



Victim and survivor voices from
The Truth Project

(June 2016-June 2017)

Independent Inquiry Into Child Sexual Abuse
October 2017



 **IICSA** INDEPENDENT INQUIRY
INTO CHILD SEXUAL ABUSE

Disclaimer

This research report has been prepared at the request of the Chair and Panel of the Independent Inquiry into Child Sexual Abuse (IICSA).

The views expressed are based on the experiences shared by participants taking part in the Truth Project.

Content warning

This is the first report considering some of the accounts of participants taking part in Truth Project private sessions. The report contains material that may be upsetting. Whilst the extracts of experiences referred to in this report have been anonymised, they are accurate accounts from victims and survivors who have shared their experiences with us. We know that thinking about the issues surrounding child sexual abuse can be distressing. We encourage each reader to consider their wellbeing and self care as they read this report.

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This report was compiled by the research team at the Independent Inquiry into Child Sexual Abuse. For further information contact research@iicsa.org.uk.

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The Inquiry would like to thank all of those who have taken part in the Truth Project to date. The Inquiry recognises that it takes a huge amount of courage for Truth Project participants to come forward and to tell people about the abuse that happened and about their experiences of reporting child sexual abuse.

The findings from this report will be used to inform the work of the Inquiry and have provided an insight into some of the experiences of participants to date.

Executive Summary: **Introduction**

The aim of the Independent Inquiry into Child Sexual Abuse (hereafter referred to as the Inquiry) is to investigate whether public bodies and other non-state institutions have taken seriously their responsibility to protect children from sexual abuse in England and Wales, and to make meaningful recommendations for change, in order to help ensure that children now and in the future are better protected from sexual abuse.

The Inquiry will also make recommendations about improving the support for child and adult victims and survivors; health service provision and the legal remedies available to victims and survivors of child sexual abuse to help them achieve accountability and reparation.

The Inquiry consists of three main strands: public hearings, the Truth Project, and research and analysis. Information gathered through these three strands of activity will be used to inform the Inquiry's final recommendations, to help ensure that they meet the Inquiry's guiding principles of comprehensiveness, inclusivity and thoroughness.

Child sexual abuse involves forcing or enticing a child or young person under the age of 18 to take part in sexual activities. It includes contact and non-contact abuse, child sexual exploitation and grooming a child in preparation for sexual abuse. Child sexual abuse is both a life-altering crime and a significant social problem.

The Truth Project

The Truth Project was set up to hear and learn from the experiences of victims and survivors from all over England and Wales. The Truth Project enables victims and survivors to share their experience with the Inquiry in a way that feels most comfortable for them. Victims and survivors can attend a private session in person or via telephone, submit a written account or submit an audio recording of themselves talking about their experiences. They may also choose to share drawings or creative writing that communicate their experiences. All experiences shared are treated in the same way. By sharing an experience, participants make an important contribution to the work of the Inquiry, and their experiences will influence its findings and help inform its recommendations. The Inquiry takes a trauma-informed approach to its work at the Truth Project and offers

participants emotional support throughout the process, delivered by a dedicated team of support workers.

Private sessions are hosted by a facilitator who supports the participant through gentle questions to share their experience. There is also an assistant facilitator in the room who is responsible for capturing a record of the session. The session is led by the participant, who determines how their experience is shared. They can say as little or as much as they want and can choose to focus on whatever they wish to.

The Truth Project was piloted in November 2015, with private sessions held from June 2016 onwards. This is the first report considering some of the accounts of participants taking part in Truth Project private sessions and provides the Inquiry with information and insight into the child sexual abuse experienced by those coming forward. It also provides an in-depth understanding of the way participants have experienced telling people and institutions about the child sexual abuse that happened.

The Inquiry has now held 482 sessions with many more scheduled to take place over the coming months.¹ In addition, the Inquiry has received over 180 written experiences from participants.

The data presented in this report draws on material from 249 private sessions that took place between June 2016 and June 2017.

Profile of participants and reasons for attending a private session

The Truth Project wants to hear from victims and survivors from all backgrounds and walks of life, and the following data is derived from socio-demographic information that participants chose to share through an online form or during a private session. During the period June 2016-

¹ These figures were accurate as at 16 October 2017.

June 2017, 53 per cent of participants attending the Truth Project were male, 47 per cent were female, and 0.8 per cent identified as 'Other'. The age of participants has ranged from 23 to 80 years old, with an average age of 54 years.

The majority of the participants who chose to share information about their ethnicity identified as white (93 per cent). The Inquiry is currently developing means of increasing the participation of people from black and minority ethnic (BME) communities. Over half of participants attending Truth Project private sessions reported that they have a disability (56 per cent). The most commonly reported disability related to mental health (37 per cent of participants), followed by physical health problems relating to mobility, dexterity and stamina (18 per cent).

Experiences of child sexual abuse

Participants shared a range of information relating to their experiences of child sexual abuse, including when the abuse started, how long it endured, and the nature of the abuse. Due to the age range of participants, some of the sexual abuse occurred several decades ago, whereas other instances were more recent. More than a third (35 per cent) of participants attending Truth Project private sessions to date were first abused in the 1970s.

Looking at the age of participants when they first experienced child sexual abuse, 35 per cent were between eight and 11 years old. Nearly one in 10 (nine per cent) were aged three years or under. Notable gender differences were apparent in the age of first experience of sexual abuse, with women more likely to report that the abuse started when they were aged between four and seven years old and men more likely to report that the sexual abuse started when they were aged between eight and 11 years old.

The duration of sexual abuse varied considerably, with some participants experiencing one incident that occurred on a single day, and others describing sexual abuse that persisted over many years, sometimes into adult life. Participants reported an average duration of over five years of child sexual abuse. There were again notable gender differences,² with female participants reporting on average a total of over seven years of abuse compared to nearly four years for male participants.

Child sexual abuse can take many forms. The most frequently mentioned form of sexual abuse involved penetration, reported by nearly six in 10 participants (59 per cent). Over half (55 per cent) reported fondling, and one in five (21 per cent) reported grooming.

Grooming and manipulation were a feature of participants accounts, such as making them feel special prior to carrying out the sexual abuse. Some participants found that this was more difficult to cope with than the sexual abuse itself.

“...you know, grooming, you didn’t hear about grooming but ... he was a nice man. He treated me nice when I was a little boy. And that is more hurtful than anything when somebody treats you nicely but then takes advantage of your real sort of vulnerability...”

(Participant 19, male)

Children may experience other forms of abuse in addition to child sexual abuse. This can include physical and emotional abuse, and neglect. Six in 10 (61 per cent) participants reported that they had at some point in their childhood experienced another form of abuse. The most frequently cited forms of abuse were physical and psychological abuse (41 per cent and 36 per cent of participants respectively).

² Gender refers to the gender of the participant at the time of the abuse.

Perpetrators and institutions

Across the sessions, a range of individuals were cited as having perpetrated child sexual abuse. More than one in five participants (22 per cent) reported that they had been sexually abused by teaching or educational staff,³ and nearly as many (21 per cent) reported being abused by a family member.⁴

Some participants had been sexually abused by a single perpetrator and others described accounts of sexual abuse involving multiple perpetrators, referring to paedophile rings or sex clubs. Some perpetrators built relationships with children and/or their family and, having gained their trust, were consequently invited into the family home. This is illustrated by the quote below, which also highlights how a perpetrator had taken on more than one role in the community that connected him to children.

“When I was about 10 a new priest came to the diocese ... and he was very friendly, he made friends with lots of the families in the parish, and my mum used to invite him for supper because she worried that he wasn’t being fed very well by the housekeeper at the church ... And he ran the scouts, and my brothers were both scouts, and I was a brownie.”

(Participant 10, female)

In terms of where child sexual abuse took place, schools were most commonly mentioned, with 28 per cent of participants reporting being sexually abused at school. Welfare and religious institutions were also cited (16 per cent and 14 per cent respectively).

³ Teaching and educational staff includes teachers, tutors and dormitory or house masters.

⁴ Family member includes step-parents and adoptive relatives.

Disclosure and identification of child sexual abuse at the time and responses

Some participants had been able to tell someone about the abuse at the time that the abuse was happening. In 35 per cent of the episodes of abuse shared by participants, participants reported that they did disclose at the time, with 40 per cent of the episodes not reported. For approximately a quarter of episodes, it is not known whether participants disclosed the abuse at the time. Female participants were more likely than male participants to say that they reported the sexual abuse at the time it took place (in 41 per cent and 30 per cent of episodes respectively).

In a quarter of the episodes where child sexual abuse was reported at the time, it was disclosed to a parent (26 per cent). Participants also reported disclosing to someone with responsibility for child protection, such as police, welfare/child protection, or someone else deemed to be in authority.

There was variation in terms of how disclosures were responded to, but, overall, many accounts present a picture of inadequate or poor responses to disclosures that negatively affected participants' lives. Participants reported that they were believed in relation to only 14 per cent of episodes. In a third of episodes (32 per cent), participants reported that they were not believed, and in 45 per cent of episodes no action was taken. In only one per cent of episodes did the participant say they were provided with counselling or support by those they disclosed to, and no participants reported being referred for professional counselling.

Participants from the sample described a failure to follow up the disclosure of child sexual abuse by staff in institutions, by services working with children, and authorities dealing with allegations of child sexual abuse. In some cases, this led to perpetrators being able to continue to sexually abuse the individual (and often other children). Participants' accounts also revealed how disclosures of child sexual abuse to social services at the time it was happening were not always believed. In some cases, they were thought to be "making up" the reports as a means of seeking attention.

"Honestly, Miss [name] the social worker ... I did tell her, I did write her letters, I did communicate ... but I was always told I was attention seeking or, 'No, don't be saying that', 'No, no, they wouldn't do that, no' that was the way it always was and I didn't go there."

(Participant 15, female)

Accounts also referred to a failure of other agencies to follow up and cases of institutions covering up the abuse also emerged.

Participants also spoke about the failure of adults and institutions to recognise the signs of sexual abuse, including the behaviours being exhibited by victims and survivors at the time as a consequence of the abuse. Many described finding it difficult to understand how it could have gone unnoticed. As a result, institutional responses to such behaviours were often inappropriate.

"I think it's odd for all of this to have happened and for people around us ... looking back on it, to think that all of that can happen and nobody can notice it happening. And nobody can be concerned about what are, like, quite obviously big, kind of warning signs that there's a lot going on."

(Participant 1, male)

Later disclosure and institutional responses

Some participants did not feel able to tell someone about the sexual abuse until after the abuse had ended. This was the case for 67 per cent of the episodes of the child sexual abuse participants shared in sessions. The disclosures took place at different stages in the participants' lives. For some, the experience had been put to the back of their mind, or had lain dormant until something happened that caused them to remember the abuse. Participants described how they had hoped that reporting the sexual abuse (and the pursuit of justice) would bring them closure. Yet, for many, the experience of disclosing – and the resurfacing of memories – had a major impact on their lives.

As with those who had disclosed child sexual abuse at the time, the responses to disclosures for those reporting at a later time were mixed. Some participants felt that their reports were dealt with in a positive manner by the institutions where the abuse had taken place, or by the agencies dealing with the allegations. In some cases where child sexual abuse had been reported to the police, this led to the perpetrators being prosecuted and this felt positive. Participants shared information about cases where the institutions did acknowledge that child sexual abuse had occurred and compensation or help and support was provided.

However, in other cases, responses were negative, causing participants to again feel unheard and unsupported. Many felt that they were not listened to or supported. Denial of child sexual abuse and/or failure of the institution to acknowledge that child sexual abuse had taken place was a recurring theme. There were also examples of cases where the participants felt that justice had not been served or agencies had failed to act.

Impacts of child sexual abuse and coping strategies

Many participants attending Truth Project private sessions described the impacts that child sexual abuse had on their lives. Although it is not possible to say with certainty that adverse outcomes were caused solely by child sexual abuse, it was clear how deeply many participants had been affected by the abuse they experienced. A number of participants emphasised how the experience of child sexual abuse had both taken away their childhoods and ruined their lives. Many described their ongoing battle of trying to deal with and control the pain and trauma caused by the experience.

In particular, mental health problems were reported by 82 per cent of participants. Mental health conditions described by participants as linked to the sexual abuse included depression, psychosis, post-traumatic stress disorder (PTSD), and anorexia. Participants also described experiencing symptoms such as self-harm, suicide ideation/attempts, anxiety, panic attacks and phobias – both at the time the sexual abuse was happening and as adults.

The psychological impact on participants was apparent as they described a range of emotions and belief systems, some of which had been compounded by the way they had been manipulated by perpetrators.

These included: feeling guilty; feeling distressed; feeling dirty; feelings of shame; feelings of self-blame; and struggling with a sense of identity. Many emphasised the ongoing daily struggle of trying to cope with, or come to terms with, what had happened to them. They explained how this can make routine day to day tasks and activities feel challenging.

“You just can’t physically and mentally come to terms with it. And little things that you could cope with, now you cannot cope with. I go to pieces, get upset or whatever.” (Participant 19, male)

Physical health impacts were also mentioned by participants, including migraines, bladder problems, asthma, epilepsy and others such as chronic fatigue, fibromyalgia, osteoporosis, arthritis and HIV.

Some participants described ways in which they externalised the distress caused by the child sexual abuse. These included substance misuse, anger, offending behaviour and sexual behaviour. Some of these behaviours could be interpreted as maladaptive coping strategies, although they were not necessarily described in this way by participants. The accounts of participants also highlighted how child sexual abuse can have adverse effects on schooling, employment and housing stability.

The negative impact of child sexual abuse on interpersonal relationships was referred to by a number of participants. Whilst some had gone on to form friendships and intimate relationships, others had not, attributing their difficulties in forming relationships to the abuse they had experienced. Intimate relationships could be hindered by difficulties with sexual intimacy and other emotional barriers, including difficulty talking about the abuse with partners. Feeling unable to talk to partners, family and friends about the abuse was noted as a particular challenge in forming and maintaining relationships and a recurring theme was how the betrayal of the abuse meant they had problems in trusting others.

It was evident that for some, the impact of the sexual abuse made it challenging for them to parent. The experience of child sexual abuse made some participants especially protective of their own children/grandchildren and determined to make sure their children/grandchildren felt loved.

The impact of sexual abuse on religious and spiritual beliefs was something that emerged specifically in relation to abuse within the religious institution context. Participants who had experienced abuse in this setting voiced how, as a result, they had found it difficult to attend religious institution thereafter and/or how it had caused them to question their beliefs.

It is evident from the sessions that participants were at different stages of the recovery process. For example, there was variation in the extent to which they felt self-blame for what had happened to them. A number of examples were given where participants demonstrated their resilience and ability to adapt in the face of adversity. For example, facing phobias developed as a result of the abuse, having a positive outlook on life, and wanting to move forward in a positive way. However, recovery is often not a linear path and certain situations or events can (re)trigger the trauma associated with the abuse and cause distressing emotions to resurface.

“Because when I talk about it I can see it, feel it, hear it and taste it ... I try to say the words. I feel dirty inside, I feel more dirty telling you about it because it hurts me inside, it really hurts. I won’t let a male doctor touch me, I’ll talk to them but I won’t let them touch me or anything, there’s got to be a female there.” (Participant 12, male)

Experiences of statutory and voluntary support services

Experiences of statutory and voluntary services varied. Some participants recalled how, as a child, they were referred to statutory services that they knew little about. There was a sense that they were sometimes referred by professionals or parents who themselves felt unsure about how best

to deal with the sexual abuse or with the behaviours being presented in response to it. One participant also recalled specifically trying to ask for help but felt unsure about what services were available and what help they needed.

It was clear that, for some participants, the services they received as a child had a significant positive impact on their lives. Other participants described how the statutory services they received did not meet their needs, either because of the approach of the therapist or the limitations placed on the amount of support they could access and the lack of subsequent follow-up.

In terms of support accessed in adulthood, most participants described having accessed various forms of support over the years and/or having received therapy/counselling 'on and off'. A smaller number mentioned having consistent, ongoing support with the same individual or organisation, and some had only accessed support more recently. Where support from professionals had been accessed, accounts were mixed; for example, some people benefited from the continuity of care received from a therapist whereas others reported receiving unhelpful or inappropriate responses from professionals; not feeling adequately supported, respected or understood; and having to go back on waiting lists if they missed a session. Concerns about services being decommissioned and the cost of treatment also emerged. It was also evident that participants were not always aware of what services were available to them (either now or in the past).

Participant proposals for preventing and responding to child sexual abuse

Many participants taking part in Truth Project private sessions made suggestions for changes that they would like to see happen, both in terms of the prevention of child sexual abuse and support for victims and survivors. Participants spoke about the need to support children in making a disclosure. Other suggestions related specifically to children in care and the need to provide them with support and stability in care placements.

“For me, do you know what, it’s not even having love, it’s having stability ... Love is nice if you get it but stability is the most important thing ... And that’s what I’ve always thought, stability is probably very important and that continuity especially in an educational environment, if you do get into education, try and keep the child there.”

(Participant 15, female)

A number of participants mentioned the importance of bringing discussions about child sexual abuse into the public arena. The need for independent review processes for institutions was also suggested. Lastly, some of the proposals for change were directly related to the work of the Inquiry and the way it engages with victims and survivors of child sexual abuse, with participants expressing an interest in being informed about the work of the Inquiry.

How the Truth Project feeds into the work of the Inquiry and next steps

Every experience shared feeds into the work of the Inquiry. During private sessions and through experiences shared in writing, participants are able to put forward their recommendations and inform the Inquiry of what

they think needs to change. The Inquiry is grateful for the thought that participants have put into their suggestions. Every recommendation put forward in a Truth Project private session is recorded and reviewed.

The Inquiry is committed to publishing summaries of some of the experiences that have been shared in an anonymised form and with the participants' consent. These will never include all the information that has been shared in order to protect confidentiality, but they provide important accounts of the experiences of children and the impacts that many adult victims and survivors experience on a daily basis.

Section A:
**Background
and Method**

Chapter 1: Introduction

Child sexual abuse involves forcing or enticing a child or young person under the age of 18 to take part in sexual activities. It includes contact and non-contact abuse, child sexual exploitation, and grooming a child in preparation for sexual abuse. Child sexual abuse is both a life-altering crime and a significant social problem. Although it is challenging to measure the prevalence of child sexual abuse accurately because of its hidden nature, the latest evidence suggests that in England and Wales at least one adult in 14 (seven per cent) was sexually abused as a child.⁵ Additionally, a UK-wide study found that 17 per cent of 11–17 year olds reported having experienced sexual abuse.⁶ These figures equate to several million children and adults in England and Wales living with the impacts of child sexual abuse.

1.1 Background to the Inquiry

The aim of the Independent Inquiry into Child Sexual Abuse (the Inquiry) is to investigate whether public bodies and other non-state institutions have taken seriously their responsibility to protect children from sexual abuse in England and Wales; and to make meaningful recommendations for change, in order to help ensure that children now and in the future are better protected from sexual abuse. The Inquiry will also make recommendations about improving: the support for child and adult victims and survivors, health service provision, and the legal remedies available to victims and survivors of child sexual abuse to help them achieve accountability and reparation.

⁵ Office for National Statistics (2016) Abuse during childhood: Findings from the Crime Survey for England and Wales, year ending March 2016.

⁶ Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., and Collishaw, S. (2011) Child abuse and neglect in the UK today. NSPCC.

The Chair of the Inquiry, Professor Alexis Jay, is supported in her task by an expert Panel. The Inquiry was established in March 2015 by the Home Secretary, under the Inquiries Act 2005. It is independent of government.

The Inquiry consists of three main strands:

- public hearings, where witnesses relevant to the Inquiry's specific investigations give evidence under oath
- the Truth Project, where victims and survivors of child sexual abuse are supported to share their experiences with the Inquiry, either in writing or in person
- research and analysis, in which the evidence base on child sexual abuse will be further developed by synthesising what is currently known and by conducting new primary research projects

Information generated through these three strands of activity will be used to inform the Inquiry's final recommendations, to help ensure that they meet the Inquiry's guiding principles of comprehensiveness, inclusivity and thoroughness.

The Truth Project began in November 2015 with a pilot phase of private sessions. The Inquiry then began to hold private sessions from June 2016 onwards. The Inquiry offers Truth Project private sessions in a variety of locations across England and Wales.

The Inquiry has committed to listen to, hear and read everything that is shared by participants through the Truth Project.

1.2 Role of the Truth Project

The Truth Project is a specific element of the Inquiry, set up to hear and learn from the experiences of victims and survivors from all over England and Wales. Many participants have advised that they have never been

listened to, or have been treated badly when they have tried to tell someone about what happened.

What makes the Truth Project unique is that it allows victims and survivors to share their experience with the Inquiry, in whatever way they want, in the knowledge that it will help to make a difference. By sharing an experience, participants make an important contribution to the work of the Inquiry. The experience of participants will influence the Inquiry's findings and help inform its recommendations.

The Truth Project is open to anyone who, as a child:

- was sexually abused by a person in an institution; *or*
- first came into contact with the person that abused them in an institution; *or*
- reported the child sexual abuse to a person in authority and the report was ignored or not acted upon appropriately; *or where*
- someone in an institution could have known about the sexual abuse and ignored it or did not act upon it appropriately.

In addition to hearing from those sexually abused in or through an institution, the Inquiry has heard and wants to hear from all victims and survivors that fall under the terms of reference. This includes those sexually abused in a family setting or, for example, by someone known by the family, but where someone in a position of authority in an institution, such as a teacher or doctor, failed to act in relation to the sexual abuse.

The Inquiry offers a range of options by which victims and survivors can share their experience in a way that feels most comfortable for them. They can attend a private session in person or via telephone, submit a written account or submit an audio recording of themselves talking about their

experiences. They may also choose to share drawings or creative writing that communicate their experiences.

Regardless of the format, all experiences are shared in a non-legal and confidential manner. Victims and survivors can share as much or as little as they want. The Inquiry hears and listens to all that is shared. It does not question, it does not challenge and it does not judge. Every voice of every experience heard through the Truth Project feeds into the work of the Inquiry.

The Truth Project is designed to be as inclusive as possible. Whatever their background, gender, age, faith, sexuality, or culture, the Inquiry wants to hear from every victim and survivor who wants to share an experience.

Because of the way the Inquiry is set up, it is legally obliged to pass all allegations of child abuse to the police. However, it does not pass on names or contact details unless participants give explicit consent to do so. The exception is where the Inquiry hears something that gives rise to safeguarding concerns. For example if a child is currently at risk, then the Inquiry is obliged to share the contact details with the police, but will always seek to do so in consultation with the victim and survivor. This is explained to everyone who contacts the Inquiry.

The Inquiry recognises that the Truth Project will not be suitable for everyone. Participating in the Truth Project cannot change what happened and it cannot take away the memories or impact of the sexual abuse, but the Inquiry does want to listen and will respect every victim and survivor's experience.

1.3 How a Truth Project private session works

Becoming a participant in the Truth Project

Any victim and survivor who wants to participate in the Truth Project (be a 'participant') and share their experience, can contact the Inquiry through its website, by post or email, or by calling the Inquiry Information Line. Whichever way participants choose to get in touch, if they have expressed an interest in sharing an experience the Inquiry will facilitate this and do everything possible to make the experience a positive one.

Once the victim and survivor has registered an interest, and provided the Inquiry with contact details, an Inquiry representative will discuss how the individual wants to share their experience and assist in making the necessary arrangements. In the majority of cases, participants opt to share their experiences in person, at a private session.

If a victim and survivor would like to share at a private session the Inquiry will work with them to identify the best location for them. In order to make sharing an experience as straightforward as possible, the Inquiry will make and fund all travel arrangements with the victim and survivor as well as up to two companions. The Inquiry will also reimburse reasonable expenses, such as meals.

Participants are given full information on how to get to the venue for the private session, as well as local information. In making arrangements for the session, the Inquiry will allocate a support worker to the participant. Participants can state at this point if they have a gender preference for their support worker, facilitator and assistant facilitator. If the participant has any specific requirements for the session, such as hearing loops, they can inform the Inquiry Office and arrangements will be made before the session.

There is no requirement for a participant to submit written information for their private session, however a participant can choose to provide this if they would find it helpful. The Inquiry can also facilitate sessions for those who would prefer to speak a language other than English or through sign language.

If a participant would like to share their experience in writing, the Inquiry will provide guidance to help them think about how and what they would like to share, and information on what will happen with their contribution. An experience shared in writing is treated in exactly the same way as an experience shared at a private session. Separate arrangements will be made for those participants wishing to share by telephone, again on the principle that all experiences shared are treated in the same way.

Support for participants

The Inquiry takes a trauma-informed approach to its work at the Truth Project, which has been informed by the advice and input of the Victims and Survivors Consultative Panel (VSCP) for every stage of a participant's engagement with the Truth Project. The Inquiry understands that sharing an experience of child sexual abuse with the Truth Project can be upsetting so it offers emotional support throughout the process. The Inquiry has a dedicated team of support workers who cover England and Wales. The support it provides isn't designed to be long term counselling or therapy because as a public Inquiry we are not able to offer ongoing support.

The support team are there to ensure that each person is well supported throughout their engagement with the Truth Project and that there are clear expectations about what can and cannot be offered. Participants are helped to access longer-term support or therapy through specialist

services where they are available. The lack of availability of appropriate specialist voluntary and statutory services is an issue the Inquiry has noted and will be commenting on.

The Inquiry's support service provides three phases of support – before, during and after a private session. This support is telephone-based in the four weeks before the session to help participants prepare practically and emotionally for sharing experiences of child sexual abuse and institutional failure. The diagram on page 33 shows the stages of support.

On the day of the session itself, the support worker will be the first person that the participant will meet when they arrive and they can have as much contact as they need with their support worker during their attendance at the session. Support workers help the private session facilitators to understand the participant's needs for their session and they inform the facilitators if there is anything specific they need to be aware of that will help the participant share their experience. This ensures facilitators are as sensitive as possible to individual needs and differences.

After the private session the participant is then offered two follow-up support calls with their support worker. This allows participants to reflect on how they are feeling about having shared their information with the Truth Project and the support worker can check on their wellbeing. This is an important part of the support process. Some people have reported that they felt a sense of great relief and achievement having attended their session whilst others advised that they felt a bit numb, or disappointed that they did not notice feeling differently.

Occasionally participants have said that they felt upset afterwards and needed support to talk about difficult feelings and memories that had arisen from talking about their experiences. However someone feels after

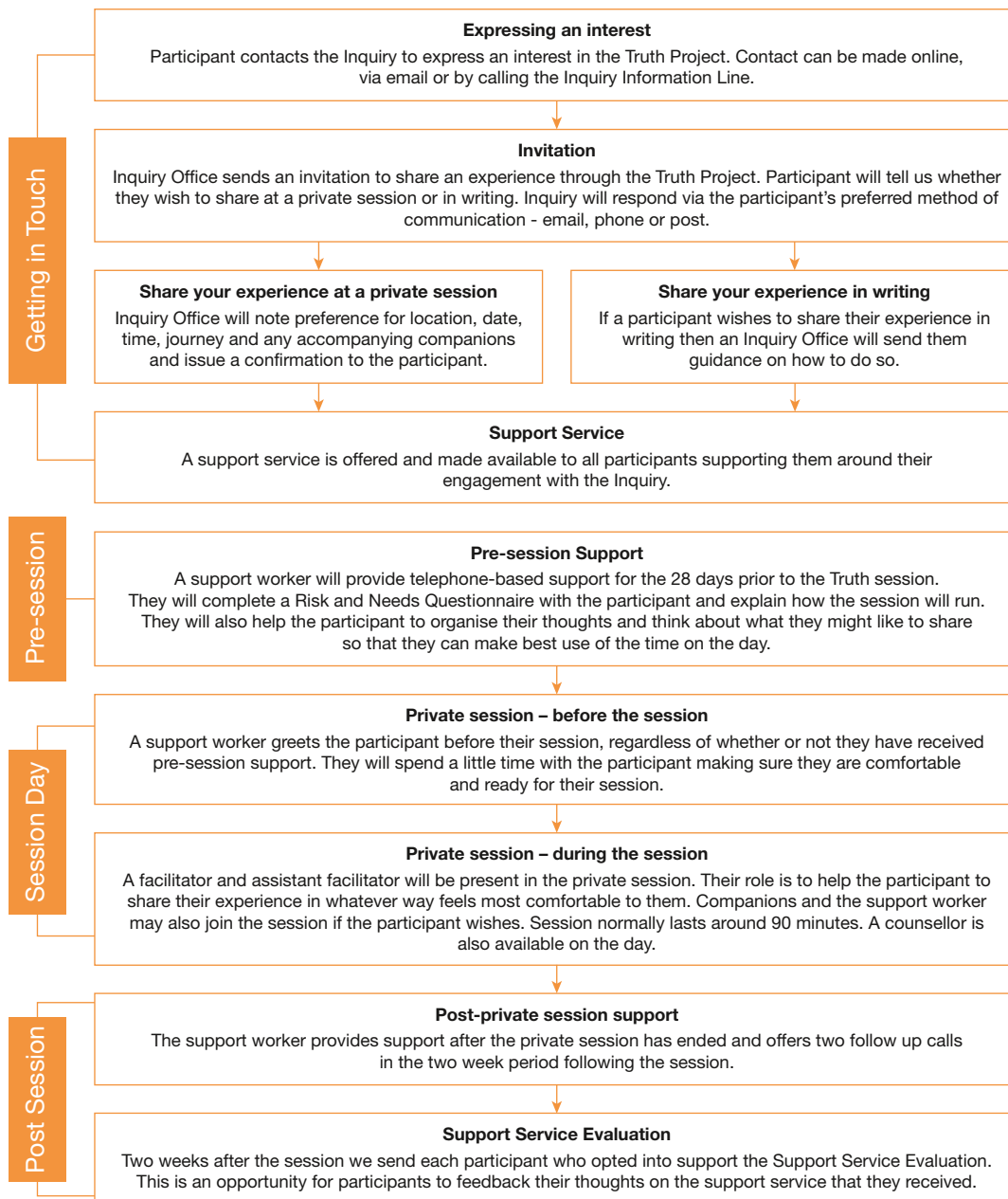
their session, the support worker is available to offer emotional support during these follow-up calls and to help participants think about how they can access support local to them. This is sometimes very challenging because the Inquiry is aware that for many people around England and Wales it can be difficult to access the support that they need.

Many participants have said that having support was a positive experience that helped them to prepare for their session, alleviating some of the worries and anxieties they had about attending on the day.

The Inquiry continually reviews the support provisions for participants to ensure that it provides appropriate support. Since February 2017, participants have been asked to complete a feedback questionnaire following their private session. The information received in this feedback assists the Inquiry's review of its support provision. Feedback has shown:

- 96 per cent of total survey participants (n=81) agreed that their support worker treated them with respect at all times, with three per cent somewhat agreeing to the statement and one per cent neither agreeing or disagreeing.
- 95 per cent of participants (n=80) agreed with the statement, "Overall, I felt I was given good support", with three per cent somewhat agreeing. One per cent neither agreed nor disagreed with the statement, and one per cent disagreed.

The Inquiry is now also able to offer support for those who choose to share their experiences in writing. This is telephone-based support, again focused on supporting participant's wellbeing as they engage with the Truth Project.



What happens in a Truth Project private session

When a participant arrives for their private session, they are greeted by their allocated support worker in the reception of the building where the session will be held. The support worker takes them into one of the private session rooms.

Private session rooms are set up to be comfortable and confidential. They have been designed with participants' comfort and wellbeing in mind. Refreshments are available in all rooms. The VSCP advised on the layout and setup of Truth Project venues to ensure a calm, welcoming and supportive environment has been created throughout.



When a participant has spent time with their support worker, and they feel ready for the session to start, they meet the facilitator who hosts the private session. There is also an assistant facilitator in the room

who is responsible for capturing a record of the session. All facilitators have backgrounds working with victim and survivor groups and all have undergone full training for the role.

Whilst the session is hosted by the facilitator, it is led by the participant. The role of the facilitator is to listen and hear the experiences being shared. They are there to support the participant should they need help through gentle questions to share their experience. The participant can bring companions and/or their support worker into their private session if they want to and they can have as many breaks as they need.

Some information about the Truth Project is explained at the start of a session, however beyond that it is the participant who determines how their experience is shared. They can say as little or as much as they want and can choose to focus on whatever they wish to. The experience does not have to be in chronological order and it does not need to include details that the participant is uncomfortable or unwilling to disclose.

Some participants provide information about the sexual abuse that they experienced as a child whilst others focus more on the circumstances surrounding the sexual abuse and the elements of institutional failure, or what they think should change.

When the session has finished, the participant can spend time with their support worker to debrief and to discuss signposting for access to local support. After the session the Inquiry asks participants to share a few words or sentences that they would like to leave with the Inquiry known as 'Have Your Say'.

1.4 Participation in the Truth Project to date

The Inquiry has so far sent out 1,301 invitations to those who have registered their interest in attending a private session. To date, 632 people have already shared their experience with the Inquiry or confirmed their future attendance at a session. The Inquiry has now held 482 sessions with many more scheduled to take place over the coming months. In addition, the Inquiry has received over 180 written experiences from participants. Some participants have chosen to share their experience both by attending a session and in writing, whilst others have opted for one or the other. These figures were accurate as at 16 October 2017.

The Inquiry understands that there will always be some victims and survivors who may contact the Inquiry, but feel that it is not the right time to share an experience. The Inquiry absolutely respects that decision and will never put pressure on any individual to attend a private session.

Chapter 2: Method

2.1 Summary of approach

During private sessions, assistant facilitators use a data collection sheet to record the information shared by the participant. This was designed so that information from each private session, or experience shared in writing, is recorded in a standardised way. Assistant facilitators are given training and have access to a codebook to help guide them when filling in the sheet. Information on the data collection sheet is supplemented with any other relevant information submitted by participants on the day of, or prior to, attending their session. The reliability of the data collection sheet has been tested using a statistical technique called inter-rater reliability. This demonstrated a good level of agreement between raters.

Participants in the Truth Project have the option of deciding whether they would like to consent for their information to be used for research purposes. Prior to each private session, a 'consent for research statement' is explained to the participant, which sets out how they can opt out of their information being used for research. This statement was piloted and subjected to cognitive testing to ensure that all participants make an informed decision.

The data presented in this report draws on material from 249 private sessions that took place between June 2016 and June 2017. Only sessions where consent was provided and where the participant attended the session in person were included. For the purposes of analysis, data collection sheets were entered into Statistical Packages for the Social Sciences (SPSS). The data was thoroughly cleaned and checked for errors and discrepancies.

Most of the information collected on the data collection sheet is categorical, meaning that the data is grouped into categories. An example is the variable gender, where people are grouped into the following: male/female/other. In some cases (such as gender) people will belong to only one category. In other cases, such as disabilities, multiple categories may be applicable.

To analyse the data, frequencies were run to look at the number and percentage of people in each of the categories. Most of the statistical data in this report relates to the findings from these frequency tables. To ensure the quality of the analysis, feedback was sought from an academic in the field of child sexual abuse with expertise in quantitative data.

In addition to reporting on the statistics derived from the data collection sheets, a sample of the audio from 20 private sessions were selected to be fully transcribed and analysed. This analysis was undertaken so that full accounts provided by a sample of participants could be used to provide insight into the experiences of participants taking part in the Truth Project.

The cases selected for transcription were chosen using a sample matrix⁷ (see Appendix A). The sample matrix was developed to ensure that the sample selected reflected the depth of experiences of those taking part in the Truth Project private sessions, and ensured diversity in terms of gender, the institutions involved, and the age of participants.

To analyse the transcripts, a coding framework was developed by three members of the research team and material was analysed in NVivo 11, a software package for qualitative data.

⁷ Ritchie, J. Lewis, J. Elam, G. Tennant, R. Rahim, N. "Designing and Selecting Samples" in Ritchie, J. Lewis, J. Nicholls, C.M. Ormston, R. (2014) *Qualitative Research Practice*. NatCen: London.

To ensure that researchers were coding information in a consistent way, each researcher reviewed three transcripts that had been reviewed by another member of the team, and any suggested changes were discussed and agreed amongst the team.

The quotations that appear within the report are taken from this analysis and are direct quotations provided by participants. The quotations have in some cases been shortened, and any possible identifying information has been removed, to protect the identity of participants. We refer to this information as information from the 'sample' throughout the report. They represent the real voices of those taking part in the Truth Project private sessions.

Participants may recognise anonymised details of their accounts in published papers, but participants will never be identified in those papers.

Ethics

The Truth Project deals with highly sensitive and personal material. To ensure that any Truth data used for the purposes of research adheres to strict ethical standards each component of the research process has been subject to ethical approval by the Inquiry Research Ethics Committee. This includes the use of Truth data for research, the consent for research statement and the inter-rater reliability testing of the data collection sheets.

All information analysed for this report was anonymised prior to analysis, and all identifying information has been removed.

Further details about the analysis of the information and the ethical considerations are available in Appendix A.

2.2 Limitations to the data

The information presented in this report relates only to those who have taken part in the Truth Project private sessions during the period June 2016 to June 2017, and where they consented to their information being used for research purposes by the Inquiry. The Inquiry will include accounts submitted in writing or other methods of sharing in future reports.

The information presented is based on the information that participants have chosen to share with the Inquiry. Consequently, actual rates may be higher than the figures reported here. It should be noted that the sample is “self selected” and therefore cannot be seen to be representative of all victims and survivors of child sexual abuse. This information should not and cannot be used to develop a picture of the prevalence or impact of child sexual abuse.

Section B:

**Victim and survivor
voices: emerging
themes and patterns**

Chapter 3: Profile of participants and reasons for attending a private session

This chapter provides an overview of who has attended a private session and their reasons for doing so. This gives some context for the findings discussed in subsequent chapters.

Details relating to the socio-demographic characteristics of people who attended a private session between June 2016 and June 2017, such as gender and age are presented. Some of this data was derived from an online form that requested this information from participants, or from information shared in a private session. Some participants provided this information, others did not, so numbers for some characteristics are low. The findings should not be interpreted as representative of the wider population of victims and survivors of child sexual abuse. This data is monitored by the Inquiry and used to consider how to enhance the future reach and inclusivity of the Truth Project.

The reasons that participants gave for attending a private session are also explored, explaining what drew people to the Truth Project and what they hoped to gain as a result.

3.1 Profile of participants

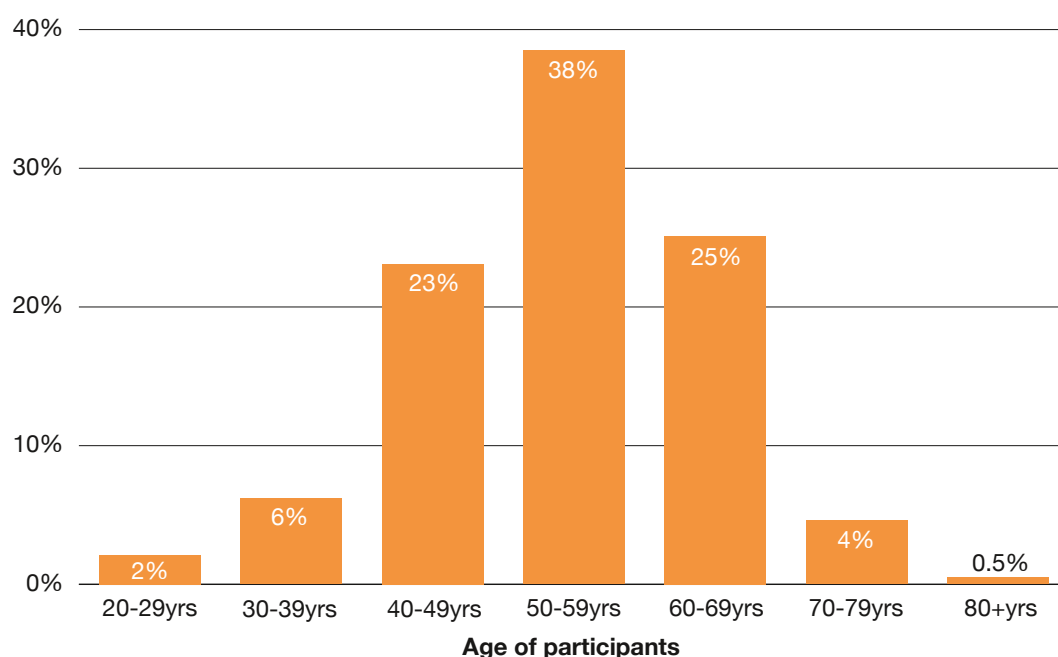
Gender of participants

During the period June 2016 to June 2017, 53 per cent of participants attending the Truth Project were male, 47 per cent were female, and 0.8 per cent identified as 'Other'.

Age of participants

All of the Truth Project data analysed for this report relates to adults only. The age of participants ranged from 23 to 80 years old, with an average age of 54 years old. Participants in their 50s have formed the largest age group to take part in private sessions so far (Chart 1). However, 54 participants chose not to provide information about their age.

Chart 1: Age of participants



N=195

Ethnicity of participants

73 participants chose not to provide information on their ethnicity. Of the 176 participants who chose to share this information, the majority (93 per cent) identified as white (Table 1). The Inquiry is currently developing means of increasing the participation of people from black and minority ethnic (BME) communities.

Table 1: Ethnicity of participants attending Truth Project private sessions

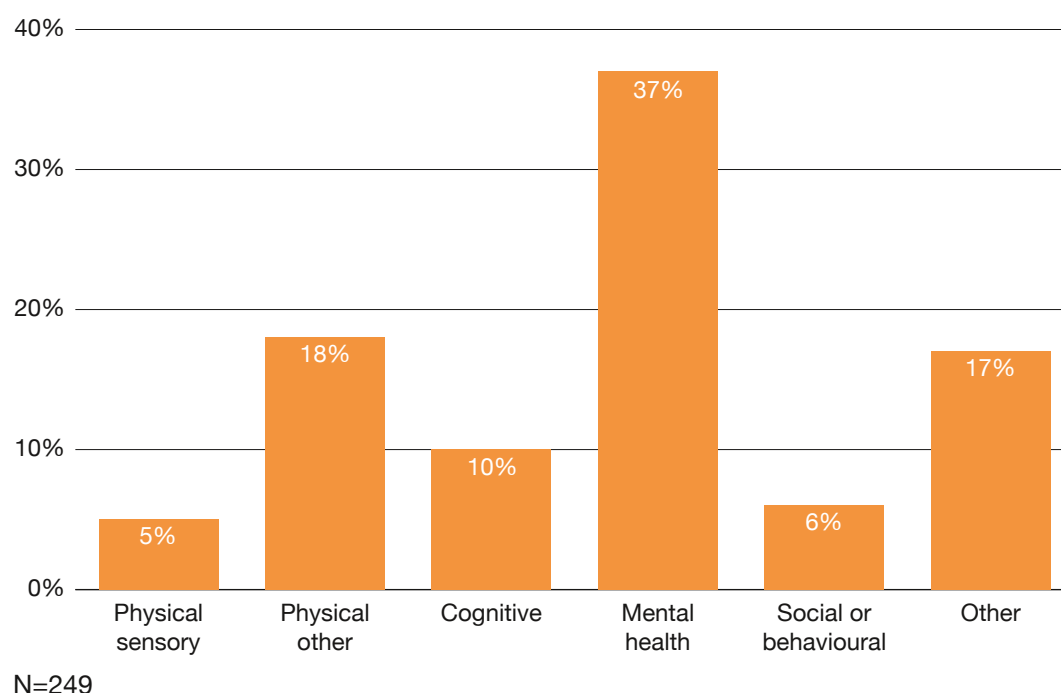
Ethnicity of participants	Number of participants	Per cent
White ethnicities	164	93
Mixed/multiple ethnic groups	6	3
Asian/Asian British	3	2
Black/Black British	2	1
Any other ethnic group	1	1
Total	176	100

Disabilities as declared by participants

Participants were asked in the online form to provide information about whether they have any illnesses or conditions that affect their lives.

Over half the participants attending Truth Project private sessions reported that they have a disability (56 per cent). The most commonly reported disability related to mental health (37 per cent of participants), followed by physical health problems relating to mobility, dexterity and stamina (18 per cent), (Chart 2). ‘Other’ disabilities included diabetes, fibromyalgia, heart conditions and suffering pain.

Chart 2: Disabilities reported by Truth Project participants



3.2 Reasons for attending a private session

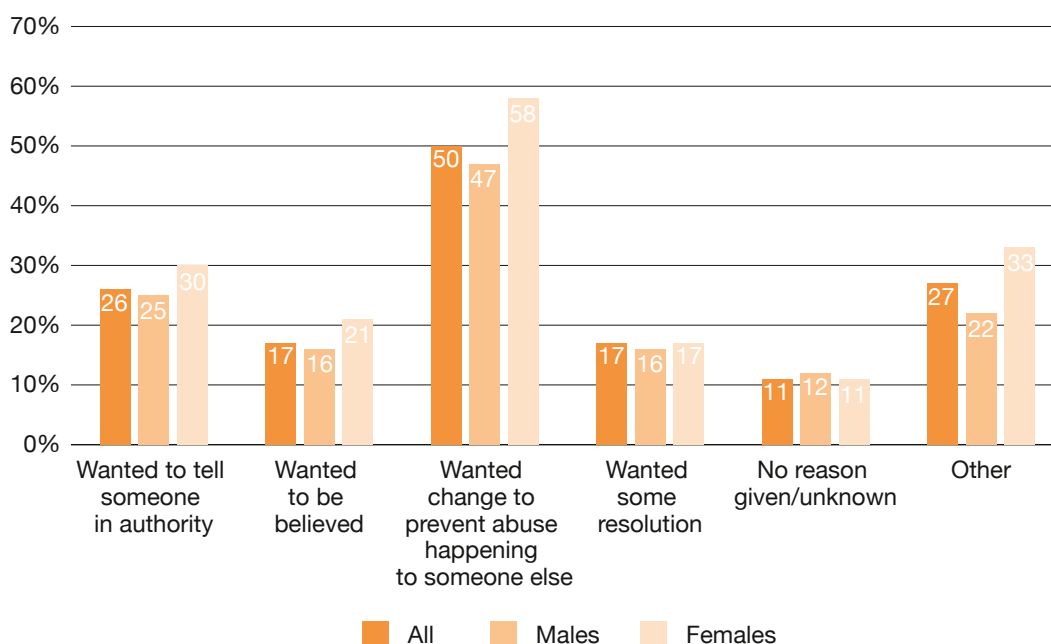
Participants taking part in the Truth Project spoke of a number of different reasons for taking part (Chart 3). Half of participants (50 per cent) said that one of their reasons for taking part in the Truth project was because they wanted to prevent abuse from happening to others, 26 per cent wanted to tell someone in authority, 17 per cent wanted to be believed, and 17 per cent wanted some resolution.

27 per cent of participants provided reasons other than those captured in the data collection sheets. These included the chance to be heard, and for some people attending a Truth Project private session was part of their journey towards recovery. Some participants had not received the response they needed from other organisations, including institutions

responsible for the abuse. Many participants wanted to contribute to the work of the Inquiry and to help professionals learn from victims and survivors' experiences.

There were some gender differences in why participants chose to take part in the Truth Project. Females were more likely than their male counterparts to report that they wanted change to prevent abuse happening to someone else, that they wanted to be believed, and that they wanted to tell someone in authority.

Chart 3: Participants' reasons for taking part in the Truth Project



N=249

From the selected sample, participants told of a number of different reasons for taking part in Truth Project private sessions. They also shared what they expected to achieve having taken part in the sessions.

Many of the participants acknowledged how difficult their journey had been and referred to their hope of preventing other children being sexually abused.

“Why I’m sitting here now, if this could help one person not to be abused it’s worthwhile, all this.” (Participant 19, male)

“I’ve been through the mill, but just if it can help one other person.” (Participant 13, female)

Other participants spoke of how they hoped that attending the private sessions would offer them an opportunity to finally get closure, and enable them to move on.

“I’ve got to and then this will go away ... dealt with it, done, dusted and that’s closure. I feel like I’m not going to have to go through this again, that’s what I’m feeling and I’m hoping, I hope I don’t have to go through this again, I hope ... I’ve said what I need to say, give what I need to give and it’s finished.” (Participant 15, female)

“I guess to seek some kind of closure, if I could ... I realised I needed that, in order to really move on.” (Participant 20, female)

Participants also shared how the way in which the Truth Project private sessions operate was important to them, and how they wanted to be heard and believed.

“[I] just wanted to ... be able to tell my story and someone to listen to my story and not doubt me and not challenge me and ask me to prove it.” (Participant 15, female)

Some participants felt that just being able to attend the session and to have a record of their account being recorded was important to them. Whilst some participants recognised that although the information would not be made public, the recording of the information was important to them.

“When this inquiry came up ... I just thought ... somewhere on some document it will say what he did, and even if I don’t get to go to court, even if that doesn’t happen, it will go down in some historic ... record that, that’s what he did, and that’s why I came.”

(Participant 9, female)

“And again I felt that was an important part of coming forward, you know, in terms of recognising the things that happened ... and things should have been reported to the police.”

(Participant 4, female)

Participants also reflected that by telling their experience they wanted to make a difference.

“But I feel very strongly that people who have experienced things themselves have very particular knowledge which can help the future.”

(Participant 4, female)

“But we can’t go on the way we are ... If we keep on the way we are in 10 years you’re gonna have four million people who are basically incapable of living if we don’t deal with it now.”

(Participant 5, male)

In describing what taking part in a private session meant to them, some participants felt that the Inquiry was the only option available to them.

“And I’m really grateful for that because there wasn’t really an obvious avenue for me prior to that, there was nothing like this where it was sort of, ‘We want people to come forward and share’ and

I think I needed something as obvious as that in order to feel that I could legitimately tell my story and for people to have an interest in that because I guess prior to that I'd thought, 'Well, my only option is to go to the police and what will they be able to do all these years later?' so this feels like a really worthwhile thing to do and I'm glad to have this." (Participant 20, female)

Attendance of others in Truth Project private sessions

Attending a private session can be a difficult and emotional process, and some people chose to have others with them for support.

Over half (54 per cent) of those attending a private session chose to bring someone into the session, with the most common person in attendance being the Inquiry support worker, followed by the spouse/partner of the participant (Table 2). Support workers provide support to participants before, during and after private sessions. It is important to note that the information was recorded based on how the participant specified their relationship to the individual in attendance.

Table 2: Relationship of other person in attendance at the session

	Number of participants	Per cent
Support worker	55	42
Spouse/partner	30	23
Friend	22	17
Relative	13	10
Other	6	5
Counsellor	4	3
Total	130	100

Chapter 4: Experiences of child sexual abuse

This chapter looks at the information shared by participants about the nature of the sexual abuse that they experienced as a child. This includes when the abuse started, the type of sexual abuse, and other forms of abuse that were experienced at the same time.

Some participants talked about more than one episode of sexual abuse. An episode relates to sexual abuse involving a particular perpetrator(s) or institution(s), and may therefore relate to more than one instance and/or involve sexual abuse over a period of time. Most of the information reported here relates to participants' experiences across all episodes of abuse. Where data relates to particular episodes, this is stated in the text.

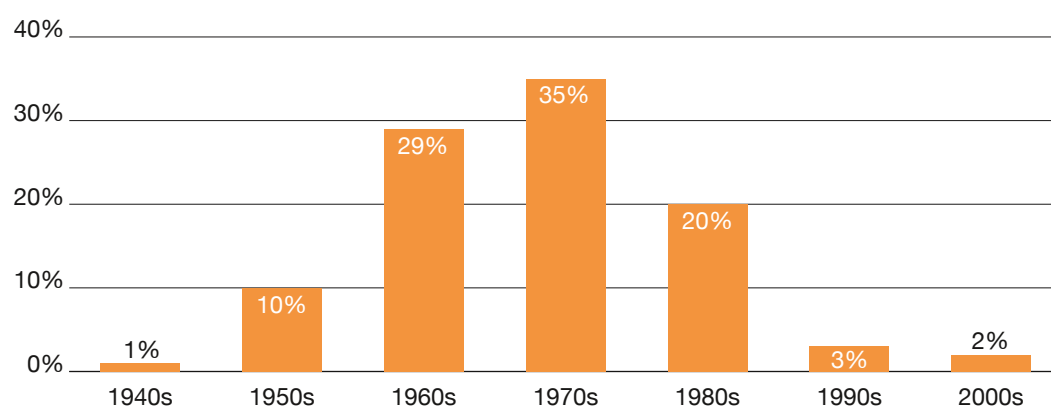
It is important to note that the data describes information that participants chose to share. Consequently, actual rates may be higher than the figures reported here.

4.1 Timing and duration of child sexual abuse

4.1.1 *Decade when sexual abuse first started*

The age of participants ranged from 23 to 80 years old. Consequently, some of the sexual abuse occurred several decades ago, whereas other instances were more recent. More than a third of participants attending Truth Project private sessions to date were first abused in the 1970s (35 per cent, Chart 4). The data here reflects the ages of participants attending private sessions, and does not reflect the prevalence of child sexual abuse in each decade.

Chart 4: Decade in which participant was first sexually abused

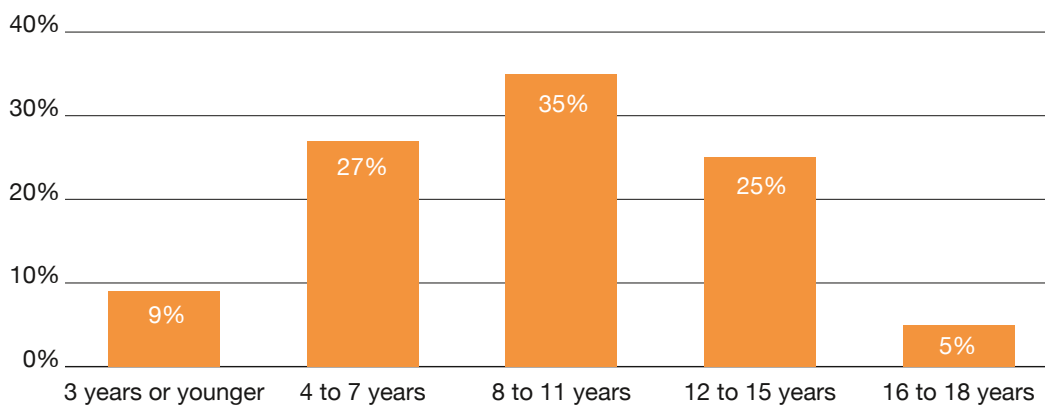


N=217

4.1.2 Age of victim and survivor when sexual abuse first started

Looking at the age of participants when they first experienced child sexual abuse, a third were in the eight to 11 years old age range (Chart 5). Nearly one in 10 (nine per cent) were aged three years or under. This data relates to the first episode of sexual abuse only, in order to capture the age at which sexual abuse was first experienced.

Chart 5: The age of participants when they first experienced child sexual abuse



N=217

Notable gender differences were apparent in the age of first experience of sexual abuse, with females experiencing abuse at a younger age than males. A gender breakdown shows that 17 per cent of women experienced sexual abuse aged three years or younger compared to three per cent of men. Women were most likely to report that they first experienced sexual abuse during the four to seven years old age bracket (34 per cent of women), whereas men were most likely to report that they first experienced sexual abuse during the eight to 11 years old age bracket (41 per cent of men).

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Table 3: Age when first sexually abused, by gender

	Gender of participant at the time of the first episode			
	Male		Female	
	Number	Per cent	Number	Per cent
3 years or younger	4	3	17	17
4 to 7 years	27	21	35	34
8 to 11 years	52	41	27	27
12 to 15 years	38	30	18	18
16 to 18 years	6	5	5	5
Total	127	100	102	100

N=229

4.1.3 Duration of the sexual abuse

The duration of sexual abuse varied considerably among participants. Some people experienced one incident that occurred on a single day. Other participants described sexual abuse that persisted over many years, sometimes into adult life.

Among the 249 participants, 154 (62 per cent) spoke about one episode only, with the remaining 95 (38 per cent) describing multiple episodes. Of the 249 participants, information was given about 378 separate episodes of abuse.

Looking at the duration of abuse across all episodes, participants on average reported experiencing abuse that continued for over five years. As can be seen from Table 4, the first episode of sexual abuse lasted longer on average than the other episodes.

There were notable gender differences⁸ in the duration of abuse. Female participants reported on average a total of over seven years of abuse compared to nearly four years for male participants (Table 4).

Table 4: Duration of child sexual abuse reported by participants

	Average duration of abuse (years)		
	All participants	Males	Females
First episode of sexual abuse	4.6	3.3	6.2
Second episode of sexual abuse	3.0	3.1	3.2
Third episode of sexual abuse	2.4	1.9	3.0
Duration across all episodes	5.3	3.9	7.2

N=230

4.2 Nature of child sexual abuse

Child sexual abuse can take many forms. This section outlines the types of sexual abuse reported by participants, and also explores other non-sexual forms of abuse that some participants experienced in their childhood.

4.2.1 Types of sexual abuse

In terms of the type of sexual abuse participants have reported in Truth Project private sessions, the most frequently mentioned was sexual abuse involving penetration, reported by nearly six in 10 participants (Table 5). It is important to remember that any instance of sexual abuse can involve more than one type of abuse.

⁸ Gender refers to the gender of the participant at the time of the abuse.

Table 5: Types of sexual abuse reported by participants

	Number of participants	Per cent
Abuse involving penetration	148	59
Fondling	136	55
Abuse not involving penetration	69	28
Grooming for the purposes of sexual contact	52	21
Violations of privacy	44	18
Exposure to adult sexuality	30	12
Sexual exploitation	11	4
Other types of abuse	24	10

N=249 (NB: As any instance of sexual abuse could involve more than one type, totals equal more than 100 per cent.)

(Definitions included in Appendix B)

4.2.2 Grooming and manipulation

Grooming and manipulation of the child

Participants' accounts referred to sexual grooming, although some participants acknowledged that they would not have recognised it as grooming at the time. Others spoke directly of sexual grooming that took place.

"The first one I was groomed... online, and, obviously, I thought nothing of it. And to me, it was normal and he really did change, you know, the way I thought and how he turned me against anybody. And to me it was normal at the time. And that happened for about five months throughout ... summer."

(Participant 16, female)

“Paid work; yeah, I’d get a bit, yeah so we might have a Saturday afternoon ... he’d get us a pair of nice jeans or something like that so it was quid pro quo sort of thing but then obviously it turned to sexual favours, you know. Well it weren’t sexual favours it was rough...”

(Participant 2, male)

Participants in the sample told of how perpetrators worked to manipulate them and often made them feel special before the sexual abuse started to happen. Some participants found that this was more difficult to cope with than the sexual abuse itself. Being made to feel bad for not taking part in sexual activities was also described. Some participants spoke of perpetrators using faith-related references to make them feel that they would suffer spiritually if they told anyone about the sexual abuse that was happening.

“...although English wasn’t his first language he was very articulate and spent a lot of time going over and over and over the reasons why I should be in a relationship with him and why I should do certain things with him sexually and came up with lots of reasons why...”

“...and it was that continued sort of verbally kind of making repeated demands of me and the letters continued, there were repeated phone calls, there were occasions where he would just turn up in person. He would at times kind of make me feel really guilty and really bad for how me refusing to actually have full penetrative sex with him was making him feel ... and looking back it was pretty manipulative and loaded, the stuff that he was saying to me, but at the time, you know, I really was questioning my convictions about what I wanted or didn’t want...”

"I think when we actually spent time together in person he sort of had this way of talking where I didn't have time to gather my own thoughts, it was sort of like a loop where he would repeat the same kinds of sentiments in different ways over and over again and I barely got a word in edgewise, but equally I just couldn't think clearly and I couldn't think straight and I couldn't collect my thoughts enough to kind of be able to sit there and make a reasoned argument and be able to say to him, 'Look, you're being completely unreasonable, I've told you I don't want to enough times but you keep going on about this' you know, I just didn't feel able to do it and so things happened that I was an unwilling participant in and that would have been evidence in the words that I used, it would have been evident in my body language, in tearfulness, in every way possible and yet looking back he was so fixated on what he wanted that it appeared that he was determined to get it regardless of what the impact was on me."

(Participant 20, female)

"...you know, grooming, you didn't hear about grooming but ... he was a nice man. He treated me nice when I was a little boy. And that is more hurtful than anything when somebody treats you nicely but then takes advantage of your real sort of vulnerability ... I know it's odd to say but when you have abuse especially you liked that person, right? You like that person. They give you whatever, grooming, you can call it what you want."

(Participant 19, male)

Grooming and manipulation of family

Participants' accounts referred to the way in which perpetrators manipulated the family of those they were abusing, as a way of gaining trust and also gaining access to children.

“Anyway, we went to ... church where I also went to school there. But a new young ... priest came to our parish, and my mother sort of adopted him, he came to our house a lot, he even came to Sunday dinners sometimes. He didn’t come Christmas Day but he came Boxing Day. And he was really made to fit in, he was very jokey, very, very childish, you know, liked a game, and used to tell us ghost stories, and things like that, and mess about. Sort of like pretty harmless stuff. And he was very popular ... in the parish, being young blood I suppose.”

(Participant 14, female)

“[Name] had an air of being a loveable rogue in our family, we all knew he was dodgy, if you like, but he was a family man.”

(Participant 2, male)

“So initially it was ... I think more of we came from a poor family so it was like, ‘Oh, let’s bring the children involved with the youth services and they will come here’ and then after all of them sort of, like, with him being involved and teaching us swimming and the canoe centres and being at the youth centre he then would say, ‘Oh, I’ll take them on pantomime’.”

(Participant 7, female)

Participants in the selected sample referred to ways that they felt that perpetrators of child sexual abuse managed to avoid being caught or evaded justice. In some cases perpetrators were seen as being good at covering their tracks and others were able to admit to some offences.

“I thought, ‘She’s covered herself’. She’s already said that I need help getting washed and what have you. Now, that covers them for touching me. I mean, it’s something I might not have put together as a child if I’d read them records, but as an adult... and police have got these records. Then she said I was a tell-tale. I wasn’t a tell-tale.”

(Participant 13, female)

“So he knew how to cover things up, you know, ... he knew how to. That’s what the police said to me, you know, he’s a clever man. Everything was, like, meticulously done.” (Participant 19, male)

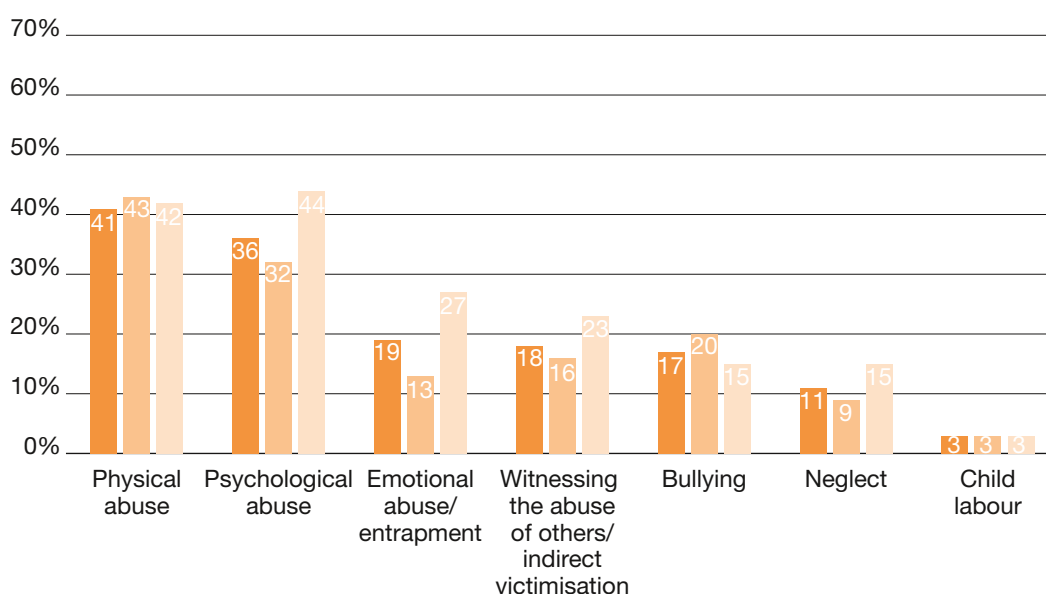
“And I ... got the impression, you know, that the police were a little bit, kind of ... I think the police believed what we ... well, he admitted The guy admitted half of the offences. So, he admitted a whole bunch of stuff, but didn’t admit to a whole bunch of other stuff. So, he admitted to the less serious offences, but said, ‘Oh, I never did that,’ you know ... So, what they did is they kind of reached some sort of arrangement where he pled guilty to the lesser offences. Because we wouldn’t go to the court. Because they told me because of my age at the time, I would have to physically go into the courtroom. And I didn’t want to do that ... So, he only got a nine month sentence, which is nothing really.” (Participant 1, male)

4.2.3 Experience of non-sexual forms of child abuse

Children may report experiences of other forms of abuse in addition to child sexual abuse. This can include physical and emotional abuse, and neglect. Six in 10 (61 per cent) participants reported that they had at some point in their childhood experienced another form of abuse. The most frequently cited forms of abuse were physical and psychological abuse. The particular forms of abuse are outlined below (Chart 6).

There were some gender differences with regards to participants experiencing non-sexual child abuse. Females were more likely than males to report that they experienced psychological abuse, emotional abuse/ entrapment and neglect. They were also more likely to report that they had witnessed other children being abused. Males were more likely to report that they had been bullied.

Chart 6: Percentage of participants who experienced non-sexual child abuse



In the sample, participants shared details of both sexual and non-sexual forms of abuse they had experienced during childhood.

Participants who were living in institutions shared details about how they were routinely subjected to humiliation. Often this humiliation was accompanied by physical abuse.

“If you’d wet the bed ... they’d make you go in the landing with your hands in the air with the wet sheet over your head and you’d stay there ... and if your hands dropped you got a crack with the cane across your backside. That was a regular feature.”

(Participant 17, male)

“It was very military and we had heavy physical punishments meted out to us and we [were] quite dehumanised.”

(Participant 15, female)

Chapter 5: Perpetrators and Institutions

This chapter summarises what victims and survivors shared in relation to the perpetrators who sexually abused them in childhood. It summarises what their relationship was with the perpetrator and highlights that there can often be more than one perpetrator involved. Where the sexual abuse took place in the context of an institution – rather than in a familial context – the types of institutions are set out along with some of the ways in which perpetrators were able to carry out the abuse. In particular, examples of the physical environments which helped to facilitate the abuse are highlighted.

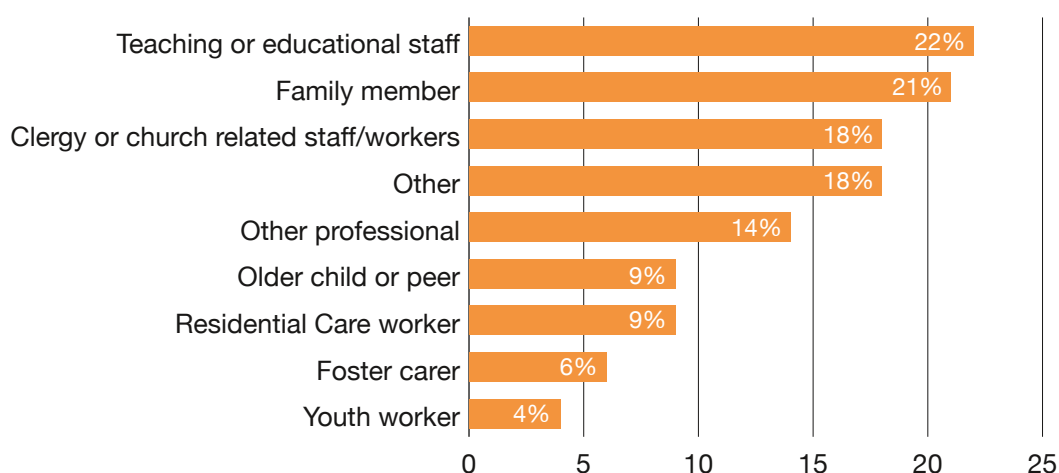
5.1 Relationship of perpetrator to victim and survivor

Across the sessions, a range of individuals were cited as having perpetrated child sexual abuse. More than one in five participants (22 per cent) reported that they had been sexually abused by teaching or educational staff,⁹ and nearly as many reported being abused by a family member.¹⁰ This is detailed in Chart 7 below. ‘Other’ includes those who were friends of the family, known (or trusted) members of the community, media personalities and MPs. ‘Other professional’ refers ‘Other professional’ refers to professionals coming into contact with children, not captured in other categories. This includes medical practitioners, corrective service personnel, social workers and police.

⁹ Teaching and educational staff includes teachers, tutors and dormitory or house masters.

¹⁰ Family member includes step-parents and adoptive relatives.

Chart 7: Relationship of perpetrator to victim and survivor



N=249 (NB: As participants may have been sexually abused by more than one individual, totals are greater than 100 per cent)

Some participants had been sexually abused by a single perpetrator and others described accounts of sexual abuse involving multiple perpetrators, referring to paedophile rings or sex clubs. In some cases, episodes of sexual abuse had evolved from single to multiple perpetrators. The quote below provides an example of an incident of child sexual abuse involving multiple perpetrators:

“...that’s when the main attack happened, where I was picked up off the corner of the main road, by a ... driver who offered to give me a lift home. But it, obviously, didn’t turn out like that, he took me to his house and he invited four other people there. So, altogether that one night there was nine men.”

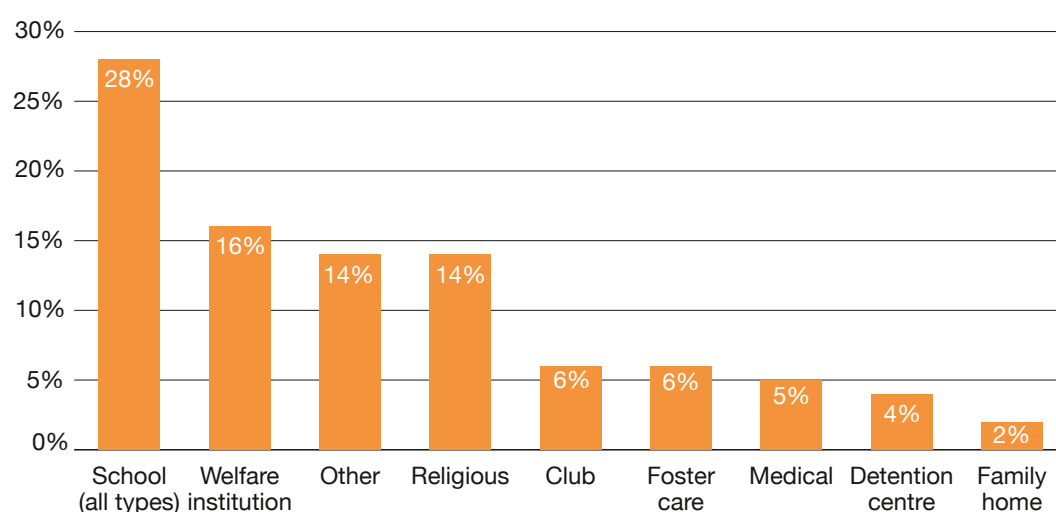
(Participant 16, female)

As an example of how perpetrators built relationships with children, some participants spoke of how members of religious organisations were welcomed into their family and were often invited into the family home. This is illustrated by the quote below – which also highlights how a perpetrator had taken on more than one role in the community which connected them to children (see also section 4.2.2 in relation to grooming and manipulation).

5.2 Institutions where child sexual abuse took place

As highlighted in Chart 7, 21 per cent of participants had been sexually abused in childhood by a family member. Where child sexual abuse took place within an institution. Participants described a range of settings and environments where child sexual abuse took place. Schools were most commonly mentioned, with 28 per cent of participants reporting being sexually abused at school. School includes private and comprehensive, religious and non-religious, and day and boarding schools. Chart 8 illustrates the institutions where child sexual abuse took place – with ‘Other’ places relating to the family home, places in the community and other places not specified by the participant.

Chart 8: Institutions/places where child sexual abuse took place



In cases of institutional child sexual abuse, perpetrators gained access to children in a number of different ways. This varied according to the type of institution. For example, those working within boarding schools were able to access children on the premises due to the residential nature of the institution. There were also accounts of perpetrators not working in these institutions yet they appeared to have been able to contact children living in them. In the case of day schools or youth clubs/groups, for example, perpetrators working in these settings may have also been involved in organising group activities, meaning children were often taken on trips/excursions and sexually abused outside the premises of the institution.

The quotes below are examples of the physical places where child sexual abuse had taken place. They highlight how the abuse was able to take place both on the premises of different institutions and/or outside of them.

"I was a member of the choir at a young age. And I went to church twice on a Sunday and we had practices on probably a Thursday or a Friday ... And this chap ... a young man, very nice, very modern sort of chap come in to take over the choir. And he was a nice man. We done new things. We went camping. We went to concerts. I sang in front of the Queen, ... Really involved with the church and everything like that ... he got paid as a choir master but only part time ... getting into an all boys choir ... going on adventures."

(Participant 19, male)

"I was the only young person, child, on the unit. And I'd been allocated the only single room in the unit because of that, to protect me. But in some ways it actually was the worst thing because it left me open to abuse from people within the system, or one person in particular."

(Participant 4, female)

"The group changed slightly and started to meet at the church. There was a room underneath the church, at the front of the church, that was a dark sort of cellar-ey place that they met in. And they also sometimes used the church when there was nobody there, they used to put a sign up saying 'private mass' or something, in progress, and so nobody came in."

(Participant 10, female)

"But there was a lot going on at the youth centre that only now you can see is not right, ... they used to have alcohol parties, ... say there was a boxing night or something, sleepovers at the youth centre with alcohol. Like, say you'd been on any sort of residential trip they'd be running in the showers taking pictures of the children naked whilst they were having a shower and it was all done out of, like, a laugh and joke. They'd be porn watching and at that time the internet had

just come sort of in, especially to the young people, and there'd be a lot of porn watching on one of the computers on the websites and I'd say that was more or less encouraged." (Participant 7, female)

Participants' descriptions of the institutions where they experienced child sexual abuse present a picture of institutions where children did not feel safe. In addition to experiencing sexual abuse, they were often subjected to other forms of non-sexual abuse – particularly physical abuse (see also section 4.2.3)

"And this guy ... got suspended from work ... because he punched one of the kids at work ... and they suspended him for a little bit ... because he was stressed out or ... I think it was people were saying. And then he came back to work again." (Participant 1, male)

"I got involved with all sorts just to keep out of that place, which was no longer safe for me. It was no longer a place of safety. On one of the occasions that I came back I was brought back, there was another worker in there ... I was brought into a room off of the office, and I sat on a table. Now, I was never violent in that home. I'd never ran away before. I was sitting there, there was a table leg on the table, and I was just twirling it through my fingers, he said, 'Stop twirling the bar', and I went, 'I'm not' ... bolshie teenager. I've just been running away. So, he dragged me off the table, threw me to the floor, straddled me ... But he was known for being violent in that home. He was one of the workers that you just kept away from."
(Participant 9, female)

Chapter 6: Disclosure and identification of child sexual abuse at the time and responses

This chapter presents the data relating to whether or not participants disclosed the sexual abuse at the time. For those that did, details of who they disclosed the sexual abuse to and their experiences of disclosing are set out. This chapter also highlights that signals of child sexual abuse were sometimes missed by institutions and, in some cases, allegations of sexual abuse were denied by institutions and/or responded to inappropriately.

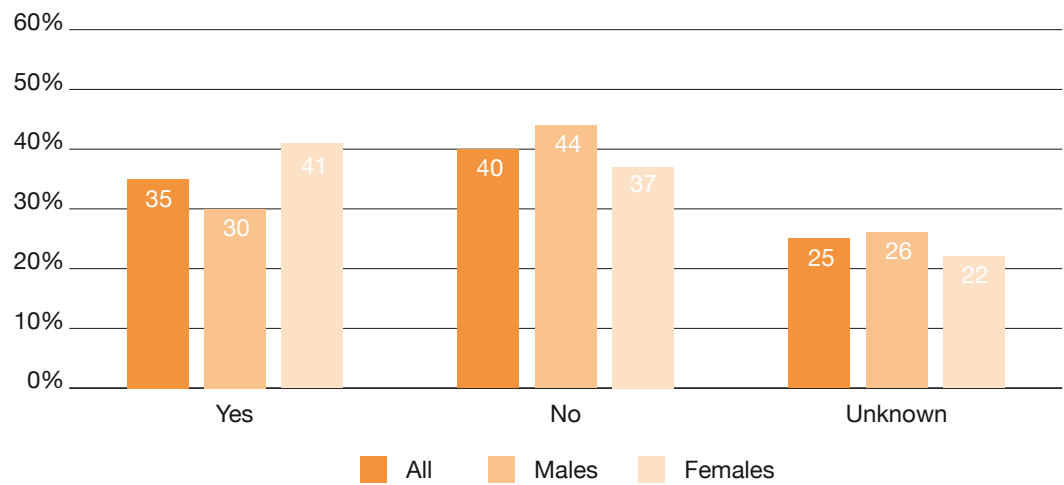
For context, it is acknowledged that many victims and survivors of child sexual abuse do not disclose the abuse at the time – or have it identified – and may disclose years later (see also Chapter 7). Other victims and survivors may never disclose at all.

6.1 Disclosing child sexual abuse at the time of the abuse

Number of participants who disclosed the sexual abuse at the time

For approximately a quarter of the episodes of child sexual abuse shared in the Truth Project private sessions, it is not known whether participants disclosed the sexual abuse at the time. In 35 per cent of episodes of child sexual abuse, participants reported that they disclosed at the time. Disclosure did not take place in 40 per cent of episodes. This is illustrated in Chart 9 below which breaks the data down by gender. It shows that female participants were more likely than male participants to say that they reported the sexual abuse at the time it took place (in 41 per cent and 30 per cent of episodes respectively).

Chart 9: Disclosing child sexual abuse at the time the abuse was happening

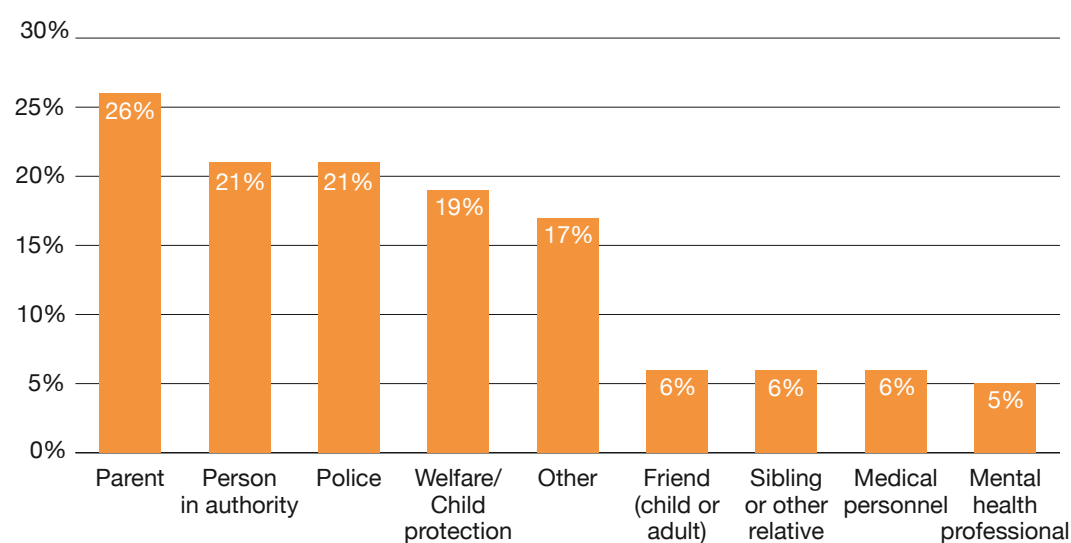


N=378

Who the child sexual abuse was reported to

In a quarter of the 133 episodes where child sexual abuse was reported at the time, it was disclosed to a parent (26 per cent). Participants also reported disclosing to someone with responsibility for child protection, such as police, welfare/child protection, or someone else deemed to be in authority. The various people that victims and survivors disclosed to are detailed in Chart 10 below.

Chart 10: Who participants disclosed the abuse to at the time of the abuse



N=133

6.2 Identifying child sexual abuse at the time

Participants described how signs of child sexual abuse – and the behaviours being exhibited by victims and survivors at the time because of it – were sometimes missed by institutions. Many described finding it difficult to understand how it could have gone unnoticed. This is illustrated by the quotes below:

“I think it’s odd for all of this to have happened and for people around us ... looking back on it, to think that all of that can happen and nobody can notice it happening. And nobody can be concerned about what are, like, quite obviously big, kind of warning signs that there’s a lot going on.”

(Participant 1, male)

“I can’t believe I was this young. Obviously it’s saying I’m sleepwalking, I’m rocking myself, I’m bedwetting, lots of things that would alert you to things not being ... I have a memory of actually being able to get out the house and run away. I can’t believe I was so young looking back but I managed to get out the house and run away. I’m five.” (Participant 15, female)

Some participants shared specific examples of professionals not understanding certain behaviours being exhibited by victims and survivors at the time or how to deal with or interpret them. As a result, institutional responses to such behaviours was often inappropriate:

“This is an intelligent child, and the school is saying, ‘Okay, she’s got behavioural problems’ but that was because of the abuse ... and about 10 I’m getting quite challenging and then the decisions made to send me to a school for maladjusted girls.” (Participant 15, female)

“Well, you know, it was 15 years I suffered with anorexia, and then I got so desperate I started overdosing. And then they said because of my behaviour they couldn’t have me on the unit anymore.” (Participant 14, female)

“I think that was always my fight though, I think the care system had always made me out to be this awful child but really, you know, I was just acting out from what had happened to me, you know, and I wasn’t supported at all.” (Participant 7, female)

The lack of inspections or opportunities for children to tell people what was happening to them also emerged in the sessions:

“I suppose it was the social worker, welfare officer they used to call them. And you used to go to the welfare officer and he’d ask

you questions, and you always had to more or less agree with the question. They were ... leading question, they weren't an investigative question. So you didn't really have a chance to."

(Participant 17, male)

"Because you couldn't see no one on your own ..."

(Participant 12, male)

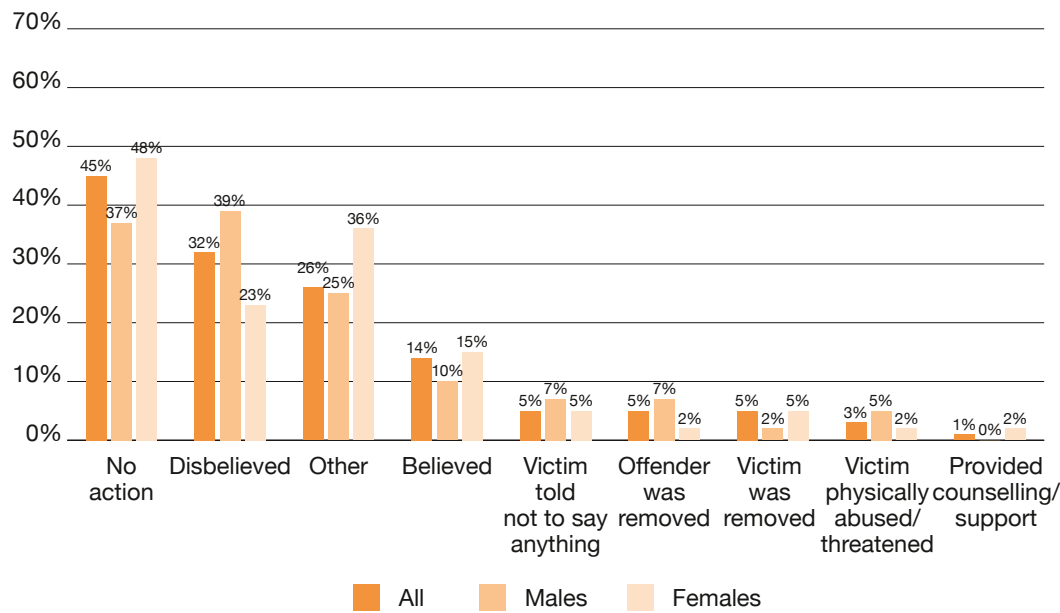
6.3 Experiences of disclosing and response to disclosures made at the time

Participants who disclosed the child sexual abuse at the time shared details about their experiences of reporting it. For some participants, the details of institutional responses in particular are clearer to them now, as they have accessed their files from relevant institutions. Responses were varied but, overall, many accounts presented a picture of inadequate or poor responses to disclosures. Participants described how this had negatively affected their lives. This links to research which asserts how an inadequate or insensitive response to a disclosure of child sexual abuse can exacerbate the impact on the victim and survivor and may also result in a failure to protect the child and other children from further abuse (Fisher et al 2017).

For only 14 per cent of episodes did participants report that they were believed. In a third of episodes (32 per cent), participants reported that they were not believed, and in 45 per cent of episodes no action was taken. In only one per cent of episodes did the participant say they were provided with counselling or support by those they disclosed to, and no participants reported being referred for professional counselling. This is illustrated in Chart 11 below. Looking at gender differences, females were more likely than males to say that no action was taken (48 per cent and

37 per cent respectively) whereas males were more likely than females to say that they were disbelieved (39 per cent and 23 per cent respectively).

Chart 11: Responses to disclosure of child sexual abuse



N=133

The experiences of disclosing to family members institutions are described below.

Disclosing sexual abuse to family members

Some participants in the sample did tell family members about the sexual abuse at the time it was happening, but they felt that the response they received was not helpful or that the disclosure was not dealt with in the right way.

"I only involved my mum ... you know, I'd gone on the pill because I was terrified that I would become pregnant and that I would give in to his demands and I felt completely backed into a corner, overwhelmed and frightened and, you know, I didn't tell her what had gone on between us but I said to her, 'Look, you need to help me because he's not listening to me and I don't know how to make him stop pestering me' and we met up with him in the local park and she said to him, you know, 'You need to leave [name] alone or I'm going to involve the police' ... I don't remember her having a proper conversation with me at the time about whether or not I wanted to involve the police, I don't recollect her ever saying to me, 'Look, I'll do whatever you'd like to do' ... she basically never mentioned it again ... I don't feel it was taken as seriously as it should have been and I think we should have gone to the police."

(Participant 20, female)

"I told them ... My parents. They laughed. Well, no I don't think I told dad actually ... I told me mum. Me brother knew so I don't know why he didn't report it but that's not his way, I guess. But still you think he would have. So, he did nothing. But I don't think it was just intentional."

(Participant 5, Male)

"I came out of care ... I tried to tell my mum what happened. She just slapped me from one end of the room to the other and said it didn't happen. I went to bed, and I'd locked it away. I didn't remember from that day. My mind had totally closed up ... Like I said, my mum just slapped me and said it didn't happen; so, it didn't happen."

(Participant 13, female).

Disclosing sexual abuse to institutions

Participants described a failure to follow up the disclosure of child sexual abuse by staff in institutions, by services working with children, and by authorities dealing with allegations of child sexual abuse. In some cases, this led to perpetrators being able to continue to sexually abuse the individual (and often other children). Such responses are illustrated by the quotes below:

“By the time I got to Year 6 I’d started puberty already and then I must have been trying to process things just as a child because I started writing. I remember doing strange little things as a little girl and going and asking my Year 6 teacher what was rape and etc. like that ... I mean I was completely different to everyone else and so then I think I realised that there wasn’t much of an outlet for it amongst my group of peers so then I started writing but I think I was just trying to express and tell someone, and then I brought these letters on my Year 6 camping trip, and from my memory I remember handing them to my Year 6 teacher who handed them to my headmaster and he pulled me aside away from the group activities. He might have asked me whether they were true and I probably said no to give him that much, that’s probably what could have happened but despite that a child’s not going to write these things for no reason.” (Participant 7, female)

“So they knew, and they allowed it ... didn’t move him ... So, is it that’s accepted in the Navy? ... That’s what happens.”

(Participant 3, male)

The ways in which information was recorded by institutions also emerged and participants described how relationships were perceived by professionals.

“And basically, I don’t know what went on between social services and the police ... You know, I’ve got to point out as well, that I was never interviewed by the police ... So... how a team of social workers that are meant to be trained can ... allow that to happen and categorise my relationship with that man as homosexual ... when I was child.”

(Participant 19, male)

Participants’ accounts revealed how disclosures of child sexual abuse to social services at the time it was happening, were not always believed. In some cases, they were thought to be “making up” the reports as a means of seeking attention.

“Because I was brought up with social services in my family life. And I had to have weekly meetings with them and day trips, and a lot of having stuff like that. And a lot of the reports that I received said, for example, ‘[name] seems to try and impress me and shock me,’ with me telling them about I was being abused. That was their exact response to it, it actually says it in black and white. There was a referral from [clinic name] that I saw in 2006 and it was referred to social services and it wasn’t taken at all seriously. They completely ignored it ... [clinic name] is a sex clinic.”

(Participant 16, female)

Honestly, Miss [name] the social worker, I only had one so as much as ... I did tell her, I did write her letters, I did communicate, I can see that relationship must have been something because I don’t know anybody else to talk to but I was always told I was attention seeking or, ‘No, don’t be saying that’, ‘No, no, they wouldn’t do that, no’, that was the way it always was and I didn’t go there.”

(Participant 15, female)

Accounts also referred to a failure of other agencies to follow up:

“So [local authority] are saying that they don’t have no record of that meeting, my mother was never told about that meeting, so there was a child disclosing everything else, all of this had happened, my mum wasn’t even told anything to even start helping me process anything. I continued at the youth centre. Oh, my headmaster’s statement for my case at the time obviously denies ripping up my letters but also denies that we as a school ever swam at the [name] Youth Centre when I got all of my certificates there ... Plus writing official letters to say that no girls were included and it was all boys at the time when they had six allegations against him from all females ... ‘We don’t believe that any girls from the [name] Group need any help, we believe it was only boy victims’ and that was it, case closed even though they knew there was.” (Participant 7, female)

“And I was, I got sick. And when I was there, when I was at the hospital, you know, when they’re, kind of, doing stuff to you and they’re moving you around ... I had some kind of panic attack. And I remember a doctor and a nurse came in and they asked me ... that point was the only time anyone had asked me, kind of, outright and I didn’t answer them. I just, kind of ... I didn’t answer their questions, I just ignored them until they went away. But they didn’t ... that was it ... they never bothered to follow that up either.” (Participant 1, male)

“The corner of the bed had given way, he’d come down on top of me, and my side when I went home really, really hurt. Even that was mentioned to the social worker, and it was another reason I was taken to the clinic. I can’t remember if I actually told her exactly how it happened, whether I’d said he was on top of me and he’d fell on me or what, but I was not examined.” (Participant 13, female)

Cases of institutions covering up the abuse also emerged:

“What was worse for me at that time was there was already a complaint made about [name] before this happened ... But ... two girls, both made a complaint against him About his behaviour; they accused him of, it might’ve been rape or some sort of sexual assault, or something ... So, they were sent away from the home. They got taken out of the home for a few days. It could’ve been longer, but it felt like a few days. When they came back, we were told they’d made it all up, and they went on the outward-bound trip ... Two girls who should have been supported, looked after and taken care of were taken somewhere else, I don’t know where, and then brought back into the same home. If they had made something like that up, why would they be sent on a trip that only the good kids were supposed to go on? We were all really befuddled by this.”

(Participant 9, female)

“The copper left it, he actually left it with the statement, ‘Think yourself lucky we didn’t open the door 10 minutes later, you might have been in trouble then’ and left me with him, nothing said ... it really said to me at the time that, you know, there’s two police have caught him red-handed and I’m still out here on my own ... and it’s always bothered me.”

(Participant 2, male)

In six out of 10 episodes of sexual abuse, it is not known from our data whether anyone in the institution where the abuse took place knew what was happening. However, participants reported that there was someone aware of the abuse in three out of 10 episodes (Chart 12). For 36 per cent of reported episodes of abuse, participants said that someone else was also being sexually abused (Chart 13).

Chart 12: Did anyone else in the institution know what was happening?

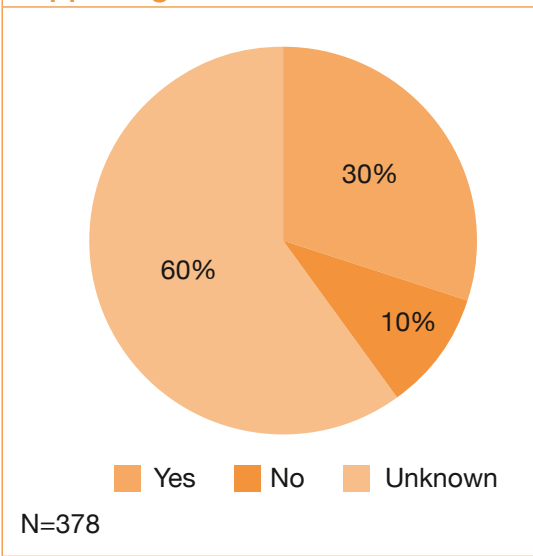
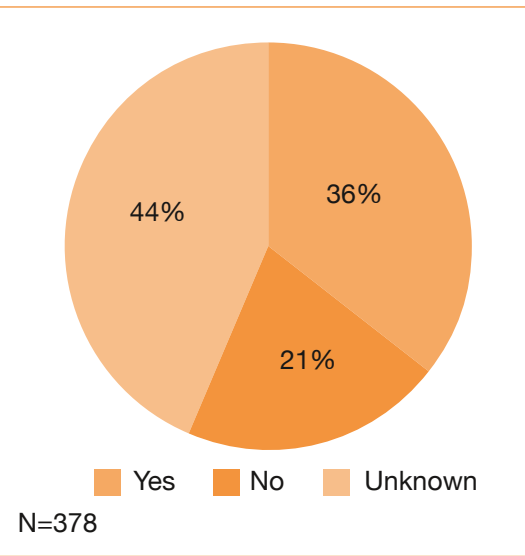


Chart 13: Was anyone else in the institution also being sexually abused?



The quotes below highlight how some victims and survivors were one of many other children being sexually abused by a particular individual or within a particular institution:

“I will say though, whilst the abuse was happening, it wasn’t just me and [name] there was, I think, at least six people that I know of.”
 (Participant 18, male)

“I know that I’m at least probably, minimum, one of 10 of the children. Well, I know at least six others, my sister’s not on that police report, I’m not, so that’s eight of us already. [Name] ..., that’s nine, so the amount of children in that area.”
 (Participant 7, female)

“...because I wasn’t the only victim, there was another victim but there was also a lot more that either weren’t willing to go court.”

(Participant 2, male)

“I asked not to go because every Monday evening obviously we were getting interfered with when I was going there so I was asking,...

‘Please don’t let me, I don’t want to’.” (Participant 15, female)

Chapter 7: Later disclosure and institutional responses

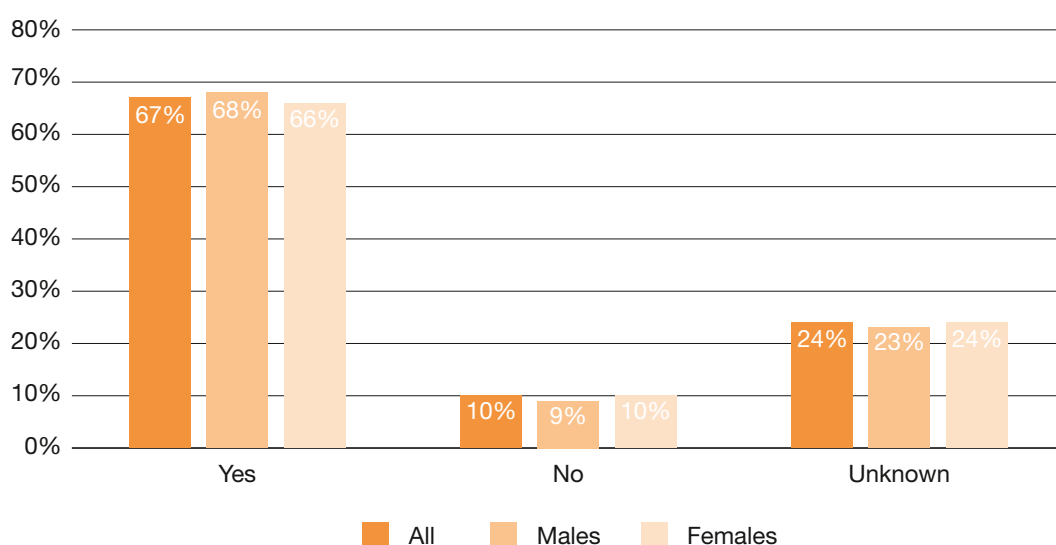
This chapter presents the data relating to the disclosure of child sexual abuse where victims and survivors disclosed at a later point in time. As per the previous chapter, it describes the experiences of – and responses to – disclosures made.

7.1 Disclosing child sexual abuse at a later time

Number of participants who disclosed child sexual abuse at a later time

67 per cent of participants reported the child sexual abuse they had experienced after the abuse had ended. This is shown in Chart 14 below. The disclosures took place at different stages in the participants' lives. For some, the experience had been put to the back of their mind – or had lain dormant until something happened that caused them to remember the abuse. Of the 378 episodes of sexual abuse shared in Truth Project private sessions, four per cent of participants reported that this was their first disclosure.

Chart 14: Disclosing child sexual abuse at a later time



N=249

7.2 Experiences of disclosing and responses to disclosures made at a later time

As with those who had disclosed child sexual abuse at the time, the response to disclosures for those reporting at a later time were mixed. Participants described how they had hoped that reporting the sexual abuse (and the pursuit of justice) would bring them closure. Yet, for many, the experience of disclosing – and the resurfacing of memories – had had a major impact on their lives. Many felt that they were not listened to or supported:

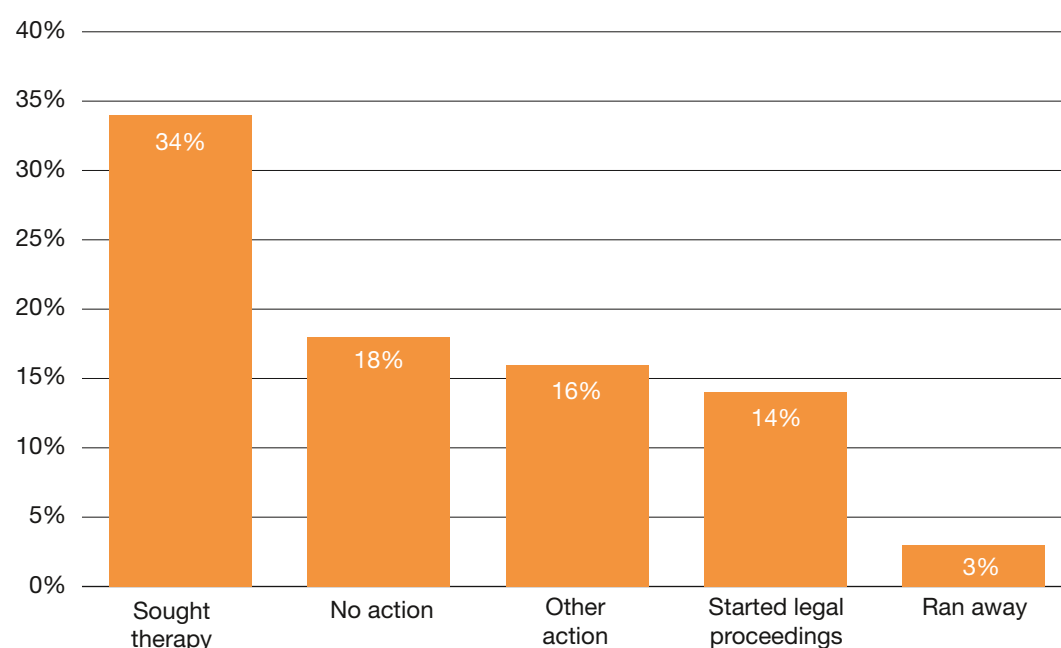
“So, I thought after that had been to court that would be it, now I’d get on with my life ... so you get on with it. It was just the beginning of years of pain, years of pain.” (Participant 19, male)

“I was absolutely devastated. I went right backwards. I felt I was a nothing.” (Participant 14, female)

“Also I was relieved that we got the guilty verdict and he was sentenced that really I wasn’t that bothered then, I thought, ‘Oh, it’s all over’ but actually that wasn’t really how it’s been, it’s the beginning now and not the end.”
(Participant 2, male)

Some participants spoke about actions that they initiated following disclosure. In the 295 episodes where sexual abuse was disclosed, the most common action participants took was to seek therapy (34 per cent). This is illustrated in Chart 15 below although it is important to note that this data also includes disclosures made at the time.

Chart 15: Action taken by the participant after disclosing sexual abuse



N=295 (NB: Not all participants provided details of the action they took, so totals equal less than 100 per cent)

The experiences of disclosing to various individuals/institutions are summarised below.

Disclosing sexual abuse to an employer

One participant shared a positive experience of disclosing to their employer. They describe how they told their employer that they needed help and the positive response and timely support they received thereafter:

“And I went to see the HR lady who I knew and I said, ‘I want some help.’ I told her what had gone on. She phoned up the company doctor to get me there. He came that day in about an hour. He took me over to a ... clinic ... to see a consultant. He kept me in. I had medical insurance but the company said, ‘If you, we know, we’ll pay.’ ... but it’s so good you see the ... consultant more or less every day. You go for therapy ... It’s good because you can speak to people and you know, sort of like you.”

(Participant 19, male)

Disclosing sexual abuse to legal professionals

Some participants referred to contacting legal teams – with the intention of pursuing civil cases – and the responses being less than helpful for them:

“I went to a solicitor then ... in town with all this who told me, ‘You don’t have a good case for anything’ he said, ‘Well,... having a breakdown or substance misuse it would have been better for you’ ... he said, ‘I’ve 800-odd cases here’ he said, ‘to deal with’ and he knew the institutions The minute I said the places but he said something about I was outside the time of 1980-something, there was a time frame thing ... that I should have been coming onto but also, ‘Well,

have you had mental illness? Have you drug abuse, substance abuse?’ and I thought, ‘Well, that’s it’ so if you survive it then ... you know but I suppose it’s easier to prove you’ve been damaged by this ... if you’ve survived it.” (Participant 15, female)

“But in terms of compensation ... and I’m not necessarily talking about sums of money, but they were quite clear with me because in my case I ... have a job that pays more than the national average, they said, ‘Well, we can’t really evidence that you’ve been damaged, because the way the legal system is set up, it’s not set up to compensate you for what’s happened to you, it’s designed to compensate you for financial loss’. So, they said, ‘If we were looking at what’s happened here, if this had been in America then they’d just issue you out a couple of million just to go away, basically. But in Britain, it’s worth not much because they don’t place worth on it, there’s no value on what happens to people, it’s about money’.” (Participant 1, male)

Disclosing to the police

Experiences of disclosing to the police suggest that although this may have been a positive experience initially, the overall experience had been challenging due to, for example, changes in staff dealing with the investigations.

“I went to my local police and they were very, very good.” (Participant 19, male)

“When we did contact the police ... a really good officer came out ... I got on well with him. Really friendly; he was really concerned, and I felt comfortable with him ... I gave a video statement, I think for about two or three hours. It wasn’t that bad. I just told the story of what

had happened while I was in care and what have you ... I had told the social services at the time what was happening to me in care... The case had been going on for about two or three months. Then he'd called me to say he'd been called off to go onto another case and would I like another officer to take over. I said no. I said, 'I've got a good rapport with you. I'd rather stay with you'. It was about six weeks later he'd phoned me back and said, 'I'm sorry, but I've got to stay on this case, and my boss doesn't want this going on forever; so, he's going to put another officer in charge', which was unacceptable at the time, and that's when everything seemed to start going downhill. [Name] said he would actually fetch him and introduce him to me, which he never did. I think he might've been on the case two months and I'd still not heard from him." (Participant 13, female)

Responses of the institutions in which the sexual abuse took place or agencies dealing with allegations

Some participants felt that their reports were dealt with in a positive manner by the institutions where the abuse had taken place, or by the agencies dealing with the allegation.

Participants shared information about cases where the institutions did acknowledge that child sexual abuse had occurred and compensation or help and support was provided:

"They coughed up money basically ... because before I ever spoke to the lawyers, before all the legal stuff I contacted them and I contacted their safeguarding people and said would they be willing to ... if they had in-house occupational health people, could they basically get me some therapy is more or less what I said, for want of another word. But they wouldn't talk to me." (Participant 6, male)

“I can state categorically that the diocese ... trustees agree to the payment of funds to partially cover the cost of your counselling fees following confirmation from the ... police that your allegations of rape and the violent death of your baby were believed.’ ... and they didn’t, and even eventually they only paid half of what I’d had to pay up to there, but it says here, ... ‘I would like to reiterate that at your original meeting with Bishop (name)... he stated that he believed that you were telling the truth and he and the trustees have always maintained this stance’.”

(Participant 10, female)

However, in other cases, responses were negative, causing them again to feel unheard and unsupported. Denial of child sexual abuse/failure of the institution to acknowledge that child sexual abuse had taken place was a recurring theme:

“‘You are concerned about correct procedures being followed. We have received the report of an independent external review’.... which has helped to bring this process to a conclusion. The [name] Diocese and Safeguarding Commission which is composed of senior officials in the police, social services, probation, the Prison Service and education is entirely satisfied that the person against whom you have made such serious and remarkable allegations is not and never has been a risk to children.’”

“It was ... Just before that,... responded to the letter, the letter I wrote. Saying:

‘I am responding on behalf of the [name] Diocese and Safeguarding Commission. As you are aware, they met in early September and after consideration of your letter in detail the commission is of the

opinion that the matter was dealt with correctly, and found that there was no necessity for Cardinal [name] to undergo a formal risk assessment. The commission formed the view ... He was no more of a risk to children than the average man in the street.”

(Participant 10, female)

“So, I raised it with the school. They said, ‘We have to go through the process with the LADO’. I didn’t really understand what the LADO was or was for until I phoned them up and eventually got through to them, and then they explained that actually their role is as a mediator between a school, a victim and a council. I didn’t quite understand what the LADO was for They didn’t make it very clear, but they said, ‘If you want to report it to the police, you should report it to the police’, whereas I thought going to the school would lead to it being reported to the police and investigated by the police. So, eventually they made it clear that I needed to go to the police.”

(Participant 6, male)

Participants consistently expressed that they felt institutions have failed to follow up on reports on non-recent child sexual abuse.

“The immediate response of a school to receiving a letter like that is to contact lawyers, where institutions, especially boarding schools, are supposed to be acting as parents not as legal entities, and to immediately go to the legal perspective it’s mediated through lawyers. ‘We can’t apologise, because apologising would admit culpability’, which means that it’s not a human process. That, to me, is as much a failure not of the school but the institution of boarding schools.”

(Participant 6, male)

Experiences of the Criminal Justice System and pursuit of justice

For participants reporting child sexual abuse, some were told that there was not enough information or evidence for their case to progress to prosecution.

“The CPS [Crown Prosecution Service] came and the detective, ‘I’m really sorry, I really wanted to go ahead with this case, but I’ve had instructions from above to tell me no. There’s not enough evidence, it’s your word against his, and the Catholic Church is the hardest people to fight in court. And it’s not viable’. She said, ‘If anything else comes up, maybe we can reopen, but at the moment we can’t go through with it’. And I couldn’t believe it. I thought, ‘He’s got away with it again’.”

(Participant 14, female)

“And he said the only criteria we’d have to fulfil was to prove I was there at the time and to prove my age and it would go to court, and he says, well, over 50 per cent of them will plead guilty to get a lighter sentence ... and I might not have to face them in court, but that’s what I wanted to do. I didn’t want to hide behind a screen or with a video. I wanted to sit there in front of them and say, ‘You did this to me’, and he was quite reassuring that this would happen; 100 per cent positive in himself that this would happen ... We were in touch for I think two months. I know he had got social services records ...

I don’t know, he just said that nothing was moving. They’d got no proof or anything, right, and his bosses were saying it was just like a ‘he said/she said’ thing ... he said they would actually go and arrest [name], search his house ... That never happened.”

(Participant 13, female)

For some participants, reporting of the sexual abuse they experienced had led to the perpetrators being prosecuted and this felt positive. However, there were also examples of cases where the participants felt that justice had not been served or agencies had failed to act as is evident in the quotations below:

"I went there twice, gave a recorded interview and didn't really hear a lot more, I just left it with them but there was a lot of questions that the CPS wanted answering and I'd get the odd phone call and I didn't think anything was going to happen with it and the detective said to me, 'Look, I can't tell you too much about it but I know what ... I do know [name] was known to the police, we know all about him. The CPS wouldn't push forward with a trial if they didn't think they'd get a good outcome' and he said, 'I've done my work and I know what I know so don't worry about it'." (Participant 2, male)

"I, kind of, felt that they'd made a better job of the trial process, you know, because they'd helped me convict him, you know, which is what should have happened in the first place really. But then it's kind of negated by the fact that they don't really care what happens in the past, you know, and the kind of excuses that they gave me was there weren't any records of it, there weren't any records of the investigating officers as to why ... because this had to be some kind of collusion between social services and the police, you know, because the police were charging this man with abusing me, but yet social services were saying, 'Actually, no, we're not going to record that'." (Participant 18, male)

Participants' accounts tell how information from previous reporting of the child sexual abuse failed to be held by the agencies, as well and information from personal records was not available.

"In regards to the police, the way they handled everything. The main one for me, which upsets me the most, is they destroyed all the evidence. When it got reopened, the case, the evidence was put in storage and the sergeant that was dealing with the case in 2006 didn't sign for it to be kept, and it all got incinerated, everything... There was one piece of evidence left and they managed to find the offenders but they couldn't link it to me. So, they know who they are, but they can't do anything, all because of what they did. The way they investigated the case, at the time they didn't follow procedures at all." (Participant 16, female)

"And as I say I think these records are carefully edited anyway because there's massive gaps in them and not everything is down." (Participant 15, female)

"Our solicitor requested the police files of me ... They couldn't find them. They had disappeared. They even got a court order for them to get them, because files just like that don't disappear They had absolutely disappeared ... No, they had no records of them at all All the tapes, all the written statements." (Participant 14, female)

Chapter 8: Impacts of child sexual abuse and coping strategies

In July 2017, the Inquiry research team published a rapid evidence assessment (REA) which explored the impacts of child sexual abuse on the lives of victims and survivors and their families, as well as the impacts on wider society.¹¹ The research reviewed as part of this REA showed that being a victim and survivor of child sexual abuse is associated with an increased risk of adverse outcomes in all areas of victims and survivors' lives. The REA grouped these outcomes into seven different areas:

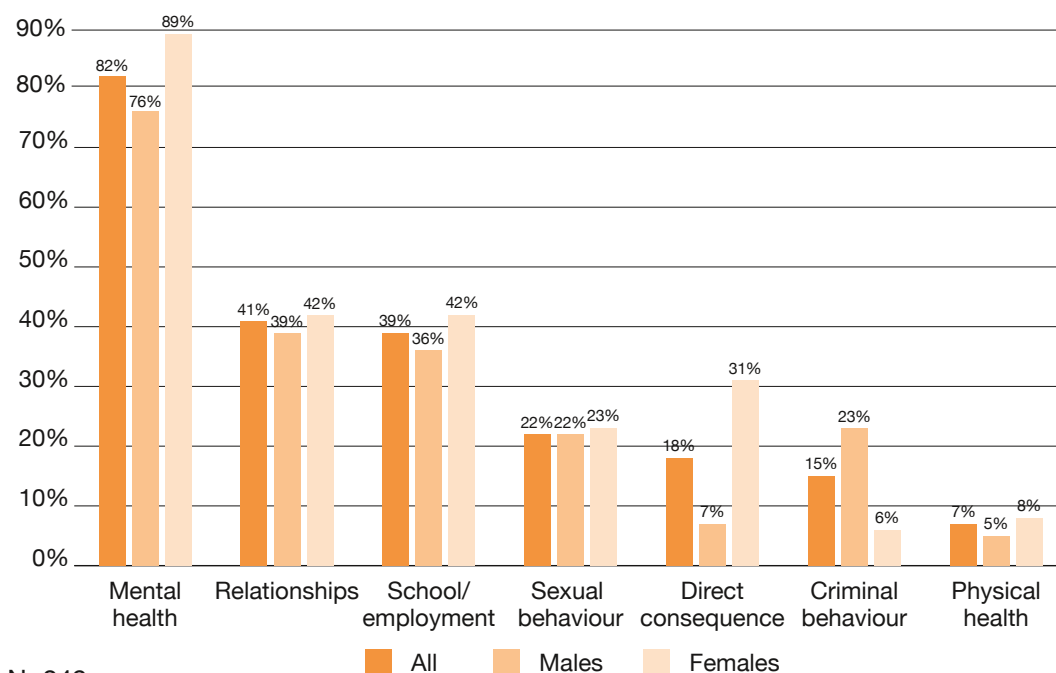


These impacts have very much been brought to life in analysis of the data from the Truth Project private sessions which is set out in this chapter. The graph below illustrates the impacts mentioned by those who have taken part in the private sessions – with mental health impacts in particular mentioned by over eight in 10 participants (82 per cent).

Female participants were more likely than male participants to report that they experienced a direct consequence from the sexual abuse, with pregnancy part of the reason for the difference.

¹¹ Fisher et al., (2017) see <https://www.iicsa.org.uk/key-documents/1534/view/IICSA%20Impacts%20of%20Child%20Sexual%20Abuse%20Rapid%20Evidence%20Assessment%20Full%20Report%20%28English%29.pdf> (Accessed: 30th August 2017).

Chart 16: Impacts of child sexual abuse



Some research suggests that experiencing multiple forms of abuse can increase the likelihood of experiencing adverse impacts following child sexual abuse. However, this is a contested area, and disentangling the impact of child sexual abuse from other forms of abuse is methodologically challenging (Fisher et al 2017¹²).

Data from the Truth Project private sessions shows that people who experienced multiple forms of abuse were more likely to mention adverse impacts (Table 6). However, this does not mean that people who did not report multiple forms of abuse experienced fewer or less serious impacts. It means that they were not reported during the session. With this in mind, the findings should be interpreted with caution.

¹² Fisher et al (2017) see <https://www.iicsa.org.uk/key-documents/1534/view/IICSA%20Impacts%20of%20Child%20Sexual%20Abuse%20Rapid%20Evidence%20Assessment%20Full%20Report%20%28English%29.pdf> (Accessed: August 30 2017).

Table 6: Experiences of multiple forms of abuse and types of impact reported by participants

Type of impact	Multiple forms of abuse reported by participant			
	Yes		No	
	Number	Per cent	Number	Per cent
Direct consequences e.g. physical injury	37	27	7	8
Physical health	13	10	4	5
Mental health	131	97	72	86
Impact on sexual behaviours	37	27	18	21
Impact on relationships	66	49	35	42
Education and employment impacts	63	47	35	42
Involvement in crime	25	19	13	16

N=219

Through the analysis of the sessions, further light was shed on the nature and scale of the impacts of child sexual abuse as experienced by both participants and their families.

A number of participants emphasised how the experience of child sexual abuse had both taken away their childhoods and ruined their lives. Many described their ongoing battle of trying to deal with and control the pain and trauma caused by the experience. The specific impacts are set out below, organised under the seven outcome areas emerging from the aforementioned REA. It is important to emphasise, however, as was clear from the accounts shared, that impacts of child sexual abuse are not experienced in isolation. Participants invariably described impacts across the range of categories and typically experienced difficulties in most, if not all, of these outcome areas. The quotes below illustrate this:

"It's with you forever, and it has effects. I can't prove that it has effects in various ways, but I suspect a lot of the things that I feel and do go back to that." (Participant 3, male)

"I don't think there's anything that it doesn't impact and I don't think there's anything that it doesn't have some significance. It's just trying to learn to navigate around it really, which is what I do. But that process, it makes everything all the more demanding really." (Participant 1, male)

"I couldn't concentrate at work. I used to be in my bedroom, shut myself away. My sex life was nil. I felt depressed, crackers. I thought I'd gone mad myself. And my wife made me go to the doctor, you know, antidepressants ... I was so ill ... I was trying to kind of cope. And my work, my life was consumed with I don't know, I don't know what it's consumed with. It wasn't like consumed with anger. It was consumed with pain, pain, real pain in my mind." (Participant 19, male)

The interconnected nature of impacts is also evident. For example, a mental health impact may impact on socio-economic outcomes, or a mental health or emotional impact may impact on interpersonal relationship outcomes. These complexities are demonstrated through some of the quotes used in each of the sections below.

8.1 Physical health

A range of physical health conditions were described by participants as being linked in some way to the sexual abuse they experienced. In some cases, conditions were linked to the physical abuse that accompanied the sexual abuse. Conditions included: migraines, bladder problems, asthma,

and epilepsy as well as ME,¹³ fibromyalgia,¹⁴ osteoporosis,¹⁵ arthritis, and HIV.

For females, unplanned pregnancy as a direct result of the sexual abuse emerged as a physical health impact at the time of the abuse. For some, this meant having to give birth or have an abortion. One participant described:

“The abuse had got progressively worse and when I was 14, the group, eight of them ... and they all had sex with me, and they made me deliberately pregnant with a baby.” (Participant 10, female)

Many conditions had been enduring for a number of years in participants’ adult lives.

8.2 Emotional wellbeing, mental health and internalising behaviours

Participants described a wide range of emotions and psychological impacts in relation to the abuse they experienced. Many emphasised the ongoing daily struggle of trying to cope with, or come to terms with, what had happened to them. They explained how this can make routine day to day tasks and activities feel challenging.

“You just can’t physically and mentally come to terms with it. And little things that you could cope with, now you cannot cope with. I go to pieces, get upset or whatever.” (Participant 19, male)

“You know, I’ve, kind of, cleaned up in the past and spent a number of years kind of clean ... I kind of felt okay within myself. But now I’ve, kind of, lost my faith ... it’s like I subconsciously ask myself, what’s the point, all the time, you know, and I struggle to find meaning in my life, you know.” (Participant 18, male)

¹³ A chronic fatigue condition (see for example, <http://www.nhs.uk/conditions/Chronic-fatigue-syndrome/Pages/Introduction.aspx> Accessed: 30th August 2017).

¹⁴ A long term condition that causes pain all over the body (see for example, <http://www.nhs.uk/Conditions/Fibromyalgia/Pages/Introduction.aspx> Accessed: 30th August 2017).

¹⁵ A condition that weakens bones, making them fragile and more likely to break (see for example, <http://www.nhs.uk/conditions/osteoporosis/pages/introduction.aspx> Accessed: August 30 2017).

Participants described a range of emotions and belief systems, some of which had been compounded by the way they had been manipulated by perpetrators. These included: feeling guilty; feeling distressed; feeling dirty; feelings of shame; feelings of self-blame and struggling with sense of identity.

One participant described how her sense of safety was destroyed at the time of the abuse:

“I went to a convent school which was actually quite nice at that point, I had a really lovely headmistress, and it was my safe place, school, I used to dream of becoming a boarder, I thought that would be fantastic... but once [perpetrator] had said he could rape me from the inside out wherever I was, I remember walking into the cloakroom that morning and thinking, ‘I’m not even safe at school anymore, there’s nowhere I can be safe anywhere’.” (Participant 10, female)

Overall, it is clear that these emotional impacts often persist into adult life:

“I just think I’m fragile, the building blocks I’m on are fairly shaky, people don’t know that, they just see me and but I’m so fragile and it’s unbelievable, I have to protect myself constantly because I am fragile as a person.” (Participant 15, female)

“I should have tried harder though to stop them. I blame myself anyway, I just feel dirty and horrible I tried stopping it. I tried, honest to God. I blame myself for what happened to me.” (Participant 12, male)

Specific mental health conditions

A number of specific mental health conditions were mentioned by participants in the sessions, along with a number of what could be

described as 'internalising behaviours' (i.e behaviour that is directed inwards, although not described in this way by participants).

Mental health conditions described by participants as linked to the sexual abuse included:

depression, psychosis, post-traumatic stress disorder (PTSD) and anorexia. Participants described having experienced symptoms such as self-harm, suicide ideation/attempts, anxiety and panic attacks – both at the time the sexual abuse was happening, and as adults.

"I thought about suicide, I had suicidal thoughts, I was with child guidance, I had a lot going on that I couldn't fathom out."

(Participant 15, Female)

"I think by the age of eight I had tried to kill myself 12 times. The first time I tried to hang myself with do you remember the old AV SCART leads you put in the tellies? The second time I bashed my head in with a dumbbell. The third time bleach, fourth time cut the main artery. The fifth time was SCART lead again. Sixth was stab myself with some glass. Seventh I jumped out of a window. Eighth I had put ... I smashed my head into a radiator about 55 times. Nine I tried to suffocate myself with a plastic bag. And then I tried to suffocate myself with a belt."

(Participant 5, male)

The development of phobias – both at the time of the abuse and now – also emerged as an impact of child sexual abuse. Phobias seem to develop in relation to the specific nature of the abuse experienced:

"32 different phobias, so I have phobias of travel, phobias on leaving the house at certain times. I can't drink or eat anything in public or use public bathrooms. Fear of heights, fear of drowning. Basically

every different kind of abuse and experience has some kind of phobia attached to it. This has actually gone down, I used to have 62 so it took five years to get rid of 30 of them.” (Participant 5, male)

“They were old reservoir tanks, and they held me over the tanks and said they’d drop me in them and drown me if I told anyone. So I’ve got a phobia of swimming.” (Participant 10, female)

The experience of ‘flashbacks’ and having what could be described as ‘intrusive thoughts’ was also referenced by a number of participants. This means they regularly see themselves as children again, reliving the abuse.

“Flashbacks are so real in your head, I could literally feel him on top of me and smell his breath, and wake up and be trying to push him off. And that was years after.” (Participant 14, female)

“But when you are [age] years old and you’re thinking about it, you can see yourself as a little child being abused. You can see it in your mind. The bed, the smell, him, everything, certain places. And you can see yourself as an adult seeing you being abused and that is dreadful, absolutely dreadful ... it’s unbelievable pain but you see it in your mind all the time. You can smell it, you can feel it, you can wanna understand it, why, why, why me? And it’s affected my life terribly.” (Participant 19, male)

8.2.1 Risk and protective factors affecting mental health and emotional wellbeing outcomes

A number of what could be described as ‘risk factors’ were mentioned which play a role in negative mental health and emotional wellbeing outcomes: not getting support at the time; feeling that the perpetrator

got more support than them; feeling that mental health is not seen or understood by others; death of perpetrator before they were held to account (no justice); negative experiences with services/authorities; loss of parents (as a means of support):

“I’d never once thought in my life about committing suicide, but I did then. That’s how low I got, and then when you get no help and you can’t cope with that ... because I’ve always got to be in control.”

(Participant 13, female)

“And then from then I would say the depression and everything else continued ... well it’s still continuous but the reason why recently I guess because he’s dead there hasn’t felt like much justice anyway and then there was also so much I feel wrongdoings from the local authority and how they handled things.”

(Participant 7, female)

“I was in and out of psychosis through that type of, you know, level of abuse. Like, you know, a lot of trauma, I think forgetting that, you know, it was the court’s denial that things had happened and, you know, it was a, it was a nightmare. I mean it’s a nightmare today really in a sense.”

(Participant 11, male)

Partner support was noted as something which could be described as a ‘protective factor’ playing a role in mental health and emotional wellbeing outcomes:

“I’ve put my life together and it’s actually quite a good life, and I manage it pretty well most of the time. But I can’t imagine how I would manage life without my husband [who] supports me.”

(Participant 10, female)

8.3 Externalising behaviours

As highlighted in Fisher et al (2017)¹⁶, victims and survivors of child sexual abuse may externalise their distress caused by the sexual abuse, and exhibit a range of different behaviours. A number of these behaviours emerged from the sessions, some of which could be described as maladaptive coping strategies – although not necessarily described in this way by participants. Similar to the findings in Fisher et al (2017)¹⁷, the accounts shared by participants in these sessions reiterated how behavioural outcomes of child sexual abuse must be considered in the context of both child sexual abuse which has been disclosed (or identified) and that which has not. For a number of participants, it seems that the exhibition of certain behaviours may have been a way of signalling a need for help when verbal communication felt too difficult.

“But then as things escalated, erm, both with my experiences with abuse and not being able to manage my difficulties or not being able to communicate, you know, the self-harming. And also running away started to happen.”

(Participant 4, female)

In some cases, the responses to the child’s behaviour had placed them at risk of further sexual victimisation.

“I started acting out I’d say from Year 7 and immediately the social services wanted to blame my mum which then was the cause of her depression and then I got taken into care and then they placed me in care with [perpetrator’s] family.”

(Participant 7, female)

8.3.1 Substance misuse

Smoking, the use of drugs – including illegal drugs – and alcohol consumption were all referenced by participants. Whilst some talked about how they had tried to cut down on their usage of substances, one

¹⁶ Fisher et al., (2017) see <https://www.iicsa.org.uk/key-documents/1534/view/IICSA%20Impacts%20of%20Child%20Sexual%20Abuse%20Rapid%20Evidence%20Assessment%20Full%20Report%20%28English%29.pdf> (Accessed: 30th August 2017).

¹⁷ See reference above.

female described having previously overdosed on drugs, causing her to end up in intensive care. The quote below from another participant also illustrates how the type of substances used progressed from one to the other:

“My life kind of went downhill. I pretty rapidly got into heroin addiction, you know, I suffered with that up until maybe three years ago, kind of, on and off but, you know, a very big chunk of my life was completely wasted.”

(Participant 18, male)

8.3.2 Anger, aggression and offending

The exhibition of anger and aggression – and involvement in crime linked to aggression or violence – was mentioned by some participants. This was referred to in relation to taking out the anger that was felt towards the perpetrator(s) by directing it at others. There was also an example of aggression being prompted by a negative response by a neighbour:

“But when I worked the doors I took an awful lot of anger out on men. I became ... not really violent; but I became very aggressive, and there was no way that I would let any man think he could cross me at that point ... I was never aggressive towards anyone when it wasn't necessary, but if you put a bloke in front of me who thinks for one minute that he can dominate me, that will never happen again. That will never happen again.”

(Participant 9, female)

“I look at it as this, my brain got broken a bit cos of what happened to me when I was younger. I haven't got brain damage. I have sociopathic tendencies. I'm not a sociopath. I don't go around killing people or killing animals but my fight or flight reflexes don't work quite well so I automatically go to the most aggressive stage first.”

(Participant 5, male)

8.3.3 Distress-related behaviours

A number of other behaviours were described which related to the immediate behavioural responses at the time of the abuse. These included what seemed to be distress-related behaviours such as being rebellious or 'acting out'.

"And I didn't manage very well at school that term, I kept panicking. I panicked about going to school, and then when I got there I couldn't go in and I'd hide in the cupboard or I'd stay outside with the bicycles or try not to go to lessons, because I kept being terrified I'd be sick."

(Participant 10, female)

Other behaviours were direct tactics employed to try and avoid the sexual abuse taking place – including physically running away:

"I escaped from there ... I jumped through two storeys high to get away ... I don't know how I done it but I done it."

(Participant 12, male)

"I never ran away from [institution] but after that I ran. I went back to what I knew. I was at college at that time, they were sorting out a flat for me to be independent, but I ran, I ran with criminals, and I got involved with all sorts just to keep out of that place, which was no longer safe for me. It was no longer a place of safety."

(Participant 9, female)

8.4 Interpersonal relationships

The negative impact of child sexual abuse on interpersonal relationships was expressed by a number of participants. Whilst some had gone on to form friendships and intimate relationships, others had not, attributing their difficulties in forming relationships to the abuse they had experienced.

Feeling unable to talk to partners, family and friends about the abuse was noted as a particular challenge in forming and maintaining relationships and a recurring theme was how the betrayal of the abuse meant they had problems in trusting others.

"I never, ever trust anyone ... the only person I trust is myself and that's it." (Participant 12, male)

"The betrayal was unbelievable, and the effect it's had on the whole of my life ... I trust nobody. There's three people I trust in this world: my husband and my daughters ... I don't keep friends. I can't cope with people who need a lot of emotional attention." (Participant 9, female)

"Yeah. I mean it's kind of devastating really and it's probably had an impact on, kind of, every aspect of my life, the most being not able to form stable and trusting relationships, you know." (Participant 18, male)

The impacts of child sexual abuse on intimate relationships, relationships with children and grandchildren, and on relationships with parents were all cited as described below.

8.4.1 Intimate relationships

Intimate relationships were hindered by difficulties with sexual intimacy and other emotional barriers, including difficulty talking about the abuse with partners.

"It's only been in the last three years that I haven't felt absolutely filthy after being intimate with my husband." (Participant 9, female)

"I have a serious problem with relationships. I don't allow attachment. I'm always expecting to be disappointed and, what would be the

word, rejected ... because of this wall and the rejection attitude if I see it coming then you're gone, I can just walk away, and that's why I've left ... wives, and ... children." (Participant 3, male)

For one participant, issues she experienced in relation to her marriage were due to a delay in acknowledging the abuse had taken place. This challenged how she understood herself and her sexual history:

"When I found out, it did happen all those years later, [husband] was the only man I'd ever slept with, that was the point that hit me, more than anything else. It wasn't what had happened ... It's just the fact that I feel as though [husband has] been let down and I have in that way because I've had that taken away from me now. It's a big thing." (Participant 13, female)

8.4.2 Relationships with children and grandchildren

The experience of child sexual abuse had, for some, made them especially protective of their own children/grandchildren and determined to make sure their children/grandchildren felt loved. They did not want the impact of the abuse to have a knock-on effect on their children or grandchildren.

"In other ways I'm overcompensating because I've thought, 'Well this is not going to stop me getting on ... Three of my children have gone to university ... I know what it is to care for a child, I know how children should be cared for and nurtured..."

"I have my granddaughter now and I tell her everyday she's absolutely beautiful, she's three years of age I'm saying, 'You are beautiful, everything about you is beautiful' whereas you didn't hear and then, in fact, it was quite horrible really." (Participant 15, female)

“I was saying, the local [centre] have done a graffiti wall ... with warnings for children about grooming on the internet, but, I mean, the internet, all this, ‘Oh, it’s got an age limit?’ Excuse me? All my grandchildren have all got [social media] pages and they were all underage. ‘How old are you?’ ‘Oh, I’m 16’, when they’re 12. I mean ... And for parents, I’m afraid, it’s an easy babysitting option. I do insist that they all allow me on their pages, otherwise they don’t get a Christmas present!” (Participant 3, male)

It was evident that, for some, the impact of the sexual abuse, made it challenging for them to parent. One participant described how she had tried to explain her behaviours to her daughter:

“And the trust issues that have come from that: I hated anybody touching me. I couldn’t hug my kids...”

“My husband and ... because I withdrew completely. I didn’t know why I withdrew, because, regardless of the training that I had with these organisations, I didn’t have the emotional capacity to be aware of what was going to come next. It destroyed my family for about a month. He couldn’t figure out what was going on, because I didn’t come across as a victim. He couldn’t come near me. He couldn’t touch me. My kids couldn’t come near me. That still happens sometimes. Even my daughter now goes, ‘Are you in that space where you don’t want to be touched?’ and I went, ‘Just for a while’, because I’ve spoken to her and said, ‘Look, there’s times when I just don’t want to be touched. I just need to be left alone’.”

(Participant 9, female)

One male participant explained how the experience of child sexual abuse had influenced his decision to not have children of his own.

8.4.3 Relationships with parents and family

The negative impact of child sexual abuse on participants' relationships with their parents and family was noted. In particular participants spoke of not feeling they were able to talk to their parents about the abuse, which had created a distance between them.

"I can't really experience anger, even when it's appropriate, and that's something that is difficult, especially the not being able to talk to my parents, really difficult. Even talking to my parents I imagine that we might have a more full relationship but actually I think it's led to the re-creation of the same dynamics of not talking to each other, in silence... so there still isn't the openness that I wish there was between myself and them."

(Participant 6, male)

One participant had lost touch altogether with her family as a result of the abuse:

"I've not spoken to my mum for over 20 years ... Because of what happened with me growing up, I don't talk to my mum, my brothers, my sister, anything, anybody."

(Participant 13, female)

8.5 Impacts on family

Some participants shared how they may not have had strong or positive familial relationships at the time the abuse happened. However, the impact of sexual abuse on parents was highlighted by some, with several pointing out a lack of services to support family. Others spoke of the impact on partners more broadly.

One participant recalled the deterioration of her mother's mental health following not only the sexual abuse of her child but of being blamed for her child's subsequent behavioural response, leading to her losing care of her:

"My mum's mental health is still really bad, yeah, we have reconciled but the long-lasting effects on her have been significant ... it affects her ability to be the, sort of, grandma figure as well doesn't it because that limits you."

(Participant 7, female)

Others described the strain they felt the impact of the abuse placed on their partners and children.

"We all went to church, my daughters, their children, and whatever ... and I stopped going because I just felt I couldn't. I wasn't saying I'd lost my faith, I was just thinking, 'I can't go to church at the moment'. But the girls were going because they had to keep their children in the Catholic schools, you know, but they were feeling really cross about it all."

(Participant 14, female)

"It's like my wife has been ... it's ruined her life to a certain degree, my children."

(Participant 19, male)

8.6 Socio-economic outcomes

Participants spoke of the interconnected nature of issues such as struggling to progress in work or education due to not having stable housing/accommodation – in both childhood and adulthood.

"I felt I could have been destined for greater things."

(Participant 15, female)

"I lost out on going to college. I stopped going to college. I lost out on my education. I didn't return to education until I was 36. I never got a flat. I never got my independence. I didn't get any of that. He destroyed me whole fucking life at that point." (Participant 9, female)

8.6.1 Educational attainment

Not being able to read and write as well as losing out on school, further education and higher education qualifications were all noted as negative educational outcomes associated with the experience of child sexual abuse:

"I have trouble, I can't read and write, it took everything away from me." (Participant 12, male)

"I told them I wasn't happy with things but they just said it's cos I was struggling in school, which I wasn't. I was actually quite smart but I couldn't concentrate, so that's why I was failing. I think by the time I left I had the same, you know, the, like, level system? They used to level 1, 2 and 3. I was at the same level when I left at 16 as I was when I was eight. Before that I was actually I think a year ahead... so, basically you may as well say I wasn't educated from the age of eight till 16." (Participant 5, male)

One participant recalled being kicked out of school because of the particular behaviours he was displaying:

"And then I got kicked out of my school because the teachers were, kind of, just fed up of my behaviour really. And there was a whole bunch of stuff that was happening around then, that was just really difficult for me." (Participant 1, male)

The ongoing emotional and psychological impacts of the abuse and not having the financial means (due to the cost of therapy) were cited as reasons for not achieving a higher education qualification.

“And then because of the way the church treated me and treated things, it destroyed my music almost. I’d been going to do a degree in music ... I was never able to do the degree because I was too distressed by what had happened ... and I’d kept on needing therapy because I was distressed, so we couldn’t afford to do the degree.”

(Participant 10, female)

“I tried to start a doctorate twice [in] psychology and I’ve left both of them because I couldn’t because I just looked stupid, well in my eyes I did because I was still not able to process anything, I would just have panic attacks, like, in a group setting and just not be able to deal.”

(Participant 7, female)

8.6.2 Employment, welfare benefit receipt and income

Participants expressed the difficulties they had experienced either getting a job or maintaining employment, despite having the desire to work and determination to not let the abuse prevent them from doing what they wanted to do. Several reasons emerged for why it had been challenging to secure a job, all of which seemed to be linked to other adverse impacts relating to the sexual abuse they had experienced: poor literacy/writing skills or lack of education/qualifications; previous convictions for violence; not having secure accommodation or physical health issues.

“Not at the minute because I’m still in supported accommodation. So, I’m not actually allowed to work at the minute, but I did do a bit of voluntary work.”

(Participant 18, male)

"I got sick money ... and I went to college and I went to university, and I got a degree ... but the extent of human injuries I had and the problems with my bladder, because I was kicked in the bladder and that. Were, like, such an extent I couldn't live a normal life, I couldn't have a family and I couldn't ... I would never have a normal, professional career. And it was all stemmed through the interaction of negative events that I experienced in my childhood."

(Participant 11, male)

One participant had chosen a particular profession as a way of earning money and having other basic needs met, and was now in a role which she believed would be less demanding:

"I went into [profession] because I could sleep in the home [for professionals] and there was food, I had my reasons, what do I do, where do I go? I don't know anybody, I didn't know any family..."

"I've given up [profession], I couldn't continue with it ... I'm a [profession] in town so I can just keep on top of all I need to so I can't overwhelm myself. I have a lot going, I mean I have a lot to carry, so."

(Participant 15, female)

It is evident that managing work and/or maintaining a job can also be difficult as a result of the sexual abuse that happened. Mental health issues and difficulty coping with pressure were also mentioned as playing a role.

"I couldn't do my job. The company was so good, they paid me for two years full pay. And then when I got back I couldn't do it. It wasn't a stressful job but I just could not do it. And I loved it, what I did. And they gave me a package and a pension but I've lost my job."

(Participant 19, male)

“I think everything is harder because of it. Everything. So, whether that is how I deal with stress at work is harder, because I’m carrying around a load of other stuff that I have to manage my way through.”

(Participant 1, male)

Participants also referred to feeling that employers are negative towards those with mental health problems. This was deemed to act as a barrier to progression within the workplace.

“But you tell somebody that you have a mental health problem you will not get promotion. They don’t do it automatically but if you were in business you’d think, ‘I’m not sure. Just leave him there, he’ll be all ... right, yeah because I don’t think he could cope with the pressure’.”

(Participant 19, male)

In relation to income specifically, one participant described her sadness, frustrations and guilt (in relation to her partner) that as a couple they were not able to spend their money in ways they would ordinarily like to be able to, like home improvements and being able to offer financial support to their children, due to the costs attached to ongoing therapy. This had also impacted on the money they had for retirement.

8.6.3 Homelessness and housing in childhood

Participants described that in and around the time of the sexual abuse, they found themselves homeless or placed in accommodation where they did not feel safe or supported. Where abuse had taken place in residential institutions, participants described periods of homelessness, due to running away to physically try to escape the abuse. They spoke of not being taken to a safe place of shelter as a result and simultaneously being “kicked out” of the institution by the perpetrator/someone else at the institution. For example:

“Yeah. So, I ran again. I was in a stolen car, the police pulled us over, I wasn’t driving; I was a passenger, and [perpetrator] was called to [the] police station because I was an absconder. He came to [the] police station and drove into this car park that was no longer a car park kind of thing. It was just an area of tarmac and grass. I can’t really remember the exact location. He tried again. He tried to put his hands down my trousers, he tried groping, and I was going, ‘No, not this time. No’. I was very definite. So, he took £5 out of his pocket, threw it in the footwell and said, ‘You’ve been discharged from [institution]. You can’t go back there anymore’, and left me in the car park. I never heard anything from the home after that. I never heard a goddamn thing....I was left homeless that night. I had to sleep under lorries. I sofa-surfed. I didn’t want to go back home.”

(Participant 9, female)

One participant told of being taken into care as a result of exhibiting certain behaviours in response to the abuse (and the parents being ‘blamed’ for this). The participant described feeling that she and her mother were not able to exercise any control over this decision, meaning that she ended up in accommodation which felt unsafe, unsupportive and which presented a new set of safeguarding issues:

“They kept ignoring everything and then by the time I was 16 ... I was housed independently but again at 16 I still wasn’t sort of safeguarded or protected,... no support worker, I was in my uniform waking myself up for school, not even in a supported living where you had care workers or anything like that, it was an open hostel with grown men so I was still seeing a lot of sexual stuff.”

(Participant 7, female)

8.6.4 Housing instability in adulthood

For some participants housing instability in adulthood also emerged. This created barriers to securing employment. One participant describes having to sell her home in order to pay for abuse-related therapy. She noted the disruption this caused for her children:

“We did have to sell our house because of all the church stuff, we ran out of money for therapy. And the only way I could have any more therapy was if we downsized, so we had to move ... we had to put our big family house on the market and move to a smaller house, which we’re now very happy in but it was very traumatic And it took a long time to make it feel like home for the children again because it wasn’t the one they’d grown up in. They love it now, I mean, but it took a long time.” (Participant 10, female)

8.7 Religious and spiritual belief

The impact of sexual abuse on religious and spiritual beliefs was something that emerged specifically in relation to abuse within the church context. Participants who had experienced abuse in this setting voiced how, as a result, they had found it difficult to attend church thereafter and/or how it had caused them to question their beliefs. Some had continued going to church despite it being a difficult thing to do, to ensure their children grew up having a religion. There was also a feeling of wanting to use faith as a way of dealing with the abuse but finding this too challenging and being left feeling somewhat disillusioned.

“And I loved the church and it was terrible, you know, I loved going to church and I loved to sing and I felt that was taken away from me so that hurt more than the abuse at the time.” (Participant 19, male)

“I think the other bit I’d really like on record is how much harm it’s done to my faith, you know.... I also can’t go into church because I’ve lost all my faith, I don’t even know any more whether I believe in a God.... my lack of faith and my struggle to survive without a belief that was core right deeply in my being.” (Participant 10, female)

8.8 Vulnerability to revictimisation

The experience of child sexual abuse and subsequent (sexual) revictimisation also arose in the sessions. Participants in the sample described experiences in the context of childhood/youth rather than in adulthood. A number of different revictimisation scenarios were described, for example:

- Experiencing sexual abuse within their family→ disclosing this abuse to a priest→ being victimised by the priest/others following this disclosure
- Experiencing sexual abuse in a residential setting→ being admitted to a hospital→ being victimised by hospital staff (by someone linked to initial perpetrator)
- Experiencing sexual abuse in a residential setting→ moving into foster care→ being placed back into the same residential setting following exhibition of certain behaviours in foster care→ being victimised by the same perpetrators
- Experiencing sexual abuse in the context of the church→ being later victimised by someone else in an unrelated context

8.9 Coping strategies

8.9.1 Coping strategies at the time the sexual abuse was taking place

Participants described some of the coping mechanisms that they developed in order to help manage the impact of the sexual abuse.

Participants described how they shut themselves off, or used tactics such as thinking that they were a different person.

“So I made myself think that I was up in the organ loft and a different person, a different me was there, so he could only give the different me to the devil and not the other one. But that meant that for always until from about 10 years ago I’d never felt that my soul was part of me any more and it couldn’t be because if I let it be then it wouldn’t be free anymore.”

(Participant 10, female)

“And I went away from it and I was thinking, I allowed myself to suppress what my other level of thinking was, because I was so vulnerable at seven years old, you know, I had to suppress it then.”

(Participant 19, male)

Other participants spoke about how they used books or education as their means of withdrawing or coping with the abuse.

“I just used to sit in a corner. There used to be comics... and I’d sit and read me comic or I’d find a book to read or something.”

(Participant 17, male)

“I was said to be quite a bright child as well but I immersed myself in books, etc. and what I had to do.... I did function well at school because I was always top and that was the positive thing in my life. If nothing else was right I was positive at school, everything was good; education, I could bury my head into the books and I wanted to be the best.”

(Participant 15, female)

8.9.2 Coping strategies during adult life

Participants referenced a number of specific coping strategies that they had adopted in their adult lives as a way of dealing with the pain

associated with the sexual abuse, or in an effort to feel safe and protect themselves. These included listening to music or playing a musical instrument. For others, physical activities such as walking or training helped them to cope. Others developed mechanisms such as shutting themselves away or saying mantras. Some participants also spoke of how taking medications also helped them to get through.

"I've trained in martial arts. I did an awful lot of things in order to protect myself once I got past the age of 19. Once I had my first daughter, I was quite physical, as in I used to go the gym, I would train, do some martial arts; and then when I met my husband 18 years ago I started going [to] martial arts stuff, and it made me feel strong on the outside."

(Participant 9, female)

"At times I was on very high doses of the medication, it really affected how I could function. It has got horrendous side effects....One of the things it did though, is it closed down your emotions. And so, in some ways, it was a way that helped me survive because, you know, as well as taking away the good bits, it takes away the bad bits."

(Participant 4, female)

"I mean don't get me wrong, I do have my up and downs and things like that but I go for walks or stay upstairs and see what happens."

(Participant 12, male)

"I used to have a mantra when I hugged my kids. Because of how he hugged me in my bedroom, I never wanted to be touched or hugged by anybody. So, my kids, especially when my second one came, they'd come up for a hug, I just wouldn't want to be touched, I would have to say over and over in my head, 'these are your children. They

are not trying to hurt you. They love you for who you are. They're your children', and it was the only thing that got me through ... I have a mantra now...up until the last maybe six, three months I have a mantra when we're becoming intimate. This is my husband. This is the man who loves me and adores me; so that invasive grubbiness doesn't come in."

(Participant 9, female)

8.10 Resilience and recovery

It is evident from the sessions that participants were at different stages of the recovery process. For example, there was variation in the extent to which they felt self-blame for what had happened to them:

"I never felt guilty. I know I was only a child. I'm not responsible for what happened, and I've nothing like that, and I never have."

(Participant 13, female)

"But I don't feel dirty anymore, I don't feel it was my fault. I hate him."

(Participant 14, female)

"The question that I ask myself regularly is, 'how did I allow it to happen?' You know, why didn't I say, 'No, go away'? I cannot answer that."

(Participant 3, male)

A number of examples were given where participants demonstrated their resilience and ability to adapt in the face of adversity. For example, facing phobias developed as a result of the abuse, having a positive outlook on life, and wanting to move forward in a positive way.

"I can swim in my depth but even now when I swim up the pool into the deep water, it goes green and it goes really deep, and I can tell myself over and over again that I'm in a swimming pool and it's pale

blue water and I can see the bottom and it's lovely, but I still panic. I make myself do it because I'm not going to let them beat me."

(Participant 10, female)

"You can't really draw a line under and say this man ruined my life. You could say because of this man I've had all of these wonderful experiences, which is the sort of positive slant that I try to put on it, but it's not a nice experience, and I really don't know how you stop it, because if I couldn't see it coming and when it did arrive couldn't stop it, and I'm a fairly astute person, but, as I say, grooming is clever stuff."

(Participant 3, male)

Speaking to other victims and survivors about their experiences and having the right support were noted as playing an important role in the recovery process.

"It's really only in the last few years that I've been able to say myself, well, this isn't about, you know, blaming mum or blaming myself, it's about an adult, any adult almost saying to me, 'What happened to you shouldn't have happened and we take what you're saying seriously and we care about what you're saying' because that's where the healing's going to come about I think."

(Participant 20, female)

"Anger remained underneath about what had happened to me and it had never been properly acknowledged by another adult and reflecting on it now, particularly knowing what I know about mental health I think that was every bit as damaging as the abuse itself. It was kind of carrying those experiences and when things happen to you and you frame them in a certain way and you never have the opportunity to look at them through different eyes it hangs quite

heavily on you because you come to certain conclusions about yourself or whatever and they've never been challenged."

(Participant 20, female)

8.11 Triggers

Details of certain situations or events were highlighted which can (re)trigger the trauma associated with the abuse and cause distressing emotions to resurface. These included:

- Abuse being reported by someone else in relation to same institution/perpetrator
- Being in a place/situation where they feared they may see the perpetrator
- Going to the church where abuse took place
- Other situations where they may feel sad or vulnerable (such as the loss of a loved one)
- Medical examinations
- Childbirth
- Talking about the abuse
- Hearing a particular song
- Being intimate with a partner
- Media coverage relating to child sexual abuse
- Awareness-raising of child sexual abuse in the community
- Communication from the police with regards to the perpetrator

"Because when I talk about it I can see it, feel it, hear it and taste it ... I try to say the words. I feel dirty inside and I feel more dirty telling you about it because it hurts me inside, it really hurts. I won't let a male doctor touch me, I'll talk to them but I won't let them touch me or anything, there's got to be a female there." (Participant 12, male)

“And especially, you know, because up until the police called me, I’d locked this away in a quiet corner of my mind and I couldn’t figure out what was wrong with me, you know. So, yeah, I was, kind of, stumbling around in the dark for a number of years.”

(Participant 18, male)

Chapter 9: Experiences of statutory and voluntary support services

This chapter explores participants' experiences of accessing, or trying to access, statutory and voluntary support services. Such services include counselling and psychological therapies provided by the NHS or third sector, medical interventions delivered by General Practitioners (GPs) and hospitals, and formalised peer support services.

The first part of this chapter summarises key themes emerging from participants' accounts of accessing experiences of services during childhood; the second part summarises experiences of accessing services during adulthood. The information comes from the sample of 20 transcribed Truth Project sessions.

9.1 Experiences of services during childhood

Some participants recalled how, as a child, they were referred to statutory services that they knew little about. There was a sense that they were sometimes referred by professionals or parents who themselves felt unsure how best to deal with the sexual abuse or with the behaviours being presented in response to it:

"I think an issue from the age of 12, I got referred through to see, initially, a psychiatrist, that was a specialist psychiatrist, a child, and then I was – it was more a behavioural or a naughty thing...I got, you know, seen by an adult psychiatrist in, sort of, what was deemed as a crisis situation."

(Participant 4, female)

"Yeah, yeah, you know. I mean I suppose it's a little bit different these days, because there's a lot of help available. People are, kind of, a lot more aware and even seem to be more in touch with their feelings"

these days...back then I didn't really, kind of, know what therapy was, you know, whereas a 14 year old child now probably knows, you know, what therapy is." (Participant 18, male)

"My parents convinced my doctors I had depression so they put me on [medication]. But I didn't have depression. And unfortunately when you don't have something you take tablets for you have side effects...so they caused... pseudo psychological symptoms, specifically suicidal tendencies." (Participant 5, male)

In the case of this last participant, more appropriate services were subsequently accessed following the individual being admitted to hospital (more than 70 times) as a child for suicide attempts/tendencies.

One participant also recalled specifically trying to ask for help but, again, felt unsure about what services were available and what help they needed. She recounts describing her feelings to professionals and the challenges she faced with being able to access support due to the case going to trial:

"And I asked for some kind of ...I didn't know what to ask for – I told my social worker that, you know, I couldn't sleep properly. And I told my social worker that I was self-harming sometimes and stuff like that. And again I was, kind of, saying, 'Can someone – kind of, do something for me?' ...they, sort of, said to me, 'Oh, we'll try and arrange some counselling for you,' but I couldn't have it until after the trial had finished...because of the criminal thing you can't talk to anyone about it, because if you're going to be a witness, they won't allow that. So, it was months, and months, and months. Until they sent me to see a nurse, a psychiatric nurse." (Participant 1, male)

It was clear that, for some participants, the services they received had a significant positive impact on their lives and the positive role they had played:

“I go to the mother and baby home and then I meet a lady there and she says, ‘You don’t have to have this baby’, I would never have known, a very nice person and I managed to get an abortion.”

(Participant 15, female)

“But it got to a stage where I had to see her every week, otherwise I would have probably killed myself when I was a kid.”

(Participant 16, female)

Other participants described how the statutory services they received did not meet their needs, either because of the approach of the therapist or the limitations placed on the amount of support they could access and the lack of subsequent follow-up:

“You know, because there was nothing...I was taken to see a child psychologist and they said, ‘Is there anything that you’d like to talk about?’. And I said, ‘Well, what do you mean?’... I just, kind of, crammed up and said nothing. And I was, kind of, just moved away.”

(Participant 18, male)

“But I was only allowed a certain number of sessions. I think that was about five or six, sort of, meetings with this person. And he wrote a letter at the end of that... and the letter basically says, it explains the situation, it says that I was a really high risk. It said I had signs of severe PTSD etc. And that letter was sent to my GP and to my social worker, and they never arranged any follow up. And that was it, I never saw anybody – I never saw the police again, after that I never saw the social worker really much after that.”

(Participant 1, male)

9.2 Experiences of services during adulthood

Participants spoke primarily about their use of and experiences with therapy, counselling services or of sessions with psychiatrists – in terms of both public and private provision. Other services mentioned were: private mental health hospitals, church-related social services, NHS women's mental health services and local support groups or organisations.

Most participants described having accessed various forms of support over the years and/or having received therapy/counselling 'on and off'. A smaller number mentioned having consistent, ongoing support with the same individual or organisation, and some had only accessed support more recently.

Many participants spoke of being currently in receipt of support, attending sessions once a week to once a month:

"I guess I can talk about it because I've been talking to a therapist every week for the last three years. So, I've kind of been practising!"

(Participant 6, male)

"At the moment, it's monthly, just one session a month. But I had weekly therapy for about – I want to say about three years, something like that."

(Participant 1, male)

"I've been in therapy for, like, five years now, once a week though."

(Participant 7, female)

Many also had experience of, or were still, taking medication in relation to the abuse:

"During those early years when I was in and out of hospital, I was put on anti-psychotic medication... So, I think it was when I was 15,

I started on that medication and I continued taking that medication until I was in my 30s. So, I was on it between 18 and 20 years.”

(Participant 4, female)

9.2.1 Pathways into services

It was not always mentioned how and when participants first engaged with services as adults, or if and how they may have moved from child to adult services. However, it was evident that participants were not always aware of what services were available to them (either now or in the past). In terms of current perceptions, one male participant commented that more services were available for women compared to men and another talked about services as being for recent victims and survivors of child sexual abuse only:

“I spoke to some people in ... I got the impression it was more for people who were either having the problem now or recently, not for people that far down the line.”

(Participant 3, male)

A number of participants recounted episodes of finding or seeking help from specific professionals – responses to which were mixed:

“And I worked for them for many years as a manager. And I went to see the HR lady who I knew and I said, ‘I want some help’. I told her what had gone on. She phoned up the company doctor to get me there. He came that day in about an hour.”

(Participant 19, male)

“Catholic social services would do nothing and I asked them was there any support? When I first wrote to them there was just nothing, I was looking for some support groups or something.”

(Participant 15, female)

“Not until [year], when of course I told the police, I struggled to find ... any kind of support on it really, because nobody could give me the answers.”

(Participant 18, male)

“I worked at a ... unit and there was a consultant, sort of, psychotherapist there, she sort of has taken me under her wing ... she’s also mentored and supported me significantly ... she runs the training organisation, she put me in touch with a therapist who she thought would be good.”

(Participant 7, female)

Where services had been accessed via GP referral, some participants expressed frustrations in relation to this process and the response from their doctor in terms of:

- Having to visit the doctor more than once before being referred to a service
- Feeling they had to retell their experiences in order to be directed to a particular service
- Not having a long enough appointment to be able to explain their experience/how they feel
- Being put on long waiting lists before being able to access the required service due to the availability of services being insufficient to meet demand
- Feeling that the types of services directed to were too generic

“What in 10 minutes? Ain’t gonna do it, is it? If you can’t go to the doctor and say, ‘This is what I’m going through’. And he says, ‘Well, you want some more antidepressants or I’ll send you to a therapist’. Like, you know, it’s not ... it’s not a criticism of the person. It’s the system.”

(Participant 19, male)

"I was on a waiting list for maybe 18 months." (Participant 18, male)

"Me GP's all right but I don't think he understands how bad it was. I tried to explain it to him but with the way the NHS is at the moment you can't really explain things in a five minute appointment so I don't really blame him for that. But other than that he's been good. He finally ... took me off antidepressants so that was nice of him."

(Participant 5, male)

"Doctors just don't listen...I've lost all my faith in all doctors."

(Participant 14, female)

There was some feeling of wanting to know more about the services available to them so they could approach them directly and not have to go via the GP.

Some participants had accessed health services in more extreme circumstances, for example following a breakdown or suicide attempt:

"And it made me depressed, but I don't think that was the problem. I think all of those other emotions that I talked about, and all of those, sort of, same symptoms, kind of, just came back one day. And that was really, really difficult. And I had to be admitted to a hospital for a while, I had to see a psychiatrist, psychiatric nurse and, kind of, you know, try and figure out some way of managing all of that really."

(Participant 1, male)

"Before this came out, like I said, when I had a breakdown, I realised how low I felt, suicidal, and I actually got myself off to the doctor's, got to the hospital ... as soon as I'd got to the hospital I'd asked to see a doctor, but I'd actually gone in to see the crisis team ... I waited three hours to see the crisis team."

(Participant 13, female)

9.2.2 Experiences of services

Despite frustrations with access to, and awareness of, services, participants described a number of positive experiences with adult support services. These were commonly linked to having continuity of care from a therapist who understood their needs and how to communicate with them:

“She’s just been fantastic, absolutely fantastic ... the first time I’d had – she got me right back to a child and it was so hard. This was three years ago, been seeing her for three years now... I’ve definitely got the right support ... she’s just amazing ... so unlike any of the NHS people I’ve ever dealt with.” (Participant 14, female)

“When I got, like, counselling and I couldn’t get the words properly out but she, like, guessed ... and she got it.” (Participant 12, male)

“The only person that’s been constant through all this is my victim support worker. She came to me not long after it was reported to the police. She’s actually received an award from [name] for being the best of the year. She’s absolutely brilliant.” (Participant 13, female)

More specifically, participants explained how positive relationships with therapists had helped them understand and make sense of the impacts of the abuse:

“I understand more about my life from having reflected on it in therapy.” (Participant 6, male)

“It wasn’t until I met my current therapist that I understood about flashbacks.” (Participant 10, female)

“But the only therapy that I’ve had that I considered was successful we came to the conclusion that you are who you are but you can try to choose to behave in a different way. So, I do think things through more than before, where I would just react. I wouldn’t say it was totally successful, but it does give you that sort of, hang on a minute, what am I doing here? Is this fair? Is this right?”

(Participant 3, male)

For some, having support from peers and the opportunity to work with other victims and survivors had also contributed to a positive experience:

“And also to an extent I’ve been involved with survivor groups and being involved in, you know, getting support from – I suppose my support has always been more peer support rather than professional support, and that might be obvious why.”

(Participant 4, female)

“And you’re with a group of vulnerable people ... you live, you know, you eat together, you watch the TV together, you eat, you know ... it’s good because you can speak to people and ... you get a bond with people.”

(Participant 19, male)

However, as with child services, one of the biggest frustrations for many was the restrictions set on the length and number of sessions available to them, and lack of follow-up afterwards:

“I may have been referred very, very briefly [for psychological help] but I wasn’t given anything ongoing.”

(Participant 11, male)

“[With the NHS] you get a time limit, and it’s so many sessions, and then that’s it. And they can’t give you any more than that.”

(Participant 14, female)

“The NHS have been helpful ... with counselling. Yeah, very helpful. Not initially, it was like do some antidepressants which I wouldn’t take and go and have six counselling sessions which I went on and it’s like going to the pub with your mate for an hour but not having a drink, just about when you’re about getting down to the nitty gritty, ‘All right, your hour’s up now’ ... a waste of time really.”

(Participant 2, male)

“As soon as that 16 weeks was up, that was up. That was it. She never even said anything about I could go back or whatever. I can remember that Christmas when I was feeling really down and depressed I’d actually phoned, got in touch with my doctor and said, ‘Could you please ask her to phone me?’. I just needed to talk to her. I’d not spoken to her for about six months or whatever, but I just needed to talk to her ... I mean, I’d already been to the doctor’s because I’d been suicidal. I told my nurses and my doctors I was suicidal. I wanted to speak to her. Now, I weren’t asking to go in to see her; just a phone call. I didn’t get it.”

(Participant 13, female)

A number of other specific negative experiences or frustrations were expressed in relation to adult services. These related to, for example: receiving unhelpful or inappropriate responses from professionals; not feeling adequately supported, respected or understood and having to go back on waiting lists if they missed a session.

“Even that was difficult. So, I found people – I never had proper conversations with people about this stuff. And I found the people in the mental health services actually quite judgmental and not necessarily all that helpful if I’m honest.”

(Participant 1, male)

“One that I had, [name], she was really good, but she was more for getting me to have a different outlook on life, to be able to cope with my anxieties. But I couldn’t cope with my anxieties because it was still here ... it was still inside me ... I needed help for somebody to say, ‘No, [name] you weren’t at fault’.” (Participant 14, female)

Concerns about services being decommissioned and the cost of treatment also emerged:

“I don’t know how long the church will pay for her for, I thought when the case come to an end it might stop, but it hasn’t as yet.”
(Participant 14, female)

“It was worth it to me and I enjoyed it and I’d like to go back there but the council have stopped it.” (Participant 12, male)

“But we did have to sell our house because of all the church stuff, we ran out of money for therapy. And the only way I could have any more therapy was if we downsized.” (Participant 10, female)

Chapter 10: Participant proposals for preventing and responding to child sexual abuse

Many participants taking part in Truth Project private sessions made suggestions for changes that they would like to see happen both in terms of the prevention of child sexual abuse and support for victims and survivors. A selection of these suggestions taken from the transcribed sample of Truth Project sessions are set out below.

Children who have experienced sexual abuse often feel reluctant to talk about the abuse openly and may have sought to deny the abuse in the past in order to protect their abuser or as a result of stigma around being a victim and survivor. This may be through fear, guilt or feelings of confusion. Participants spoke about the need to support children in making a disclosure.

Other suggestions related specifically to children in care and the need to provide them with support and stability in care placements.

“And you should make a better place, right, not shifting from place to place to place. You should have one home to go to and stay there and learning properly.”

(Participant 12, male)

“For me, do you know what, it’s not even having love, it’s having stability ... It’s stability because you can deal with everyone else ... Love is nice if you get it but stability is the most important thing ... And that’s what I’ve always thought, stability is probably very important and that continuity especially in an educational environment, if you do get into education, try and keep the child there. I felt I could have been destined for greater things.”

(Participant 15, female)

A number of participants mentioned the importance of bringing discussions about child sexual abuse into the public arena.

“The silence, because they’re famous or because they’re a politician or because they’re a priest or a teacher or ... These people are put in trust ... And they’ve got to be stopped or caught in the bud before they can fester out more and more young girls or young boys. I would hate anybody to go through [what I went through].”

(Participant 14, female)

“I think some type of advertisement or documentary or something in regard to people who are going through historic civil abuse cases, for others to recognise the importance of ... how significant that could be to the victim.”

(Participant 7, female)

“I think the more we can get it out in the open then there’s more chance that people who are being groomed in the beginning will recognise it ... Because that seems to be the thread all the way along the line. It’s this, you either can’t report it because of whatever reason or you can’t report it because you feel that you are complicit and you allowed it to happen ... If we can get out there that it’s okay to report it, you will be believed and it will be people that don’t have ulterior motives to cover things up ... I think the most important thing is to get children to recognise they’re being groomed.”

(Participant 3, male)

The need for independent review processes for institutions was also suggested.

“There needs to be independent people whose jobs are to deal with investigating members of Parliament outside the police, outside of anyone else.”

(Participant 5, male)

“And I think the other thing is, if an organisation is investigated, that needs to be impartial. That can’t be from people within the organisation. It just can’t be.” (Participant 1, male)

Lastly, some of the proposals for change were directly related to the work of the Inquiry and the way the Inquiry engages with victims and survivors of child sexual abuse, with participants expressing an interest in being informed about the work of the Inquiry.

“So when things ... have got to the point where you’ve met with a lot of people and you’ve come to some conclusions and have some recommendations, can people be re-contacted to help feed into that ... or are there any other ways to contribute further down the line when it’s closer towards thinking about final reports, final recommendations, etc?” (Participant 20, female)

“When the first part of your Inquiry comes out you should let people know ... people want to know, I mean people who’ve been here ... So if you could email me or do a link from what the Inquiry is doing and the process and everything like that.” (Participant 19, male)

Chapter 11: How the Truth Project feeds into the work of the Inquiry and next steps

Every experience shared feeds into the work of the Inquiry. During private sessions and through experiences shared in writing, participants are able to put forward their recommendations and inform the Inquiry of what they think needs to change. The Inquiry is grateful for the thought that participants have put into providing their suggestions. Every recommendation put forward in a Truth Project private session is recorded and reviewed.

The power of the experiences shared through the Truth Project help to inform the Inquiry's reports and support its recommendations about institutional failure. This is one of the greatest strengths of the Truth Project.

The Inquiry is committed to publishing summaries of some of the experiences that have been shared in an anonymised form and with the participants' consent. These will never include all the information that has been shared in order to protect confidentiality but they do and will provide important accounts of the experiences of children and the impacts that many adult victims and survivors experience on a daily basis.

Appendices

Appendix A – Methodology and ethical approach

The information shared in the Truth Project is used by the research team within the Inquiry, in cases where participants have not opted out of their information being used in this way. A process for recording and reporting the information has been developed and these processes are described in the following sections.

Setting up the Truth Project

In order to test the model of Truth Project private sessions, the Inquiry undertook a pilot of the model in November and December 2015 with 20 participants. The pilot tested both the model of a private session and the support provision, and from this the Truth Project policy model was agreed. The process was approved and implemented with private sessions taking place from June 2016.

The private sessions are facilitated by a trained facilitator and are conducted in a way that gives the participant full control over the way in which the session progresses. Participants are provided with a safe space in which they can decide on the type and amount of information that they wish to share. An assistant facilitator is also present in the session. Their role is to make a record of the session by taking a written note and making an audio recording.

Ethical approval for research within the Inquiry

All research conducted or commissioned by the research team in the Inquiry must receive ethical approval from the Inquiry Research Ethics Committee. This must be approved prior to the commencement of any research or analysis. Details of the ethical approval for information used in this report is provided in relevant sections below.

Developing the research tool

During the pilot phase a total of 20 private sessions took place. Each private session was recorded using an audio recorder. A data summary sheet was created for this pilot phase. An anonymous summary was created after each session.

Following this pilot phase the research team reviewed the information captured in the data summary sheet. The decision at the end of this review was to introduce a more detailed data collection sheet. The sheet was designed to be completed by assistant facilitators attending future Truth Project private sessions. The sheet was designed to be completed using information shared in the private session, information contained in the online “share your experience” form and any other supporting correspondence/literature provided by participants prior to, or on the day of the private session. The data collection sheet was designed so that information from each private session or experience shared in writing is recorded in a standardised way. This also helps us to ensure that data can be analysed in a consistent manner and is defensible. A codebook was also produced to guide assistant facilitators in the completion of the data collection sheet and sets out agreed definitions so that information is recorded in a consistent way.

Consent for use of information for research purposes

The research team within the Inquiry developed a ‘consent for research’ statement. This informs those who attend a private session and those who share their experience in writing, that their information may be used to conduct research throughout the life of the Inquiry. The statement also sets out how participants can opt out of their information being used for research purposes, if they do not want the information used.

As well as appearing in the literature provided before a private session, the 'consent for research' statement is explained to participants before their private session begins.

The statement has been subjected to cognitive testing with a sample of participants who volunteered to take part in the testing. Cognitive testing¹⁸ is a tool used to assess how people respond to questions/statements. The testing uncovers issues around participants' understanding of terms and phrases used in the consent statement.

Ethical approval for undertaking the cognitive testing was provided by the Expedited Research Ethics Committee. Before the testing took place, participants were provided with an information sheet explaining the testing and were asked to sign a consent statement if they agreed to take part in the testing.

By undertaking cognitive testing the Inquiry can be confident that participants sharing their information with the Inquiry can make an informed decision about how their information will be used. Following the testing, the 'consent for research' statement was amended to reflect the feedback provided by participants.

Training of staff taking part in private sessions

As well as undergoing extensive training provided by Inquiry staff, assistant facilitators take part in training designed by the research team.

Ethical approval for inter-rater reliability testing

Ethical approval was granted for the inter-rater reliability testing phase in June 2016. The approval was granted by the Expedited IICSA Research Committee by delegation of the Research Ethics Committee.

¹⁸ Ritchie, J and Ormston, R. The Applications of Qualitative Methods to Social Research in Ritchie, J. Lewis

Participants taking part in the inter-rater reliability testing were provided with a presentation by the research team and were provided with an information sheet detailing what inter-rater reliability testing consisted of. Participants were each provided with a consent sheet to sign if they agreed to take part in the testing. All participants who took part in the training consented to take part in the testing.

Prior to the private sessions commencing in June 2016, each assistant facilitator received training from the research team. The training outlined the purpose of the data collection sheet, provided guidance on completing the data collection sheet and introduced the codebook. Assistant facilitators are reminded of the importance of only recording information that is shared by participants, and are asked not to make assumptions about information such as gender, ethnicity and disability status of participants. This information is only to be recorded if specified by the participants.

Training also consisted of assistant facilitators completing test data collection sheets, using sample case information and accounts.

The information provided in the testing was then subjected to inter-rater reliability testing. This is to test the degree to which raters agreed with the standard response agreed by the research team.

The results of the inter-rater reliability produced a good level of agreement between raters participating in the testing. Reports were generated for each assistant facilitator and these reports were forwarded to the Truth Project team for distribution to assistant facilitators individually.

Ethical approval for the analysis of Information generated as part of the Truth project

Ethical approval for the analysis of information generated as part of the Truth project was also granted by the Inquiry Research Ethics Committee in September 2016.

Format of Truth Project private sessions

The private sessions are facilitated by a trained facilitator who allows the participant to share the information that is important to them in a supportive environment. In this sense the private session is similar to a narrative approach to interviewing.¹⁹ An assistant facilitator is also present in each session. Their role is to make a handwritten note of the session; manage the audio recording of the session; produce an anonymous summary of the account shared in the private sessions and, with the consent of the participant, complete a data collection sheet.

The data collection sheet is completed after the private session using information shared in the private session and any other relevant information submitted by participants on the day of, or prior to attending the session.

The data collection sheet once completed is stored on a secure system within the Inquiry. Access to the information recorded on the data collection sheets is restricted to staff who need to access this information.

Quality Assurance Audit of Information recorded in Data Collection sheets

As part of the quality assurance process in place for information collected in data collection sheets the research team conducted a quality assurance audit of information recorded in a sample of private sessions. The aim of the quality audit was to check that information shared by participants before or during Truth Project private sessions is comprehensively

¹⁹ Ormston, R; Spencer, L; Barnard, M; Snape, D. The Foundations of Qualitative Research in Ritchie, J. Lewis

and accurately recorded in the data collection sheet. Overall the data collection sheets reviewed were assessed as being completed with a good level of accuracy. There were issues in less than 10 per cent of the total possible questions in the sheets. Any quality issues that did emerge were considered for the most part minor and did not suggest the need to provide additional training to Assistant facilitators.

Analysis of data collection sheets

For the purposes of analysis, data collection sheets were entered into Statistical Package for the Social Sciences (SPSS). Cases were only entered where participants had given consent for their information to be used for research, and where participants had personally been in attendance at the session. The data was thoroughly cleaned and checked for errors and discrepancies.

Most of the information collected on the data collection sheet is categorical, meaning that the data is grouped into categories. An example is the variable gender, where people are grouped into the following: male/female/other.²⁰ In some cases (such as gender) people will belong to only one category. In other cases, such as disabilities, multiple categories may be applicable, as people may have more than one disability/condition.

Some variables were recoded to make them more amenable for analysis. For example, age has been grouped into age bands. Categories have also been collapsed or combined where numbers were low, for example disabilities related to vision or hearing were combined into a single category 'physical sensory' disability. To ensure the quality of the data, including the recoding of variables, IICSA staff external to the research team conducted spot-checks on random cases.

²⁰ The 'Other' category includes: *transsexual* (people whose gender identity is different from their assigned sex), *transgender* (people who have permanently changed their bodies), and *non-binary*-(people who feel that they are neither male or female).

To analyse the data, frequencies were run to look at the number and percentage of people in each of the various categories. Most of the statistical data in this report relates to the findings from these frequency tables. For some variables, cross-tabulations were produced, to look at the relationship between two variables. An example is gender differences in the age that sexual abuse was first experienced. However, this was not always possible due to the size of the overall sample, and numbers were often too low for statistical tests of significance.²¹ To ensure the quality of the analysis, feedback was sought from an academic in the field of child sexual abuse with expertise in quantitative data.

Analysis of Information recorded in a sample of private sessions

As well as undertaking a statistical analysis of information recorded in the data collection sheets, the research team selected a sample of private session recordings to be fully transcribed for analysis.

This analysis was undertaken so that full accounts provided by a sample of participants could be used to provide insight into the experiences of participants taking part in the Truth Project.

Selecting cases for transcription

The cases selected for transcription were chosen using a sample matrix²² (see below). The sample matrix was developed to ensure that the sample selected provided the depth of experiences of those taking part in the Truth Project private sessions. The sample was selected so that the a range of accounts would be considered by the research team. The selected sample presented a variety of experiences according to the gender of those taking part, the decade in which the abuse took place, the institutions involved, and the age of participants.

²¹ Statistical tests of significance are used to determine how confident we can be that a relationship between two or more variables is caused by something other than random chance.

²² Ritchie, J. Lewis, J. Elam, G. Tennant, R. Rahim, N. "Designing and Selecting Samples" in Ritchie, J. Lewis, J. Nicholls, C.M. Ormston, R. (2014) Qualitative Research Practice. NatCen: London.

20 cases were selected for a full transcription of the recording of the Truth Project private session.

Analysis of transcriptions

Only researchers working on the analysis of the Truth Project information were given access to the transcripts. The lead researcher read all 20 transcripts and assigned transcripts to two other researchers in the team. Each member of the team read the transcripts assigned to them and independently developed codes or themes that emerged from their transcripts. The team came together to discuss and agree those codes and developed a coding framework. The coding framework was created in NVivo 11 and each transcript was coded independently in Nvivo by a member of the research team.

To ensure that researchers were coding information in a consistent way, each researcher reviewed three transcripts that had been reviewed by another member of the team. Any suggested changes to coding were discussed and the transcripts were assigned to another member of the team to agree on any changes to the codes. The process ensured that the transcripts reviewed were being coded consistently and discussion was taking place about how best to code information in the transcripts.

The information coded in Nvivo was then analysed using the coding framework and the themes reported in this report emerged from this analysis.

Sample matrix for purposive selection of Truth Project transcriptions

A purposive sample²³ of victims and survivors private sessions was selected for verbatim transcription of private sessions and analysis. The purposive sampling criteria was identified following the first tranche

²³ Ritchie, J. Lewis, J. Elam, G. Tennant, R. & Rahim, N 'Designing and Selecting Samples' in Ritchie, J. Lewis, J. Nicholls, C.M. Ormston, R. (2014) Qualitative Research Practice. NatCen: London.

of quantitative analysis. The sample is selected to symbolically represent the population attending Truth Project sessions by sampling across the following themes:

- Current age of victim/survivor
- Gender
- Age at the time of abuse (four age bands proposed)
- Institution abuse occurred
- Decade of abuse (three groups proposed)

It is important to note that the aim of purposive sampling is used to develop a sample that represents the depth and breadth of diversity across the population rather than aimed at providing a statistically representative sample.

		Male (n= 11)	Female (n = 9)
Age	18-29 years	1	2
	30-45 years	4	1
	46-69 years	4	6
	70+ years	2	0
Age abuse commenced	0-7 years	1	2
	8-11 years	6	3
	12-15 years	4	3
	16 +	0	1
Institution where abuse took place	School	3	1
	Hospital/correctional institution	1	2
	Sport/other clubs	2	1
	Church/faith based org	1	2
	Foster care/welfare institution	4	3
Decade of Abuse	1950s-1960s	4	3
	1970s-1980s	4	3
	1990s-2000s	3	3

Appendix B – Terminology

Definitions of types of sexual abuse

Abuse involving penetration	This relates to vaginal, anal, digital penetration, cunnilingus, fellatio.
Abuse not involving penetration	This relates to prolonged kissing, cuddling, French kissing, excessive touching.
Child sexual exploitation (CSE)	Sexual exploitation of children is a form of child sexual abuse. It involves exploitative situations, contexts and relationships where a child receives something, as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology.
Exploitation	In an online context, this relates to images, voice, text, gaming. In the physical world, this relates to selling a child's services as a prostitute; having a child perform in pornography; exchanging or purchasing child pornography.
Exposure to adult sexuality	In an online context, this relates to images, voice, text, gaming. In the physical world, this relates to selling a child's services as a prostitute; having a child perform in pornography; exchanging or purchasing child pornography..
Fondling	This relates to touching, masturbating or kissing a child's genitals, making a child fondle an adult's genitals.
Grooming for the purposes of sexual contact	The criminal offence of building a relationship with a child in order to gain their trust for the purposes of sexual abuse or exploitation.
Violations of privacy	This relates to forcing a child to undress, spying on a child in the bathroom or bedroom.

Other terms used throughout the report

Child/children	A person under the age of 18.
Child physical abuse	Physical abuse of children involves someone deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. Children may suffer violence such as being hit, kicked, poisoned, burned, slapped, having objects thrown at them or intentionally being made unwell.[1]
Child protection	Activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm.
Child sexual abuse (CSA)	Sexual abuse of children involves forcing or enticing a child or young person to take part in sexual activities. The activities may involve physical contact, and non-contact activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse including via the internet. Child sexual abuse includes child sexual exploitation.
Impact	A marked effect or influence on someone or something.

Other terms used throughout the report

Institution	<p>Means the same as organisation. That is, a group of people who work together in an organised way for a particular shared purpose.</p> <p>The term is used in this report to describe institutions and public bodies in an attempt to make the report easier to read. Institutions include children's homes; schools; children's clubs such as sports or activity clubs; youth detention centres; churches or religious organisations; media; the armed forces; charities; social services; the police, and other government run services or organisations; health and social care institutions, e.g. hospitals; or any similar institution.</p>
Institutional sexual abuse	<p>Sexual abuse perpetrated by someone within a particular setting or service. For example, a teacher in a school or priest within a church. See also 'Institution'.</p>
Outcomes	<p>A result, effect or consequence of an experience, action, or situation.</p>
Prevalence of child sexual abuse	<p>The proportion of a population who have experienced child sexual abuse. See also 'lifetime prevalence of child sexual abuse'.</p>
Protective factors	<p>A factor, attribute, characteristic, or exposure of an individual to something that reduces the likelihood of a particular outcome or severity of a particular outcome.</p>
Rapid Evidence Assessment (REA)	<p>A research methodology used in the identification, quality assessment and synthesis of existing literature on a particular topic. More structured and rigorous than a standard literature review, it is not as exhaustive as a systematic review.</p>

Other terms used throughout the report

Recovery	The act or process of returning to a normal, former or improved level of functioning following traumatic experience which caused a decline in level of functioning and well-being.
Resilience	The ability to sustain relatively normal levels of healthy functioning following a traumatic experience and/or the capacity to recover quickly from an adverse/traumatic experience.
Re-victimisation	Becoming a victim of violence, crime and abuse having already been victimised previously.
Risk factors	A factor, attribute, characteristic, or exposure of an individual to something that increases the likelihood of a particular outcome or severity of a particular outcome. Risk factors can be 'static' (generally unchangeable, such as age) or 'dynamic' (potentially changeable, such as substance use).
Support/services	Refers to the range of social and health services, both statutory and voluntary, that a victim/survivor may access throughout their life. Where possible, voluntary services and statutory services have been identified as such.
Victims and survivors	Defined in this report as individuals who have experienced child sexual abuse.

[1] <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/physical-abuse/what-is-physical-abuse/>

