Centre of expertise on child sexual abuse

Specialist support for adult survivors of child sexual abuse

A guide for funders and commissioners of support services

May 2026

About the Centre of expertise on child sexual abuse (CSA Centre)

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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1. Introduction

The Centre of expertise on child sexual abuse (CSA Centre) is committed to improving the support available to adult survivors of child sexual abuse. Child sexual abuse is a devastating experience and its impacts can last a lifetime. Survivors need appropriate and effective services to support them, but provision is inconsistent and not universally available.

The UK Government has acknowledged the challenges around the provision of and access to support for adult survivors of child sexual abuse: in 2025 it announced additional funding for the CSA Centre to work with service providers and survivors "to develop a framework to support local leaders and commissioners t**o develop more holistic and joined-up provision for adult survivors across England and Wales"** (Home Office, 2025a:22).

Around 4.3 million adults (aged 18+) in England and Wales – 9.1% of the population – are estimated to have been sexually abused as children, according to findings from the latest Crime Survey for England and Wales (Office for National Statistics, 2025). However, it is widely acknowledged that reported figures are likely to be serious underestimates of actual prevalence. Research suggests that at least 10% of children – 15% of girls and 5% of boys – are sexually abused before the age of 16 (Karsna and Kelly, 2021).

Many people who were sexually abused as children go on to live successful lives, despite their adverse experiences (Nelson and Hampson, 2008). However, we know that child sexual abuse can have a profound impact on the lives and life courses of survivors (Vera-Gray, 2023). Although every survivor is affected differently, and to a different extent, child sexual abuse is strongly associated with adverse outcomes across the life course, including in relation to:

- mental health, e.g. depression, disordered eating, self-harm, suicidal ideation and suicide
- physical health, including gastrointestinal, gynaecological or reproductive health problems, and pain
- use of substances or other coping behaviours to manage distress
- interpersonal and intimate relationships, sexual development and parenting
- socio-economic status, including lower levels of educational attainment and income
- vulnerability to re-victimisation in both childhood and adulthood.

As one adult survivor told the Independent Inquiry into Child Sexual Abuse's Truth Project:

> *"Words do not do justice to the scale of the impact … It has affected and continues to affect every aspect of my being, body, mind and soul. I was so young that I will never know who I could have been had it never happened." (Jay et al, 2022:68)*

Specialist child sexual abuse services are typically designed around survivor-centred, trauma-informed and relational approaches (emphasising collaborative therapeutic relationships that foster trust, mutuality and empowerment in trauma work). They can help survivors prepare for and navigate contact with non-specialist statutory agencies – which may be organised around diagnostic or risk-management frameworks – and play a key role in advocacy, emotional support and stabilisation. A range of national service standards set out what good-quality services should provide (The Survivors Trust, 2021; Rape Crisis England & Wales and Rape Crisis Scotland, 2024; LimeCulture, 2022 and 2025). The value of these services is well recognised: the NHS is to roll out 'steps to safety' referral services in every area of England by 2029, with the aim of connecting survivors to local specialist support via their GPs (UK Government, 2025).

A recent study (Adisa et al, 2023) analysed the costs of reports of child sexual abuse being delayed, denied or disbelieved, and of survivors not receiving effective treatment and support. Based on 610 cases, it estimated that the delays cost the NHS nearly £3 billion annually, with an average lifetime health cost per survivor of nearly £5 million.

Investment in the provision of specialist support services for adult survivors of child sexual abuse therefore reduces the personal costs to survivors and the wider social and economic costs to society. It enables survivors to process trauma, stabilise their lives, and build safer coping strategies. This can decrease the severity and duration of emotional distress, reducing crisis service use and supporting greater social and economic participation. Over time, this not only improves quality of life and functioning for survivors but also reduces the substantial long-term costs associated with child sexual abuse. In addition, access to specialist support addresses intergenerational impacts by supporting families in creating safer, more stable home environments, building on survivors' existing strengths as parents.

1.1 Who is this guide for?

This guide is aimed primarily at anyone responsible for funding and commissioning services for adults in England and Wales in relation to child sexual abuse. This includes, but is not limited to, local authorities, NHS England and NHS Wales, the Department of Health and Social Care, Integrated Care Boards and Police and Crime Commissioners.[1] It is also likely to be useful to the providers of specialist child sexual abuse support services.

It sets out a framework of the specific types of support that should be available for adult survivors of child sexual abuse, and the particular support needs of different groups of survivors, so that you can:

- better understand why adult survivors need a wide range of support, and the forms that this support may take
- map and assess the provision of different types of support for adult survivors in your local area or region, identifying gaps which funding or commissioning decisions can address.

Mapping the provision of support can also:

- help service providers to collaborate and avoid duplication of their support offers
- facilitate survivors' access to appropriate support, through streamlined and funded referral processes enabling them to access the support that will best meet their needs.

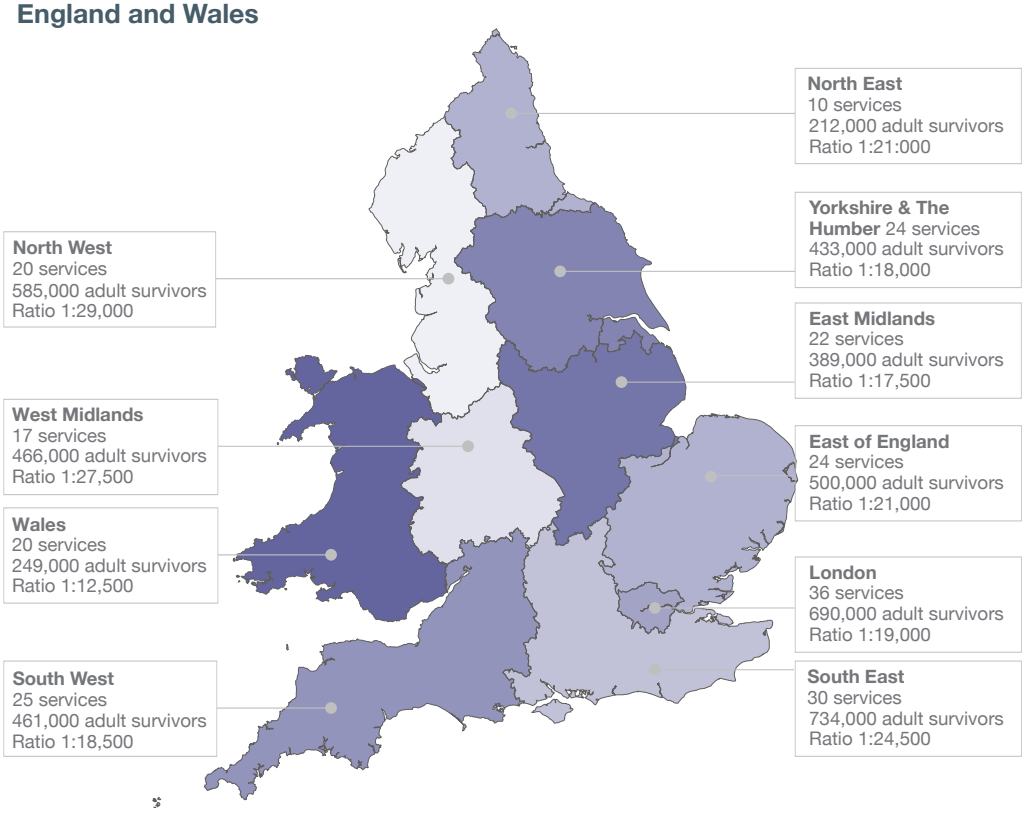
1. Police and Crime Commissioners are set to be abolished by the UK Government, with the role ceasing to exist in 2028. In 2025 the UK Government announced the abolition of NHS England, with its functions to be transferred to direct control by the Department of Health and Social Care; the process is ongoing, with full transition targeted for 2026/2027.

1.2 Why have we developed this guide?

It is important to acknowledge the scarcity of support for adult survivors of child sexual abuse. Two reports in the CSA Centre's 'Support Matters' series (Parkinson and Steele, 2024 and 2025) have identified gaps in provision, waiting lists, inadequate funding and ineffective referral systems, and have outlined response priorities for funders, commissioners and policymakers.

Both reports have highlighted the severe shortage of support for those who seek support. Based on the CSA Centre's analysis of survey data indicating that at least 10% of children have been sexually abused in England and Wales by the age of 16 (Karsna and Kelly, 2021) and our research into service provision, our 2025 report estimated that in late 2024 there were around 21,900 adult survivors for each local/regional service that we mapped across England and Wales (see Figure 1).[2]

Figure 1. Distribution of specialist services for adult survivors of child sexual abuse, relative to the estimated number of adult survivors in each region of England and Wales



n=215 local, regional and multi-regional services supporting adult survivors; 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 adult survivors in the region, calculated as 10% of the Census 2021 adult population figures per region (Office for National Statistics, 2023). Figures (population and ratio) are rounded to the nearest thousand. Multi-regional services are listed in each of the regions where they operated.

2. 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.

The 2025 report also found that:

- more than two-thirds of support services were operating with waiting lists for adult survivors, and half of those waiting lists were more than six months long

- one in five services overall was considering the need to reduce or close their service provision; most of these services feeling under threat were providing support to adult survivors.

The shortage of funding for services supporting adult survivors has in the past been linked to a lack of clarity around which interventions, beyond therapy, best support adults (Callanan et al, 2012), but there is evidence that some adult survivors benefit most from practical, peer-based or non-clinical forms of help (see, for example, Konya et al, 2025). There is also evidence that some commissioners and funders are reluctant to prioritise support interventions related to child sexual abuse (The Survivors Trust, 2024).

Recent developments in UK Government policy and legislation (see box below) have stressed the importance of appropriate and holistic support for victims and survivors of child sexual abuse. **However, there is a danger that the distinct support needs of adult survivors may be overlooked.**

Recent policy and legislative developments

Victims and Prisoners Act 2024

The Victims and Prisoners Act 2024 strengthens the statutory framework for the provision of support to victims of crime in England and Wales. It requires criminal justice bodies to promote and monitor compliance with the Victims' Code, and introduces (in sections 13–15) a joint duty on Police and Crime Commissioners, Integrated Care Boards and local authorities to collaborate when commissioning community support for victims of sexual abuse, domestic abuse and serious violence.

The joint duty includes a requirement to prepare and publish a local needs assessment and strategy, which must consider the needs of people with protected characteristics under the Equality Act 2010; it must also take account of victims' and service providers' views, and must support consistent referrals and access to specialist help, which is vital for adult survivors of child sexual abuse.

The Violence Against Women and Girls Strategy

The Violence Against Women and Girls Strategy (Home Office, 2025b), which encompasses the Crown Prosecution Service's 2025–2030 framework and the UK Government's 'Freedom from Violence and Abuse' initiative, directly enhances support provision for adult survivors of child sexual abuse by prioritising rape and serious sexual offences (RASSO), including historical child sexual abuse cases prosecuted in adulthood.

It commits to practical measures such as dedicated Victim Liaison Officers, pre-trial therapy safeguards, improved Victims' Code compliance, and enhanced Victim's Right to Review pilots; all of these are tailored to address long-term trauma, disclosure challenges, and barriers within the justice system. These provisions promote trauma-informed, multi-agency collaboration to reduce case attrition, and ensure accessible, specialist community support for adult women survivors.

Last year, the CSA Centre's guide to funding and commissioning child sexual abuse services (Kewley and Breen, 2025) set out the types of intervention needed to ensure that comprehensive support is available for victims and survivors of child sexual abuse, and their family members. It included a 'child sexual abuse support matrix' – an audit tool for use by funders and commissioners in mapping the existing provision of support for the different groups of people affected by child sexual abuse.

Developed with funding from the Home Office, this new guide highlights why specific support for adult survivors is needed, what it should look like, and how funders and commissioners can ensure that it is available; it too contains an audit tool, enabling the existing provision of support for adult survivors to be mapped and assessed in detail.

For details of the work conducted to gather evidence for this guide's development, see Appendix A.

1.3 Definitions

Child sexual abuse involves many different, often overlapping types of abuse in a range of contexts; our Typology of child sexual abuse offending (CSA Centre with CATS, 2020) contains more information. Examples (which may overlap) include child sexual abuse within the family, group-based child sexual abuse, child sexual exploitation, harmful sexual behaviour by other children (including siblings); and child sexual abuse in an institutional context; most child sexual abuse has an online element, and some takes place solely in online contexts.

By '**support intervention**', we mean some kind of specialist provision that focuses on the needs of adult survivors of sexual abuse, and not generic provision. The term covers therapeutic and wellbeing interventions, as well as practical measures such as information provision, access to services, and legal responses.

We use the term '**adult survivor**' or '**survivor**' for continuity in this document, and because of its widespread use in relevant literature, to mean an adult who was sexually abused in childhood. However, we recognise that not every person who has been sexually abused as a child will want to use or be identified using this term, or any other term. Every individual has a unique lived/living experience and it is important to recognise their right to define themselves as they choose.

We also acknowledge that diagnostic and psychiatric terminology used in this document, such as references to 'mental health' conditions, may not resonate with everyone. Growing anti-pathologising movements such as the Power Threat Meaning Framework (Johnstone and Boyle, 2018), and many survivors, reject such framings altogether, preferring to centre lived experience over clinical labels. We respect individuals' right to interpret and describe their own experiences in their own terms.

1.4 Using this guide

The rest of this guide sets out:

- the key principles underpinning adult survivors' need for support (see Chapter 2)
- the range of different support interventions that should be available for adult survivors (see Chapter 3)
- how the diversity of adult survivors' backgrounds, characteristics and needs should be taken into account when funding and commissioning services (see Chapter 4)
- how funders and commissioners can assess the level of need for specialist support targeted at adult survivors in their local area, and the current availability and nature of that support – including through the use of our audit tool (see Chapter 5).

2. Key principles underpinning effective support for adult survivors

Our framework of support interventions for adult survivors is grounded in the following seven principles, which explain why this support is vital and how it can make a difference. These principles have been developed with adult survivors and the services supporting them, and are grounded in evidence from published research.

Adult survivors need specialist interventions which recognise the complex impacts of child sexual abuse and its long-term, interconnected mental and physical health and social effects

Specialist support services play a key role in recognising and upholding adult survivors' dignity, which is essential to counter the threats, shame or silencing that many have faced as children

Adult survivors need choice and control over the specialist support they access, including its type, timing and duration over the life-course

Adult survivors have diverse needs requiring tailored responses which recognise the complexity of their lived experiences and consider their emotional and physical needs

Adult survivors require a range of specialist support interventions, grounded in a deep understanding of their experiences and the lifelong impact of child sexual abuse

Specialist support must be visible, accessible and available to all adult survivors of child sexual abuse

Ensuring that adult survivors can access the right support at the right time enables them to live alongside their trauma as they seek to find ways towards personally meaningful recovery and healing

This chapter explains why these principles underpin effective support for survivors. Quotations from survivors in published research highlight the importance of each principle.

2.1 Adult survivors need specialist interventions which **recognise the complex impacts** of child sexual abuse and its long-term, interconnected mental and physical health and social effects

"What he did to me affected my whole life, every relationship, my personal identity and the general trajectory of my life's path. Childhood sexual abuse manifested in all aspects of my life." (Fisher et al, 2017:11)

- The effects of child sexual abuse differ for each survivor, but for many they are far-reaching and long-lasting. Areas of life that can be affected include **physical and mental health, relationships, parenting, education, opportunities in life, and ways of coping**, all of which are closely inter-connected (Vera-Gray, 2023). The impacts can be exacerbated by other difficult experiences and wider social inequalities (Lockwood et al, 2022; Scott et al, 2015a).

- Adult survivors need coordinated support which **uses a holistic approach to address their emotional, physical and social needs**. People living with complex trauma, including dissociation or dissociative identity disorder, often benefit from long-term individual therapy which is trauma-informed, relationship-based, and delivered in stages (beginning with stabilisation, followed by trauma processing, and then reintegration). Group and peer-led programmes also play an important role in supporting survivors' psychological, physical and relationship wellbeing (Brown et al, 2022; Chouliara et al, 2012).

2.2 Specialist support services play a key role in recognising and upholding adult survivors' **dignity**, which is essential to counter the threats, shame or silencing that many have faced as children

"Sometimes I feel like what happened to me has made me impure or dirty like I'm not the same person anymore." (Krishnan and Bhagabati, 2023:258)

- Specialist support services play a vital role in helping survivors overcome the shame, fear and silencing that many have experienced in their lives. Survivors consistently express the need to be **believed, respected and seen as whole people**, not just as 'cases' or 'symptoms'. They value professionals who show warmth, kindness and respect, and who involve them in decisions about their support (Bond et al, 2018; Nelson and Hampson, 2008; Smith et al, 2015).

- Specialist support services offer spaces where professionals use their expertise and commitment to meet survivors' needs in ways that are **survivor-centred, anti-racist, gender-informed and culturally aware**, guided by principles that challenge stigma, victim-blaming and silencing (Bradbury-Jones et al, 2025).

- Survivors from minority ethnic communities especially value **a supportive setting where they can speak openly, free from judgement or assumptions**, and can connect with peers who share their cultural and religious backgrounds, without feeling pressured into actions they do not want to take (Thiara et al, 2015).

2.3 Adult survivors need **choice and control** over the specialist support they access, including its type, timing and duration over the life-course

"You have to remember that it takes time, the circles in the soul that have been damaged can be much wider and deeper than you think." (Attrash-Najjar et al, 2023:11150)

- Survivors need **choice and control over the timing, pace, content and type of support** they receive. Adult survivors also value being able to choose the sex of their worker and to move forward at a pace that feels right for them (Nelson and Hampson, 2008).
- Survivors may sometimes find it hard to engage with services and may step away from specialist support for a period of time. This should be seen as a natural part of their journey, not as a setback or failure. It is important that survivors can decide **when and what kind of support feels right for them**, and are allowed to move into and out of services as needed (Fisher et al, 2018; Zinzow et al, 2022).
- Working in partnership with survivors helps to rebalance power, ensures that services truly meet their needs, and builds strong, trusting relationships. This approach highlights the importance of **flexible, survivor-led specialist support available across the life-course**, rather than one-off or short-term interventions (Brown et al, 2022; Fisher et al, 2018).

2.4 Adult survivors of child sexual abuse have diverse needs requiring **tailored responses** which recognise the complexity of their lived experiences and consider their emotional and physical needs

"It is important that you find all the tools that the world has to offer you to help you return to a routine life free of anxieties and worries, and that you have to activate all that is necessary so that you can receive the proper treatment." (Attrash-Najjar et al, 2023:11150)

- Adult survivors need responses that take account of their **individual histories and identities** and the wide, dynamic range of emotional, physical and social impacts they experience (Vera-Gray, 2023).
- It is essential to see **survivors as whole people** and not just as 'cases'. Professionals should recognise that survivors are experts in their own lives and work alongside them as equals (Brown et al, 2022). Equally, professionals who are themselves survivors of child sexual abuse need to be able to seek specialist support; they may feel unable to reveal that they are survivors in their own workplaces, fearing stigma or judgements about their professionalism (Little and Hamby, 2001).

2.5 Adult survivors require a **range** of specialist support interventions, grounded in a deep understanding of their experiences and the lifelong impact of child sexual abuse

"With expert help … I am now surfacing for the first time." (One in Four, 2015:39)

- Survivors consistently highlight the importance of support from **practitioners who understand child sexual abuse, trauma and power dynamics**. Experienced practitioners can connect survivors' current challenges to their past experiences and the wider social context, and provide sustained, trauma-informed, survivor-centred support over time (All-Party Parliamentary Group for Adult Survivors of Childhood Sexual Abuse, 2020).

- Specialist support should reflect each survivor's individual needs, preferences and stage of recovery. Survivors should be able to access a **range of specialist, trauma-informed interventions, including long-term options**, built on a deep understanding of the lifelong impact of child sexual abuse (Brown et al, 2022) – these are detailed in Chapter 3.

2.6 Specialist support must be **visible, accessible and available** to all adult survivors of child sexual abuse

"For the first time in my life, I felt seen and understood." (One in Four, 2019:40)

- Many survivors face **major barriers** when it comes to reporting abuse or seeking help, and some groups remain particularly underserved (Jay et al, 2022).

- These barriers can include racism, ablism, stigma, cultural taboos, gendered expectations, homophobia and mistrust of statutory services. **Specialist support offered by voluntary sector service**s plays an especially important role in meeting the needs of marginalised groups (Chaudhry and McGuinness, 2025; Gibson et al, 2022; Lateef et al, 2025; Rapsey et al, 2020).

- Survivors need **clear, accessible information** about what support is available and how to access it when they are ready. Having straightforward, easily available information has been consistently identified by survivors as a key need (Smith et al, 2015).

- **Safe, person-centred environments** provide physical accessibility, clear communication and a welcoming approach. Such spaces need to offer flexible support that can adapt the format, timing and length of contact to meet each individual's needs (Chaudhry and McGuinness, 2025; Hollomotz et al, 2023).

2.7 When adult survivors can access the right support at the right time, they are enabled to **live alongside their trauma** as they seek to find ways towards personally meaningful recovery and healing

"I didn't know how grey my life was until I began to see colour." (One in Four, 2015:39)

- Adult survivors highlight the importance of **ongoing, timely support** rather than one-off or time-limited offers. They need the option to access or return to services at different stages of their lives as their needs change. This means creating open-ended pathways which recognise recovery as a long and non-linear process (Jay et al, 2022; Smith et al, 2015).

- The timing and quality of relational support are critical. Survivors describe how **being believed, treated with respect, and asked about their experiences** with sensitivity – at a time when they feel ready to talk – can be a turning point which helps them engage with support and begin to move forward (Chouliara, 2024; Scott et al, 2015b).

- Survivors describe their 'recovery' or 'healing' journey not as erasing the impacts of child sexual abuse but as learning to live with those impacts; rebuilding relationships, work and community connections; and finding greater meaning, control and hope (Attrash-Najjar et al, 2023; Kezelman and Stavropoulos, 2019). Access to appropriate, survivor-centred support is vital in helping them **move from simply surviving to leading more connected and fulfilling lives** (Sneddon et al, 2016; Walker-Williams and Fouché, 2015).

Framework of types of support for adult survivors

3.

By analysing the support that services across England and Wales are providing directly to adult survivors of child sexual abuse, we have identified the following eight types of intervention which focus specifically on meeting survivors' support needs.

Therapy/counselling	**Emotional and practical support, information and signposting**
Support and advice to navigate the justice system	**Helpline support**
Peer support	**Psychoeducation**
Holistic healing approaches	**Expressive and creative approaches**

Together, these eight intervention types constitute an effective framework of support for adult survivors of child sexual abuse.

This chapter explains why these different interventions are important and what is involved in delivering them. Feedback from survivors, provided by the services that have taken part in the research which informed the framework's development (see Appendix A) or – where indicated – quoted in previously published research, illustrates how important each of these interventions is.

Note that any individual service may provide one or more of these interventions, but it is important that there is a range of provision within a local area and that adult survivors can access it.

3.1 Therapy/counselling

What does this involve?

- **Structured, trauma-informed counselling or therapy delivered one to one by qualified therapists, counsellors, supervised trainees or volunteers. This may include person-centred therapy, integrative approaches, eye movement desensitisation and reprocessing (EMDR), stabilisation work, or Herman's three-phase trauma recovery model of safety, remembrance/mourning and reconnection (Herman, 1992).**
- Sessions focus on supporting the survivor to replace harmful coping strategies with safer, sustainable ones, whether physical, emotional or otherwise, while working at their pace. It also acknowledges that coping and resilience fluctuate over time and that therapeutic support may include responding to crises as they arise, all while maintaining the survivor's sense of agency and empowerment.
- Trauma-informed therapy or counselling is typically time-limited but flexible, ranging from six to 24 sessions (up to 90 sessions or two years in long-term models) with regular clinical reviews, fortnightly/weekly frequency, and extensions based on survivor need, progress or ethical/clinical reasons.
- Delivery is flexible – it may be in person (including 'walk and talk') or by virtual meeting (e.g. Zoom/Google Meet), phone, video call or email/instant messaging – to enhance accessibility, with interpreters, sensory adaptations, disabled access and shift-worker scheduling where required.
- Therapy is sometimes integrated within wider care pathways including peer groups, pre-therapy workshops, psychoeducational courses or onward referrals.
- Crown Prosecution Service guidance says that pre-trial therapy can be offered while police investigations/criminal proceedings are under way (CPS, 2022).

Why is this important?

- Trauma-informed therapy builds safety, and helps survivors process and integrate their experiences into coherent narratives at their own pace, reducing symptoms and promoting post-traumatic growth.
- Mental health and daily functioning are improved through enhanced coping skills, emotional self-regulation, and greater understanding of the impact of trauma.
- It reduces isolation and builds supportive connections, with pathways into peer support where appropriate.
- Therapy can help to prevent mental health deterioration, substance misuse, relationship breakdowns and crisis service use, while enhancing employment prospects, family stability and overall health and wellbeing.

What survivors have said

"I have never been able to explore what happened to me as a child ... Seeing how the current behaviours and ways of thinking have all stemmed from the abuse has enabled me to let go of the guilt I felt."

"I sincerely do not believe I would be here today without the help ... My quality of life has improved tenfold."

"I've now moved into a new home... All my relationships have improved... I'm socialising more without constant anxiety... I'm happy and am enjoying life for the first time in a long time."

3.2 Emotional and practical support, information and signposting

What does this involve?

- **Holistic emotional and practical support based on an initial, whole-person assessment and an evolving personal support plan. This includes space to talk, emotional validation, grounding and safety planning, alongside**
- Support is provided by case workers who can give information, advice and guidance about options and rights, plus practical help, advocacy and liaison with other agencies such as mental health services, GPs, housing, safeguarding teams, benefits teams, employers and education providers.
- Support is commonly offered through regular planned sessions, often weekly or fortnightly, with scope for more ad hoc contact when there is a crisis or increased need. This support may be time-limited for a defined number of contacts or weeks, from six to 20 sessions, with the option to extend where necessary – or it may involve open-ended support ending by mutual agreement when goals are met or needs change.
- It can be delivered in person (including 'walk and talk') or by virtual meeting, phone, video call or email, to accommodate different survivors' preferences, geography and physical needs.
- Services can be offered in survivor-led, community-based venues, or in safe, confidential and anonymous settings, to reflect survivors' needs and help them feel represented and understood.

Why is this important?

- Practical support tackles social and economic challenges which exacerbate trauma symptoms, while helping adult survivors access therapy and emotional support. This can be a starting point for them to gain confidence in speaking and being heard before they move into more structured therapeutic support.
- Because of the fragmentation of provision and the lack of culturally aware services that understand survivors' contexts and intersectional identities, many survivors struggle to find support to meet their needs. Information and signposting can help them overcome barriers to access, enabling them to receive person-centred support.

What survivors have said

"Having someone really listen, believe me and then walk alongside me with the right information and practical help meant I didn't have to face everything alone – it was the first time I felt I could actually rebuild my life after the abuse."

"I just want someone to sit over there and listen to me … I need my story to be witnessed, and that's the validation I'm looking for." (Nelson and Hampson, 2008:30)

3.3 Support and advice to navigate the justice system

What does this involve?

- **Practical, trauma-informed support navigating the criminal justice system, delivered one-to-one by Independent Sexual Violence Advisors (ISVAs), specialist advocates or caseworkers, following statutory guidance for ISVAs (Ministry of Justice, 2025).**
- It covers all stages: considering whether to report the abuse, police interviews, Victim Personal Statements, court familiarisation, special measures applications, the trial, sentencing and, if needed, appeals and applications under the Crown Prosecution Service's 'Victims' Right to Review' Scheme (CPS, 2021).
- It includes advocacy for the survivor's rights/needs, information about the criminal justice system, practical liaison (e.g. with police and the CPS), emotional support during delays, court accompaniment, and advocacy when the police/CPS decide on no further action.
- Delivery is flexible – it may be in person (including 'walk and talk') or by virtual meeting, phone, video call or email/instant messaging – with accessibility measures such as interpreters, alternative formats, and location flexibility.
- Support is provided for as long as the criminal case is active (no session limit), on an as-required basis, to any adult survivor of child sexual abuse with an active case or is considering reporting; availability may sometimes be extended to affected family/supporters.
- Support may also be provided to survivors involved in other legal processes, such as applying to the Criminal Injuries Compensation Authority for financial compensation or pursuing civil claims for compensation against individual perpetrators or institutions responsible for their abuse.
- Some support may be provided to survivors involved in family court proceedings, such as seeking care or protection orders, especially if they have children or if they were sexually abused in a family context.

Why is this important?

- Adult survivors of child sexual abuse face complex, intimidating criminal justice processes, which can often be retraumatising through delays, scrutiny and unpredictability; this makes specialist support essential.
- ISVA-led advocacy ensures that survivors understand their rights, options and timelines at every stage, helping them to feel more empowered within the system.
- Practical and emotional support during police interviews, preparation for court, and special measures applications reduces anxiety, builds confidence and improves survivors' experiences of engaging with the justice system.
- Ongoing support and accompaniment can help survivors feel less isolated, navigate system failures or disappointments, and sustain their engagement through protracted cases; it therefore enhances access to justice and perpetrator accountability.

What survivors have said

"If it wasn't for [the ISVA] I think … You know when you're on a low point, and you start thinking to yourself, is it really worth you being here? And you feel like you're banging against a brick wall. Honestly and you can quote me on this, I've told her this to her face: I really do not believe I'd a' been here if it wasn't for [the ISVA]." (Hester and Lilley, 2018:318)

"[The ISVA] supported me through the system, always explained what would be happening. I used to get, can't remember [whether] it was weekly or fortnightly phone calls from [the ISVA] to see how I was, just constantly keep checking in, if I was struggling with anything whether it was finances or, you know, feeling obviously you can't cope anymore, if it's too much then she'd start putting me into other services, and getting that help for me." (Hester and Lilley, 2018:320)

"She just stood by me and told me that everything's gonna be fine and she was just a shoulder to cry on … I was absolutely crapping myself. I was being sick and everything … and she got me there. I just didn't know what to expect when I went in … if it wasn't for [the ISVA], like I say, I wouldn't a' been able to do it." (Hester and Lilley, 2018:320)

3.4 Helpline support

What does this involve?

- **One-to-one, ad hoc, open-ended support, typically available within set hours and responsive to the caller's immediate needs.**
- Helpline support may be offered through multiple access routes including telephone helplines, text and live chat, email support and online forums or web-based contact.
- Helplines provide emotional support, listening, validation and space to talk.
- Information and guidance may also be provided, as well as signposting and referrals, and practical support with housing, debt, employment, education, life skills and general wellbeing.
- Depending on the forms of support offered, helpline support may be delivered by a mix of trained roles; these include specific helpline staff, case workers/support workers, therapists/counsellors, trainee/student practitioners, and trained volunteers – including those who have themselves been sexual abused in childhood.
- Accessibility and inclusivity considerations include flexible contact and scheduling options, interpretation services, and diverse staff and volunteers to reflect client identities.

Why is this important?

- Helplines offer rapid, confidential support at moments when survivors may feel alone, overwhelmed or unsure about where to turn, or when other services are closed.
- Being believed and listened to reduces shame and stigma. Helplines offer the opportunity to provide comfort and guidance – helping to stabilise distress and prevent crisis – alongside practical help to reduce immediate pressures.
- The support is flexible, accessible and low-barrier, allowing people to reach out in ways that feel safest to them.
- Open-ended access and multiple communication options make helplines an essential, inclusive part of the support landscape for survivors, helping them to live alongside their trauma as they seek to find ways towards personally meaningful recovery and healing.
- By providing support to families, friends and professionals, helplines can strengthen the wider network around survivors.

What survivors have said

"Talking to someone who understood what I'd been through made me feel human again. It was the first time I didn't feel alone with it."

"Being able to phone up and have support, like when I was having a bad day I would ring up and they would stay on the phone with me to make sure I was okay. I think it makes you feel like someone is there for you." (Bond et al, 2018:39)

3.5 Peer support

What does this involve?

- **Facilitated or peer-led group sessions led by trained facilitators for adult survivors to connect, share experiences, and build mutual support.**
- Peer support focuses on reducing isolation, psychoeducation, building confidence/resilience, trauma understanding, and practical coping; it is professionally facilitated by therapists, project workers, or trained survivor-peers following trauma-informed principles.
- Sessions may incorporate self-care activities, crafts, discussions, or masterclasses on topics such as boundaries, trust and creative therapies.
- Sessions may run weekly, twice-monthly, or on an ad hoc basis (e.g. drop-in, open membership), typically two hours per session. Sometimes there may be fixed time limits on attendance, with survivors transitioning to ongoing/ open-ended peer networks or forums (e.g. WhatsApp groups).
- Peer support may also take the form of one-to-one support or mentoring, involving regular meetings with a trained peer or mentor who has lived experience of child sexual abuse and can offer emotional support, validation and a space to reflect on coping strategies and progress.
- One-to-one peer support can also offer practical guidance and signposting – for example, by helping a survivor prepare for appointments, navigate services or set personal goals, while modelling healthy boundaries and promoting autonomy.
- Delivery is flexible – it may be in person (including 'walk and talk') or by virtual meeting (e.g. Zoom/Google Meet), phone, video call or email/instant messaging – to enhance accessibility, with interpreters, sensory adaptations, disabled access and shift-worker scheduling where required.
- Support can be tailored for specific groups (e.g. men-only, women-only).
- Support sometimes extends to people who have been victims of sexual violence in adulthood.
- Some peer support groups also incorporate activism, enabling survivors to channel their experiences into advocacy, policy influence and collective action for systemic change alongside healing and connection.

Why is this important?

- Because of the hidden nature of their trauma, adult survivors of child sexual abuse often experience profound isolation, shame and disconnection; this makes peer and community support essential for validation and breaking cycles of silence.
- Group-based peer support provides a unique space where survivors share experiences with others who 'get it' without judgement or the need for explanation; this fosters a sense of belonging, mutual understanding and reduced self-blame.
- Peer support groups build confidence, social skills, coping strategies, and resilience through collective activities and discussions, helping survivors transition from crisis survival to sustained wellbeing and community connection.
- Ongoing peer connections prevent relapse into isolation, offer lifeline consistency beyond formal services, and empower survivors as experts of their own recovery – which is particularly vital for underserved groups like male survivors.

What suvivors have said

"For the first time, I felt truly seen and not judged ... [the group] gave me permission to be real – and to heal, in my own time."

"It's the first time I've shared my story without fear of judgement – it feels like a community that truly understands."

"Being part of this group has given me strength on days I thought I couldn't face the world."

3.6 Psychoeducation

What does this involve?

- **Psychoeducation helps survivors understand the reasons behind their responses to trauma. It explains how abuse reshapes the brain, nervous system, perceptions, emotions and behaviour, so that survivors can make sense of changes in the context of their lived experience, without placing responsibility on themselves for what happened.**
- It is primarily delivered by therapists and/or counsellors – with some co-facilitation by, for example, caseworkers/support workers or facilitators with lived experience.
- Programmes offer strategies for managing the impacts of trauma (such as breathing, visualisation or other grounding techniques), tailored to individual needs and choice, alongside self-reflection, peer learning and practical skills.
- Group-based interventions are common, with participants taking part in a structured weekly programme, running over four to 12 weeks, of sessions lasting up to three hours each.
- Some programmes offer ongoing support or follow-up sessions after the core programme ends.
- Delivery is generally in-person, with some interventions delivered virtually. Community-based settings can be used for some group programmes.
- Specific funding is required to ensure that programmes are accessible and inclusive, and that adaptations can meet individual and local needs.

Why is this important?

- Interventions that include education about the impacts of trauma can support survivors to understand that they are showing normal responses to trauma, thereby reducing their sense of shame, confusion and self-blame. Tools for managing trauma symptoms enable survivors to manage day-to-day triggers, anxiety, dissociation and overwhelming emotions. This in turn supports their internal resources and sense of control, and helps them regain a greater sense of safety and agency.
- The strategies provided through psychoeducation support recovery beyond the lifetime of the programme; they build longer-term wellbeing and provide tools for the future.
- By learning practical strategies and feeling more supported in navigating work, relationships and life's daily demands, survivors can better manage everyday stressors while acknowledging that their difficulties often stem from stigma, exclusion, systemic barriers, family rejection or workplace discrimination following disclosure.
- Psychoeducation can be integrated within longer-term counselling or group therapy, or act as a bridge to this, as it helps survivors feel safer, more informed and more ready to engage in deeper therapeutic processes.

What survivors have said

"Understanding how trauma affects my brain and body helped me realise my reactions were normal responses to what happened, not proof that I was 'crazy' – that knowledge was the first time I felt I could really start to heal."

"[S]he taught me a lot about the brain and how things get filed, how your body reacts, which completely makes sense. [So] rather than get panicked and overwhelmed, I know it's okay. I'm safe." (Bond et al, 2018:38)

3.7 Holistic healing approaches

What does this involve?

- **Complementary physical and bodywork such as trauma-informed yoga, myofascial release,[3] acupuncture, massage, cupping, gua sha (a facial massage technique), nutrition advice, and lifestyle/self-care techniques'**
- It incorporates psychoeducation, mentoring, and practical guidance on mental health/substance use, often alongside therapy, and is open to any adult survivor of child sexual abuse or sexual violence.
- Sessions are delivered one-to-one or in small groups by specialist trauma-informed practitioners.
- Sessions focus on holistic trauma release through body–mind integration, helping survivors reconnect with their physical selves, process stored trauma, and acquire sustainable self-care skills for long-term wellbeing.
- Courses may be time-limited or open-ended as needed. Sessions are typically held weekly, and may take place in person (in accessible venues) or virtually; advice may also be offered by phone or video call, or in the form of downloadable resources.

Why is this important?

- Trauma from child sexual abuse often manifests physically as well as emotionally, with survivors experiencing chronic tension, disconnection from their bodies, and somatic symptoms which traditional talk therapy alone may not fully address.
- Holistic body-based approaches enable trauma release through the body–mind connection, helping survivors to feel safe in their physical selves and regulate their nervous systems effectively.
- These therapies also equip survivors with practical self-care skills, nutrition guidance and lifestyle tools; they complement other support by addressing the whole person rather than isolated symptoms.
- Accessible complementary interventions improve mental health, relationships, workforce re-entry, and community engagement while reducing crisis service reliance.

3. Myofascial release is a hands-on manual therapy technique which applies gentle, sustained pressure to the muscles and fascia (connective tissue surrounding muscles, organs, and nerves) to release restrictions, reduce pain and improve mobility.

What survivors have said

"I think [the yoga] has had a lot to do with my healing process, because if not, it wouldn't have been possible for me to connect with myself or understand others, because I feel like everything was shut down, everything was deafened, because you're so stuck in the pain." (Fields, 2019:151–152)

"Bodywork helped me learn how to be touched again – to relearn how to be touched. All the touch I had gotten was always abusive, sexually or physically abusive. I never knew that touch could be otherwise. Having a massage therapist helped me to trust again and eventually to relax. It was a wonderful way to learn how to go on to a normal life afterwards." (Benjamin, 1991:7)

"My mental health has been better now than it has been for the last few years, if not decades! I've been twice to a mental hospital and have been on numerous medications as well as having gone twice for electroconvulsive therapy. Today I am almost free from the anxiety and social anxiety disorder and I stopped taking all my medication this spring." (Sigurdardottir et al, 2016:181)

3.8 Expressive and creative approaches

What does this involve?

- **Non-verbal, flexible routes to processing trauma, particularly where experiences are held in the body and senses and are hard to articulate in words.**
- Through art, movement, music and writing, survivors can symbolise and externalise traumatic material at a tolerable pace; this supports regulation, reduces overwhelm and eases them into deeper therapeutic work if and when they choose.
- These approaches are typically delivered in trauma-informed, phased ways that prioritise safety, consent and choice, with structured but adaptable session formats designed to contain strong feelings and minimise retraumatisation.
- Sessions are most commonly delivered weekly, with each session lasting around one to two hours; some services offer time-limited blocks (six to 12 sessions) while others provide longer-term work.
- Sessions are delivered by a range of registered creative therapists[4] including art, music, drama and dance movement therapists; counsellors and psychologists who integrate creative methods; specialist sexual violence staff who are trained in trauma-informed creative practice; and people with lived experience who co-facilitate or run groups within clear safeguarding and support frameworks.
- These approaches can be adapted to different cultural and identity contexts, using familiar symbols, stories and art forms that speak to survivors' specific experiences of oppression and resilience.

4. The Health and Care Professions Council (www.hcpc-uk.org) is the main statutory body that registers arts, music and drama therapists. Voluntary accredited registers include the Register of Play and Creative Arts Therapists (https://playtherapyregister.org.uk).

Why is this important?

- Expressive creative approaches help survivors broaden their sense of self and meaning beyond their abuse experiences, while fully honouring the ongoing realities of having been harmed.
- The act of creating – making aesthetic decisions, shaping narratives and sometimes sharing work –supports agency, self-efficacy and self-esteem. It helps survivors reconnect with pleasure, curiosity and imagination alongside trauma work.
- Collectively developed artworks, performances or publications create opportunities for mutual recognition and belonging, countering secrecy and stigma and sometimes contributing to advocacy or social change which many survivors find meaningful.
- Expressive creative work can make it easier to build trust with facilitators and peers, because attention is shared on a task rather than focused solely on verbal disclosure. Group-based and community projects reduce isolation by offering contact with others who understand child sexual abuse, without requiring everyone to narrate their experiences of abuse directly.
- Low-threshold, non-clinical and survivor-led formats may feel more approachable to survivors who mistrust services or have been harmed by previous responses, and they broaden the menu of support beyond highly verbal, standardised therapies.

What survivors have said

"Art therapy helped me express feelings I'd been carrying for years but could never put into words; turning them into images finally gave me a way to let some of the pain go and start to feel in control of my life again."

"Art gives survivors what words alone cannot – visibility, validation, and a pathway to healing. Art allows us to tell the truth safely and reminds survivors they are not alone." Our Voice (2026)

4. Understanding and responding to the diversity of adult survivors' needs

An effective supportive response for adult survivors should draw on the full range of interventions outlined in Chapter 3, recognising that survivors' needs vary and can shift over time. It is also important to acknowledge that adult survivors have a range of diverse backgrounds and life experiences which strongly shape both their support needs and the barriers they may encounter when seeking help.

4.1 Ethnicity and culture

Cultural norms and stereotypes shape how all survivors of child sexual abuse experience and seek support, with specific barriers often faced by those from Black, South Asian and other minority ethnic backgrounds (Dhaliwal, 2024).

The 'strong Black woman' stereotype may prevent female survivors from accessing and receiving the level of support they need (Subhan and Johnson, 2023), while Black male survivors may face stigma linked to expectations of masculinity, which can deter them from seeking support; instead, some may try to cope through denial, avoidance or hypersexualised behaviours (Myrie and Schwab, 2023)

For female survivors of South Asian heritage, concerns about family honour, marriageability and community reputation can prevent disclosure (Gill and Harrison, 2016); some experience ostracism that affects their sense of self, belonging and faith (Rodger et al, 2020). These women need culturally informed spaces in which they can talk about their experiences of abuse, freedom from pressure to report to police, and support to reconnect with their bodies and identity (Mansoor, 2023).

While peer support can be vital, survivors from minority ethnic backgrounds also value practitioners who understand cultural pressures, with some preferring professionals who show openness about ethnic and cultural difference rather than necessarily sharing the same ethnic background (Lateef et al, 2025).

Language barriers can also prevent meaningful access to information and services. Survivors for whom English is an additional language often rely on interpreters to access support. They need to be confident about the confidentiality of services, which can be very difficult to ensure in small or close-knit communities. It is important that interpreters have an understanding and can communicate about trauma and abuse, but this cannot be assumed (Kaiser et al, 2021). Research with South Asian survivors has highlighted their struggles in describing their abuse, either because they do not have adequate words with which to discuss sexual abuse or because the use of certain terms is 'taboo' and shameful (see, for example, Chen et al, 2025).

4.2 Disability

Disabled survivors of child sexual abuse encounter unique challenges shaped by factors including the nature of their disability (e.g.,physical, sensory, intellectual, or mental health), their access needs, and other characteristics such as their age, sex or ethnicity. Their trauma symptoms are often overlooked, and they sometimes struggle to access support when their needs are misunderstood, pathologised or deemed too complex (Chaudhry and McGuinness, 2025; Hollomotz et al, 2023).

Disabled survivors want to be asked about their access needs when approaching services for support. Services need to advocate on behalf of survivors, in making sure that their needs are communicated to all staff and to other relevant agencies and that they are remembered (Hollomotz et al, 2023).

To better meet disabled survivors' communication needs, studies have recommended that services have access to British Sign Language interpreters (Communication Barriers Working Group, 2023), and that service staff attend inclusive communication skills training (Hollomotz et al, 2023) and are trained to recognise indirect disclosures of abuse (Chaudhry and McGuinness, 2025). It should also be noted that it is important to ask survivors about what works for them in terms of communication, alongside recognising that disabled people have diverse experiences and needs relating to how their disability affects them; these needs may change over time.

A safe and accessible service environment is paramount, particularly as some survivors may have a disability that is not visible, or may not disclose their disability. It should be accessible in terms of:

- physical access (e.g. warm, welcoming rooms which are easy to reach)
- communication (e.g. staff use language which is accessible or provide information in easy-to-read format)
- attitudes and perspectives (e.g. staff do not view survivors with pity or with disbelief that they are sexual beings).

Survivors want services to deliver person-centred and flexible support. This may mean adapting the formats of meetings, interviews or therapy sessions and offering more or longer sessions (Chaudhry and McGuinness, 2025).

4.3 Sex, sexual orientation and gender reassignment

Studies show that girls are more likely to have been sexually abused than boys; consequently, services are often more attuned to responding to female survivors. Men who were sexually abused in childhood may be discouraged from seeking help, partly because of gender norms which frame vulnerability as weakness but also because of a lack of support appropriate to them (Patterson et al, 2026). Male survivors from minority ethnic backgrounds may face additional cultural pressures around honour, silence and stigma – see section 4.1 above.

The limited availability of services for male survivors may lead some to access services tailored more to the needs of women and girls (Widanaralalage et al, 2022), but they need to be able to receive support that challenges masculinity-based stigma and reframes help-seeking as strength. Male-specific survivors' groups offering trauma-stabilising treatment have been found to have numerous advantages, with men reporting that they would have found it more difficult to participate in a mixed-sex group (Røberg et al, 2018). Male survivors have reported that peer support was a powerful and necessary part of their recovery, especially group therapy that allowed them to connect with other male survivors, benefit from mutual understanding, and find out they were not alone (Cook et al, 2018; Ellis et al, 2020).

Equally, there is a need for services that are specifically for women and tailored to their needs. Research has found that women-only spaces of all types make women feel more comfortable to express themselves and articulate their needs, and less constrained or intimidated (Women's Resource Centre, 2006) – and in a survey of randomly selected women in the UK, 97% said that women who had been sexually assaulted should have the choice of a women-only support service (Corry et al, 2007).

Adult survivors who are lesbian, gay or bisexual, and those who are transgender, often encounter potentially harmful stereotypes: for example, it may be assumed that their sexual orientation or identified gender is a result of their abuse. As a result, some need support to separate their understanding of their sexual orientation or gender from the impacts of trauma (Gibson et al, 2022).

Services for adult survivors must be trauma-informed and intersectional, and should actively challenge gender norms, cultural stigma and harmful myths that deter help-seeking. Overall, the support available to survivors should be inclusive and respectful of both sexes and all sexual orientations and gender identities; it is also important to note that, for the purposes of the Equality Act 2010 and the provision of single-sex services/spaces, the meaning of 'sex', 'man' and 'woman' is based on biological sex rather than 'certificated sex' (Supreme Court of the United Kingdom, 2025).

4.4 Age

Older survivors may experience reactivation of trauma in later life, owing to their increased vulnerability, loss of independence or misdiagnosis of trauma-related symptoms. Age can also create barriers to accessing appropriate support, making it essential for services to listen to, believe and advocate for older survivors and involve them in service design (Brandl, 2016).

4.5 Socio-economic issues

Being sexually abused in childhood is associated with lower rates of employment, lower incomes and a lack of financial stability (Barrett et al, 2014). These outcomes may be secondary consequences of the impact of the abuse, stemming from;

- poor mental or physical health and relationship difficulties
- coping strategies, such as problematic drug/alcohol use, which get in the way of daily routines or impair the survivor's ability to sustain themselves in education and employment
- low self-esteem and self-confidence (Okunlola et al, 2021).

Many factors shape how survivors understand and respond to their abuse, influence their attitudes towards accessing support, and affect their communication styles and trust in services. Power dynamics between survivors and those working with them are also a key consideration; service providers need to reflect carefully on their assumptions and unconscious bias, and ensure that historical and other power imbalances are not inadvertently replayed through their provision. Their staff must be supported to work with cultural competence and cultural humility, demonstrating an openness, respect and commitment to working in partnership.

Funders and commissioners of support services need to ensure that there is support available to, accessible by and appropriate for all adult survivors in their area; this may include services designed solely to meet specific groups' unique needs. Interventions need to be tailored to meet individual need, and delivered by trained and qualified staff taking an intersectional approach which recognises that experiences are shaped by cross-cutting factors – none of which should pose a barrier to accessing support. Section 5.3 contains more information.

5.

Funding and commissioning support for adult survivors

This final chapter is written for those with responsibility for funding and commissioning services responding to child sexual abuse; it shows how the framework of different specialist interventions needed for adult survivors can guide your funding and commissioning decisions.

You should recognise that delivering these interventions demands significant capacity and resources; individual services need not offer the full spectrum, and should be valued for what they can sustainably provide – even if this is limited to a single intervention. What's important is that, within a local area, there is a range of provision.

5.1 Assessing the availability of support for adult survivors in your area

We have developed an audit tool that you can use to assess the likely level of need for support among adult survivors in your area, and the extent to which specialist support is available to meet that need. You can download a copy in Microsoft Excel to fill in, and there is a worked example of the audit tool at the end of this section.

Answering the questions on the next page – and particularly questions (4) and (5) – can help you comply with the Public Sector Equality Duty under the Equality Act 2010, as they support evidence-based decisions about services for and accessible to people with protected characteristics.

(1) What is the likely need for support for adult survivors in your area?

Using the estimate that 10% of children are sexually abused (Karsna and Kelly, 2021), you can calculate the likely need for support:

1. Use LG Inform (https:// lginform.local.gov.uk) – an online data benchmarking and analytics tool developed by the Local Government Association for UK councils and local authorities – to calculate the number of adults (18+) in your area.

2. Multiply this figure by 0.1 to give you an estimate of the number of adult survivors in your area.

(2) What support services are currently available for adult survivors of child sexual abuse?

You can use the CSA Centre's online directory of support services in England and Wales (www.csacentre.org.uk/get-support/) to locate services supporting adult survivors in your area. The directory includes all the services we know of that have a therapeutic or wellbeing focus, provide interventions free of charge, and directly address child sexual abuse. It provides an accessible way to search for services in your area, with a filter that enables you to search specifically for services providing support for adult survivors.

Check the results of your directory search, and remove any national services. The remaining search results may include services which operate in other geographical areas in addition to your own, but these should still be included in your audit if survivors living in your area can access them.

In part 2 of the audit tool, enter the name of each service you identify at the top of a separate column, and indicate below its geographical coverage.

If you are aware of any support services in your area which have a therapeutic or wellbeing focus, provide interventions free of charge, and directly address child sexual abuse but are not in the online directory – or if there is a service listed in the directory which you know has closed – please let the CSA Centre know by emailing ssvs@csacentre.org.uk

(3) What different types of support for adult survivors do these services provide?

Your search of the CSA Centre directory will have provided you with contact details of each service that supports adult survivors living in your area. Look at these services' websites, or contact them directly, to understand what their provision entails and how it reflects the different types of support outlined in the framework (see Chapter 3).

Part 3 of the audit tool lists the eight intervention types in our framework. For every service you have identified as supporting adult survivors in your area, record whether it offers each intervention.

(4) How accessible are services for adult survivors? Are there any restrictions on who can access support, or when? Are survivors being held on waiting lists?

Some interventions may be available only to certain groups, or only at certain times – or survivors may be held on waiting lists before they can access support. Again, contacting services directly will be the best way to find out this information.

For each service operating in your area, provide details of availability and restrictions (including the length of waiting times where applicable and known) in part 4 of the audit tool.

(5) Does the support meet the specific needs of different groups of adults?

The provision of support by specialist services needs to be available and responsive to all sections of the community living in your area. Attention should be paid to the specific needs of adult survivors of both sexes, and to those who:

- are from minority ethnic backgrounds (including Gypsies, Travellers and Eastern European people), and particularly those whose first language is not English
- are physically disabled
- have learning disabilities
- are in older age groups
- are lesbian, gay or bisexual, or are transgender.

When looking at existing services' websites or contacting them directly, check whether their interventions are available to these groups and responsive to their needs.

On the next page you can find a worked example of the audit tool, showing how it can be used to assess the need for and availability of specialist support for adult survivors.

Audit tool: worked example

Your local area's name:	EXAMPLE AREA

1. What is the level of need for support in your area?	Estimated adult population (aged 18+) – see www.lginform.local.gov.uk	131,696
	Estimated no. of adult survivors of child sexual abuse (= estimated adult population x 0.1)	13,170

2.1 What services are currently available for parents and carers of children who have been sexually abused in your area?		**Service Provider A**	**Service Provider B**	**Service Provider C**	**Service Provider D**
2.2 Which geographical area does each service cover?		All of the county	5 neighbouring local authorities	2 neighbouring counties	All of the county
3.2 If yes, what type(s) of support does the service provide?	Therapy/counselling	Yes	Yes	Yes	Yes
	Emotional and practical support and information, and signposting	No	No	Yes	No
	Support and advice to navigate the justice system	No	Yes	Yes	No
	Helpline support	No	No	No	Yes
	Peer support	No	No	No	No
	Psychoeducation	No	No	No	No
	Holistic healing approaches	No	No	No	No
	Expressive and creative approaches	No	No	No	No
4. Does the service have a waiting list or restrictions on the availability of support for adult survivors? If there is a waiting list, how long are people waiting?		6-month waiting list for therapy	8–12-month waiting list for therapy	9-month waiting list for therapy	Waiting list closed for therapy
5. Does it support all adult survivors, or is it focused on those with specific characteristics/experiences/needs?		All adult survivors	Services are specifically for women	Services are specifically for survivors from minority ethnic backgrounds	All adult survivors

5.2 Ensuring the active involvement of adult survivors

Engaging adult survivors of child sexual abuse as active partners in service design and delivery is increasingly recognised as essential for effective trauma support and recovery.

The final report of the Independent Inquiry into Child Sexual Abuse (Jay et al, 2022) emphasised that services must be shaped by survivors' lived experiences to ensure that they are trauma-informed, accessible and genuinely empowering. They must also recognise the profound, lifelong impacts of abuse on survivors' physical, emotional and relational wellbeing (Vera-Gray, 2023). By listening to survivors' priorities, practitioners can develop interventions that meet their diverse needs – from long-term counselling and peer support to holistic therapies and navigating the criminal justice system – while avoiding approaches that retraumatise through disbelief, delays or inadequate cultural competence (Wheildon, 2023).

Evidence demonstrates that co-designing services with adult survivors improves relevance, uptake and outcomes. This can involve survivor-led facilitation (such as peer groups run by trained survivors), flexible delivery adapted to lived realities (e.g. interpreters, male-only spaces, body-based therapies), and ongoing feedback loops that refine support over time. Survivor co-production in sexual violence services enhances trust, reduces dropout and fosters post-traumatic growth (Wheildon, 2023), while lived experience integration prevents generic models from failing marginalised groups (Chevous and Etwaria, 2023). Participatory frameworks positioning survivors as experts produce responsive services tackling shame and isolation (Kennedy et al, 2022; Wheildon, 2023).

5.3 Ensuring that interventions are accessible and reflect the diversity of adult survivors

It is important to ensure that the services you fund or commission:

- take an intersectional approach, recognising that adult survivors of child sexual abuse have needs which are shaped by cross-cutting factors and characteristics including ethnicity, sex, disability, sexual orientation, gender reassignment, poverty and social exclusion
- take account of community or cultural stigma around sexual abuse, which may affect how survivors engage with support, and design interventions accordingly
- offer multilingual and interpretive assistance, by providing resources and/or direct interventions in multiple languages or offering translation/interpretation to overcome language barriers
- offer varied delivery modes (in-person, online, phone) and times to accommodate survivors' work schedules, childcare needs, transport challenges and other constraints
- are tailored to respond to survivors' different accessibility needs (such as easy-read materials or visual aids) and address the physical, communication and systemic barriers faced by disabled people
- have staff/volunteers trained in trauma-informed care which respects cultural differences and socio-economic contexts
- demonstrate quality, safety and effectiveness in promoting coping and recovery, through independent evaluations, trauma-informed practice standards, client outcome measures and/or recognised sector kite marks.

It may be appropriate for some services to be focused solely on specific groups of survivors, and on meeting their particular needs and overcoming the specific barriers they face.

Additionally, support interventions must be accessible to survivors facing socio-economic barriers – they must be affordable or free, and services providing online resources must acknowledge and address disparities in access to technology. Services delivering interventions need to be aware of and ready to signpost or provide support for survivors affected by financial instability, housing challenges and employment pressures.

References

Adisa, O., Hermolle, M. and Ellis, F. (2023) *Denial, Disbelief and Delays: Examining the Costs on the NHS of Delayed Child Sexual Abuse Disclosures in England and Wales. Project Report*. Ispwich: Survivors in Transition. https://oars.uos.ac.uk/2970/

All-Party Parliamentary Group for Adult Survivors of Childhood Sexual Abuse (2020) *Can Adult Survivors of Childhood Sexual Abuse Access Justice and Support?* London: APPGASCSA. https://thesurvivorstrust.org/wp-content/uploads/2026/02/APPG-Final-report.pdf

Attrash-Najjar, A., Tener, D. and Katz, C. (2023) "One day it will be over, and you will see other landscapes... You are not alone": Adult survivors' messages to children undergoing child sexual abuse. *Journal of Interpersonal Violence*, 38(19–20):11138–11164. https://doi.org/10.1177/08862605231178496

Barrett, A., Kamiya, Y. and O'Sullivan, V. (2014) Childhood sexual abuse and later life economic consequences. *Journal of Behavioural and Experimental Economics*, 53:10–16. https://doi.org/10.1016/j.socec.2014.07.001

Benjamin, B. (1991) *Massage and Body-Work with Survivors of Abuse*. Cambridge, MA: Muscular Therapy Institute. www.learningmethods.net/pdf/ethics-survivors%20of%20abuse.pdf

Bond, E., Ellis, F. and McCusker J. (2018) *I'll Be a Survivor for the Rest of My Life: Adult Survivors of Child Sexual Abuse and Their Experience of Support Services*. Ipswich: University of Suffolk. https://oars.uos.ac.uk/2623/

Bradbury-Jones, C., Damery, S., Fruin, K., Gunby, C., Harlock, J., Hebberts, L., Isham, L., Jones, A., Maxted, F., Mighty, A., Parmar, P., Patterson, L., Schaub, J., Scott, F., Smailes, H., Smith, D. and Taylor, J. (2025) Exploring voluntary sector specialist services for victim-survivors of sexual violence in England: The PROSPER co-production study. *Health and Social Care Delivery Research*, 13(10). https://doi.org/10.3310/WWKT3077

Brandl, B. (2016) *Working with Older Survivors of Abuse: A Framework for Advocates*. Madison, Wisconsin: National Clearinghouse on Abuse in Later Life. www.nsvrc.org/resource/working-older-survivors-abuse-framework-advocates/

Brown, S., Carter, G., Halliwell, G., Brown, K., Caswell, R., Howarth, E., Feder, G. and O'Doherty, L. (2022) Survivor, family and professional experiences of psychosocial interventions for sexual abuse and violence: A qualitative evidence synthesis. *Cochrane Database of Systematic Reviews*, 2022(10):CD013648. https://doi.org/10.1002/14651858.CD013648.pub2

Callanan, M., Brown, A., Turley, C., Kenny, T. and Roberts, J. (2012) *Evidence and Practice Review of Support for Victims and Outcome Measurement*. London: Ministry of Justice. www.gov.uk/government/publications/evidence-and-practice-review-of-support-for-victims-and-outcome-measurement

Centre of expertise on child sexual abuse in collaboration with the Centre for Abuse and Trauma Studies, Middlesex University (2020) *A New Typology of Child Sexual Abuse Offending*. Barkingside: Centre of expertise on child sexual abuse. https://doi.org/10.47117/GPWC2722

Chaudhry, T. and McGuinness, R. (2025) Exploring the barriers people with learning disabilities face when disclosing abuse and seeking support: A case discussion. *FPID Bulletin: The Bulletin of the Faculty for People with Intellectual Disabilities,* 23(2):22–29. https://doi.org/10.53841/bpsfpid.2025.23.2.22

Chen, Y., Drini, E., Appleton, R., Billings, J. and Talwar, S. (2025) Support needs of south Asian adult survivors of childhood sexual abuse: Perspectives of UK mental health professionals and key stakeholders. *PLOS Mental Health*, 2(10):e0000454. https://doi.org/10.1371/journal.pmen.0000454

Chevous, J. and Etwaria, R. (2023) *A Better Way*: *An Independent Review of Survivor Involvement in the MESARCH Project*. Ipswich: Survivors Voices. https://survivorsvoices.org/research/a-better-way-mesarch-review-f6/

Chouliara, Z. (2024) Is trust an essential therapeutic goal in working with childhood sexual abuse (CSA)? – a body of empirical research. *British Journal of Guidance & Counselling*, 52(4):761–776. https://doi.org/10.1080/03069885.2024.2309886

Chouliara, Z., Karatzias, T., Scott-Brien, G., Macdonald, A., MacArthur, J. and Frazer, N. (2012) Adult survivors' of childhood sexual abuse perspectives of services: A systematic review. *Counselling and Psychotherapy Research*, 12(2):146–161. https://doi.org/10.1080/14733145.2012.656136

Communication Barriers Working Group (2023) *Listen to Us! Communication Barriers: How Statutory Bodies Are Failing Black, Minoritised, Migrant, Deaf and Disabled Women and Girls Victims/Survivors of VAWG*. London: CBWG. www.endviolenceagainstwomen.org.uk/listen-to-us

Cook, J., Anderson, C., Simiola, V. and Ellis, A. (2018) Top ten questions male sexual abuse survivors want to know from health care research. *Journal of Aggression, Maltreatment & Trauma*, 27(8):867–882. https://doi.org/10.1080/10926771.2018.1446481

Corry, D., Dhami, K., Hudson, I., Moore, K. and Pouwhare, T. (2007) *Why Women-only? The Value and Benefits of by Women, for Women Services*. London: Women's Resource Centre. www.wrc.org.uk/why-women-only-the-value-and-benefits-of-by-women-for-women-services-2007

Crown Prosecution Service (2022) Pre-Trial Therapy. [Online.] Available at: www.cps.gov.uk/prosecution-guidance/pre-trial-therapy [Accessed on 1 April 2026.]

Crown Prosecution Service CPS (2021) Victims' Right to Review Scheme. [Online.] Available at: www.cps.gov.uk/prosecution-guidance/victims-right-review-scheme [Accessed on 1 April 2026.]

Dhaliwal, S. (2024) *Child Sexual Abuse of African, Asian and Caribbean Heritage Children: A Knowledge Review*. Barkingside: Centre of expertise on child sexual abuse. https://doi.org/10.47117/AXXZ8961

Ellis, A., Simiola, V., Mackintosh, M., Schlaudt, V. and Cook, J. (2020) Perceived helpfulness and engagement in mental health treatment: A study of male survivors of sexual abuse. *Psychology of Men & Masculinities*, 21(4):632–642. https://doi.org/10.1037/men0000313

Fields, A. (2019) The impact of therapeutic yoga on adult female survivors of child sex abuse in Nicaragua: Exploring the mind-body relationship in a culturally embedded healing process. [Doctoral thesis.] Managua, Nicaragua: Universidad Centroamericana. www.proquest.com/docview/2318681283

Fisher, C., Goldsmith, A., Hurcombe, R. and Soares, C. (2017) *The Impacts of Child Sexual Abuse: A Rapid Evidence Assessment.* London: Independent Inquiry into Child Sexual Abuse. www.iicsa.org.uk/document/iicsa-impacts-child-sexual-abuse-rapid-evidence-assessment-full-report-english.html

Fisher, P., Balfour, B. and Moss, S. (2018) Advocating co-productive engagement with marginalised people: A specific perspective on and by survivors of childhood sexual abuse. *British Journal of Social Work*, 48(7):2096–2113. https://doi.org/10.1093/bjsw/bcx149

Gewirtz-Meydan, A. (2022) Treating sexual dysfunctions among survivors of child sexual abuse: An overview of empirical research. *Trauma, Violence, & Abuse*, 23(3):840–853. https://doi.org/10.1177/1524838020979842

Gibson, E., Knight, R., Durham, A. and Choudhury, I. (2022) *Engagement with Lesbian, Gay, Bisexual, Transgender and Queer/Questioning + Victims and Survivors.* London: Independent Inquiry into Child Sexual Abuse. www.iicsa.org.uk/document/engagement-lesbian-gay-bisexual-transgender-and-queer-questioning-victims-and-survivors.html

Gill, A. and Harrison, K. (2016) Police responses to intimate partner sexual violence in South Asian communities. *Policing: A Journal of Policy and Practice*, 10(4):446–455. https://doi.org/10.1093/police/paw027

Herman, J. (1992) *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*. New York: BasicBooks.

Hester, M. and Lilley, S. (2018) More than support to court: Rape victims and specialist sexual violence services. *International Review of Victimology*, 24(3):313–328. https://doi.org/10.1177/0269758017742717

Hoffmann, T., Glasziou, P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D., Barbour, V., Macdonald, H., Johnston, M., Lamb, S., Dixon-Woods, M., McCulloch, P., Wyatt, J., Chan, A. and Michie, S. (2014) Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide. *British Medical Journal*, 348:g.1687. https://doi.org/10.1136/bmj.g1687

Hollomotz, A., Burch, L. and Bashall, R. (2023) *Formal Support Needs of Disabled Adult Victim-Survivors of Sexual Violence: A Qualitative Research Report*. London: Ministry of Justice. www.gov.uk/government/publications/formal-support-needs-of-adult-victim-survivors-of-sexual-violence

Home Office (2025a) *Tackling Child Sexual Abuse: Progress Update*. London: Home Office. www.gov.uk/government/publications/tackling-child-sexual-abuse-progress-update

Home Office (2025b) *Freedom from Violence and Abuse: A Cross-government Strategy to Build a Safer Society for Women and Girls*, *Volume 1: Strategy*. London: Home Office. www.gov.uk/government/publications/freedom-from-violence-and-abuse-a-cross-government-strategy

Jay, A., Evans, M., Frank, I. and Sharpling, D. (2022) *The Report of the Independent Inquiry into Child Sexual Abuse*. London: IICSA. www.iicsa.org.uk/reports-recommendations/publications/inquiry/final-report.html

Johnstone, L. and Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. and Read, J. (2018) *The Power Threat Meaning Framework*: *Overview*. Leicester: British Psychological Society. https://doi.org/10.53841/bpsrep.2018.inf299a

Kaiser, S., Choudhury, I., Knight, R. and Gibson, E. (2021) *Engagement with Support Services for Ethnic Minority Communities*. London: Independent Inquiry into Child Sexual Abuse. www.iicsa.org.uk/document/engagement-report-ethnic-minority-communities-29-april-2021.html

Karsna, K. and Kelly, L. (2021) *The Scale and Nature of Child Sexual Abuse: Review of Evidence (revised edition*). Barkingside: Centre of expertise on child sexual abuse. https://doi.org/10.47117/OBKC1345

Kennedy, S., Bewley, S., Chevous, J., Perôt, C., Vigneri, M. and Bacchus, L. (2022) A systematic review that evaluates the extent and quality of involving childhood abuse survivors in shaping, conducting and disseminating research in the UK. *Research for All*, 6(1):1494. https://doi.org/10.14324/RFA.06.1.03

Kewley, S. and Breen, S. (2025) *Funding and Commissioning Child Sexual Abuse Services: Why It's Important, and How to Do It Well*. Barkingside: Centre of expertise on child sexual abuse. https://doi.org/10.47117/GYEH2337

Kezelman, C. and Stavropoulos, P. (2019) *Practice Guidelines for Clinical Treatment of Complex Trauma*. Sydney, New South Wales: Blue Knot Foundation. https://blueknot.org.au/product/practice-guidelines-for-clinical-treatment-of-complex-trauma-digital-download/

Konya, J., Perôt, C., Pitt, K., Johnson, E., Gregory, A., Brown, E., Feder, G. and Campbell, J. (2025) Peer-led groups for survivors of sexual abuse and assault: A systematic review. *Journal of Mental Health*, 34(2):128–140. https://doi.org/10.1080/09638237.2020.1770206

Krishnan, M. and Bhagabati, K. (2023) Surviving childhood sexual abuse: A qualitative study of the long-term consequences of childhood sexual abuse on adult women's mental health. *Journal of Psychosexual Health*, 5(4) 253–262. https://doi.org/10.1177/26318318231221948

Lateef, R., Collin-Vézina, D., MacIntosh, H. and Alaggia, R. (2025) The influence of intersectionality on the counseling experiences of women survivors of child sexual abuse from minoritized racial and ethnic groups. *Journal of Counseling Psychology*, 72(6):668–685. https://doi.org/10.1037/cou0000823

LimeCulture (2025) *Quality Standards for Services Supporting Male Victims/Survivors of Sexual Violence*. Great Gransden: LimeCulture. https://limeculture.co.uk/quality-standards/

LimeCulture (2022) *Quality Standards for Independent Sexual Violence Adviser (ISVA) Services*. Great Gransden: LimeCulture. https://limeculture.co.uk/quality-standards/

Little, L. and Hamby, S. (2001) Memory of childhood sexual abuse among clinicians: Characteristics, outcomes, and current therapy attitudes. *Sexual Abuse,* 13(4):233–248. https://doi.org/10.1177/107906320101300402

Lockwood, S., Goggin, K.and Cuevas, C. (2022) The tapestry of identity: Understanding intersectionality within victimization experiences, consequences, and treatment of adult survivors of abuse. In Geffner, R., White, J., Hamberger, L., Rosenbaum, A., Vaughan-Eden, V. and Vieth, V. (eds.) *Handbook of Interpersonal Violence and Abuse across the Lifespan*. Cham: Springer. https://doi.org/10.1007/978-3-319-89999-2_180

Mansoor, N. (2023) *Exploring the Life Stories of South Asian Women Survivors of Sexual Violence*. Manchester: Greater Manchester Rape Crisis. www.manchesterrapecrisis.co.uk/services/what-will-people-say/

Ministry of Justice (2025) *Independent Sexual Violence Adviser (ISVA) Statutory Guidance*. London, MoJ. www.gov.uk/government/publications/independent-sexual-violence-adviser-statutory-guidance

Myrie, Z. and Schwab, M. (2023) Recovery experiences from childhood sexual abuse among Black men: Historical/sociocultural interrelationships. *Journal of Child Sexual Abuse*, 32(1):22–39. https://doi.org/10.1080/10538712.2022.2155599

Nelson, S. and Hampson, S. (2008) *Yes You Can! Working with Survivors of Childhood Sexual Abuse (second edition).* Edinburgh: Scottish Government. https://core.ac.uk/outputs/4157009/

Office for National Statistics (2025) Abuse during childhood in England and Wales: March 2024. [Online.] Available at: www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/abuseduringchildhoodinenglandandwales/march2024 [Accessed on 1 April 2026.]

Office for National Statistics (2023) Census 2021: Age by single year. [Online.] Available at: www.ons.gov.uk/datasets/TS007/editions/2021/versions/3 [Accessed on 9 January 2025.]

Okunlola, O., Odukoya, J. and Gesinde, A. (2021) Outcomes of sexual abuse on self-esteem among adolescents: A systematic review. *Cogent Social Sciences, 7*(1):1856296. https://doi.org/10.1080/23311886.2020.1856296

One in Four (2019) *Numbing the Pain: Survivors' Voices of Childhood Sexual Abuse and Addiction*. London: One in Four. https://oneinfour.org.uk/wp-content/uploads/2019/03/RackMultipart20190320-8959-khxw2x.pdf

One in Four (2015) *Survivors' Voices: Breaking the Silence on Living with the Impact of Child Sexual Abuse in the Family Environment*. London: One in Four. https://oneinfour.org.uk/wp-content/uploads/2020/11/Survivors_Voices_Report_November_2015-2.pdf

Our Voice (2026) *The healing power of art: How creative expression supports survivors*. [Blog.] Available at: www.ourvoicenc.org/the-healing-power-of-art-how-creative-expression-supports-survivors/ [Accessed on 1 April 2026.]

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

Parkinson, D. and Steele, M. (2024) Support Matters: *An Overview of Services for Adult Victims/Survivors of Child Sexual Abuse*. Barkingside: Centre of expertise on child sexual abuse. https://doi.org/10.47117/HVKL1364

Patterson, T., Hobbs, L., Treharne, G., Dixon, L., Keogh, A. and Beres, M. (2026) Seeking support: The voice of young men who have experienced sexual harm during their life course: *Journal of Interpersonal Violence*, 41(1–2):67–92: https://doi.org/10.1177/08862605241308297

Rape Crisis England & Wales and Rape Crisis Scotland (2024) *Rape Crisis National Service Standards*. Leeds/Glasgow: Rape Crisis England & Wales/Rape Crisis Scotland. https://rapecrisis.org.uk/about-us/national-service-standards/

Rapsey, C., Campbell, A., Clearwater, K. and Patterson, T. (2020) Listening to the therapeutic needs of male survivors of childhood sexual abuse. *Journal of Interpersonal Violence*, 35(9–10):2033–2054. https://doi.org/10.1177/0886260517701453

Røberg, L., Nilsen, L. and Røssberg, J. (2018) How do men with severe sexual and physical childhood traumatization experience trauma-stabilizing group treatment? A qualitative study. *European Journal of Psychotraumatology,* 9(1):1541697. https://doi.org/10.1080/20008198.2018.1541697

Rodger, H., Hurcombe, R., Redmond T. and George, R. (2020) *"People Don't Talk about It": Child Sexual Abuse in Ethnic Minority Communities*. London: Independent Inquiry into Child Sexual Abuse. www.iicsa.org.uk/reports-recommendations/publications/research/child-sexual-abuse-ethnic-minority-communities

Scott, S., Williams, J., McNaughton Nicholls, C., McManus, S., Brown, A., Harvey, S., Kelly, L. and Lovett, J. (2015a) *Violence, Abuse and Mental Health in England: Population Patterns. (REVA Briefing No.1)* . London: NatCen Social Research. London: Child and Woman Abuse Studies Unit, London Metropolitan University. www.dmss.co.uk/pdfs/REVA-Brief1-Population-patterns-FINAL-071015.pdf

Scott, S., Williams, J., McNaughton Nicholls, C., McManus, S., Brown, A., Harvey, S., Kelly, L. and Lovett, J. (2015b) *A Briefing for Mental Health Professionals: Why Asking about Abuse Matters to Service Users (REVA Briefing No.3)*. London: Child and Woman Abuse Studies Unit, London Metropolitan University. www.dmss.co.uk/pdfs/REVA-Brief-3-Guidance-for-mental-health-professionals-FINAL-071915.pdf

Sigurdardottir, S., Halldorsdottir, S., Bender, S. and Agnarsdottir, G. (2016) Personal resurrection: Female childhood sexual abuse survivors' experience of the Wellness-Program. *Scandinavian Journal of Caring Science*s, 30(1):175–186. https://doi.org/10.1111/scs.12238

Smith, N., Dogaru, C. and Ellis, F. (2015) *Hear Me. Believe Me. Respect Me: A Survey of Adult Survivors of Child Sexual Abuse and Their Experience of Support Services*. Ipswich: University of Suffolk. https://oars.uos.ac.uk/2622/

Sneddon, H., Wager, N. and Allnock, D. (2016) *Responding Sensitively to Survivors of Child Sexual Abuse: An Evidence Review*. Cardiff: Victim Support. www.academia.edu/90222970/Responding_sensitively_to_survivors_of_child_sexual_abuse_an_evidence_review

Subhan, B. and Johnson, V. (2023) The strong Black woman archetype and therapeutic outcomes: Examining relationships among women with childhood sexual abuse histories. *Journal of Racial and Ethnic Health Disparities*, 10(6):2957–2969. https://doi.org/10.1007/s40615-022-01472-7

Supreme Court of the United Kingdom (2025) Press summary: For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent) [2025] UKSC 16. London: Supreme Court of the United Kingdom. www.supremecourt.uk/cases/press-summary/uksc-2024-0042

The Survivors Trust (2024) *Tackling Violence against Women and Girls: Funding. Third Report of Session 2024–25: Written Evidence Submitted by The Survivors Trust (TVF0076)*. Rugby: TST. https://committees.parliament.uk/writtenevidence/140172/pdf/

The Survivors Trust (2021) *National Service Standards for Delivering Services Supporting Victims/Survivors of Sexual Violence and/or Childhood Sexual Abuse*. Rugby: TST. https://thesurvivorstrust.org/national-service-standards/

Thiara, R., Roy, S., and Ng, P. (2015) *Between the Lines: Service Responses to Black and Minority Ethnic (BME) Women and Girls Experiencing Sexual Violence*. London: Imkaan. www.imkaan.org.uk/publications

UK Government (2025) Press release: Abuse victims to get specialist NHS support. London: UK Government. www.gov.uk/government/news/abuse-victims-to-get-specialist-nhs-support

Vera-Gray, F. (2023) *Key Messages from Research on the Impacts of Child Sexual Abuse*. Barkingside: Centre of expertise on child sexual abuse. https://doi.org/10.47117/XHQX7049

Walker-Williams, H. and Fouché, A. (2015) A strengths-based group intervention for women who experienced child sexual abuse. *Research on Social Work Practice*, 27(2):194–205. https://doi.org/10.1177/1049731515581627

Wheildon, E. (2023) *Towards Meaningful Engagement: Key Findings for Survivor Co-production of Public Policy on Gender-based Violence*. Sydney, New South Wales: Australia's National Research Organisation for Women's Safety. www.anrows.org.au/publication/towards-meaningful-engagement-key-findings-for-survivor-co-production-of-public-policy-on-gender-based-violence/

Widanaralalage, B., Hine, B., Murphy, A. and Murji, K. (2022) "I didn't feel I was a victim": A phenomenological analysis of the experiences of male-on-male survivors of rape and sexual abuse. *Victims & Offenders*, 17(8):1147–1172. https://doi.org/10.1080/15564886.2022.2069898

Women's Resource Centre (2006) *Why Women? The Women's Voluntary and Community Sector, Changing Lives, Changing Community, Changing Society*. London: WRC. www.wrc.org.uk/why-women

Zinzow, H., Littleton, H., Muscari, E. and Sall, K. (2022) Barriers to formal help-seeking following sexual violence: Review from within an ecological systems framework. *Victims & Offenders*, 17(6):893–918. https://doi.org/10.1080/15564886.2021.1978023

Appendix A. How did we develop this guide?

The aim of this work was to develop a framework that set out the range and types of support needed by adult survivors of child sexual abuse, in order to:

- support the funding and commissioning of support services for adult survivors, by increasing funders' and commissioners' understanding of the subject
- help service providers to collaborate and avoid duplication of their service offers
- improve adult survivors' access to appropriate support.

Developing the principles to underpin the framework

We first formed a project team, comprising members of the CSA Centre's research and evaluation team with member of its practice improvement team, to bring both research and practice expertise to the work. This was complemented by the formation of a sub-group containing members of our 'experts by experience' group (adult survivors of child sexual abuse), people working in the field, and those with an academic interest in this area.

An initial meeting of the sub-group was convened to formulate the principles underpinning the framework. Once these had been drafted and agreed, existing research literature was examined to provide evidence for each principle.

Researching the current provision of different support types

The next stage involved designing an online questionnaire to explore the types of support interventions being provided to adult survivors. The questionnaire was based on the Template for Intervention Description and Replication (TIDieR) checklist (Hoffmann et al, 2014), which provides a clear, structured framework to support researchers in describing interventions in research publications:[5]

5. The TIDieR checklist was developed through literature review and a Delphi survey with international experts, was endorsed by the *British Medical Journal* and is widely used, particularly in health contexts.

	TIDieR checklist	CSA Centre interventions mapping survey
BRIEF NAME	Provide the name or a phrase that describes the intervention.	Please tell us the name of your (first) intervention for adult survivors?
WHY	Describe any rationale, theory, or goal of the elements essential to the intervention.	What is the primary function of this support/intervention? Does the support/intervention have other functions? What do you see as the outcomes/ benefits for adult survivors of receiving this intervention?
WHAT	Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL). Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	Please describe this intervention/ type of support in one sentence. This will help us to check we have correctly understood the data you provide in the rest of the questionnaire. Is this intervention based on any specific model or approach? Please tell us more if so. What does the support involve?
WHO PROVIDED	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	Who delivers this intervention? And is the group facilitated by a professional?
HOW	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	Is the support one-to-one or group-based?
WHERE	Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	How is this support/intervention delivered? In-person/Virtual/ Telephone/Email/Website/App
WHEN and HOW MUCH	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	When can people access this support/intervention? How long is this support/intervention provided for? How long can people receive this support for? And how frequently is this support/ intervention provided?

	TIDieR checklist	CSA Centre interventions mapping survey
TAILORING	If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	How would you describe the focus of the support/intervention?
HOW WELL	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them. Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	Do you collect any feedback from people receiving this intervention or have you carried out any evaluation of this intervention? Please tell us more if so.

We added questions to this, asking who the support/intervention was for and whether there were any criteria for accessing it as well as providing an open question at the end in case there was anything else respondents wanted to add.

An email was sent to services on the CSA Centre's online database of services supporting people affected by child sexual abuse, to invite them to be part of this research by competing the online questionnaire. The same invitation was circulated in the CSA Centre newsletter.

The questionnaire was completed by 21 service providers, five of which submitted multiple responses. In all, these service providers told us about 32 different interventions provided to adult survivors, as shown in Table 1.

We would like to thank all these services for their participation.

After analysing the responses and drawing together similar support interventions, we developed a draft framework of support intervention types.

Consultation and final review

The draft framework was discussed with our sub-group of experts by experience, service providers and academics, before being sent out for final review to CSA Centre staff who had not been involved in its development, to bring fresh eyes to the work. Following revisions, it was circulated to a review panel of academics, service providers and adult survivors. The final framework was produced taking on board their feedback.

Table 1. Number of interventions provided for adult survivors by services that took part in the second phase of the research

Name of service	No. of interventions
Argyll and Bute Rape Crisis	1
BeyondTrauma Academy CIC	1
CARA (Centre for Action on Rape and Abuse)	4
Chinese medicine therapy	1
CHOICES	2
Circles South East	1
Cyfannol Women's Aid	1
Daisy Programme	1
First Tier	1
Herts Rape Crisis and Sexual Abuse Centre	1
MindMosaic Counselling and Therapy	1
moMENtum Devon CIC	1
Projectsnowball.org	1
RASASC North Wales	1
Red Kite Rape and Sexual Abuse Support Service	1
Safeline	3
Saint Mary's Sexual Assault Referral Centre	1
SERICC – Rape and Sexual Abuse Specialist Service	1
Survive North Yorkshire	3
Survivors Of aBuse	1
West Mercia Rape and Sexual Abuse Support Centre	4
TOTAL	**32**

Parkinson, D. and Smeaton, E. (2026)
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