

The logo is a square with a white border, containing a colorful geometric pattern of triangles in shades of blue, purple, and green. The text is white and positioned in the lower-left corner of the square.

**Centre of
expertise
on child
sexual abuse**

CHILD SEXUAL ABUSE SUPPORT SERVICES IN ENGLAND AND WALES

Support matters: Briefing for policymakers, funders and commissioners

January 2024

About the Centre of expertise on child sexual abuse

The overall aim of the Centre of expertise on child sexual abuse (CSA Centre) is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. We aim to:

- increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- improve identification of and response to all children and young people who have experienced sexual abuse
- enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

We seek to bring about these changes by:

- producing and sharing information about the scale and nature of, and response to, child sexual abuse
- addressing gaps in knowledge through sharing research and evidence
- providing training and support for professionals and researchers working in the field
- engaging with and influencing policy.

For more information on our work, please visit our website: www.csacentre.org.uk

Introduction

In 2022 and 2023, the CSA Centre carried out a major research project to better understand the provision and availability of support services for people affected by child sexual abuse.

We wanted to identify and find out about services in England and Wales providing **therapeutic or wellbeing-focused support** to child and/or adult victims/survivors of child sexual abuse, and/or their non-abusing family members, provided that support was offered **free of charge**. Our aim was to answer the following questions:

- What support services currently exist in England and Wales for victims/survivors and their families?
- What are services' strengths, and what challenges do services face?
- How has provision changed in recent times?
- Where are the gaps in service provision across England and Wales, and how does this compare with the need for support?

Our research identified a wide range of **dedicated and committed services** providing support to victims/survivors and their families through a **diverse and often innovative** delivery offer. Yet it was clear that this fell a long way short of meeting the need for support, and that many services were on a **precarious and uncertain financial footing**.

A '**postcode lottery**' was evident in terms of the likelihood that a victim/survivor could access support that met their needs, although there was shortage everywhere.

This briefing draws out our research findings that are most relevant to funders and commissioners of services, and to policymakers (pages 4–11), before setting out the implications of these findings and posing some questions to support reflection and review (pages 12–14). We hope it will help local, regional and national funding and commissioning practice to begin filling the significant gaps in support provision that we have identified.

The full research report, *Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales*, is available at www.csacentre.org.uk/support-matters/

Why did we carry out this research?

The CSA Centre estimates that at least 15% of girls and 5% of boys are sexually abused before the age of 16 (Karsna and Kelly, 2021). Our most recent analysis of agency data found a 15% increase between 2020/21 and 2021/22 in local authorities' recording of concerns that children might be being sexually abused, mirrored by a 15% rise in child sexual abuse offences recorded by the police (Karsna and Bromley, 2023). Nevertheless, we know that most children experiencing sexual abuse never come to the attention of the police or children's social care.

Sexual abuse in childhood can have both immediate and longer-term impacts, particularly on mental and physical health, relationships and educational attainment; it can adversely affect wellbeing, employment and income across the life course. The impact on non-abusing parents, siblings and other family members may also be significant. Our paper *Key Messages from Research on the Impacts of Child Sexual Abuse*, available at www.csacentre.org.uk/resources/key-messages/impacts-of-child-sexual-abuse/, provides more information and highlights the way in which support from services can reduce long-term adverse impacts for both children and adults. In the words of an abuse survivor who supported our research project:

"Helping a victim of child sexual abuse means delivering help when they are ready to reach out, not six or 12 months later... I was able to access one-to-one counselling within five days of disclosure. It literally saved my life. Nothing more needs to be said."

However, previous work by the CSA Centre has shown that services providing specialist support to victims/survivors of child sexual abuse cannot keep pace with demand (Parkinson and Sullivan, 2019), and that provision varies widely depending on the funding available in local areas (Scott, 2023). Additionally, some groups of victims/survivors, such as those who are younger, Black or Asian, disabled, or care-experienced, have needs that are not sufficiently met in many areas (Ali et al, 2021; Franklin et al, 2019).

The final report of the Independent Inquiry into Child Sexual Abuse (IICSA)¹ recognised that many problems faced by victims/survivors trying to access support result from *"the fragmented and complex funding and commissioning of support services across England and Wales from the public, private and third sectors"* (Jay et al, 2022:40). The report also highlighted the gaps in provision of support services for victims/survivors, and recommended that the UK and Welsh Governments should ensure sufficient provision of specialist therapeutic support for child victims of sexual abuse.

The right to access support is a key element of the Victims' Code (Ministry of Justice, 2021) and the National Vulnerability Action Plan, which requires police forces to *"know where and how to access service provision for all strands of vulnerability, especially at the local neighbourhood level"* (National Police Chiefs' Council, 2023:12).

Our research methodology

Our research, carried out between July 2022 and April 2023, began with a mapping exercise to identify all services in England and Wales providing therapeutic or wellbeing-focused support to child and/or adult victims/survivors of child sexual abuse, and/or their family members, provided that support was provided free of charge.

We then contacted the 468 services we identified, inviting each of them to participate in an online interview; a total of 168 services were interviewed.

In addition to services focused solely on responding to child sexual abuse, our mapping and interviews covered services in the sexual violence sector whose remit included child sexual abuse (such as Rape Crisis centres), and services with a wider remit which included child sexual abuse – for example, services focused on trafficking, child criminal exploitation or domestic abuse, where support around sexual abuse could be provided where relevant.

¹ IICSA was a statutory inquiry for England and Wales, established in 2015 under the Inquiries Act 2005 and led by Professor Alexis Jay, to investigate how institutions handled their duty of care to protect children from sexual abuse. It published 19 reports on 15 investigations covering a wide range of institutions, with its final report in October 2022 making a series of recommendations to better protect children from sexual abuse.

Summary of findings from the research

- We identified 468 services supporting victims/survivors of child sexual abuse and their families in England and Wales. Four-fifths of them were in the not-for-profit sector.
- Services were scarce relative to demand and need, with huge geographical variation. In each region, we estimated that there were between 10,000 and 20,000 victims/survivors for every service providing support.
- Fewer than a quarter of services were operating across multiple regions, and most had limited capacity: almost half had supported fewer than 100 people in relation to child sexual abuse during 2021/22.
- There were slightly more services for children – mainly older children – than for adult victims/survivors, but an apparent lack of services supporting parents of sexually abused children. One in seven services was focused primarily on the needs of women/girls, with far fewer focused on boys/men or on minority ethnic groups.
- Half of services – and two-thirds of those in the not-for-profit sector – told us they could not keep up with demand. As a result, we calculated there were around 55,000 people on waiting lists to access support. More than half of these lists were over six months long. Services were also having to limit the amount of support that their users could access.
- Nine out of 10 services in the not-for-profit sector said they faced challenges around their funding, often because of the short-term nature of grants and contracts; only a third were fully confident that they could sustain their service at current levels into the next financial year. A lack of funding, along with demand pressures, was felt to hinder efforts to increase services' reach to a more diverse range of people.
- Many services described challenges in maintaining sufficient resources – particularly in terms of recruiting and retaining staff – to support victims/survivors and their families.

What do support services look like?

Across England and Wales, we identified a total of **468 services** supporting children and adults affected by child sexual abuse – **victims/survivors, non-abusing family members and others**. Of these:

- 93 services – a fifth of the total – focused solely on providing **support in relation to child sexual abuse**.
- 108 services – nearly a quarter – were working in the **sexual violence sector** with a remit that included child sexual abuse.
- 267 services – almost three-fifths – were providing support around child sexual abuse within a **wider remit**.



While services focused on child sexual abuse are generally believed to be the most able to support victims/survivors, previous research has identified **generalist services as playing a large role** in meeting the need for this support (Allnock et al, 2015). Given the current shortage of service provision, these services are important in helping to meet demand, but it is vital that their staff have **specific training to support people affected by child sexual abuse**.

Four-fifths of services were in the not-for-profit sector; almost all of them were charities. (We also included voluntary/community organisations and social enterprises under ‘not-for-profit’.) Not-for-profit services included Rape Crisis centres, rape and sexual abuse centres, Women’s Centres, Women’s Rights Centres, counselling services, victim support services and survivor-led services.

More than half of services were operating across fewer than 10 local authorities within **a single region**. In contrast, one-fifth were operating across **the whole of England and/or Wales**; almost all national services were in the not-for-profit sector.

Fewer than a quarter of services provided support mainly or exclusively to groups with particular characteristics – mostly to **girls/women** or people from **minority ethnic backgrounds**. One in six provided support specifically around **child sexual exploitation**, but few focused on other forms of child sexual abuse.

Two-thirds of the services we interviewed had been providing support in response to child sexual abuse for **more than 10 years**.

What support is available?

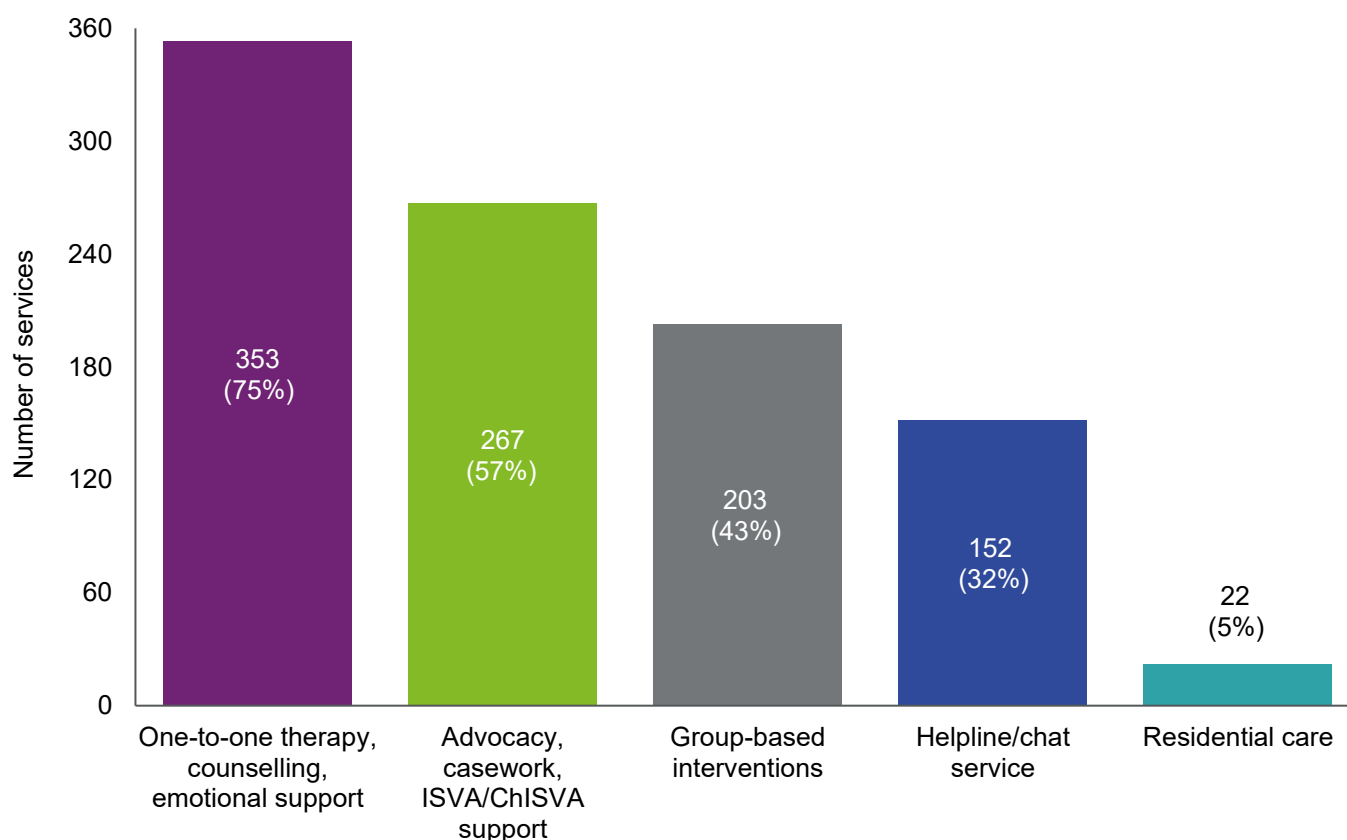
Services were providing five main types of support (see chart below), with two-thirds offering **multiple types**.

The two most common support types – each offered by a majority of services – were **one-to-one therapy, counselling or emotional support** and **advocacy, casework or support from an Independent Sexual Violence Advisor (ISVA) or Child Independent Sexual Violence Advisor (ChISVA)**.

While services said they tried to be flexible, one-to-one and group support was commonly offered only during **weekday office hours** – only one in nine one-to-one therapeutic interventions was available at weekends. This is likely to affect many victims/survivors’ access to therapeutic support, especially if they are in full-time education or employment.

Most services **restricted the length of time** in which service users could access support, or the **number of sessions** they offered. These restrictions were often linked to funding arrangements or to the challenge of keeping up with demand.

Types of support offered to people affected by child sexual abuse (n=468):



Who is supported?

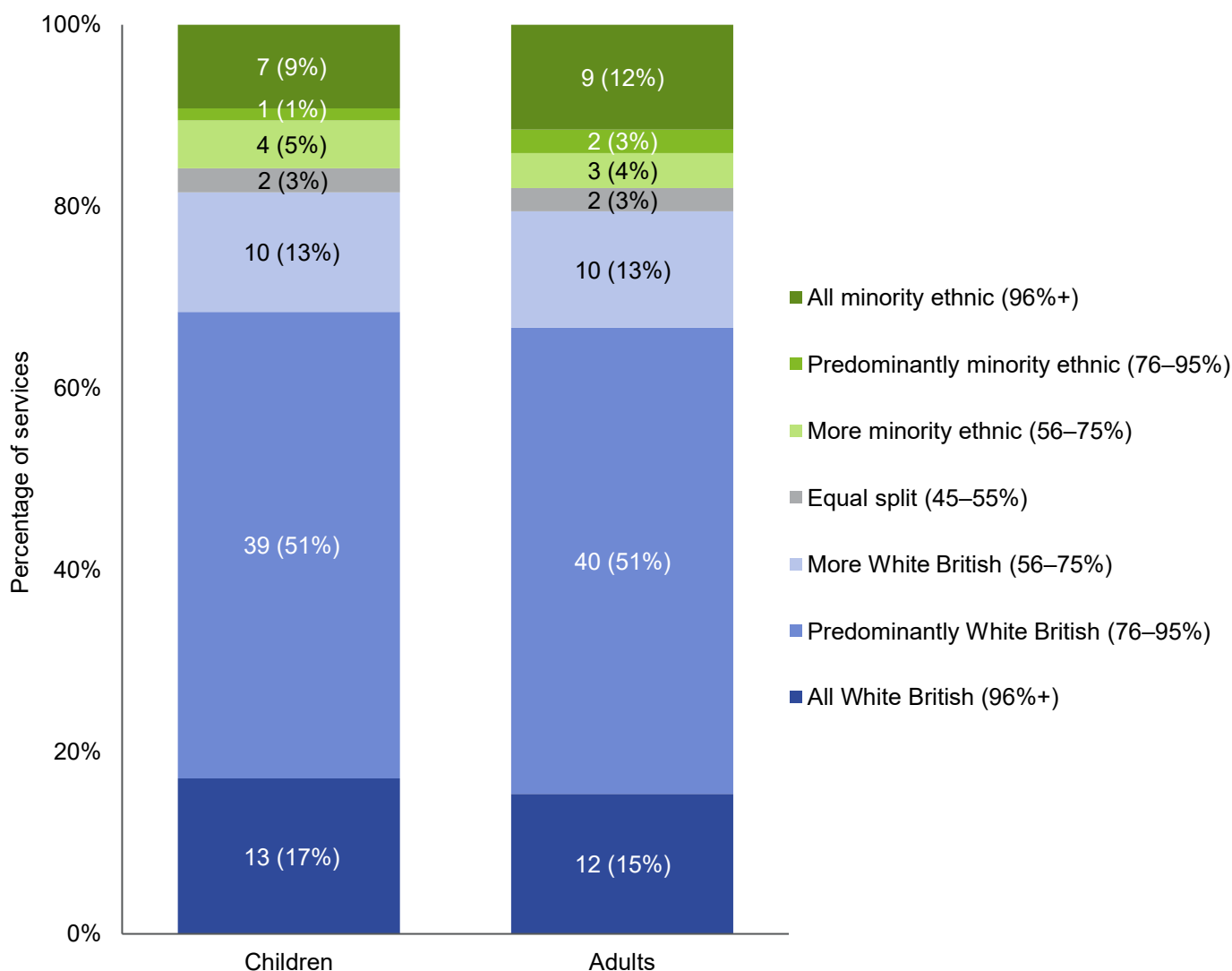
Almost half of the services we interviewed said they had supported fewer than 100 people affected by child sexual abuse in 2021/22. A small minority, mainly in the not-for-profit sector, had supported thousands of children and adults during the year.

More than half of services supporting children, and two-thirds of those supporting adults, estimated that at least 75% of their service users in 2021/22 were women and/or girls. While this might be expected given that most victims/survivors are female, in fact a quarter of children in England and Wales who are sexually abused are male (Karsna and Kelly, 2021) – yet most services said that men and boys represented fewer than one in four of their service users.

Services were keen to improve their response to under-represented groups, and said they had supported an increasingly diverse range of people in recent years – but one in six estimated that people from minority ethnic backgrounds made up fewer than 5% of their service users (see chart below).

Physically disabled children were also particularly under-represented; in contrast; most services supporting children estimated that at least 10% of their child service users had learning disabilities/difficulties.

Service users in 2021/22, by ethnic background (n=110):



Gaps in provision

Services were scarce across England and Wales. By comparing the number of services with the estimated number of child sexual abuse victims/survivors in each region, we found that thousands of people were likely to be living with the impacts of child sexual abuse for every service available to support them.

There was considerable variation across regions: we estimated that there were 10,000 victims/survivors for each service we identified in Wales, but twice as many – 20,000 victims/survivors – for each service in the West Midlands (see chart). As most services were working within a single region of England or Wales, there was a ‘postcode lottery’ for people seeking support.

There were slightly more services for children – mainly older children – than for adult victims/survivors (who are far greater in number). As a result, there were an estimated 2,500 to 5,000 child victims/survivors in each region for every service available to support them, but 10,500 to 23,000 adult victims/survivors per service. While safeguarding and supporting sexually abused children is a priority, it is also important to recognise the crucial role that support services for adult victims/survivors fulfil in helping mitigate the impact of their abuse.

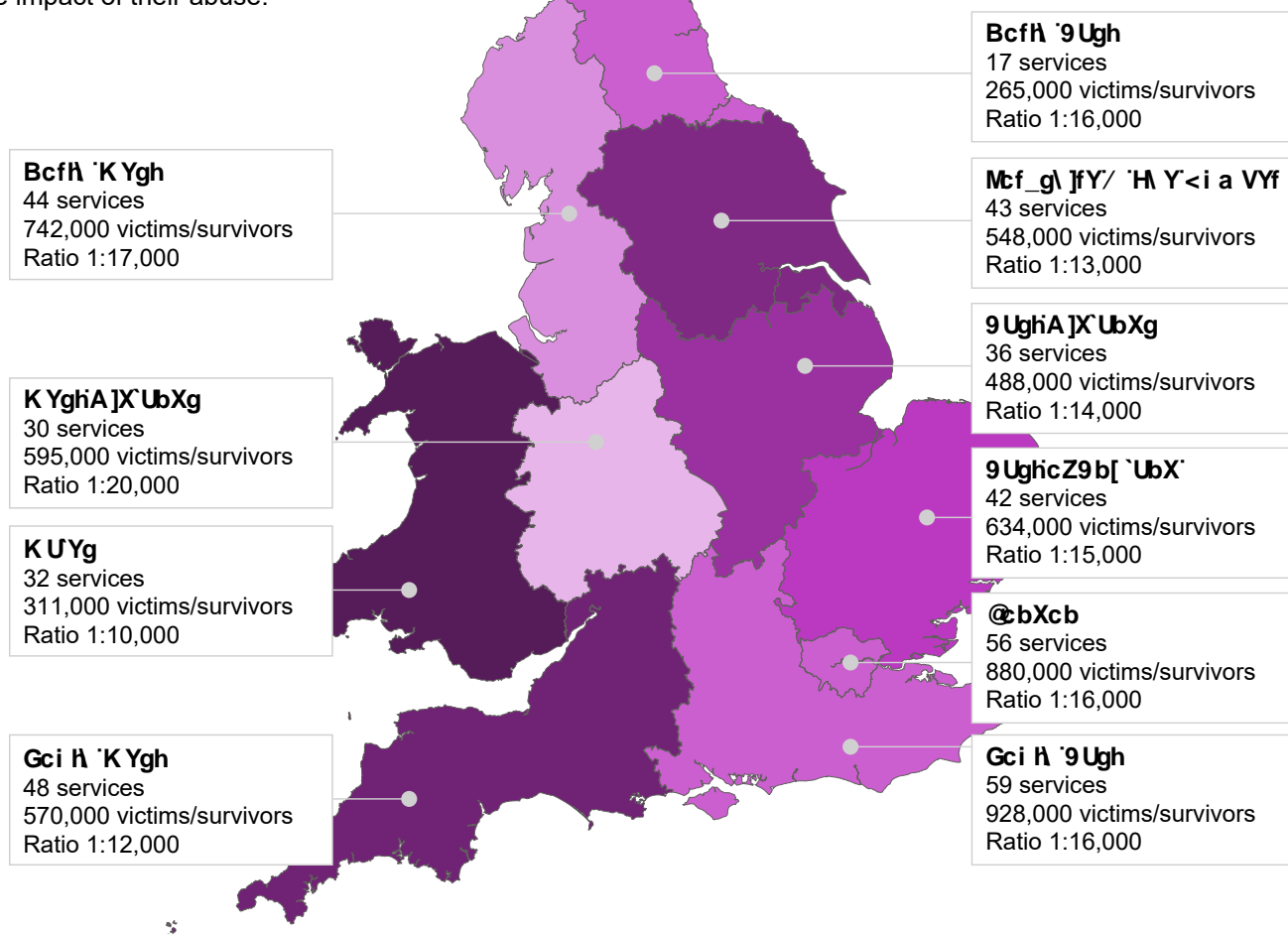
Nearly two-thirds of services supporting children appeared not to be offering any support to their parents. This support is vital in helping parents to manage their own feelings and support their child, so that both can heal from the abuse and move forward with their lives.

These were also major gaps in provision for people affected by specific forms of child sexual abuse, particularly abuse in intra-familial and online contexts.

Very few services outside London – and none in the South East or the South West – were focused on supporting people from minority ethnic backgrounds.

Services dedicated to supporting men/boys affected by child sexual abuse were scarce in all regions, and only 67 services across the whole of England and Wales were focused specifically on providing support for women/girls. Additionally, very few services specifically focused on the needs of disabled people, lesbian, gay and bisexual people or trans-identifying people affected by child sexual abuse.

Services were keen to improve their response to under-represented groups, but were hindered by workloads and a lack of ringfenced funding for this work.



Waiting lists

Only half of the services we interviewed – and barely a third of not-for-profit services and those focused on sexual violence – felt **able to meet the demand** for their support.

Three-quarters of interviewed services in the not-for-profit sector, and almost half of statutory services, said they were **operating with waiting lists** for people seeking support. Each list contained 180 people on average, from which we estimate that around **55,000 people** in England and Wales were on waiting lists to access support in response to child sexual abuse.

“The demand increases every year. It increases by about 20% every year. So we’re constantly struggling to keep up with that increased demand.”

The average (mean) time spent on a waiting list was **more than six months**, and one in nine lists involved a wait of more than a year. Average waiting times for children to access support appear to have doubled in well under a decade (Allnock et al, 2015).

“We can’t keep up with the amount of referrals. It’s an ever-increasing list that we don’t have capacity to put a dent in.”

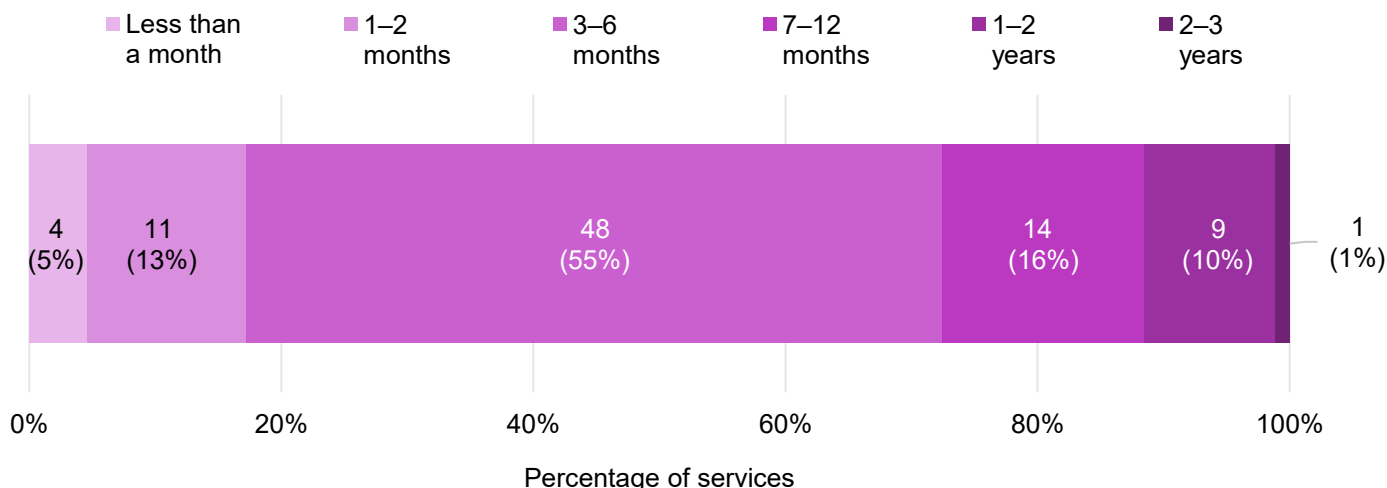
Having a waiting list was said to be affecting service provision, forcing some services to **reduce the number of support sessions** they offered or **cease provision of open-ended support**. Others said they avoided promoting their service in case this made their waiting list longer.

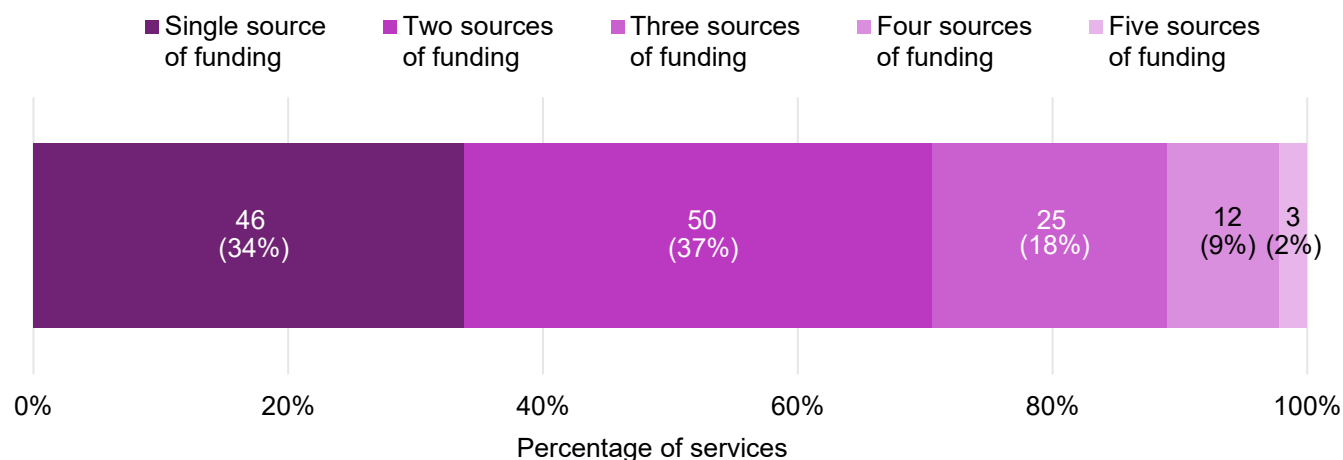
“Six months ago I did some social media posts and we got 23 referrals that week, so I just had to stop doing it because we can’t manage that.”

Services highlighted the **negative impacts of waiting lists on victims/survivors**, particularly on their mental health, their subsequent engagement in support and (for children) their education and social relationships with peers. And some services said their staff were **overwhelmed and in despair** in the face of increasing waiting lists.

“Your knee-jerk reaction is, ‘Oh gosh, give them a slot somewhere. Just get them seen now,’ because the level of horrificness we see in these referrals is unbelievable and it’s getting worse.”

Length of time spent on services’ waiting lists (n=87):



Number of funding sources for services in the not-for-profit sector (n=136):**Funding of services**

Most of the interviewed services in the not-for-profit sector said they derived their income from multiple sources (see chart above). Almost three-quarters received **grant-funding**, two-thirds were **commissioned to deliver specific support**,² and two-fifths received income through **individual donations from the general public** (see chart on next page).

In contrast, the statutory services all received their income solely through commissioning.

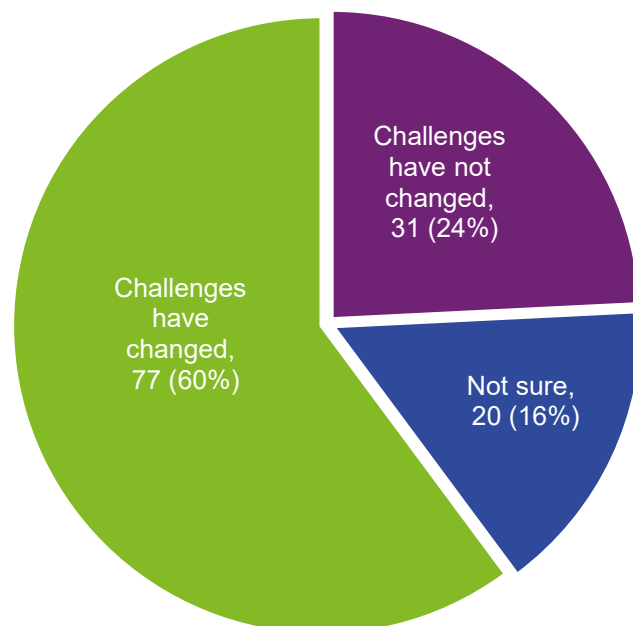
Some services felt that their funders/commissioners **lacked understanding** around the provision of child sexual abuse support, or **imposed criteria** which made it difficult to respond flexibly to need.

“It doesn’t feel like it acknowledges the complexity of the work that we need to provide... There’s no funding for the parents within the contract, even though you might work with a four-year-old, when you clearly have to spend time with the parents.”

Others said their funders/commissioners were **supportive** and took an **active interest** in their work.

“They have been really supportive to us. They know the impact we are having at a local level. They know that every project we have done, we have done it very well. Hugely they understand what we provide.”

Four-fifths of services – and particularly those in the not-for-profit sector – said they were **experiencing challenges** with their funding, often linked to its **short-term nature**. Three-fifths felt that funding challenges had changed over the past few years, with almost all of them indicating that things had worsened.

Services’ perceptions of whether funding challenges had changed (n=128):

² We use ‘commissioning’ (as distinct from grant-funding) to refer to situations where the service to be provided is specified in some detail within a contract. Some public-sector bodies may fund services through a mixture of grants and commissioning.

Nearly two-thirds of services told us they did not feel fully confident that they could sustain their existing service provision into the next financial year. Issues identified by not-for-profit services included **funding decisions made at short notice**, **increased competition** for funding, and an overall **reduction in the funding available**.

Services said they found it especially difficult to find funding for **core costs**. One service described its experience of applying for funding.

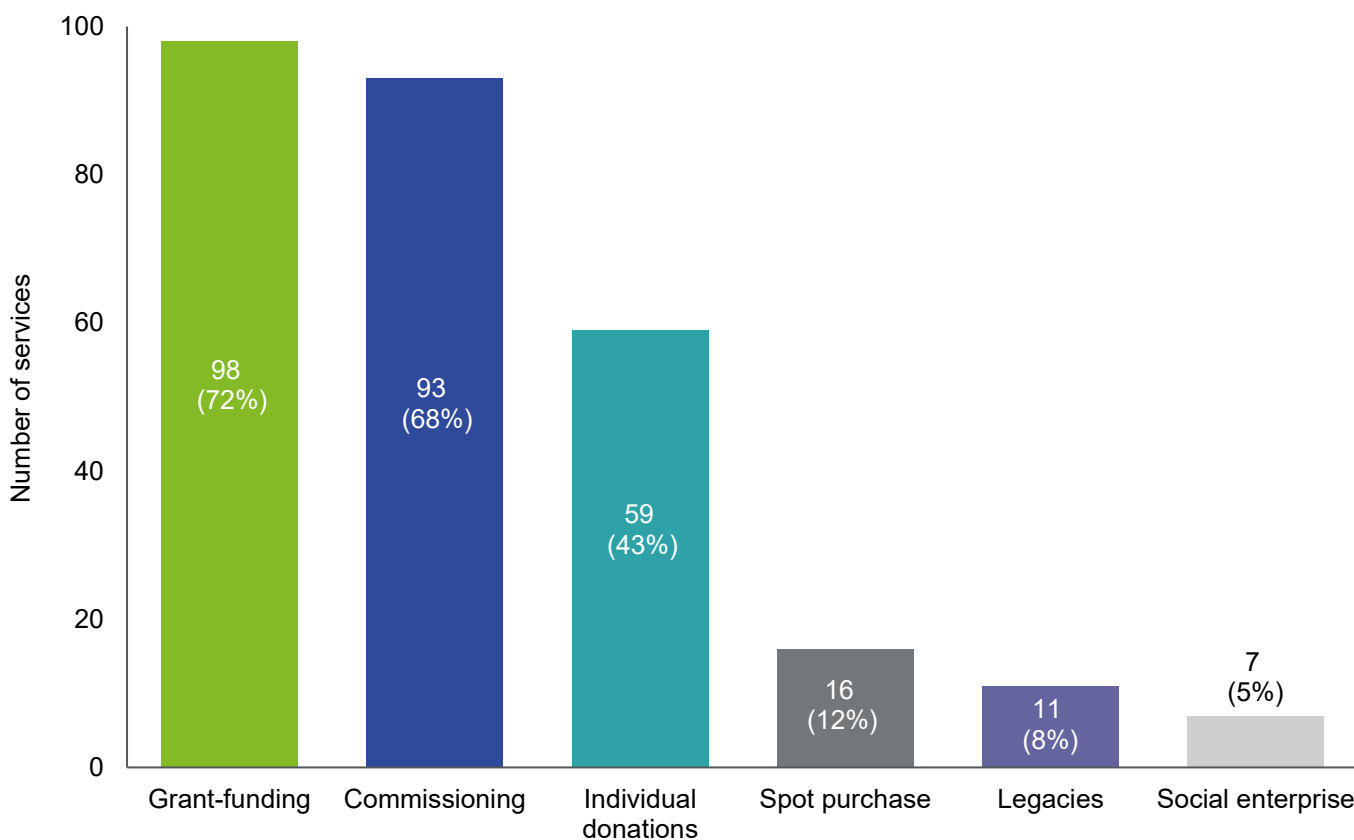
“It’s open to the market and the actual process of competing is epic... It is a full-time job for someone for several months and it’s quite stressful as well because you are competing and trying to deliver the service as well... All the staff know that we’re actively competing for our service, and we might not get it. We might not be the provider in March.”

Funding uncertainties were said to be **affecting staff**, some of whom were leaving the sector; services were also having to make staff redundant, or were unable to employ new staff.

“Everything is cliff-edge, lurching from one fund ending and trying to find another fund for every piece of work. Constantly looking for money, tendering, bidding, all short-term.”

Some services described the challenge of having to accept **referrals from statutory services** without a corresponding rise in statutory funding. Recent research into the funding of services for child sexual abuse victims/survivors (Hughes, 2023) found that NHS commissioners failed to appreciate the role that not-for-profit services can play in meeting the needs of victims/survivors, while NHS mental health services were often not equipped to meet those needs.

Main types of funding for services in the not-for-profit sector (n=136):



Support for other professionals

Three-quarters of interviewed services were offering other professionals **training, advice/guidance, case consultations** and/or other support, such as offering their expertise in multi-agency meetings and supporting other services to strengthen their organisational approach.

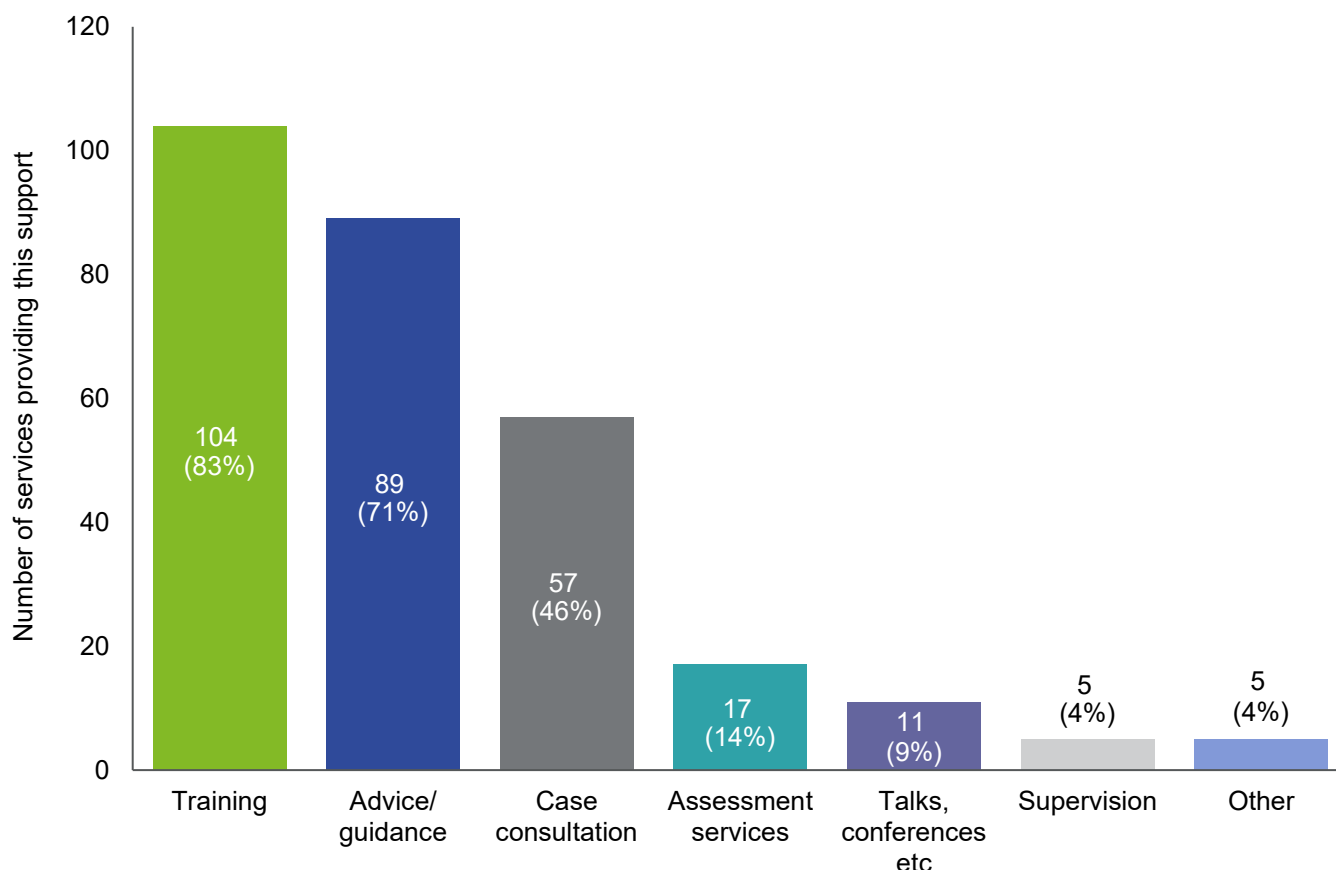
This support was most commonly provided to professionals in **schools**, the **not-for-profit sector**, the **police** and **children’s social care**.

More than 70,000 professionals were estimated to have received support in 2021/22. Services said the number had risen in recent years, with some linking this to increased awareness of child sexual abuse among professionals.

While services identified many **positive impacts** of providing support to professionals, such as increasing professionals’ confidence to identify and address child sexual abuse, they also described the challenge of **managing the balance** between this work and directly supporting victims/survivors in the context of limited resources.

“I think the challenge is how stretched our team are, really. We really want to do this work. We really see the value of that sort of consultancy and having these sorts of constructive discussions with other agencies about how to support individual children and young people in particular. But it does take our team away from the direct work.”

Types of support provided by services to other professionals (n=125):



Assessment, evaluation and service development

Almost all the services we interviewed were assessing and evaluating **the quality and impact of their service provision** in some formal way; more than a third had signed up to or were in the process of signing up to quality assurance standards.

However, developing and implementing effective assessment and evaluation systems required **resources**, and many services said they would like support in this area.

“We would like to develop a measure that isn’t looking for an improvement in symptoms, that would capture what services are managing to do rather than expecting a resolution of mental health difficulties which is really hard to achieve.”

Four-fifths of services formally **involved service users** in the design and delivery of service provision, often through consultation groups or panels. Again, many said they would like support with this.

Two-thirds of services had **expanded their provision** in recent years, and four-fifths were **considering ways to develop their services** in the future.

“We would love to be able to provide a counselling service for parents and carers who make use of the service.”

Although the **COVID-19** pandemic had resulted in increased levels of complex need and trauma among service users, and had increased delays in the criminal justice system, it had also led to an injection – albeit short-term – of funding into the sector, allowing services to increase in size or scope.

Factors contributing to effective support

Services identified many strengths which they considered key to the quality of the support they provided. These included the **expertise, skills and experience of their staff**, combined with **compassion** and **commitment** to providing high-quality support, and their ability to be **flexible** and deliver tailored, needs-based support.

“The quality of our staff is just phenomenal... And they’re all trained to the highest possible standards to give the highest possible support. It also means that we can really tailor, for example, counsellors to clients.”

Service **accessibility** was also highlighted; most services said they took steps to make themselves accessible, most commonly by addressing **language and cultural barriers** and improving access for **physically disabled people**. However, **funding** of translators/interpreters was highlighted as a particular challenge.

What do these findings mean for funders, commissioners and policymakers?

In their foreword to the research report setting out our findings in full, a group of child sexual abuse victims/survivors and a non-abusing parent observe that they “*know of so many victims and survivors who are struggling to find the help that they need*”. They go on to say:

“Victims and survivors need support as soon as possible so they can process and deal with their sexual abuse, and go on and live a fulfilled life in terms of their education, relationships, work and family life. Appropriate support can give them back the power and control that was taken away, enriching their self-worth and confidence and allowing them to thrive in spite of what has happened to them...”

“The release of this report marks a significant milestone in the effort to better understand and improve the provision of support services for those affected by child sexual abuse in England and Wales. The research undertaken by the Centre of expertise on child sexual abuse is both timely and crucial, and this report serves as a call to action. It bears witness to victims’ and survivors’ resilience, service providers’ dedication, and the pressing need for change. We must work together to ensure that no victim or survivor is left waiting for support and that all of them, regardless of their background, receive the care and attention they deserve. Let us move forward with empathy, compassion, and a commitment to making a lasting difference in the lives of victims, survivors and their families.”

While previous research has highlighted the **pressure faced by services** in meeting demand for their support (see page 3), our findings show that this pressure has intensified and there is now an urgent need for more support to be available to victims/survivors and their families. With half a million children estimated to be sexually abused every year (Karsna and Kelly, 2021), **those who are accessing support represent just the tip of the iceberg.**

Being able to access support, whether in childhood or as an adult, is **crucial to mitigating the impacts of child sexual abuse** (Truth Project, 2022). Home Office research on contact sexual abuse has estimated that these impacts **cost society more than £10 billion** through victims/survivors’ increased use of and involvement with public services such as social services and the criminal justice and healthcare systems (Radakin et al, 2021).

There is, therefore, **both a humane and an economic case for greater and more considered investment in the sector, so that services can sustain and expand the support they provide.** Without this, many victims/survivors and their families will continue having to wait months or even years to access support – if they can access it at all – with significant and potentially devastating impacts on the rest of their lives.

Alongside this, services need to be able to operate within **a nurturing environment** where training and resources to support their work are readily available, and where they are valued for the unique and highly skilled work they do.

What should the provision of support around child sexual abuse look like?

For the response to victims/survivors of child sexual abuse (including the hundreds of thousands of children and adults not currently receiving any support) to be effective, the support available has to be **sufficient, appropriate** and **accessible** – but we found that these fundamental elements are not currently in place.

To address this, we have identified six response priorities for policymakers and for funders and commissioners of support services and/or research in this field; these are set out overleaf, along with some questions to support reflection and review of the current support landscape in your area.

The six priorities

1. Ensure sufficient funding for services to maintain their current provision and provide timely support.

This should include long-term, unrestricted funding for core costs, enabling services to provide support which meets service users' needs at the time they need it; services should not have to be operating with lengthy waiting lists.

This unrestricted funding would allow services to expand and develop their provision (see priority 2 below) from a base of financial stability. It would also build resilience across the sector, so that service provision can respond to future demand.

Funders and commissioners should also consider how they can avoid creating situations where services doing valuable work are required to use scarce resources competing with each other for limited pots of funding.

2. Working closely with services, provide funding that enables them to expand and develop, so they can meet the diverse needs of their existing service users *and* new user groups.

This funding might be used by services to:

- extend their reach – for example, by promoting their work (either generally or to specific groups) and ensuring they are widely accessible
- design and develop the provision of new support, with the involvement of their service users – and with the time and resources to evaluate that provision
- explore different models of support, so they can adapt to service users' individual needs (by, for example, offering flexibility around the type and duration of support provided, and operating an open-door policy so service users can return for further support if needed).

Funders and commissioners should take account of the additional funding implications of enabling services to respond more fully to service users' requirements, in terms of accessibility and language (e.g. funding to cover costs of using interpreters and translators).

3. Provide funding and support in relation to services' infrastructure, enabling them to:

- improve their data collection systems and analysis
- offer their professional expertise to other professionals, without reducing the support they provide to victims/survivors and family members
- develop and share quality and impact assessment frameworks and tools
- develop and share learning and practice around service user engagement and consultation.

4. Provide funding to support the appropriate training and upskilling of professionals, whether they work in specialist support services or in the wider professional network.

Specialist professionals need training to keep up to date and develop their skills in areas such as different forms of child sexual abuse and ways to support children. Also, given the central role played by non-specialist professionals in statutory agencies when concerns about child sexual abuse arise, training for them is urgently required so there can be an effective, joined-up response to children and adults affected by that abuse. National and local reviews and enquiries consistently highlight that professionals have not been given the knowledge and skills to identify and respond to child sexual abuse confidently.

5. Commission research into specific groups' support needs and access to services.

This research would be particularly beneficial in relation to boys, physically disabled children, and children and adults from minority ethnic backgrounds.

6. Enhance funders' and commissioners' own expertise in funding child sexual abuse support services effectively.

This could include access to information and guidance, training, and resources that enable funders and commissioners to understand and respond to the need for support around child sexual abuse.

Ten questions for you to consider

1. Do you know what services are available in your area for:

- children (of all ages) who have been sexually abused?
- adult victims/survivors of child sexual abuse?
- parents of children who have been sexually abused?

2. Do you know what types of support are available in your area, and who can access this support?

Examples include one-to-one therapeutic support, advocacy support (including from Independent Sexual Violence Advisors or Child Independent Sexual Violence Advisors), and group-based support.

3. Do you know how easy it is for people across your area to access the support they need?

- How can victims/survivors and their families find out about or be referred to the services available?
- Are different groups of victims/survivors more or less likely to find out about or be referred to the services available?
- What are the barriers that prevent some groups of victims/survivors finding out about or being referred to the services available?

4. Do you know how many people are on waiting lists for support, and how long they are waiting to receive support?

5. Do you know whether services in your area provide support around different forms of child sexual abuse, particularly:

- Intra-familial child sexual abuse?
- child sexual abuse in online contexts?
- child sexual abuse in institutional contexts?
- harmful sexual behaviour?
- child sexual exploitation?

6. Do you know whether the support these services provide meets the particular needs of:

- people from minority ethnic backgrounds and/or whose first language is not English?
- physically disabled people?
- people with learning difficulties/disabilities?
- boys/men?
- girls/women?
- lesbian, gay and bisexual people?
- trans-identifying people?

7. Do you know whether the support available in your area matches the need for support?

8. Do you know how financially secure the services in your area are?

9. Do you know what support the services in your area need from their funders and commissioners?

10. Do you know who else is funding/commissioning services in your area?

References

- Ali, N., Butt, J. and Phillips, M. (2021) *Improving Responses to the Sexual Abuse of Black, Asian and Minority Ethnic Children*. Barking: CSA Centre. www.csacentre.org.uk/app/uploads/2023/09/Responding-to-CSA-of-Black-Asian-minority-ethnic-children.pdf
- Allnock, D., Sneddon, H. and Ackerley, E. (2015) *Mapping Therapeutic Services for Sexual Abuse in the UK in 2015*. Luton: University of Bedfordshire. <http://hdl.handle.net/10547/623186>
- Franklin, A., Bradley, L. and Brady, G. (2019) *Effectiveness of Services for Sexually Abused Children and Young People, Report 3: Perspectives of Service Users with Learning Difficulties or Experience of Care*. Barking: CSA Centre. www.csacentre.org.uk/app/uploads/2023/09/Effectiveness-3-Learning-difficulties-and-care.pdf
- Hughes, K. (2023) Donations or statutory funding? Exploring the funding of historical childhood sexual abuse support services in England and Wales. *Voluntary Sector Review*, advance article. <https://doi.org/10.1332/204080521X16861024897196>
- Jay, A., Evans, M., Frank, I. and Sharpling, D. (2022) *The Report of the Independent Inquiry into Child Sexual Abuse*. London: IICSA. www.iicsa.org.uk/reports-recommendations/publications/inquiry/final-report.html
- Karsna, K. and Bromley, P. (2023) *Child Sexual Abuse in 2021/22: Trends in Official Data*. Barking: CSA Centre. www.csacentre.org.uk/app/uploads/2023/09/Child-sexual-abuse-in-2021-22-Trends-in-official-data.pdf
- Karsna, K. and Kelly, L. (2021) *The Scale and Nature of Child Sexual Abuse: Review of Evidence (revised edition)*. Barking: CSA Centre. www.csacentre.org.uk/app/uploads/2023/09/Scale-and-nature-review-of-evidence-2021.pdf
- Ministry of Justice (2021) *Code of Practice for Victims of Crime in England and Wales*. London: MoJ. <https://assets.publishing.service.gov.uk/media/60620279d3bf7f5ceaca0d89/victims-code-2020.pdf>
- National Police Chiefs' Council (2023) *National Vulnerability Action Plan (2023 edition)*. www.vkpp.org.uk/assets/Files/NVAP-with-Interim-Measures-v3.4-External-FINAL1.pdf
- Parkinson, D. and Sullivan, R. (2019) *Effectiveness of Services for Sexually Abused Children and Young People, Report 2: A Survey of Service Providers*. Barking: CSA Centre. www.csacentre.org.uk/app/uploads/2023/10/Effectiveness-2-Survey-of-services.pdf
- Radakin, F., Scholes, A., Soloman, K., Thomas-Lacroix, C. and Davies, A. (2021) *The Economic and Social Cost of Contact Child Sexual Abuse*. London: Home Office. www.gov.uk/government/publications/the-economic-and-social-cost-of-contact-child-sexual-abuse/the-economic-and-social-cost-of-contact-child-sexual-abuse
- Scott, S. (2023) *Key Messages from Research on Intra-familial Child Sexual Abuse (second edition)*. Barking: CSA Centre. www.csacentre.org.uk/app/uploads/2023/09/Key-messages-from-research-on-intra-familial-child-sexual-abuse-2nd-edition.pdf
- Truth Project (2022) *I Will Be Heard: Victims and Survivors' Experiences of Child Sexual Abuse in Institutional Contexts in England and Wales*. London: Independent Inquiry into Child Sexual Abuse. www.iicsa.org.uk/key-documents/31348/view/truth-project-i-will-be-heard.pdf

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