more is known about unhelpful and ineffective responses than effective ones. Studies have revealed that ineffective responses include cases of professionals failing to act, young victims being treated as troublesome rather than as victims and being shunned for 'choosing inappropriate lifestyles'. It was noted that although policy guidance exists, failure to implement it has been persistent and it was suggested that part of the reason for this may be problems with resources and leadership.

4 Allnock et al. (2012) In demand: therapeutic services for children and young people who have experienced sexual abuse, *Child Abuse Review* 21(5), pp.318–334.

5 Barnardo's (2011) *Puppet on a String: The urgent need to cut children free from sexual exploitation*, London: Barnardo's.

29. The Inquiry heard that some limited but promising research has been identified on trauma-informed approaches to working with child survivors. These approaches aim to change organisational responses and take into account the fact that a system's operating procedures might inadvertently retraumatise victims and survivors. The REA found some helpful research on effective therapies for children, with a number of studies exploring outcomes from trauma-focused cognitive behavioural therapies and a smaller number reporting some positive outcomes from psychodynamic approaches. The REA also pointed to some limited but promising research on other forms of therapy, such as drama therapy, considered useful for children who have trouble verbalising or who do not respond well to talking therapies.

Discussion

Services for child victims and survivors

30. Participants discussed a number of gaps in the literature on support services for child victims and survivors. A notable gap that emerged from the REA related to support for children younger than four years old. Similarly, a gap was identified on working with children with disabilities; although there has been some research on children with learning difficulties, other disabilities have not been considered in the same depth. A need for effective research into how abusive institutional cultures work was also identified.
31. One of the victims and survivors spoke in detail about the labels that society places on children – whether to do with class, education or other factors – and how this can act as a barrier to accessing support. The same participant also highlighted discontinuity in support, with support services sometimes simply stopping when an individual turns 18 and transitions to adulthood.
32. Another contributor spoke of the fact that when very young children are abused, they have no concept or understanding of what has happened and that this often only develops after several years have passed. Linked to this, themes emerged from the discussion on the need to see disclosure not as an event but as a process that occurs over time.
33. The crucial role of universal services, particularly in identifying vulnerabilities of children, was discussed by participants. However, the difficulties inherent in identifying child sexual abuse were highlighted. One contributor suggested that part of the difficulty stems from the fact that professionals do not want to make mistakes in considering people abusers. There was a strong consensus among participants that there is a real fear among frontline professionals, such as teachers, social workers and children's centre workers, about the topic of child sexual abuse. There is something particular about child sexual abuse, it was noted, that is different from physical abuse or

neglect and that stirs up powerful feelings in professionals who may otherwise be competent and well trained. The essential role of training for social workers, teachers and others to help them recognise the signs of sexual abuse was emphasised.

34. In the course of the discussion on fear, the issue of record-keeping was raised. It was noted that often the first disclosure of abuse is not to the police but to someone in a school, social services or the voluntary sector. Often, these disclosures are poorly recorded and the records may not be stored properly. The question was raised about whether there is a need for a more consistent recording system. It was noted that the issues of fear and record-keeping are linked in that once a record is made by a professional, they feel that there is a need to take positive action. Thus, in certain cases, where a professional is afraid or uncertain about what they have seen, they simply adopt the course of not keeping a record.
35. Participants shared their thoughts on how to improve awareness of child sexual abuse with reference to: the particular role that schools must play in providing children and wider society with additional information about the issue; the need for a social movement that is more than just a short-lived campaign; the need for thoughtful engagement with the media.
36. An example of positive support offered to children was Childline. There was consensus that user feedback on this service has been very positive. One participant noted a 'huge

demand' for Childline services, not all of which is connected to child sexual abuse. Some of the victims and survivors of abuse noted that if Childline had existed when they had experienced their abuse, they would have used it. Conversely, a number of contributors made comments about Child and Adolescent Mental Health Services and there was agreement among some participants that the current state of these services is worrying.

Commissioning of services

37. A focus of discussion was how commissioning decisions should help to ensure that service provision meets the needs of different groups of victims and survivors. One of the points highlighted was the disparity in funding services for male and female victims and survivors. It was suggested that services for male victims and survivors receive less funding and that this has important consequences for the availability of services for this group. It was pointed out that within a discourse informed by the violence against women agenda and strategy, the voices of men can sometimes get lost.
38. Participants said that the commissioning process is deficient in various ways. The fact that funding is often limited to one year makes it difficult to ensure long-term continuous support for victims and survivors. Commissioners of services lack understanding of sexual violence and sexual abuse.

39. The Inquiry heard about changes in the commissioning landscape, particularly the impact of funding devolution on small organisations. Participants stated that the competitive nature of the tendering process can have a detrimental effect on joined-up and partnership working. It was noted that services commissioned through tendering tend to be generic, with a corresponding loss of specialist expertise. This, it was argued, can lead to voluntary services providing similar services to the statutory sector, which goes against the ethos by which they were set up, with a survivor-led focus. There was consensus on the need to maintain survivor and peer-led organisations.
40. Participants asserted that a good commissioning model has a more joined-up approach. The Child House was cited as a positive initiative that brings together mental health support, therapeutic support and support through the court system. It was noted that such an approach can bring fragmented services together and focus them on the needs of the victim and survivor.
41. The seminar concluded with the Chair thanking the facilitator and all panellists for contributing to a stimulating discussion, in particular the victims and survivors for sharing their experiences. The Chair also thanked Ms Cate Fisher, Ms Claire Soares and Professor Lorraine Radford for their presentations.

Future work

42. The seminar was part of a much broader programme of work aiming to gather the experiences and views of victims and survivors. The seminar had cross-cutting relevance for the Inquiry and provided valuable insight for the Inquiry's work. The issues discussed, particularly relating to gaps in the research, have generated ideas for further consideration. Following the seminar, a number of the key themes were drawn on to inform the Inquiry's Interim Report, particularly around the need for effective service provision. Key issues from the seminar will also be considered alongside other important work the Inquiry is undertaking with victims and survivors, such as the Truth Project. The Inquiry will continue to engage with relevant stakeholders, including those who attended the seminar.

