

Consultation on the impacts of child sexual abuse and experiences of support services

A summary of the responses received

1. Introduction

The Inquiry wanted to understand how effectively existing support service provisions met the needs of people who have experienced or been affected by child sexual abuse (CSA), and the ways in which they can be improved. Support services included those that provide care, treatment, counselling, therapy, advocacy and support.

We invited victims and survivors to participate in an online consultation on our website and also held discussion groups with our Victims and Survivors Forum. The majority of respondents identified as victims and survivors, with some identifying as family members or carers of victims and survivors.

This report gives a summary of the responses to the online consultation and discussion groups and is presented in three sections:

- the impacts of child sexual abuse;
- experiences of support services; and
- suggestions for improvements.

The background to the consultation and the methodology used for reviewing responses is included as an annex to this document.

The Inquiry would like to thank all of those who took part in the consultation for sharing their views. This summary gives an overview of the views and concerns raised by those who took part, but will not be representative of all victims and survivors of child sexual abuse. It is important to note that the Inquiry does not attribute more importance or significance to the particular issues that are included in this summary.

2. Summary of responses

2.1 Impacts of child sexual abuse

Respondents spoke of a range of ways in which the abuse they suffered has impacted on them. Whilst some effects were in the immediate aftermath of the abuse, the overwhelming majority spoke of how it has impacted them throughout their lives and over several decades. While many spoke of negative ways in which they had been affected by abuse, many also spoke about recovery and healing.

Impact on interpersonal relationships

A large number of respondents raised the impact the abuse they suffered had on their interpersonal relationships, in particular difficulties with trust and intimacy. Respondents spoke of difficulties maintaining friendships because they felt unable to trust or confide in people. Difficulties in romantic relations were often attributed to a lack of trust but also to being submissive or changing partners frequently due to lack of confidence or self esteem. Sexual relations were also difficult for some respondents due to flashbacks of abuse and difficulties with intimacy. They also raised the impact abuse has had on them as parents, for instance being overprotective. Others commented on how the abuse has made them feel isolated as they felt different or did not like being around groups of people. Isolation was also raised by some as the result of cutting ties with families.

Others stressed the support gained through relationships with either friends or partners. Whilst some spoke of testing times within these relationships, they spoke of the care and patience of their partners.

Impact on physical health

Respondents noted that the abuse they suffered had resulted in a range of physical health issues. These included long standing injuries and scarring, and chronic pain. They spoke of stomach and bowel problems and some spoke of having to undergo surgery to repair physical damage caused by abuse. Some respondents mentioned the impact on their weight through eating disorders and overeating which has led to other health issues. Other physical health impacts that respondents highlighted included pregnancy as a result of abuse, sexually transmitted infections and ensuing fertility issues.

Impact on emotional well-being and mental health

A range of consequences for respondents' mental and emotional wellbeing were raised. These included experiencing anxiety and fear, in particular fear of new people and relationships often as a result of a lack of trust. Many told us they had been diagnosed with one or more mental health conditions including depression, post-traumatic stress disorder, dissociative disorders including dissociative identity disorder, personality disorder, anxiety, self-harm and thoughts of suicide. Panic attacks, low self-confidence, obsessions, eating disorders, and difficulties with addiction and substance misuse were also reported.

Impact on education and work

Respondents mentioned how the sexual abuse they suffered has impacted on their educational attainment and how this, in turn, impacted on their careers through maintaining or succeeding in employment, and their financial situations.

Respondents spoke of difficulties at school at the time of the abuse and later. Some described being unable to concentrate in classes. Others skipped school or left altogether, all of which resulted in lower attainment levels. This had consequences later in life in obtaining employment and achieving financial stability. Others found education a focus and a way to concentrate on things other than the abuse and reported having done well in their studies.

A large number of respondents spoke of difficulties in either gaining or maintaining employment, including several respondents who had done well academically but who were unable to maintain this into employment. They spoke of preferring to work alone, or lacking trust of those in authority, as a result of the abuse they suffered which then impacted on building relationships at work and their ability to succeed.

Some spoke of not being able to work at all due to their mental health difficulties. Others spoke of the impact of having to take time off work due to their mental health conditions, with some employers being supportive, but others struggling to disclose the reasons for time off or gaps in their careers. Many spoke of having to avoid stressful situations which could trigger flashbacks or deterioration in their mental health as barriers to career progression. Others struggled with confidence and lack of self esteem which meant they held back in their careers, not going for promotion because they felt unworthy or lacked the confidence.

Some respondents spoke of being driven in their careers and even over-working, either to focus their attention elsewhere, or to provide the stability and security they did not feel as a child. Some spoke of working hard to prove their worth having felt this had been taken from them as a result of the abuse.

Difficulties with employment then impacted on respondents' financial situations with many mentioning they were in receipt of benefits due to an inability to work. Others spoke of difficulties with finances due to poor decision making, some gave examples of getting into debt due to spending on themselves to feel better. Many respondents spoke of moving house and jobs many times.

2.2 Experiences of support services

Respondents spoke of their experiences of different services and some discussed their effectiveness whilst others made suggestions for improvements. This section summarises these in turn.

The support landscape is varied and has changed over time. Respondents spoke of different types of services, and service providers, and respondents had rarely accessed only one type of support in their lives.

Access to support

The availability of provision was an area many respondents discussed. Delays in accessing support due to long waiting lists was the most common theme raised. Another barrier to accessing services was the lack of available services locally. Some respondents spoke of how the abuse they suffered had led to anxiety and difficulties with large crowds, therefore to travel in some cases over 200 miles to access support was particularly difficult for them. Lack of information about where to go and who to approach was also highlighted as a barrier to accessing support. Others spoke of the rigid thresholds for accessing services, either through diagnosis or age as a barrier to accessing the right services. Respondents often linked the unavailability of services to a lack of funding.

Some respondents spoke of their fortune to be able to pay for support themselves given the lack of publicly available support, however, many spoke of their resentment for having to do so. One respondent highlighted the perceived injustice in having to pay for being the victim of a crime when discussing the amount of money they had spent accessing private support to enable them to function in a productive and healthy way.

Getting the right support

For respondents it was also important to be able to access the right kind of support. For some this came through trial and error finding the right counsellor, or other form of support. A large number spoke of their frustrations with the standard service model from the NHS. Respondents to the survey often commented on the lack of specialist provision for victims and survivors within the NHS, and raised issues with being referred to generic services. Within the NHS it was also noted that there was no choice as to which type of therapy people get and that 'you get what you're given'. The view held by a large number of respondents was that the NHS needed more funding to provide a range of different types of support tailored to the individual needs of victims and survivors of abuse.

A running theme raised by many was the time limits on standard provision from the NHS. Respondents spoke of needing time to build trust with staff to effectively engage with support which was often hindered by the time limits on provision. One respondent said that by the time they had built up trust with their counsellor, the support had ended. Others stressed the need for long term rather than fixed term support, and the opportunities to re-engage at later stages of life, highlighting that effects of CSA are not short lived.

Some respondents highlighted the need for a multi-agency, joined-up approach. This was important when accessing a new counsellor or linking different professionals involved in a person's care. The importance of a joined-up approach was specifically highlighted for children, to ensure that they did not have to navigate the different services and agencies themselves. This was also reflected in respondents' suggestions for support with other life skills and with general well being. Others spoke of how beneficial they had found peer support groups.

Treatment

Respondents spoke of the feeling of being believed as being key to experiences of support provision being positive. However, they asserted that being believed was not a given. Many respondents spoke of how they did not feel believed when accessing services, in particular as children. They spoke of accessing support services that focussed on other issues such as eating disorders but not the abuse they suffered and in some cases with no acknowledgement that abuse had taken place. For some being heard, sometimes for the first time after several failed engagements, was life changing.

It was highlighted that there needed to be consideration of the courage needed for victim and survivors to access support. Some people said that they felt ashamed and struggled to come forward to ask for help. Rather than relying on the victim's courage to disclose, it was suggested that more training to recognise the signs and after effects of abuse was necessary. This was especially so in childhood as many felt that they were exhibiting 'classic symptoms' that were never picked up on. Others stressed the importance of understanding amongst frontline staff to be supportive when a disclosure is made.

Several respondents stressed the importance of feeling safe and supported for support provision to be effective. Some specified that this could be in relation to the physical spaces and access, others spoke of the importance of understanding and compassionate staff. Continuity of staff was also raised as vital to building trust and therefore the ability to engage and for support to be effective. However, as continuity was not always the case, the negative impacts of this were highlighted by some.

Furthermore, several people informed us that they were given inappropriate 'advice' from members of the NHS, including to 'pull their socks up'. Respondents made recommendations that all NHS staff needed a better understanding of child sexual abuse and the issues facing those trying to access support.

2.3 How can services be improved

In discussing their experiences, many respondents made suggestions for how services could be improved to meet the needs of people who have experienced or been affected by child sexual abuse.

Funding

The majority of respondents suggested there should be increased funding for specialist support provisions for victims and survivors of child sexual abuse. These suggestions included funding to improve the availability of provisions in local areas, which would mean victims and survivors did not have to travel large distances; reduce waiting times and provide support when needed, especially for those in crisis; and increase the amount of support provided, not putting a set time limit on the provision and providing long term support. Suggestions for increased funding were also made for victims and survivors to receive a more personalised service that accounts for individuals' needs and requirements.

Types of services

Many respondents made suggestions for improvements around increasing the variety of services to meet the needs of victims and survivors. As stated above many respondents complained of the generic support provision offered by the NHS and made suggestions for a more personalised service. These were articulated in relation to giving people a choice of service, for example in deciding what works for them as well as accessing alternative therapies such as art therapies. Many made suggestions to move away from symptom based therapies such as cognitive behavioural therapy, as some felt this was only a 'sticking plaster', compared to those which address the abuse directly including trauma-informed therapies.

Suggestions were made for peer support to be more widely available, with some highlighting that they would benefit from peer support to accompany and complement other forms of support that are stretched. Respondents also suggested that a multi-agency approach would be able to help victims and survivors with practical skills and general wellbeing; ranging from exercise schemes and programmes to complement other therapies but also for support with access to education and housing. Specific support services for victims and survivors to access and navigate the criminal justice system were also suggested to support in what can be a traumatic time. Suggestions were also made to provide support for those close to victims and survivors, such as for families that are supporting a child following abuse.

Training

Many respondents made suggestions for better and more specialist training to improve services. These suggestions included for GPs and other frontline services to have better awareness of child sexual abuse. Many respondents felt that the signs of abuse were visible and should have been identified by professionals, they needed professionals to think the unthinkable and ask questions to facilitate a disclosure and remove the burden from victims and survivors. The importance of getting this right for children accessing services was also stressed, with some respondents highlighting that at the time of the abuse, as children, they were unclear about what was happening to them or were too frightened to make a disclosure

themselves but professionals should have 'spotted the signs'. Some spoke of being misdiagnosed or mistreated as the result of professionals not picking up on the abuse.

Many spoke of the need for specialist trained staff, to move from general mental health provision to counsellors and other staff who have specialist training, including trauma based training. Others suggested that all staff, especially frontline staff such as GPs and other NHS services needed to be better trained around child sexual abuse to provide a more understanding and compassionate service at the first point of contact, and to improve the signposting to more specialist services. There were also many suggestions around training being informed by victims and survivors themselves.

Awareness

Many suggested improved signposting and information on available services would bring improvements in accessing the right support for each victim and survivor. Some made wider suggestions for the awareness of child sexual abuse, suggesting the need for positive role models to show survivors of abuse not just victims.

Background and Methodology

The purpose of the consultation was to understand how effectively existing support services provisions (that provide care, treatment, counselling, therapy, advocacy and support etc.) meet the needs of people who have experienced or been affected by child sexual abuse, and the ways in which they can be improved.

Victims and survivors were invited to share their views on the impact of the sexual abuse and support service provision through an online consultation. Members of the Inquiry's Victims and Survivors Forum were also invited to take part in discussion groups held across the country.

The responses we received to our consultation were taken into account in the Inquiry's Interim Report (published on 25 April), particularly those sections addressing the nature and impact of child sexual abuse on victims and survivors and the adequacy of support services that are available.

Online consultation

The online consultation was available on our website from 7 June to 12 September 2017 and we received 197 responses. The Inquiry must pass all allegations of child abuse to the police, via Operation Hydrant. The Inquiry will only pass on the contact details of the person making the disclosure with their consent, unless the information suggests there is a child protection concern or someone is at risk of serious harm. The consultation responses were monitored for allegations of child abuse and for safeguarding concerns. However, as the online consultation was anonymous by design, all relevant information was passed to the police without contact details or identifying details of the respondents.

Discussion groups

Eight discussion groups across six locations were held with around 35 members of the Inquiry's Victims and Survivors Forum.

Interpreting the results

Respondents were given the opportunity to express their views across a variety of questions within the online consultation. The discussion groups took a similar approach following the broad questions of the online consultation.

It is important to note that this was a qualitative consultation process, and there was no restriction as to the responses that could be provided to each of the questions, which may have been interpreted differently by respondents. The collation process involved reading each response and summarising the general themes that emerged. Illustrative examples were selected for discussion in this report and paraphrased or generalised to ensure the anonymity of respondents.



INDEPENDENT INQUIRY CHILD SEXUAL ABUSE

A range of views and responses were received through the consultation. The summary of the responses to the online consultation and discussion groups helps to gain a general impression of stakeholders' views and concerns but the responses reported will not be representative of all victims and survivors of child sexual abuse.

4. Contacts

This publication is available from the IICSA website: www.iicsa.org.uk

Questions and comments regarding this publication may be addressed to: contact@iicsa.org.uk
or Post FREEPOST IICSA INDEPENDENT INQUIRY
The Inquiry welcomes your feedback.

For information on the Inquiry and to be signposted to support organisations, please contact the Inquiry Information Line, which is a free and confidential service.

Telephone 0800 917 1000

Open 8am to 8pm (Monday to Friday) 10 am to 12pm (Saturday)

If you are interested in sharing your views or experiences with the Inquiry you can take part in the Truth Project. The Truth Project was set up for victims and survivors of child sexual abuse to share their experiences in a supportive and confidential setting. By sharing their experiences, victims and survivors make an important contribution to the work of the Inquiry and their experiences will feed into and influence our findings and recommendations. More information can be found at the following website:

<https://www.truthproject.org.uk/i-will-be-heard>

For more information on how the Inquiry works with victims and survivors of child sexual abuse please see our webpage:

www.iicsa.org.uk/victims-and-survivors