

Centre of  
expertise  
on child  
sexual abuse

# Support matters

The landscape of child sexual abuse support services in England and Wales

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## About the authors

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## About the Centre of expertise on child sexual abuse

The CSA Centre's overall aim 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](http://www.csacentre.org.uk)

# Foreword

*By May Baxter-Thornton, Andy Jeffrey, Sabah Kaiser, Mike Peirce, Kelly Stacey, and others who prefer to remain anonymous*

## *Experts by experience*

This new report from the Centre of expertise on child sexual abuse makes it clear there is a desperate need to improve the availability of support services for victims and survivors across England and Wales. Victims and survivors of child sexual abuse, both children and adults, deserve appropriate support for their needs, at the time they need it most. For far too long, our voices have been disbelieved, discounted, or ignored. Now we have evidence-based research which highlights gaps in support and clearly makes the case for long-term, sustainable funding of support services.

We know of so many victims and survivors who are struggling to find the help that they need. The online landscape for them is so convoluted and confusing, particularly when it comes to finding free trauma therapy, support groups and fellow survivors to reach out to in a safe environment. Even though there is now far more awareness of child sexual abuse and its impact, the numbers of those seeking support have grown exponentially, meaning that waiting lists have grown as demand outstrips resources. Alongside this, the scale of child sexual abuse seems to be increasing, and this report shows the vast number of victims and survivors unable to get support due to the lack of services in their region.

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. Here one of us describes the difference that receiving that support, even long after the abuse took place, can make – if it can be accessed:


“I attempted to end my life three times between the ages of 14 and 17. Despite this, there were no social workers involved, and my parents didn’t have any support offered. Nobody asked anything. Somehow my friendship group found out that I had been in hospital, and when I returned to school they said they could no longer remain friends as they were angry with me because I was selfish. I was just viewed as a selfish, manipulative teenager. I don’t blame my school friends or my parents as they didn’t have any support or information and society had words for girls like me, the first abuse was before I became a teenager. As I had no services involved, and I was so ashamed and isolated, it heightened my vulnerabilities to further abuse and I was re-victimised...

“I still live daily with the impacts of trauma. Last year, I accessed 24 sessions of telephone counselling through a Rape Crisis centre. The counsellor was so professional, warm, understood attachment and, I think, got me. By the end of the 24 sessions, I had just started to build some trust and connect a little. Although the sessions have ended, I have been able to refer back to see the same counsellor; however, due to lack of funding and capacity there will probably be 18 months to wait. For people like me, intergenerational trauma and multiple episodes of childhood abuse have interfered with the development of the relate/regulate sections of the brain. Growing older doesn’t rectify this. Mental health and relationships continue to be affected into adulthood and vulnerabilities remain high.”


The lack of support for families and parents is also a huge concern. How can a parent know how to support their child if they don't have access to support themselves? To support a child after they've suffered sexual abuse takes a lot of understanding and patience at a time when the parent is dealing with a huge amount of trauma themselves. Support is also needed for siblings within the household who will witness the effects of the sexual abuse, such as aggressive outbursts, post-traumatic stress disorder, eating disorders, substance abuse and mental health issues. Support for parents and families is vital in the healing of the victim. This is not a problem that is just going to go away, and the key implications in this report highlight exactly what is needed moving forward to help victims of child sexual abuse become survivors.

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. As another of us concludes:

“Helping a victim of child sexual abuse means delivering help when they are ready to reach out, not six or 12 months later as many services do today. 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.”



This report bears witness to service providers' dedication and the pressing need for change



# Executive summary

**This report presents the findings from a research study to better understand the provision and availability of support in England and Wales for people affected by child sexual abuse.**

As well as illustrating the breadth and diversity of that support, and of the services providing it, the report reveals significant gaps in the support available to victims/survivors and their families.

By exploring the challenges that services face in relation to meeting demand, securing funding, and recruiting and retaining staff, the report highlights the precarious environment in which many of them operate – and recommends how policymakers, funders and commissioners of child sexual abuse support can address this.

## Key findings

Our study 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 is also clear that this falls a long way short of meeting the need for support, and that many services are on a precarious and uncertain financial footing.

A ‘postcode lottery’ is evident in terms of the likelihood that a victim/survivor can access support that meets their needs, although there is shortage everywhere.

- ▶ 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, and one in nine was longer than a year. 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.

## Implications of the research

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.

There is both a humane and an economic case for greater and more considered investment to sustain and support existing service provision, and to enable an expansion in provision for both child and adult victims/survivors and their families. We have identified six priorities for policymakers, funders and commissioners:

1. **Ensure sufficient funding for services to maintain their current provision and provide timely support.**  
This should include unrestricted, multi-year funding, 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.
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; to design, develop and evaluate new support, with the involvement of their service users; and to explore different models of support, so they can adapt to service users' individual needs.
3. **Provide funding and support in relation to services' infrastructure.**  
This would enable services to improve their data collection systems and analysis; support and work in cooperation with other professionals, without reducing the support they provide to their own service users; develop and share quality and impact assessment frameworks and tools; and 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.
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 to support funders and commissioners in carrying out informed needs assessments.

Implications for services, and for all agencies and partnerships involved in the response to child sexual abuse, included the following:

- ▶ Statutory agencies in particular should not close cases before support from other services has commenced; this will avoid victims/survivors being left with no support. They should also consider providing funding for not-for-profit services to which they make referrals.
- ▶ Services should be included in local networks and partnerships, especially Local Safeguarding Children Partnerships/Boards, and have opportunities to come together regionally and nationally.

## About the research

The research, carried out by the Centre of expertise on child sexual abuse (CSA Centre) between July 2022 and April 2023, began with a mapping exercise which identified **468 services in England and Wales** providing therapeutic or wellbeing-focused support to victims/survivors of child sexual abuse, and/or their families. We then contacted all these services, inviting each of them to participate in an online interview; a total of 168 services were interviewed.

The mapping encompassed all services supporting victims/survivors of child sexual abuse – both children and adults – and/or their family members, provided the support was offered free of charge and had a therapeutic or wellbeing focus.

In addition to services focused solely on responding to child sexual abuse, it 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.

## What do support services look like?

Of the 468 services we identified:

- ▶ one-fifth were focused solely on supporting victims/survivors of child sexual abuse and/or their family members
- ▶ nearly a quarter operated in the sexual violence sector
- ▶ almost three-fifths had a wider remit.

Services in the **not-for-profit** sector – almost all of them charities – made up 81% of the total. They 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.

A further 5% were in the **private** sector, mainly based in universities or providing residential care.

The 14% of services in the **statutory** sector were part of the NHS, local authorities or the criminal justice system.

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.

Four-fifths of services provided support for **children**, and very slightly fewer supported **adults** (whether they were victims/survivors of child sexual abuse, parents of sexually abused children, and/or otherwise affected by sexual abuse).

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 provided five main types of support, with two-thirds offering multiple types:

- ▶ Three-quarters of services were providing one-to-one **therapy, counselling or emotional support** to children, adults or family members affected by child sexual abuse.
- ▶ More than half offered one-to-one **advocacy, casework or support** from Independent Sexual Violence Advisors (ISVAs) or Child Independent Sexual Violence Advisors (ChISVAs).
- ▶ Nearly half offered **group-based** interventions.
- ▶ Nearly a third provided a **helpline or chat service**.
- ▶ A small proportion provided **residential care**.

Support was most commonly available to **adults and older children** aged 13+; there was much less direct support for under-10s. While most support was available to both sexes, a quarter of group-based interventions were solely for women or girls. Very few services were specifically for particular ethnic or faith groups.

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 – and was often **time-limited**.

## Who is supported?

Almost half of the services we interviewed told us that, in 2021/22, they had supported **fewer than 100 people** affected by child sexual abuse. 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**.

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. 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**.

Services told us they had supported an increasingly diverse range of people in recent years



## 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. In each region, there were **between 2,500 and 5,000 child victims/survivors** – and **between 10,500 and 23,000 adult victims/survivors** – for every service supporting those age groups.

The overall ratio of victims/survivors to services ranged from **10,000:1 in Wales to 20,000:1 in the West Midlands**.

Nearly two-thirds of services supporting children **did not appear to offer any support to their parents**.

There were also major gaps in provision for people affected by specific forms of child sexual abuse, particularly **intra-familial abuse** and **abuse in online contexts**, and for people with specific characteristics. Very few services outside London – and none in the South East or South West – were focused on supporting people from **minority ethnic backgrounds**, and services dedicated to **men/boys** affected by child sexual abuse were scarce in all regions. Services said they wanted to improve their reach to both groups.

## 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 support. This was deterring some from promoting themselves.

Three-quarters of interviewed services in the not-for-profit sector, and almost half of statutory services, were operating a **waiting list** 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 average time spent on a waiting list was **more than six months**; one in nine lists involved a wait of more than a year.

Many services said their **waiting lists had lengthened** in recent years. Most were providing some sort of interim support to people on their waiting list, from keeping in regular contact to providing access to peer support groups or resources.

Holding waiting lists was also affecting service provision – for example, by **reducing the number of support sessions** that could be offered to each service user. Services also highlighted the negative impact on the **mental health of victims/survivors**, and on children's social relationships and ability to engage with education.



Three-quarters of services in the not-for-profit sector had a waiting list for people seeking support



## Funding of services

Most interviewed services in the not-for-profit sector derived their income from multiple sources: almost three-quarters received **grant-funding**, two-thirds were **commissioned to deliver specific support**, and two-fifths received income through **individual donations**.

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

Many services had also received **uplift funding** in 2021/2022, often related to the COVID-19 pandemic. While they welcomed this additional income, it presented challenges for some – partly because of the short timescales in which it had to be spent.

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

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. Nearly two-thirds 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**.

## Staffing and volunteers

More than half of the interviewed services had **between one and nine full-time equivalent staff** directly providing support around child sexual abuse. Most services with larger numbers of staff had a sexual violence remit.

**Recruiting and retaining staff** was a challenge for the vast majority of services, because of the skills required and the not-for-profit sector's difficulty in offering competitive salaries.

Very few services had no paid staff, but more than half were using **volunteers** to support their service delivery, in roles such as befriending, administrative or technical support, and service promotion. Others said they lacked the resources to manage volunteers or were struggling to recruit them, particularly as a result of the COVID-19 pandemic and the cost-of-living crisis.

Three-quarters of services said their staff and volunteers had **received specific training** around child sexual abuse, but a similar number said they would like more training in this area.



Four-fifths of services were experiencing challenges with their funding, often linked to its short-term nature



## Referrals and other external connections

Most services said they felt **well-connected** to other services and agencies, although it seemed that they were generally not referring to connections with other services providing child sexual abuse support.

Two-thirds of services supporting children were linked into their **Local Safeguarding Children Partnership/Board**; they felt that this helped them understand the risks and types of harm facing local children, feed into safeguarding strategies, and develop positive working relationships.

However, most services said that systems for **receiving incoming referrals** and **making onward referrals** were not always proving effective. Not-for-profit services spoke of statutory agencies closing cases after referring them on, without checking whether the receiving service could provide support within an appropriate timeframe; ineffective multi-agency working, sometimes resulting in inappropriate referrals, was another issue. Other agencies' restrictive referral criteria and high thresholds for accepting cases were identified as challenges for services making onward referrals.

## Support for other professionals

Three-quarters of interviewed services were offering **training, advice/guidance, case consultations** and/or other support to other professionals – most commonly, to those in schools, the not-for-profit sector, the police and children's social care. Half of these services sometimes **charged** for this support, but very few *always* charged.

**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 felt that their support was beneficial in improving professionals' knowledge and confidence to identify and address child sexual abuse, they said it was a challenge to **manage the balance** between this work and directly supporting victims/survivors in the context of limited resources.

## 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, and more than a third had signed up to or were in the process of signing up to quality standards.

However, developing and implementing effective assessment and evaluation systems required resources, and many services told us they would appreciate support in this area.

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 wanted support with this.

Two-thirds had **expanded their provision** in recent years, and four-fifths were considering ways to develop it further. Although the COVID-19 pandemic had increased levels of complex need and trauma among service users, and 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 highlighted the importance of providing support that was **flexible and tailored to individual needs**, delivered by **highly skilled, compassionate and committed staff**.

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**.

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sexual abuse**

The full research report is available at:

[www.csacentre.org.uk/support-matters/](http://www.csacentre.org.uk/support-matters/)

The photograph on the cover was taken using actors  
and does not depict an actual situation.

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