

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 adult victims/survivors of child sexual abuse

May 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.

Written by Diana Parkinson and Milly Steele of the CSA Centre's research and evaluation team.

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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 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 adults who have been sexually abused as children.

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 sexually abused children and their parents.

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. 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, certain 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 local 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 166 services were interviewed, including 118 of the 316 services that were supporting adult victims/survivors of child sexual abuse.

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 domestic abuse, which would provide support around sexual abuse 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.

Key findings from the research

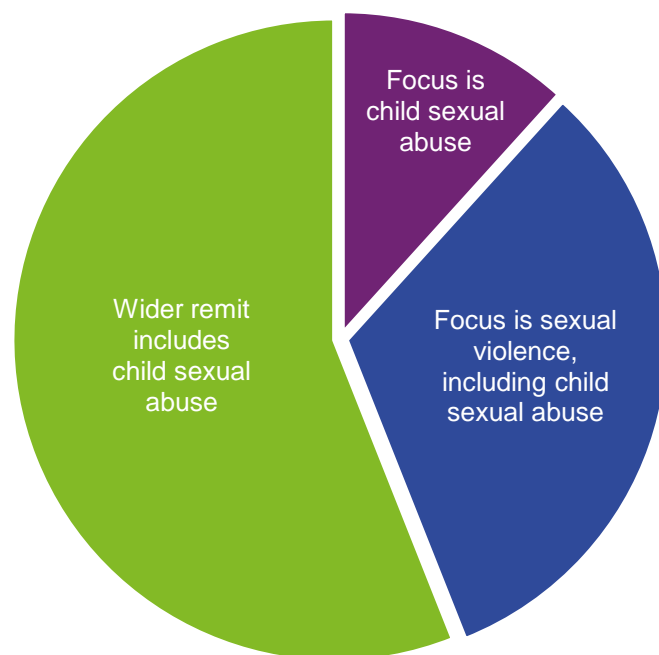
- We identified 316 services supporting adult victims/survivors of child sexual abuse in England and Wales. The vast majority of these services were in the not-for-profit sector.
- Services were scarce relative to demand and need, with huge geographical variation. In each region, we estimated that there were between 10,000 and 23,000 adult 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 adult victims/survivors of child sexual abuse in 2021/22.
- Only one in six services was focused primarily on the needs of female victims/survivors, and far fewer were targeting their support specifically at male victims/survivors or those from minority ethnic backgrounds.
- Half of services – and even more in the not-for-profit sector – told us they could not keep up with demand for support. And nearly three-quarters were operating with waiting lists; more than a third of waiting lists were over six months long, and one in seven was longer than a year. Services were also having to limit the amount of support that their users could access.
- More than four-fifths of 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 victims/survivors.

What do support services look like?

Across England and Wales, we identified a total of **316 services** supporting adult victims/survivors of child sexual abuse. Of these:

- 37 services – around one in nine of the total – focused solely on providing **support in relation to child sexual abuse**.
- 102 services – nearly a third – were working in the **sexual violence sector** with a remit that included child sexual abuse.
- 177 services – over half – were providing support around child sexual abuse within a **wider remit**.

A little over a quarter **focused their support solely on adult victims/survivors of child sexual abuse**; the remainder were also supporting children who had been sexually abused.



While services focused on child sexual abuse are generally thought 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 who have been sexually abused in childhood**.

Six out of seven services supporting adult victims/survivors were in the **not-for-profit sector**; almost all of them were charities.

More than half of services were operating across 10 local authorities or fewer within **a single region** – and one-fifth were operating across **the whole of England and/or Wales** (see chart below). The vast majority of national services were in the not-for-profit sector.

One in six services offered their support mainly or exclusively to **female victims/survivors**, while fewer than one in 25 had **male victims/survivors** as their sole or main focus. Only one in nine services were focused on supporting people from **minority ethnic backgrounds**.

A small number of services provided support specific to particular forms of child sexual abuse, including **child sexual exploitation** (18 services) and abuse in **institutional** contexts (seven services), **online** contexts (three services) and the **family** environment (two services).

Nearly three-quarters of the services we interviewed said they had been providing support in response to child sexual abuse for **more than 10 years**.

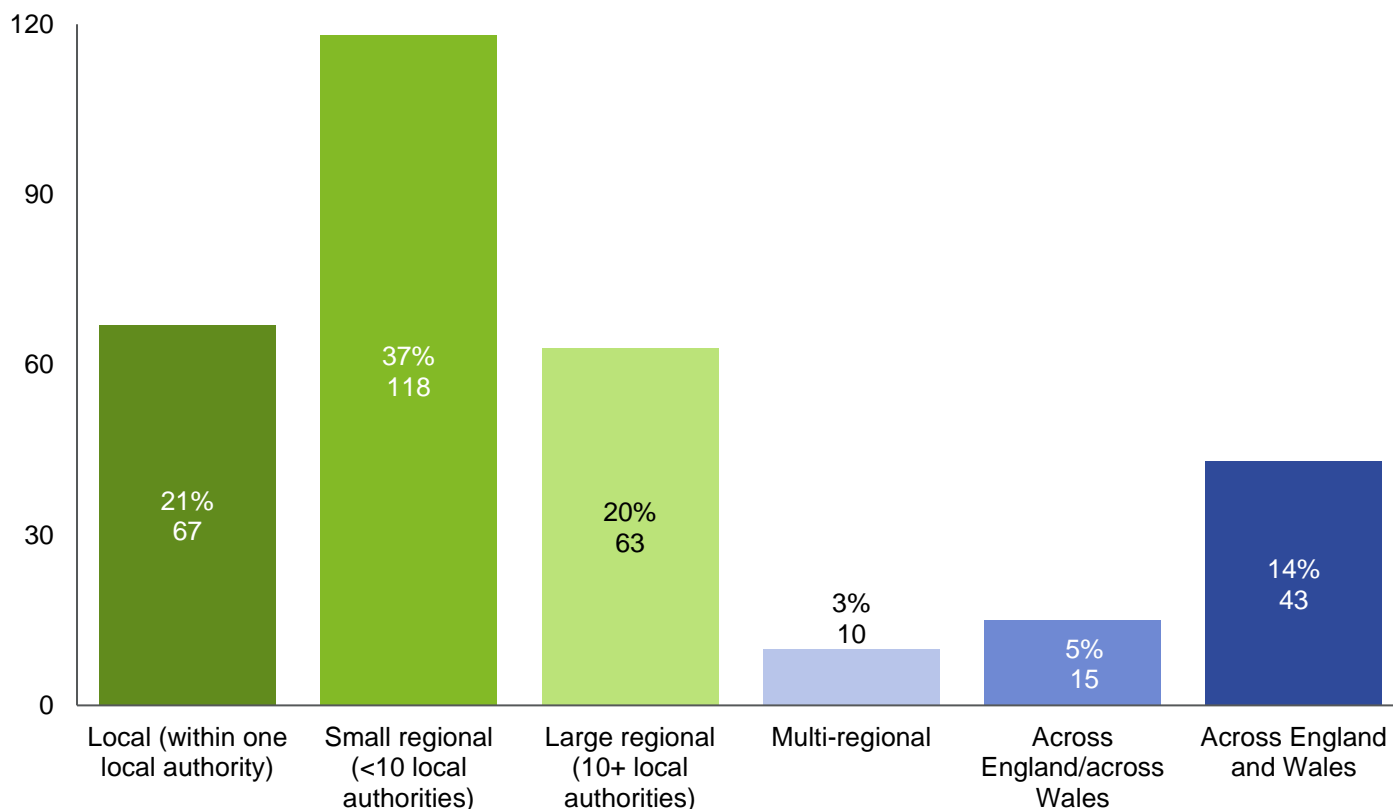
What support is available?

Services were providing **four main types of support** for adult victims/survivors: **one-to-one therapy**; **group-based interventions**; **counselling or emotional support**, **advocacy**, **casework or support from an Independent Sexual Violence Advisor (ISVA)**; and **helplines/chat services**. Most services provided more than one of these support types.

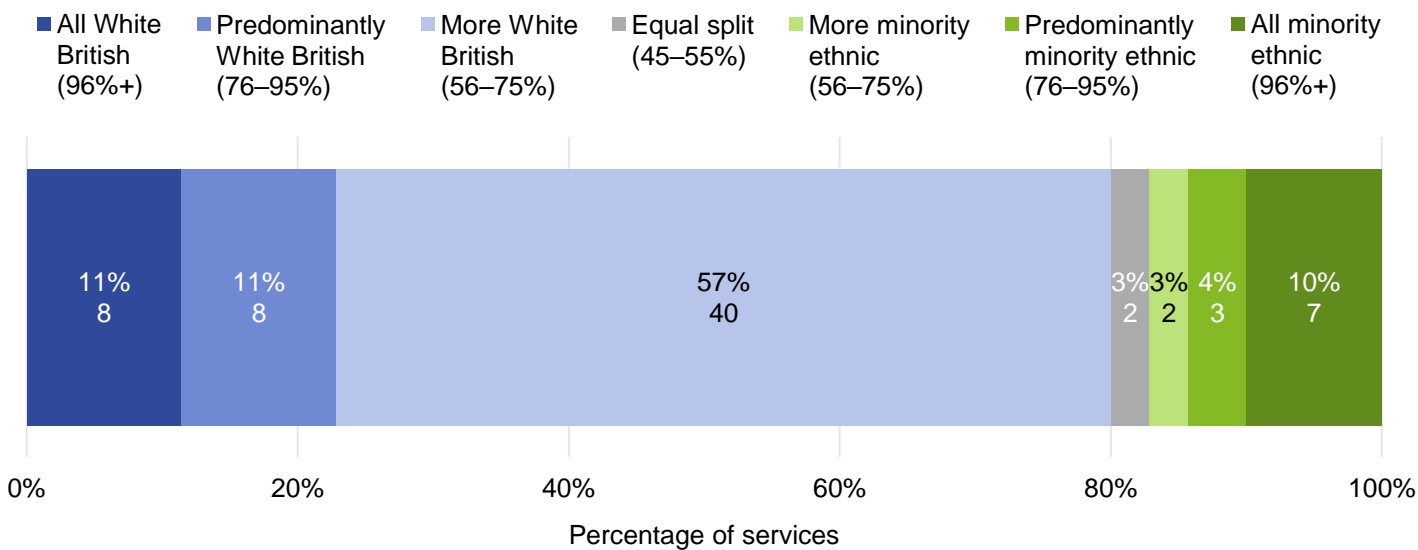
“We provide psychological talking therapy and within that we use different approaches... cognitive behavioural therapy... compassion focused therapy... narrative approaches and EMDR. Our survivors are extremely complex and so we generally use a mix of models. We have an individualised plan with each particular client, and we use different models appropriate to their goals.”

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 12 one-to-one therapeutic interventions was available at weekends. This is likely to affect many victims/survivors’ access to support, especially if they are in full-time employment.

Geographical coverage of services supporting adult victims/survivors of child sexual abuse (n=316):



Adult victims/survivors supported by services in 2021/22, by ethnic background (n=70):



Who is supported?

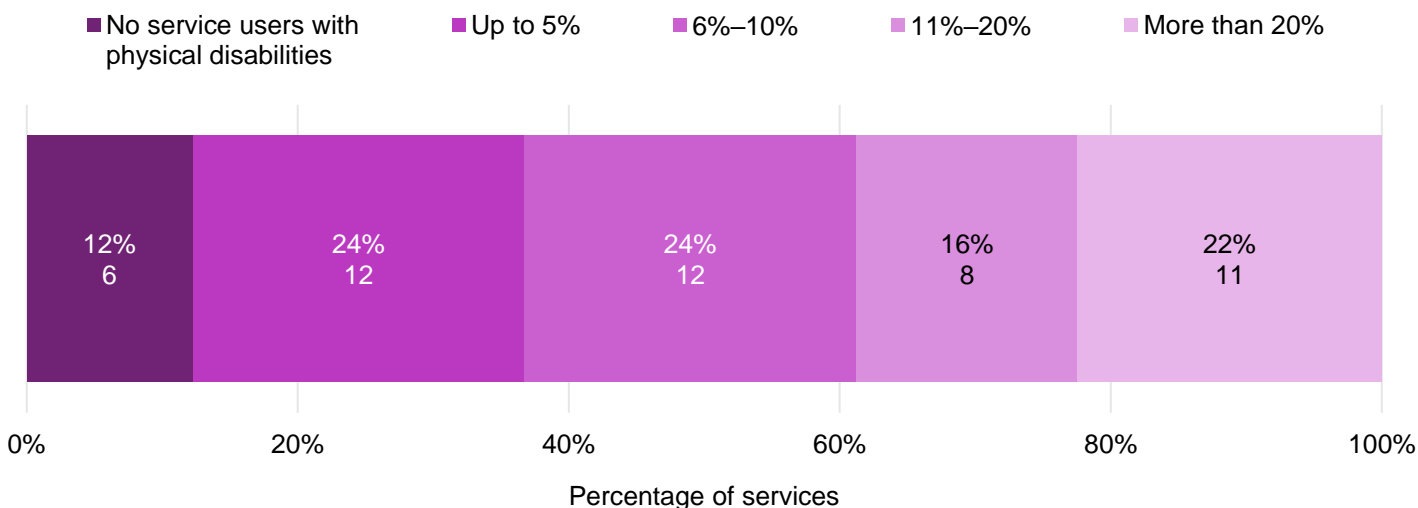
Almost half of the 118 services we interviewed said they had supported fewer than 100 adult victims/survivors in 2021/22. However, nearly a fifth had supported thousands of adults during the year.

A large majority of services estimated that at least 75% of their adult service users in 2021/22 were female. While this might be expected given that most child sexual abuse victims/survivors are female, in fact a quarter of sexually abused children in England and Wales are boys (Karsna and Kelly, 2021) – yet most services said that men represented fewer than a quarter of their adult service users.

Services said they had supported an increasingly diverse range of adults in recent years – one in six estimated that over half of their adult service users were from minority ethnic backgrounds (see chart above).

More than three-quarters of services thought that fewer than 20% of their service users were physically disabled, and three-fifths said the number was below 10% (see chart below), despite the fact that 21% of adults in England and Wales have physical disabilities (Office for National Statistics, 2023) – and that, in the most recent Crime Survey for England and Wales, physically disabled adults were disproportionately likely to say they had been sexually abused in childhood (Office for National Statistics, 2020).

Proportion of supported adult victims/survivors in 2021/22 who had physical disabilities (n=49):



Gaps in provision

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

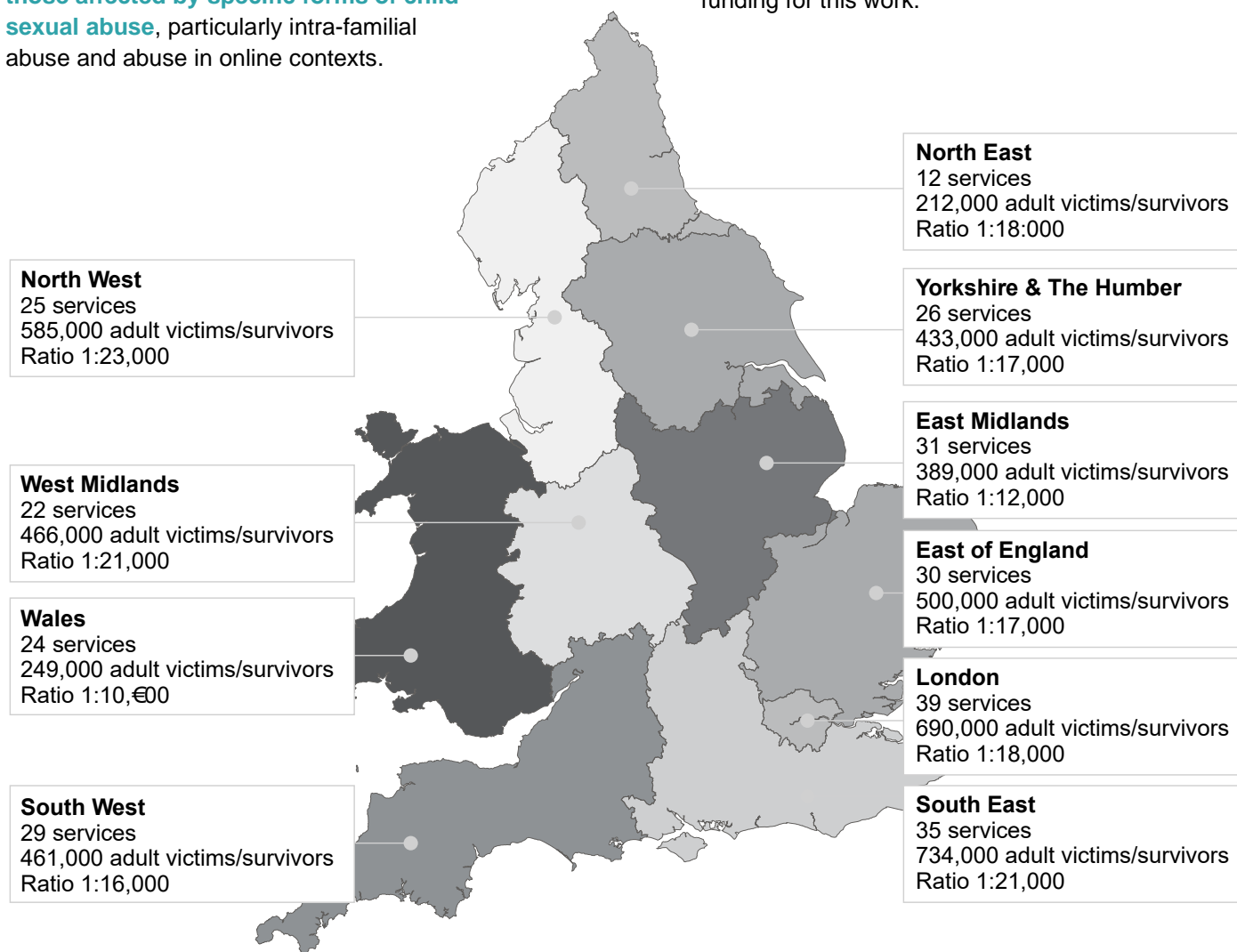
There was **considerable variation across regions**: we estimated that there were 10,000 adult victims/survivors for every service we identified in Wales, but more than twice as many – 23,000 adult victims/survivors – for each service in the North West (see chart). Since most services worked within a single region of England or Wales, there was a **'postcode lottery'** for people seeking support.

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

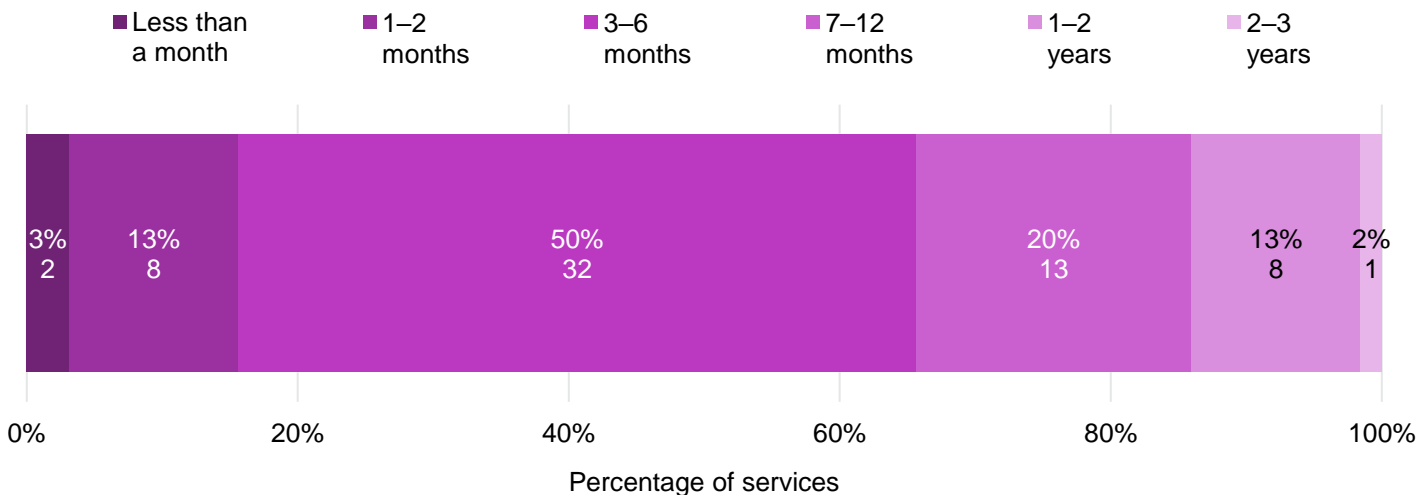
Only 27 of the 316 services supporting adult victims/survivors of child sexual abuse were focused on people from **minority ethnic backgrounds**. Twelve of these services were located in London; most other regions had only a single service focused on minority ethnic groups, and there were no such services at all in the South East, the South West, Wales or the West Midlands.

Services dedicated to supporting **men affected by child sexual abuse** were scarce in all regions, and only 55 services across the whole of England and Wales were focused specifically on providing support for **female victims/survivors**. Additionally, very few services specifically focused on the needs of **disabled people, lesbian, gay and bisexual people** or **people identifying as transgender** affected by child sexual abuse.

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



Length of time spent on the waiting lists of services supporting adult victims/survivors (n=64):



Waiting lists

Only half of the 118 services we interviewed – and even fewer not-for-profit services – felt **able to meet the demand** for support. Nearly three-quarters of services were **operating with waiting lists**.

The average (mean) time spent on a waiting list was **more than six months**, and one in seven lists involved a wait of more than a year (see chart above).

“We’ve got an extensive waiting list, so we’re meeting the needs of those we support but the numbers are so vast that we’re not meeting demand for support.”

Holding waiting lists was affecting service provision, forcing some to **reduce the number of support sessions** they offered or **cease provision** of open-ended support. Others 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 and their subsequent engagement in support.

“Some adults who have experienced child sexual abuse... could have waited 30 years before they access our service. When they’ve opened themselves to therapy, they need it then and it’s really not good for them to wait.”

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.

“It feels unacceptable to be asking people to wait such a long time for services. It’s heartbreaking. How can you say to someone who’s quite desperate and picked up the courage to seek support, ‘We’ve got a waiting list of seven to eight months?’”

Staffing and use of volunteers

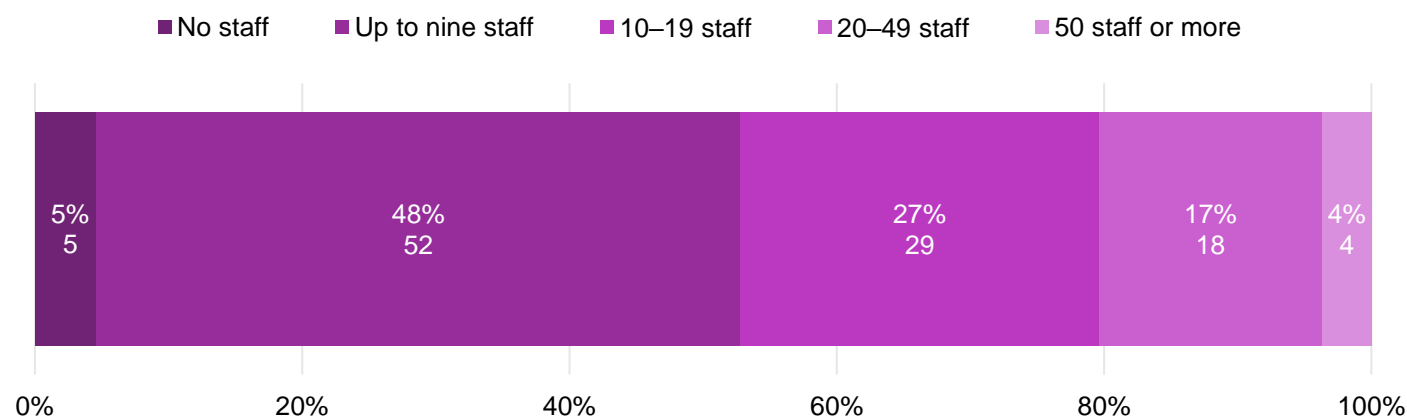
Almost half of the services we interviewed had between one and nine full-time equivalent staff directly providing support around child sexual abuse (see chart on next page). Very few services had no staff at all.

Recruiting and retaining staff was a challenge for the vast majority of services, owing to the nature of the work, the skills required, and the not-for-profit sector’s difficulty in offering competitive salaries:

“This work is very intense, and you need a lot of resilience. [It has been] very difficult to get supervisors who’ve got the right experience and will accept our kind of charitable rate of pay.”

“Being voluntary-sector, we can’t compete with NHS pay or private-sector pay.”

Staff numbers (full-time equivalent) in services supporting adult victims/survivors (n=108):



Nearly two-thirds of services were using volunteers to support their service delivery (see chart below), in roles such as **befriending**, **administrative or technical support**, and **service promotion**.

Other services 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:

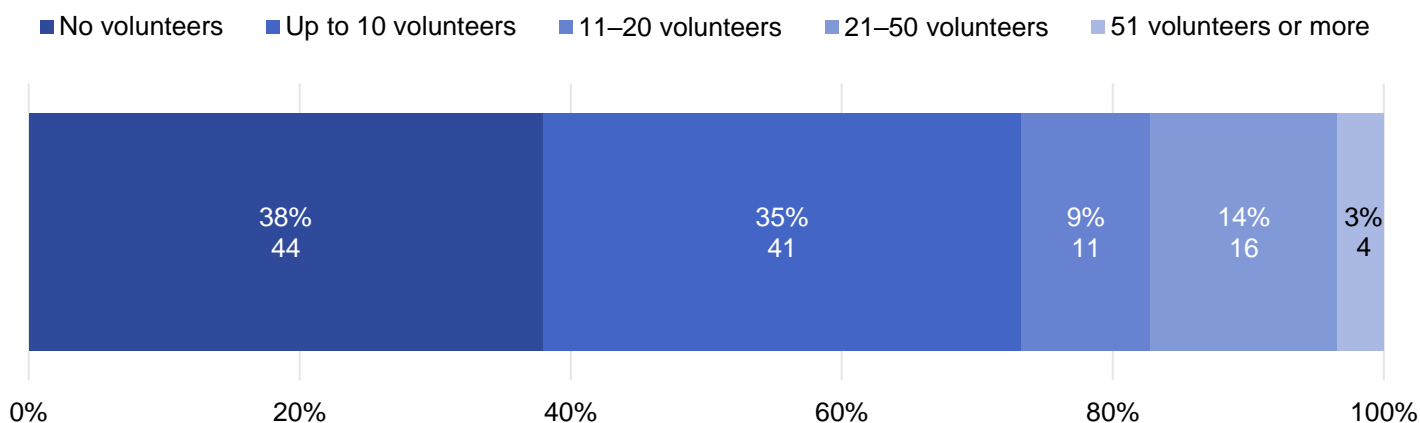
“Since COVID we’ve struggled with recruiting volunteers. I think what we are finding is that women just still seem to have more demands on them post-COVID and so they haven’t necessarily got the time to do unpaid work.”

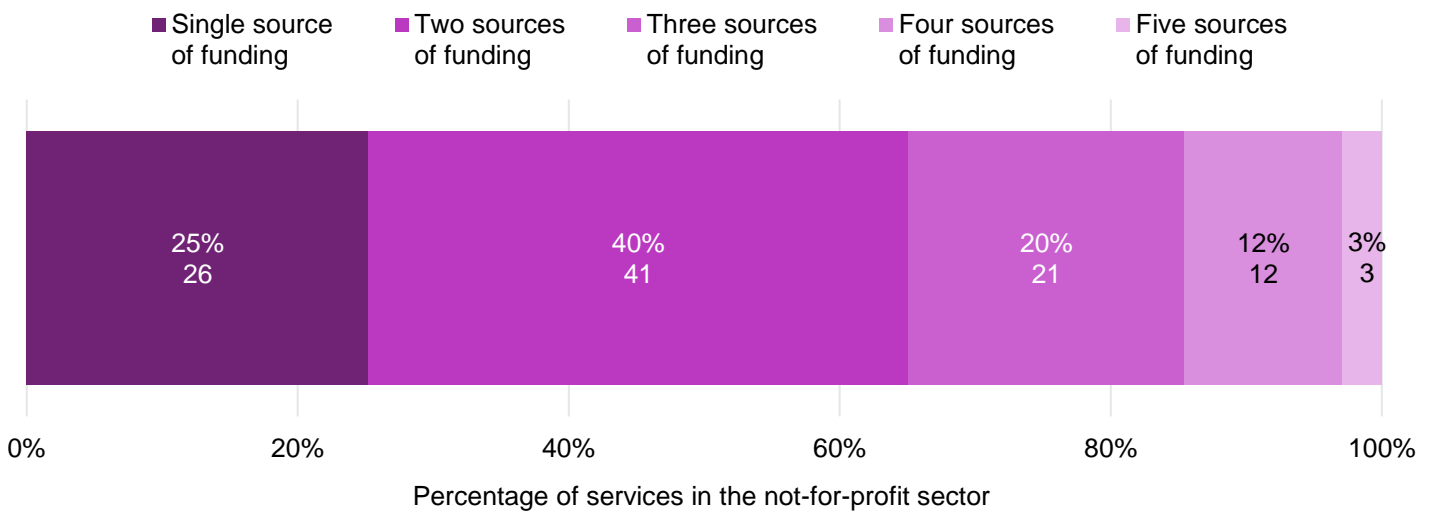
“We had a few volunteers during COVID and that was great. But of course, they’ve gone back to work or whatever else. They just don’t have the time and the resources any more.”

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:

“Counsellors are accredited and trained in child sexual abuse. I’ve done the Survivors Trust training. All three of us are survivors of child sexual abuse as well, so we find that helps how we deal with people.”

Use of volunteers by services supporting adult victims/survivors (n=127):



Number of funding sources for not-for-profit services that support adult victims/survivors (n=103):**Funding of services**

Most of the 103 interviewed services in the not-for-profit sector said they derived their income from multiple sources (see chart above). While over three-quarters received **grant-funding**, over two-thirds were **commissioned to deliver specific support**, and over half received income through **individual donations from the general public** (see chart on next page).

In contrast, the services in the statutory sector 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 would be lovely for commissioners to understand the needs and the unmet needs that exist. So much of our time is spent trying to find the money to deliver our service.”

Others said their funders/commissioners were **supportive**.

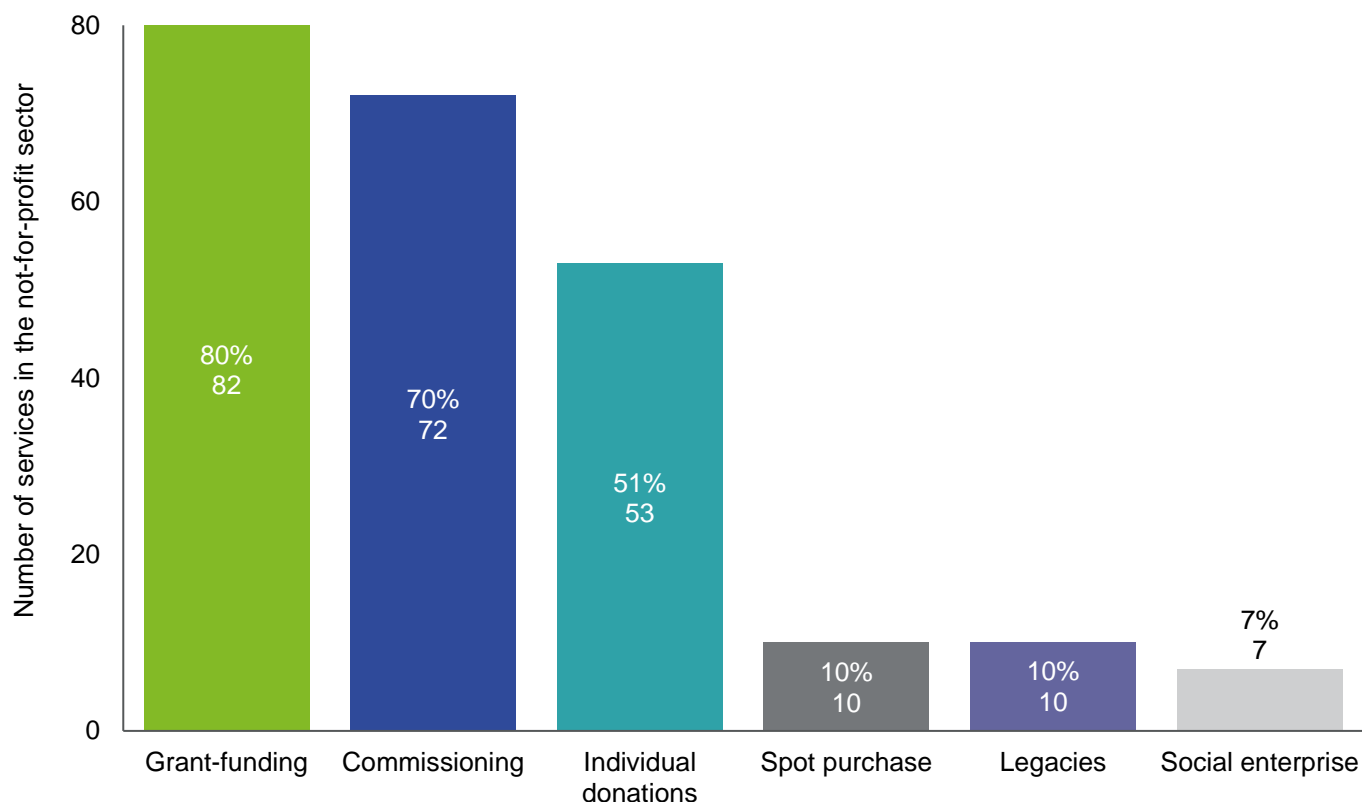
“They are very trusting that we are delivering the service.... I quite like the way they just sort of let us get on with things.”

More than 8 out of 10 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.

Fewer than a third 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.”

Main types of funding for services in the not-for-profit sector supporting adult victims/survivors (n=103):

Funding uncertainties were said to be affecting staff, some of whom were leaving the not-for-profit sector; services were also having to make staff redundant or were unable to employ new staff.

“At one point we had seven posts that were facing being unfunded out of 20 posts. We had seven people who, in theory, were facing redundancy.”

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 themselves.

Referral pathways

Not-for-profit services, NHS and other health services, and police were the agencies most commonly identified by services as the sources of **incoming referrals**. Services were most likely to name mental health services and other therapeutic/counselling services as the agencies/organisations to which they made **onward referrals** of adult victims/survivors.

However, most of the services we interviewed said that systems for receiving referrals and 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:

“We have a huge number of referrals from mental health, they’re not always appropriate. It’s mental health [services] who are referring someone because they’ve mentioned sexual abuse history in their assessment, but [sexual violence counselling is] not what the client is necessarily looking for.”

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

“The NHS thresholds are too high because they don't have capacity. We would refer someone that we would consider at very high risk of suicide, for example, and their thresholds have got higher and higher as time has gone on and their capacity is so low that... basically they're at the point now where if someone hasn't made an active attempt last week then they don't count.”

General connectedness

Three-fifths of the 118 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:

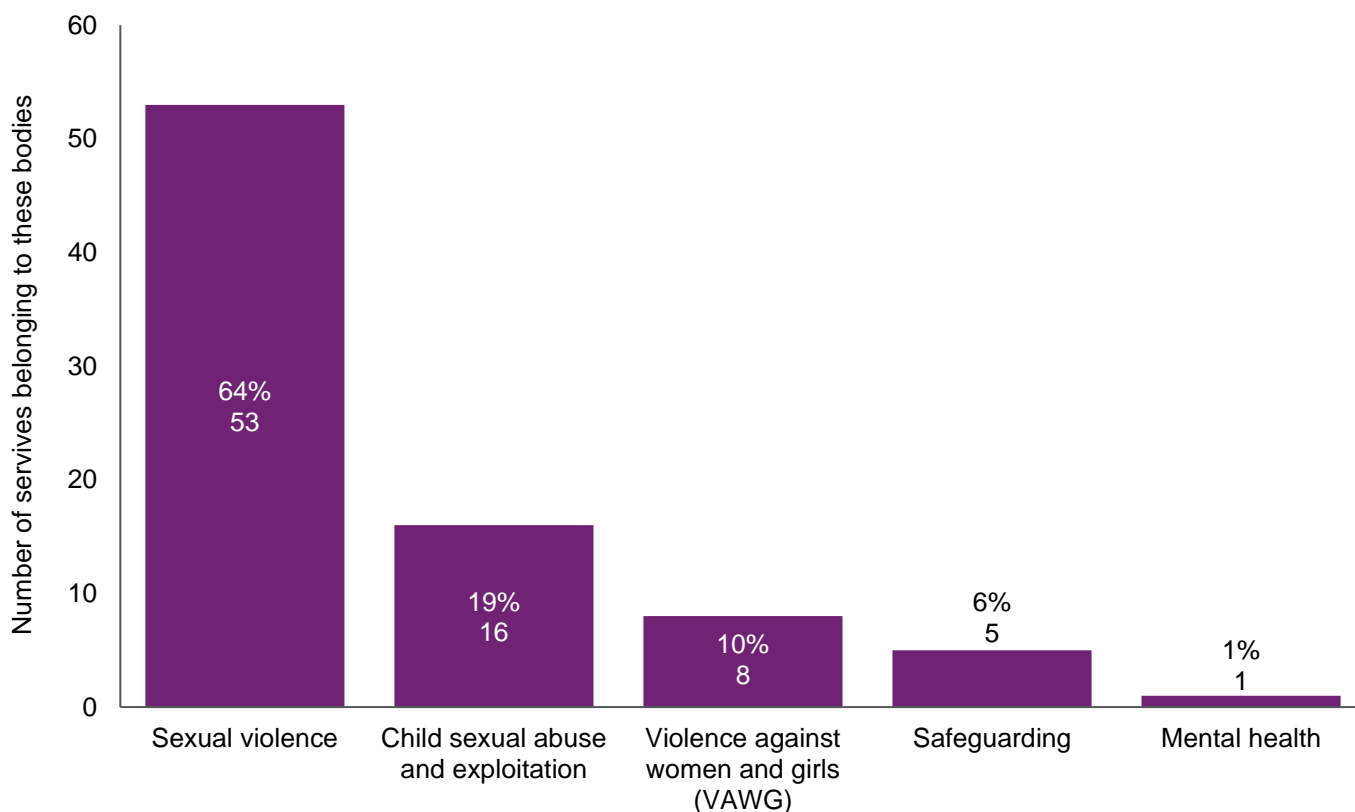
Over four-fifths of services said they belonged to **networks, partnerships or consortia** related in some way to support around child sexual abuse; two-thirds of these had sexual violence as their focus (see chart below). Services reported that being part of these bodies was beneficial for sharing and drawing on others expertise, resources and best practice, and maintaining and developing positive working relationships across agencies:

“Networks and partnerships are valuable, and the knowledge we get from cross-sharing of expertise is very valuable.”

“Agencies increase their knowledge about other agencies and the way they work, which ultimately aids the survivor's journey.”

Nonetheless, many services 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.

Focus of networks/partnerships/consortia that services supporting adult victims/survivors were part of (n=83):



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 (see chart below); more than half had signed up to or were in the process of signing up to quality assurance standards.

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

Five out of six services **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 would welcome assistance with working with or engaging with diverse groups. It’s a challenge for us in a rural setting.”

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

“What we’re thinking of doing is providing a post-counselling peer support group which would be delivered partly with the support of the mental health recovery worker.”

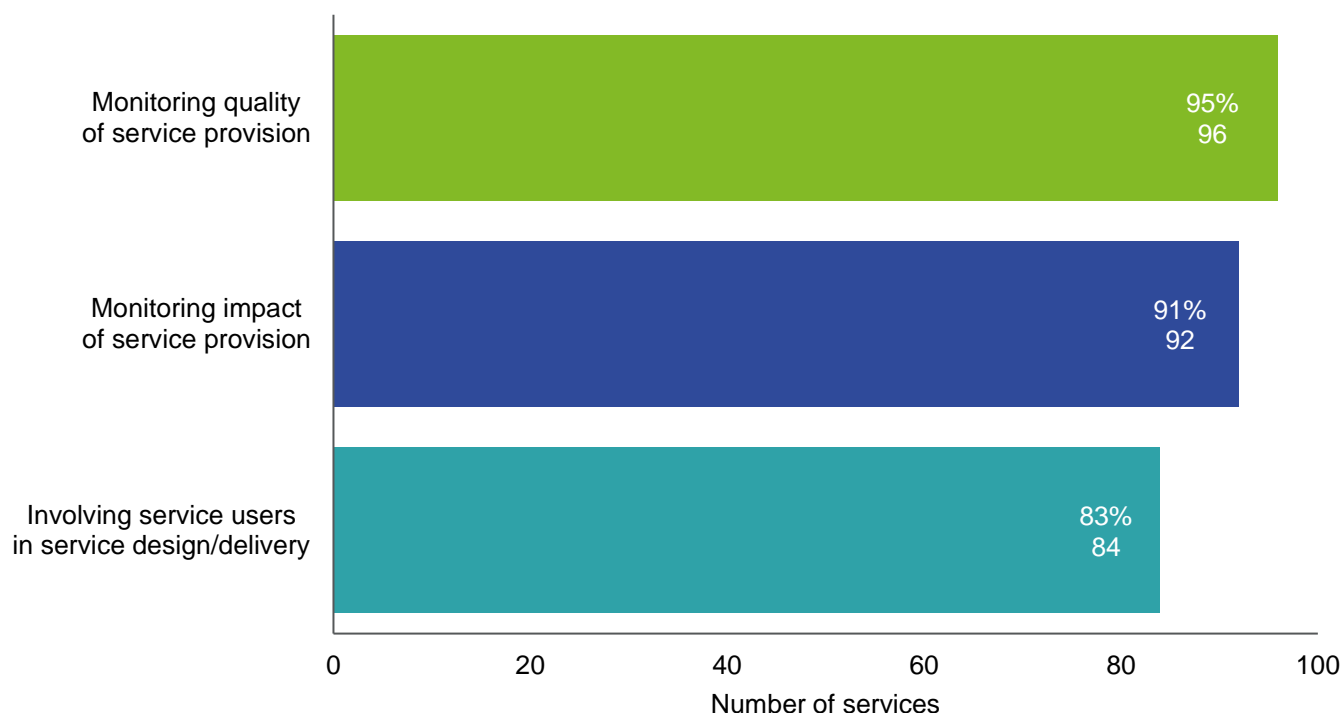
Although the **COVID-19** pandemic had resulted in increased levels of complex need and trauma among service users, and had increased delays in the criminal justice system, it had also led to an injection – albeit short-term – of funding into the sector, allowing services to increase in size or scope.

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.

Monitoring, assessment and involvement activity by services supporting adult victims/survivors (n=101):



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. With the adult population of England and Wales – and consequently the number of adult victims/survivors of child sexual abuse – far larger than the child population, it is clear that **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 adult victims/survivors 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 adult victims/survivors of child sexual abuse 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, to support reflection and review of the current support landscape.

The six priorities

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

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 those affected by child sexual abuse.

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

This research would be particularly beneficial in relation to male victims/survivors, those from minority ethnic backgrounds and those who are disabled.

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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