

**Hear me.  
Believe me.  
Respect me.**

**#Focusonsurvivors**

**A survey of adult survivors of child sexual abuse and their experiences of support services.**

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**University  
Campus  
Suffolk**

  
**Survivors**  
in transition

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## Support for Survivors

The research is about support available to people who have survived child sexual abuse. Whatever your circumstances, if you feel that you need advice or support please contact one of the following organisations:

### Survivors in Transition (SiT)

A support centre for adult survivors of childhood sexual abuse based in Suffolk.

84, Fore Street  
Ipswich  
Suffolk  
IP4 1LB

Registered charity number 1144655

**Website:** <http://www.survivorsintransition.co.uk>

**Tel:** 07765 052282.

**Email:** [info@survivorsintransition.co.uk](mailto:info@survivorsintransition.co.uk)

**Tweet:** @survivorsuffolk

### The Survivors Trust (TST)

A national umbrella agency for 130 specialist rape, sexual violence and childhood sexual abuse support organisations throughout the UK.

Unit 2, Eastlands Court Business Centre  
St Peter's Road  
Rugby  
Warwickshire  
CV21 3QP

Registered Charity Number: 1109305

**Website:** [www.thesurvivorstrust.org](http://www.thesurvivorstrust.org)

**Tel:** 01788 550554

**Email:** [info@thesurvivorstrust.org](mailto:info@thesurvivorstrust.org)

**Tweet:** @survivorstrust

### Being listened to, believed and respected

The service-user reference group of Survivors in Transition specifically advised the research team that the survey should include questions about being listened to, believed and respected.

From the group's perspective these questions reflected essential basic qualities that services needed to have in order to help adult survivors of child sexual abuse.

As the group explained, being **listened to** is essential for survivors who as children lacked a voice or were ignored. Being **believed** is essential for survivors who as children would often be warned by their abusers that if they told anyone of the abuse they would not be believed. Being **respected** is essential for those who felt degraded by their abuse.

For more information about the research please contact Professor Noel Smith at [noel.smith@ucs.ac.uk](mailto:noel.smith@ucs.ac.uk).

# The Focus on Survivors Team

The Focus on Survivors study was devised and conducted by University Campus Suffolk and Survivors in Transition, with support from the Survivors Trust.

## Acknowledgements

The authors would like to acknowledge the important contribution made by Dr Emma Bond, UCS, to the initial design of the questionnaire. We thank Emma and Bernadette Mooney, UCS, for their generous support for the project generally.

Gratitude is due to Fay Maxsted and the Survivors Trust for helping with the development of the questionnaire design and the promotion of the survey to the Trust's members.

The service-user group of Survivors in Transition played a vital role in the design of the research and interpretation of results. The group's support, insight and expertise is greatly appreciated.

Above all, we are indebted to the hundreds of survivors of child sexual abuse who took the time and care to complete the survey. Without this the research would not have been possible.



This report is sponsored by Gotelee Solicitors, which is a Suffolk based firm of solicitors with their head office located in Ipswich. It has a specialist team of lawyers dealing in the difficult and often traumatic area of claiming abuse compensation on behalf of people who have suffered sexual abuse.

Survivors in Transition and Gotelee Solicitors have come together in partnership to help survivors who may wish to pursue a legal claim for compensation in respect of the abuse they suffered.

If you or someone you know is the victim of sexual abuse and wish to make a claim for compensation then it is important you contact a solicitor and seek legal advice as soon as possible. Survivors in Transition can put you in touch with the specialist lawyers at Gotelee Solicitors who will happily have a free no obligation, confidential discussion with you about your options.

Gotelee Solicitors are members of Association of Child Abuse Lawyers (ACAL) and the Association of Personal Injury Lawyers (APIL) and have a team of experts, including doctors, counsellors, psychiatrists and specialist barristers to ensure that your sexual abuse compensation claim has the very best support.

## About Survivors in Transition (SiT)

SiT was established in Suffolk in 2009 to provide an informal platform for survivors to come together and support each other.

Demand on the organisation for support and therapeutic intervention led to the SiT becoming a registered charity in 2011 staffed completely by volunteers.

SiT currently supports over 800 male and female survivors from across Suffolk and East Anglia per year.



Victims of sexual abuse often believe that they are not entitled to compensation if the abuse happened many years ago. It is important to understand that this is not correct and it is indeed possible to be successful in obtaining justice and compensation for survivors of historic sex abuse.



Designs, layouts and info-graphics are designed by the Information Team at Healthwatch Suffolk. Call 01449 703949 ([www.healthwatchesuffolk.co.uk](http://www.healthwatchesuffolk.co.uk)).

Local Healthwatch have the role to find out what people think about health and social care services in their area. They have powers to shape, influence and improve services now and for the future.

Visit the Healthwatch England website ([www.healthwatch.co.uk](http://www.healthwatch.co.uk)) to find out how you can help to improve services in your area.

# Executive Summary

## Focus on Survivors Survey

The research was undertaken in the context of a severe lack of evidence about the support needs of adult survivors of childhood sexual abuse (CSA) in the UK. It is based on an on-line, national survey of nearly 400 survivors, making this one of the largest surveys ever undertaken with this population.

The survey looked at experiences of abuse, satisfaction with different types of service and the availability of information about services.

## CSA in the UK

In media coverage CSA tends to be portrayed as assaults on children by adults outside of the family, often as isolated or short term episodes, and often as involving children on an opportunistic or random basis.

The survey suggests that this portrayal does not reflect typical experiences of abuse:

- Abuse by adults outside family networks is not typical. Almost 70 per cent of respondents reported that they were abused within the family or extended family and over 20 per cent reported that abuse happened in somebody else's home.
- CSA is not typically experienced as isolated or short term episodes. The average duration of abuse was 7 years.
- Rather than being random, opportunistic assaults, the risks of CSA are better understood as being concentrated among certain children. Over half of respondents reported being abused by more than one person.
- In most cases (70 per cent) the abuse was not reported to the police. Almost 90 per cent of survivors have not seen their abusers brought to justice.
- It might be expected that abuse is usually stopped as and when children make disclosures but this is not the case. Only 11 per cent of survivors said that abuse stopped about the same time as they made their disclosures. For most people (69 per cent) the abuse had stopped well before they told anyone about it. Alarming, 20 per cent of respondents continued to be abused at least one year or more after making disclosures. For this group, abuse continued for an average of almost 6 years after the first disclosure. Over 30 per cent of those who had continued to be abused after making disclosures had disclosed to a statutory service such as GP, social worker, doctor or teacher.
- Less than 20 per cent of survivors disclosed because they were asked directly if they had been sexually abused. Statutory services were no more likely to proactively discover abuse by asking direct questions than, say, survivors' friends and family. The onus falls on survivors to speak out about their abuse and many can find this in itself traumatic.
- Some survivors (34 per cent) first accessed support services around the same time as they made disclosures. However, many (42 per cent) did not receive such support until long after disclosure – on average 12 years later, with more than half of respondents waiting at least 9 years. Many services will be working with people who have never disclosed being sexually abused as children: 25 per cent of respondents said that they had used services specifically because of their abuse before ever disclosing.

## Support for survivors

Survivors use a range of support services. Counselling, mental health and GP services were most commonly used, with a half or more of survivors using these services as a result of CSA.

The next most commonly used services were voluntary sector sexual abuse and rape support services and psychotherapy services, followed by the police, the Samaritans, and Accident and Emergency and secondary health services. Less than a fifth of survivors used social services. Survivors used a range of services over a long period of time - on average between four and five services over a 10 year span between the first service accessed and the most recent service use.

Satisfaction with services was closely related to some basic qualities in the way services treated survivors – that is, whether they made survivors feel listened to, believed and respected:

- Nearly all of those who used Sexual Assault Referral Centre, Independent Sexual Violence Advisors, voluntary psychotherapy and counselling services and rape support services felt that they had been listened to, believed and respected by services.
- Less than half of those who used social services or A&E and hospital services felt that they had been listened to, believed and respected.
- Taking into account use of all services, survivors were more satisfied than dissatisfied with the support they received.
- However, there was a sharp contrast between

satisfaction with statutory sector and voluntary and independent sector organisations. Among survivors who had used both sectors, over 70 per cent were more satisfied with voluntary sector services than with statutory services, while less than 20 per cent rated statutory services over the voluntary sector.

- Poor service experience can represent a barrier to further service use. Survivors who are dissatisfied with services at one point in time take longer to go on to access new services. Survivors who fail to find a satisfying service go on to more services over a longer period of time than those who receive a helpful service response at the outset.
- Counselling and psychotherapy services are often provided through sexual abuse and rape support services, and this cluster of services represents the provision which respondents found most satisfying. When asked what, overall, had been the most helpful support they had received, 48 per cent of respondents referred to counselling and psychotherapy, 21 per cent cited sexual abuse and rape support services and 12 per cent specified group support with other survivors.
- However, 57 per cent of survivors said that they wanted more counselling and psychotherapy services. A number of problems were identified with the availability and adequacy of provision: insufficient free-at-point-of-use provision, long waiting lists for too brief counselling programmes, and limited options in terms of therapeutic techniques.
- A key barrier to getting help was the challenge for survivors of overcoming the difficulty of talking about their experiences of being sexually abused as children.

### Learning from survivors

Conclusions from the research include:

- Misinformation about CSA in the UK risks skewing and undermining targeted strategies to tackle typical forms of childhood sexual abuse.
- Greater professional vigilance in asking service users if they had experienced CSA – rather than relying on people to self-disclose – would be important for bringing forward processes of support and recovery for survivors. This would be a vital and cost-neutral step towards more proactive help for survivors and a more efficient service response.
- The impact of poor service experiences is more than the absence of effective help at one point-in-time. Instead, poor service experience is associated with a delay in survivors accessing future services and with survivors using more services over a longer duration. As such a poor service can have a long term impact and represent a barrier to support for survivors. In contrast, a good service response can result in survivors coming to a point of recovery or resolution sooner in their lives while at the same time making more efficient use of service resources.

In order to build on strengths, the voluntary and independent sector (rather than statutory bodies) is best placed to lead any national strategy to develop support for CSA survivors in the UK.



“Sometimes the fear and the shame is too great to be able to say anything no matter how long ago it happened.” - **Adult CSA survivors Focus on Survivors survey respondent**

Survivors taking part in the survey had used services over a broad timespan, from 1975 to 2015. Given growing awareness about CSA during this period it might be expected that services would have developed over this period. However, the research suggests that satisfaction with services has not generally increased over time.

### Information

Less than a third of respondents agreed that professionals and services provided the information they needed, and well over half said that they found the information they needed on-line. Most respondents – over three-quarters – did not find it easy to find the information they needed. Problems with information related to both the volume and relevance of what is available.

# 1. Introduction

## Background to the Focus on Survivors study

This study was motivated by two factors. First, there is a remarkable lack of research about survivors of child sexual abuse (CSA) in the UK. This is true generally and particularly in relation to evidence about the availability and quality of support availability to survivors.

A recent review of evidence about intrafamilial abuse for the Office of the Children's Commissioner suggests that much more is known about the perpetrators of abuse than about survivors of abuse (Horvath et al., 2014). What research there is – for example, looking at the impacts of abuse or assessing different therapeutic techniques – tends to be informed by professional perspectives rather than by survivors' views. Indeed, in their systematic review of international research, Chouliara et al. (2012) were able to identify only nine studies since 1980 which assessed psychotherapy and counselling services from survivors' perspectives. Of these, only two were undertaken in the UK and these were with small samples and rated as being of poor methodological quality (Chouliara et al., 2012).

Second, the high profile media coverage of the Jimmy Savile scandal and the design of the Government's Independent Inquiry into historic CSA focus on the criminal aspects of child abuse. The chief concern is with the perpetrators of abuse and how their crimes were dealt with.

While this is important, it draws attention away from what happens to people after they have been abused and away from questions about how society supports survivors of abuse. Instead, the current focus of attention risks reinforcing an assumption that 'historic abuse' is 'finished business' for survivors – something which they can naturally move on from or something for which nothing can be done to help after the fact.



"The media circus is so caught up in focusing on the perpetrators that the victims are forgotten about." - **Adult CSA survivor, Focus on Survivors survey respondent**

At the same time, exposure to media coverage about these scandals and the Inquiry can be traumatic for survivors. The frequency and breadth of this coverage mean that it is often unavoidable for survivors.



"I can't get away from it. Why does society have to push the most painful part of my existence in my face every day? I live in a nightmare. Some days I absolutely cannot function - you would never know if you met me but I am losing my grip inside." - **Adult CSA survivor, Focus on Survivors survey respondent**

The Independent Inquiry and the Savile and other scandals have been linked with a sharp increase in disclosures: for example, according to the National Police Chiefs' Council there has been a 71 per cent increase in the number of child sexual abuse cases reported to the police in the three years leading to 2015 .

In 2015, the Government provided a new victims' fund of nearly £5m for organisations to provide support to survivors specifically in response to the surge in disclosures triggered by the Independent Inquiry. While increased funding in a period of austerity appears positive, this £5m needs to be viewed in the context of the anticipated cost of the Independent Inquiry, which – according to Ben Emmerson QC, counsel to the Inquiry – could be in excess of £260m .

If the new victims' fund reflects the value placed on supporting victims then it is greatly outweighed by the investment in an inquiry focusing on perpetrators and prosecutions. Meanwhile, increased demand – and reduced funding associated austerity – has resulted in a growing crisis for support services. A recent investigation by the Guardian found that up to 10,000 CSA survivors are estimated to be waiting more than a year for counselling; many never receive therapy while many support groups are facing closure.

Funding for services to meet demand triggered by the Independent Inquiry = £4.85m  
Estimated cost of the Independent Inquiry = £260m

In this context, the Focus on Survivors study was developed in order to gain an understanding of CSA survivors' experience of service use and to build an initial evidence base of the adequacy of service provision. In doing so, the research attempts to strengthen a focus on the survivors of child sexual abuse and their needs throughout their lives.

- 
- 1 - <http://news.npcc.police.uk/releases/over-1400-suspects-investigated-for-child-sexual-abuse-by-people-of-public-prominence-or-within-institutions>
  - 2 - The Telegraph, 26/01/15: <http://www.telegraph.co.uk/news/uknews/crime/11370756/Child-sex-abuse-inquiry-could-cost-hundreds-of-millions.html>
  - 3 - The Guardian, 11/08/15: [http://www.theguardian.com/society/2015/aug/11/sex-abuse-charity-funding-crisis?CMP=share\\_btn\\_fb](http://www.theguardian.com/society/2015/aug/11/sex-abuse-charity-funding-crisis?CMP=share_btn_fb)

## Aims and methodology

The research aims to identify:

- what services are used by adult CSA survivors in the UK;
- to what extent services met survivors needs; and
- the adequacy and availability of information about services.

The research used an on-line questionnaire which respondents could complete anonymously. The questionnaire was designed in consultation with service-users of Survivors in Transition and with the Survivors Trust. Ethical approval for the research was secured from the relevant UCS Ethics Committee.

The questionnaire was in the three sections.

1. The first section asked people about how old they were when they were abused, when they told someone and if the abuse was reported. The questionnaire asks whether or not there was more than one perpetrator and in what setting the abuse happened.
2. The main set of the questions asked about the support available to survivors, what type of support people received and if they felt that they had been listened to.
3. Finally, the survey asked about what information is available and how support could be improved.

In terms of services, respondents were asked about their use of the following:

- A&E and hospital services
- Counselling services
- Faith-based support groups
- Independent Sexual Violence Advisor (ISVA)
- NSPCC, Barnardos or other children's charity
- Psychotherapy
- Sexual Assault Referral Centre (SARC)
- Social Services
- Childline or other helpline
- Drug and alcohol advice
- GP
- Mental health services
- Police
- Samaritans
- Sexual health services
- Victim Support
- Voluntary sector sexual abuse and rape support services

### Who completed the survey and is it representative?

Almost 400 people (n.395) completed the Focus on Survivors on-line survey, making this one of the biggest surveys of CSA survivors in the UK to date.

Respondents were recruited through the Survivors Trust's national network of support organisations and a social media campaign managed by Survivors in Transition. Given the ethical and practical barriers to identifying and contacting survivors directly this was the most efficient approach to recruiting respondents.

Respondents defined themselves as survivors of child sexual abuse. For those who wanted a definition of childhood sexual abuse, the introduction to the survey referred them to the below.

### What is sexual abuse?

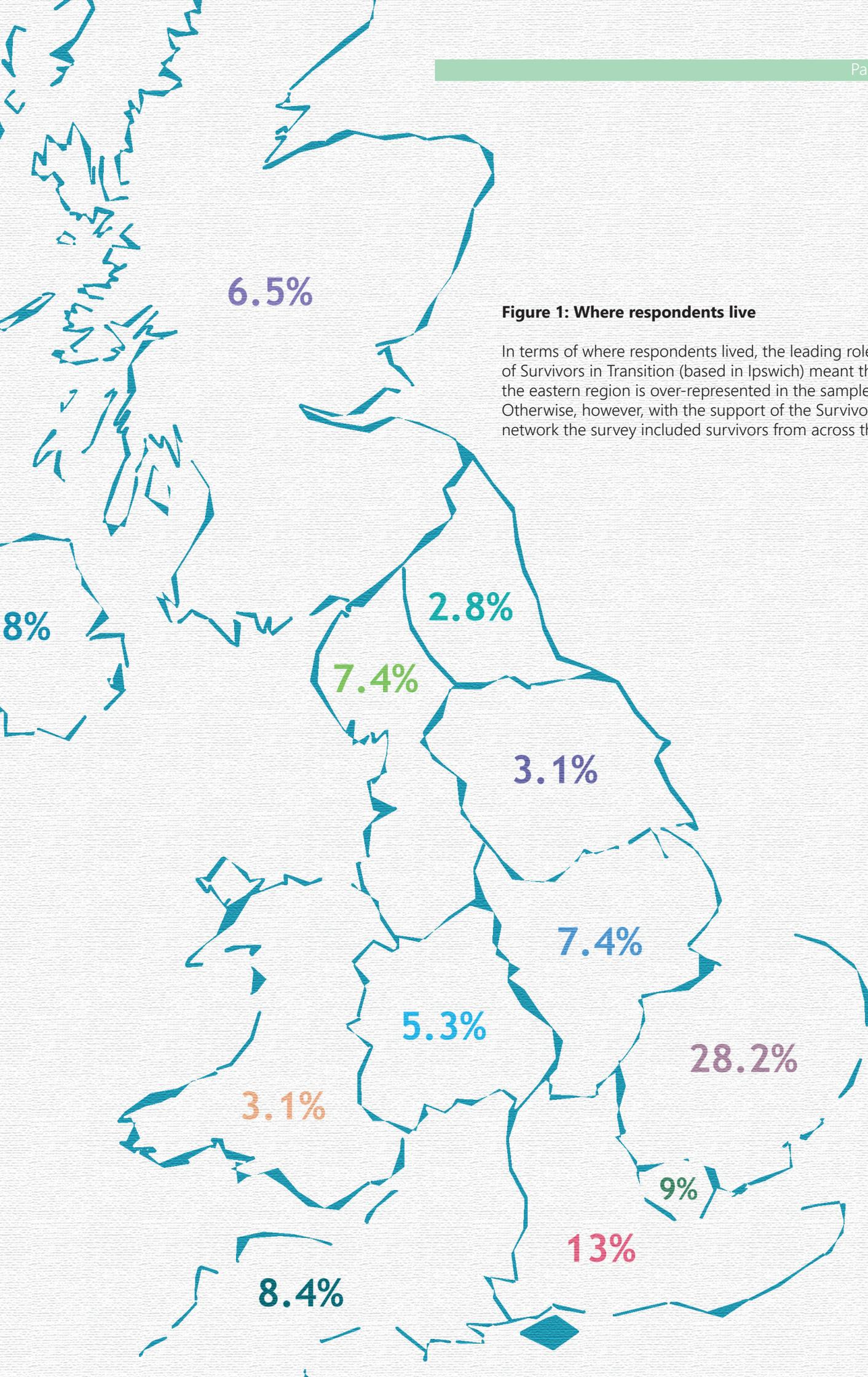
Sexual abuse involves an abuse of power – the abuser being an adult or an older child. Sexual abuse also involves an abuse of trust.

Childhood sexual abuse can include the following things. (Please note that some people may find these examples upsetting).

- Being cuddled or kissed in a way that made you feel uncomfortable
- Being bathed in a way that made you feel uncomfortable
- Having to look at other people's genitals
- Having to touch other people's genitals
- Having your own breasts or genitals touched
- Having to pose for photographs of a sexual nature
- Being shown films and/or having to listen to sexual talk
- Having your vagina or anus penetrated by a penis, finger or object

This is not a definitive or exhaustive list.





**Figure 1: Where respondents live**

In terms of where respondents lived, the leading role of Survivors in Transition (based in Ipswich) meant that the eastern region is over-represented in the sample. Otherwise, however, with the support of the Survivors Trust network the survey included survivors from across the UK.

Potentially, recruiting respondents through support organisations resulted in a slightly skewed sample (compared with a randomly selected sample, if that was possible). That is, it is possible that this sample over represents survivors who had accessed support services and under represents those who have not accessed services.

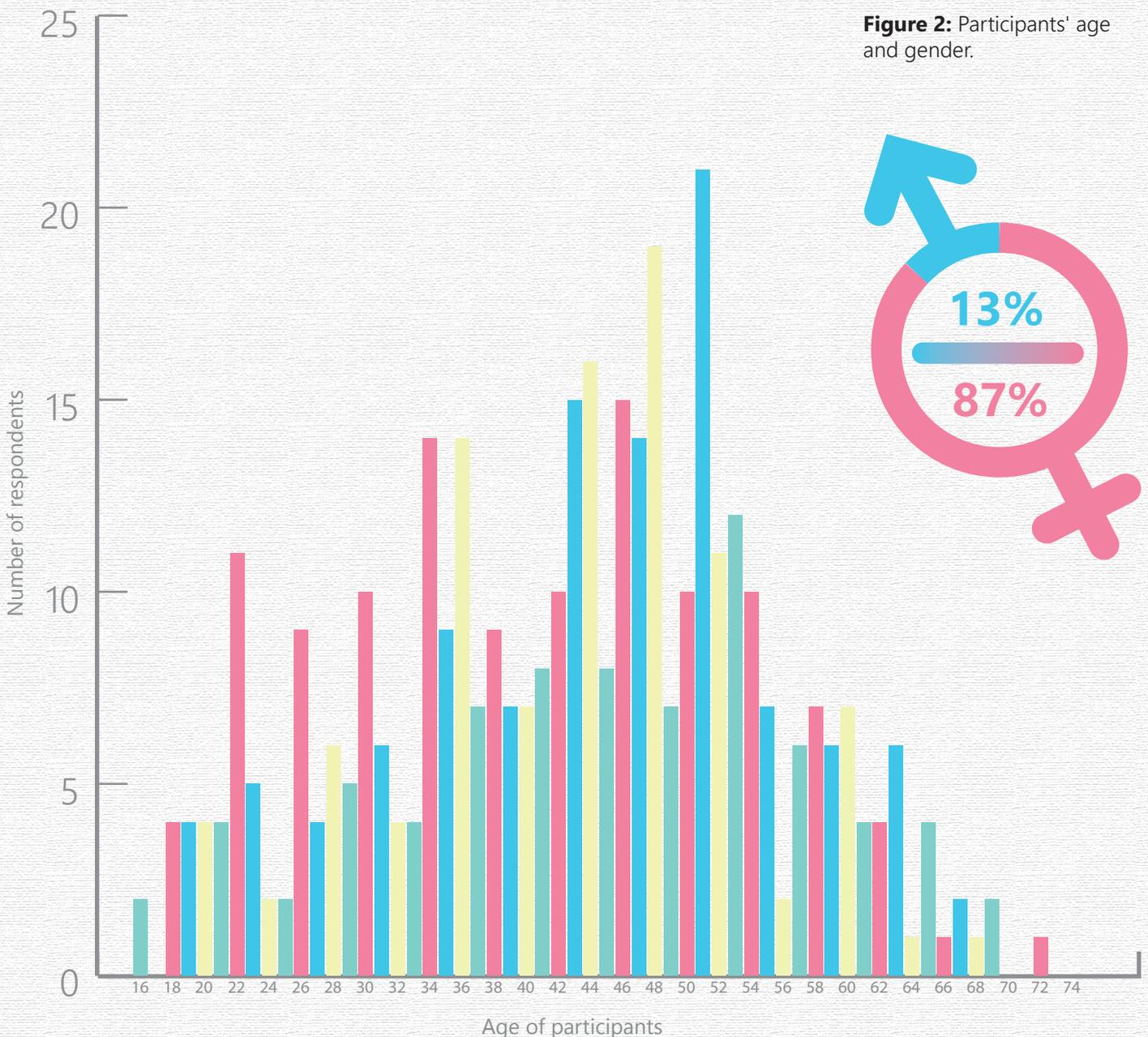
To a point, this could be seen to be apparent in the profile of the sample. In particular, 87 per cent of respondents were female and only 13 per cent male.

While women are much more likely to have experienced CSA than men, the gender balance in the Focus on Survivors survey may not be a precise reflection of survivors per se. For example, Radford et al. (2011) suggest that among 11-17 year olds who had experienced contact sexual abuse 72 per cent were female and 28 per cent male.

Nevertheless, although the Focus on Survivors sample might under represent the number of male survivors in the population at large it is reasonable to argue that it is a good reflection of the relative numbers of men who seek support from services. That is, historically, there have been more sexual violence and abuse services available to women than to men. Where services are available, there are anecdotal accounts to suggest that men are more inhibited about accessing these services than women.

Respondents to the survey ranged in age from 15 to 72. Most (90 per cent) were between 20 and 59 and the average age was 43.

For ethical reasons, recruitment for the Focus on Survivors survey was targeted at adults, which explains the small number of respondents under 20. The small number of older people aged over 60 probably under represents the number of older survivors in the general population



but is arguably a reasonable reflection of the number of older survivors who have accessed support services. That is, it is likely that older people would have had less opportunity to access services over their lives because of the relatively recent proliferation of specialist support services, and because of changing public awareness of and social attitudes to child sexual abuse.



“People didn’t **listen** when I was young. Abuse was hidden and not talked about. It was as if it just didn’t happen in that society.” - **Adult CSA survivor, Focus on Survivors survey respondent**

One way of considering the how statistically representative the size of Focus on Survivors sample is would be to compare it with the size of the total population of CSA survivors in the UK.

Given the fact that many survivors do not disclose their abuse, this is difficult to estimate. For example, Horvath et al.’s (2014) review of research on intrafamilial sexual abuse found that estimates of prevalence rates vary widely 2.5 per cent to 33 per cent (2014, p.91). Probably the most authoritative evidence on this is the NSPCC’s research of over 6,000 children and young people which suggested that 4.8 per cent of children experience contact sexual abuse before the age of 18 (Radford et al., 2011).

If this is assumed to be the prevalence rate among the adult population too, then the sample size for the Focus on Survivors survey means that we can be reasonably confident that findings accurately reflect the views of the wider survivor population - at best (for example for questions which all respondents answered) we can be up to 95 per cent confident that answers are accurate within a 5 per cent margin of error.

## Report plan

In what follows (section 2) we look more closely at the profile of the Focus on Survivors respondents to consider what this tells us about childhood sexual abuse in the UK.

The report goes on to report findings from the survey, including survivors’ experience of services (section 3) and the barriers to receiving help (section 4). The final discussion (section 5) draws together the study’s conclusions and highlights the value and importance of listening to survivors in order to inform the development of support services in the future.

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## 2. Child Sexual Abuse in the UK

Although the main purpose of the research was to examine service provision for survivors, it also provides some important general insights into child sexual abuse in the UK.

The first part of the survey asked respondents for some information about themselves. This included details about their age and the timescales in which the abuse happened and when they accessed services. It also included some information about their experience of abuse (without asking for details about the nature of abuse).

### Age and the start and duration child sexual abuse

Some respondents who were abused when very young could not cite the precise age when the abuse started. Approximately how old were you when the sexual abuse started?

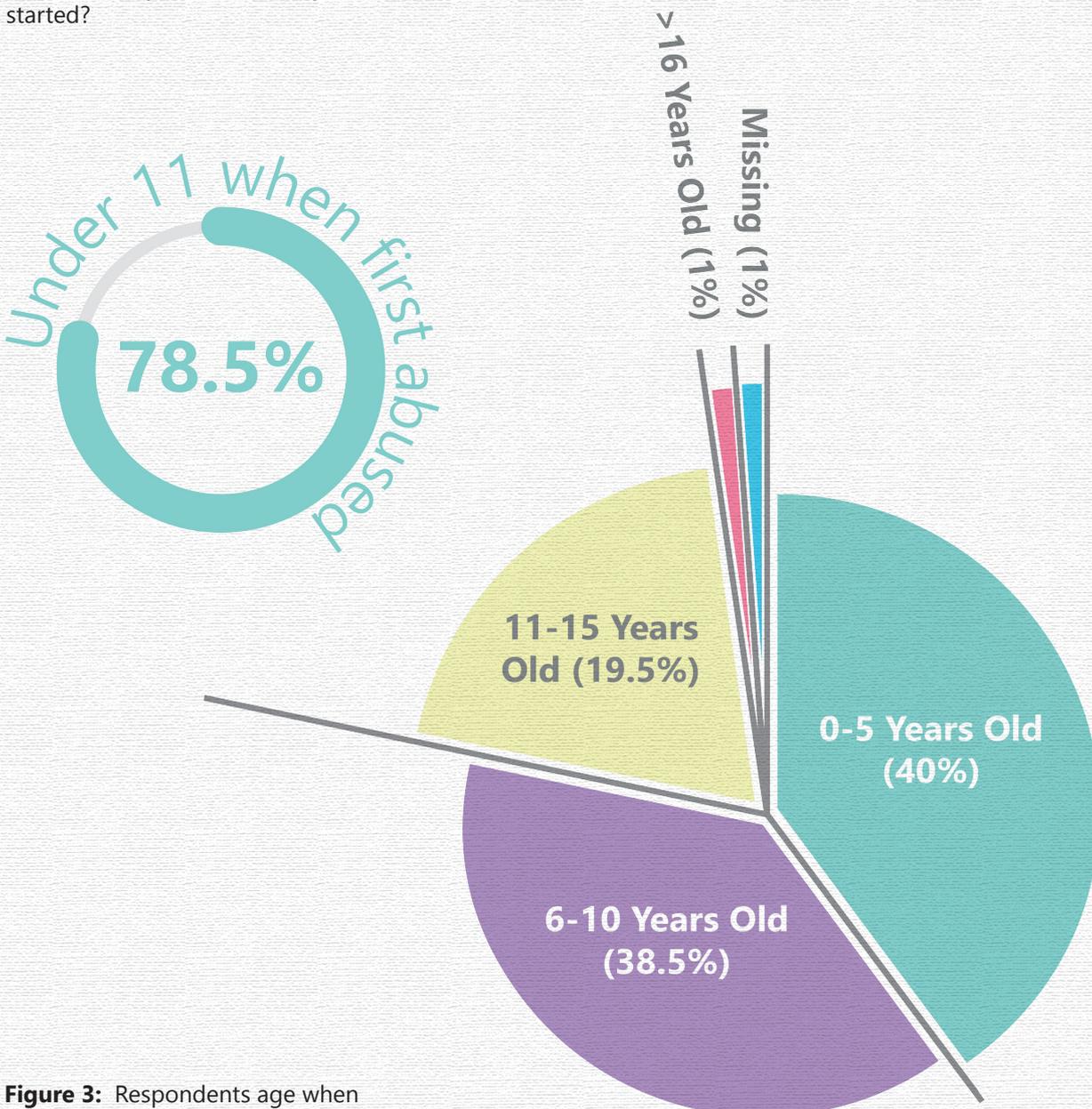


"I can't remember it not happening - so very, very young."

"I'm not certain. I have spent thousands of pounds trying to find out. Very young."

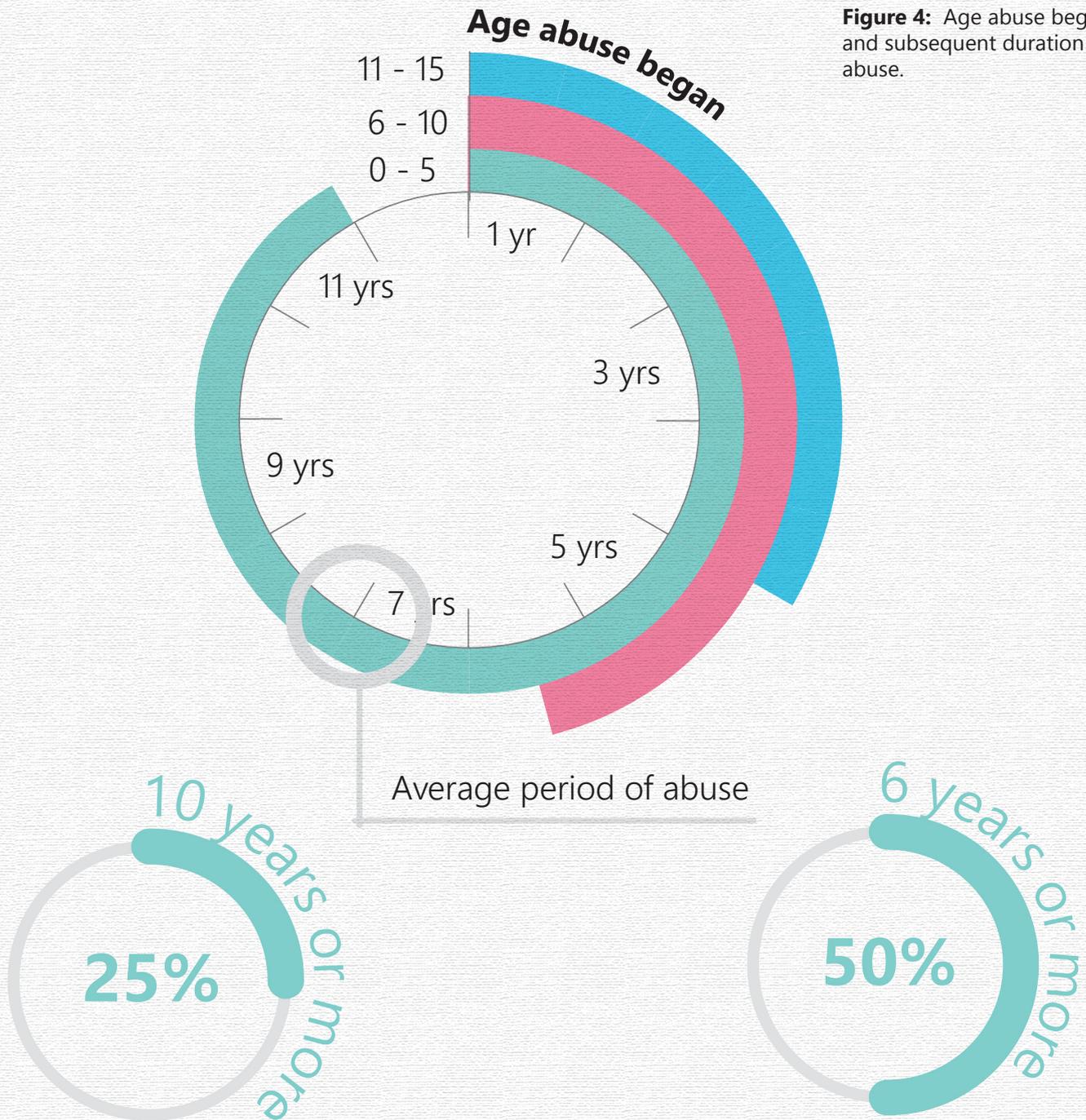
"Five - but I think earlier due to flashes that don't make sense." - **Adult CSA survivors, Focus on Survivors survey respondents**

The majority of respondents were aged under 11 when they were first abused (see figure 3).



**Figure 3:** Respondents age when abuse started.

**Figure 4:** Age abuse began and subsequent duration of abuse.



**The average period over which respondents experienced abuse was 7 years (see figure 4 above).**

- 50 per cent of respondents were abused for six years or more;
- 25 per cent were abused for 10 years or more.

The survey found a statistically significant correlation between the age when abuse started and duration of abuse: the younger someone started to be abused, the longer they experienced abuse for. For example:

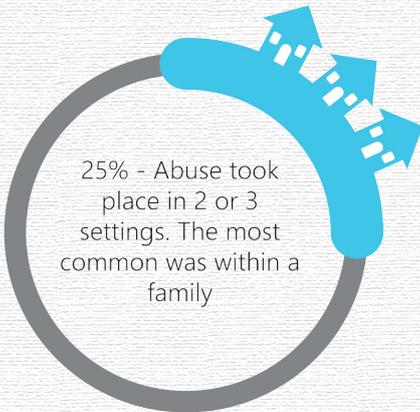
- those whose abuse started aged under 5 were, on average, abused for 11 years;
- those whose abuse started when they were aged between 6 and 10 were abused for 5.5 years on average; and
- when abuse started between 11 and 15 it lasted an average of 4 years.

To an extent, this reflects findings from international evidence which suggests that older children and young people find it less difficult to reveal abuse and so rates of disclosure increases with survivors' age (Hershkowitz et al., 2005).

If the findings can be generalisable for the total population of CSA survivors, this demonstrates that child sexual abuse tends to be sustained over long periods of time, often through most of childhood. To view CSA as isolated incidents within childhood would be inaccurate.

# Who commits child sexual abuse?

Most respondents were abused within family and friendship networks:



**Almost 70 per cent of respondents reported that they were abused within the family or extended family and over 20 per cent reported that abuse happened in somebody else's home.** For 25 per cent of respondents, the abuse took place in two or three different settings. Of these, the most common situation was that respondents had been abused within their family and in somebody else's home.

in the UK, and if perpetrators usually commit abuse on their own, then the chances of being abused by more than one person would be very small.

However, these findings indicate that this is not the case. Instead, they suggest that CSA in the UK is best understood in relation to one of two factors, or a combination of two factors:

- the risks of being abused are not evenly distributed but are very concentrated among particular children; and
- perpetrators do not necessarily operate alone and often abuse is organised among multiple abusers.

These findings clearly point to the prevalence of child sexual abuse within family and friendship networks. At the same time they highlight the inaccuracy of linking most abuse with 'stranger danger'.

While the prevalence of intrafamilial CSA is becoming more widely recognised (Horvath et al., 2014) a key finding of the Focus on Survivors survey is the high prevalence of children being abused by multiple perpetrators.

That is, **over half of respondents – 51 per cent – reported being abused by more than one person.** If the risks of being abused are equally distributed among the population of children

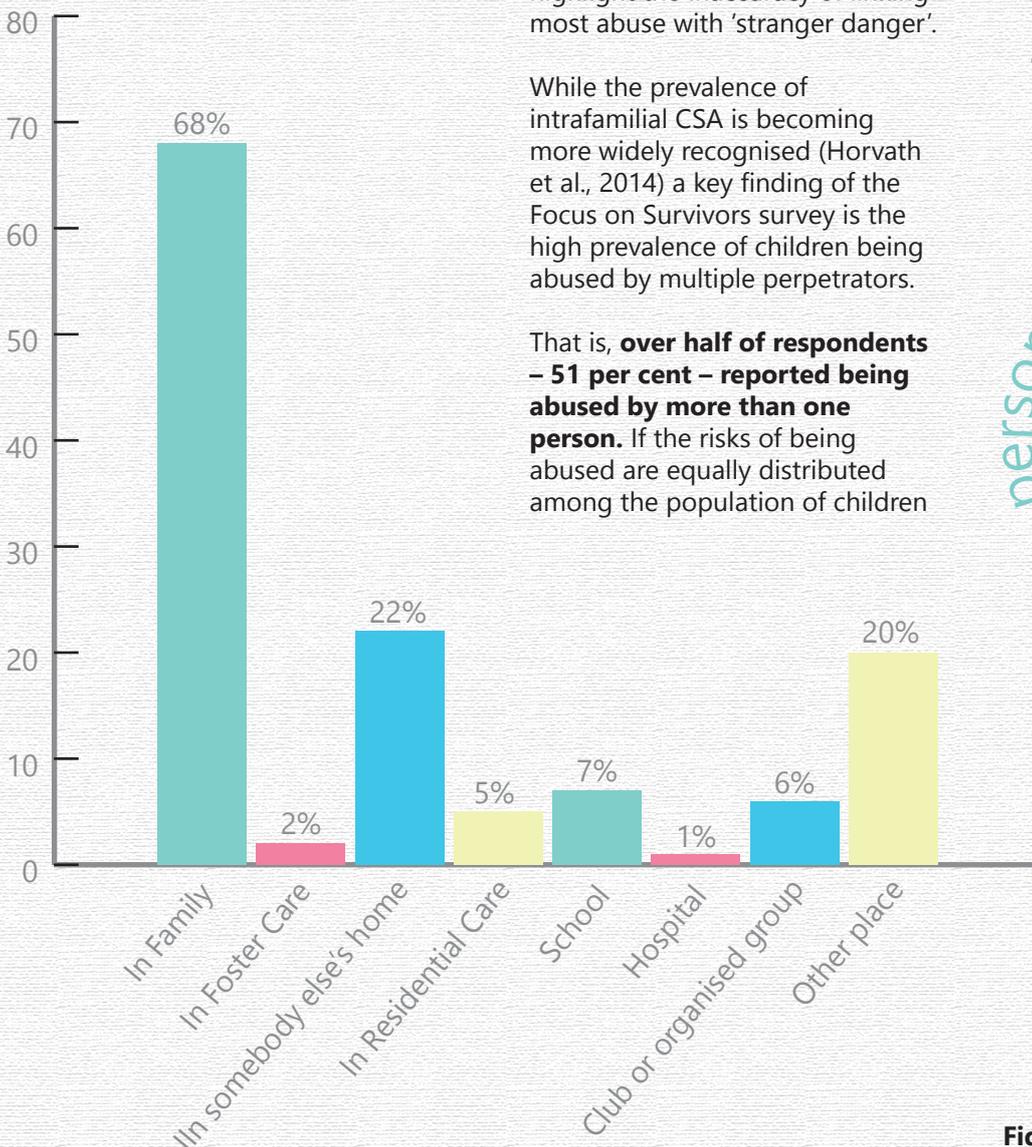
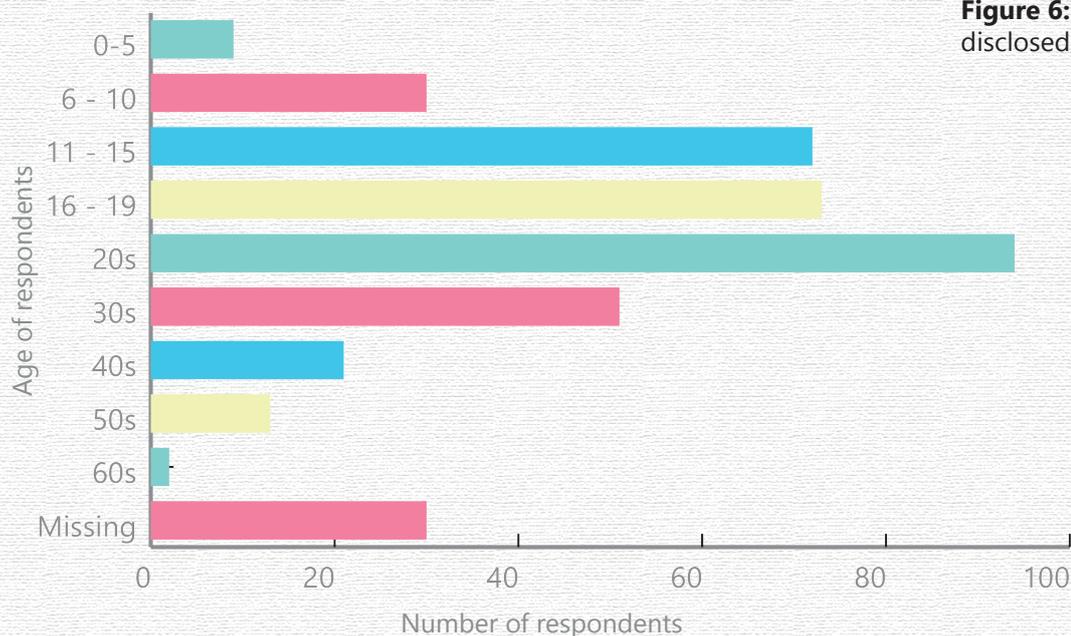


Figure 5: Where abuse happened.

## Disclosing abuse and getting help



**Figure 6:** Respondents' age when disclosed abuse

Given that respondents were recruited via support organisations it is not surprising that most – 94 per cent – had told somebody about their abuse.

**The length of time between abuse starting and the disclosure of abuse varied widely but was an average of 16 years.** Almost half of the respondents did not disclose their abuse until they were aged 20 or older.

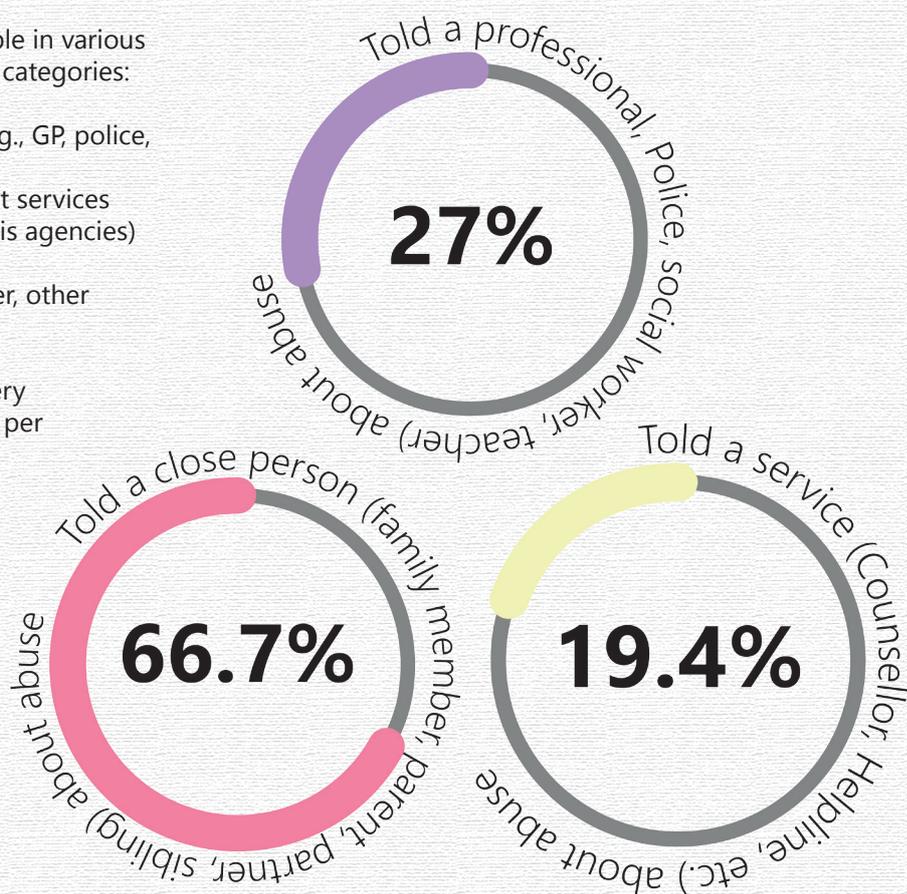
Disclosures had been made to a wide range of people, though mainly friends and family (see figure 7).

The survivors disclosed the abuse to people in various settings, which we grouped in three main categories:

1. Professionals in a statutory setting (e.g., GP, police, teacher or social worker)
2. Professionals in non-statutory support services (e.g., helpline, counselling or rape crisis agencies) and
3. Close person (parents, siblings, partner, other family member or a friend)

The survivors made their disclosures to very small number of people. Most – about 75 per cent of those who disclosed abuse – told only one person. However, almost 25 per cent had disclosed to two or more people.

**Figure 7:** To whom did the respondents disclose the abuse?



There are some differences between respondents who disclosed to friends and family and those who disclosed to services. For survivors who disclosed to friends and family, there tended to be a shorter gap between the start of abuse and the point of disclosure. The opposite is true for those who disclosed to (non-statutory) support services, such as counselling and rape crisis agencies.

Those who disclosed to these agencies experienced a longer duration between the start of abuse and both the point of disclosure and the point of starting accessing services (compared to those who did not disclose to these types of agencies).

The explanation here is that survivors who decide to disclose sooner after the abuse started are more likely to do so to friends and family, but the more time that passes since the start of abuse the more likely survivors are to disclose to counsellors and voluntary support services.

Disclosing to a professional in a statutory setting such as GP, social worker, doctor or teacher is associated with a higher chance of the abuse being reported to the police. However, disclosing to a statutory service did not necessarily lead to a police referral. Indeed, only 41 per cent of cases disclosed in this setting were reported to the police.

Across all respondents, only 30 per cent said that their abuse had been reported to the police. Where abuse had been reported, in the majority of cases – 64 per cent – perpetrators were not prosecuted. This means that even among CSA survivors who have disclosed and accessed support services, **almost 90 per cent have not seen their abusers brought to justice.**

 "I needed support as the CPS would not take the monster who assaulted me to court. It took great courage to speak out and very hard to live with the fact I wasn't given even a day in court. I wanted to face him and to receive justice. Too late now as he is dead. They let me down and it took a long time to come to terms with that."  
- **Adult CSA survivor, Focus on Survivors survey respondent**

Nearly all of the respondents – 90 per cent - were receiving or had received support from a service because of their experience of abuse. Given that respondents were recruited through support services this is not surprising. There tended to be a considerable delay between the experience of abuse and the point at which survivors accessed services. For example, while there is wide variation, **the average duration between the start of abuse and accessing support services is 20 years.** Age



at time of abuse is again statistically significant here: the younger someone started to be abused, the later they started to access support services.

The survey shows three distinct dynamics in terms of the relationship between point of disclosure and contact with services.

- 1. 34 per cent of respondents started using services around the same time (during the same year) as they made disclosures.**
- 2. 42 per cent of respondents made contact with services more than a year after they had made disclosures.** For this group there is a notable lag between the point at which survivors disclose abuse and the point at which they access support. This varies widely, **but the average duration of the lag between disclosure and service use is almost 12 years, with more than half of respondents waiting at least 9 years.** This may reflect the difficulty felt by survivors about talking about their experiences to support services, and the effects of age and time on increasing their ability to approach services. However, it may also raise questions about the accessibility of services (in the broadest sense of the term) and the responsiveness of services to survivors.

The average duration between the start of abuse and accessing support services



3. **25 per cent said that they accessed services because of CSA before disclosing their abuse to anyone.** That is, they sought help because of CSA without actually disclosing the fact to services that they had been abused.

Perhaps more importantly the survey suggests that disclosure is not always coterminous with abuse stopping.

1. **For 11 per cent, abuse stopped in the same year as they made their disclosures.** For this group it may be that disclosure led to abuse stopping.
2. **For 69 per cent, abuse stopped one year or more before making disclosures.** This raises important questions about what brings abuse to an end in cases where it is not halted because of an intervention triggered by a disclosure.
3. **20 per cent of respondents continued to be abused at least one year or more after making disclosures.** For this group, abuse continued for an average of almost 6 years after the first disclosure. It is possible that some of these respondents had experienced multiple, separate incidents of sexual abuse. That is, for example, they had made disclosures about abuse by one perpetrator, the abuse stopped, but they were then subsequently abused by another perpetrator. However, given the sustained duration of abuse commonly experienced by survivors, a more likely explanation is that for this group disclosing did not result in stopping an on-going experience of abuse. Indeed, in qualitative responses in the survey, a number of respondents explained that they had made disclosures but these did not lead to any action and, as children, they had been left in abusive environments. Almost 28 per cent of these respondents had disclosed to more than one person. Most of this group (75 per cent) had made disclosures to family or friends. The failure to protect children here may be partially explained if disclosures had been made to other children or if disclosures had been made to those in family/friendship networks in which CSA was practiced and condoned.

Abuse stopped in the same year as they made their disclosures.

11%

Abuse stopped one year or more before making disclosures.

69%

Continued to be abused for an average of almost 6 years after making disclosures.

20%



Were you asked directly if you had been sexually abused or did you tell someone without being asked? **19% told without being asked.**

A small number of this group (11 per cent) had made disclosures to non-statutory services. Alarming, over 30 per cent of those who had continued to be abused after making disclosures had disclosed to a statutory service such as GP, social worker, doctor or teacher.



"I told a social worker aged 13 what was happening and she said it couldn't be happening because my parents were middle-class and then she never did anything and left me living at home until I was 18".

"I told many teachers, doctors and professionals over the years whilst still a child and nothing was done to help me escape the situation."

"I wasn't **believed** when I was 12. A psychiatrist just said "These things happen". I am sure if I had been **believed** then it wouldn't continue to have haunted me throughout my life." - **Adult CSA survivors, Focus on Survivors survey respondent**

When survivors did disclose it was far more likely that they told someone without being asked. Less than 20 per cent of survivors disclosed because they were asked directly if they had been sexually abused.

While this finding could suggest that survivors will disclose abuse themselves when they are ready and able to do so, it could also be interpreted to indicate that the onus tends to be placed exclusively on survivors to make the first steps to disclosure, explaining the typically long duration between abuse and disclosure.

The manner of disclosing (being asked versus disclosing on their own) was not related to the type of person/institution they disclosed to. For example there were no more survivors, proportionally, who disclosed to a professional in a statutory setting by being asked, than who disclosed to other people by being asked. This means that statutory services are no more likely to proactively discover abuse by asking direct questions than, say, survivors' friends and family.

Survivors who disclosed on their own differed from the survivors who disclosed after being asked in some important aspects: they tended to be older when abuse stopped and tended to access the first support service at an older age and after a longer period of time after abuse started.

Survivors who had disclosed after being asked tended to have experienced abuse over a longer period (compared with survivors who disclosed on their own. This indicates that it takes longer for the abuse to be identified if not self-disclosed. The manner of disclosing was not related to the sex of the survivors, the age of disclosure or the duration between the start of the abuse and disclosure.

These findings raise questions about whether services should more routinely ask service users directly if they have experienced child sexual abuse.



"I know I displayed all the signs in childhood and teenage life particularly at school but no one noticed, or did anything, I fell through society's net."

"During my childhood in the 1970's nobody ever took me to one side and asked if I was alright, despite my poor behaviour, poor health and falling school grades. I was written off as a delinquent." - **Adult CSA survivors, Focus on Survivors survey respondents**



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**Hear me.  
Believe me.  
Respect me.**

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### 3. Support services for survivors

#### Access to services

The graph below (Figure 8) shows which services were used by respondents.

Counselling, mental health and GP services were most commonly used, with a half or more of survivors using these services as a result of CSA.

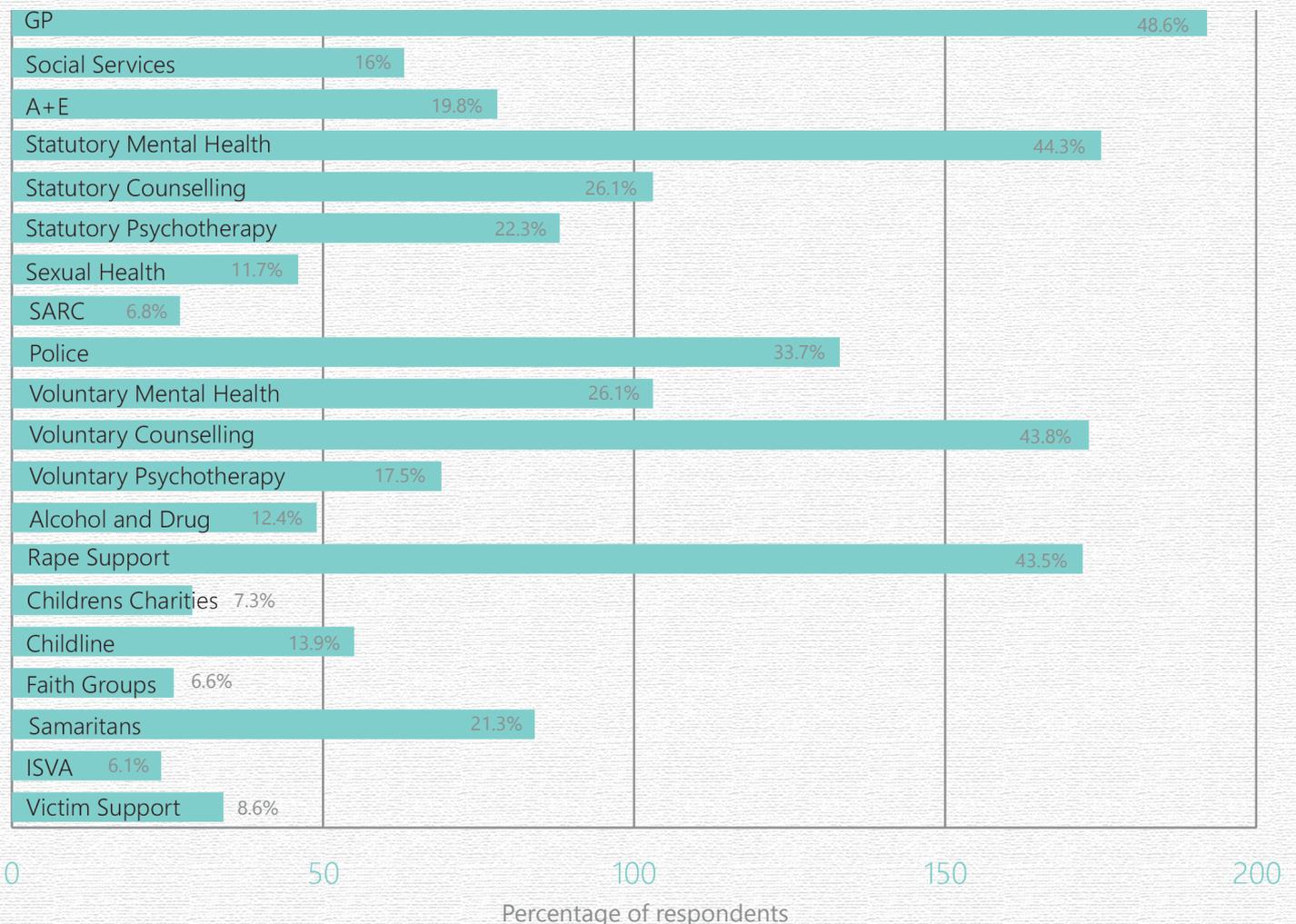
The next most commonly used services were voluntary sector sexual abuse and rape support services and psychotherapy services, followed by the police, the Samaritans, and Accident and Emergency and secondary health services. Less than a fifth of respondents used social services.

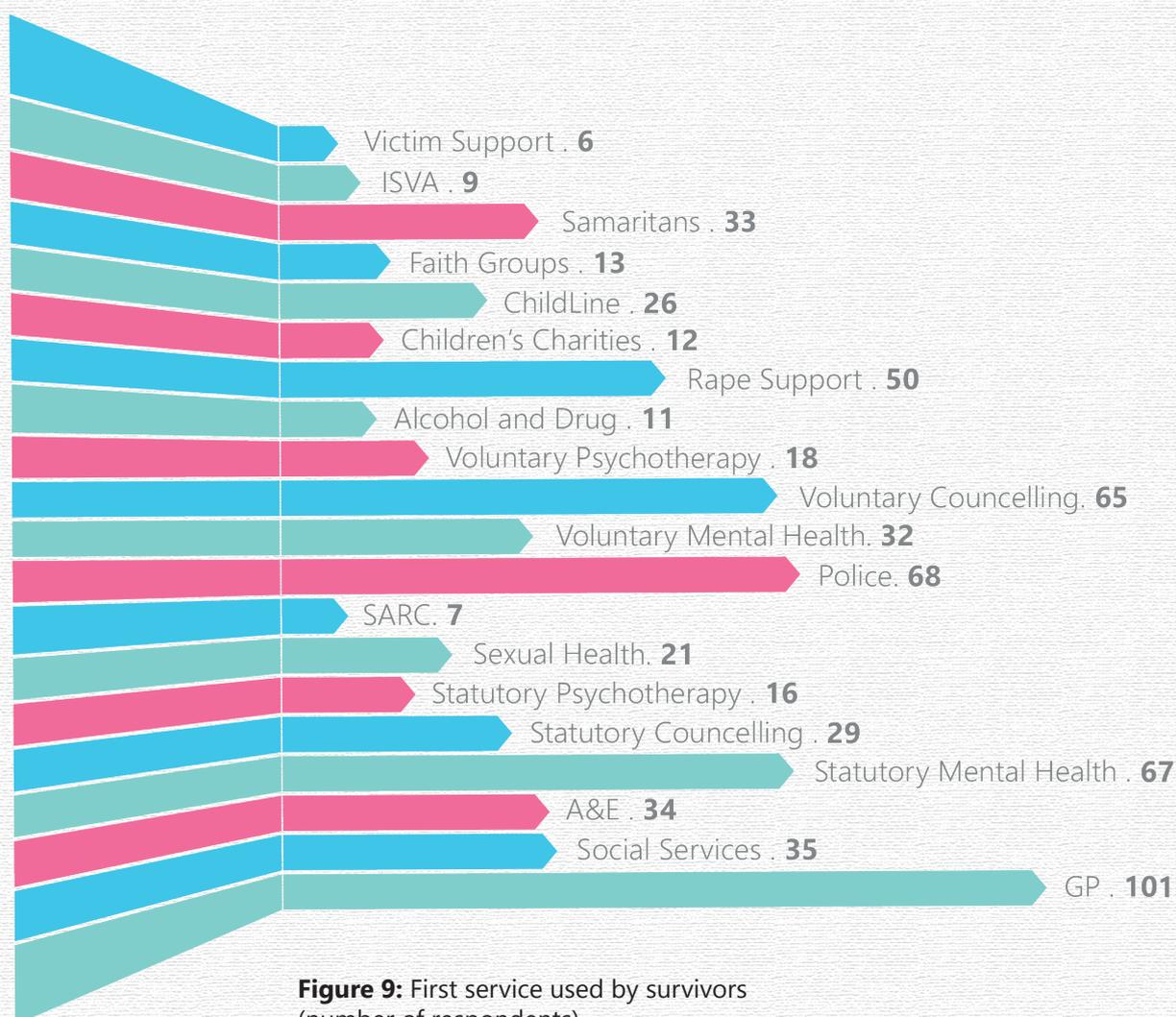
GPs were most commonly the first service respondents had contact with as a result of CSA (see Figure 8 below).

The services which represent the 'first port of call' for survivors can be listed below as follows (in order of those most commonly used as the first service by survivors):

1. GP
2. Police
3. Statutory mental health services
4. Voluntary counselling
5. Rape support services

**Figure 8:** Services used by survivors.





**Figure 9:** First service used by survivors (number of respondents).

### How long do survivors receive support?

Findings about the length of respondents' service use are more complex.

When asked (near the beginning of the questionnaire) whether they were receiving or had ever received support, 35 per cent of respondents answered 'no'; 30 per cent said that they had received support for one year or less; 33 per cent said that they had received support for longer than one year. However, looking at survivors' responses when asked about specific services, it is apparent that far more than 33 per cent of respondents had used services over a longer duration.

Overall, **88 per cent survivors used at least one of the services listed in the questionnaire - and on average respondents used between four and five services. The average time span of using services was over 10 years between the first service accessed and the most recent new service.**

An explanation for this apparent contradiction is suggested by analysis of service satisfaction rates. That is, respondents who initially declared that they are not receiving or never received support, but subsequently

selected one or more services from the list tended to be more dissatisfied with services than other respondents.

This suggests that when answering these questions respondents differentiated between a) use of service use per se and b) whether they had felt supported by services.

If so, together these findings represent survivors' experience as typified as being contact with multiple services over a long period which included relatively short, concentrated periods of effective support. Some survivors though – a fifth or so – experienced more sustained periods of effective support.

## Overall satisfaction with services

Respondents were asked to rate their experience of using a range of services (listed in chapter one) in terms of overall satisfaction on a five point scale from 'very poor' to 'very good'.

In the analysis we coded the overall satisfaction responses as follows:

- 0 = very poor
- 1 = poor
- 2 = neither good nor poor
- 3 = good
- 4 = very good

If the respondents rated more than one service, an 'average satisfaction' was calculated, by taking the mean of all ratings. Combining results for all services, the median average satisfaction score was 2.5 – somewhere between 'neither good not poor' and 'good', indicating that, overall, respondents were more satisfied than dissatisfied.

### Being listened to, believed and respected by services

The questionnaire also asked survivors to rate their experience of using a range of services (listed in chapter one) in terms of:

- whether or not they felt they had been listened to;
- whether or not they felt they had been believed; and
- whether or not they felt they had been treated with respect.

### Being listened to, believed and respected

The service-user reference group of Survivors in Transition specifically advised the research team that the survey should include questions about being listened to, believed and respected.

From the group's perspective these questions reflected essential basic qualities that services needed to have in order to help adult survivors of child sexual abuse.

As the group explained, being **listened to** is essential for survivors who as children lacked a voice or were ignored. Being **believed** is essential for survivors who as children would often be warned by their abusers that if they told anyone of the abuse they would not be believed. Being **respected** is essential for those who felt degraded by their abuse.

Figure 10 shows the results for these questions.

When asked what, overall, had been the most helpful support they had received, a number of respondents referred not to types of service but to services which had:

**Listened to and believed them.**



**Hear me.  
Believe me.  
Respect me.**

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**Figure 10:** Did you feel listened to, believed and respected?



Looking across these results it is apparent that, in terms of responses for each individual service, results are clustered.

That is, the proportion of respondents who felt that they had been listened to by a particular service was similar to the proportion who felt that they had been believed and respected by that service. However, there were clear differences between services.

Table 1 provides a summary of responses to the three questions. This shows that all or nearly all of those who used SARCs, ISVAs, voluntary psychotherapy and counselling services and rape support services felt that

they had been listened to, believed and respected by services.

In contrast, less than half of those who used social services or A&E and hospital services felt that they had been listened to, believed and respected.

**Table 1:** Summary of responses: being listened to, believed and respected by services.

| Service                 | Heard me (%) | Believed me (%) | Respected me (%) | Cluster   |
|-------------------------|--------------|-----------------|------------------|-----------|
| SARC                    | 96           | 89              | 92               | 90 - 100% |
| ISVA                    | 100          | 96              | 96               |           |
| Voluntary Psychotherapy | 96           | 95              | 94               |           |
| Voluntary Counselling   | 95           | 95              | 94               |           |
| Rape Support            | 91           | 95              | 90               |           |
| Samaritans              | 83           | 89              | 86               | 80 - 90%  |
| Faith Groups            | 88           | 88              | 80               |           |
| Voluntary Mental Health | 81           | 87              | 85               |           |
| ChildLine               | 81           | 84              | 82               |           |
| Victim Support          | 75           | 81              | 78               | 50 - 80%  |
| Statutory Psychotherapy | 77           | 83              | 72               |           |
| Alcohol and Drug        | 77           | 75              | 71               |           |
| Statutory Counselling   | 72           | 77              | 68               |           |
| GP                      | 62           | 75              | 69               |           |
| Children's charities    | 66           | 71              | 62               |           |
| Sexual Health           | 60           | 66              | 63               |           |
| Stat mental health      | 53           | 67              | 68               |           |
| Police                  | 64           | 63              | 59               |           |
| A&E                     | 34           | 52              | 37               |           |
| Social Services         | 39           | 44              | 32               |           |

Being listened to, believed and respected were very closely related to survivors' overall satisfaction with services. In direct comparisons, all three are strongly correlated with the satisfaction rating for all services. Moreover, when asked what overall had been the most helpful support they had received, a number of respondents referred not to types of the service but to services which had listened to and believed them.

"At the time I was not **believed**. I stopped expecting anybody to believe me. Only when I had a complete breakdown did I feel somebody was finally **listening**." - **Adult CSA survivors, Focus on Survivors survey respondents**



"It took my whole adult life to find a service that **listened** to me - I could have had a better life if someone **listened** sooner."

"People who take the time to **listen** and sometimes just sit with me, have a coffee and let me talk if I feel able to do so, but without any pressure or expectation. Just being in the presence of someone who cares is what is needed."

"In the NHS services that I have experienced - four or five different psychotherapists - I have not felt supported or **believed**, and it was suggested I was lying. Almost as demoralizing as the abuse and rape."

#### Has satisfaction with services changed over time?

Respondents accessed services over a broad timespan, from 1975 to 2015. Given growing awareness about CSA during this period it might be expected that services had developed and service user satisfaction increased over this period. However, the research suggests that - with few exceptions (see below) - satisfaction with services has not generally increased over time.

To put this another way, respondents' satisfaction with services was not dependent on whether they accessed them more recently or more retrospectively. While the year in which respondents accessed a service could be expected to have a bearing on their experience of the service, we also considered whether their age at the time of accessing the service also had a bearing.

When analysing together both the year and the age when the services were accessed, the services that received better rating if accessed more recently were A&E and hospital services, sexual health services and the police. GP and voluntary mental health services tended to be rated more positively if they were first accessed at an older age, regardless of the year when they were first accessed.

**Statutory, voluntary and independent sector services**

The survey reveals a marked distinction between statutory services and those provided by voluntary, charity and independent organisations. Table 4 (below) provides an overarching picture. If we look at the average satisfaction with services we can see that, while the overall median satisfaction score for all services was 2.5, the median for statutory services was 2 ('neither good nor bad') and for voluntary and independent services it was 3 ('good').

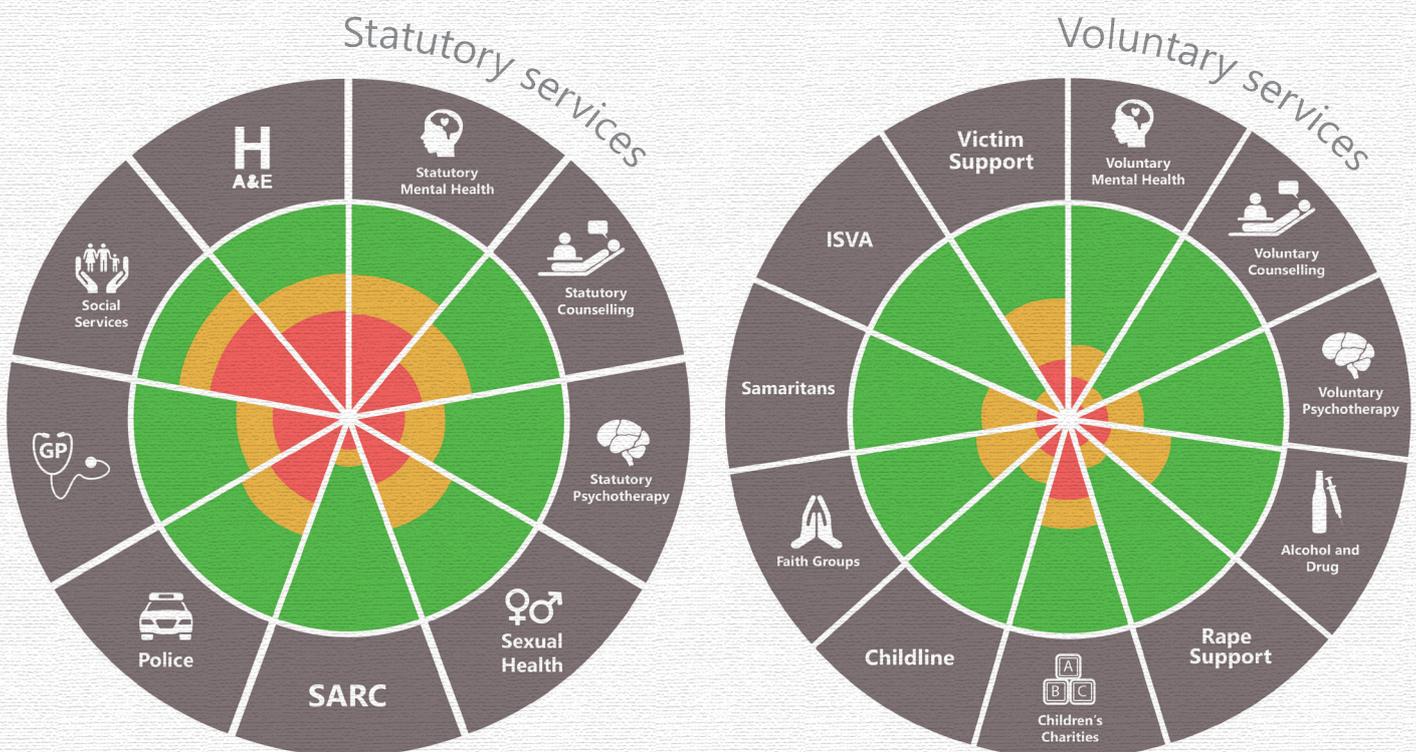
Figures 11, 12, 13 and 14 show satisfaction ratings differentiated by sector. In some cases, the distinction between statutory and voluntary sector services is not clear cut: for example, some statutory services are delivered by the voluntary and independent sector; and some counselling services and ISVA services are provided by sexual abuse and rape support services.

Nevertheless these figures reveal a distinct pattern in which respondents were more likely to rate voluntary and independent sector services as being good and statutory sector services as being poor.

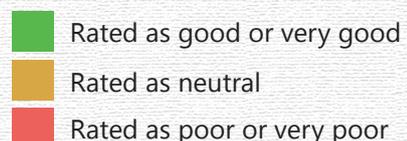
More detailed figures of satisfaction ratings are provided in the appendix.

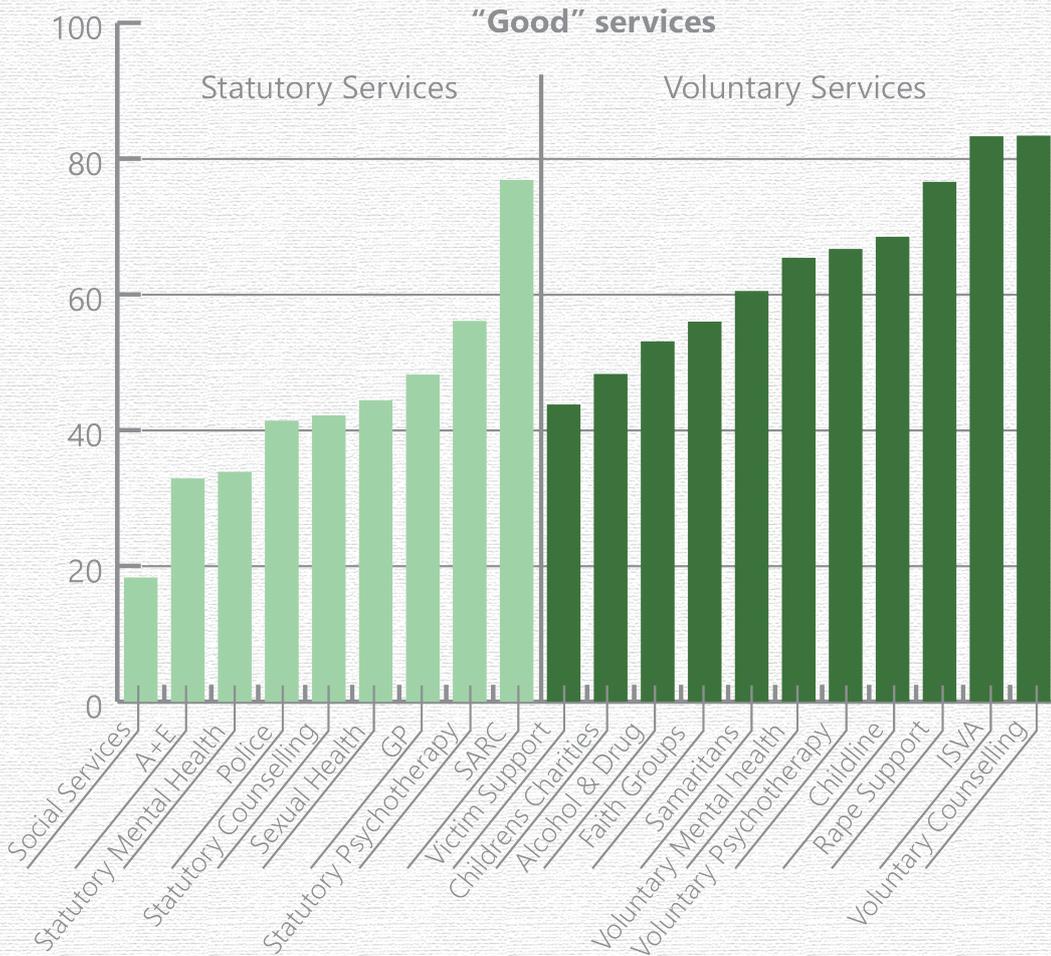
| Satisfaction (rating)                        | Median | Participants |
|--|--------|--------------|
| Average satisfaction with all services       | 2.50   | 333          |
| Average satisfaction with statutory services | 2.00   | 286          |
| Average satisfaction with voluntary services | 3.00   | 284          |

**Table 2:** Average satisfaction with services, overall and by sector.



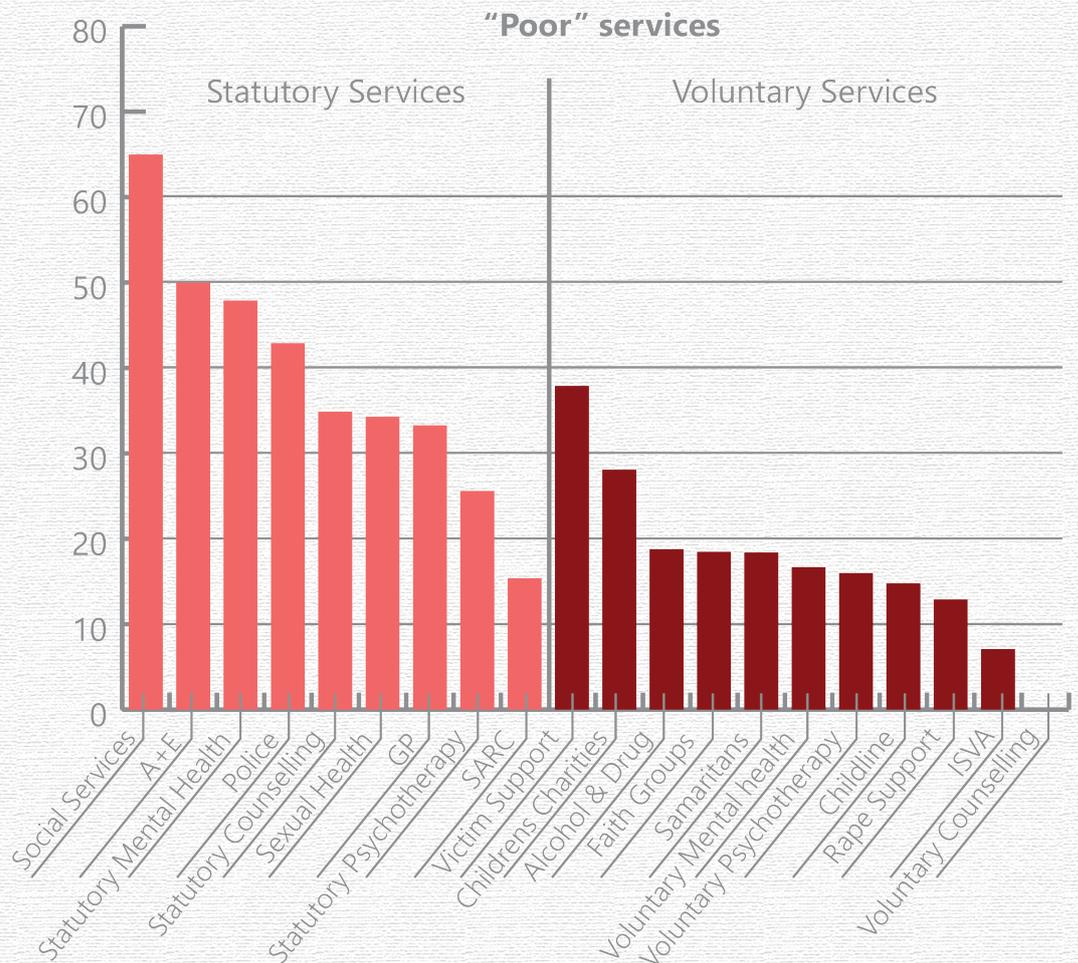
**Figures 11 and 12:** Satisfaction with services, overall and by sector.





**Figure 13:** Proportion of respondents who rated services as either 'good' or 'very good'.

**Figure 14:** Proportion of respondents who rated services as 'poor' or 'very poor'.



For respondents who used both statutory and voluntary services it was possible to compare the average scores they gave to each of these two groups of services.

Of this group, 72 per cent were more satisfied with voluntary sector services than with statutory services, while only 19 per cent rated statutory services over the voluntary sector. 9 per cent rated them both the same. Again, satisfaction is closely linked to whether respondents felt listened to, believed and respected:

- 55 per cent of respondents felt that more voluntary services listened to them than statutory services. Only 13 per cent said that statutory services were better than voluntary services at listening.
- 44 per cent of respondents felt that more voluntary services believed them than statutory services. Only 12 per cent said that statutory services were better than voluntary services at believing.
- 55 per cent of respondents felt that more voluntary services respecting them than statutory services. Only 10 per cent said that statutory services were better than voluntary services at treating them with respect.

Looking more closely at statutory services, respondents rated some services as being particularly good. For example, although only a small number of respondents used SARCs most who did rated them as good or very good, and most felt that the service listened, believed and respected them.

Statutory psychotherapy services are also rated highly here. It should be noted that although these two services are classified here as statutory sector services, it is often the case that statutory services (e.g. health and police) commission voluntary and independent sector agencies to deliver these types of services.

Other statutory services fall into two broad camps. On the one hand, there are services where a lower average satisfaction rate reflects inconsistency in respondents' experience of the service. This is true in the case of GP services, the most widely used service in the survey. As Figure 13 (right) shows, respondents' experiences are relatively evenly spread across those who rated it as good or poor or were ambivalent either way.

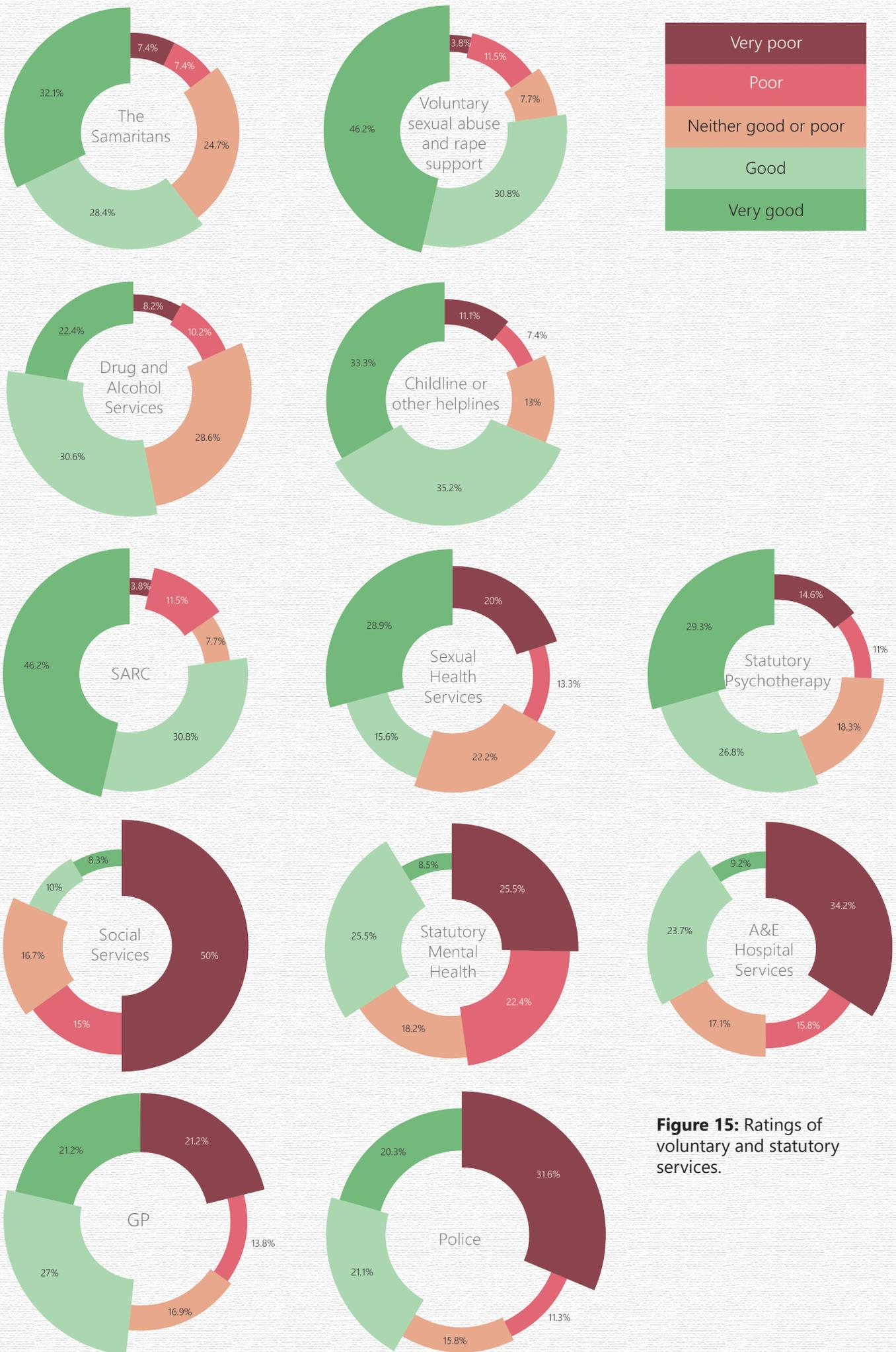
A similar, rather even 'spread' of responses was also found for sexual health services and statutory mental health services.

On the other hand, there are services which respondents more consistently rated as being poor. These included social services, A&E and hospital services and the police (see Figure 14 right). While most people who used the police felt that they were listened to, believed and respected, this is not the case for social services and A&E

and hospital services. These services were both rated lowest in terms of overall satisfaction levels but were also the only services in which the majority of respondents felt that they had not been listened to or respected.

While most voluntary and independent sector services were rated higher than statutory sector services, they did not all do so. Children's charities – as a broad category including NSPCC and Barnardos – received a mixed response, as did Victim Support. However, the sample sizes here are too small here to draw any conclusions. Satisfaction rates were higher for faith-based support groups and Independent Sexual Violence Advisors (with ISVAs having the highest overall satisfaction rates) but sample sizes are again too small to make generalisations. Other, more widely used voluntary sector organisations had consistently high satisfaction rates. Most notable here are counselling and psychotherapy services (discussed in more detail in the section below) and voluntary sector sexual abuse and rape support services.

After ISVAs, the next highest rated services were sexual abuse and rape support services. These were rated 'good' or 'very good' by 77 per cent of respondents who had used such services. Other services with consistently high satisfaction rates included: helplines, such as Childline; the Samaritans; and, to a lesser extent, drug and alcohol advice services.



**Figure 15:** Ratings of voluntary and statutory services.

## Counselling and psychotherapy

Counselling and psychotherapy services are often provided through sexual abuse and rape support services, and this cluster of services represents the provision which respondents found most satisfying.

As suggested in Figure 15 above, 77 per cent of respondents rated sexual abuse and rape support services as good or very good. Over 90 per cent of respondents felt that they had been listened to, believed and respected by these support services.

When asked what, overall, had been the most helpful support they had received, 48 per cent of respondents referred to counselling and psychotherapy, 21 per cent cited sexual abuse and rape support services and 12 per cent specified group support with other survivors.

The distinction between statutory and voluntary sector services is observable here again. The respondents were asked whether they received services through statutory services, voluntary services, or both, for counselling and psychotherapy services. Some respondents were not clear which sector provided these services, accounting for about 7 per cent of respondents who used counselling services and 6 per cent of those who used psychotherapy.

Other respondents were able to specify whether the counselling and psychotherapy services they received had been provided by the voluntary or statutory sector. Table 5 (below) shows that, while both voluntary and statutory services are in general rated positively, the voluntary services fare much better than the statutory ones.

We were able to verify this finding by looking at respondents who used both statutory and voluntary services and for whom, therefore, we were able to directly compare their satisfaction with the two providers. For both counselling and psychotherapy, respondents rated voluntary sector providers significantly higher than statutory providers (on average about 1 point higher on the 0 to 4 rating scale).

|               |           | % rate 'good' or 'very good' | % felt they had been listened to | % felt they had been believed | % felt they had been respected |
|---------------|-----------|------------------------------|----------------------------------|-------------------------------|--------------------------------|
| Counselling   | Statutory | 42%                          | 72%                              | 77%                           | 68%                            |
|               | Voluntary | 83%                          | 95%                              | 95%                           | 94%                            |
| Psychotherapy | Statutory | 56%                          | 77%                              | 82%                           | 72%                            |
|               | Voluntary | 68%                          | 95%                              | 97%                           | 94%                            |

**Table 3:** Satisfaction rates for psychotherapy and counselling.

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Believe me.  
Respect me.

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## 4. Barriers to help

### Services as barriers

Analysis suggests that poor experience of a service may not necessary be important just in terms of representing an absence of adequate support.

There is some evidence to suggest that a poor service experience can also represent a barrier to further service use. There are several indicators supporting this idea: there is a negative significant correlation between the overall satisfaction with services and the duration between accessing the first service and the most recent service. This might indicate that people who are dissatisfied with services at one point in time take longer to go on to access new services.

When we looked at the average satisfaction with the first service accessed, we found a similar pattern: significant negative correlation with the duration between first and last service. This indicates that people dissatisfied with their first service are likely to access services over a longer period of time. Moreover, respondents dissatisfied with their first service tended to use more services in total as well, probably in a struggle to find a service that suits their needs.

These findings suggest that survivors who fail to find a satisfying service go on to more services over a longer period of time than those who receive a helpful service response at the outset.

Some respondents gave examples of poor services in the context where their abuse was acknowledged but, for example, the service response was inconsistent, the therapeutic response was inappropriate, there was an over-reliance on medication, or survivors felt treated as a 'number' rather than as a person.



"The mental health system really needs to be more sensitive to the needs of CSA survivors. I have experienced good help but only from one individual and then other help I have been offered has resulted in more damage due to the lack of training and understanding by staff."

"I feel that every time I see a new doctor or counsellor I am having to rehash the entire experience which can be really stressful."

"Services on offer to date were more like a bandaid or drug induced coma".

"Statutory agencies have no understanding, no empathy and you are treated as a target or a tick box instead of a real person." - **Adult CSA survivors, Focus on Survivors survey respondents**

A particular theme in respondents' accounts related to services which failed to respond to survivors' disclosures.

Many survivors find it difficult to speak about their abuse and it can take many years after the experience of abuse before they are able to do so. Points of disclosure can therefore be critical moments in survivors' lives. Consequently, when services fail to respond adequately to disclosure it can serve to bring survivors' efforts to seek help to an abrupt halt and stop or trigger a long delay in their seeking help again.



"I told my GP that I was abused and needed help. She **believed** me and shrugged her shoulders saying there was nothing she could do. I believed all sorts of things because of that... It took me two years to ask for help again. You have internal voices telling you not to tell and that they will punish you if you break the rules you've been living with all your life, rules that have been keeping you safe. How can you risk it all to tell the GP and be sent away with nothing more than a tissue?"

"I was diagnosed with post natal depression and my GP referred me to a psychotherapist. I disclosed abuse to him - the first ever disclosure - and he asked me if it still affected me. I said I didn't think so, he said "good" and we moved on..." - **Adult CSA survivors, Focus on Survivors survey respondents**

## Access to counselling and psychotherapy

Respondents were asked if there were any types of help that respondents felt they needed but could not find.

Of those who answered, 57 per cent said that they wanted more counselling and psychotherapy services. Moreover, the Focus on Survivors survey included a number of 'free text' boxes where respondents could give qualitative responses to general questions about what services were most helpful, how services could improve and what services are missing.

The strongest single theme across these qualitative findings was the problem of restricted access to counselling and psychotherapy. Access was restricted by a number of factors. First, respondents talked about long waiting lists in order to access services when, in fact, survivors required a much more responsive approach.

 "I had to wait two and a half years to get dynamic psychotherapy because of staff shortages and waiting lists. Being told I needed help but there being no one there to help wasn't helpful at all."

"It's very difficult to get counselling when it's needed. I went to the GP when I was in crisis and had to wait a year for around 10 sessions".

"The waiting list for therapy is very long and the amount of therapy provided has been small. I've only managed to get therapy through feeling suicidal and in desperation." - **Adult CSA survivor, Focus on Survivors survey respondent**

Second, services provided free at point of access were time limited and respondents felt strongly that the lack of sustained support was problematic. Ten per cent of respondents specified that they wanted more sustained counselling and psychotherapy support.

 "What little support I had was severely time limited and, if anything, made things worse."

"Even though I have had two years of counselling with a voluntary organisation that was very good I don't feel it was long enough – I'm still suicidal"

"Survivors of abuse need more than six weeks of free counselling. My counselling is not a luxury but a necessary lifeline to enable me to recover from my terrible experiences as a child."



"I've had support on and off through the years but it was never consistent and only when I tried to take my life then I would get some form of help for a short period. Mainly it would be, 'Take these tablets, see you in a month's time!'" - **Adult CSA survivors, Focus on Survivors survey respondents**

Third, respondents suggested that available services often offered a limited range of therapies. Some respondents talked about the importance of having choice and access to therapeutic services tailored for individual needs. Some referred to specific therapeutic approaches: 14 per cent wanted more group therapy; 9 per cent wanted better access to Post-Traumatic Stress Disorder (PTSD) treatments.

 "Eighteen months of CBT didn't help me, yet I am made to feel the failure by psychologist."

"What next after therapy? I feel so alone and abandoned. I feel ready for some group therapy but there's none available."

"The one-size-fits-all approach of the NHS assumes depression and anxiety are what brings people to therapy... We need consistency and choice. We also need to not be fobbed off with short term CBT courses."

"True trauma therapy doesn't seem to exist. Mental illness needs to be seen as a direct physiologic effect from abuse. The bulk of literature agrees but, in practice, all the therapists/therapies seem oblivious".

"I cannot access help with my experiences of organised abuse because there are not enough people trained in this that are able to offer free help... It has left me with no help and being

stigmatised and not believed by medical staff and other professionals. They seem to find it easier to locate the problem in the individual (by diagnosing you with some kind of disorder) rather than recognise that you are coping with the effects of trauma." - **Adult CSA survivors, Focus on Survivors survey respondents**

Finally, the most commonly-cited problem for accessing counselling and psychotherapy – and one underpinning other factors – was the lack of free-at-point-of-access services and the affordability of private services.



"Private psychotherapy has cost me thousands of pounds that I have never really been able to afford but that I have paid because I feel I wouldn't have survived without it."

"The psychotherapy will take another year or so - I have diagnosis of complex PTSD - my fears and strategies are deeply embedded. There is no funding available despite psychotherapy is recommended by NICE. In July I will have to self-fund to continue. I don't work, I care for my husband, my resources are limited. My GP won't/can't fund. My local NHS Mental Health Service won't fund."

"I feel unless you are able to pay for treatment, in certain postcode areas help is almost non-existent."

"It is really important that resources are put into place for people to access help free of charge. It is unacceptable that trauma is managed on an ability to pay basis." - **Adult CSA survivor, Focus on Survivors survey respondent**

## Information about services

Problems accessing services also appear to be associated with the provision of information about available help. Table 4 summarises respondents' views on the availability of information about support and services for survivors.

|  | Strongly Agree | Agree | Neither Disagree Nor Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------------------------|----------|-------------------|
| Professionals and people in organisations gave me the information I needed | 8%             | 23%   | 24%                        | 23%      | 21%               |
| I found the information I needed online                                    | 16%            | 40%   | 20%                        | 15%      | 10%               |
| It was easy to find the information I needed                               | 6%             | 21%   | 27%                        | 29%      | 17%               |
| I found enough information about the services and support available        | 3%             | 19%   | 29%                        | 30%      | 18%               |
| The information I found was relevant and appropriate                       | 5%             | 32%   | 34%                        | 19%      | 11%               |

**Table 4:** Respondents' views on information available about support and services for adult CSA survivors.

These findings suggest that respondents were more likely to rely on their own research to find support services rather than on professional sign-posting or referrals. Less than a third of respondents agreed that professionals and services provided the information they needed, and well over half said that they found the information they needed on-line.

At the same time, most respondents – over three-quarters – did not find it easy to find the information they needed. Problems with information related to both the volume and pertinence of what is available. Only about a fifth felt that there was enough information and well under half felt that the information they found was relevant and appropriate to their needs.



"I'm still discovering new things everyday out there. There's no clear picture of what there is available." - **Adult CSA survivors, Focus on Survivors survey respondent**



"Googling for help is hard to find the help that is needed...if certain search words were entered I'm often bombarded by triggering media reports of the latest scandal. It puts you off searching." - **Adult CSA survivors, Focus on Survivors survey respondent**

## Survivors speaking about abuse

Finally, a common and underlying theme in the qualitative responses was that a key barrier to getting help was the challenge for survivors of overcoming the difficulty of talking about their experiences of being sexually abused as children.

 "Sometimes the fear and the shame is too great to be able to say anything no matter how long ago it happened."

"I wish I was strong enough to get in touch and talk but every time I think about it I feel so sick."  
- **Adult CSA survivors, Focus on Survivors survey respondents**

A number of respondents described using services as a result of CSA but without their CSA experiences being addressed. That is, symptoms resulting from CSA were tackled but not the core issue of the experience of CSA itself.

 "In terms of the sexual abuse, I've had no support but I have had all sorts of medication, 'therapy', CBT etc. on and off over the last 35 years due to anxiety, depression, suicidality, OCD, living with fear... the abuse I suffered as a child has never been addressed." - **Adult CSA survivor, Focus on Survivors survey respondent**

Several respondents highlighted that, for many survivors, the process of recalling abuse, perceiving its impact on their lives and attributing problems in adult life to childhood experience is complex. Survivors may not necessarily be conscious of the impact that CSA has had on their lives when they seek help from services, and they may well need expert support in order to identify their abuse and its implications.



"You assume that if you have had contact with a service as a result of sexual abuse that you will have told them about it... People have contact with services because of distress, but there can be all kinds of barriers to them naming that distress. I have had contact with lots of the services mentioned in this questionnaire, but no-one took the time to work things out with me and help me cut through the haze to the actual issue."

"My contact with NHS services has been awful - I was referred from service to service for years. The problem for me was that I had repressed memories that I was only able to access through psychotherapy. My distress was really awful and I had contact with my GP, police, NHS, but I didn't know why and couldn't explain myself until I paid for private psychotherapy myself." - **Adult CSA survivors, Focus on Survivors survey respondents**

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## 5. Listening to survivors, breaking down barriers



"Listen to children. Stop thinking we make it up. ...Don't shy away from our bruises. Don't ignore us when we are scared. Just ask and we will most likely tell."

"[What's missing is] a society where it's OK to disclose abuse, that accepts how prevalent abuse is, that meets disclosures of abuse with kindness, compassion and belief."

"[What's missing is] a service that recognises that abuse doesn't necessarily stop just because someone ceases to be a child." - **Adult CSA survivors, Focus on Survivors survey respondents**

### Learning from survivors: scratching the surface

This research was undertaken in the context of a striking lack of evidence available about adult CSA survivors in the UK.

If the recent NSPCC study (Radford et al., 2011) suggests that up to 5 per cent of the UK population have experienced contact sexual abuse in childhood then this is similar to the UK's population of people with diabetes. However, while comparable in terms of prevalence, the evidence base about CSA survivors appears paltry compared to that for other public health issues such as diabetes. This is problematic for children at risk of sexual abuse and for survivors of abuse: without robust evidence, efforts to develop effective strategies to prevent abuse and support survivors will be inherently undermined. This in turn risks heavy costs: human costs, of course, but also substantial revenue costs and increased demand on public spending. For example, based on remodelling international evidence in the context of the UK, the NSPCC suggests that as a conservative estimate the annual cost of CSA is £1.6b (Saied-Tessiet, 2014).

Inevitably, as a single study, the Focus on Survivors research can make only a limited contribution to the evidence base. It concentrates on survivors' use of support services and yet even here we can only offer partial insight into survivors' support needs. For example, in their qualitative answers, a number of respondents highlighted that support from formal organisations was not always the only help they accessed and was not necessarily the most important help. Informal support from and fellowship with other CSA survivors was highly valued. Similarly, for some, support from partners, family and friends had been the vital factor in dealing with the trauma of abuse. This informal support is not properly reflected in this research.

In terms of support from formal organisations there is also much more to learn, not least regarding the policies and training necessary to ensure that services identify, respond to and support survivors as effectively as possible. In future research to investigate these issues it will be important for researchers to take a dynamic perspective of survivors' 'service-user journeys' to examine both how they move between services and how they access services over time and across the life-course.

Similarly, the evidence base would benefit from more evaluation of the relative appropriateness and efficacy of different counselling techniques, taking into account the views of and sustained impact on survivors.

Nevertheless, it is hoped that the Focus on Survivors does make a helpful contribution to understanding about CSA survivors. There is an underlying sense across the findings that ineffective service responses are not merely problematic because they result in an absence of support. Instead, they can further be understood as representing barriers between survivors and the help they need. These barriers can be described in terms of four themes.

## Misinformation as a barrier

CSA in the UK is often depicted as opportunistic and isolated crimes, typically perpetrated outside the family on a one-off or short term basis.

This is an enduring portrayal, from public awareness campaigns about 'stranger danger' in the 1970s and 1980s to the current media profiling of the Jimmy Savile scandal and the subsequent focus on crimes perpetrated by celebrities and the establishment.

Only recently has media coverage of the child sexual exploitation in Rotherham, Rochdale and elsewhere highlighted cases of organised abuse by multiple perpetrators, where sustained periods of grooming led to sustained periods of abuse. However, the focus here again is on abuse committed outside of the family and, indeed, much media attention in these cases has focused on the ethnicity and 'otherness' of the groups of perpetrators involved.

In fact, these depictions are not representative of child sexual abuse. The Focus on Survivors research suggests that a far more typical model of CSA in the UK is one where a child is abused in the family or family network.

In a half of cases, the child is abused by more than one perpetrator. This must mean that, typically, abuse is either explicitly organised between adults or that certain children are at disproportionate risk of being abused by multiple perpetrators acting independently. If certain children face disproportionate risks, this must be because their family environment makes them vulnerable to multiple abusers and/or because grooming has left them identifiable and susceptible to assaults by perpetrators operating in isolation.

Abuse starts young – either at pre-school or primary school age – and continues for a sustained duration (an average of 7 years). Sometime abuse stops because the child makes a disclosure, sometime the abuse continues after the child makes a disclosure, but most typically abuse stops for other reasons, well before any disclosure is made.

Although it is obviously important to deal with failures to address abuse by public figures and large organised groups, the weight of media attention on these more atypical cases can skew public debate and social awareness. This in turn influences the political focus and, hence, investment in and drivers of professional interventions.

The Focus on Survivors research offers an opportunity to promote understanding of more typical CSA in the UK. So, for example, while it is well known that childhood sexual abuse happens within families, it is important to be clear the fact that abuse is far more likely to happen in this context than in any other context.

This fact should mean that the dominant focus of political and professional concern is on intrafamilial abuse, and it should be this that drives the strategic response.

Within this context, the strategic response needs to be further shaped by recognition that not all children face the same chances of being abused. If we acknowledge this fact then we also need to recognise that, in order to effectively prevent abuse and serial abuse, there is an urgent need for better understanding about why the risks of sexual abuse are so highly concentrated among certain children and not others.

The fact that children experience abuse typically over an extended number of years – rather than as in isolated assaults or short term episodes – is also critical. While avoiding drawing any over-simplistic relationship between the duration of abuse and impact of abuse, the sustained nature of sexual abuse across childhood makes it plain why for many survivors the impact of abuse extends well into adulthood and across the life course.

However, the sustained nature of abuse also means that there are sustained windows of opportunities for intervention into the lives of children in abusive situations. That is, if CSA usually happens as isolated, opportunistic episodes then the chances that citizens and services would be able to intervene to protect children would be narrow. Instead, the fact that CSA is actually more commonly experienced as sustained episodes would suggest that there is a realistic opportunity for intervention to protect children.

The fact that most experiences of abuse stopped without disclosures being made raises additional important questions about the dynamics of abuse. If abuse stops without the child making others aware of the abuse – if it stops, then, without external intervention – then what are the determining factors for triggering this? Robust understanding of these determinants could prove to be important for informing effective strategies for preventing and tackling abuse.

The Focus on Survivors research found that survivors' satisfaction with services has not generally improved over time. This is surprising given that the study surveyed CSA survivors who had accessed services between 1975 and 2015 – a period of historic importance in terms of the beginning of a new public recognition of the prevalence of child sexual abuse, the introduction of key legislation and development of new professional training and services.

The fact that the awareness and expertise which has developed over this era has not resulted in a marked

improvement in services for survivors may indicate that lessons learnt are not always being translated effectively into practice. Arguably, to some extent this may result from misinformation about what constitutes the most common forms of CSA and a failure to maintain an overarching strategic focus on intrafamilial abuse.

## 'Not asking': professional vigilance

The Focus on Survivors survey found that 80 per cent of survivors were not asked if they had been abused.

Instead, they made their disclosures without being asked which would have meant taking the step to bring up the subject themselves and reveal traumatic experiences of sexual abuse. For many survivors, making disclosures is hugely challenging. In the survey survivors talked of the stress, nausea and sense of shame they felt when talking of their abuse, and the difficulty in breaking the secrecy ingrained upon children by perpetrators.



"You have internal voices telling you not to tell and that they will punish you if you break the rules you've been living with all your life, rules that have been keeping you safe." - **Adult CSA survivor, Focus on Survivors survey respondent**

It might be expected that professionals in services – with informed awareness of the prevalence of CSA – would be more likely than lay members of the public to ask about abuse. However, those survivors who disclosed because they were asked were no more likely to have been asked by professionals than by friends and family. The survey also found that a quarter of survivors had used services because of their CSA without having disclosed their abuse.

These findings suggest that services often work with people who have been abused, and who are seeking help because of their abuse, but this is not made known to services and services are not generally checking this out with service users.

This is problematic because it means that services are often not addressing the core needs of these service users, so that survivors' needs are left unmet and organisations' skills and resources are being used inefficiently. Moreover, the survey also found that survivors who disclosed because they were asked were significantly more likely to access services younger and sooner after their abuse compared with those who disclosed without being asked.

This suggests that asking service users about CSA is important for bringing forward processes of support and recovery for survivors. This is particularly important in the context where, overall, delays between disclosure and accessing professional support are substantial: on average 12 years, with half of survivors waiting 9 years or more.

Greater professional vigilance, in this respect, would then seem a vital and cost-neutral step towards more proactive help for survivors and a more efficient service response.

## Poor services as barriers

The research found considerable variation in survivors' satisfaction with different types of services. Satisfaction with services was closely related to some core, basic qualities in the way services responded to and treated survivors – that is, whether they made survivors feel listened to, believed and respected.

Overall, survivors were less satisfied with statutory services than voluntary and independent services.

The poorest performing services were social services and A&E and hospital services. In these services, between about a half and two-thirds of service users felt that they had not be listened to, believed or respected by professionals. It is also important to note that certain services represented the 'first port of call' for survivors –

that is, the first service accessed by survivors because of CSA.

The most common first ports of call were all statutory services: GPs, the police and statutory mental health services. As the first port of call, these services would have responsibility for provided support directly and/or serving as gate-keepers in terms of referring survivors on to other support services. Of these three services,

satisfaction was highest for GPs but, even here, between a quarter and a third of survivors who used the service did not feel listened to, believed or respected.

Survivors rated counselling and psychotherapy as the best and most important services. However, they also identified problems with the availability and adequacy of provision: a lack of free-at-point-of-use provision, long waiting lists for too brief counselling programmes, and limited options in terms of therapeutic techniques. For some, inadequate therapeutic provision did more harm than good.



"What little support I have was severely time limited and, if anything, made things worse."  
- **Adult CSA survivor, Focus on Survivors survey respondent**

The impact of poor experiences of services needs to be assessed as more than the absence of effective help at one point-in-time. In particular, the Focus on Survivors survey found that if survivors have a poor experience with the first service take longer to go on to access new services. This suggests that a poor service experience can put survivors off from trying to access help. Moreover, poor service experience is significantly associated with survivors using more services over a longer duration.

In contrast, someone who receives a helpful service response at the outset uses fewer services over a shorter period. In turn this suggests that a good service response can result in both survivors coming to a point of recovery or resolution quicker and a more efficient use of organisational resources.



"It took my whole adult life to find a service that listened to me - I could have had a better life if someone listened sooner." - **Adult CSA survivor, Focus on Survivors survey respondent**

## Breaking down barriers by building on strengths

As much as highlighting areas of poor satisfaction, the Focus on Survivors survey highlights services which survivors rated very highly. For example, in a number of services – Sexual Assault Referral Centres, Independent Sexual Violence Advisors, and voluntary sector counselling, psychotherapy and sexual abuse and rape support services – over 90 per cent of survivors felt that they had been listened to, believed and respected. A consistent theme in respondents' qualitative responses was the expression of gratitude for services which survivors felt had transformed or even saved their lives.



"It is very important victims are listened to because they can end up being scared for life... thank you so much you've turned out to be a life saver."

"I finally feel alive for the first time in my life... I count myself lucky to have received such good support..."

"...I thank them from the bottom of my heart for helping me realise it was not my fault."

"I am now not held by my nightmares any more..." - **Adult CSA survivors, Focus on Survivors survey respondents**

It is clear from the survey that voluntary and independent sector services are leading the way, over statutory sector services, in providing the support which survivors find

most helpful. The findings here are stark. In most cases, less than 50 per cent of respondents rated any statutory service as good while more than 50 per cent rated most voluntary sector services as good.

Correspondingly, in most cases, over 20 per cent rated most statutory services as poor; less than 20 per cent rated any voluntary sector services as poor.

This observation is important for informing the future direction of the UK's strategic response to CSA. As a public health issue, such a strategy demands well targeted measures both to better protect children and to support survivors. In the case of the latter, this includes direct provision – particularly counselling and psychotherapy – but also policy development and training to, for example, improve the efficacy of statutory services' response to adult survivors of CSA.

Recognising that successful practice is currently concentrated in the voluntary and independent sector should mean that this sector is tasked and resourced to take the leading role in the future development of work in this area in the UK.

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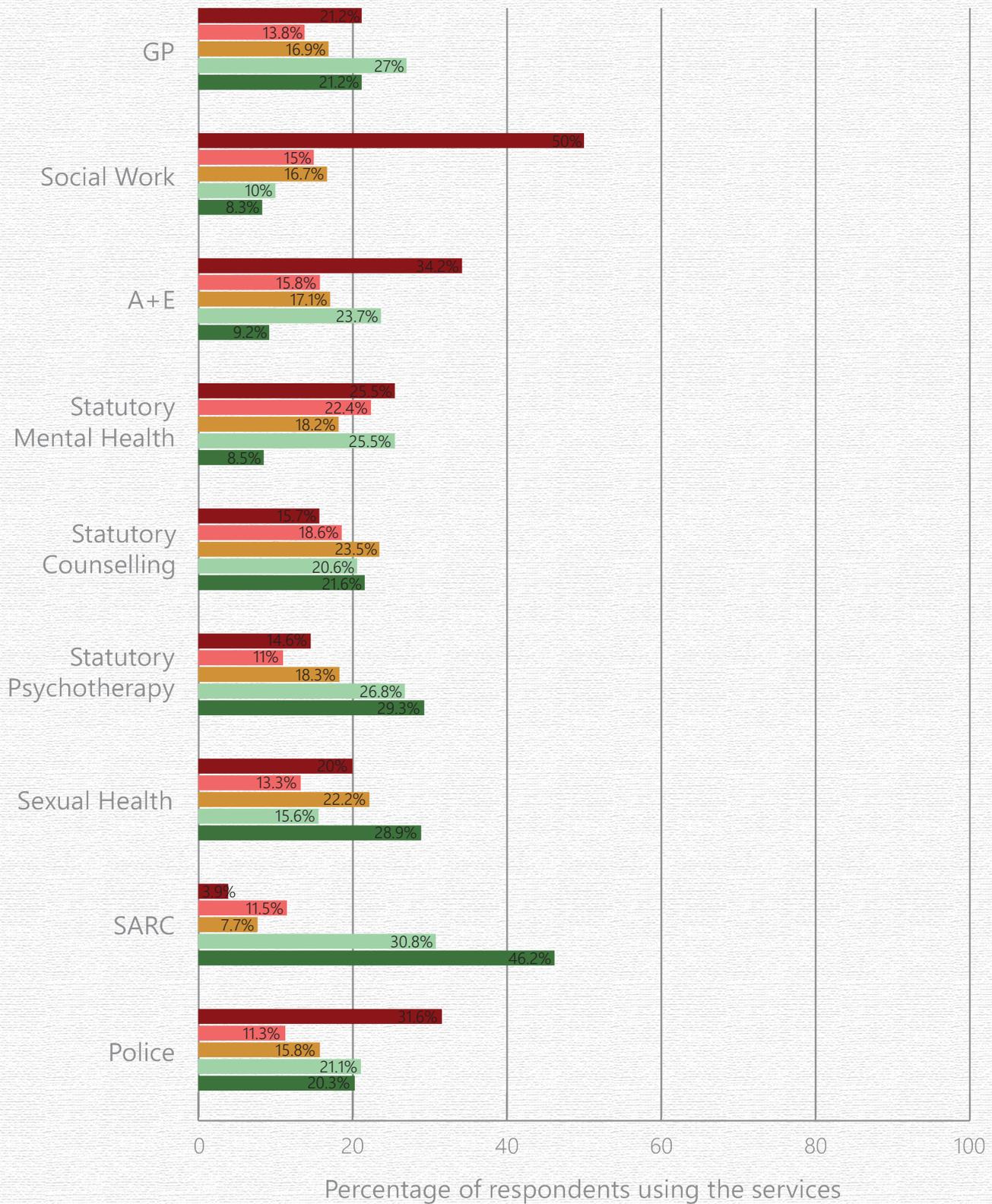
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# Appendix

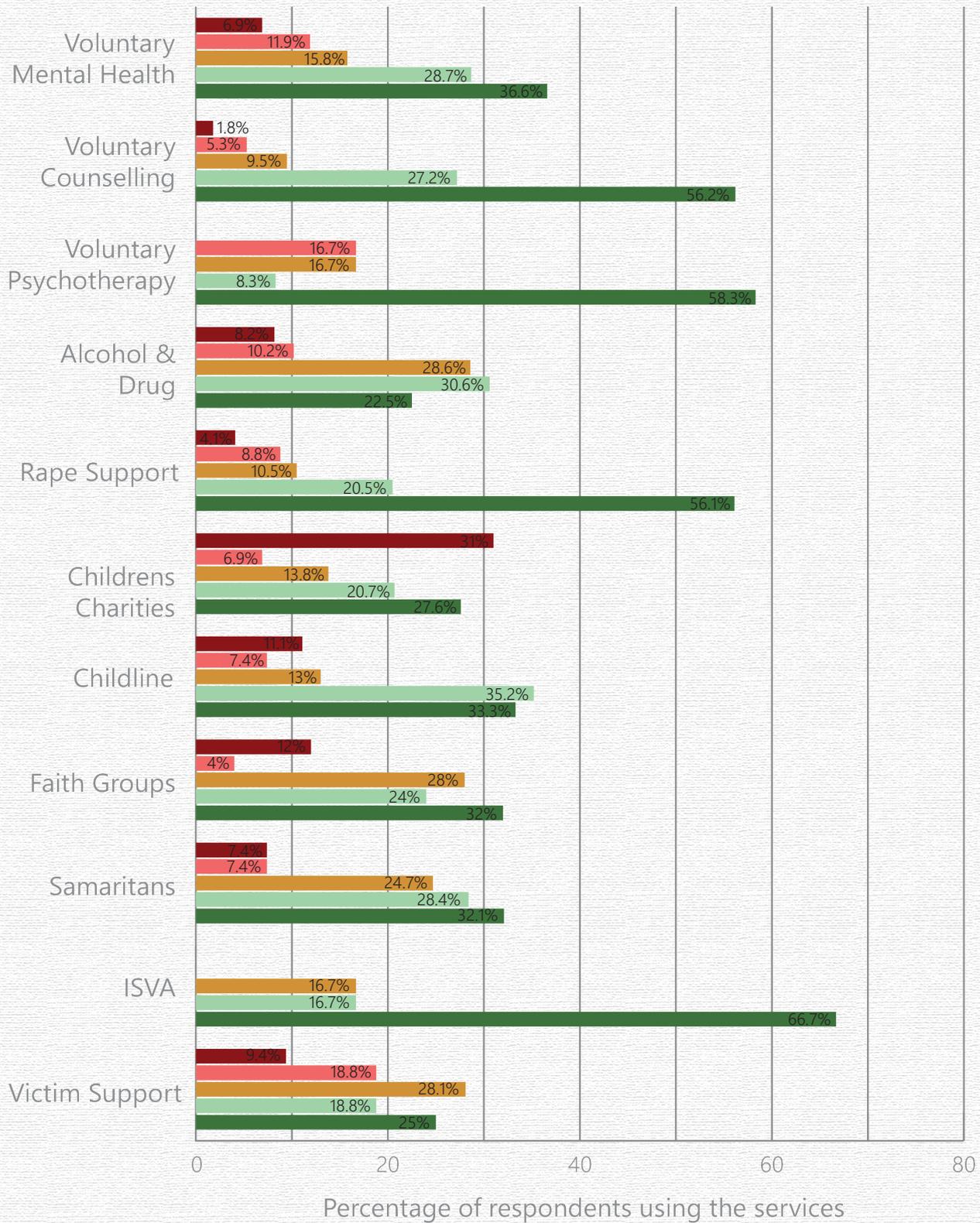
## Service rating - Statutory services

Very poor    Poor    Neutral    Good    Very Good



## Service rating - Voluntary services

■ Very poor   
 ■ Poor   
 ■ Neutral   
 ■ Good   
 ■ Very Good



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