Centre of expertise on child sexual abuse

Support matters 2025

Update on child sexual abuse support services in England and Wales

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May 2025

Acknowledgements

We would like to thank all the services that took part in this research, generously giving their time to complete our survey and sharing information on their service provision with us; and the members of the advisory group for this programme of work, largely comprised of representatives of not-for-profit sector services.

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

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Foreword

by the IICSA Changemakers

In its final report published in October 2022, the Independent Inquiry into Child Sexual Abuse (IICSA) called the scale and nature of child sexual abuse in England and Wales "horrific and deeply disturbing". It made a series of wide-ranging recommendations aimed at protecting children from sexual abuse and supporting the victims and survivors of that abuse.

Exactly two years later, the research described in this report reveals a picture of services at breaking point due to a lack of funding security and increased workloads, while, at the same time, trying to respond to ever-increasing demand and more complex needs among the people they support. The commitment and dedication of those working in these services shines through but the report also highlights the desperation in some of their voices.

We invited members of our Survivor Advisory Community to reflect on this new report's findings, and this is what they said:

> "The CSA Centre estimates that there's roughly one local/regional support service per 16,000 victims and survivors. This can result in long wait times to get any support. I was in one of those queues for over 18 months, just to get to initial triage. There's so much uncertainty, just waiting and waiting whilst the day-to-day impact gets worse. When I finished the triage call, there was another waiting list to join to actually get counselling, that would take at least another 12 months. Two-thirds of the services that took part in the survey said they operate with a waiting list, particularly for therapy and counselling. That is far too many people experiencing the same extended trauma because they aren't able to access professional support." – Sheanna

> "Accessing support is truly a postcode lottery. Where you live counts. It determines what support is available and how easy it is to access. It's hard to find out what services are even provided. If you need to move for health, social housing or risk around a perpetrator, then you have to start all over again in a different postcode catchment, extending the trauma, extending the time to recover." – Nicky

> "I think people worry that funding support for survivors costs too much for our society, but the reality is that the lack of support and the repercussions that brings is already costing the public 'purse' an enormous amount of money. Funding appropriate and specific support is actually a more sustainable economic option. The current financial pressure on the third sector is forcing organisations to cut roles and services. Many of the responding services to the CSA Centre's survey said their overall income had reduced over the last two years. The impact of this is literally life and death for survivors. If the charity that I reached out to for support hadn't been able to support me, I would not be here today. It sounds a dramatic thing to say, but this is the reality. I would not have been able to understand, process or manage the huge impacts on my body and mind. Bespoke and trauma-informed support kept me alive during my very darkest and most desperate times. Every single survivor of child sexual abuse deserves this chance." – Rowan (they/them)

> "Support shouldn't just be talking, it should also be creative: drama, a care package, pet therapy, movement, exercise, education. It needs to be holistic, looking at the person as a whole. Those organisations are out there but they need long-term funding and structure to be available for more survivors." – Elizabeth (she/her)

"The trajectory of my life has been marked with numerous missed opportunities for support to be provided. At the age of six and seven I was sexually abused by an older foster child who themselves had been sexually abused by their biological father. My abuse was discovered and known to the foster child's social worker, and their own abuse was also known to the social worker. Neither of us at that time were offered or were accessing support. When children harm other children, bespoke support is needed yet it is frequently misunderstood and responded to inadequately, which creates more harm. As an adult, when I came to realise that what I had experienced was, in fact, child sexual abuse, I experienced a mental health system that made it impossible for me to access the support when I needed it. I was 'too complex' for talking therapies services in primary mental health care but 'not complex enough' for secondary, assessment and treatment services. At the point at which I accessed bespoke support, it had been a long five years of trying to access different support and failing. Despite this, the support and understanding I found within a bespoke service for survivors was vital to my healing and ability to understand what happened to me." – Bryony (she/they)

As we wait to see the plan from Government in response to IICSA's final recommendations, we – as survivors, allies and practitioners – remain committed to supporting implementation of the recommendations so that the landscape of support can be enhanced, made more equitable and change the lives of survivors for the better. We hope that this report will help raise the UK and Welsh Governments' awareness of the ongoing crisis in support, so they take the action urgently needed.

IICSA Changemakers were a collective of 68 members – including charities, support services and individuals – which came together following the publication of IICSA's final report until March 2025. They aimed to "inspire a national mission to prevent child sexual abuse and provide much improved support to victims and survivors", by ensuring that the evidence, findings and research from IICSA's work were taken forward.

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Executive summary

This report presents the findings from an analysis of data held in late 2024 by the Centre of expertise on child sexual abuse (CSA Centre) on support services for sexually abused children, their families, and adult victims/survivors in England and Wales, together with responses to an online survey of those services.

It provides an updated picture of the provision of support to these people – and of the challenges faced by many services in trying to meet an ever-increasing demand for support and greater complexity in service users' needs, all in the context of heightened funding insecurities and higher staff workloads.

About the research

This research was undertaken between September and November 2024. It drew on data that had been collected through an initial mapping exercise in 2023 and presented in our 2024 report *Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales*, available at: **www.csacentre.org.uk/support-matters/**. We had subsequently updated this data by monitoring developments in the sector, as part of the CSA Centre's work to maintain its online directory of support services.

In this new study we wanted to focus on support that related specifically to child sexual abuse and was accessible to all. Applying these stricter inclusion criteria, we identified 363 services providing this support to any or all of the following groups:

- children who have been or are being sexually abused
- adults who were sexually abused in childhood
- parents and other family members of children who have been sexually abused.

This support could relate to any or all forms of child sexual abuse, including both intra- and extra-familial abuse, abuse in online contexts, and abuse in the context of modern slavery, exploitation and trafficking. Provided it had a therapeutic or wellbeing focus and was free to access, the support could involve a range of activities and approaches including therapy and counselling, advocacy support, helplines/chat services, and residential care. Services could be focused solely on responding to child sexual abuse, or could have a wider remit which included offering specific support around child sexual abuse.

An online, self-completion questionnaire was sent out to these services. The questionnaire focused on changes to service provision since we carried out our previous research, and services' experiences of providing support. A total of 124 services completed the questionnaire, representing more than a third of those invited to take part.

> We identified 363 services providing specialist support to sexually abused children, their parents, and/or adult victims/survivors.

Key findings

Overview of support provision and availability

- There is a significant shortage of provision across the whole of England and Wales. We estimate that there are around 16,500 victims/survivors for each local/regional service we mapped.
- We found that 23 services had closed since we carried out our first study in 2023. The vast majority of these had been supporting children, and more than a third had been services whose primary remit was to support victims/survivors of child sexual abuse. Nine services providing specific support around child sexual exploitation had closed, resulting in a significant decrease in the provision of this support. And the loss of services was particularly marked in the South East of England and in Yorkshire & the Humber.
- We identified 22 services that we had not been aware of in 2023. None of these was a newly established service, and only four operated in areas covered by the closed services.
- Among the 363 active services, five out of six were in the not-for-profit sector. Services in the statutory sector were far less likely to support adult victims/survivors; they overwhelmingly focused on supporting children, and to a lesser extent parents.
- Four-fifths of services were providing support for sexually abused children, slightly fewer supported adult victims/survivors, and just under half were supporting parents.
- There continued to be huge geographical variation in service provision, with the North West, the West Midlands and the South East having particularly low levels of provision for all groups needing support: children, adult victims/survivors, and parents. There was particular scarcity in terms of support for children in the South East and West Midlands; for adult victims/survivors in the North West, the West Midlands and the South East; and for parents in London, the West Midlands and the North West.
- Few services were dedicated to specific groups (such as girls/women and people from minority ethnic backgrounds) or specific forms of child sexual abuse (such as child sexual exploitation or abuse in online contexts) – and barely any were focused specifically on supporting disabled people, LGBTQ+ people or those affected by intra-familial child sexual abuse.

Availability and accessibility of support

- There was evidence of considerable change in the types of support being provided by services over the previous two years. Despite this, over half of services responding to our survey did not feel there had been any change in the amount of support their service was providing, suggesting that services were being creative in attempting to meet the needs of their service users.
- In addition, service users' needs were said to be increasingly complex. Services also reported that shortages in statutory provision, particularly across mental health services, meant that even people in extreme distress were being turned away by statutory services.
- More than two-thirds of survey respondents said their services were holding waiting lists for children, their parents, and/or adult victims/survivors. Waiting lists were common among services supporting children and adult victims/survivors, and particularly for therapy/counselling support.
- Nearly three-quarters of respondents felt that significantly more people were waiting to access support compared with two years earlier, and nearly half felt that people were waiting significantly longer to access support. The lack of timely access to support was particularly acute for adult victims/survivors: a quarter of services supporting that group said that more than 100 adults were waiting to access their services, with waits of many months or even years being commonly reported.

- As well as the negative impact that services were seeing on the mental health and wellbeing of people seeking help, holding waiting lists was having significant impacts on staff working in those services. Staff were said to feel a sense of failure at being unable to provide support when it was needed, and were aware that it could affect service users' mental health and well-being. Limited resources and increased demand were said to make it harder to manage waiting lists, with some services having to limit the amount of support they offered in order to mitigate this.
- As a result, two-thirds of services said that meeting demand was one of the greatest challenges they were facing.

Staffing

- Respondents highlighted the challenge of recruiting staff with the skills and experience necessary to work in this field, coupled with an inability to offer competitive salaries. Three-fifths of respondents reported staff recruitment and/or retention as challenging, and a quarter were experiencing challenges with both recruiting and retaining staff.
- Many respondents linked these challenges to funding, with short-term funding arrangements making recruitment difficult and causing job insecurity, so services found it harder to maintain sufficient capacity.
- Alongside this, two-thirds of respondents reported that staff workloads had increased. Many associated this with the pressure of trying to meet demand for support, accompanied by decreased resources to support service delivery. The impact of delays in the criminal justice system on workloads among Independent Sexual Violence Advisers and Child Independent Sexual Violence Advisers, as identified in earlier research carried out by Coventry University, was particularly highlighted.

Sustainability

- More than three-quarters of respondents said they were facing uncertainty about future funding for their services. This uncertainty was particularly an issue for not-for-profit services, those in the sexual violence sector, and services supporting adult victims/survivors. Some respondents indicated that there was less funding available for support around child sexual abuse; others highlighted the short-term, insecure nature of the funding they received, or the fact that it did not take account of inflation.
- As a result, one in five respondents said they were facing full or partial closure or might need to reduce the amount of direct support they could provide to people affected by child sexual abuse, unless they received confirmation of sufficient funding within the next few months.
- Overall, our analysis revealed that support provision across England and Wales for people affected by child sexual abuse was even more precarious than it had appeared in 2023.

> One in five services said they were facing full or partial closure, or might need to reduce the amount of direct support they could provide.

Conclusions and implications

Our new research into the provision of specialist support for people affected by child sexual abuse has revealed, even more starkly than our previous study, the lack of support available for victims/survivors and their families. It has shown that those seeking support still face a 'postcode lottery', where access to services is dependent on where they live; many services are forced to operate with waiting lists. Lack of access to support has been shown to have a negative impact on victims/survivors' mental health and overall wellbeing, and on their involvement with the criminal justice system.

Furthermore, service provision for victims/survivors of child sexual abuse and their families is reaching a critical point where services may be unable to sustain their already strained capacity to meet increasing demand. With the vast majority of services delivered by the not-for-profit sector, most of the specialist support for people affected by child sexual abuse (whether children, adult victims/survivors and/or parents) is concentrated in a sector where services' sustainability is highly vulnerable to short-term, insecure funding/commissioning arrangements.

Our survey respondents reported that they could not keep up with the number of people presenting for support, and were holding more people on waiting lists and for longer. At the same time, they were having to expend valuable time and resources in seeking funding (without which they might not be able to survive) and managing staffing capacity and workloads.

Now, more than ever, our findings underline the need for services supporting people affected by child sexual abuse to have adequate long-term, flexible funding, which covers their core costs and recognises the impact of inflation on salaries and running costs.

This funding is urgently needed to protect and underpin the unique specialist support that services provide for victims/survivors and their families – support which, as we have seen, is under considerable threat. With the Government having committed to responding to the recommendation made by the Independent Inquiry on Child Sexual Abuse that all children should be able to access specialist and accredited therapeutic support, it is clear that additional funding for services will be required to enable this to be achieved.

In addition, sufficient long-term funding for services cannot be ensured unless local authorities, integrated care boards and Police and Crime Commissioners recognise the demands that referrals from social care, GPs, police and statutory mental health services place on services – and unless they make a commensurate financial contribution to those services.

Beyond this, services should be able to access flexible funding which allows them to expand and develop their provision, responding to the changing needs of new and existing service users. They should be funded and supported to understand how they can best extend their reach to under-represented groups, and/or explore different models of support so they can respond flexibly to service users' needs. New funding and commissioning structures should avoid taking a reactive, short-term approach, and should not focus on funding new and innovative projects at the expense of well-established, effective services.

Without adequate investment and a greater recognition of the vital role they play, support services for people affected by child sexual abuse will be unable to continue offering the unique specialist care that victims/survivors and their families deserve and need. As we know, child sexual abuse can have a significant, long-term impact on individuals – and being able to access support, whether in childhood or as an adult, is crucial to mitigating that impact. The need for greater investment in support for victims/survivors and their families has never been more urgent.

1. Introduction

In 2023, the CSA Centre undertook a mapping exercise to identify the support available to victims and survivors of child sexual abuse and their families across England and Wales. The resulting report, *Support Matters: The Landscape of Child Sexual Abuse Support Services in England and Wales* (Parkinson and Steele, 2024), described the availability – and lack of availability – of support for victims/survivors and their families. It also revealed the breadth and diversity of support services, as well as the gaps in provision and some of the challenges faced by those providing support.

Since then, the CSA Centre has used the data collected through the mapping exercise to create an online directory of support services (**www.csacentre.org.uk/get-support/**), making it easier for people to look for and find support. It has also established its 'Data Insights Hub' (**www.csacentre.org.uk/data-insights-hub/**), which displays the number of services in each local area alongside official data from local authorities and police forces, and estimates of the scale of child sexual abuse locally.

This new report is based on an analysis of the data we held on support services in late 2024, and of the responses we received to an online survey completed by a sample of these services. It provides an updated picture of the provision of support for victims/survivors and their families, as well as the challenges which many services are facing.

1.1 Context

The CSA Centre's work has repeatedly shown that child sexual abuse is far more prevalent than people think, and that the majority of children who are sexually abused are not identified by statutory services (Karsna and Kelly, 2021; Kewley and Karsna, 2025). This means that few children who are sexually abused, and adults who were sexually abused in childhood, receive the protection and support they need.

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. Non-abusing parents, siblings and other family members may also be significantly affected by the abuse (Vera-Gray, 2023).

Being able to access support is crucial to mitigating the impacts of child sexual abuse on both children and adults (Truth Project, 2022; Vera-Gray, 2023), but it is clear from successive mapping studies (Allnock et al, 2009 and 2015; Butterworth et al, 2020) that the availability of services falls far short of meeting the need. Our original mapping exercise (Parkinson and Steele, 2024) showed how acute this situation was across England and Wales.

We found a 'postcode lottery' in terms of the likelihood that victims/survivors could access local support that met their needs, with between 10,000 and 20,000 victims/survivors in each region for every service providing support. Additionally, there was an apparent lack of services supporting parents of sexually abused children, and few that focused on supporting boys/men or people from minority ethnic backgrounds. We also found that support services could not keep pace with demand, with more than 55,000 people in England and Wales estimated to be held on waiting lists for support.

In 2022, the final report by the Independent Inquiry into Child Sexual Abuse (IICSA) identified gaps in provision of support services for victims, including a particular shortage of therapy and lack of response to younger children and their parents (Jay et al, 2022). One of its recommendations was that the UK and Welsh Governments should ensure sufficient provision of specialist therapeutic support for sexually abused children.

More recently, Rape Crisis England & Wales has also highlighted the acute shortage of therapeutic support for children who have been sexually abused, concluding that – despite IICSA's recommendation – these children "still do not have access to universally available, specialist, and survivor-centred support" (Rowson, 2024:35).

Other recent research[1] has considered the quality and reliability of support provision:

- A survey of voluntary-sector services for victims/survivors of sexual violence (Damery et al, 2024) concluded that insecure funding threatened services' independence, sustainability and delivery – and had significant impacts on their staff, adding to the insecurity of service provision.
- Gunby et al (2024) interviewed leaders of sexual violence support services and found they were being pushed to their physical and emotional limits by funding and commissioning arrangements, with some on the brink of resigning or taking early retirement. The researchers recommended that commissioners and funders need to make it easier for services to work in partnership to build capacity, alongside more effective structures for referral and multi-agency working.

It is in this overall context of uncertainty and strain that our research was carried out in late 2024.

Looking ahead, it is clear that services will continue to face financial pressures: the October 2024 UK Budget announced a 6.7% rise in the National Living Wage, an increase in employer National Insurance contributions (NICs) and a lowering of the salary threshold at which NICs become payable, all of which would be introduced in April 2025. A briefing by the National Council for Voluntary Organisations suggested that "these rising costs will intensify the 'triple squeeze' charities face from increasing costs, reduced funding, and higher demand", and may force smaller charities in particular "to shift already limited resources away from essential services, putting the communities they support at risk" (Konynenburg, 2024).

Shifts in commissioning arrangements associated with recent legislation add to the uncertainty facing services supporting people affected by child sexual abuse. For example, the Domestic Abuse Act 2021 has led to funds being taken away from specialist services and redirected towards large, generic organisations (Women's Aid, 2024). However, on a more positive note, the UK Government has recently encouraged commissioners of victim support services to ensure that any multi-year funding commitments they receive from their funding sources are passed on to local service providers, so that services can benefit from the increased certainty and sustainability which comes with multi-year funding agreements (Ministry of Justice, 2024).

> Our research was carried out in a context of uncertainty and strain – and looking ahead, services will continue to face financial pressures.

1. Both Damery et al (2024) and Gunby et al (2024) were part of the PROSPER study – a mixed methods, co-research study, funded by the National Institute for Health and Care Research, of the role, funding and commissioning of specialist sexual violence services provided by the voluntary sector in England.

1.2 This report

After an explanation of what our new research involved, including the strengths and limitations of the approach taken, this report presents the findings from the research across five chapters:

- **Overview of services and the support available** – the characteristics of support services, who was providing them, for whom and where, and what kind of support they offered.
- **The availability of support** – how much support was available locally and regionally across England and Wales, and the gaps in provision for children, for adult victims/survivors, and for parents/carers and others affected by child sexual abuse.
- **Access to support** – changes over the previous 18 months in the range and amount of support provided by services, and the effect of these changes on waiting lists.
- **Staffing** – changes experienced by services in recruiting and retaining staff, and in maintaining manageable staff workloads.
- **Sustainability** – changes in services' overall income and their confidence to sustain provision, as well as the greatest challenges they perceived.

Each chapter ends by drawing out key themes and making comparisons with our previous study.

A final chapter pulls together the overall research findings, presenting our conclusions and the implications emerging from them.

Quotations

The research findings are illustrated with quotations from services' survey responses, which are identified as follows:

- 'NFP' indicates a service in the not-for-profit sector.
- 'Statutory' indicates a service in the statutory sector.
- 'Child sexual abuse remit' indicates a service whose primary remit is to support people affected by child sexual abuse.
- 'Sexual violence remit' indicates a service with a sexual violence remit which includes supporting people affected by child sexual abuse.
- 'Wider remit' indicates a service supporting people affected by child sexual abuse within a wider remit of service provision.

1.3 Definitions and terminology

We use the term **'child sexual abuse'** to refer to all forms of abuse, in line with the UK Government's definition:[2]

> "[Child] sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children." (Department for Education, 2023:162)

For the sake of simplicity, and in line with the above definition, we use the term **'child'** to refer to anyone under the age of 18; it is important, however, to remember that adolescents as well as young children can be sexually abused.

When we refer to a **'service'**, we mean an intervention or group of interventions provided by an organisation for people affected by child sexual abuse. For example, the various helplines provided by the NSPCC have been categorised as individual services, rather than the NSPCC as a whole being categorised as a service. However, when we talk about the services that completed the survey, we refer to them as **'respondents'** to make it clear we are referring to a smaller sample of services.

By **'support',** we mean some kind of specialist provision which focuses on the needs of victims/survivors and non-abusing family members arising from the sexual abuse of children. Services were not considered to be providing support around child sexual abuse if they would refer someone reporting such abuse to another service for support with this. As explained in more detail in Chapter 2, the support services that we have sought to map and understand are those providing some kind of therapeutic or wellbeing support to victims/survivors and non-abusing family members.

We use the term **'victims/survivors'**, in recognition that adults who were sexually abused in childhood may consider themselves to be victims, survivors or a combination of both.

Finally, we use the term **'parent'** to encompass any parent or carer in a parental or principal care-giving role to a child; this may be, for example, the child's biological parent, stepparent, adoptive parent, foster parent or other relative in that role.

> The services we have sought to map and understand are those that provide some kind of therapeutic or wellbeing support.

2. In Wales, the national action plan on child sexual abuse (Welsh Government, 2019) has a similar but shorter definition.

2. What the research involved

2.1 Research aims

This research set out to provide an updated picture of the support available to victims/survivors of child sexual abuse and their families across England and Wales, in order to understand how this had changed since our original research had been carried out 18 months previously.

We wanted to know:

1. What support was available for victims/survivors of child sexual abuse and their families in England and Wales in late 2024?
2. Where were the gaps in service provision, and how did this compare with the need for support?
3. How had provision changed in recent times, and what challenges were services facing?

2.2 Approach

Our previous research study had involved extensive desk research to map service provision, plus online interviews with a third of the services identified. Data on services and their provision had since been updated through monitoring of developments in the sector, as part of work to maintain the CSA Centre's online directory of support services; our new research involved analysis of that data, and a survey of services.

As previously, the research focused on services providing specialist support for:

- children who have been or are being sexually abused
- adults who have been sexually abused in childhood
- parents and other family members of children who have been sexually abused.

The support provided by these services could relate to any or all forms of child sexual abuse, including both intra- and extra-familial abuse, abuse in online contexts, and abuse in the context of modern slavery, exploitation and trafficking. Provided it had a therapeutic or wellbeing focus, the support could involve a range of activities and approaches including therapy and counselling, advocacy support, helplines/chat services, and residential care.

Services – which included survivor-led ('by and for') services – could be based in the not-for-profit, statutory or private sectors, or delivered as part of consortia or multi-agency initiatives.[3] They could be of any size and geographical coverage, provided their support was available free of charge to people living in England or Wales.

3. We use the term 'not-for-profit' to refer to charities, voluntary/community organisations and social enterprises.

As well as services whose primary remit was responding to child sexual abuse, we wanted to include services in the sexual violence sector whose remit included child sexual abuse, such as Rape Crisis centres.[4] In addition, we included services with a more generic remit which provide support around child sexual abuse alongside other related support; examples of these include services supporting children who have been exploited in other ways or trafficked.

However, we did *not* include:

- statutory safeguarding services
- services which focused on the prevention of child sexual abuse (e.g. education/ awareness-raising, outreach programmes, campaigns or disruption-focused services)
- services aimed at adults who have sexually abused children or fear they might sexually abuse children
- sexual assault referral centres which only provide a forensic medical assessment with no additional therapeutic/wellbeing support
- services providing support for children who have displayed harmful sexual behaviour, unless they also provided support for those who are or have been sexually abused
- more generalist services providing support for children or adults with issues affecting their wellbeing or safety, where support related to sexual abuse was not provided as part of this. For example, organisations like MIND or the Samaritans were excluded because their support does not specifically relate to child sexual abuse but responds to a wide range of needs.

However, for this new research (and in the CSA Centre's online directory of support services) we tightened our criteria in order to exclude services whose support was available only to a narrow group of people or was not focused on responding to child sexual abuse.

As a result of these tighter inclusion criteria, and through our increased knowledge of and engagement with the sector which enabled us to 'dig deeper' into services' characteristics and provision, our study excluded a total of 104 services which had featured among the 468 services we had mapped 18 months previously:

- We excluded 36 services because their support was available only to people who met specific eligibility criteria (e.g. they required a referral from the National Referral Mechanism, were exclusively for people in one hospital, or were provided only to certain groups such as women affected by substance misuse).
- A further 56 services were excluded because they did not provide support around child sexual abuse, instead offering less specific support to a wider service user group (e.g. victims of domestic violence, children with mental health issues or children who had been criminally exploited) or providing only signposting.
- We excluded three services which required service users to pay to access their support.
- Finally, six services were excluded as we discovered they were part of, or provided by, an already listed service, and another three as we were unable to contact them or they had asked to be excluded from this research.

Additionally, we were aware that 23 services had closed since our 2023 research; see section 3.1 for details of these.

However, our ongoing monitoring of developments in the sector meant that we had become aware of an additional 22 services which had not been among the 468 featured in our 2023 research. Basic information about these services – their remit and geographical coverage, the people they supported, and the sector they operated in – was generally gathered from their websites. It is important to note, however, that these were all established services; none had been set up in the previous 18 months.

4. Some Rape Crisis Centres have now adopted new names, to counteract the assumption they found some funders and researchers were making that they supported only adult victims/survivors.

2.3 Methods

2.3.1 Analysis of service provision

Since our 2023 research, the CSA Centre has worked to maintain an accurate and up-to-date picture of service provision across England and Wales, and to share this information through its new online directory of support services (see Chapter 1). It has monitored developments in the sector by keeping in touch with services and sector news, and has emailed any new services identified, asking them to check the information held about them.

Through this ongoing work, in late 2024 we were aware of 363 support services, run by 357 organisations,[5] which met our new, tighter inclusion criteria (i.e. providing widely accessible support specifically around child sexual abuse, free of charge, to victims/survivors and/or their families). Part of our new research involved a quantitative analysis of the data held on these 363 services.

2.3.2 Survey of services

To learn how services' experiences of providing support for victims/survivors and their families had changed since our previous research, we designed an online self-completion survey. The survey's development involved several phases of work:

- Reviewing the response to the in-depth questionnaire used in our previous research, to identify topic areas that could be revisited in order to draw comparisons.
- Consulting the advisory group for the CSA Centre's 'Strengthening Services for Victims and Survivors' programme, comprised largely of people working in support services, in order to gather their thoughts on pertinent themes to explore.
- Designing a questionnaire that would collect the information we needed while minimising the potential for misunderstanding and respondent fatigue, bearing the self-completion format in mind.
- Piloting the questionnaire with CSA Centre staff and members of the advisory group to test its accessibility, consistency and length, and amending it in light of feedback.

Once the questionnaire was finalised, an email invitation, information sheet and link to the online questionnaire were sent out on 14 October 2024 to the 357 organisations we had identified. The survey was open for three weeks until 5 November 2024, during which time several reminder emails were sent out to encourage participation.

As an incentive to complete the questionnaire, respondents were offered the opportunity to enter their service into a draw for a half-day or full day of free training on a topic chosen from the CSA Centre's training programme.

2.3.3 The response to the survey

We received 132 responses to the survey. Four responses were excluded as they duplicated a response already provided by the same service, and another four were excluded as only a few questions had been answered.

As a result, our survey analysis was based on responses from 124 services, representing a third (34%) of those invited to take part. In terms of their basic profile, survey respondents were largely representative of the wider sample of services we had mapped (see Appendix A), although a much higher proportion of them were providing support to parents. As we carried out our analysis, we also updated the CSA Centre's online directory of support services to ensure it was as accurate and up to date as possible.

Our previous study's findings about services' experiences of supporting victims/survivors and family members had been based on interviews with 166 services. Two-fifths of those services (n=68, 41%) went on to take part in the current study. An additional 56 services that had not been interviewed in the previous study (including five of the newly identified services) completed the new survey, bringing additional insight into current service provision. Any comparisons we draw between the findings of the previous interviews and the new online survey are based on overall responses to common questions or themes, not a comparison of individual services' responses.

5. Two organisations operated multiple services in different locations.

2.4 Ethical considerations

We decided that, as with our 2023 research, we did not need to seek approval from the CSA Centre's Research Ethics Committee. This was because the research would not involve gathering data from vulnerable people or people who lacked capacity to make decisions, nor the covert observation of participants.

Nonetheless, we continued to be aware of the ethical considerations that might arise, and how we could mitigate them. When we invited services to complete the online survey, we sent them an information sheet which explained why we were contacting them, what we would be asking them, how we would store and use this information, and who to contact if they had any questions.

2.5 Strengths and limitations of the research

The approach taken in this research had both strengths and limitations.

Our analysis of service provision was based largely on information provided by services on their websites. The CSA Centre contacts all services when they are added to its online directory, asking them to check the information gathered about them and their provision, but not all services respond. The accuracy of the data on overall service provision and availability (presented in Chapters 3 and 4) is therefore partially reliant on services keeping the information on their websites up to date.

Regarding the survey, using an online questionnaire meant that we did not need to ask services to give as much of their time as they had in our previous survey, where some interviews had lasted more than an hour. Moreover, services could complete the questionnaire at their own convenience, rather than having to schedule time for an interview, and could save their response mid-way if they needed to return to it later. And by providing pre-set answer options for respondents to select from, we could ensure more standardised responses to questions, making data analysis easier.

On the other hand, the use of an online questionnaire meant that we could not probe or check the answers that services provided (although we did ask them to provide an email contact in case anything subsequently needed clarification).

In addition, the sample of services who responded to the survey was self-selecting (as it had been in our previous research), so the views they expressed may not have been representative of the sector as a whole. For example, services that were under particularly intense pressure at the time the survey was distributed may have been less likely to participate.

Nonetheless, given that the response rate for online surveys is typically 25%–30% (Menon and Muraleedharan, 2020), our 34% response rate demonstrates the extent to which services were keen to engage with our research and, in many cases, continue their engagement with this work.

3. Overview of specialist support services in late 2024

This chapter presents an overview of services providing specialist support in late 2024 for sexually abused children, their families and adult victims/survivors. It highlights the closure of 23 services since our previous research, as well as outlining the provision of support for specific groups.

3.1 Number of services

As detailed in Chapter 2, we established that in late 2024 there were 363 services across England and Wales providing support free of charge and without restrictive access criteria to people affected by child sexual abuse. This included 22 services that we had not previously been aware of (although these were not newly established services), but we also learnt that 23 services had closed since our previous research was undertaken.

3.1.1 Closures since our previous research

The vast majority (20) of the 23 services that had closed in the previous 18 months had been supporting children, and 10 had solely supported children. Nine services had provided support for parents, while eight had supported adult victims/survivors (including three focused solely on adult victims/survivors).

Eight services – more than a third – had been focused exclusively on child sexual abuse rather than having a wider remit.

Nine of the 23 services had offered specific support in response to child sexual exploitation, so their closure represented a considerable decrease in the provision of that support (see section 3.3.4). And one service had supported children who had been sexually abused in online contexts.

Nineteen services had been in the not-for-profit sector, three in the private sector, and one – a specialist Child and Adolescent Mental Health Service (CAMHS) – in the statutory sector. Eight of the not-for-profit services had been provided by Barnardo's, and one by the Children's Society; another three had been specialist services in the violence against women and girls (VAWG) sector, including a Rape Crisis centre and a Women's Aid service for Bangladeshi women and girls.

Almost all the closed services had been small in their geographical coverage: 11 had operated within a single local (not unitary) authority, and another 10 services had operated across a maximum of 10 local authorities. Two services operating nationally had closed, both in the private sector: one had supported survivors of cults and abuse across England and Wales, while the other had offered residential care for children in England who had suffered significant trauma or neglect.

As Table 1 shows, the closure of services was particularly marked in two regions: more than two-fifths of the single-region closed services had been located in the South East of England, and another quarter had been in Yorkshire & the Humber. No services had closed in Wales or the North West. Of the 22 newly identified services which we had not been aware of in 2023, only four operated in areas covered by the closed services.

More than two-thirds (n=16, 70%) of the closed services had provided one-to-one therapy/ counselling or emotional support, 10 (43%) had given advocacy support, nine (39%) had offered group interventions, three (13%) had operated a helpline, and two (9%) had provided residential care.

Table 1. Regions in which closed services had operated, and the effect of those closures on service provision in each region

Region	No. of closed services (as a percentage of the 21 closed non-national services)	Sector
South East	9 (43%)	8 not-for-profit; 1 private
Yorkshire & the Humber	5 (24%)	All not-for-profit
East of England	2 (10%)	Both not-for-profit
East Midlands	1 (5%)	Not-for-profit
London	1 (5%)	Not-for-profit
North East	1 (5%)	Not-for-profit
South West	1 (5%)	Statutory
West Midlands	1 (5%)	Not-for-profit

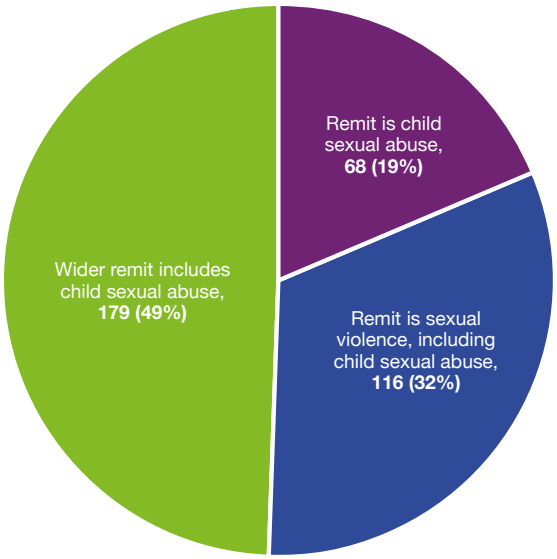
While we generally did not have any information on the reasons why these services had closed, one service explained that it was caused by their funding coming to an end:

> "Due to insecure funds, the services we provide were no longer sustainable. The decision to close was made after funding from the Ministry of Justice and the local Police and Crime Commissioner's office ended." (NFP; sexual violence remit)

3.2 Services' remit

Figure 1 shows that only one-fifth (n=68, 19%) of the 363 services providing support for people affected by child sexual abuse were focused solely on child sexual abuse. A third (n=11, 32%) were working in the sexual violence sector while half (n=179, 49%) had a wider remit which included support around child sexual abuse.

Figure 1. Where did child sexual abuse support fit within services' remit in 2024?



n= 363.

3.3 Support for specific groups

3.3.1 Children, adult victims/survivors and parents

As Figure 2 shows, four-fifths of services (n=295, 81%) provided support for sexually abused children, and almost three-quarters (n=261, 72%) supported adult victims/ survivors. More than half (n=198, 55%) supported both adult and child victims/ survivors.

The parents of sexually abused children were supported by half of services (n=178, 49%), nearly all of which also supported their children.

Support for children of different ages

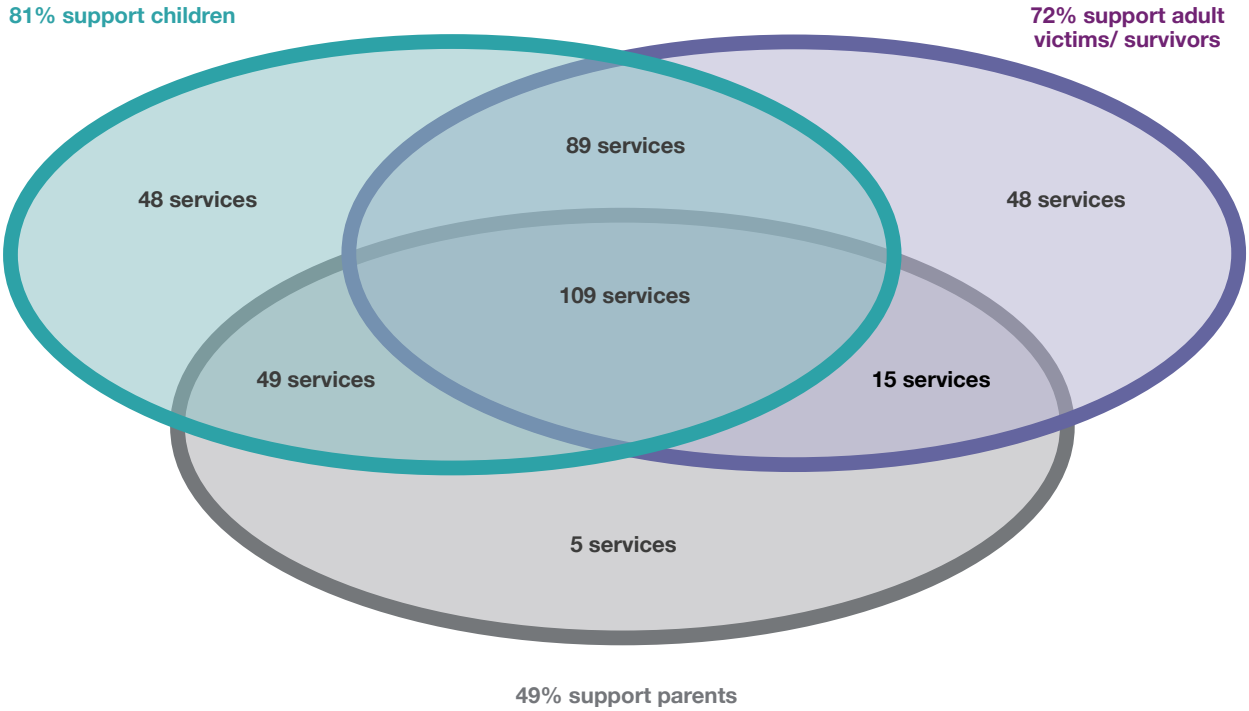
Of the 295 services providing support to children, 96 responded to our online survey, offering further insight into the support available for children of different ages.

Asked whether this support was targeted at specific age groups, nearly half (n=46, 48%) said it was available to children of all ages. Figure 3 shows the minimum age limits applied by the other 50 services: two-fifths of them (n=19, 38%) said their support was not available to under-11s, and two-thirds (34, 68%) did not support children under the age of six. In addition, one service did not work with children over the age of 13. Several respondents indicated that support for younger children would primarily be provided to their parents:

> "We work directly with children aged 6 to 17 but for children younger than six we offer parent support." [ID349, NFP; sexual violence remit]

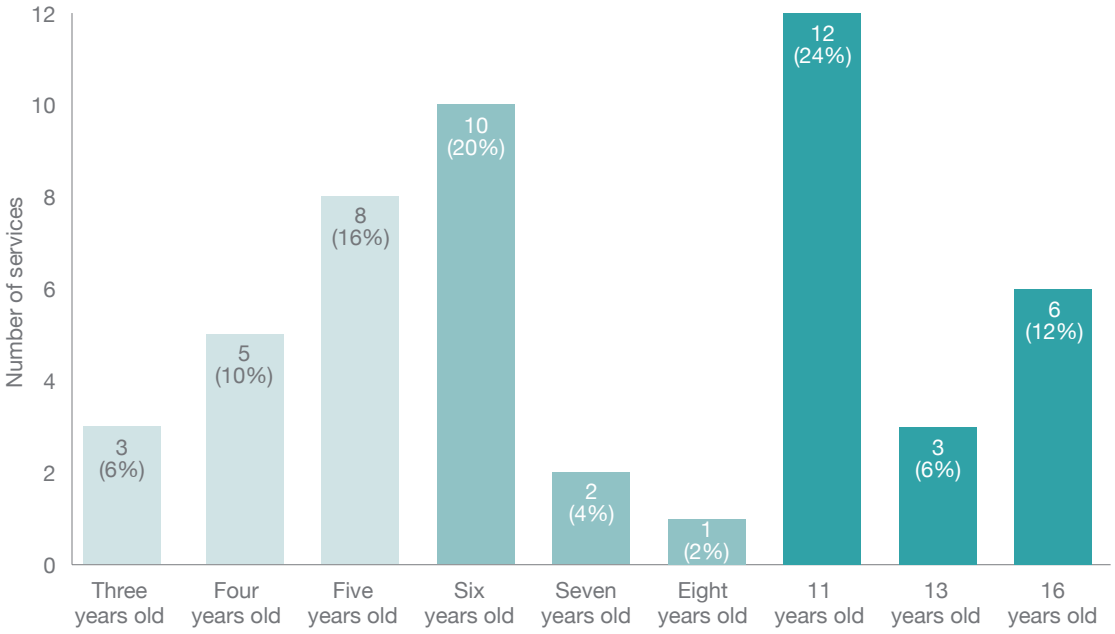
More than a third of the 96 survey respondents supporting children (n= 37, 38%) said they extended their support to young people aged 19–25, primarily to young people with special educational needs and disabilities (SEND), care-experienced young people or those who would benefit from a more child-focused approach as they transition into adulthood.

Figure 2. Services' provision of support to child and adult victims/survivors, and to parents



n= 363.

Figure 3. Minimum ages for support reported by services supporting children



n=50 services specifying a minimum age for children accessing support.

3.3.2 Other groups supported

Alongside their support for children, adult victims/survivors and/or parents/carers, some of the 363 mapped services were also providing support for other people affected by child sexual abuse:

- 65 services (18%) also supported other children affected by child sexual abuse, such as siblings of sexually abused children.
- 44 services (12%) offered support to partners/relatives of adults who have sexually abused children.

These proportions are slightly lower than those we observed in our 2023 research.

3.3.3 Support relating to specific forms of child sexual abuse

Around one-fifth of the 363 services (n=67, 18%) – similar to the proportion we observed in our 2023 research – focused their support on specific forms of child sexual abuse:

- Support focused on child sexual exploitation was provided by 54 services (15%).
- Eight services (2%) focused on institutional child sexual abuse.
- Five services (1%) focused on child sexual abuse in online contexts.
- One service focused on intra-familial child sexual abuse.

Nine of the services that had closed (see section 3.1) had provided specific support around child sexual exploitation, while only five of the newly identified services were providing this support. In addition, one newly identified service was providing support around institutional abuse, but none was providing support specific to intra-familial abuse or abuse in online contexts.

3.3.4 Support based around people's characteristics/backgrounds

Again, the proportions of services focused solely on supporting specific groups were very similar to those observed in our 2023 research:

- Girls/women were the focus of 53 services (15%).
- Twenty-four services (7%) solely supported people from minority ethnic backgrounds.
- Eleven (3%) were focused on boys/men.

Targeted support for other groups, which we had observed to be very low in 2023, was now found to be even lower: there were only two services specifically for disabled people, and another two for people who are lesbian, gay, bisexual or identifying as transgender or queer/questioning (LGBTQ+).

While five services focused on girls/women had closed, only three newly identified services had the same focus. In contrast, while one of the closed services had been specifically supporting people from minority ethnic backgrounds, two of the newly identified services were providing this support.

Among the survey respondents that did not offer specific provision for different groups, most explained that they did tailor the support they provided to their service users' needs:

> "All our pieces of work are individually tailored for the child/young person that we are working with." [ID61, NFP; child sexual abuse remit]

> "We support all adults and adapt our service as necessary to make it relevant for the survivor." [ID381, NFP; sexual violence remit]

> "Each case is managed in a bespoke manner to ensure it is individually tailored. We don't work to a rigid programme. This ensures we can adapt our offer to the individual needs of the family." [ID363, NFP; child sexual abuse remit]

Some pointed out that they gave their staff training focused on understanding the needs of specific groups:

> "Whilst we do not provide specific tailored support for the groups above, our workers are culturally competent, trained and have an awareness of how the impacts of sexual violence will be different for all these different groups." [ID118, NFP; sexual violence remit]

> "All members of staff complete internal equality, diversity and cultural awareness and inclusion training. Many of our ChISVAs also complete external training around providing support to specific groups and communities." [ID215, NFP; wider remit]

One said it used translators and interpreters to ensure its support was accessible to all:

> "The ChISVA service aims to remove as many barriers as possible for those accessing the service, such as the use of interpreting and translation services to ensure that support is accessible to those who do not have English as their first language, or services which allow those who are deaf, experience hearing loss or are speech impaired to access support." [ID215, NFP; wider remit]

Another said it had implemented a referral process to prioritise the children most likely to experience barriers in accessing support:

> "Our referral criteria are focused on prioritising those children who are most likely to face health inequalities due to structural barriers they face in accessing holistic services to meet health, emotional and criminal justice needs." [ID304, NFP; child sexual abuse remit]

One service explained that it was working to improve its reach to particular groups:

> "We have ongoing work looking at how we can support those in groups we do not see often e.g. sex workers, refugees, people who need interpreters, LGBTQ+." [ID464, NFP; sexual violence remit]

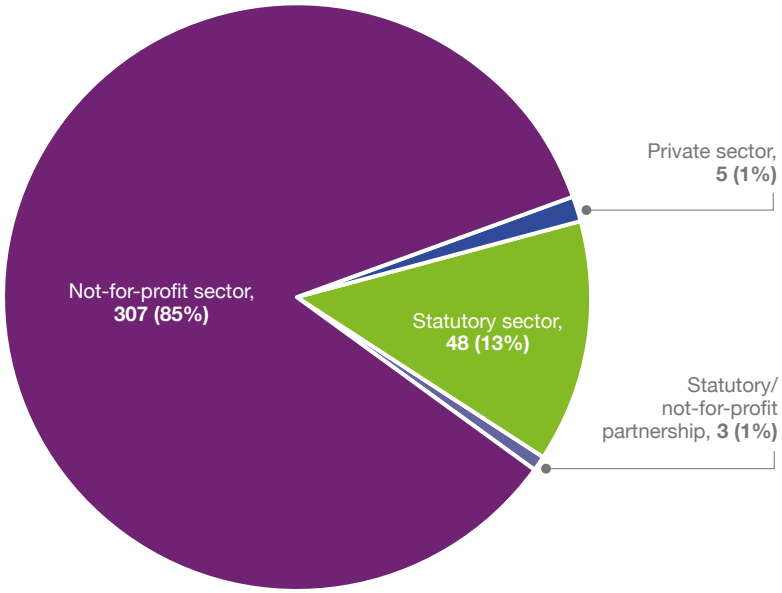
3.4 Private, statutory or not-for-profit sector?

As Figure 4 shows, the vast majority of the 363 services were located in the not-for profit sector, while one in eight were in the statutory sector. A very small number of free-to-access services were delivered by private providers or through statutory/not-for-profit partnerships.

As a result of our tighter inclusion criteria, and the closure of three private-sector services, there were far fewer services in the private sector than we found in our previous research – down from 5% to 1% of the total – while the proportion of not-for-profit services rose from 81% to 85%.

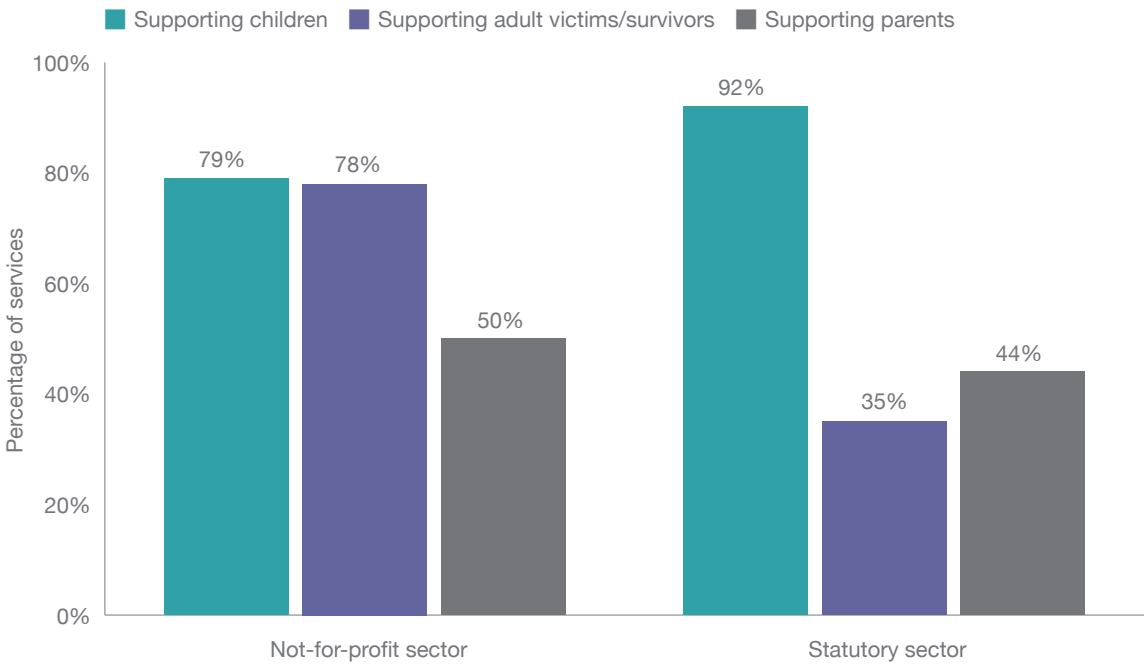
As Figure 5 shows, specialist services in the statutory sector were far less likely than those in the not-for profit sector to support adult victims/survivors; statutory services providing specific support for people affected by child sexual abuse were overwhelmingly focused on supporting children, and to a lesser extent their parents.

Figure 4. Services by sector



n= 363.

Figure 5. Proportion of services supporting children, adult victims/survivors and parents, by sector



n=307 not-for-profit services; n=48 statutory services.

3.5 Geographical coverage

Figure 6 shows that, as we saw in 2023, well over half of services were operating either within a single local authority area or across fewer than 10 local authorities in a single region. Meanwhile, nearly a quarter were operating at greater scale, either across 10 or more local authorities within a region, across multiple regions, across the whole of England or across all of Wales. One in seven services were operating across England and Wales.

Spotlight on national services

The profile of the 70 services operating across England, across Wales or across both England and Wales was similar to what we observed in in 2023.

Compared to local/regional services, these national services were:

- more likely to be in the not-for-profit sector (n=64, 91%)
- more likely to have a remit focusing specifically on child sexual abuse (n=22, 31%)
- more likely to be dedicated to specific forms of child sexual abuse (n=15, 21%) – eight were focused on abuse in institutional contexts, four on child sexual exploitation, two on abuse in online contexts and one on intra-familial abuse
- less likely to provide support for children (n=42, 60%)
- more likely to target their support at specific groups – there were 10 services for people from ethnic minority ethnic backgrounds, nine for girls/women, four for boys/men, two for LGBTQ+ people and one for disabled people.
- more likely to provide a helpline (n=36, 51%), but less likely to offer other forms of support.

3.6 Types of support provided

The pattern of provision of different types of support was similar to the picture presented in our 2023 research. As Figure 7 shows:

- four out of five services were providing one-to-one therapy, counselling or emotional support
- nearly three-fifths were providing one-to-one advocacy, casework or support from Independent Sexual Violence Advisers (ISVAs)/Child Independent Sexual Violence Advisers (ChISVAs)
- more than half were providing group-based interventions
- a third were providing a helpline or chat service
- a small number of services were providing residential care.

The 124 respondents to our survey described a wide range of models and approaches used in their one-to-one therapeutic interventions:

> "Dyadic therapy, systemic family therapy, creative therapies, eye movement desensitisation and reprocessing (EMDR)." [ID157, NFP; wider remit]

> "We run a number of one-to-one services, such as art psychotherapy and talking psychotherapy." [ID487, NFP; wider remit]

Some highlighted the emotional and practical support provided through their advocacy, casework and ISVA/ChISVA services:

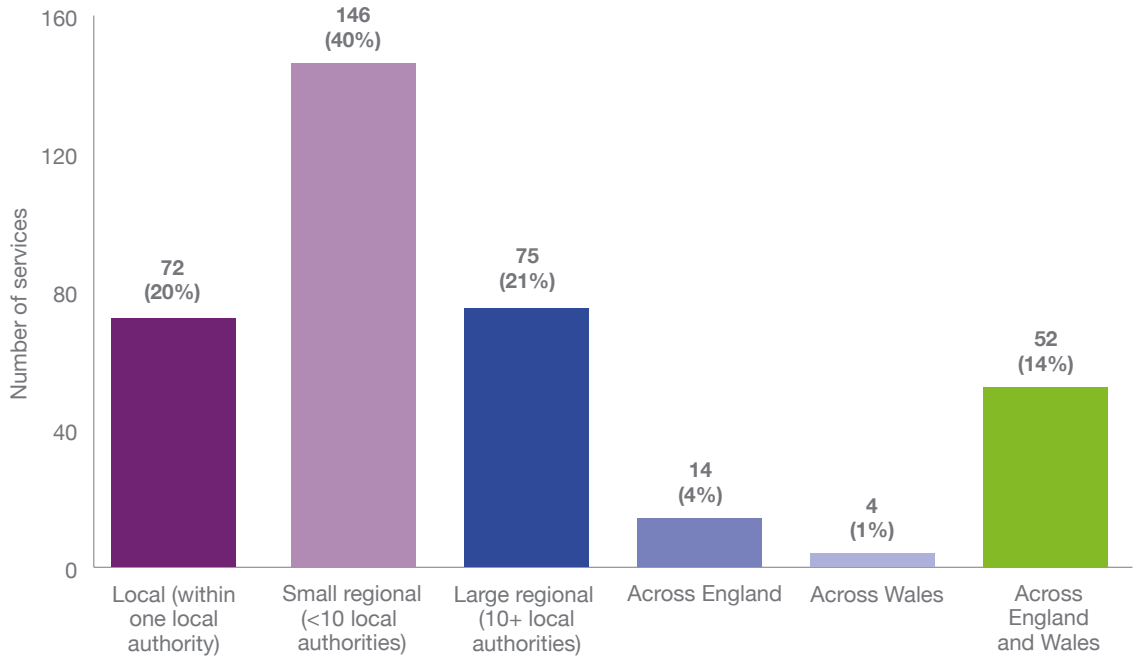
> "We also provide practical support, reporting to police, court appearances." [ID398, NFP; sexual violence remit]

Others told us about their group-based interventions, which often involved peer support and/or creative approaches:

> "We are peer-led and offer peer support." [ID103, NFP; child sexual abuse remit]

> "Peer support groups … therapeutic creative therapies (art, play, drama)." [ID374, NFP; sexual violence remit]

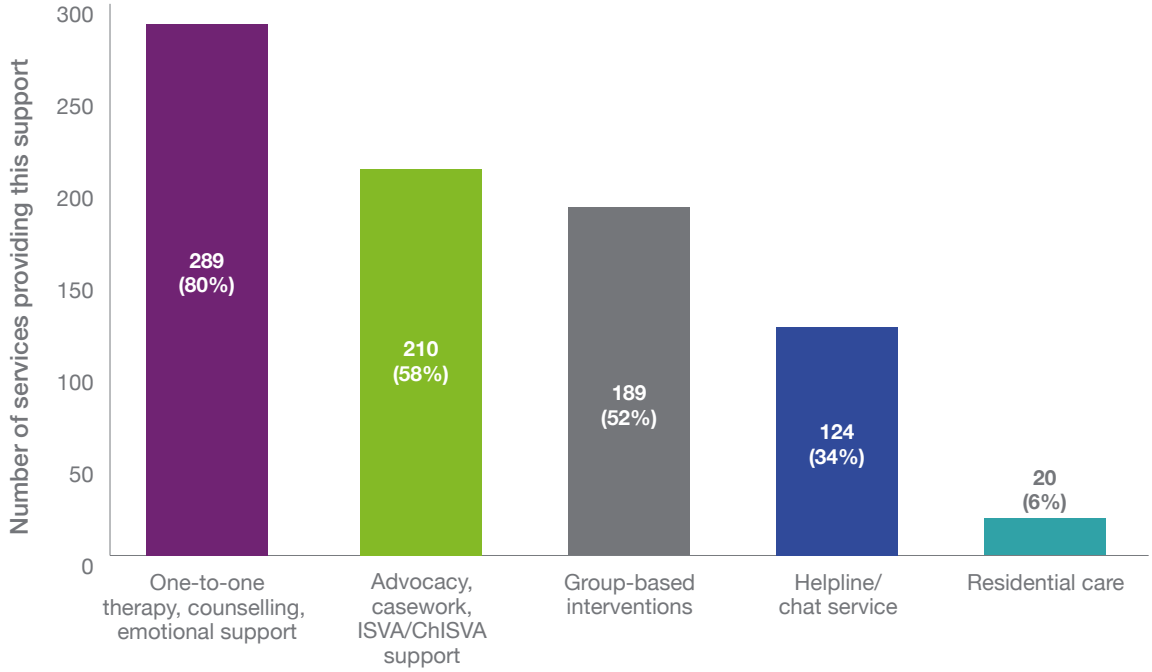
Figure 6. Services' geographical coverage



n=363.

Note: 'Large regional' denotes services operating across at least 10 local authority areas in a single region, or across multiple regions of England (but not across the entirety of England or Wales).

Figure 7. Types of support provided



n=363.

Other group-based interventions provided psychoeducational support, with facilitators covering a different topic in each session:

> "We also offer a psychoeducation programme to explain further about the effects of trauma in the brain and body, as well as offering coping skills to help during the day-to-day." [ID487, NFP; wider remit]

Helplines and chat services were described as offering emotional support and signposting:

> "We run a support line… it is anonymous and confidential." [ID254, NFP; wider remit]

One respondent offering support in residential settings said it was specifically for children and young adults from minority ethnic backgrounds:

> "[We have] child and young person workers in [our] refuge and [minority ethnic] specialist child and young person workers who work with children and young people from 11–25." [ID776, NFP; wider remit]

Some respondents said they provided support for the siblings of sexually abused children:

> "Family days where we give them an escape from the situation and allow them the space to bond and support their sibling." [ID83, NFP; wider remit]

Others described their support for children whose parent had sexually abused other children, and for the families of adults who had sexually abused children:

> "We are also offering a service to the partners and family of perpetrators who are involved with the criminal justice system often leaving their families in extreme poverty and threats of homelessness." [ID351, NFP; sexual violence remit]

A few described the support they provided to other adults, such as grandparents with kinship care of sexually abused children:

> "Educative intervention designed to inform and empower participants in developing their understanding of sexual abuse, to improve their capacity to protect, delivered individually or as a group. Family group interventions, based in restorative justice to bring members together to understand the family situation and develop risk management plans and safety agreements." [ID102, NFP; child sexual abuse remit]

3.7 Summary and reflections

In conducting this research, we were concerned to find that 23 of the 468 services we had mapped 18 months earlier had closed down; more than a third of these had been focused solely or principally on child sexual abuse. The closure of services specifically for children who had been sexually exploited was particularly significant. While services had closed across most regions, closures were concentrated in the South East of England and Yorkshire & the Humber.

Additionally, the stricter inclusion criteria we applied to this research led us to exclude 104 services because they were not providing support that was accessible and focused on child sexual abuse.

As a result, and despite identifying a further 22 services which we had not mapped in 2023, we found there were just 363 services providing specialist support to victims/survivors and their families in late 2024. However, the profile of these services was similar to what we had found in our previous study: the vast majority of services were in the not-for-profit sector, most had limited geographical coverage, and only one in five had a remit that only covered child sexual abuse. Four-fifths provided support for children, and almost three-quarters supported adult victims/survivors of child sexual abuse; parents were supported by just under half of services.

Unsurprisingly, there were fewer services dedicated to specific groups (such as girls/women and people from minority ethnic backgrounds) or specific forms of child sexual abuse (such as child sexual exploitation or abuse in online contexts) than we had previously thought. And hardly any services were dedicated to supporting disabled people, LGBTQ+ people or those affected by intra-familial child sexual abuse.

4. Provision of support in different regions

This chapter looks in more depth at the number of services operating in different parts of England and Wales, and at clear gaps in the provision of support. It shows the uneven distribution of local and regional services, with some regions having particularly poor provision for specific groups.

4.1 Regional distribution of services

Our ongoing work to maintain an up-to-date picture of support services enabled us to calculate that, at the time of our research in late 2024, there were 363 services across England and Wales providing support for people affected by child sexual abuse.

In our previous study (Parkinson and Steele, 2024), we compared the number of services that we had mapped with the estimated number of victims/survivors of child sexual abuse in England and Wales, based on the CSA Centre's previous analysis of survey data which indicates that at least 10% of children have been sexually abused in England and Wales by the age of 16 (Karsna and Kelly, 2021); by doing so, we found that there were around 13,000 victims/survivors for each local/regional service we mapped. Applying the same estimate to the findings from our new research, in which we have focused specifically on services providing specialist support free of charge and without applying restrictive access criteria, we now estimate that in late 2024 there were around 16,500 victims/survivors for each local/regional service.

However, the population (and therefore the population of victims/survivors), is not equally distributed across the regions of England and Wales, and regions cover very large areas: in larger and less densely populated regions, some people may find that a large proportion of the 'available' services are inaccessible.

As our previous research showed, the size of services and the number of people they support varies considerably, so the ratio of services to victims/survivors is only a crude indicator of service provision and availability. However, it clearly indicates that the potential need for support far outweighs the amount of support that services can provide.

Figure 8 shows that, when the distribution of services and local populations is taken into account, the regions that were most poorly served were the West Midlands, the South East and the North West of England, although all regions except Wales had at least **16,000 victims/survivors for every non-national service operating in that region**.[6]

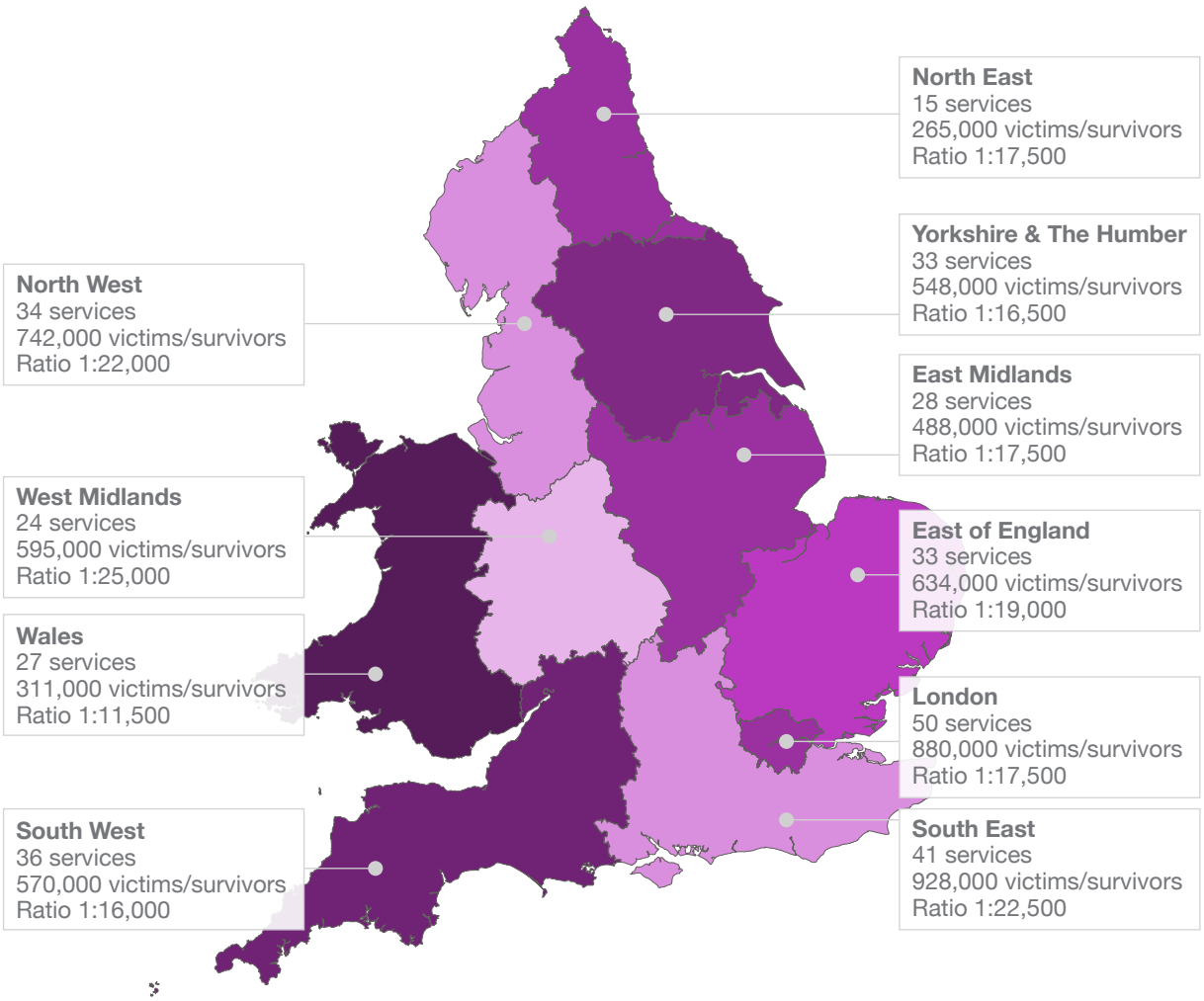
> We estimate that in late 2024 there were around 16,500 victims/survivors for each local/regional service providing support.

6. National services were excluded from this calculation as they do not offer local support; they are available across the whole of England (and, in some cases, Wales), although only by telephone or online channels.

It is also important to consider how feasible it is for people to access the services that operate in their region, given the size of some regions. While certain regions may appear better served than others, some respondents reported that funders and commissioners were expecting services to expand their eligibility criteria both geographically and to all ages and genders, making it harder for people to find support from services close to them.

> Some people in larger and less densely populated regions may find that a large proportion of the 'available' services are inaccessible.

Figure 8. Distribution of services relative to the estimated number of victims/survivors in each region

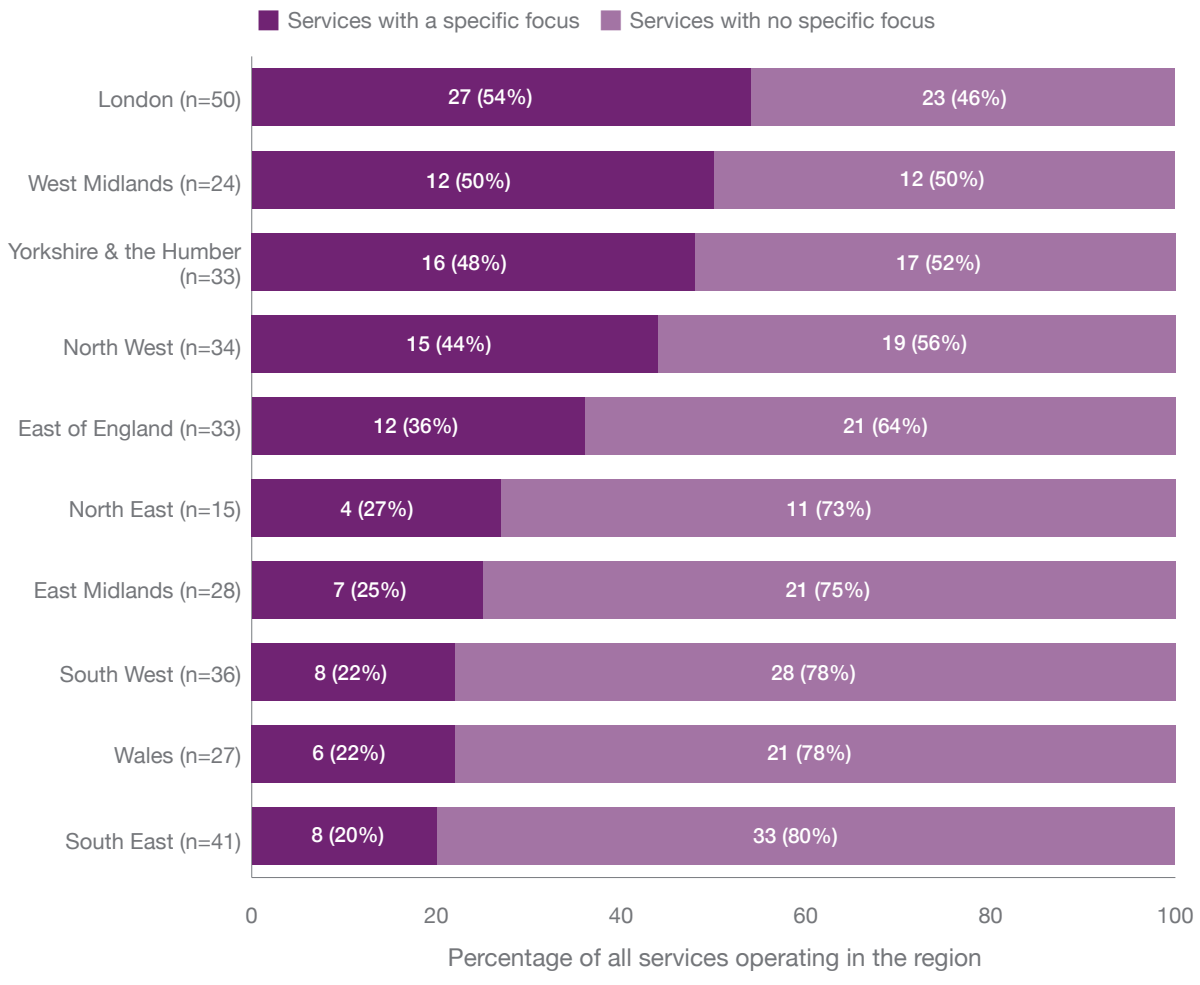


n=297 local, regional and multi-regional services; the 66 services working across England, or across England and Wales, are not shown. Darker shading represents a higher number of services relative to the estimated number of victims/survivors in the region, calculated as 10% of the Census 2021 population figures per region (Office for National Statistics, 2023). Population figures are rounded to the nearest thousand; ratios are rounded to the nearest 500. Multi-regional services are listed in each of the regions where they operated.

Furthermore, people need to be able to find services that will meet their needs; services that focus their support on a particular form of child sexual abuse, or that serve a particular user group, will not be able to support anyone who does not meet those criteria. As Figure 9 shows, around half of services in London, the West Midlands and Yorkshire & the Humber were available only to people affected by specific forms of abuse or with specific characteristics based on their sex, ethnicity, etc.

> Some respondents reported that funders were expecting services to expand their eligibility criteria, including geographically.

Figure 9. Distribution of non-national services with a specific focus on a form of abuse and/or user group



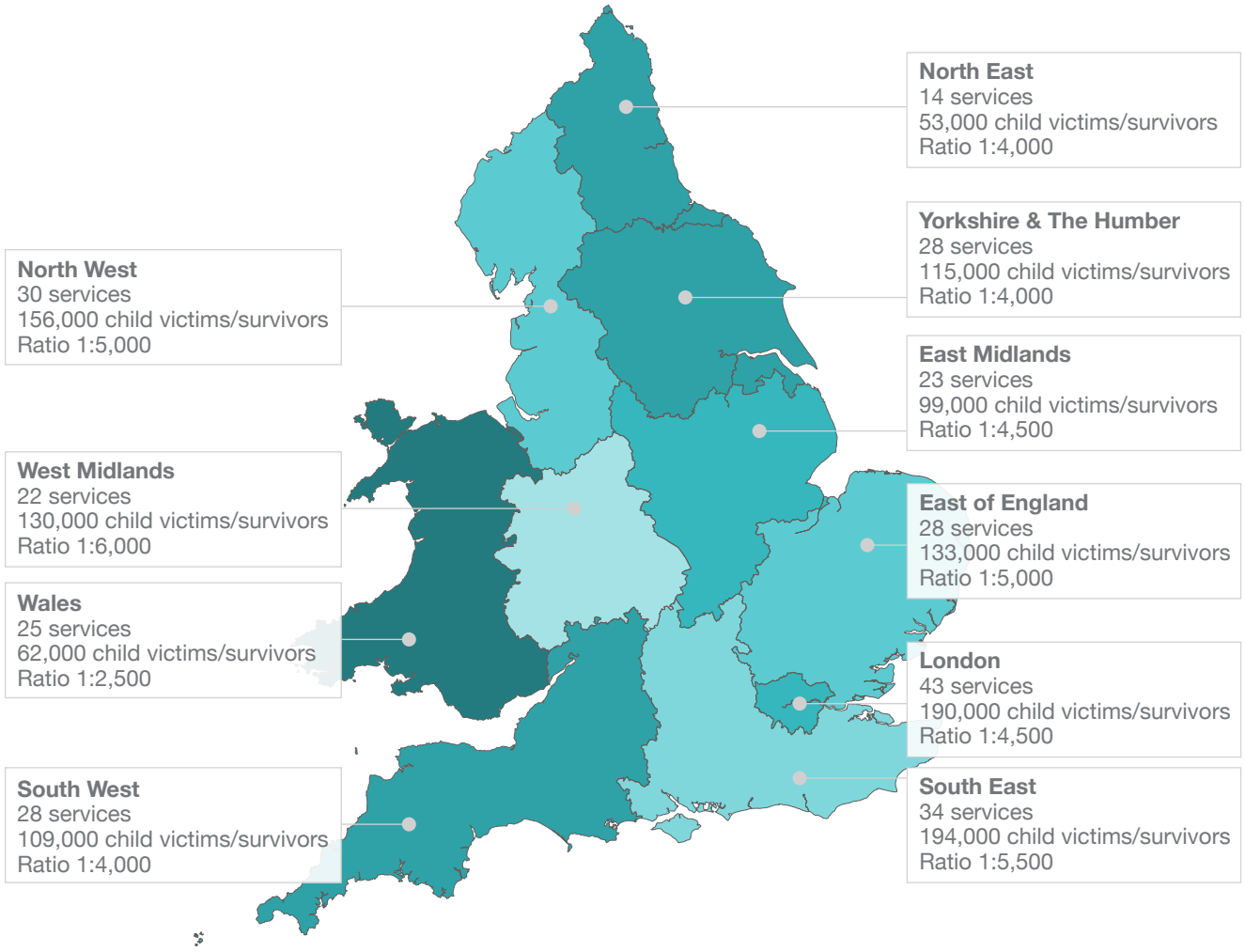
n=297 local, regional and multi-regional services.

4.2 Regional distribution of services supporting children

We observed a similar uneven distribution of local and regional services supporting sexually abused children; Figure 10 shows that, when population distribution is taken into account, the regions most poorly served in terms of support for children were again the South East and West Midlands; every English region had at least 4,000 child victims/survivors for every service supporting children in that region.

> Every English region had at least 4,000 child victims/ survivors of sexual abuse for every service supporting children in that region.

Figure 10. Distribution of services supporting children, relative to the estimated number of child victims/survivors in each region



n=253 local, regional and multi-regional services supporting children; the 42 services working across England, or across England and Wales, are not shown. Darker shading represents a higher number of services relative to the estimated number of victims/survivors in the region, calculated as 10% of the Census 2021 population figures per region (Office for National Statistics, 2023). Population figures are rounded to the nearest thousand; ratios are rounded to the nearest 500. Multi-regional services are listed in each of the regions where they operated.

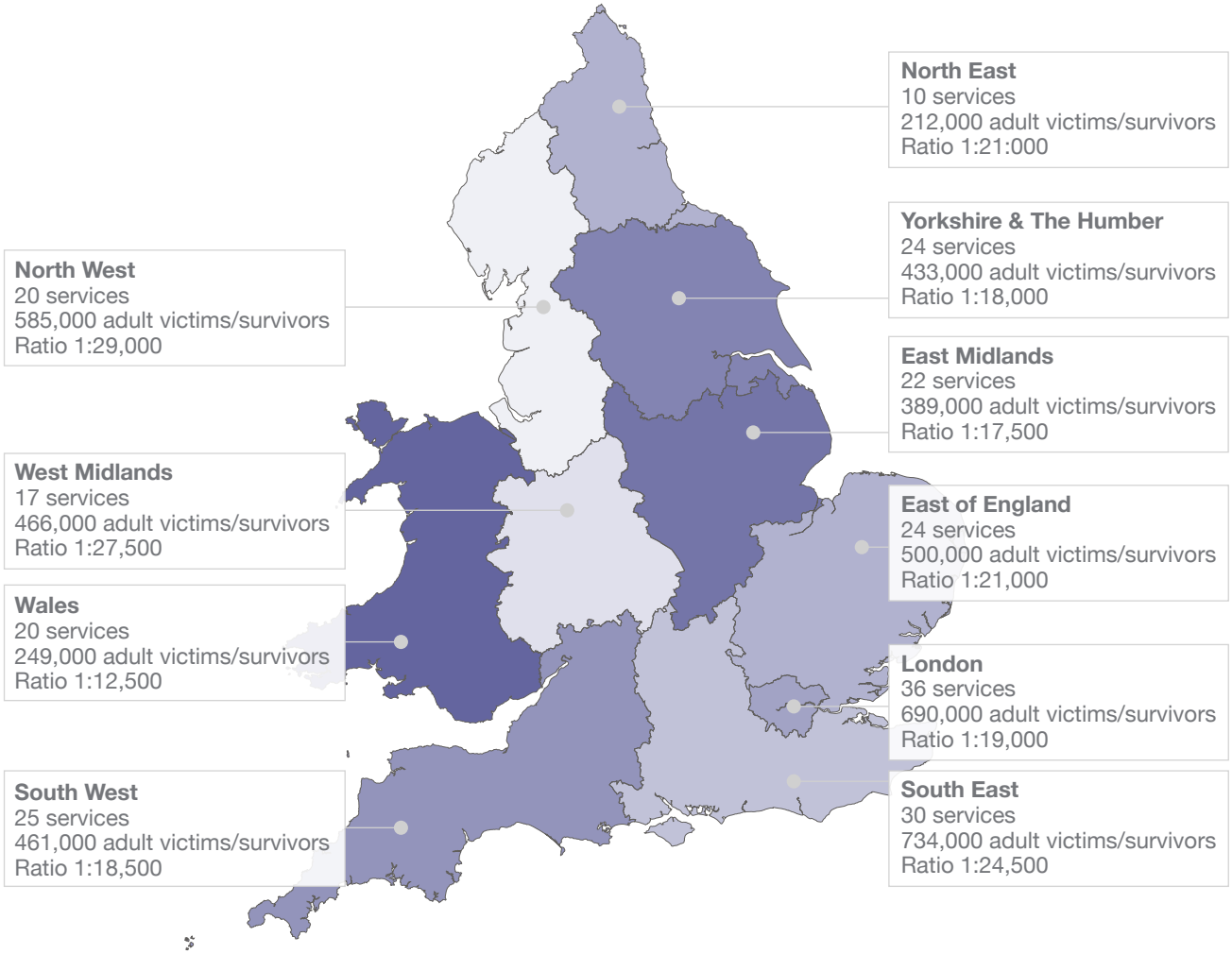
4.3 Regional distribution of services supporting adult victims/survivors

Figure 11 shows that, when population distribution is taken into account, adult victims/survivors in the North West, the West Midlands and the South East of England were the worst served; all regions except Wales had at least 17,500 adult victims/survivors for every service operating in that region.

4.4 Regional distribution of services supporting parents

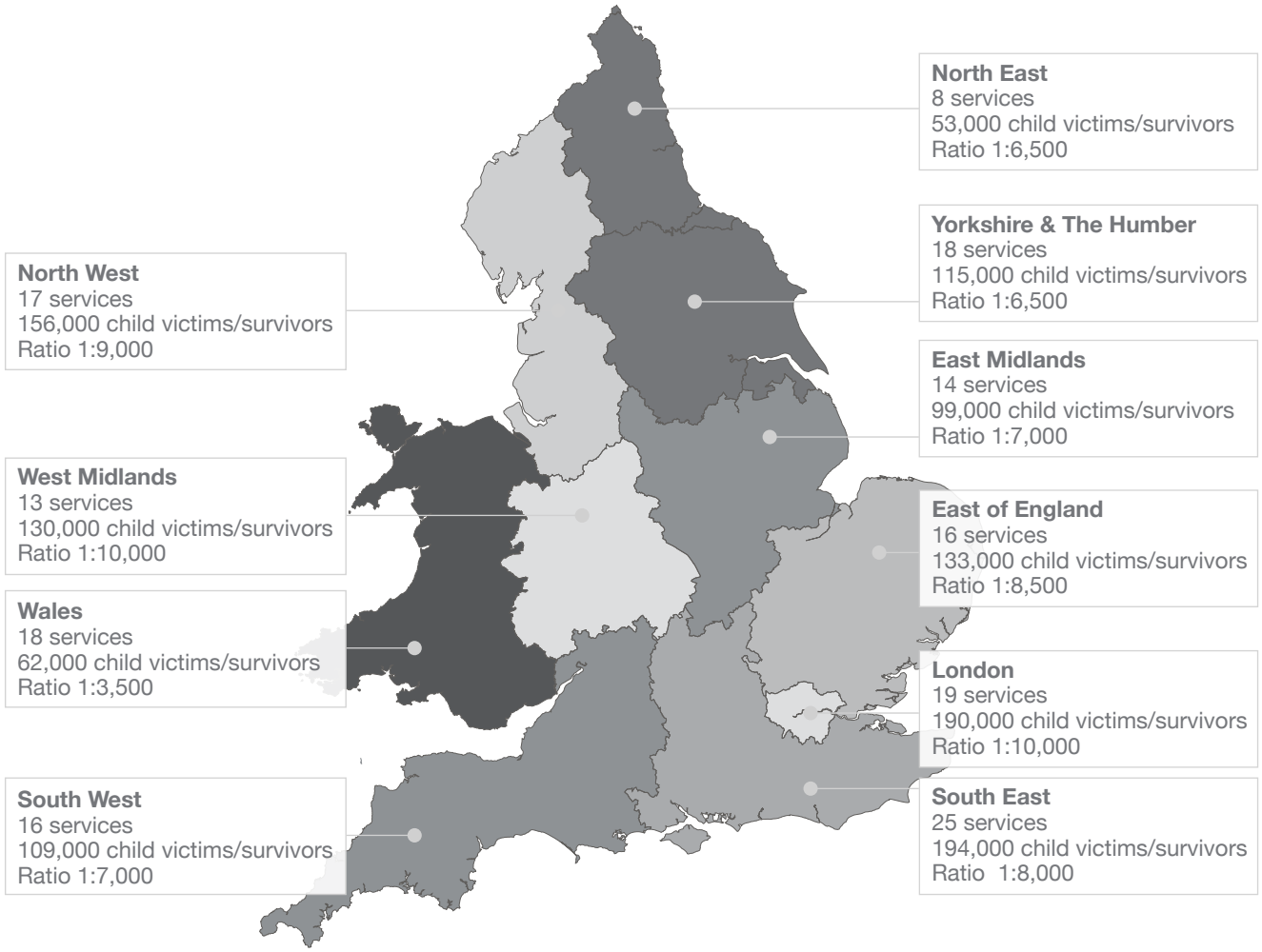
When population distribution is taken into account (using the number of child victims/survivors as a proxy measure for the number of parents needing support), the regions most poorly served in terms of support for parents were London, the West Midlands and the North West – see Figure 12 shows. Every English region had at least 6,500 child victims/survivors for every service supporting parents in that region.

Figure 11. Distribution of services supporting adult victims/survivors, relative to the estimated number of adult victims/survivors in each region



n=215 local, regional and multi-regional services supporting adult victims/survivors; the 46 services working across England, or across England and Wales, are not shown. Darker shading represents a higher number of services relative to the estimated number of victims/survivors in the region, calculated as 10% of the Census 2021 population figures per region (Office for National Statistics, 2023). Population figures are rounded to the nearest thousand; ratios are rounded to the nearest 500. Multi-regional services are listed in each of the regions where they operated.

Figure 12. Distribution of services supporting parents, relative to the estimated number of child victims/survivors in each region



n=145 local, regional and multi-regional services supporting parents; the 33 services working across England, or across England and Wales, are not shown. Darker shading represents a higher number of services relative to the estimated number of victims/survivors in the region, calculated as 10% of the Census 2021 population figures per region (Office for National Statistics, 2023). Population figures are rounded to the nearest thousand; ratios are rounded to the nearest 500. Multi-regional services are listed in each of the regions where they operated.

4.5 Summary and reflections

Our analysis revealed that support provision across England and Wales for people affected by child sexual abuse was even more inadequate than it had appeared in 2023. Overall levels of provision were particularly poor in the North West, the West Midlands and the South East, but there was a significant shortage across the whole of England, with all regions having at least 16,000 victims/survivors for every non-national service operating in that region.

There was particular scarcity in terms of support for children in the South East and West Midlands; for adult victims/survivors in the North West, the West Midlands and the South East; and for parents in London, the West Midlands and the North West.

5. Changes in support and access to support

This chapter explores how the 124 services responding to our survey said the support they provided for people affected by child sexual abuse had changed over the previous two years. It shows a significant amount of change since our previous research (Parkinson and Steele, 2024) – including more people waiting, and waiting longer, to access support. It also explores the significant impacts, both on those seeking support and on services' staff, of operating waiting lists.

5.1 Changes in the range and amount of support offered

Services were asked whether their support offer had changed since our previous research around 18 months earlier. Three-quarters (n=99, 74%) said their overall service provision had changed during that time.

As Figure 13 shows, more than two-fifths reported offering a greater range of services, while a quarter said they continued to offer the same range of services. Nearly a fifth said their provision had fluctuated, while slightly fewer reported a reduction in the range of services being provided.

On the other hand, Figure 14 shows that three-fifths of respondents did not feel there had been any change in the amount of support their service provided. Nearly a quarter felt that service users could now access more support from them, but one in six said they provided less support.

5.1.1 Increased range/amount of support

Among respondents reporting an increased range of support since we carried out our previous research, more than two-thirds (n=46) explained that they had started to offer new interventions. Some said this had been new support for parents:

> "The new service we've started is a group for parents whose children have been sexually abused." [ID205, NFP; child sexual abuse remit]

> "Family member counselling as a service is a new initiative – although we have always done some of this work." [ID258, NFP; sexual violence remit]

> "We have started group work for parents of children who experience CSE [child sexual exploitation] or HSB [harmful sexual behaviour]." [ID28, NFP; child sexual abuse remit]

Many described new provision for specific groups or relating to specific forms of child sexual abuse:

> "In the last few years we have added a specific sexual violence counsellor who supports young people (8–24) who have experienced this through [criminal and sexual] exploitation." [ID465, NFP; wider remit]

> "We have changed our service to support survivors of all ages, all genders, of all types of sexual violence in July 2024." [ID446, NFP; child sexual abuse remit]

Others explained that their support was now available across a wider geographical area:

> "Our service is available to people across the UK." [ID363, NFP; child sexual abuse remit]

However, this expansion had sometimes been driven by the need for funding to sustain service provision, at the cost of having local expertise and connections:

> "We are having to expand even further to stay open and go into localities we know nothing about to survive." [ID390, NFP; sexual violence remit]

In terms of the amount of support provided, some respondents reporting an increase said they had achieved this by extending the duration of their support:

> "We have extended the periods of time a young woman can stay in our specialist supported accommodation, previously average 12 months, now 18–24 months." [ID586, NFP; wider remit]

> "Due to increased funding, we have been able to open the sessions for one-to-one counselling to be open-ended with reviews. Previously we had had to limit sessions to 12." [ID463, NFP; wider remit]

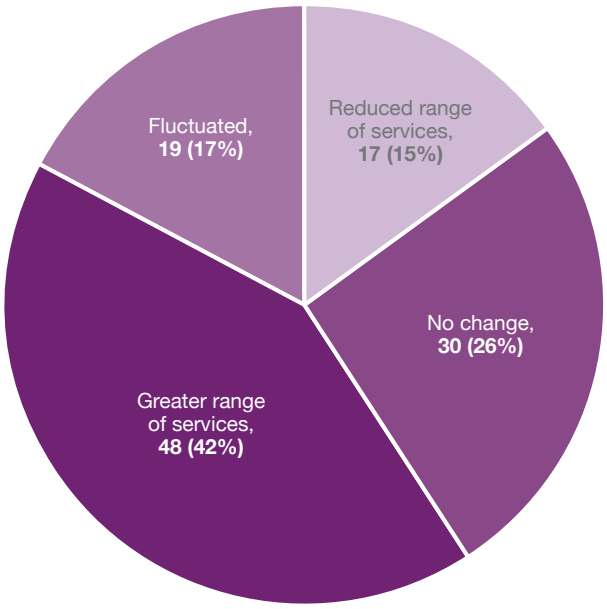
Others said their service users could now access more support:

> "In response to growing referrals and growing needs of service users, we have introduced a range of additional services to support service users, including pre-therapy workshops, post-therapy workshops, wellbeing groups, psychoeducational groups." [ID344, NFP; sexual violence remit]

> "We run mindfulness, yoga, women's circle, etc. to supplement individual sessions." [ID349 NFP; sexual violence remit]

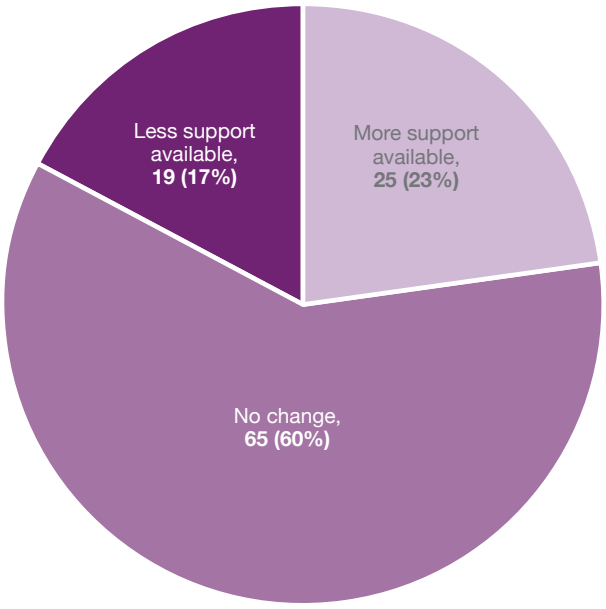
> "We now have different service strands, so a service user can access all of these if appropriate, e.g. ChISVA support, emotional support sessions, and groupwork and counselling." [ID370, NFP; wider remit]

Figure 13. Changes in the range of support provided



n=114.

Figure 14. Changes in the amount of support provided



n=109.

Some services had expanded or modified existing provision, or offered support to a wider range of people:

> "[We] have implemented an adolescent pathway with a more specialist offer for the child and young person [in] non-acute cases." [ID657, statutory; sexual violence remit]

> "We have changed our holding support process and are developing a group programme for carers of children who are on our waiting list." [ID158, NFP; wider remit]

> "Previously we would only work with parents and carers of children and young people being supported with therapy. We have now opened this service up so parents and carers with a child who has been sexually abused can be referred directly into the service, regardless of whether their child is in the service." [ID467, NFP; child sexual abuse remit]

5.1.2 Reduced range/amount of support

For nearly half of the respondents reporting a reduced range of support, this had involved the introduction of stricter criteria for people accessing support:

> "We now only accept self-referrals for the counselling service." [ID360, NFP; wider remit]

> "We have to be more targeted at those with the greatest need. We used to be able to work with children and young people with significant needs with looser criteria." [ID775, NFP; wider remit]

Many said they no longer offered some interventions:

> "We closed a service because the funding ending – this was to support women in temporary accommodation." [ID360, NFP; wider remit]

> "[Our] ISVA service was re-commissioned [to another organisation]." [ID372, NFP; sexual violence remit]

Among respondents reporting that service users had access to less support, nearly half had reduced the number of sessions that service users could access:

> "Our adult counselling team has reduced the number of sessions we offer to 24 sessions and more recently to 16 sessions. Our Young Women and Girls team have put a cap on the maximum number of sessions to 24 when previously there was none." [ID79, NFP; sexual violence remit]

> "Reduction in counselling sessions from two years to a maximum of 24 weeks." [ID575, NFP; sexual violence remit]

Some said a lack of funding and resources had forced them to reduce their support offer:

> "Previously the ICB [integrated care board] funding could allow additional sessions when required but we are now having to be stricter regarding session numbers." [ID686, NFP; sexual violence remit]

> "We have had to decrease our sessions due to restrictions on funding." [ID653, NFP; wider remit]

> "Due to funding (we are solely funded by grants and trusts) we have had to reduce our service provisions." [ID222, NFP; wider remit]

One noted that funders were not prioritising child sexual abuse:

> "Most VAWG [Violence Against Women and Girls] money is going to domestic violence and not to sexual violence; lots of funders are closing or changing criteria." [ID 439, NFP; sexual violence remit]

A few respondents explained that their services were now operating across smaller geographical areas.

5.2 Waiting lists

5.2.1 How many services were holding waiting lists?

Overall, more than two-thirds of survey respondents (n=85, 69%) said their service was holding a waiting list or was not accepting referrals for children, their parents and/or adult victims/survivors. This was a similar proportion to those holding waiting lists in our previous study.

As Figure 15 shows, it was common for both children and adult victims/survivors to be on waiting lists, while fewer than half of services supporting parents were operating waiting lists for them.

Seven respondents told us that, while their service was not operating a waiting list, it was not accepting new referrals. Some explained that this was due to limited capacity:

> "We don't have waiting lists but will only accept referrals where we have the commissioned funds to be able to provide support." [ID151, NFP; wider remit]

> "We try not to hold a waiting list due to having a small team and the demand it can take to manage and hold the risks of waiting lists. This is agreed in our service commissioning." [ID232, NFP; sexual violence remit]

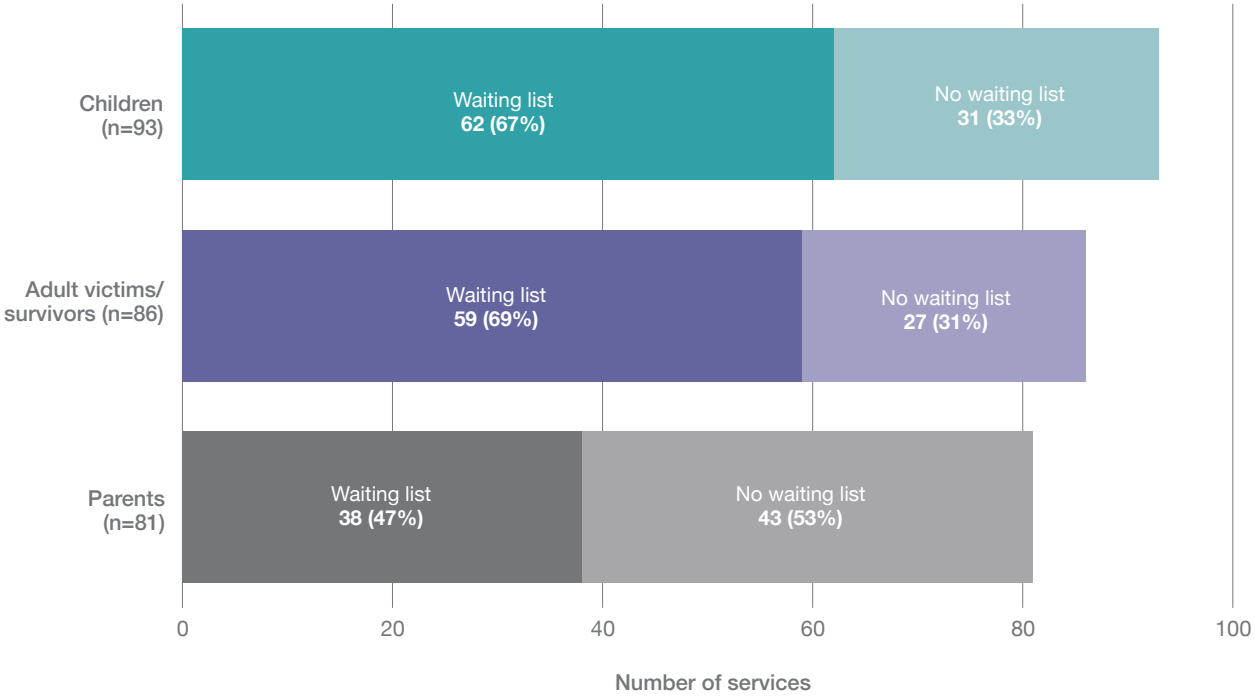
> "Although we do not have waiting lists, we are a small organisation and have to keep track of our capacity to accept any new referrals on an ongoing basis." [ID637, NFP; sexual violence remit]

Another two respondents each said their service was not holding a waiting list for parents as it lacked the capacity to support them, but it did provide a service when it had the resources to do so:

> "Our main priority is to commit our resources to young survivors. Where we have the capacity, we will also support parents/carers." [ID151, NFP; wider remit]

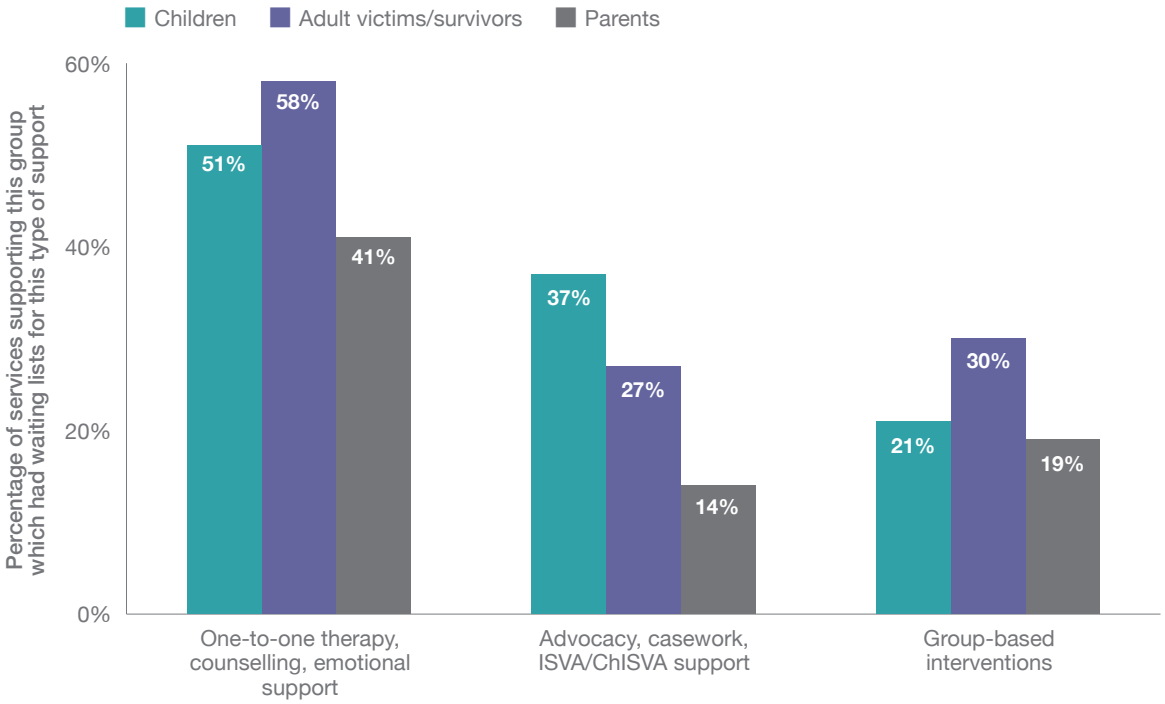
> "We only take referrals when we have the resource to provide help." [ID637, NFP; sexual violence remit]

Figure 15. Services holding waiting lists for different groups



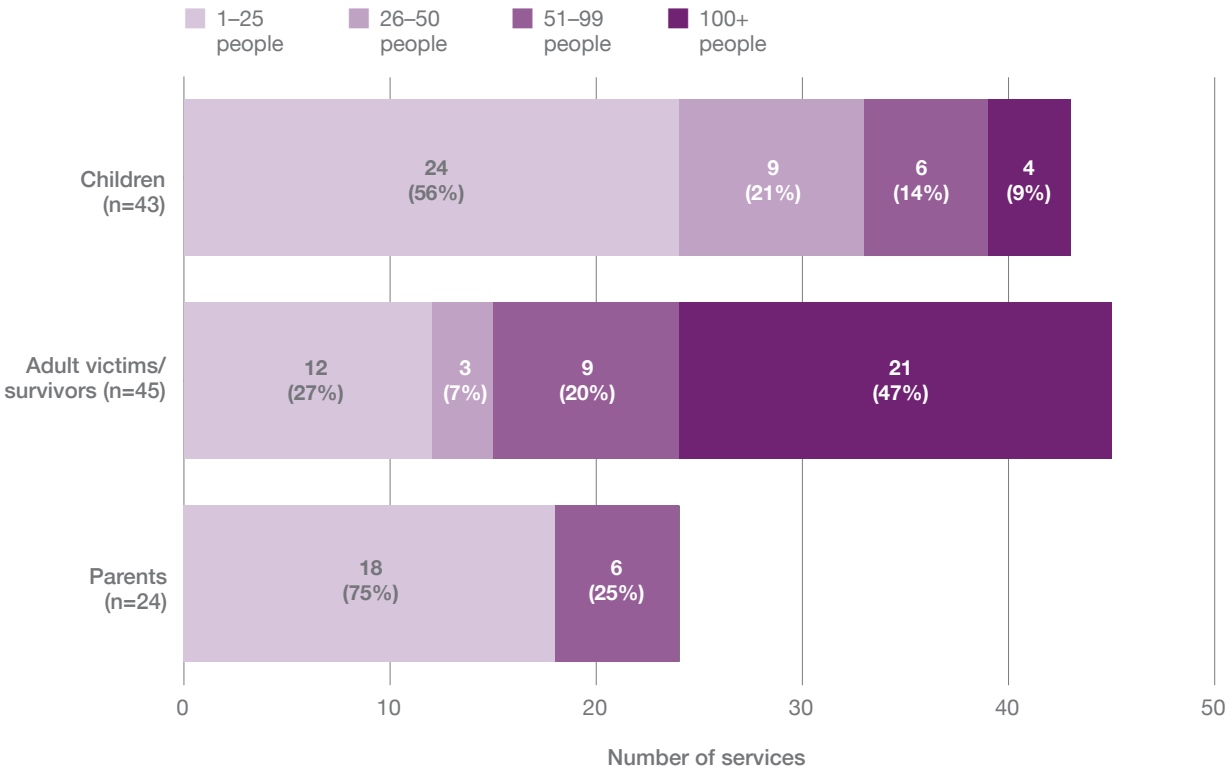
n=93/86/81 respondents providing information on whether they had waiting lists for each group.

Figure 16. Services operating with waiting lists for different interventions, by type of service user



n=82/73/64 services providing one-to-one therapy/counselling support; n=51/52/35 services providing advocacy, casework and/or ISVA/ChISVA support; n=33/56/31 services providing group-based interventions.

Figure 17. Numbers of people on services' waiting lists



n=43/45/24 respondents providing information on how long they were holding people in each group on waiting lists.

5.2.2 Waiting lists for different types of support

As Figure 16 shows, more than half of services providing one-to-one therapy/counselling support were operating waiting lists for children and adult victims/survivors, and around a third of those providing advocacy, casework and/or ISVA/ChISVA support had waiting lists for children and adult victims/survivors accessing this support. Waiting lists for group-based support were less common; some respondents explained that they only ran groups when there appeared to be enough demand for them.

5.2.3 How many people were waiting for support?

Figure 17 shows that the majority of waiting lists for children and parents contained no more than 25 people; in contrast, nearly half of waiting lists for adult victims/survivors contained more than 100 people, and two-thirds contained more than 50.

Two respondents reported that as many as 600 adult victims/survivors were waiting for support – but as both were services with a sexual violence remit rather than focusing specifically on child sexual abuse, it is likely that their waiting lists also include victims/survivors of sexual violence in adulthood:

> "Our waiting lists have gone from average 200 two years ago, to average 400 last year, to average 600 this year. It means we are holding the risk. We have had to enhance our initial assessment to be more detailed, to assess all types of risk. We have had to introduce welfare check-in calls every three months and we have had to introduce check-in calls for survivors who want a more regular check-in call whilst waiting." [ID439, NFP; sexual violence remit]

> "We currently have around 600 clients waiting for support – it is soul destroying… We are constantly asked to trim the service – and it really cannot go any further. There is no more meat on the bone. Many staff feel that we are failing clients, some of whom are incredibly vulnerable. We have cut our outreach provision and increased online but this is not the answer for everyone." [ID575, NFP; sexual violence remit]

5.2.4 How long were people being held on waiting lists?

As Figure 18 shows, for all types of service user the majority of services were operating with waiting lists of no longer than six months – but waiting lists for adult victims/survivors were by far the most likely to be longer, with a quarter exceeding one year.

5.2.5 Support for people on waiting lists

As shown in Figure 19, the majority of respondents from services operating waiting lists said their service stayed in contact with people on the list. It was most common for adult victims/survivors to receive interim support during this time; this is perhaps unsurprising, given the length of time that many have to wait to access support.

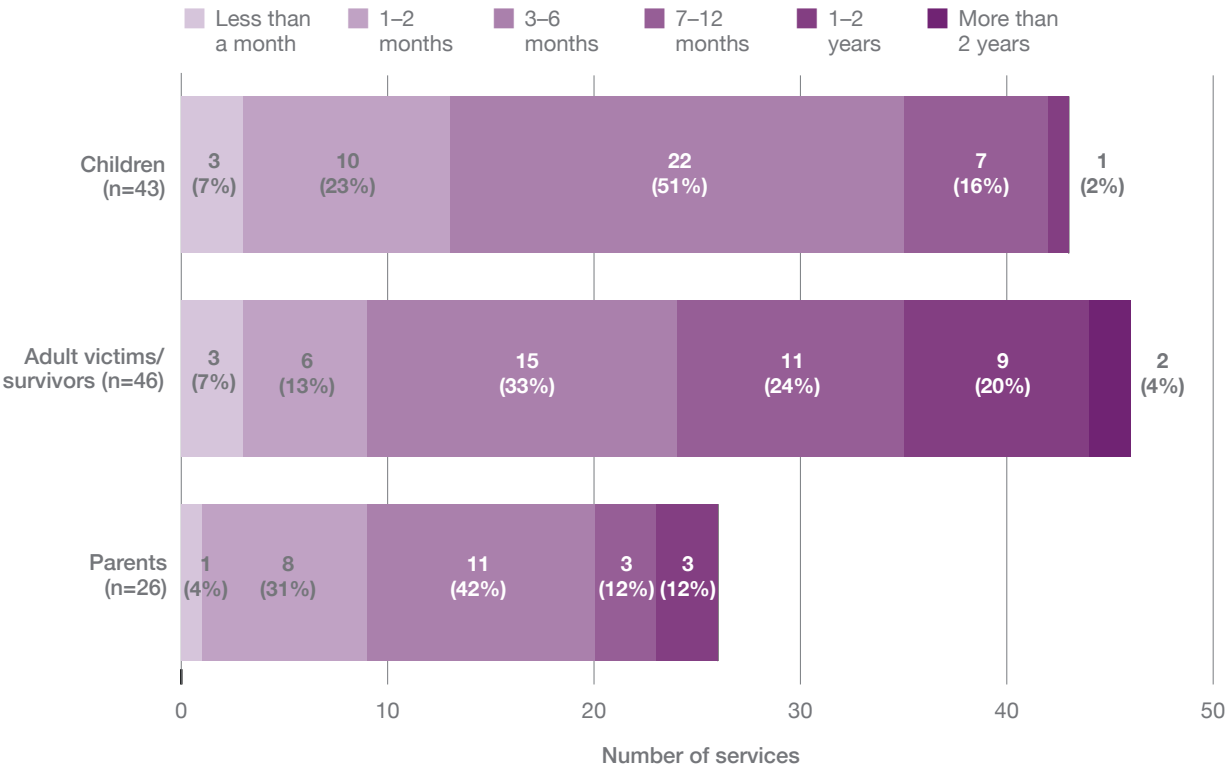
Figure 20 shows that nearly three-quarters of these respondents said their service stayed in contact with children and/or adult victims/survivors on their waiting lists through regular wellbeing check-ins by phone, text messaging or email:

> "We offer those on our counselling waiting list dedicated emotional support calls while they wait." [ID437, NFP; sexual violence remit]

> "We offer check-ins for people on the waiting list and signposting information to other services that can support them whilst they are waiting." [ID104, NFP; wider remit]

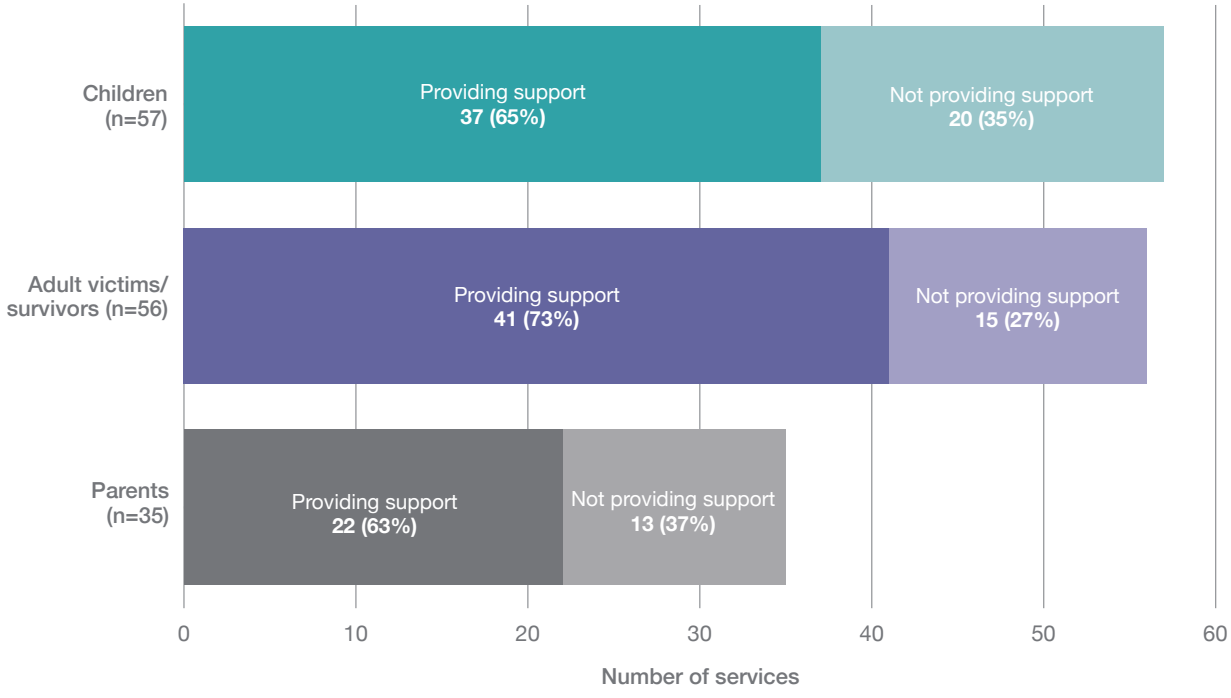
> Examples of interim support included wellbeing check-ins, access to a helpline or a peer support group, and provision of self-help resources.

Figure 18. Length of time people spent on services' waiting lists



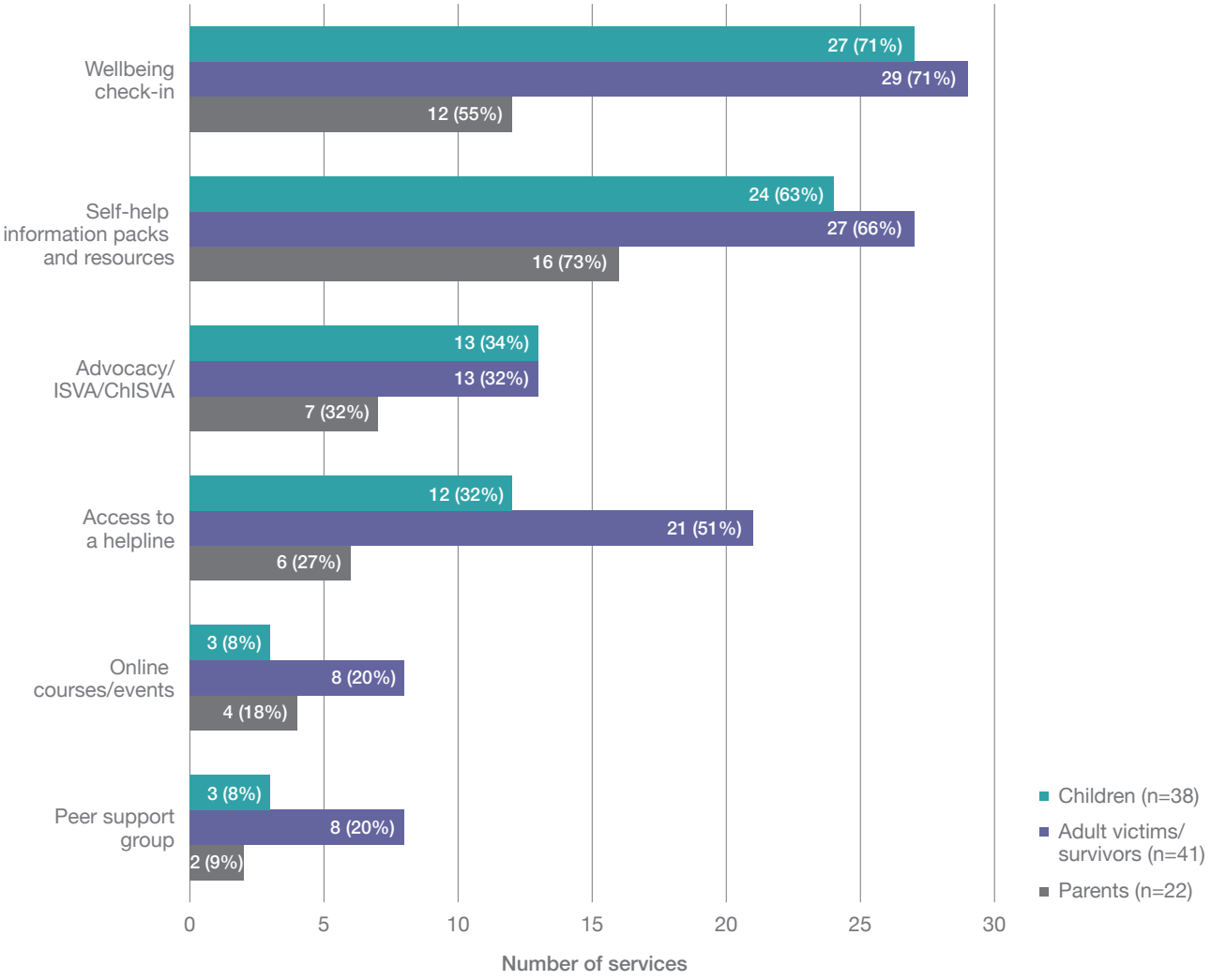
n=43/46/26 respondents providing information on how long people in each group are held on waiting lists.

Figure 19. Services providing interim support to people while on waiting lists



n=57/56/35 respondents providing information on interim support provided to people in each group while they were on waiting lists.

Figure 20. Types of interim support provided for people while on waiting lists



n=38/41/22 respondents providing information on the type(s) of support provided to people in each group while they were on waiting lists.

Around two-thirds said their services sent out self-help information packs or wellbeing resources to children and/or adult victims/ survivors while they were waiting, and a third provided access to ISVA/ChISVA/advocacy support and/or a helpline.

> "[We offer] an online resource designed to help victim-survivors cope after crime. It includes interactive guides containing videos, activities, tips and techniques, plus an online diary. There are specific guides for adult survivors of child sexual abuse." [ID529, NFP; sexual violence remit]

> "Survivors are able to call or email us if they want to speak to us while they are waiting." [ID651; statutory; wider remit]

Others provided support for parents on waiting lists:

> "We triage and keep in contact with [parents] on the waiting list to ensure that those who need us most can access support." [ID363, NFP; child sexual abuse remit]

> "We provide ad-hoc telephone support, as well as support to access other appropriate services that can support with their wider needs." [ID723, NFP; child sexual abuse remit]

Some services provided online courses/events and/or access to a peer support group:

> "[We offer] quarterly connection days – relaxed, friendly meet-ups with optional activities in an outdoor setting, open to all those waiting for support, currently in support, or who have finished." [ID467, NFP; child sexual abuse remit]

> "We provide a stabilisation group for those who are waiting for therapy, to try and hold them whilst waiting." [ID586, NFP; wider remit]

> "We offer a stabilisation group whilst waiting." [ID586, NFP; wider remit]

> "Clients can access a variety of face-to-face groupwork programmes to support while they wait for counselling." [ID118, NFP; sexual violence remit]

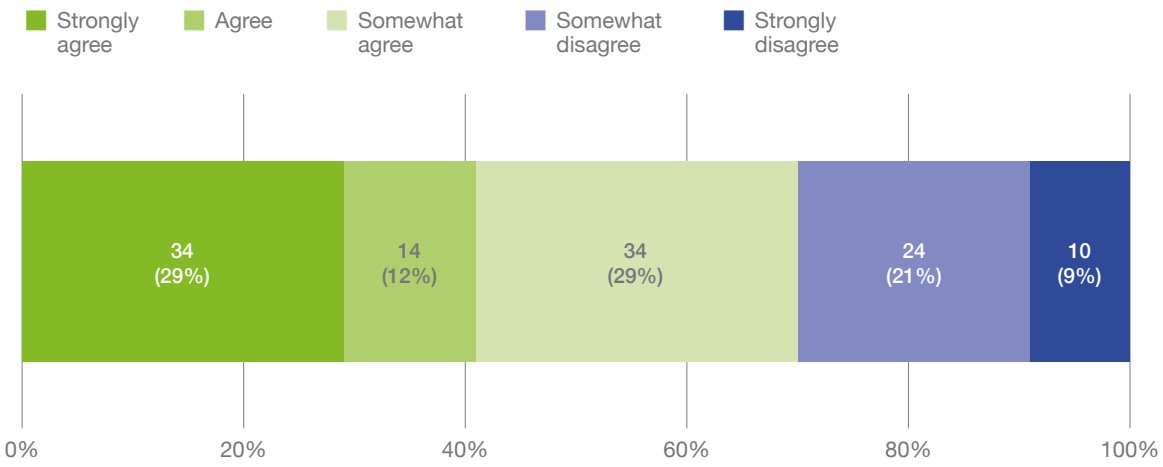
> "Eight-week group programme delivered via [Microsoft] Teams for parents/carers whose child is on the waiting list." [ID158, NFP; wider remit]

5.2.6 Changes in the numbers of people waiting to access support

Services were asked whether they felt the number of people waiting to access their support had changed over the previous two years. Figure 21 shows that nearly three-quarters of those answering this question thought the number had increased significantly.

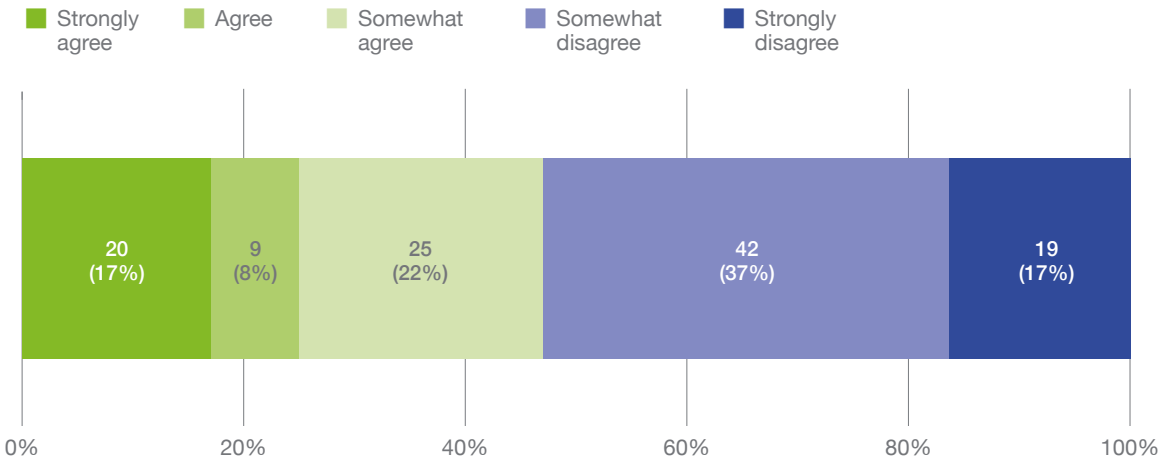
Furthermore, as Figure 22 shows, nearly half felt that people were waiting significantly longer to access support.

Figure 21. Did respondents agree that there were now significantly more people waiting to access support than two years earlier?



n=116.

Figure 22. Did respondents agree that people were waiting significantly longer to access support?



n=115.

5.2.7 The impacts of having waiting lists

Many respondents highlighted that waiting to access support had a negative impact on children, their parents and adult victims/survivors, not least in relation to their mental health and overall wellbeing:

> "Delays in support resulting in increased mental health issues." [ID229, NFP; wider remit]

Some said that waiting times could cause people to disengage with accessing support:

> "We regularly have to hold waiting lists and then children are not able to engage later down the line due to their window of tolerance or trauma responses." [ID584, NFP; sexual violence remit]

> "Sometimes clients can be despairing on the phone, they may get angry or may choose not to go onto the waiting list." [ID99, NFP; child sexual abuse remit]

> "Sometimes we lose survivors as they are no longer contactable when they reach the top of the waiting list. It is hard for survivors to wait when they have built up the courage (often over a long period of time) to make contact with us." [ID651, statutory; wider remit]

Waiting for support was also felt to have a negative impact on parents' confidence to support their child:

> "It can be challenging because if they had their own individual support quicker, it may increase their capacity for helping their child." [ID349, NFP; sexual violence remit]

Challenges in managing the expectations and frustrations of people waiting to access support were reported:

> "It is difficult to manage a survivor's frustrations, when they want to work on their trauma." [ID309, NFP; sexual violence remit]

Among the respondents describing the challenges posed by waiting lists, half identified negative impacts on their staff. These included emotional impacts:

> "Emotional and psychological strain for staff particularly when [they are] aware of waiting lists and feeling unable to support immediately." [ID383, NFP; sexual violence remit]

> "It is also upsetting and frustrating for staff to know there are so many women and girls out there who need a service, and we don't have enough resources/funding to provide it." [ID79, NFP; sexual violence remit]

> "It can be quite distressing for staff when people are contacting us in crisis/in tears/self-harming etc." [ID359, NFP; sexual violence remit]

Others reported that staff felt pressure and stress in having to manage waiting lists:

> "Always a feeling of being under pressure." [ID573, NFP; sexual violence remit]

> "Staff feel pressurised and stressed knowing there are many more children to support." [ID584, NFP; wider remit]

> "Staff are aware of the waiting lists and feel a sense of responsibility for this and experience an emotional burden." [ID118, NFP; sexual violence remit]

> Respondents highlighted the negative impact of waiting lists on people's mental health and engagement with support services.

A few reported that this left staff feeling as if they were not doing enough to support people on waiting lists:

> "[It] feels [like] we've let them down." [ID83, NFP; wider remit]

> "[Waiting lists] can lead to staff feeling ineffective, as the service cannot be offered to the extent that is needed." [ID102, NFP; child sexual abuse remit]

> "Many staff feel that we are failing clients." [ID575, NFP; sexual violence remit]

One respondent described how this could affect staff wellbeing:

> "Increased workload, burnout, reduced job satisfaction." [ID383, NFP; sexual violence remit]

Another said their service was apprehensive about raising awareness of its support offer, because of its waiting list:

> "We are anxious about advertising our services for fear of building a long waiting list because all funding is short-term so we could end up in a position where we have to close a service with people still on the list." [ID237, NFP; sexual violence remit]

More than half of respondents told us that operating a waiting list posed challenges to their organisation. For example, one respondent said their service had been forced to limit the number of counselling sessions provided to children, in order to be able to respond to more children on its waiting list:

> "We have to limit the sessions to 24 counselling sessions maximum (we can review individual need and may extend to more sessions according to need, e.g. if court date is approaching.) We would much prefer to be child/young person-led/centred in our decision, as we know some children/young people routinely would need more than 24 sessions. But we need to manage individual need against responding to the number of the children/young people who need us, in the capacity we have." [ID368, NFP; sexual violence remit]

Others had found it necessary to withdraw open-ended support, or stop offering support to particular groups:

> "[The] team who work with parents and carers also complete initial meetings with all those who come through our service and may be required to alter the proportion of initial meetings and one-to-one parent/carer support sessions they complete in a week in order to manage either wait list." [ID467, NFP; child sexual abuse remit]

> "We have to limit maximum session numbers for adult survivors to 16 (it used to be 24) to cope with amount of need and reduce waiting times, as otherwise the wait would be even longer." [ID368, NFP; sexual violence remit]

> "We have already reduced our counselling service model from two years to up to six months and yet we know that adult survivors of child sexual abuse and children and young people require longer-term therapy." [ID118, NFP; sexual violence remit]

> Operating a waiting list was said to affect staff morale and wellbeing, as well as forcing services to place limits on their support offer.

Some respondents told us that allocating time and resources to managing the waiting list was an organisational challenge:

> "One impact of holding the wait list is that our management team require time to carefully monitor and forecast wait times to ensure they are not getting longer, and to take action if they are." [ID 467, NFP; child sexual abuse remit]

> "It is time-consuming managing the waiting list and keeping in touch with people so they don't feel forgotten while they are waiting." [ID79, NFP; sexual violence remit]

Limited funding and increased demand were felt to make managing waiting lists more difficult:

> "The budget is low, so we are not able to offer services as quickly as we would like to." [ID340, NFP; wider remit]

> "Referrals are high, so we are never able to reduce the waiting list, which is frustrating, but we are not able to secure any further funding to support this; we are constantly trying to sustain what resources we currently have, and we are not able to move beyond this which is extremely stressful." [ID359, NFP; sexual violence remit]

> "We are desperate to grow to meet more of the need and demand for our specialist work, but costs have increased so much in recent years that we struggle year-on-year to maintain service delivery/ operations at the current level." [ID437, NFP; sexual violence remit]

One respondent told us that their funder/ commissioner had penalised them for holding a waiting list, by withdrawing their funding:

> "With current funding we simply cannot meet the demand for the service. The local authority cut our funding and cited our waiting list as an issue of bad management." [ID118, NFP; sexual violence remit]

5.3 Summary and reflections

Our survey revealed a significant amount of change since we carried out our previous research, with more than two-fifths of respondents reporting an increase in the range of the support they provided and one in seven reporting a reduction. However, three-fifths felt there had been no change in the amount of support their service was providing, suggesting that services were being creative in attempting to meet the needs of their service users.

More than two-thirds of respondents said their services were holding waiting lists for children, their parents, and/or adult victims/survivors. Waiting lists were particularly common among services supporting adult victims/survivors and/ or for people seeking therapy/counselling.

Nearly three-quarters of respondents felt that significantly more people were waiting to access support compared with 18 months earlier, and nearly half felt that people were waiting significantly longer to access support. The lack of timely access to support was particularly acute for adult victims/survivors, with nearly half of services holding more than 100 people on their waiting lists and nearly half of those lists holding them for many months, or even years, before they could access support.

Furthermore, holding waiting lists has significant impacts, both on the individuals seeking support and on the staff working in those services. Staff were said to feel a sense of failure at being unable to provide support when it was needed, and were aware that it could affect service users' mental health and wellbeing. Services also reported that limited resources and increased demand made it harder to manage waiting lists, with some having to limit the amount of support they offered in order to mitigate this.

6. Staffing

This chapter looks at services' experiences of recruiting and retaining staff, as well as the challenges they were facing in managing staff workloads. Our survey respondents reported that staff workloads were increasing. while short-term, insecure funding arrangements were making it difficult to maintain staffing capacity.

6.1 Recruiting and retaining staff

The 124 respondents to our survey were asked whether they were experiencing any challenges in recruiting and retaining staff, and 105 answered these questions. As Figure 23 shows, half of them reported that staff recruitment was a challenge, and a third found retaining staff to be challenging. A quarter said they faced challenges with both.

6.1.1 Recruitment challenges

Of the 53 respondents who said they were experiencing recruitment challenges, nearly a third linked this with funding issues. Many said this was due to the short-term and insecure nature of their funding arrangements, with some highlighting the impact of uncertainty around funding from the Ministry of Justice (MoJ):

> "Staff are wanting full-time hours as opposed to sessional work, but funders are not willing to fund beyond 12-month projects. This is providing no job security for the staff." [ID208, NFP; wider remit]

> "We are awaiting news about MoJ funding and in the meantime, we have had a staff member go on maternity leave. We cannot recruit to cover her role as we have no security of funding." [ID370, NFP; wider remit]

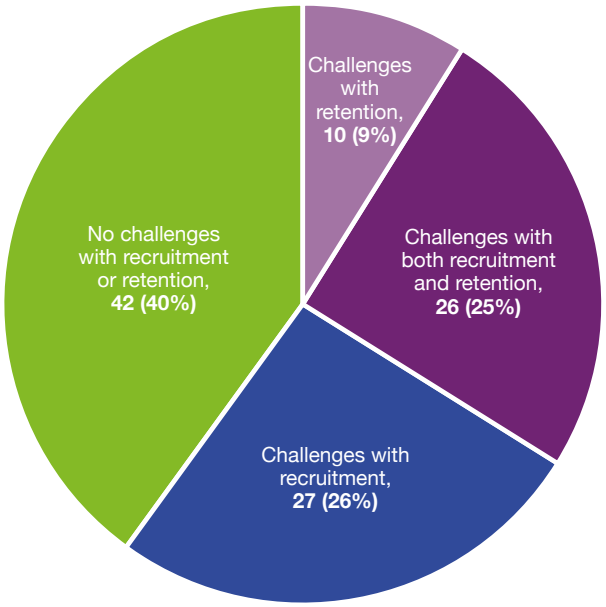
> "Due to MoJ funding coming to an end in March 2025, we are losing staff as they look for permanent roles." [ID373, NFP; sexual violence remit]

One explained that a lack of funding certainty meant they simply could not recruit new staff, while another said they could only recruit freelance staff as the costs of hiring and retaining permanent staff had to be met from their reserves, which was unsustainable in the longer term:

> "We do not want to go back to using volunteers for this specialist work but that may be a reality we will need to face." [ID390, NFP; sexual violence remit]

However, even using volunteers to deliver a service entails considerable costs related to management, support and training.

Figure 23. Services' challenges with staff recruitment and/or retention



n=105.

Other respondents talked about the difficulty of recruiting staff while being unable to offer competitive salaries:

> "It is always difficult to recruit in this highly specialised field. We cannot compete with salary levels offered by the NHS." [ID118, NFP; sexual violence remit]

> "We recruit specialist therapists who need specific qualifications and experience. We cannot always compete on salaries." [ID356, NFP; wider remit]

> "Hard to recruit social work staff. We cannot compete with local authority salaries and benefits/bonuses being offered in some areas of the UK." [ID314, NFP; wider remit]

Linked to this, many respondents said it was hard to recruit staff with the skills and experience necessary to work in this field:

> "Difficult to find staff with relevant experience/qualifications to manage demand/complexity." [ID446, NFP; child sexual abuse remit]

> "We often find that there is a limited pool of therapists and supervisors with the high level of experience we require." [ID683, NFP; sexual violence remit]

> "We are specifically struggling to recruit qualified counsellors who are qualified in supporting children and young people." [ID690, NFP; sexual violence remit]

Some had found it difficult to recruit staff to specialist roles such as male therapists or senior practitioners, with one respondent highlighting a particular challenge in recruiting paediatricians:

> "The numbers of willing and trained paediatricians who are available to do child sexual abuse work is limited and reducing with time. Community paediatrics has been removed from core training, so suitable paediatricians will be even fewer." [ID657, statutory; sexual violence remit]

Others had noticed that they received few applications for certain types of roles, such as young person's counsellors, social workers and night-staff.

6.1.2 Retention challenges

Many of the 36 respondents reporting challenges with staff retention also linked this to funding insecurities:

> "A lack of funding means we are highly likely to need to shed some or all staff in March 2025." [ID103, NFP; child sexual abuse remit]

Others described the impact of being unable to maintain staff salaries at an appropriate level:

> "We have two members of staff recently who have returned to social work where they are paid better, despite not wanting to leave." [ID370, NFP; wider remit]

Respondents also observed that the nature of their work was affecting staff wellbeing:

> "Some people leave (mainly ISVAs) due to impact on their wellbeing of constantly working in a broken system (e.g. in reporting/CPS/court systems)." [ID368, NFP; sexual violence remit]

> "For the first time in our 30-year history, we are having some issues with staff sickness." [ID258, NFP; sexual violence remit]

> "The remaining staff take on larger caseloads and this leads to stress and burnout." [ID390, NFP; sexual violence remit]

> Services linked recruitment difficulties to their inability to offer competitive salaries, and said it was hard to recruit skilled and experienced staff.

6.2 Maintaining staffing capacity

Asked about their ability to maintain staffing capacity, two-fifths of respondents said they had increased their staff numbers over the previous two years, but another fifth said they now had fewer staff, as Figure 24 shows.

6.2.1 Services with increased staff numbers

Among the 47 respondents who reported increased numbers of staff, many explained that this was the result of an increase in funding:

> "We have managed to increase both our counselling teams and our ISVA team through additional funding." [ID89, NFP; child sexual abuse remit]

> "We have been able to increase our support services due to a new contract with the OPCC [Office of the Police and Crime Commissioner]. We now offer counselling support alongside our other services." [ID370, NFP; wider remit]

> "Increased funding has allowed us to recruit more staff. Staff have taken on group facilitator training in order to facilitate group work in order to assist with capacity." [ID463, NFP; wider remit]

One told us:

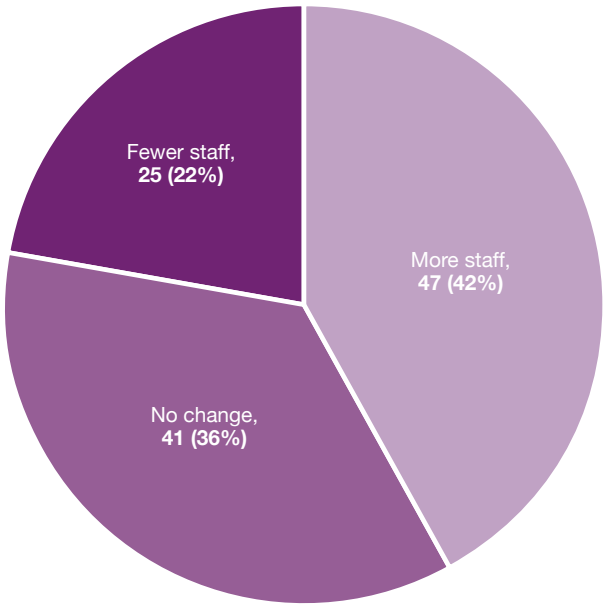
> "In the past year alone, we have increased our staff levels from seven to 13 and grown our sessional counselling team by an additional 40." [ID690, NFP; sexual violence remit]

However, some highlighted the potentially short-term nature and unsettling effect of the increase:

> "We have had more staff, but it is likely that we may have fewer staff in the coming year due to reduced money in the contracts." [ID718, NFP; wider remit]

> "We managed to get funding for a second counsellor, but now the funding is running out for the first counsellor." [ID398, NFP; sexual violence remit]

Figure 24. Changes in staffing numbers over the previous two years



n=113.

Others described having created new staff posts in order to meet demand for their support, or to address the need for specific types of support:

> "We created a new specialist practitioner team to work with more complicated cases and to provide consultation sessions for other professionals working with children and young people who have been sexually abused." [ID467, NFP; child sexual abuse remit]

> "We have had a significant remodel of the service within the last two years. The main objective was to ensure we trained and retained more counsellors who could work at the level required to support this client group." [ID683, NFP; sexual violence remit]

A few respondents said they had been able to take on additional sessional staff, giving them greater flexibility in responding to demand:

> "We only use self-employed staff in the main so these can be recruited and increased as we need." [ID689, NFP; wider remit]

One had increased staff numbers specifically in order to have someone to contact people on their waiting list, while another had created a new volunteer role to translate for callers to their helpline:

> "We introduced Translation Volunteers due to the numbers of people referred for whom English is not a language they speak. We could not afford the cost of translation services, and we will only use professionally qualified individuals with enhanced DBS from their main profession and their expertise in the language required is at a high level." [ID351, NFP; wider remit]

However, even with their increased capacity, some still felt unable to meet demand:

> "We have expanded our adult, ISVA and CYP [children and young people] teams and it is still not enough to meet demand/need. We have a mix of volunteers, staff and sessional staff (who can respond to need more quickly) but our adult counselling service would still need to be two or three times bigger than it is currently to significantly reduce waiting times for survivors." [ID368, NFP; sexual violence remit]

6.2.2 Services with reduced staff numbers

Nearly half of the 25 respondents reporting reduced numbers of staff attributed this reduction directly to funding cuts:

> "We did have a children and young person's sexual abuse counselling service that employed two part-time CYP specialist counsellors; however, the funding did not continue." [ID340, NFP; wider remit]

> "With the loss of funding we are not able to operate with our previous staffing levels. Last year we lost six posts. Next year we are looking at a further loss of three and a half posts." [ID118, NFP; sexual violence remit]

Two respondents, both in the statutory sector, described difficulties maintaining staff numbers because of staff illness. One linked this to the demanding nature of the work:

> "Staff are working less hours and changing jobs more frequently due to secondary trauma and increased mental health issues in staff." [ID494, statutory; sexual violence remit]

> "Numerous staff off sick – employed agency workers who then leave." [ID107, statutory; wider remit]

> While many services had more staff, some noted that this was potentially a short-term increase or said they still could not meet demand.

6.3 Managing staff workloads

Alongside the changes in staffing numbers, two-thirds of respondents reported that staff workloads had increased over the previous two years, as Figure 25 shows; only one felt staff workloads had reduced, explaining that their service had received fewer referrals "as a result of having closed our doors to new referrals between 2021 and 2023" [ID786, NFP; child sexual abuse remit].

6.3.1 Services reporting increased staff workloads

Among the 79 respondents reporting increased staff workloads, nearly half associated this with trying to meet demand for support:

> "More and more cases. Frontline services appear determined to refer all South Asian men our way." [ID83, NFP; wider remit]

> "We have been providing more support with the same number of staff." [ID135, NFP; sexual violence remit]

Some also linked this with having decreased resources to support their service delivery:

> "We have had an increase in staff turnover, due to the pressures and insecure funding, which impacts on waiting times and caseloads too." [ID229, NFP; wider remit]

Nearly a quarter directly attributed the increase in staff workloads to delays in the criminal justice system and the impact this had, particularly on ISVA/ChISVA workloads:

> "ISVAs are supporting more survivors and for longer, due to delays in trials being listed at court. Five years is not uncommon now for adult survivors to wait from report to court date." [ID368, NFP; sexual violence remit]

Some said workloads had increased because their services were more visible or offered a wider range of support:

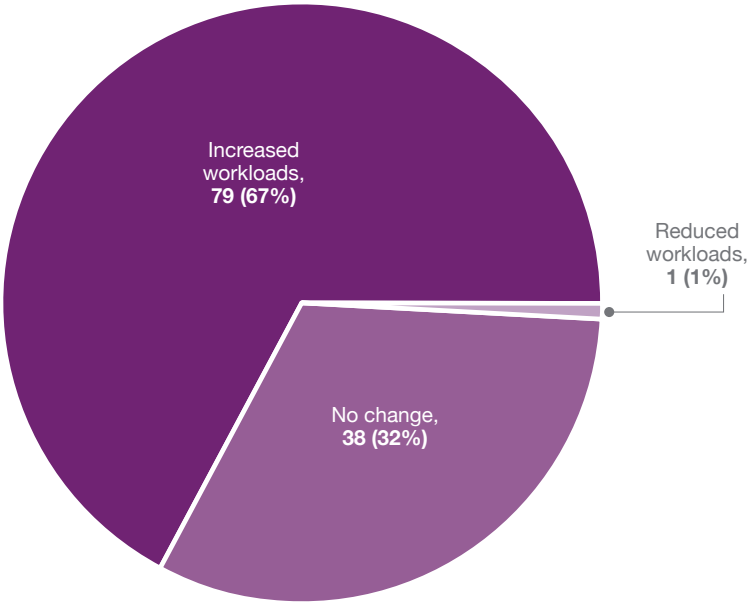
> "Demand increases and our offer has got wider, meaning staff have more to do!" [ID57, NFP; child sexual abuse remit]

Two respondents linked this directly to the need for more support for parents:

> "Meeting increased demand for our psychoeducation parent group." [ID304, statutory/NFP partnership; child sexual abuse remit]

> "Referrals from social services have increased for support of the non-abusing parent." [ID724, NFP; wider remit]

Figure 25. Changes in staff workloads over the previous two years



n=118.

6.4 Meeting demand

At the same time, the pressures on services of trying to provide support for people affected by child sexual abuse meant that nearly two-thirds (n=78, 63%) of respondents identified meeting demand for support as one of the greatest challenges they were currently facing:

> "Funding and meeting the growing demands are the biggest challenges, with more survivors reaching out for support and with more complex needs. We have had to turn some clients away who need more urgent mental health support." [ID219, NFP; sexual violence remit]

One respondent summed up the situation facing their own and many other services:

> "We need to cope with increased need and demand with stable and related resources which are at a level to meet that need when survivors request and need it. We need to do this by better retaining staff and recruiting them. We also need to do this in a stable organisation which has a structure that is suitable for the size the organisation is and the need we service." [ID368, NFP; sexual violence remit]

6.5 Summary and reflections

This chapter has shown that services supporting people affected by child sexual abuse were continuing to face challenges in recruiting and retaining staff. In our previous report (Parkinson and Steele, 2024), we reported that services attributed these issues to both the specialist nature of the work and the inability of not-for-profit services to offer competitive salaries; these issues continued to make recruitment and retention challenging. Respondents also continued to highlight the challenge of recruiting staff with the skills and experience necessary to work in this field.

Recent research in Wales showed how pay disparity across the violence against women and girls (VAWG) sector had caused a recruitment and retention crisis (Welsh Women's Aid, 2022). This inequality was particularly stark in relation to specialist roles working with children and young people, where the rate of pay for an average role in a local authority was 9.1% higher than in not-for-profit services. The research also identified an increasing "talent-drain" facing specialist services, where – as we also found – specialist staff were forced to seek more secure, better-paid employment elsewhere.

Many of our respondents linked their recruitment and retention difficulties to funding, with short-term funding arrangements making it hard to recruit and causing job insecurity. As a result, services were experiencing considerable change and facing considerable challenges in maintaining adequate staffing capacity. There was a sense that services were striving to respond to the increased demand they were facing, yet struggling to do so in a way that felt sustainable. Alongside this, two-thirds of respondents reported that staff workloads had increased, with delays in the criminal justice system having a particular impact on ISVA/ChISVA workloads – as has also been reported in research carried out by Coventry University (O'Doherty et al, 2022).

Our new findings suggest that the situation facing services was worse than when we carried out our previous research 18 months earlier, with two-thirds of services saying that keeping up with demand was one of the greatest challenges they were facing.

7. Sustainability

This final chapter of findings looks at services' sustainability, investigating how their income had changed in recent years and how uncertainty about future funding was leaving them without confidence that they would be able to sustain service provision into the year ahead. We also see how, at a time of rising costs, services were continuing to struggle to meet demand for support while responding to increasing complexity in their service users' needs.

7.1 Funding uncertainties

Asked whether they were facing any uncertainty about their future funding to support people affected by child sexual abuse, more than three-quarters (n=83, 78%) of the 106 survey respondents answering the question said this was the case.

7.2 Changes in overall income

A question about services' overall income from grants and commissioning was answered by 101 respondents. Two-thirds (n=68, 67%) said this income had changed over the previous two years, with half of these (n=34) reporting that it had decreased.[7]

The influence of the Ministry of Justice (MoJ), a major funder in the sector through its Rape and Sexual Abuse Support Fund,[8] was significant for many respondents. Some described the impact of cuts or potential cuts in MoJ funding:

> "A significant cut from MoJ has caused havoc." [ID575, NFP; sexual violence remit]

> "Since we receive large grants from MoJ and PCC [Police and Crime Commissioner], this has meant that there is more risk to our overall sustainability and of particular services if we lost or had reduced funding from either of these funders." [ID368, NFP; sexual violence remit]

> "We had a 20-month grant from MoJ – they would not commit beyond 31 March 2025 – because of the end of Parliament – despite the Rape Review saying all funding should be three to five years." [ID439, NFP; sexual violence remit]

7. Nine respondents said their overall income had changed but did not say whether it had increased or decreased.
8. See **www.gov.uk/government/news/greater-support-and-better-outcomes-for-victims-of-sexual-violence** for more information.

Others talked about the need for local authorities and integrated care boards (ICBs) to take more responsibility for funding child sexual abuse support services:

> "The local authority cut our funding which equated to a contribution of £195,000 per annum (15% of our total income)." [ID118, NFP; sexual violence remit]

> "Our local authority income is to be cut with a much reduced, if any, provision for counselling. Tenders for services have been put out to support the same number of children as previously supported but with less funding which makes it unsustainable." [ID151, NFP; wider remit]

> "To date we still do not receive any local authority funding, despite being a main provider." [ID222, NFP; wider remit]

> "We are shocked and disappointed at the lack of awareness around the needs of survivors and of the need for the specialist services that we provide by the local authority and the ICB." [ID118, NFP; sexual violence remit]

> "While we get significantly more demand via the NHS… the NHS does not fund any of our work. With the growth of ICBs and mental health alliances, it feels as though the NHS is using the charity sector as a free outsourcing facility." [ID225, NFP; wider remit]

One respondent described their frustration in seeing their local authority providing significant funding for mental health support while failing to recognise the link with child sexual abuse:

> "It is frustrating when local council invest £1 million+ in substance misuse services – without any provision for counselling for sexual trauma. Locally millions spent on mental health initiatives – but total and complete denial that mental ill-health, substance misuse, anxiety, depression, self-harm, suicide and eating disorders have antecedents in sexual trauma/ child sexual abuse." [ID439, NFP; sexual violence remit]

Difficulties caused by increased competition for funding were identified:

> "Funding has been dramatically reduced as there are a lot more organisations applying so we are being unsuccessful with funders whereas in the past we had been successful, and the feedback is the bid was good but due to an increase in applicants they are turning more organisations down." [ID139, NFP; sexual violence remit]

> "The size of grants available has shrunk and the number of grant-makers have dropped. The number of people competing for these scarce resources has grown. Conservative estimates put the current success rate of securing a grant at 14 to one." [ID351, NFP; sexual violence remit]

On the other hand, 22 respondents said their funding had increased over the previous two years, although most qualified that statement in some way. Many of them highlighted the short-term, insecure nature of the funding they had received:

> "[Our income] has gone up because we received new funding but it's all short term, one or two years. So we still have not got stability." [ID237, NFP; sexual violence remit]

> "Overall it has increased as we have grown as a charity, but now we are trying to sustain it, and it is proving difficult." [ID398, NFP; child sexual abuse remit]

Others noted that the funding they had received did not take account of higher operational costs and increases in the cost of living:

> "Our income has increased through our own hard work and success in securing some new/recurring income streams, but the size of awards has not increased in line with the increased costs of living and delivering a service, so in real terms, individual grant sizes have decreased quite a lot." [ID437, NFP; sexual violence remit]

> "We receive no inflationary rise on any grants and contracts and have had to absorb these costs ourselves. There has been no recognition of the charity sector in any government discussion. We are now waiting to hear about rises to employers' income tax and how we are going to pay for that." [ID390, NFP; sexual violence remit]

7.3 Confidence in ability to sustain service provision

Reflecting the complex picture around services' income, only one-fifth (n=25) of the 118 respondents to a question about confidence said they were very confident or extremely confident in their ability to sustain service provision – see Figure 26.

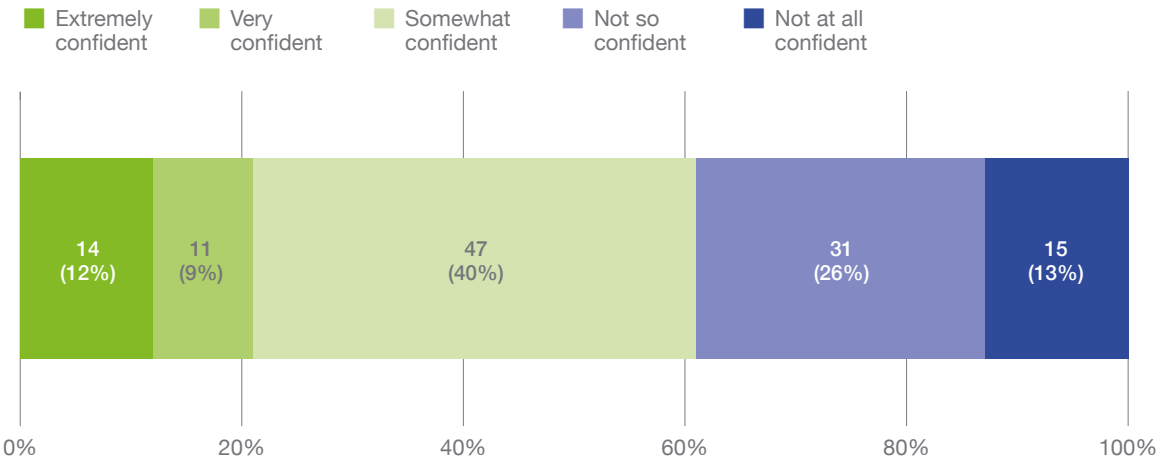
The other 93 were asked how much of their service provision was uncertain – and of the 58 who answered, two-fifths said it was at least 75% of their provision (see Figure 27).

7.4 Services facing closure

Funding losses and insecurity meant that 11 respondents – nearly one-tenth of our survey participants – told us their service was facing closure, or the closing of specific support activities for people affected by child sexual abuse, in the near future:

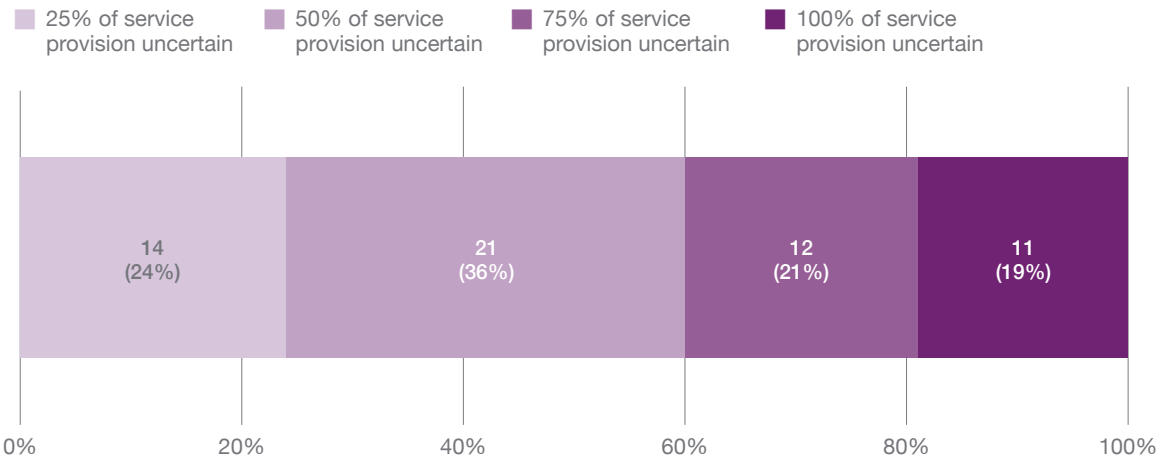
> "This year our (new) income is approx. £20k whilst outgoings for the financial year ending March 2025 are approx. £46k – and so we are exhausting our reserves and facing closure unless we can attract more funding and [we will] lose experienced peer support (lived experience) workforce." [ID103, NFP; child sexual abuse remit]

Figure 26. Respondents' confidence in their ability to sustain service provision



n=118.

Figure 27. How much of their service provision did respondents feel was uncertain?



n=58.

> "We lost 30% of our counselling funding last year when we lost out on the Rape Support Fund for 24/25… MoJ have decided to extend this funding for a further year, meaning we will not be able to submit a bid. This could have disastrous implications for us as it comes when several other funders are due to end also." [ID360, NFP; wider remit]

> "If we do not secure funding within the next six months, we may have to close our waiting list as the organisation may need to close down in the future." [ID139, NFP; sexual violence remit]

All but one of these services was located in the not-for-profit sector, and more than half (n=6) had a focus on child sexual abuse or sexual violence. Three-quarters (n=8) were providing support for adult victims/survivors, while nearly half (n=5) supported children and over a third (n=4) supported parents.

A further 12 respondents – another tenth of the total – said their service might have to reduce the direct support they provided to people affected by child sexual abuse:

> "If we fail to pick up increased funding to cover modest salary increases, we will fail to retain staff, and this will impact our service provision negatively. Our current levels of referrals require four ISVAs to service clients safely. If funding falls or is not renewed with a cost-of-living uplift, we will need to reduce counselling, which impacts the outcomes we can achieve with clients." [ID245, NFP; wider remit]

> "I think we will be asked to cut our individual counselling offering by 50%. One grant is coming to an end so those services will cease to be offered. Our main funder is only guaranteeing funding up to 31 March 2026." [ID99, NFP; child sexual abuse remit]

These services were all in the not-for-profit sector, and two-fifths (n=5) were focused on child sexual abuse or sexual violence. All but one supported children, almost two-thirds (n=8) supported adult victims/survivors, and nearly half (n=6) provided support for parents.

Many said they were waiting to hear if they had funding beyond March 2025:

> "At the moment we have eight funders but seven are statutory. They are all two-year funds which are coming to an end in March '25… So, as it stands, we don't have continuation funding post March '25." [ID237, NFP; sexual violence remit]

> "We are yet to receive confirmation from statutory commissioners such as OPCC, MoJ and Welsh Government to confirm funding beyond March 2025, these three funders currently provide over 50% of our overall income. If not secured, this will have a direct impact on service provision and several redundancies will need to be implemented." [ID344, NFP; sexual violence remit]

Some explained that they would have to make staff redundant if funding was not confirmed then, or would have to put staff on notice of redundancy – with implications for staff retention:

> "We are currently waiting to find out whether our local PFCC [Police, Fire and Crime Commissioner] funding will be renewed for the next financial year. This funds most of our staff." [ID390, NFP; sexual violence remit]

> "Not knowing if our funding is going to be reduced for the next four years of our contract. Staff will need to be informed of possible redundancies by December 2024, to enable a three-month consultation period. This will impact staff retention and motivation." [ID185, NFP; wider remit]

Two told us that their services were having to draw on reserves to continue supporting service users while they waited to hear:

> "One role was local authority funded for one year. Although they are rolling grants out again, it's past the end of the contract period so there will be a gap of four to five months and at the moment we are using reserves to keep it going. This is not sustainable." [ID398, NFP; sexual violence remit]

A number of respondents linked this heightened sense of insecurity with the change in the UK Government and uncertainty about which areas it would prioritise for funding:

> "New Government means we do not know if they will maintain current funding, reduce or increase. We will not hear about our allocation of MoJ or PCC funding until December at the earliest. This makes planning really hard and replacing any lost funding hard too. Any grant funders we could apply to have six- to nine-month turnaround times." [ID368, NFP; sexual violence remit]

Others said their funding had been affected by changes in funders' criteria. One described how this had caused their service to fall between the gaps in funding allocation:

> "The landscape for funding for sexual violence generally is changing. There is a move towards a 'one stop shop' approach to providing ISVA and therapeutic services and as a specialist counselling service we are unable to provide this. Home Office funding for child sexual abuse also demands that providers cover multiple PCC areas and as a local 'by and for' specialist counselling service, we have been unsuccessful in accessing this. We have been unable to apply to some funders as they demand that the support is exclusively for girls, and we support all genders." [ID225, NFP; wider remit]

Another highlighted the difficulties that smaller services faced in accessing funding:

> "Lack of funding for smaller charities leads to uncertainty about the future, some charities are struggling from month to month. Many organisations who say they provide funding for smaller charities want you to have a large figure in the bank before they will consider you for a grant." [ID441, NFP; wider remit]

A respondent working with victims/survivors from minority ethnic backgrounds felt that larger, non-specialist services were able to access funding that should be directed towards specialist service provision:

> "Large White organisations are using BIPOC [Black and indigenous people of colour] elements and experiences that attract the funding as they have access to bid writers." [ID223, NFP; wider remit]

And changes in the funding climate since the COVID-19 pandemic were said to have left services facing 'a cliff edge':

> "We experienced significant expansion during the pandemic, as the Government and grant funders released funds. They recognised we were the 'fourth' emergency service, and we had to recruit and train [staff] really fast. We think we were funded to the levels we should be during this time. The funding has now ceased, and staff have now gone. We are constantly fundraising and going out to tender so staff who are highly trained by us are looking at more stability in the public or heath sector. This is not sustainable in the long term for anyone who works in this sector. We are facing a cliff edge in March 2025, and it is likely we will need to reduce staff to deal with the cuts in budget or lack of security." [ID390, NFP; sexual violence remit]

> Some respondents linked their heightened sense of insecurity to uncertainty about the UK Government's funding priorities.

7.5 Other challenges

Finally, we asked services to tell us what other challenges they were experiencing in providing support and specialist services for people affected by child sexual abuse.

7.5.1 Responding to service users' increasingly complex needs

More than two-thirds of respondents (n=87, 70%) identified responding to increased complexity in service users' needs as one of the greatest challenges they were currently facing. Many of these respondents described the impact on staff workloads:

> "Increasing complexity and children and young people facing multiple sources of abuse and barriers to accessing support and who require more intensive levels of support and network collaboration. [ID304, statutory/NFP partnership; child sexual abuse remit]

> "The level of complexity and acuity is way beyond our wildest expectations." [ID351, NFP; sexual violence remit]

Trying to safeguard and support service users with complex needs was also said to affect staff wellbeing:

> "The biggest challenge has been increasing complexity – more clients with multiple and complex trauma – often turned away from the NHS. The increase in complexity brings additional risks – burnout, compassion fatigue, vicarious trauma." [ID439, NFP; sexual violence remit]

The same respondent explained that their service had invested in extra clinical supervision for its staff as well as wellbeing support through its health scheme. However, like others, they stressed that supporting service users with multiple and complex trauma was affecting their service as a whole:

> "More complexity means clients needing more support for longer i.e. support work AND counselling AND trauma therapy." [ID439, NFP; sexual violence remit]

> "The complex cases with historical abuse, intra-familial and extra-, complex mental health needs of children means a longer-term trauma-informed approach from staff." [ID584, NFP; wider remit]

Many said that service users' increasingly complex needs, coupled with shortages in statutory provision (particularly in mental health services), was affecting their services' ability to provide support:

> "There is an increase in children being referred due to complex needs and self-harm and suicide. These are children we would expect to see placed with CAMHS, but they are being referred to us. With only a small pot of funding for short-term support we are not able to meet the complex needs of some." [ID151, NFP; wider remit]

> "Referrals coming in to us are becoming more complex. We are receiving more referrals from the NHS… Short-term support is not appropriate for people who present with complex-PTSD [post-traumatic stress disorder] and additional diagnosed mental health conditions, yet the pressure on us is to work short-term and provide counselling for more people." [ID225, NFP; wider remit]

> "We have a waiting list of over 400 people and in some of our geographical area, the waiting time for individual counselling has exceeded four years. The average waiting time is three years. Clients often report that they have been signposted to our service because they are deemed 'too complex' by the NHS. This is an absurd situation. There are very few organisations who are willing to work with more complex clients so referring on is almost impossible." [ID99, NFP; child sexual abuse remit]

> Respondents highlighted their service users' increasingly complex needs, coupled with shortages in statutory mental health provision.

7.5.2 Lack of support, and challenges working with other agencies

As well as the lack of statutory provision, some respondents highlighted other agencies' lack of support and understanding for people affected by child sexual abuse:

> "The misunderstanding of the dynamics of child sexual abuse contributes to difficulties for survivors as well as us trying to support them with other agencies." [ID390, NFP; sexual violence remit]

One noted how this was resulting in less effective multi-agency working:

> "The quality of multi-agency working has reduced and often is less coherent and other resources are lacking. We end up attending more and longer meetings that don't result in more effective work." [ID775, NFP; wider remit]

Another described how they felt some professionals in statutory agencies lacked the knowledge, skills and confidence to identify and report child sexual abuse and provide appropriate support to children when abuse has been identified:

> "Social workers are not holding police colleagues to account… [They are] accepting police direction and are not using their expertise in talking to and advocating for children in the professional network." [ID304, NFP; child sexual abuse remit]

Some felt this general lack of understanding of the needs of victims/survivors of child sexual abuse, and those working with them, was getting worse:

> "The understanding of the needs of children and young people who have experienced sexual abuse, exploitation and other trauma appears to be reducing and practice is becoming weaker as a result. Shrinking social care budgets are impacting on the quality of the work and resources available. The focus is too often on the child's behaviour and what they should be doing or change rather than understanding the impact of adverse experiences." [ID775, NFP; wider remit]

The turnover in statutory agencies' staffing was felt to have an impact on the support they provided:

> "There is large turnover of staff in police and children's social care. They have varied levels of knowledge and understanding of basic child sexual abuse processes. This requires additional time and support from our team when managing calls and processing referrals into our service. The criminal justice system works very slowly and communication with the paediatric medical team is limited, even in cases with key medical evidence." [ID657, statutory; sexual violence remit]

Alongside this, respondents portrayed a criminal justice system that was not victim-focused and in which professionals' actions did not always appear to be in the best interest of victims/survivors and those supporting them:

> Delays in the criminal justice process… Very young victims not being believed because they don't repeat their disclosures to the police… Speculative requests for third party material by CPS [Crown Prosecution Service] and police in the criminal justice process and challenging these decisions in the court… Speculative requests for all information in family court proceedings and challenging these decisions in court… A criminal justice process that lacks sufficient child focus and is rushed… Suspects being interviewed without arrest so that no bail conditions are in place to protect victims." [ID304, NFP; child sexual abuse remit]

One drew attention to particular challenges supporting service users who were involved with the Family Court:

> "We have so many clients who are experiencing post-separation abuse and alienation of children with grooming of older adolescents. We are experiencing bizarre decisions by the Family Courts and have no way of challenging them. An example is giving custody to the abusing parent and them using this to financially abuse the abused partner." [ID351, NFP; sexual violence remit]

7.6 Summary and reflections

This chapter has shown that one in five of the services responding to our survey were facing closure or might need to reduce the amount of direct support they provided to people affected by child sexual abuse, unless they received confirmation of sufficient funding within the next few months.

Furthermore, while a third of survey participants in our 2023 study (Parkinson and Steele, 2024) were fully confident that they could sustain their services' provision at current levels into the next financial year, we found this time that only one in five respondents had that level of confidence – with some suggesting there was less funding available for services supporting people affected by child sexual abuse.

> Only one-fifth of respondents were fully confident that they could sustain their services' provision at current levels into the next financial year.

Some respondents highlighted the short-term and insecure nature of funding, or noted that their grants and contracts did not take account of inflation.

Alongside the challenges presented by funding uncertainty, services were trying to meet service users' increasingly complex needs while the context in which they were operating had become increasingly challenging, particularly in relation to their interaction with statutory sector agencies.

8. Conclusions and implications

8.1 Conclusions

This latest study of services supporting people affected by child sexual abuse has provided a valuable update, revealing 363 services – considerably fewer than we reported in 2023 – providing support for children, adult victims/survivors, and parents. While part of this apparent reduction in service provision is due to the tighter inclusion criteria applied in this study, our research has also shown that the sustainability of services providing support for victim/survivors and family members is under considerable threat.

The profile of services had not changed greatly since our last report (Parkinson and Steele, 2024), with the vast majority of support provided by services in the not-for-profit sector and more than half operating in a single local authority area or across fewer than 10 local authorities within a single region. Furthermore, the relatively few statutory services were predominantly providing support for children, with only a small number supporting adult victims/survivors.

The role of the voluntary sector

These findings highlight the vital role that local not-for-profit sector services play in responding to the need for support from victims/survivors and their families. It also reflects victims/survivors' preference for support to be provided by such services; research carried out with adult victims/survivors of child sexual abuse has found that they place the most value on counselling and other support provided by charities/voluntary organisations specialising in child sexual abuse or in sexual abuse/rape support (Adisa et al, 2023; Gekoski et al, 2020).

However, the reliance on not-for-profit services to support victims/survivors means that the provision of this support continues to be concentrated in a sector where services' sustainability is highly vulnerable to short-term, insecure funding/commissioning arrangements. Our study provides strong evidence of services' vulnerability: we found that 23 services, almost all of which had provided support for children who had been sexually abused, had closed since our last report. Our findings also expose the imminent risk of closure, or the withdrawal of specific support for people affected by child sexual abuse, faced by nearly one in 10 of the services that responded to our survey.

Shortages in provision

We now estimate that there are around 16,500 victims/survivors for each service providing support, and provision relative to the size of the regional population is particularly low in the North West, the West Midlands and the South East of England. There was particular scarcity in some regions, with the North West being particularly poorly served in terms of provision of support for adult victims/survivors, and London for parents.

As a result of service closures (see above) and the tightening of our inclusion criteria, there were fewer services dedicated to specific groups (such as girls/women and people from minority ethnic backgrounds) or specific forms of child sexual abuse (such as child sexual exploitation or abuse in online contexts) than we had previously thought. And hardly any services were dedicated to supporting disabled people, LGBTQ+ people or those affected by intra-familial child sexual abuse.

Changes in support provided and access to support

We found there had been a significant amount of change in the sector since we carried out our previous research. Nearly three-quarters of our survey respondents reported changes in their overall service provision – these included new interventions, new provision for specific groups, and expansion of services' support offer. On the other hand, a loss of funding had driven some services to stop offering certain interventions, introduce stricter criteria for accessing support, or reduce the number of support sessions that service users could access.

While we continued to find that around two-thirds of services were holding waiting lists, nearly three-quarters of survey respondents felt that significantly more people were waiting to access their support since our previous study, and nearly half said people were waiting significantly longer. The lack of timely access to support is particularly acute for adult victims/survivors: a quarter of all services supporting this group said more than 100 adults were waiting to access their support, and waiting times of many months or even years were commonly reported.

Having to wait for support has a detrimental impact on individuals' wellbeing and can negatively affect their involvement with the criminal justice system. In one study, victims/survivors of rape were 49% less likely to withdraw from a police investigation if they were receiving support from specialist sexual violence services – and the investigation was nearly twice as likely to result in a conviction, and 49% less likely to be closed without further police action (Walker et al, 2021).

Impact on staff in services

Operating with waiting lists also places emotional and psychological strain on services' staff, as our survey respondents confirmed. Alongside this, we found that services were continuing to face challenges in recruiting and retaining staff, for reasons including the emotionally demanding nature of the work, the specialist skills, knowledge and experience required, and not-for-profit services' inability to offer competitive salaries. Respondents also noted that short-term funding arrangements made recruitment difficult and caused job insecurity.

Staff workloads were reported to have increased over the previous two years, owing to the pressure of trying to meet demand for support while – in many cases – having less resource to support service delivery. Additionally, services said service users' needs were becoming increasingly complex; when combined with less support being available from statutory services and less effective multi-agency working, this made it difficult for staff to support them. Delays in the criminal justice system were also having an impact on workloads, particularly for ISVAs/ChISVAs. Research has shown that delays in rape and serious sexual assault trials have an impact on the amount, the intensity and the duration of specialist advocacy and other therapeutic support that victims/survivors will need (Burman and Brooks-Hay, 2020).

> The lack of timely access to support is particularly acute for adult victims/survivors, who can face waiting times of many months or even years.

Service users' needs

Furthermore, we found that services were facing a greater demand for support, and trying to respond to service users' increasingly complex needs in the context of a lack of support from other agencies, funders and commissioners. They were struggling to provide or find appropriate support for service users, at a time when shortages in statutory provision – particularly across mental health services – meant that even people in extreme distress were being turned away by statutory agencies.

Funding insecurity

More than three-quarters of our survey respondents said they were facing uncertainty about the future funding of their services, with many in the not-for-profit sector waiting to hear about funding from the Ministry of Justice's Rape and Sexual Abuse Support Fund. Some felt that there was less funding available overall than previously, and more services applying for funding, leading to increased competition between services. Others highlighted the need for local authorities and integrated care boards to take more responsibility for funding services around child sexual abuse, particularly as they were often referring people for support but not contributing to these services' funding. If this were done, it would help to address the 'postcode lottery' of access to services that current funding structures have created.

Only one in five respondents said they were fully confident that they could sustain their service provision over the year ahead; this was particularly an issue among not-for-profit services, services in the sexual violence sector, and those supporting adult victims/survivors. In fact, we found that nearly one in five services responding to our survey were facing closure or felt they might need to reduce the amount of direct support they provided unless they received confirmation of sufficient funding within a few months.

This insecurity appeared to have been heightened by uncertainty about which areas the new UK Government would prioritise for funding. The confirmation of funding, when it comes, will alleviate this uncertainty for some – but it will, no doubt, leave others facing severe shortfalls in funding. In the meantime, some services were having to draw on reserves, while others faced making staff redundant or putting them on notice of redundancy, with the risk that those staff might be forced to take other employment. There were signs of an increasing 'talent-drain', with specialist staff forced to seek more secure, better-paid employment outside the not-for-profit sector.

The future

It is clear that services are in a more precarious situation now than when we carried out our initial research nearly two years ago. Two-thirds of services in our new survey said that meeting demand was one of the biggest challenges they faced. They were having to expend valuable time and resources in seeking funding, which was often short-term in nature, and in managing staffing capacity and workloads. The provision of support for victims/survivors of child sexual abuse and their families is reaching a critical point where services may be unable to sustain their already strained capacity to meet increasing demand.

> We are reaching a critical point where services may be unable to sustain their already strained capacity to meet increasing demand.

8.2 Implications for policymakers, funders and commissioners

In our last report, we identified six response priorities for policymakers, and for the funders and commissioners of support services and research in this field. The first and most important of these priorities was to ensure sufficient funding for services to maintain their current provision and provide timely support.

Separately, Rape Crisis England & Wales has called for a "cross-governmental funding strategy… to ensure the varied needs of victims and survivors are met with specialist support" (Ratkusic and Handy, 2024:12).

Now, more than ever, our findings underline the need for services supporting people affected by child sexual abuse to have adequate long-term, flexible funding, which covers their core costs and recognises the impact of inflation on salaries and running costs.

This funding is urgently needed to protect and underpin the unique specialist support that services provide for victims/survivors and their families – support which, as we have seen, is under considerable threat. With the Government having committed to responding to the recommendation made by the Independent Inquiry on Child Sexual Abuse that all children should be able to access specialist and accredited therapeutic support, it is clear that additional funding for services will be required to enable this to be achieved.

In addition, sufficient long-term funding for services cannot be ensured unless local authorities, integrated care boards and Police and Crime Commissioners recognise the demands that referrals from social care, GPs, police and statutory mental health services place on services – and unless they make a commensurate financial contribution to those services.

Beyond this, services should be able to access flexible funding which allows them to expand and develop their provision, responding to the changing needs of new and existing service users. They should be funded and supported to understand how they can best extend their reach to under-represented groups, and/or explore different models of support so they can respond flexibly to service users' needs. New funding and commissioning structures should avoid taking a reactive, short-term approach – and should not focus on funding new and innovative projects at the expense of well-established, effective services.

Without adequate investment and a greater recognition of the vital role they play, support services for people affected by child sexual abuse will be unable to continue offering the specialist care that victims/survivors and their families deserve and need. As we know, child sexual abuse can have a significant, long-term impact on individuals (Vera-Gray, 2023) – and being able to access support, whether in childhood or as an adult, is crucial to mitigating that impact (Truth Project, 2022). The need for greater investment in support for both child and adult victims/survivors and their families has never been more urgent.

> Services should be able to access flexible funding which allows them to expand and develop their provision in response to changing needs.

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Appendix A: Services that responded to the survey

The following tables show the profile of the 363 mapped services that were sent our survey, and the 124 services that completed it, in order to give an indication of how representative the response was.

As Table 2 shows, the survey respondents were slightly more likely than non-respondents to be focused solely on supporting people affected by child sexual abuse or sexual violence including sexual abuse, rather than having a wider remit.

Responding services were also more likely to be in the not-for-profit sector (see Table 3).

And Table 4 shows that responding services were much more likely than non-respondents to be providing support for parents and carers.

Responding services tended to be slightly smaller in their geographical coverage (see Table 5), although a slightly higher proportion were working across England and Wales. Local and regional services were less likely than their non-responding counterparts to have been operating in London and the North of England, and more likely to cover most other English regions (see Table 6).

Table 2. Services' primary remit

Primary remit	Respondents (n=124)	All services (n=363)	Difference
Child sexual abuse	26 (21%)	19%	2 percentage points
Sexual violence, including child sexual abuse	43 (35%)	32%	3 percentage points
Wider remit which includes child sexual abuse	55 (44%)	50%	–5 percentage points

Table 3. Services by sector

Primary remit	Respondents (n=124)	All services (n=363)	Difference
Not-for-profit	111 (90%)	85%	5 percentage points
Statutory	11 (9%)	13%	–4 percentage points
Private	0 (0%)	1%	–1 percentage point
Statutory/not-for-profit partnership	2 (2%)	1%	1 percentage point

Table 4. Who were services supporting?

Groups supported	Respondents (n=124)	All services (n=363)	Difference
Children	96 (77%)	81%	–4 percentage points
Adult victims/survivors	86 (69%)	72%	–3 percentage points
Parents and carers	85 (69%)	49%	19 percentage points

Table 5. Services' geographical coverage

Geographical coverage	Respondents (n=124)	All services (n=363)	Difference
Local (single local authority)	25 (20%)	20%	0 percentage points
Small regional (up to 10 local authorities in a single region)	53 (43%)	40%	3 percentage points
Large regional (at least 10 local authority areas in a single region, or in multiple regions of England)	23 (19%)	21%	–2 percentage points
Across England	2 (2%)	4%	–2 percentage points
Across Wales	1 (1%)	1%	0 percentage points
Across England and Wales	20 (16%)	14%	2 percentage points
Private	0 (0%)	1%	–1 percentage point
Statutory/not-for-profit partnership	2 (2%)	1%	1 percentage point

Table 6. Services by region

Geographical coverage	Respondents (n=101)	All services (n=363)	Difference
North East	4 (4%)	5%	–1 percentage point
North West	9 (9%)	12%	–3 percentage points
Yorkshire & the Humber	15 (15%)	11%	4 percentage points
East Midlands	10 (10%)	10%	0 percentage points
West Midlands	11 (11%)	8%	3 percentage points
East of England	14 (14%)	11%	3 percentage points
London	11 (11%)	17%	–6 percentage points
South East	16 (16%)	14%	2 percentage points
South West	15 (15%)	12%	3 percentage points
Wales	9 (9%)	9%	0 percentage points

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Please cite as:

Parkinson, D. and Steele, M. (2025) *Support Matters 2025: Update on Child Sexual Abuse Support Services in England and Wales*. Barkingside: Centre of expertise on child sexual abuse.
https://doi.org/10.47117/RQUM7310

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

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