

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: An overview of services for children and parents affected by sexual abuse

April 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

Please note that in this summary we use 'child' to mean anyone under the age of 18.

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 victims/survivors and their families could access support that met their needs, although there was shortage everywhere.

This document summarises the findings and implications arising from the research, with a particular focus on the support available for children who have been sexually abused and their parents. It also briefly looks at support provision for children who have engaged in harmful sexual behaviour.

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, along with a briefing for policymakers/funders and a document focusing on our findings in relation to services for adult victims/survivors of child sexual abuse.

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 sexually abused children 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, younger children and other groups of victims/survivors, such as those who are 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 key to 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 to participate in an online interview; a total of 166 services were interviewed, including 132 of the 375 services that were supporting children and/or their non-abusing parents.

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 or child criminal exploitation, which would provide support around sexual abuse where relevant.

We also identified another 61 services supporting children who have engaged in harmful sexual behaviour, and interviewed 12 of them.

¹ IICSA was a statutory inquiry for England and Wales, 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.

Key findings from the research

- We identified 375 services supporting children who have been sexually abused and/or their non-abusing parents in England and Wales.
- Services were scarce relative to demand and need, with huge geographical variation. In each region, we estimated there were between 2,500 and 5,000 child 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 children 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 six services was focused primarily on the needs of girls, with far fewer focused on boys or on minority ethnic groups.
- More than half of services – and two-thirds of those in the not-for-profit sector – told us they could not keep up with demand. And four-fifths of not-for-profit services supporting children were operating with waiting lists; a quarter of waiting lists were over six months long. Services were also having to limit the amount of support that their users could access.
- The vast majority of not-for-profit services said they faced challenges around their funding, often because of the short-term nature of grants and contracts; fewer than 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 children and their families.
- We also found 61 services supporting children who have engaged in harmful sexual behaviour.

What do support services look like?

Across England and Wales, we identified a total of **375 services** offering support to sexually abused children and/or their non-abusing parents. Of these:

- 75 services – a fifth of the total – focused solely on providing **support in relation to child sexual abuse**.
- 99 services – a quarter – were working in the **sexual violence sector** with a remit that included child sexual abuse.
- 201 services – more than half – provided support around child sexual abuse within a **wider remit**.

Four of the 375 services focused their support on non-abusing parents, rather than on sexually abused children themselves; three of these services were focused on child sexual abuse, and the other had 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 children who have been sexually abused and their parents**.

Four-fifths of services were in the not-for-profit sector; almost all of them were charities.

More than half of services were operating across fewer than 10 local authorities within **a single region** (see chart below). In contrast, fewer than one-fifth operated across **the whole of England and/or Wales**; almost all national services were in the not-for-profit sector. However, three of the four services supporting parents but not children were operating at a national level.

Two-thirds of the 132 services we interviewed had been providing support in response to child sexual abuse for **more than 10 years**.

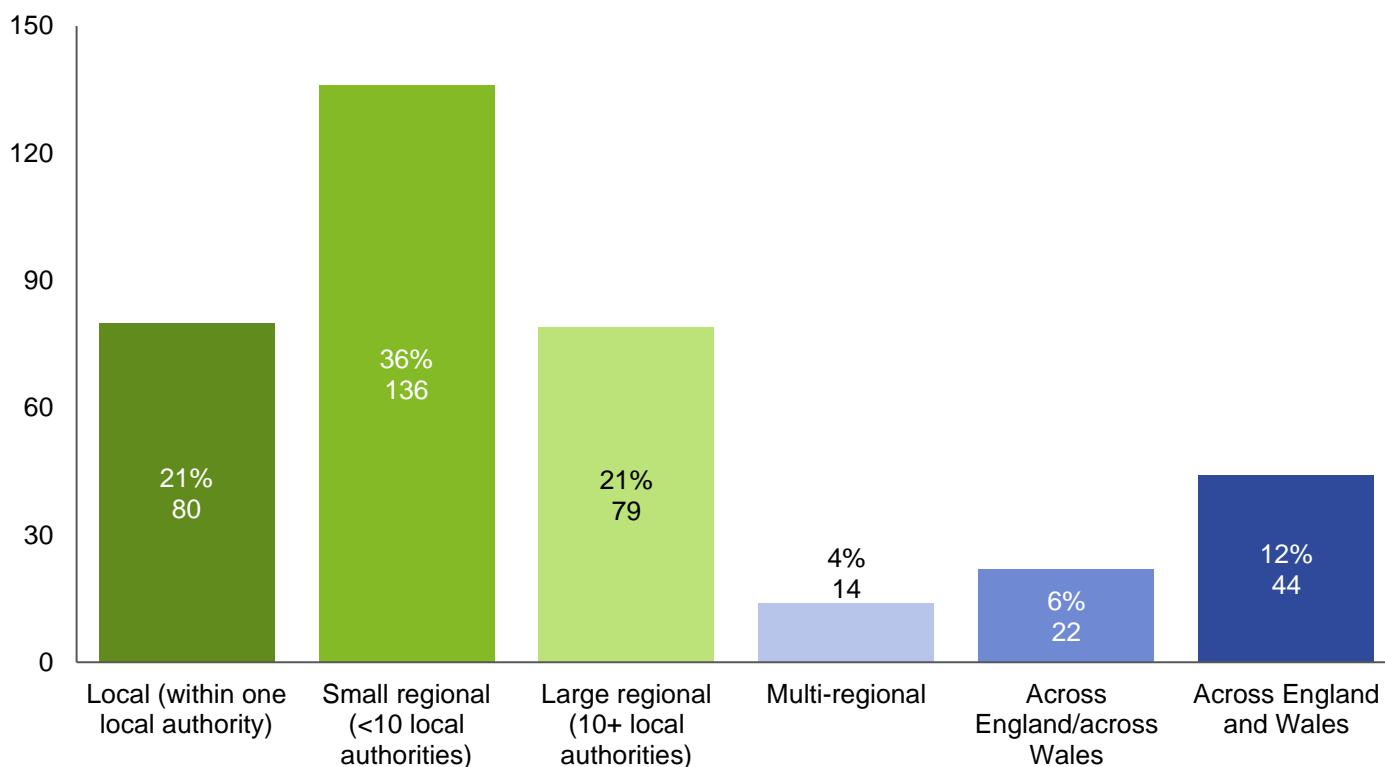
Fewer than a quarter of services said their support was offered mainly or exclusively to groups with particular characteristics – mostly to **girls** or to children from **minority ethnic backgrounds**. One in five services supporting children provided support specifically around **child sexual exploitation**, as did two of the four services supporting parents only, but few focused on other forms of child sexual abuse.

Of the 61 services supporting children who have engaged in harmful sexual behaviour, only 10 were also providing support to their **parents**. Five services were focused specifically on **boys**, but none focused solely on girls.

Unlike those supporting sexually abused children, **two-thirds of harmful sexual behaviour support services were in the statutory sector**, and a fifth were private-sector services.

Support services for children who have engaged in harmful sexual behaviour were identified in all regions of England and Wales, but **four-fifths were operating at a local level or within a single region**. At the other end of the scale, one in eight operated across the whole of England and/or Wales; these were mainly private-sector services, while local and regional services were mainly in the not-for-profit or statutory sectors.

Geographical coverage of services supporting sexually abused children and/or their parents (n=375):



What support is available?

The services we interviewed were providing four main types of support for sexually abused children (see chart below); two-thirds were offering **multiple types**.

By far the most common support type – offered by four-fifths of services – was **one-to-one therapy, counselling or emotional support**. Almost half offered **advocacy, casework or support from an Independent Sexual Violence Advisor (ISVA) or a Child Independent Sexual Violence Advisor (ChISVA)**.

“We offer intense treatments like EMDR [Eye Movement Desensitisation and Reprocessing] therapy, clinical hypnotherapy, trauma focused CBT and person-centred therapy, drama therapy. The drama therapy is a pilot at the moment that we're doing with very small groups, and one-to-one.”

However, in many cases support was available only to those **aged 13 and over**; the provision of direct one-to-one support for younger children, and particularly for under-10s, was considerably lower.

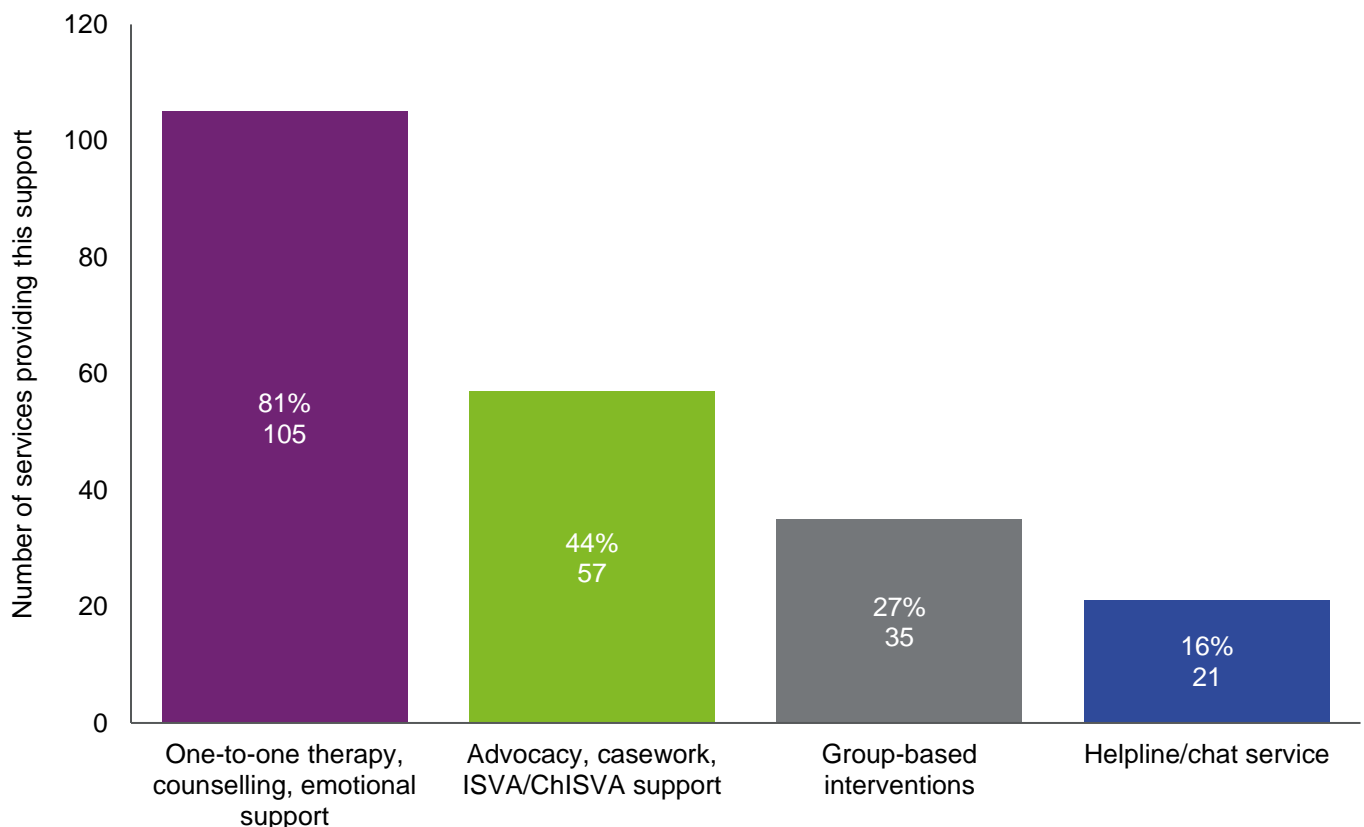
Support for **parents** was generally provided alongside support for children, although some services offered **group-based interventions specifically for parents**.

“It’s about creating a safe and protected space where mothers can explore their experiences with others in similar situations. This is another way of providing support to children who have been abused as caregiver/mother is supported. Trying to mitigate self-blame and providing them with a space where they don’t feel excluded.”

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 twelve one-to-one therapeutic interventions was available at weekends. This is likely to affect children’s access to therapeutic support, especially if they are in full-time education or their parents in full-time employment.

Most services **restricted the length of time** in which children 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 children who have been sexually abused (n=130):



Who is supported?

Almost half of the services we interviewed said that in 2021/22 they had **supported fewer than 100 children** who had been sexually abused. A small minority, mainly in the not-for-profit sector, had supported thousands of children during the year.

More than half of services estimated that at least 75% of their service users in 2021/22 were **girls** (see chart below). 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 **boys** represented fewer than one in four of their service users.

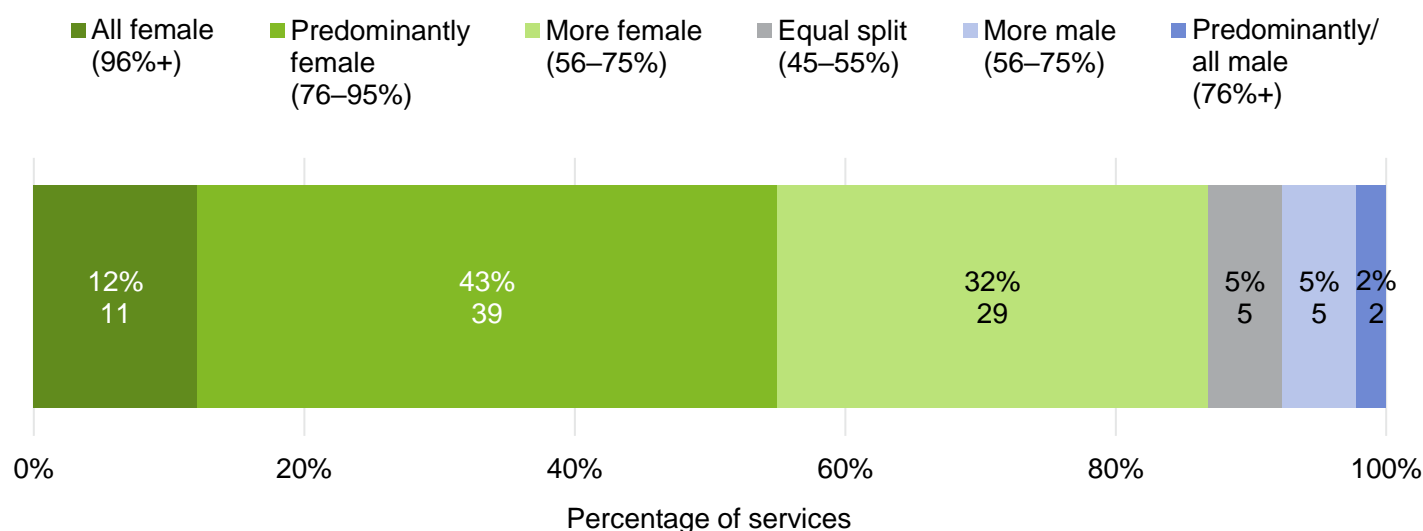
Services said they had supported an increasingly diverse range of children in recent years – but one in six estimated that children from **minority ethnic backgrounds** made up fewer than 5% of their service users. **Physically disabled children** were also particularly under-represented; in contrast; most services supporting children estimated that at least 10% of their child service users had **learning disabilities/difficulties**. (See charts on next page.)

Of the harmful sexual behaviour support services we interviewed, **almost all provided support for children aged 13–17**, while half supported 5–10-year-olds. Two services said they extended their upper age range for young people who had **special educational needs** or were **care-experienced**, supporting these young people until they were 21 or 25 years old.

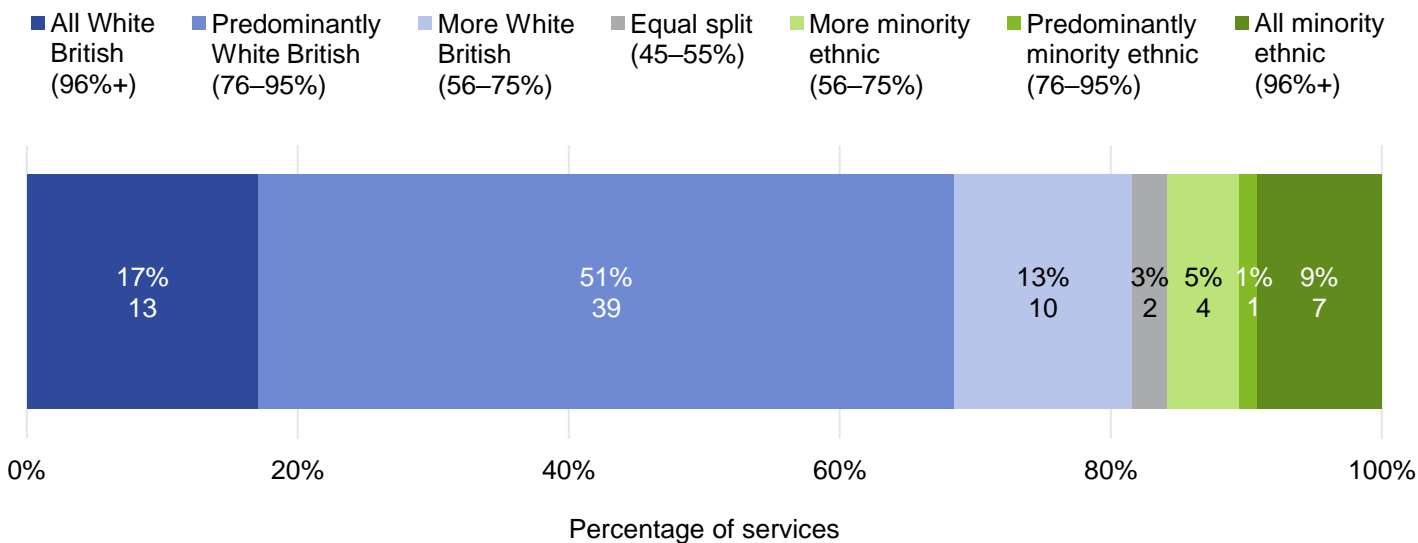
One service explained that the children it supported had often been victims of sexual abuse themselves.

“Around about 50% of our referrals, we’ll support across [child sexual exploitation and harmful sexual behaviour]. About 70% of the girls and 40% of the boys will have child sexual abuse as a known or suspected life experience.”

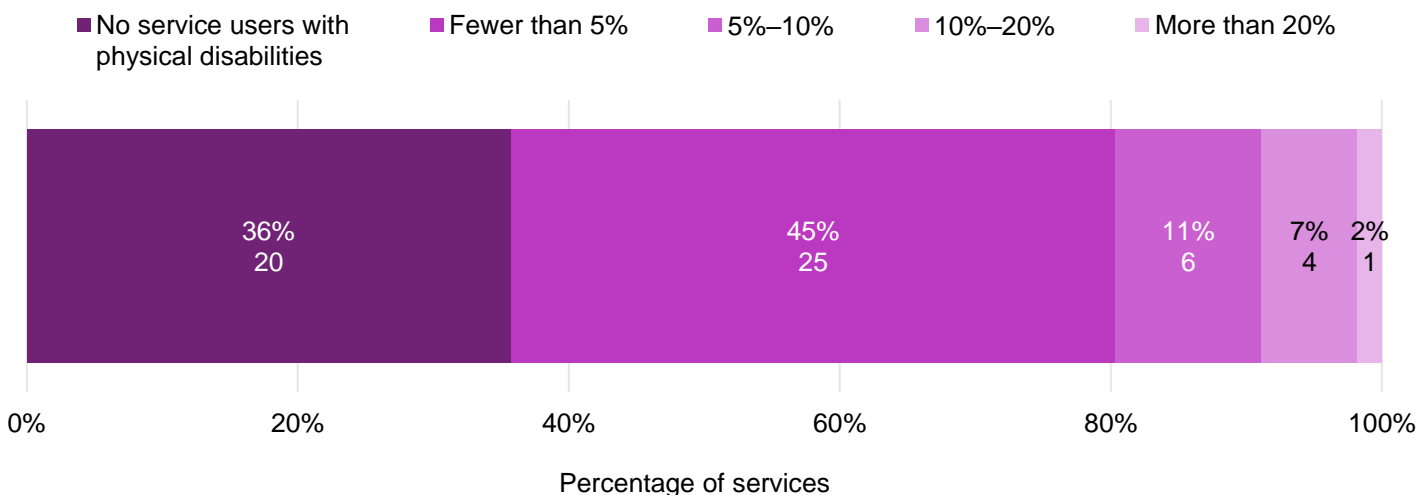
Children supported by services in 2021/22, by sex (n=91):



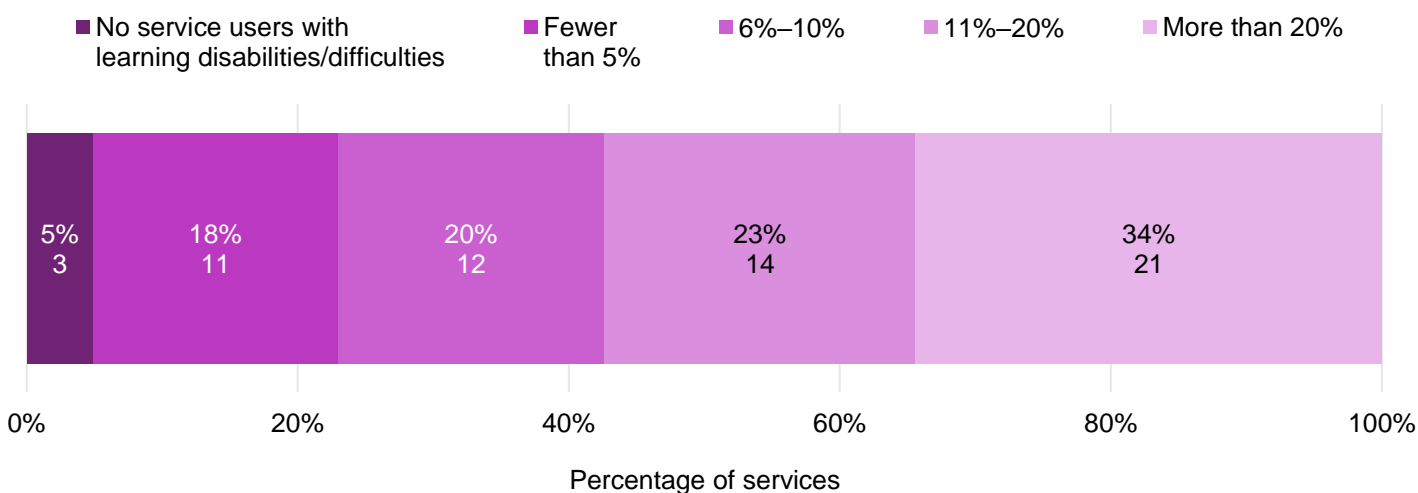
Children supported by services in 2021/22, by ethnic background (n=76):



Proportion of children supported by services in 2021/22 who had physical disabilities (n=56):



Proportion of children supported by services in 2021/22 who had learning disabilities/difficulties (n=61):



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 children 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 2,500 sexually abused children for every service we identified in Wales, but twice as many – 5,000 children – for each service in the West Midlands (see chart). Since most services worked within a single region of England or Wales, there was a ‘postcode lottery’ for people seeking support.

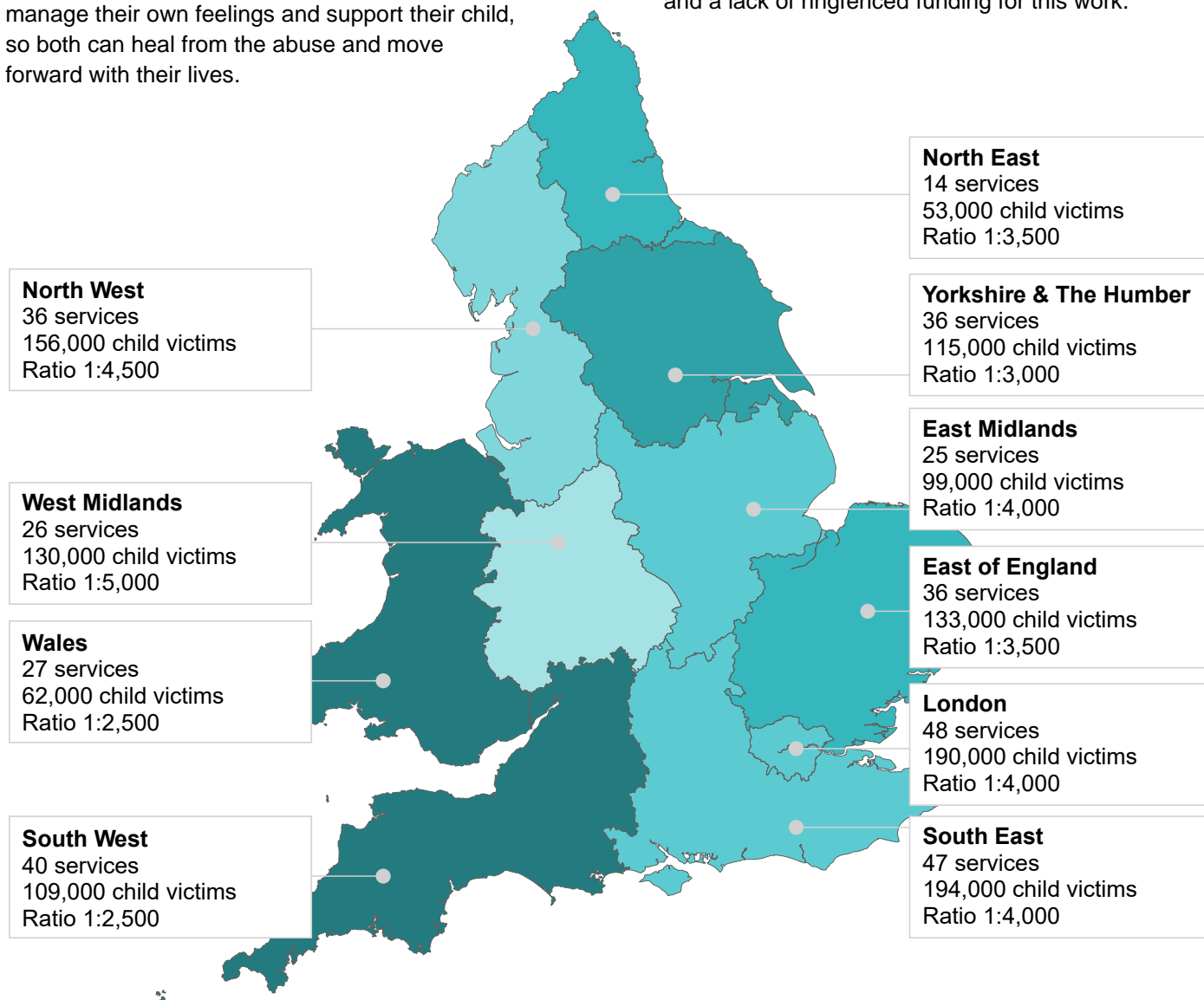
Nearly two-thirds of services supporting children appeared not to be offering any support to their parents. This support is vital in helping parents to manage their own feelings and support their child, so both can heal from the abuse and move forward with their lives.

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

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

Services dedicated to supporting boys affected by child sexual abuse were scarce in all regions, and only 57 services across the whole of England and Wales were focused specifically on providing support for girls (and, in some cases, women). 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

Fewer than half of the 132 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.

Four-fifths of interviewed services in the not-for-profit sector, and almost half of statutory services, said they were **operating with waiting lists** for children seeking support.

“Children and families aren't getting the services that they need. It means worse outcomes for mental health...and worse outcomes for education for those young people. Whereas if you can speak to that person earlier on in their journey, that can have a huge impact.”

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 (see chart below). 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.”

Three or six months feels longer to a child than it does to an adult, though delays are serious for all victims/survivors. Services highlighted the **negative impacts of waiting lists on children**, particularly on their mental health, their education, their social relationships with peers, and their subsequent engagement in support.

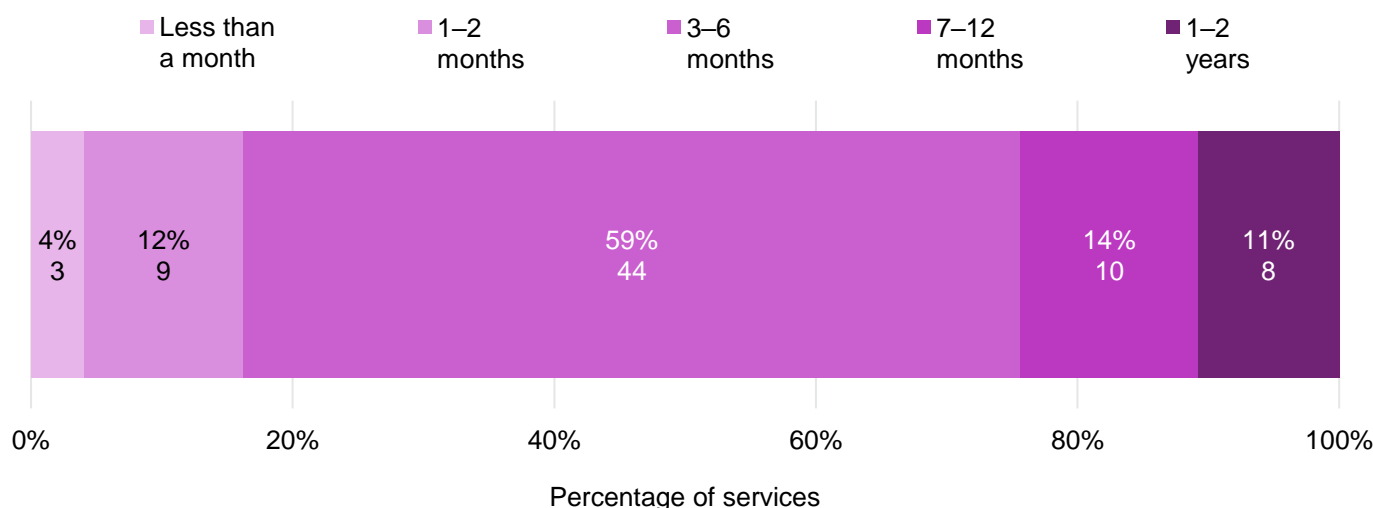
“There's a huge impact of being on a waiting list, especially for children and young people, as a small amount of time can feel like a lifetime and you run the risk of them disengaging and not wanting to stay on that waiting list and coming forward for support.”

In addition, services described the negative impact on staff wellbeing of holding people on waiting lists, with some **staff described as being overwhelmed and in despair** in the face of increasing waiting lists.

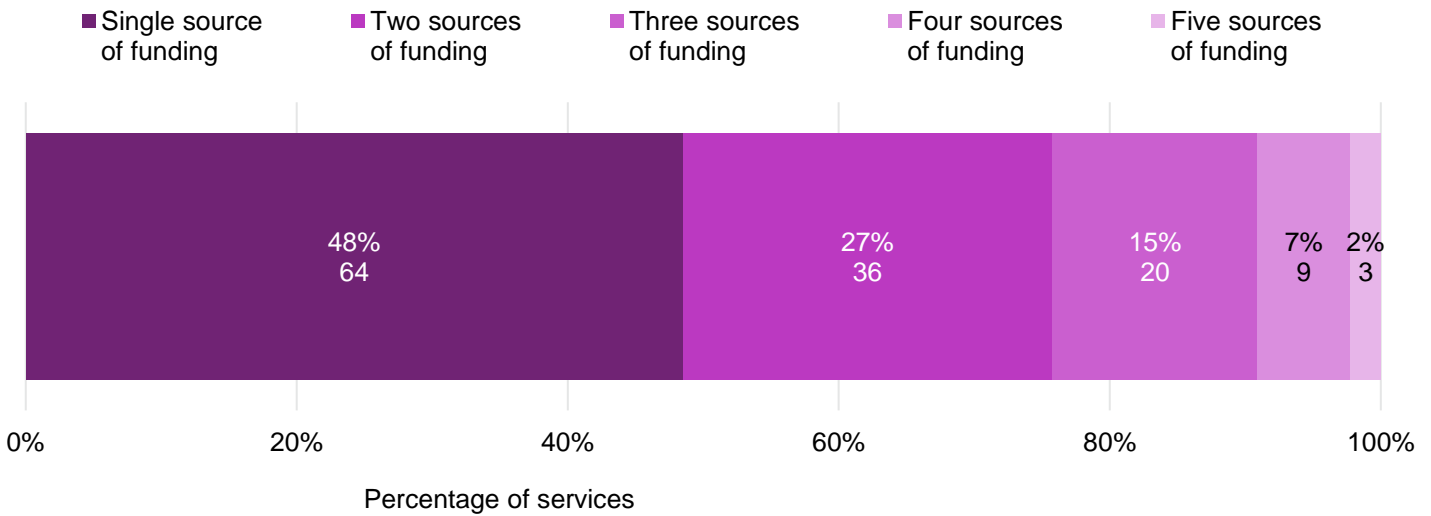
“Your knee-jerk reaction is, ‘Oh gosh, give them a slot somewhere. Just get them seen now,’ because the level of horrificness we see in these referrals is unbelievable and it's getting worse.”

Half of the 12 harmful sexual behaviour support services we interviewed had waiting lists; another was about to start one.

Length of time spent on the waiting lists of services supporting children/parents (n=74):



Number of funding sources for services supporting children/parents (n=132):



Funding of services

Most of the 132 interviewed services said they derived their income from multiple sources (see chart above). Three-quarters of those in the not-for-profit sector were **commissioned to deliver specific support**, while two-thirds received **grant-funding**, 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.

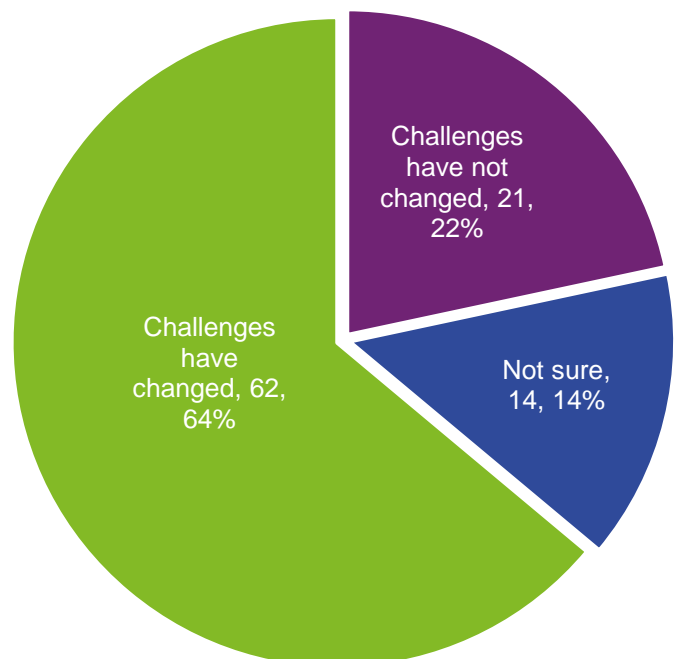
“It doesn’t feel like it acknowledges the complexity of the work that we need to provide... There’s no funding for the parents within the contract, even though you might work with a four-year-old, when you clearly have to spend time with the parents.”

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=97):



Over two-thirds of services – and particularly those in the not-for-profit sector – said 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.

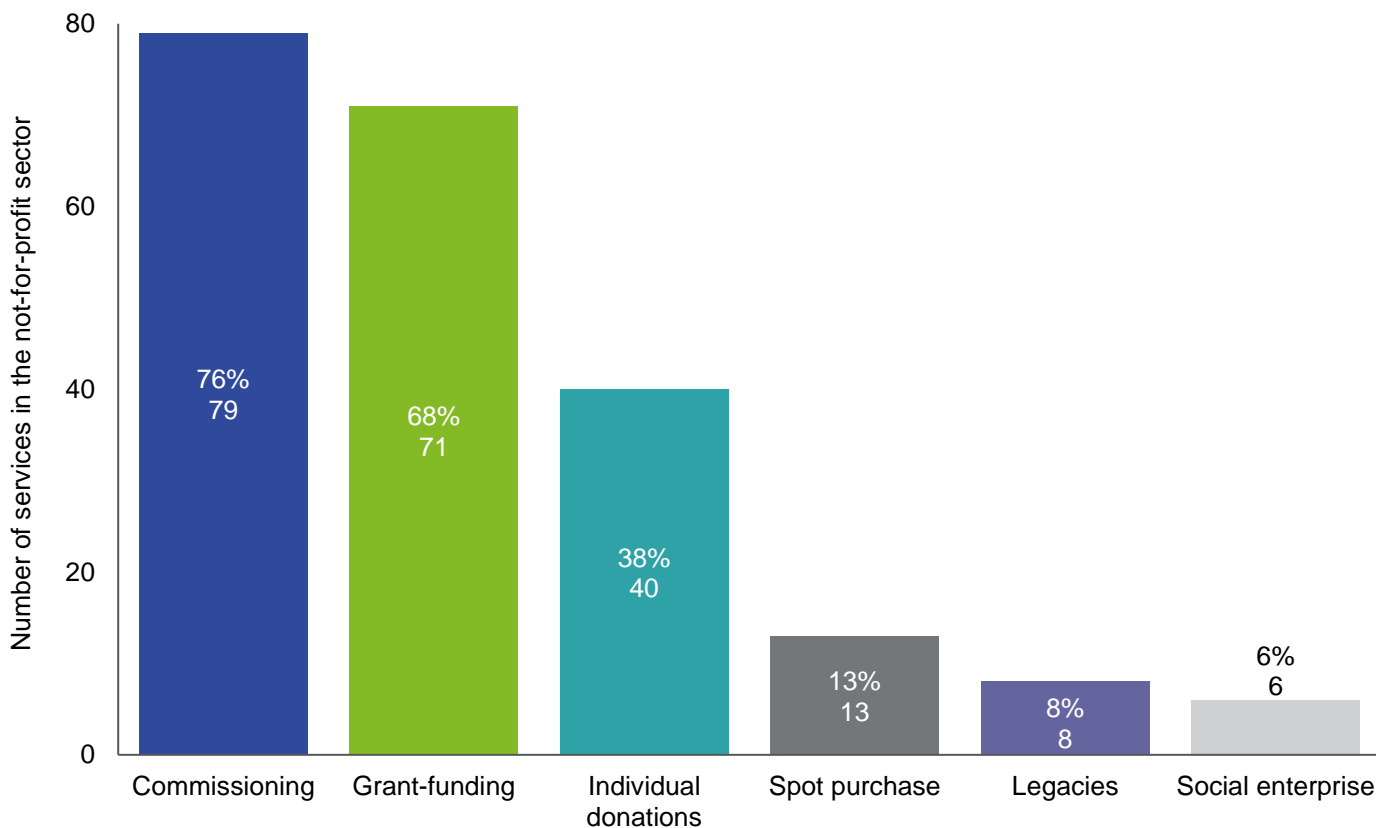
“It’s open to the market and the actual process of competing is epic... It is a full-time job for someone for several months and it’s quite stressful as well because you are competing and trying to deliver the service as well... All the staff know that we’re actively competing for our service, and we 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.

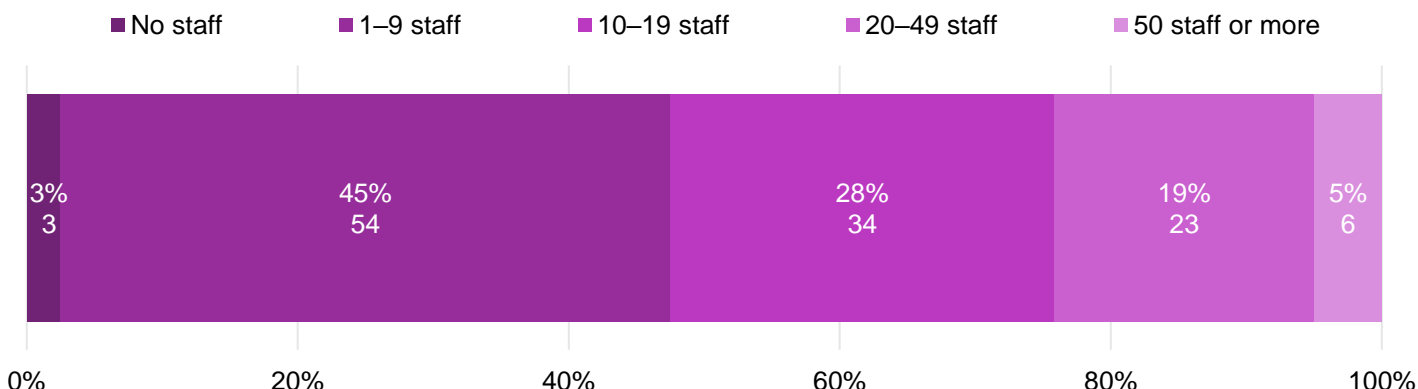
“Everything is cliff-edge, lurching from one fund ending and trying to find another fund for every piece of work. Constantly looking for money, tendering, bidding, all short-term.”

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 supporting children/parents (n=104):



Services' staff numbers (full-time equivalent) (n=120):



Staffing and use of volunteers

Almost half of the services we interviewed had between one and nine full-time equivalent staff **directly providing support around child sexual abuse** (see chart above).

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:

"We don't pay enough money for the skills and level of education we're requiring and the amount of trauma that we expect people to be able to manage. It's a really big undertaking to come in to doing this kind of work, and when you're offering people £23-£25,000 a year, people don't want it, and rightly so."

"Our salaries are a lot lower in comparison to some other agencies and the NHS. Now, times are much tougher for people. [Staff] are telling us that they're starting to consider looking for new roles purely for financial reasons."

While very few services had no paid staff at all, half were using volunteers to support their service delivery (see chart below), in roles such as **administrative or technical support, befriending and service promotion**.

Other services said they **lacked the resources** to manage volunteers or were **struggling to recruit** them:

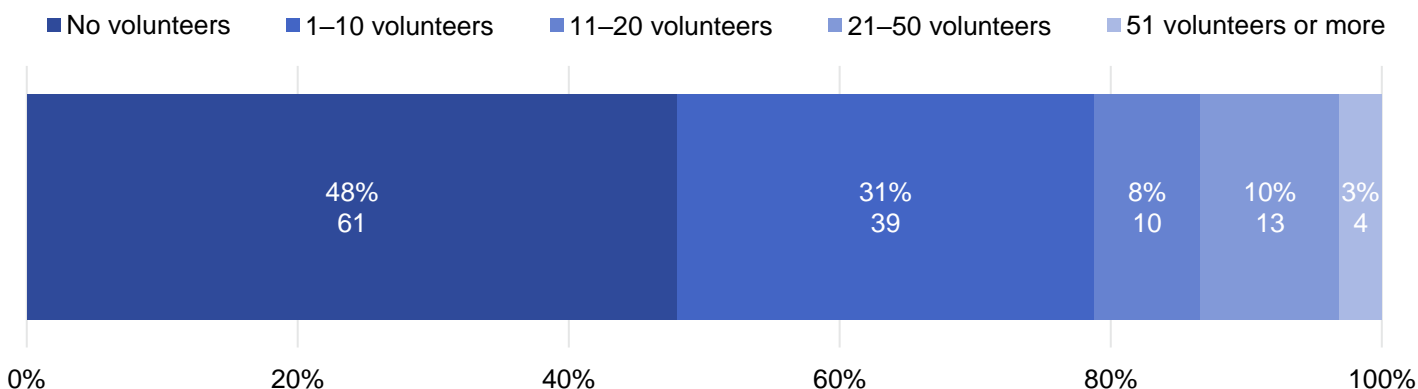
"We used to but we lost the funding for the worker who coordinated the volunteers."

"We rely on volunteers and we've had a huge drop since COVID and [the] cost of living [crisis] – people can't afford to volunteer. We lost over half of the voluntary workforce since COVID."

More than three-quarters of interviewed services told us that their staff and volunteers had received **training** specifically around child sexual abuse. Others said they expected staff to have acquired relevant expertise before they joined, or that their staff members' expertise had come through lived experience:

"All three of us are survivors of child sexual abuse... That helps how we deal with people."

Services' use of volunteers (n=127):



Referral pathways

The services we interviewed most commonly identified children’s social care and the police as the sources of **incoming referrals** (see chart below). In contrast, services were most likely to name mental health services and other therapeutic/counselling services as the agencies/organisations to which they made **onward referrals** (see chart on next page).

However, most of the services we interviewed said that systems for receiving incoming referrals and making onward referrals were not always effective.

Not-for-profit services spoke of statutory agencies **closing cases** after referring them in, without checking whether the receiving service could provide support within an appropriate timeframe. **Ineffective multi-agency working**, sometimes resulting in **inappropriate referrals**, was another common issue.

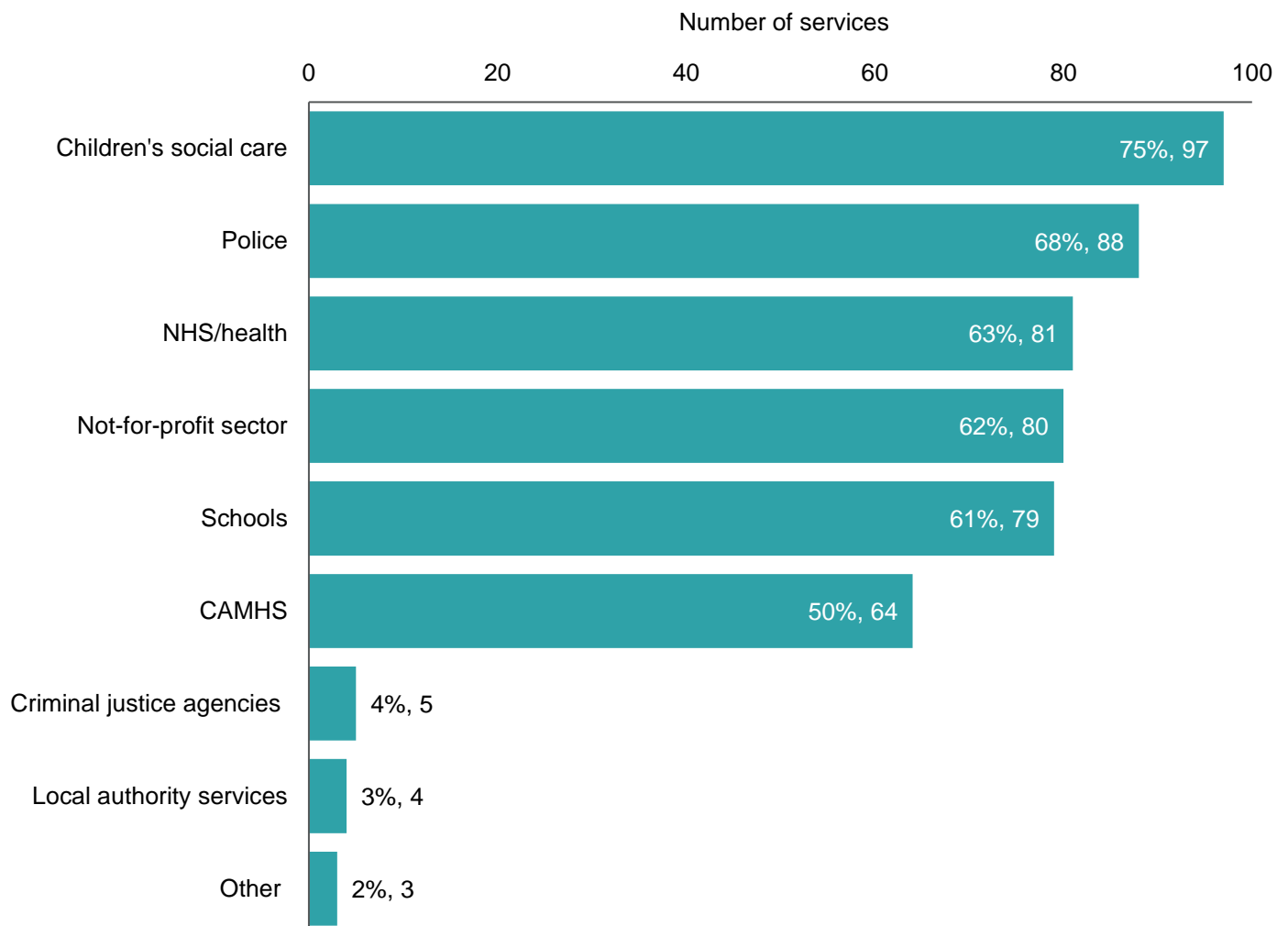
Statutory agencies’ **restrictive referral criteria** and **high thresholds** for accepting cases were identified as challenges for services making onward referrals:

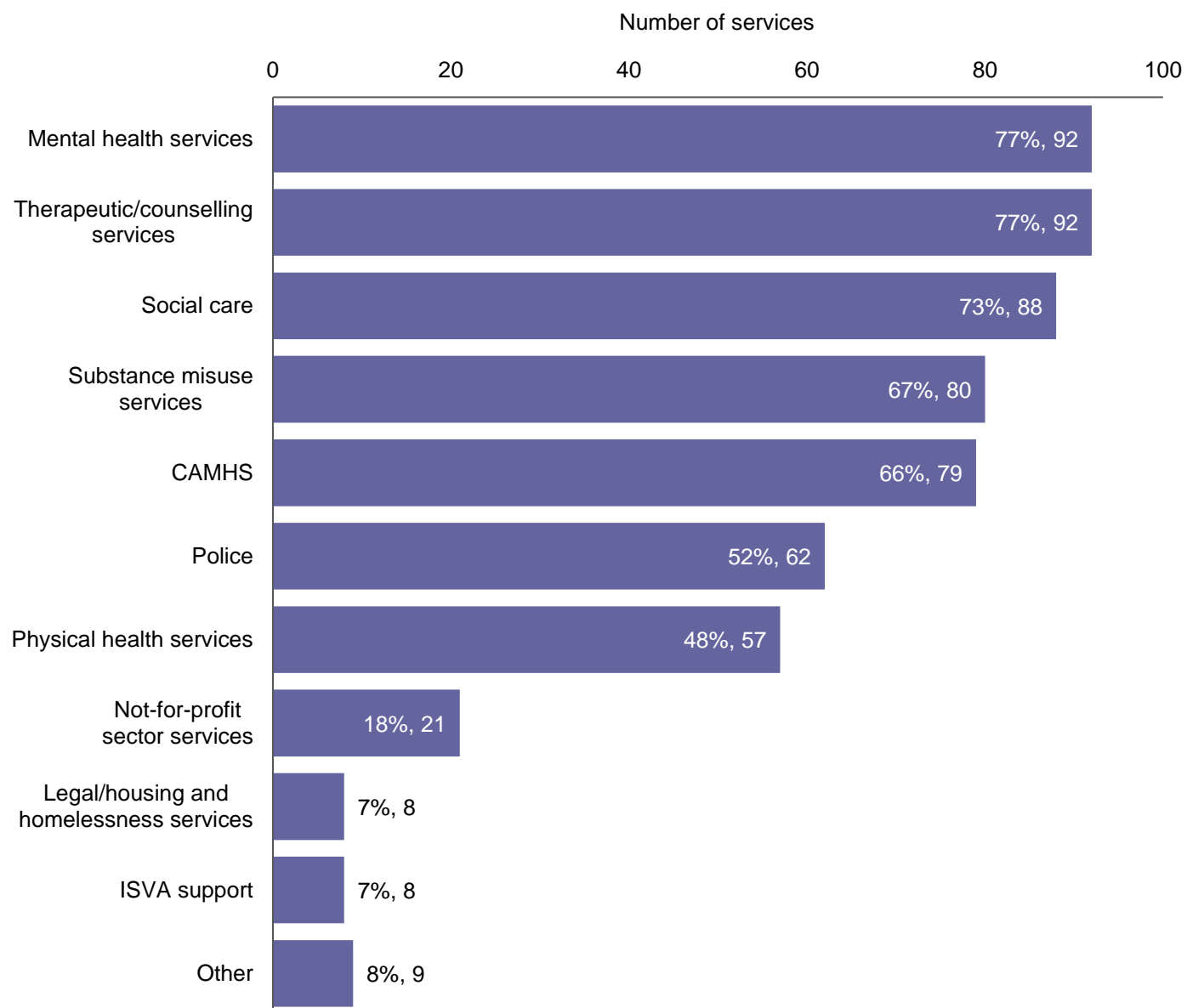
“Other services are really restricted in terms of the referral criteria so often they’ll say, ‘We won’t work with the young person unless things are really stable in their family.’ But what we know is that kids who are actually abused often come from families where things are really chaotic.”

“Parents come to us struggling to find services. For example. CAMHS [have an] 18-week waiting list. We just got a response for support a year after a young person was abused.”

“It’s very difficult to engage with CAMHS services... because they have a very, very long waiting list. They don’t come back to us unless we chase them.”

Sources of referrals from other services/agencies (n=129):



Onward referral destinations (n=120):**General connectedness**

Around two-thirds of the services we interviewed told us they **felt well-connected to other agencies**, although it seemed that many were not referring specifically to connections with other services providing support in relation to child sexual abuse:

Almost two-thirds of services said they were linked into their **Local Safeguarding Children Partnership/ Board**; many reported that this helped them to understand the risks and harms affecting children in their local area, engage with safeguarding strategies, and maintain and develop positive working relationships:

“It’s good, I think. I’m able to raise issues, the board members keep me informed as to the types of exploitation and the types of challenges children and young people are facing at the current time; it’s working well.”

Many said they **wanted more opportunities to connect** with others working in the sector – for example, by having access to information about other services supporting people affected by child sexual abuse, and events and networking opportunities:

“It feels important that we’re all working together – and there are some amazing organisations to learn from, to share experiences with.”

Support for other professionals

More than 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 (see chart below).

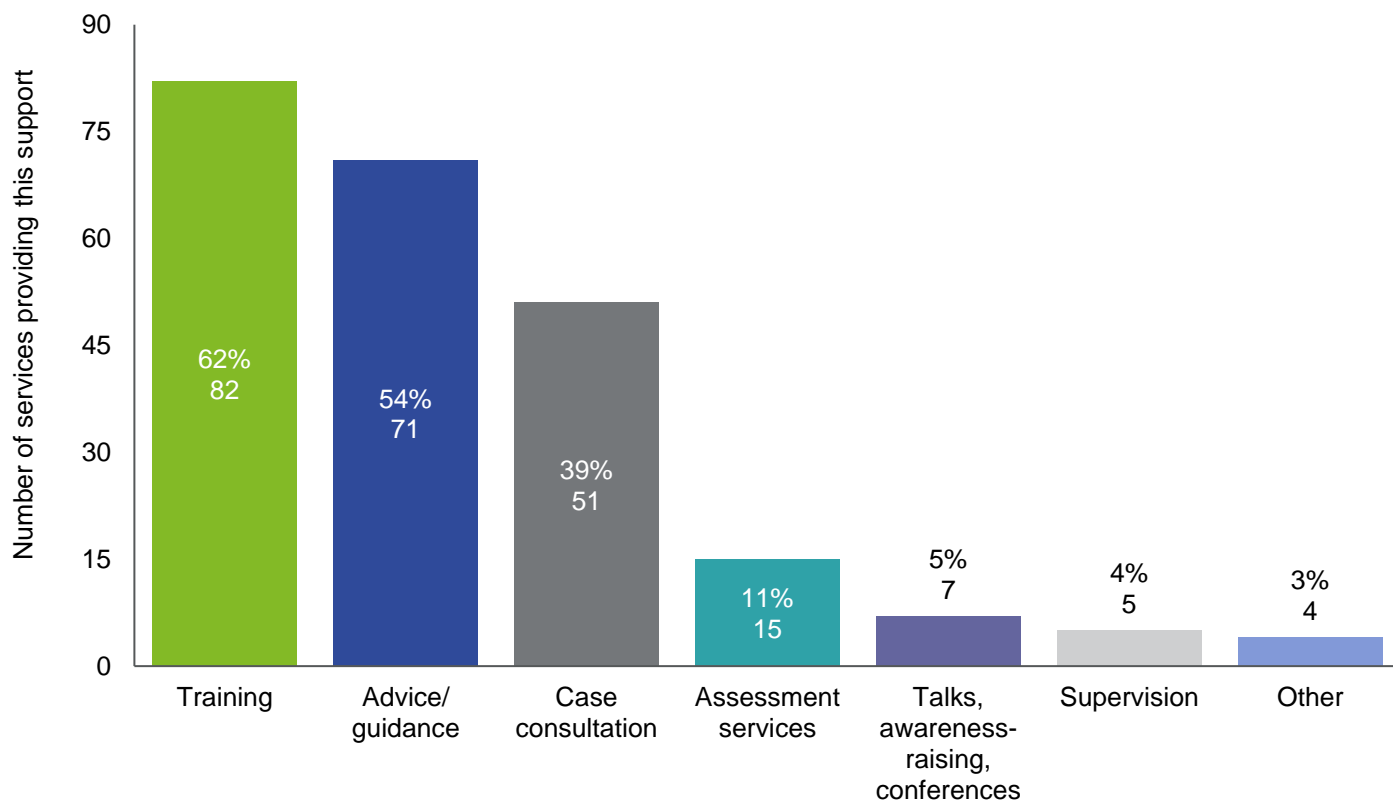
This support was most commonly provided to professionals in **schools, the not-for-profit sector, the police and children’s social care.**

Services said the number of professionals accessing support 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=132):



Assessment, evaluation and service development

Almost all the services we interviewed were assessing and evaluating **the quality and impact of their service provision** in a formal way; more than a third had signed up to quality assurance standards (see chart below).

However, developing and implementing 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.”

Over 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.

“We have a youth partnership board. They meet about once every two months either face-to-face or online to allow those working or in school to participate at least bi-monthly. Children from those groups support us in understanding areas of service development. They also help us to feed into government consultations... and co-deliver training with us.”

Two-thirds of services had **expanded their provision** in recent years, and around 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.”

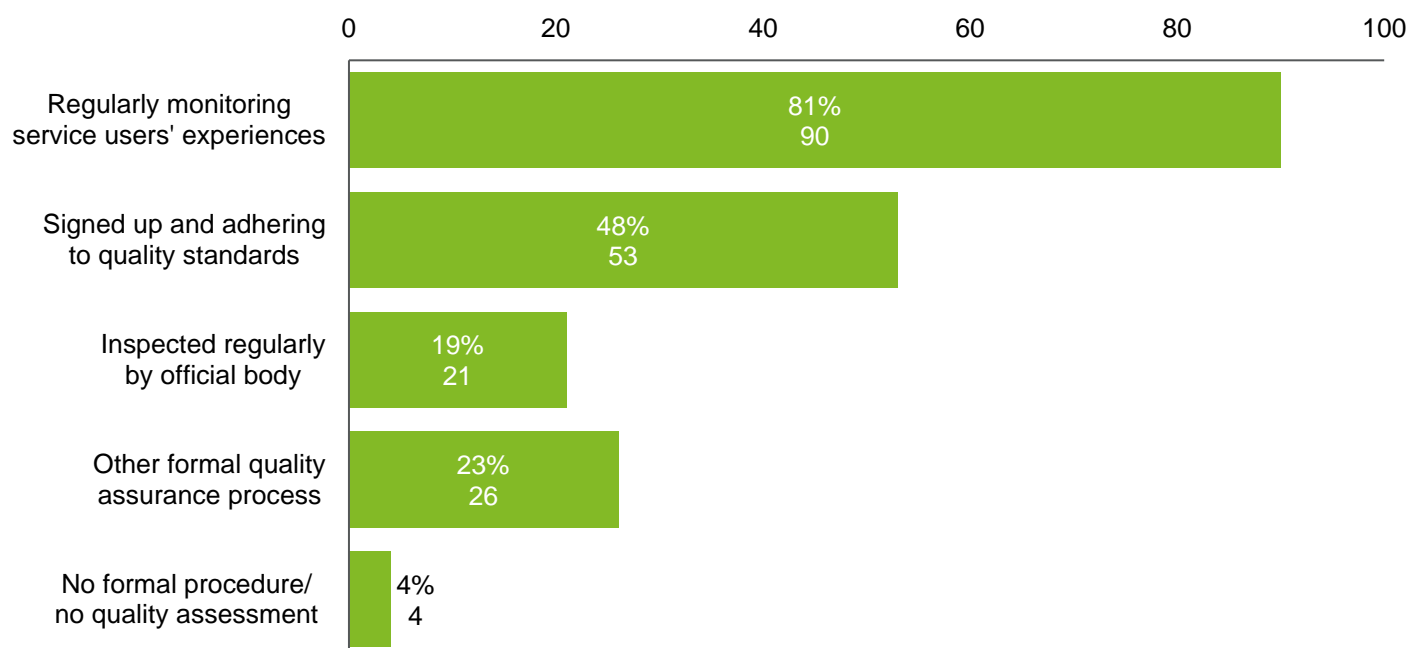
Although the **COVID-19** pandemic had increased levels of complex need and trauma among service users, and had increased delays in the criminal justice system, it had also led to an injection (albeit short-term) of funding, allowing services to grow in size or scope.

Asked to identify strengths which were key to the quality of the support they provided, services primarily pointed to 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, our counsellors to clients.”

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 challenge.

How services assessed the quality of their service provision (n=111):



What does this mean for services?

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 children and parents affected by child sexual abuse (including the hundreds of thousands of children and parents 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 on the next page.

The six priorities

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

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. Additionally, our study highlighted that parents and younger children may have limited access to support.

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.

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