



**Knowing  
Works®**

# **{ Focus on Survivors**

A survey of adult survivors of child sexual abuse

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

Ten years on - What survivors  
are still telling us

Published September 2026  
Together with:

  
**SURVIVORS**  
in transition

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Hear us



**Trigger warning:** This report includes information about the experiences of people who have survived childhood sexual abuse, including written quotes about people's experiences. The content may be distressing for some people to read.

## Acknowledgement

Survivors in Transition and Knowing Works CIC would like to offer sincere thanks to each and every survivor who took the time to share their experiences in this research.

It is our hope that this research will deepen understanding of the realities faced by survivors, and help people to find the right support when they need it. This ambition could never be realised were it not for the courage and trust so many survivors have shown in openly sharing their experiences. They have made an invaluable contribution to knowledge about people's lived experiences, and in shaping future support for others.

## Support for survivors

If you feel that you need advice or support, please reach out to one of the following organisations:

- **Local organisations in your area** – find them on the Survivors Trust website at [www.thesurvivorstrust.org/support-in-your-area](http://www.thesurvivorstrust.org/support-in-your-area).
- **Rape Crisis 24/7 Support Line** – call 0800 500 2222, or visit [www.247sexualabusesupport.org.uk](http://www.247sexualabusesupport.org.uk).

## Survivors in Transition

This project has been delivered for Survivors in Transition (SIT).

Survivors In Transition supports all survivors of all ages, of all genders who have experienced any form of sexual violence or sexual abuse regardless of when this happened or whether it has been reported or not.

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IP4 1LB

Registered Charity Number: 1144655

Tel: 01473 232499

Website: [www.survivorsintransition.co.uk](http://www.survivorsintransition.co.uk)

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# 1. Foreword

## Kate Davies CBE

National Director for Health and Justice, Armed Forces, Migrant Health and Sexual Assault services, NHS England



**It is a privilege to introduce this report and to reflect on how far this work has come over the past decade.**

When Focus on Survivors was first published in 2015, it provided important insights into the experiences of adult survivors of child sexual abuse and challenged many of the assumptions held across health and care systems. Ten years later, this report demonstrates both the progress that has been made and the considerable work that remains.

The findings remind us that the impact of child sexual abuse does not end when the abuse stops. For many survivors, its effects are experienced across a lifetime, influencing physical and mental health, relationships, education, employment and wellbeing. This reinforces the vision set out in NHS's Strategic Direction for Sexual Assault and Abuse Services - that survivors require lifelong, trauma-informed, integrated pathways of care, rather than isolated episodes of intervention.

The report also presents an important challenge for the NHS. More survivors are coming forward and seeking support than they were ten years ago. This is encouraging. However, increased disclosures and demand must be matched by an equally strong commitment to ensuring that every point of contact with health services is trauma-informed, responsive and connected to

specialist support. A survivor's first disclosure, whether to a GP, A&E, mental health professional, maternity service or Sexual Assault Referral Centre (SARC) is a pivotal moment that shapes how survivors engage with services going forward.

The experiences described throughout this report reinforce what we increasingly understand across health and justice, that recovery from child sexual abuse is often non-linear, deeply individual and requires coordinated support across organisational boundaries.

Integrated Care Boards, provider collaboratives and voluntary sector partnerships all have an essential role in creating pathways that reflect the realities of survivors' lives rather than the structures of our organisations. This aligns closely with NHS continuing commitment to reduce fragmentation, strengthen partnership working and place lived experience at the centre of service improvement.

I would like to thank Knowing Works CIC, Survivors in Transition and, most importantly, every survivor who chose to share their experience. Your willingness to speak so openly provides invaluable evidence that will help shape future policy, commissioning and practice.



“

**“My hope is that this report is not simply read, but acted upon - especially where things haven't changed or got worse over the last 10 years.**

“It offers all of us an opportunity to listen, to learn and to work together to ensure that every survivor receives the compassionate, specialist and joined-up support they so deserve.”

”



## 2. Introduction & method

### About Knowing Works CIC

Knowing Works CIC (formerly Healthwatch Suffolk CIC) is a large-membership social enterprise delivering insight to shape businesses, services, and decision-making across sectors.

We passionately believe that listening and responding to people's lived experiences is vital to create businesses and services that work for everyone. We bring lived experience and compelling evidence to the fore that changes minds and brings about sustainable change.

Knowing Works CIC delivers the local Healthwatch service in Suffolk. It is a statutory service gathering people's lived experiences to shape, influence and improve better standards of local NHS and social care.



#### **Our core purpose is to...**

Collect and share lived experience to influence better standards of health, social care, and other services providing support.



#### **We live and breathe...**

Co-production in everything possible. We are inclusive, transparent, accessible, and accountable. We believe passionately that listening and responding to lived experience is vital to create health and care services that meet people's needs.

Please visit the Knowing Works CIC website to explore our services and examples of our work and impact. Our services are grounded in more than a decade of experience in qualitative research, service evaluation, public engagement, co-production, and partnerships.

**[www.knowingworks.co.uk](http://www.knowingworks.co.uk)**  
Knowing works. Guessing is an expensive waste.

## This report

This report presents the findings of the 2025 'Focus on Survivors' survey, delivered and published by Knowing Works CIC and Survivors in Transition together.

The Focus on Survivors survey was first launched in 2015 by Suffolk charity Survivors in Transition. The results provided important evidence to influence local and national policy, as well as the support people receive from services.

This second national survey builds on the previous research, which explored the experiences of adult survivors of child sexual abuse when seeking support. It aims to discover how people's experiences may have changed ten years on.

The 'Focus on Survivors' research in 2025 continues to support better understanding of Child Sexual Abuse (CSA) survivors' experience of services and to build evidence about the adequacy of service provision.

## Child Sexual Abuse (CSA)

CSA is defined by the Department of Education (2023) as forcing or enticing a child or young person to take part in sexual activities, regardless of whether the child or young person is aware of what is happening.

CSA does not necessarily involve a high level of violence, and includes physical contact, online offences and non-contact activities (like grooming or producing sexual images).

### *The prevalence and impact of CSA*

Child sexual abuse remains a widespread and

## Being listened to, believed and respected

A service-user reference group of Survivors in Transition in 2015 included questions about being listened to, believed and respected in the survey. From the group's perspective these questions reflected the basic qualities services require to help adult survivors.

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

The survey and report in 2025 continue to embrace these core themes.

significant issue in the United Kingdom. It is not possible to know exactly how many children in the UK experience sexual abuse, but research suggests approximately 9.1% of adults in England and Wales have experienced CSA.

Estimates from the 2024 Crime Survey for England and Wales (CSEW) estimated that 13.6 million people aged 18 years and over (29%) experienced emotional abuse, sexual abuse or neglect (referred to as "any abuse") before the age of 18 years old. However, these figures are widely recognised as underestimates (Office of National Statistics, 2025).

A range of factors contribute to this. For example, CSA is under-reported, with many survivors never disclosing their experiences. Disclosure is frequently delayed, and many survivors may not initially recognise their experiences as abuse.

## Focus on Survivors

The original 'Focus on Survivors' study ('Hear me, believe me, respect me') in 2015 was established to address gaps in evidence about the needs and experiences of adult survivors of CSA in the UK, particularly in relation to access to support and the quality of support over time.

At the time, national attention was focused largely on high-profile cases and criminal justice systems, while considerably less attention was given to survivors' long-term needs following disclosure.

The original study involved a national online survey of nearly 400 survivors and found that poor experiences with services can have lasting negative impacts and create barriers to seeking further support, whereas positive experiences of support can help survivors move towards recovery sooner in their lives.

A follow-up study in 2018 ('Focus on Survivors - I'll be a survivor for the rest of my life'), added to these findings through interviews with 28 adult survivors. It highlighted the importance of cost-effective, multi-agency approaches, including prevention and early intervention strategies across statutory and voluntary organisations for adult survivors of child sexual abuse.

In 2023, the next Focus on Survivors report ('Denial, Disbelief & Delays') explored the costs to the NHS of delayed, denied, and disbelieved disclosures of child sexual abuse. The report found that the highest healthcare costs were incurred before survivors disclosed their abuse, further supporting the conclusion that delayed

disclosure results in significantly higher costs for both the NHS and CSA survivors.

The report estimated that the average lifetime healthcare cost per CSA survivor was just under £5 million. Across England and Wales, the total lifetime health-related economic burden of child sexual abuse was estimated to be almost £3 billion annually.

Together, these findings have influenced service design, policy development, commissioning decisions, and survivor-led initiatives across the sector.

## *Developments since the original study*

Since 2015, there have been significant developments in the socio-political landscape and the provision of support for survivors. Key changes have included strengthened victims' rights under the Victims Strategy, which enhanced statutory entitlements to be referred to support services regardless of whether a crime is reported or prosecuted (HM Government, 2018).

There has also been increased recognition of non-recent cases of abuse and the long-term impacts of CSA, alongside growing adoption of trauma-informed approaches across health and social care systems (Independent Inquiry into Child Sexual Abuse, 2017).

## **Trauma-Informed Care**

According to Centre for Health Care Strategies (2026), trauma-informed care shifts the focus from "what's wrong with you?" to "what happened to you?". It prioritises physical, psychological, and emotional safety, creating opportunities for survivors to rebuild a sense of control and empowerment (SAMHSA, 2014).

By adopting trauma-informed approaches, services aim to improve accessibility and

quality of care, reduce the negative effects of trauma, and support better mental and physical health outcomes. Notably, trauma-informed approaches were rarely referenced in UK service delivery a decade ago.

## Research aim

This study has aimed to build on the foundations of the original 'Focus on Survivors' research and examine what changes have occurred in survivors' experiences over the past decade. It offers updated evidence to inform future service provision, policy development, and survivor-led practice.

## Defining 'trauma informed'

Survivors highlighted the importance of trauma-informed support.

They described this as understanding CSA, its long-term impacts, and the trauma responses that may result. It also involves recognising disclosure takes time, and trust must be built before survivors feel able to share experiences without pressure.

Survivors described trauma-informed practice as treating people with dignity and respect, ensuring they feel believed, heard, and validated. They emphasised the need for safe, non-judgemental environments and compassionate professionals who listen and respond appropriately.

These elements were seen as essential for creating safety and empowering survivors to engage with services.



Learn more about trauma:  
[www.survivorsintransition.co.uk/resources](http://www.survivorsintransition.co.uk/resources)



## There's more to explore

This report adds to insights already shared by Survivors in Transition and the University of Suffolk over more than a decade.



Find out more



# 3. What survivors are telling us

Ten years on, survivors are **still waiting to be heard**

## More to explore

Select a section below to explore the depth of this report.



Find out who took part



Explore the survey findings



Read a reflection from survivors



## Understanding impact matters

If you use this report to make a difference, please tell us. We can tell survivors how their experiences are inspiring change.

[research@knowingworks.co.uk](mailto:research@knowingworks.co.uk)

## Summary

This report presents the experiences of survivors of childhood sexual abuse (CSA) in the UK, exploring the nature of abuse, disclosure, reporting, criminal justice experiences, access to support, and survivors' views on what is needed to improve services.

The findings show that child sexual abuse most commonly began in early childhood, with **67%** of survivors reporting abuse starting before the age of 11. The average duration of abuse was seven years, with younger children tending to experience abuse over longer periods. Consistent with previous findings, abuse most occurred within familiar environments, particularly the family home, and over half of survivors reported experiencing abuse by more than one abuser.

These findings are consistent with the 2015 survey and challenge commonly held assumptions about childhood sexual abuse, demonstrating that abuse often begins in early childhood, frequently continues over many years, occurs across multiple settings, and involves multiple abusers. They highlight the persistent nature of survivors' experiences over time and reinforce the need to move beyond narrow stereotypes of child sexual abuse when designing policy, services, and professional responses.

Encouragingly, most survivors had disclosed their abuse to someone, with **74%** accessing a support service (compared to **66%** in 2015)

and **50%** reporting the abuse to the police (compared with **30%** in 2015). Satisfaction also improved across most services, with specialist voluntary organisations receiving the highest ratings.

Despite these positive steps, significant barriers remain. Disclosure was often delayed until adulthood, with survivors waiting an average of **15 years** after the abuse began before accessing support. Responsibility for disclosure continued to rest largely with survivors, while fear, shame, concerns about being believed, and previous negative experiences frequently prevented earlier disclosure and reporting.

Few survivors recalled being asked directly about traumatic childhood experiences by professionals, although some believed this could have enabled earlier disclosure and access to support.

Experiences of the criminal justice system were often challenging, characterised by lengthy processes, poor communication, limited support, and inconsistent trauma-informed practices. Conviction rates remained low and survivors of non-recent abuse faced additional barriers, including evidential challenges, abusers being deceased or unfit to stand trial, and cases ending without further action.

Across all services, survivors consistently identified the importance of flexible and trauma-informed support. They emphasised the need for professionals who understand the impact of trauma, listen without judgement, make survivors feel believed, heard, and understood, and provide support tailored to individual needs.

Priorities for improvement included reducing waiting times, increasing access to specialist voluntary services, strengthening professional training, improving signposting to available support, and adopting more compassionate

approaches across health, support, and criminal justice services.

Overall, while more survivors are disclosing abuse, reporting to the police, and accessing support than ten years ago, many still experience long delays, fragmented services, and the need to navigate multiple services.

The findings highlight the need for a more coordinated, survivor-centred approach that enables earlier identification, improves access to specialist support, and ensures survivors feel believed, heard, and supported from disclosure through to long-term recovery.

**For almost a third, abuse happened before they were six years old. It continued for an average of 11 years thereafter.**

**More than half faced abuse from multiple abusers.**

**Comments reveal how the impacts of the abuse often lasted a lifetime, affecting all aspects of people's lives.**



## Quick insights - what's changed?

|                                                                                                                                 | 2015                     | Change   | 2025         | What this tells us                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|--------------|----------------------------------------------------------------------------------------------------------------------------------|
|  <b>Reported to the police</b>                 | <b>30%</b>               | +20%     | <b>50%</b>   | More survivors had reported to the police, suggesting higher confidence/willingness to report.                                   |
|  <b>Accessed support</b>                       | <b>66%</b>               | +8%      | <b>74%</b>   | More survivors are reaching out for support, but barriers remain.                                                                |
|  <b>Average delay before seeking support</b>   | <b>20yrs</b>             | -5 years | <b>15yrs</b> | Survivors continue to wait years before seeking support, but are more likely to access support earlier than a decade previously. |
|  <b>Accessed four or more services</b>        | <b>4 or 5 on average</b> | N/A      | <b>61%</b>   | Support remains complex and people still need to access multiple services.                                                       |
|  <b>Needed support for one year +</b>        | <b>51%</b>               | +12%     | <b>63%</b>   | Recovery takes time and long-term support remains critical.                                                                      |
|  <b>Felt respected by police</b>             | <b>59%</b>               | -11%     | <b>48%</b>   | More people reported negative experiences with the police than ten years ago.                                                    |
|  <b>Satisfaction with statutory services</b> | <b>2.5/4</b>             | +0.2     | <b>2.7/4</b> | Satisfaction with services remains low, with only a slight improvement over a decade.                                            |
|  <b>Used voluntary sexual abuse services</b> | <b>44%</b>               | +35%     | <b>79%</b>   | People were much more likely to be using VCFSE sector support or charities than a decade ago.                                    |
|  <b>Felt heard in A&amp;E</b>                | <b>34%</b>               | +25%     | <b>59%</b>   | More people said they had felt 'heard' in hospital A&E departments.                                                              |

|                                                                                   |                                 |           |      |            |                                                                                       |
|-----------------------------------------------------------------------------------|---------------------------------|-----------|------|------------|---------------------------------------------------------------------------------------|
|  | <b>Abused in school setting</b> | <b>7%</b> | +5%  | <b>12%</b> | Slightly more people indicated they had been abused in a school setting than in 2015. |
|  | <b>Used ISVA services</b>       | <b>6%</b> | +30% | <b>36%</b> | There has been a large increase in stated use of ISVA services since 2015.            |

## A few key takeaways highlighted by Survivors in Transition

### What improved?

- More survivors are reporting to the police.
- More survivors have reached out for support.
- More survivors are using multiple services.
- More survivors are accessing long-term support.
- Awareness and willingness to seek help continues to grow.

### What was similar?

- Survivors are still waiting many years for support.
- Recovery remains long and complex.
- Most survivors still need specialist, trauma-informed support.
- Feeling believed by services remains crucial.

### What got worse?

- Fewer survivors said they felt respected by the police.
- Satisfaction with service remains low overall.
- Many survivors are still facing barriers to getting the right support.

**Note:** Survey data is a snapshot and cannot be considered statistically representative of all survivors, but the consistency of both the quantitative and qualitative evidence in this report and alignment with other sources of national data provides a robust and credible insight into survivors' experiences.



## 4. Accountability

### What survivors expect

Based on the findings from this report, the following key messages highlight the actions needed across society, commissioning, health, criminal justice, and the voluntary, community, faith, and social enterprise (VCFSE) sector to better support survivors of childhood sexual abuse.

#### Commissioners & Funders

**Survivor's mandate:** *“Stop commissioning services as if recovery has an end date. Fund recovery for as long as recovery takes.”*

- Specialist VCFSE services are essential infrastructure, not optional provision.
- Commission flexible recovery, not short-term interventions, through sustainable investment that reflects the lifelong impact of child sexual abuse.

#### NHS / Health

**Survivor's mandate:** *“Stop waiting for survivors to disclose. Simply - Ask. Listen. Validate. Refer.”*

- Recognise child sexual abuse as a lifelong health inequality that requires a coordinated, trauma-informed response across the whole health system.
- Create environments where professionals routinely ask, safely respond and confidently refer survivors to specialist support.

#### Criminal Justice

**Survivor's mandate:** *“Justice is not only about an outcome. Communication and specialist support are fundamental to keeping us engaged.”*

- Prioritise clear, consistent and compassionate communication - survivors who are informed and supported are more likely to remain engaged throughout the justice process.
- Ensure every survivor has access to specialist independent support from disclosure through to the conclusion of their case.

#### VCFSE Sector

**Survivor's mandate:** *“Stop behaving like the margins of the system. You are central to survivor recovery. Lead with confidence, evidence and a collective voice.”*

- Continue to provide flexible, trauma-informed, survivor-led services that respond to the complexity and longevity of recovery.
- Recognise and champion the sector's role as an equal partner in the system - demonstrate your impact, influence policy and advocate confidently for survivors.

*“It's already exhausting surviving. Then, you have to navigate systems.”*





## **Be the first to ask...**

A compassionate question asked without judgement can be the first step towards safety, healing, and support. Could you be a person who starts the conversation, listens carefully, and lets someone know they do not have to carry their experience alone?



# 5. Aims and methodology

## Research aim

This study aims to:

1. Identify and evidence changes in survivors' experiences, needs, and outcomes since 2015.
2. Assess the impact of policy, funding, and service delivery changes on access to and quality of support.
3. Ensure that survivors' voices continue to drive and influence future service design, commissioning, and policy development.

## Method

### Data collection

An online survey for adult survivors of CSA was launched on 29th September 2025 and hosted on the Knowing Works CIC and Survivors in Transition websites.

The survey was anonymous and based on the original 2015 survey, which was co-produced with Survivors in Transition and the University of Suffolk. Repeating the survey enabled consistency with the original study and supported direct data comparisons.

The survey included both closed and open-ended questions, providing quantitative and qualitative data. For the current study, minor updates were made to the 2015 questions about the criminal justice outcomes and support services. In addition, a few new questions were introduced to explore areas not covered in the 2015 study, including:

- Perceptions of whether support has improved over the past decade.
- Reasons for not reporting abuse to the police.
- Experiences of the criminal justice process.

### Survey structure

1. **Demographics:** This section included demographic information on survivors' gender, age, and geographical location, as well as vulnerabilities such as autism, ADHD, and mental health conditions.
2. **Experience of abuse:** This section included questions about the survivors' age when abuse began and ended, the number of abusers involved, where the abuse took place, and whether the survivor disclosed the abuse.
3. **Reporting to the police:** This section included whether the abuse was reported to the police, reasons for not reporting (if applicable), the outcome of any investigations, and the extent to which survivors felt supported.
4. **Accessing support:** This section focused on the types of support services survivors accessed, their perceptions of being listened to, believed, and respected, and their overall satisfaction with the services received.
5. **Improvements and information:** This section included questions about the availability of information regarding support services, suggestions for how services could be improved, and whether survivors felt that provision had improved in recent years.

Respondents were asked about their use of a wide range of statutory, voluntary, and specialist services, including general practitioners (GPs), social services, mental health services, counselling, Sexual Assault Referral Centres (SARCs), Independent Sexual Violence Advocates (ISVAs), Police, and helplines.

## Survey promotion and engagement

The survey was promoted using the Knowing Works and Survivors in Transition websites, social media platforms, and partner organisations across the UK. Knowing Works' Engagement and Community Officers and research team also distributed flyers and raised awareness within communities and at events within Suffolk.

Consistent with the original study, this approach was considered the most practical and ethical method of reaching survivors. Survivors in Transition also offered support to any survivors who required assistance completing the survey.

## Our data

### Interpreting the data

The survey provides a snapshot of survivors' experiences at a specific point in time. It identifies patterns, relationships and associations within the data but cannot determine causation or conclude that one factor directly influences another.

Findings relating to small respondent groups (for example, specific demographic characteristics) or very small differences between groups should be interpreted with appropriate caution, as they may not be

representative of the wider survivor population.

However, with **243** responses included, this report represents one of the largest contemporary surveys of adult survivors of childhood sexual abuse in the UK.

While the findings cannot be considered statistically representative of all survivors, the consistency of both the quantitative and qualitative evidence provides a robust and credible insight into survivors' experiences and highlights issues of clear relevance to policy, commissioning and practice.

Comparisons with 2015 survey data have been made from an anonymised raw data export provided to the Knowing Works CIC team in PDF format. This helped to provide specific data where it was not featured in the 2015 report (e.g., specific percentages). Minor variations in data may occur between this report and the 2015 report.



## 6. Who took part?

### Demographics

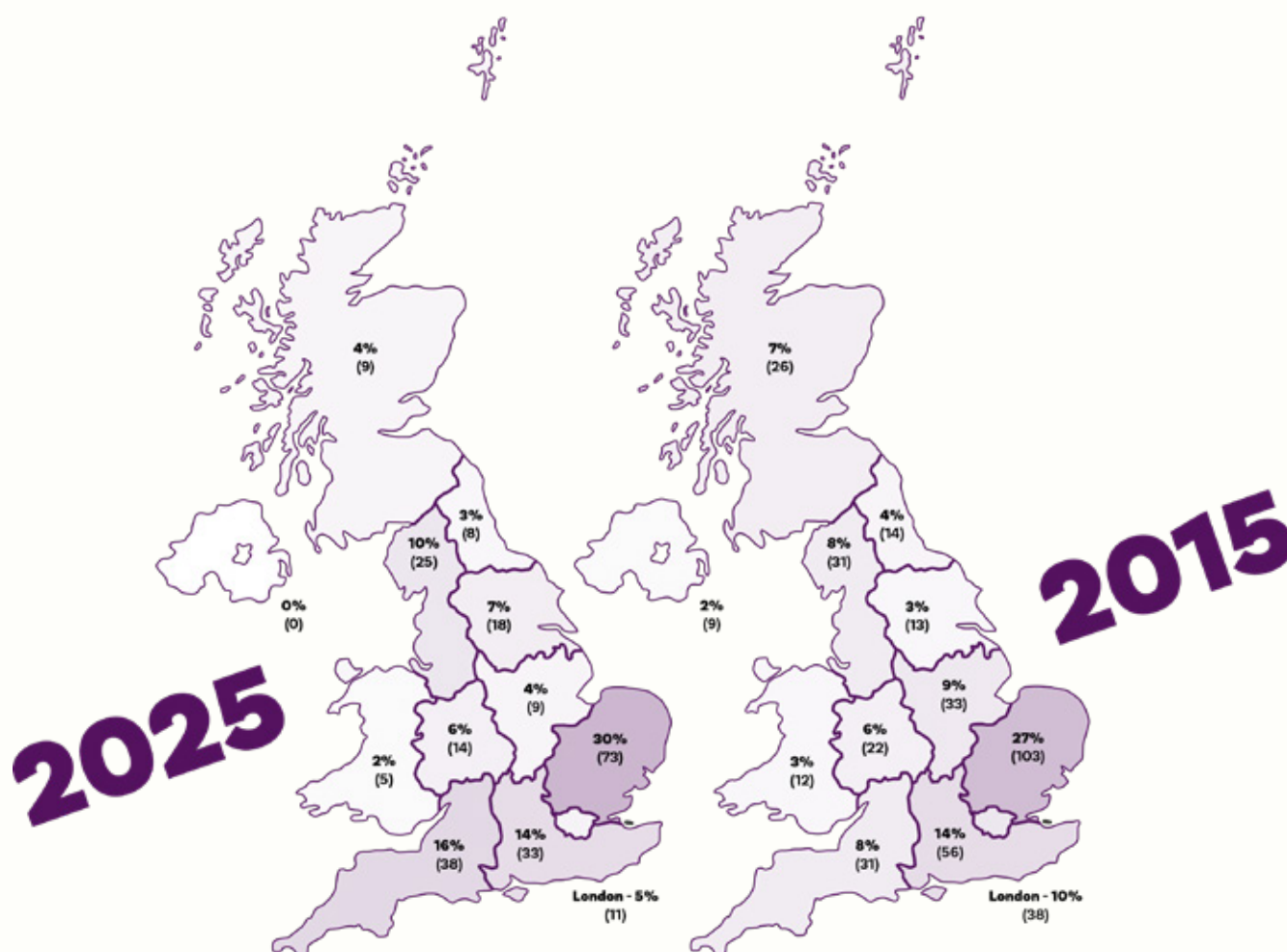
This section provides demographic information about the survey respondents, including their gender, age, additional support needs, and geographical location. These characteristics help to contextualise the findings, assess the representativeness of the sample, and support comparative analysis.

A total of **243** responses were collected between 29 September and 13 February 2026. All respondents self-identified as adult survivors of child sexual abuse.

Most respondents (**81%**) had not taken part in the 2015 survey, while **12% (28)** were unsure. A total of **7% (17)** said they had taken part previously. This means most responses reflect new experiences, rather than repeated responses.

### Geographical distribution

The distribution of responses in both 2025 and 2015 are shown in the maps below. The largest proportion of respondents were based in the Eastern region (**30%/73**), which is consistent with the location of Survivors in Transition in Ipswich.



With support from Knowing Works CIC and partner organisations across the country, the survey achieved broad geographical coverage across England and Wales. No responses were received from Northern Ireland.

Compared to 2015, there was increased representation from Yorkshire and The Humber (**7% vs. 3%**), the South West (**16% vs. 8%**), and the North West (**10% vs. 8%**).

|                          | % (2025) | Count (2025) | % (2015) | Count (2015) |
|--------------------------|----------|--------------|----------|--------------|
| East                     | 30%      | 73           | 27%      | 103          |
| East Midlands            | 4%       | 9            | 9%       | 33           |
| London                   | 5%       | 11           | 10%      | 38           |
| North East               | 3%       | 8            | 4%       | 14           |
| North West               | 10%      | 25           | 8%       | 31           |
| Northern Ireland         | 0%       | 0            | 2%       | 9            |
| Scotland                 | 4%       | 9            | 7%       | 26           |
| South East               | 14%      | 33           | 14%      | 56           |
| South West               | 16%      | 38           | 8%       | 31           |
| Wales                    | 2%       | 5            | 3%       | 12           |
| West Midlands            | 6%       | 14           | 6%       | 22           |
| Yorkshire and The Humber | 7%       | 18           | 3%       | 13           |

Table: Response rate to the survey across the UK in 2025 and 2015.

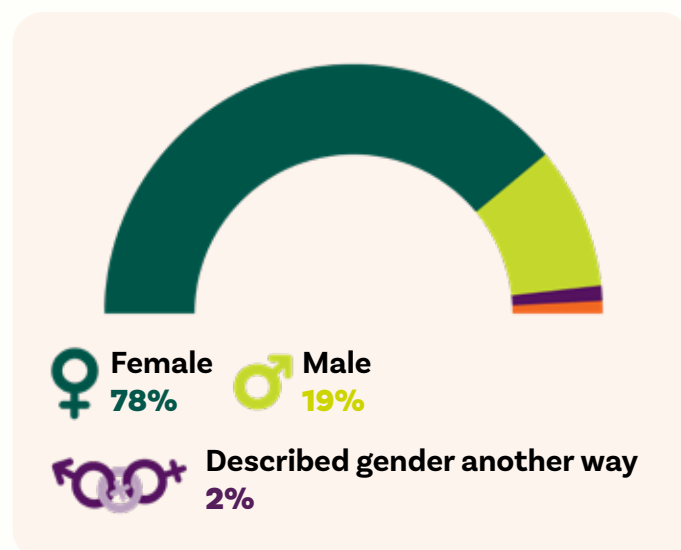
## Gender of respondents

Most respondents identified as female, representing **78% (189)** of the sample. A further **19% (46)** identified as male, **2% (5)** described their gender another way (for example, non-binary or she/they), and **1% (3)** did not say.

These findings reflect wider patterns in disclosure and service access. While many survivors of CSA delay disclosure for years or indefinitely, male survivors remain much less likely to disclose or access specialist support.

We Are Survivors (2022) suggested this is linked to harmful stereotypes and misconceptions surrounding male victimhood, contributing to the underrepresentation of men within support services and research samples.

It is also important to recognise respondents who identified their gender in another way, as



these survivors are often hidden in datasets. Many data collection systems do not monitor gender identity or rely on limited categories (Capaldi et al., 2024). Ensuring inclusive data collection is therefore essential to better understand and respond to the needs of all survivors.

|                              | % 2025 | Count 2025 | % 2015 | Count 2015 |
|------------------------------|--------|------------|--------|------------|
| Female                       | 78%    | 189        | 87%    | 348        |
| Male                         | 19%    | 46         | 13%    | 52         |
| Described gender another way | 2%     | 5          | -      | -          |
| Did not say                  | 1%     | 3          | -      | -          |

**Table:** The gender of respondents in the 2025 and 2015 surveys.

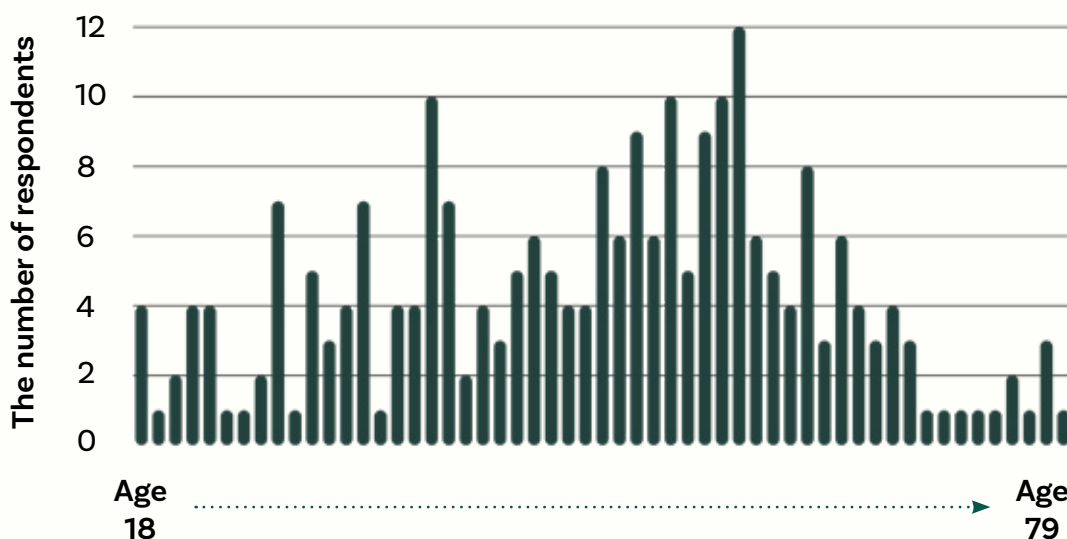
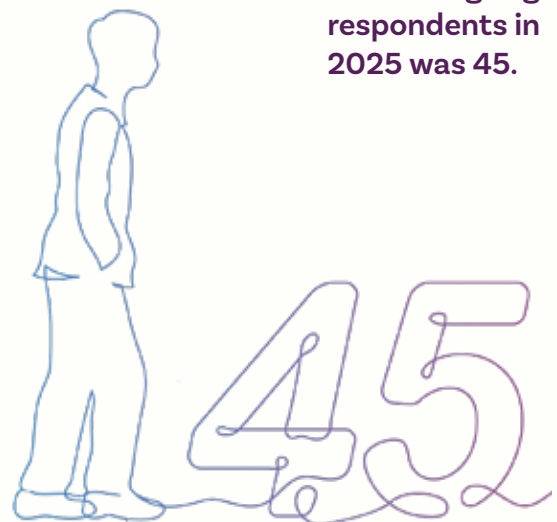
**Note:** Throughout this report, comparisons are primarily presented for respondents identifying as male or female. While a small number of respondents identified their gender in another way, the sample size was too small to support meaningful analysis or comparison. Their experiences are no less important and have been included within the overall findings. This approach has been taken solely to ensure the integrity and reliability of the analysis and should not be interpreted as diminishing the experiences of gender-diverse survivors.

## Age of respondents

The survey was restricted to people aged 16 and over. Respondents ranged in age from 18 to 79. The average age of respondents was 45, compared to a mean age of 43 in 2015.

The age distribution of respondents may affect the results because age can shape engagement with support services. Older survivors may be less likely to seek help due to increased structural barriers, stigma, generational attitudes towards sexuality and mental health, and limited awareness of services (Office of National Statistics, 2024).

The average age of respondents in 2025 was 45.



**Graph:** The age distribution of respondents to the 2025 survey.

## Additional support needs

Respondents were asked whether they had additional support needs, including mental health conditions, Attention Deficit Hyperactivity Disorder (ADHD), physical or sensory disabilities, or special educational needs.

Including this question has helped to build a more complete picture of CSA survivors' experiences and the accessibility of support services to a diverse range of people.

Overall, **28% (68)** of survivors reported having no additional support needs, while **39% (95)** reported having one and **33% (80)** reported having two or more additional support needs.

The table below outlines the types of support needs reported by survivors, with mental health conditions being the most prevalent (**59%**). This was followed by physical or sensory disabilities (**27%**), ADHD (**18%**) and autism (**13%**).

Existing research demonstrates that children with disabilities, neurodevelopmental conditions, or mental health difficulties are at increased risk of sexual abuse due to factors such as dependency on caregivers, communication barriers, social isolation, and increased vulnerability to targeting by abusers (Smeaton, 2026).

At the same time, CSA is strongly associated with later mental health difficulties, including

depression, anxiety, post-traumatic stress disorder, substance use, and chronic physical health conditions (Vera-Gray, 2023).

This bidirectional relationship is important to consider when interpreting these findings. The presence of additional support needs among respondents should not be understood solely as pre-existing vulnerabilities, as for many survivors these needs may also be consequences of trauma exposure across the life course.

Ultimately, understanding these intersecting factors is essential for services as survivors may require a more holistic response that not only addresses the impacts of trauma but also neurodiversity, disability, and physical health needs.

|                                | % 2025 | Count 2025 |
|--------------------------------|--------|------------|
| Mental health condition        | 59%    | 143        |
| Autism                         | 13%    | 31         |
| ADHD                           | 18%    | 43         |
| Physical or sensory disability | 27%    | 65         |
| SEN                            | 7%     | 16         |

**Table 3:** The additional support needs of respondents to the 2025 survey.



# 7. Survivors experiences

## Key findings

This section of the report summarises key aspects of survivors' experience of abuse, including the age at which abuse began and ended, the number of abusers involved, and the location in which the abuse occurred.

### When abuse started

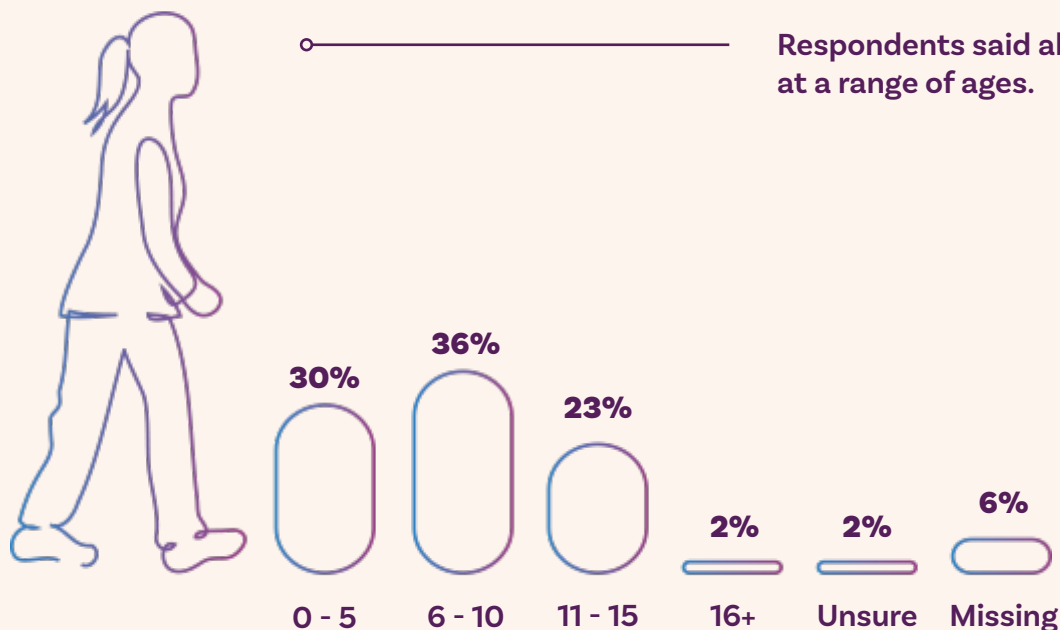
The largest proportion of survivors reported they were between six and 10 years old when they were first abused (**36%/88**), followed closely by **30% (73)** who reported being between 0 and five years old. Consistent with the 2015 findings, most survivors were younger than 11 years old when first abused (**67%/161**).

Some respondents preferred not to answer this question (**6%/14**) and **2% (six)** were unsure.

Within our sample, several survivors said they did not “**remember a time when they weren’t being abused**” or that abuse had occurred “**as long as I can remember**”. One survivor also described multiple instances of abuse throughout their childhood.

### Gender differences

Both male and female survivors were most likely to report that the abuse began between the ages of six and 10, although this was more commonly reported by male survivors than female survivors (**48% vs. 34%**).



Over half of survivors were first abused before they were aged 10.

66%



For almost a third, the abuse had happened before they were six years old.

30%



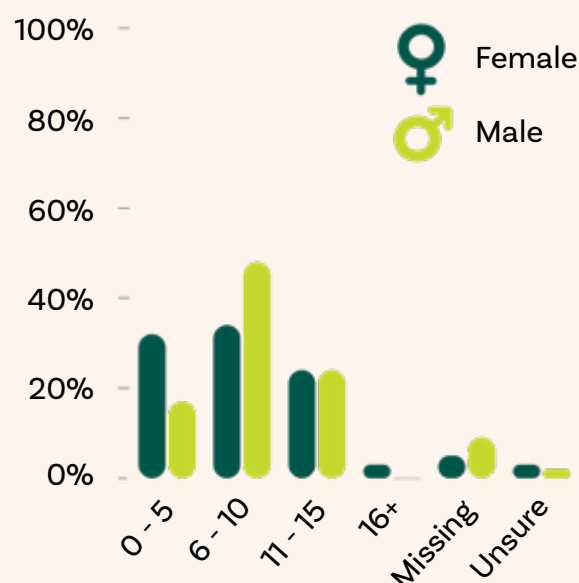
In contrast, female survivors were nearly twice as likely as male survivors to report that the abuse began between the ages of 0 and five (32% vs. 17%). Similar proportions of male and female survivors reported that the abuse began between the ages of 11 and 15 (24% each).

### Additional support needs

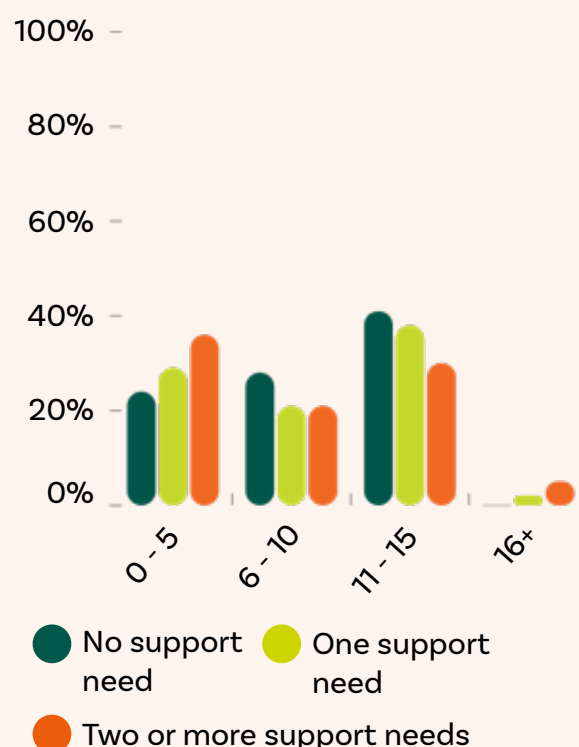
Survivors with two or more additional support needs were more likely to report that abuse began at an earlier age. Over a third (36%) indicated that abuse began between the ages of 0 and five, compared with 29% of survivors with one additional support need and 24% of those with no additional support needs.

In contrast, survivors with no additional support needs were more likely to report that abuse began at a later age, particularly between 11 and 15 years old (41% compared with 38% of those with one support need, and 30% of those with two or more support needs).

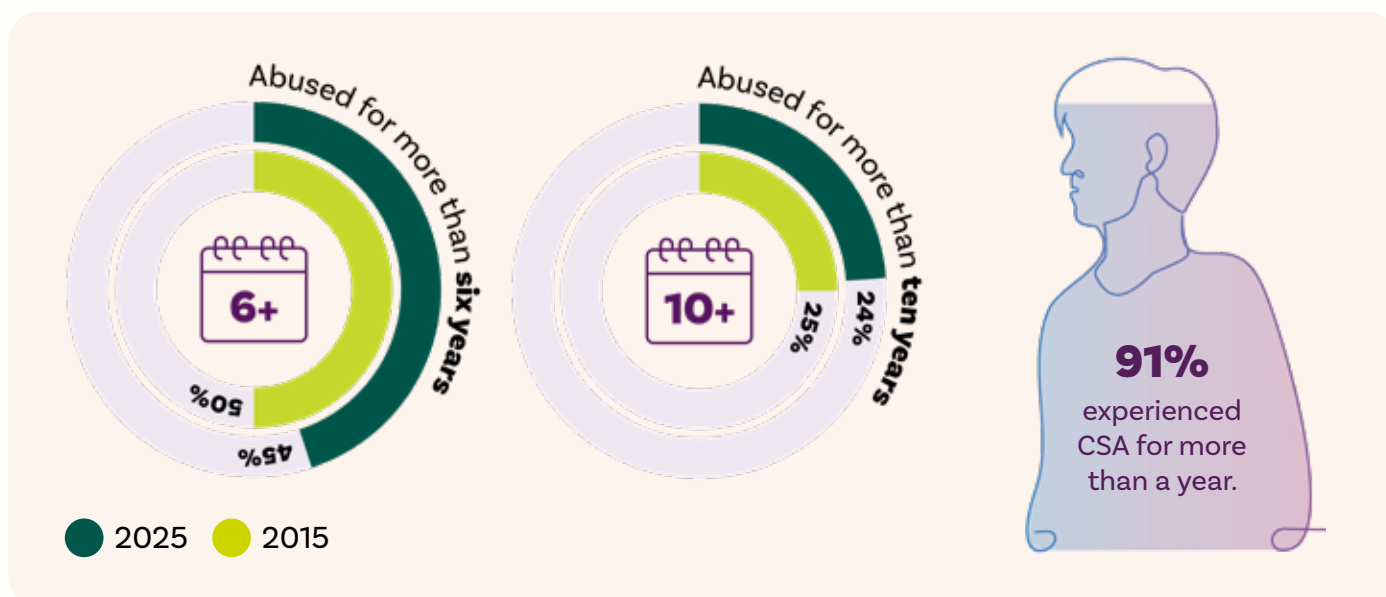
### Age abuse began



Graph: The gender of respondents and when they said they first experienced abuse.



Graph: The number of support needs respondents said they had and when they said they first experienced abuse.



## Duration of abuse

The average period over which survivors experienced abuse was seven years, consistent with 2015 findings.

- **45% (91)** said they were abused for six years or more. In 2015, **50%** of survivors indicated this.
- **24% (48)** reported abuse lasted more than 10 years, compared to **25%** in 2015.

The reported duration of abuse varied considerably among survivors, although shorter durations were slightly more common.

The most reported duration of abuse was between one and four years (**30%/61**), while **9% (19)** reported abuse lasting less than one year. Longer durations were also evident, with **13% (26)** stating they had experienced abuse for five to six years and **10% (20)** for seven to eight years. Overall, **29% (58)** reported that the abuse continued for nine years or more.

Some survivors were either unsure of the duration (**6%/13**) or did not respond (**3%/6**). This reflects the challenges survivors may experience recalling abuse that occurred during childhood and over prolonged periods of time.

|                  | %   | Count |
|------------------|-----|-------|
| Less than a year | 9%  | 19    |
| 1 - 2 years      | 15% | 31    |
| 3 - 4 years      | 15% | 30    |
| 5 - 6 years      | 13% | 26    |
| 7 - 8 years      | 10% | 21    |
| 9 - 10 years     | 9%  | 18    |
| 11 - 12 years    | 7%  | 14    |
| 13 - 14 years    | 5%  | 10    |
| 15 years or more | 8%  | 16    |

**Table 4:** The duration of abuse reported by respondents and their gender.

## Age abuse began and duration

The 2015 survey identified a statistically significant correlation between the age abuse began and the duration of abuse. The findings demonstrated that the younger a survivor was when the abuse began, the longer the abuse tended to continue. This pattern has been seen again in the current survey.

- Survivors aged up to five years old when the abuse began experienced abuse for an average of 11 years.
- Survivors aged between 6 and 10 years

old experienced abuse for an average of six years.

- Survivors aged between 11 and 15 years old experienced abuse for average of four years.
- Survivors aged 16 years or older when the abuse began experienced abuse for an average of one year.

These findings reinforce the previously identified relationship between age abuse began and the duration of abuse.

Some differences were identified by gender. Female survivors aged five years or younger when the abuse began experienced abuse for longer on average than male survivors (**11 years**, compared to **eight years**). However, among survivors aged between six and ten years old, male survivors experienced abuse for longer on average than female survivors (**seven years**, compared to **five years**). No gender differences were identified among survivors aged 11 to 15 years old.

### Gender and abuse duration

Both male and female survivors reported an average abuse duration of seven years. However, female survivors were slightly more likely to report both shorter durations of abuse lasting up to two years (**29% vs. 22%**) and longer durations of abuse lasting nine years or more (**32% vs. 24%**).

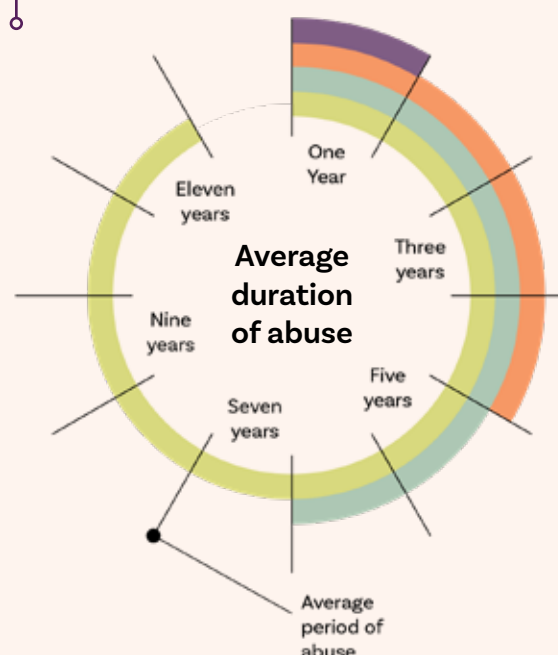
In contrast, male survivors were more likely to report abuse lasting between three to four years (**28% vs. 14%**). These findings should be treated with caution due to the smaller sample size for male survivors.

### Duration of abuse and support needs

There were small variations in the average duration of abuse depending on the type of

There was a relationship between the average duration of abuse and the age abuse began.

The average duration of abuse across the whole sample was **seven years**.

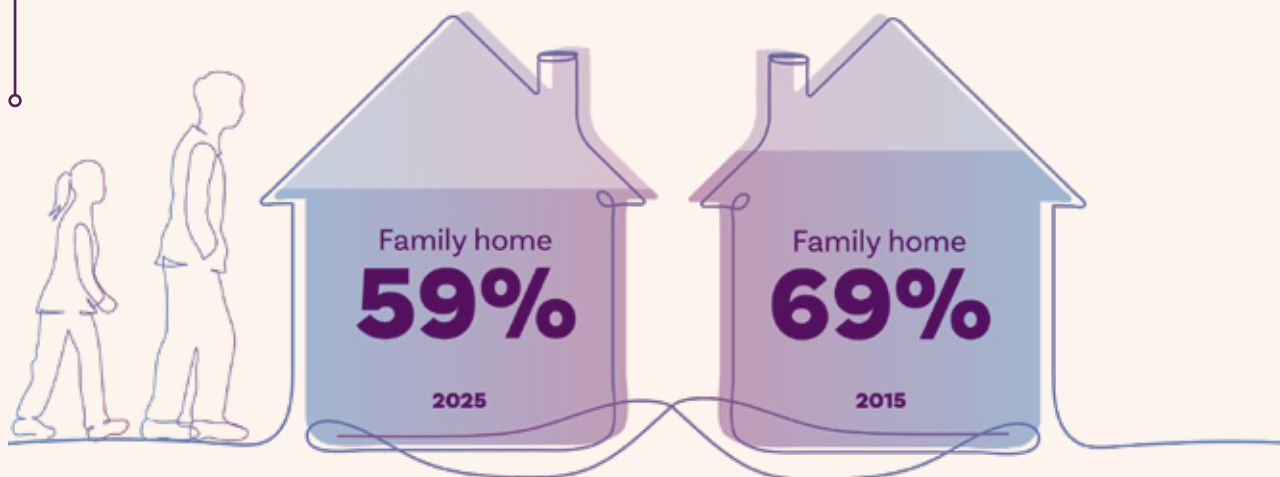


- Up to age five when abuse began
- Aged six to ten when abuse began
- Aged 11 - 15 when abuse began
- Aged 16+ when abuse began

additional support needs survivors identified. Survivors with a mental health condition, autism, or ADHD all reported an average duration of seven years. Those with a physical or sensory disability reported a slightly higher average duration of eight years. In comparison, survivors with special educational needs (SEN) and those reporting no additional support needs both had a lower average duration of 6 years.

## Who commits child sexual abuse?

More than half of respondents said the abuse took place within their family home. Less respondents selected this option in 2025 than in 2015.



### Settings of abuse

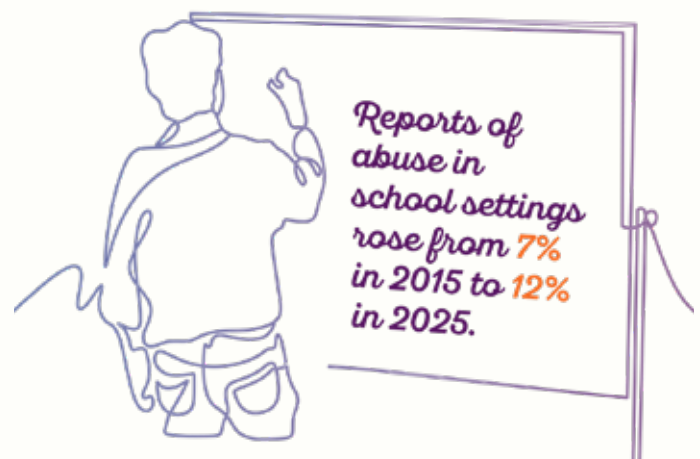
Most survivors reported that the abuse took place within their family home (**59%/144**), followed by **28% (69)** who said it happened in someone else's home. These findings reinforce evidence that child sexual abuse commonly occurs within familiar environments and is most often perpetrated by someone known to the child.

Survivors also identified a range of other settings where abuse took place including school (**12%/29**), clubs (**5%/13**), children's home (**2%/6**), foster home (**2%/4**), and hospital (**0%/1**). A further **55 (23%)** reported that abuse had occurred in another location not specified within the predefined categories.

Compared with the 2015 findings, similar patterns remain evident, with the family home remaining the most reported location of abuse, although reports decreased from **69%** to **59%** in the current survey. Someone else's home

remained the second most reported location, increasing from **22%** in 2015 to **28%** in the current survey. While only minor changes were observed across most other settings, reports of abuse occurring in schools increased notably, rising from **7%** to **12%**.

The prevalence of harmful sexual behaviours in schools has also been identified within '[My Health, Our Future](#)' (Knowing Works CIC) data, pointing to an increasingly significant issue



within educational settings. This reflects both the prevalence of abuse within these settings and greater awareness and reporting of harmful sexual behaviours.

There were some variations in the reported location of abuse by gender. Female survivors were more likely to report abuse occurring within the family home (**63% vs. 41%**), while

male survivors were more likely to report abuse occurring in schools (**24% vs. 10%**) and children's homes (**9% vs. 1%**).

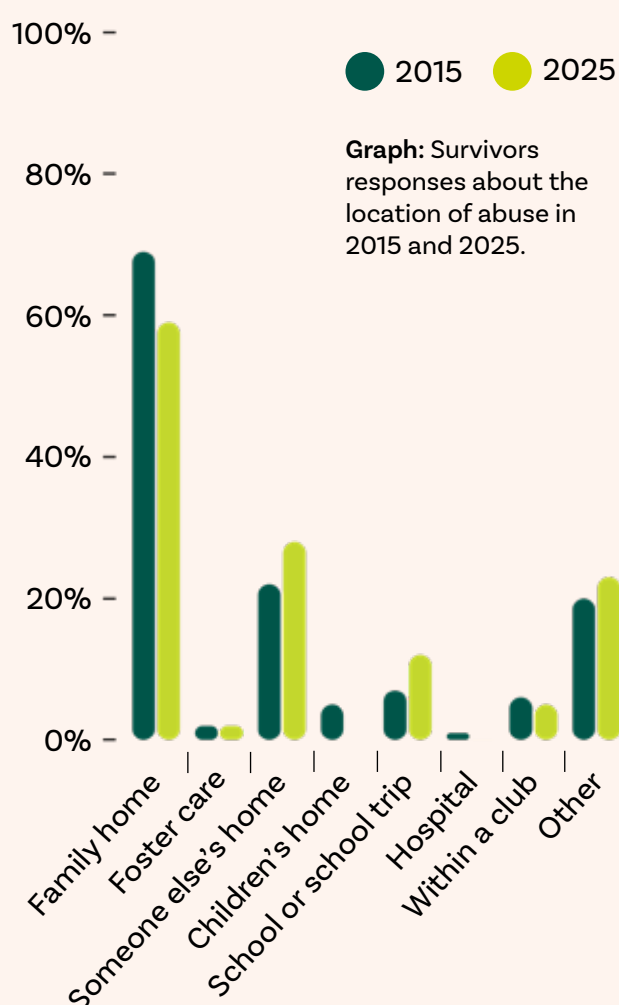
## Number of abusers

Consistent with 2015 findings, over half of survivors (**52%/118**) reported being abused by more than one person, with male survivors more likely than female survivors to report multiple abusers (**59% vs. 50%**).

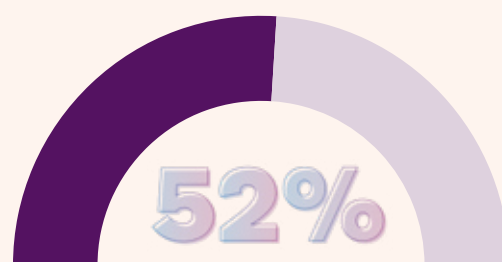
Survivors with additional support needs were also more likely to report more than one abuser. Around **61%** of those who identified two or more additional support needs reported multiple abusers, compared with **46%** of those with one additional support need and **48%** of those with no additional support needs.

It is important to note that it is unclear from the data whether this reflects abuse by multiple abusers occurring at the same time or across separate incidents.

### Setting of abuse



Abuse took place most often in a home environment. For **45% (104)**, it had taken place in one location, while **55% (129)** said it happened in multiple locations.



More than half of survivors were abused by **more than one person.**

**Male respondents** were the most likely to indicate this.

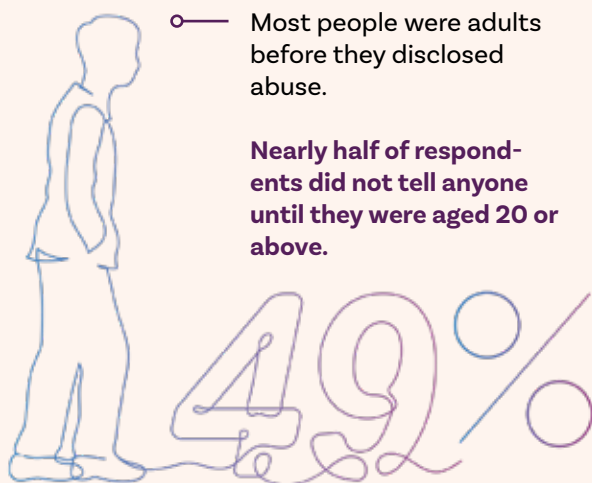
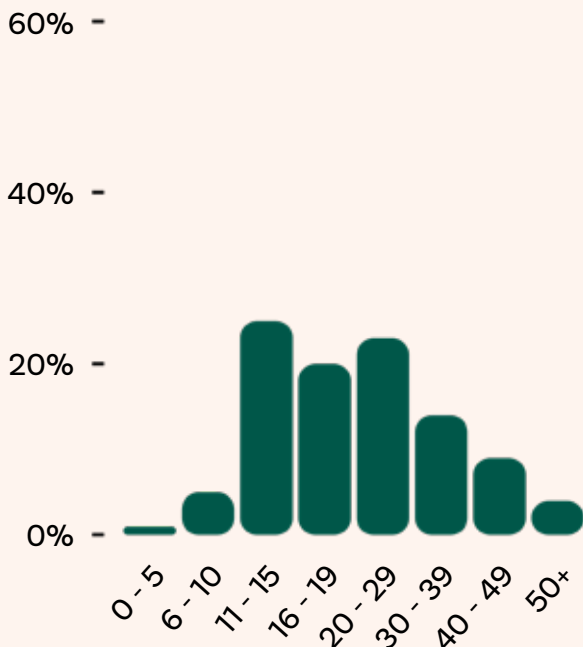


## Disclosing abuse

This section of the report summarises key aspects of survivors' experience disclosing abuse and seeking help, including whether they disclosed the abuse, who they disclosed to, and their reasons for not disclosing.

### Age of abuse disclosure

**Graph:** The age people said they disclosed abuse to someone (2025 survey).



In 2025, most respondents said they had disclosed abuse to someone (**91%/210**), while **9% (20)** had not.

These figures represented a small decrease when compared to the numbers of respondents who said they had disclosed abuse to someone in 2015, when **94% (377)** of survivors reported having disclosed abuse and **6% (23)** had not.

The high rate of disclosure across both studies is likely influenced by the recruitment process because respondents were primarily recruited through sexual violence support organisations. As the project focused on experiences of seeking support, survivors who had disclosed abuse or engaged with services may be over-represented within the sample.

### Disclosure summary

#### Age at disclosure

The largest proportion of survivors reported disclosing between the ages of 11 and 15 (**25%**), with a further **20%** disclosing between the ages of 16 and 19.

Like 2015, almost half of survivors (**49%**) did not disclose their abuse until adulthood, at age 20 or older. Very few survivors disclosed during early childhood, with **5%** reporting disclosure between the ages of 5 and 10, and **1%** before the age of 5.

Please see the graph (right) for more details about the age people told someone about abuse in 2025.

A small number of survivors highlighted that disclosure can occur over multiple stages or in indirect ways.

For example, one survivor reported disclosing on two separate occasions, at the ages of “five and 14”. Another survivor shared that although they did not make a formal disclosure, they had shared enough information during childhood that safeguarding action should have been taken.

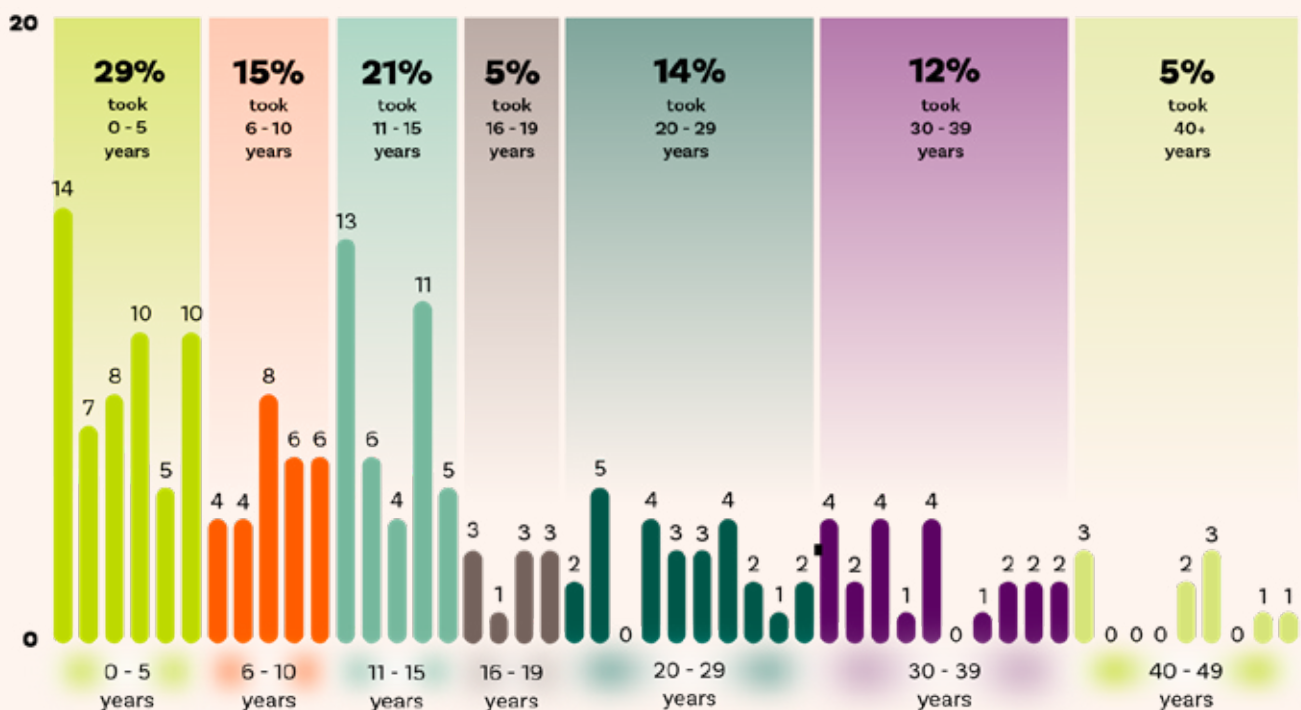
“

“I imparted information that should have been acted on, but it was not an intended disclosure”.

”

#### When survivors disclosed abuse:

The graphic shows how long it took people to disclose abuse. The percentages show the proportion of people who disclosed within each window of time, and each bar represents one year, showing how many people disclosed after that number of years.



## Time taken to seek support

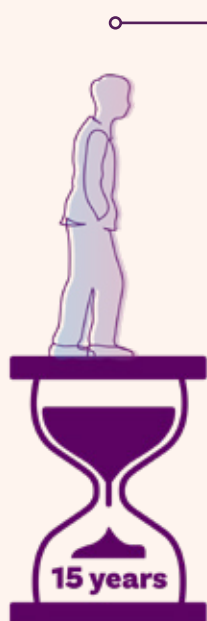
The average duration between the start of abuse and accessing support services was **15 years**. The data showed variation in the length of time it took survivors to seek support after abuse began.

The largest proportion (**29%**) sought support within five years, including **7%** (**14**) who did so in the same year. A further **15%** sought support within six to 10 years, **21%** within 11 to 15 years, and **5%** within 16 to 19 years.

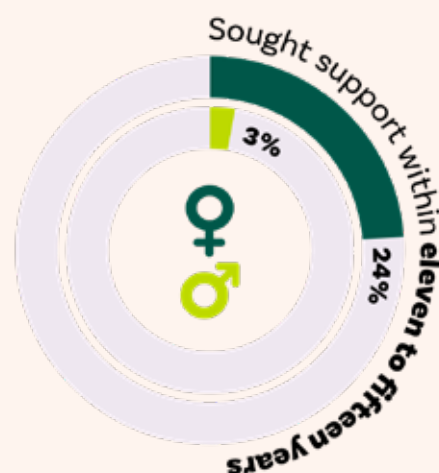
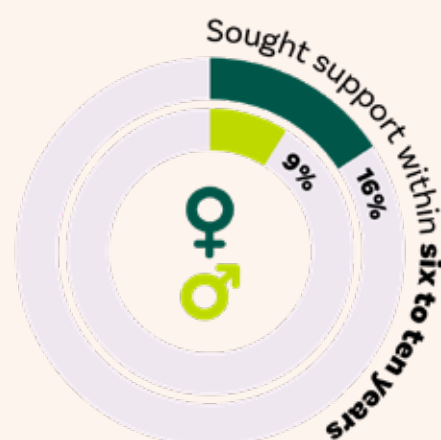
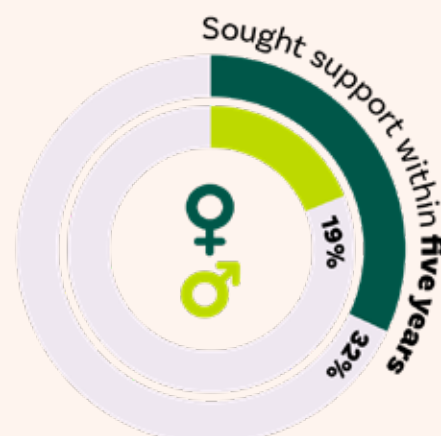
Many survivors also sought support at much later stages in life, often long after abuse had occurred. Specifically, **14%** waited 20 to 29 years, **12%** waited 30 to 39 years, and **5%** delayed seeking support for over 40 years.

### Gender differences

As shown in the graphics (right), there were some notable differences in the length of time taken to seek support following abuse between male and female respondents.



Survivors indicated that it took them an **average of fifteen years to access support** after they were abused.



**Female** respondents were more likely to report having sought support across all stages of life and generally did so earlier than male survivors. Male survivors were more likely to wait until later stages in life before seeking support.

Female survivors were more likely to seek support earlier, with **32%** doing so within five years, compared to **19%** of male survivors. This was a pattern evident at six to 10 years (**16%** vs. **9%**), and 11 to 15 years (**24%** vs. **3%**).

In contrast, male survivors were more likely to delay seeking support for longer periods. For instance, **28%** had sought support within 20 to 29 years, compared to **11%** of female survivors.

| Time before seeking support | Female | Male |
|-----------------------------|--------|------|
| 0 - 5 years                 | 32%    | 19%  |
| 6 -10 years                 | 16%    | 9%   |
| 11 - 15 years               | 24%    | 3%   |
| 16 - 19 years               | 5%     | 6%   |
| 20 - 29 years               | 11%    | 28%  |
| 30 - 29 years               | 9%     | 22%  |
| 40+ years                   | 4%     | 13%  |

**Table:** The time survivors said they took to seek support in 2025 (male and female breakdown).

## How disclosure was initiated

Most survivors had chosen to disclose to someone on their own (**82%/ 164**), while only **18% (36)** were asked directly. Similar results were found in 2015.

Only slight differences were identified by gender, with male survivors being marginally more likely than female survivors to indicate they had been asked directly about the abuse (**19%** compared to **17%**).

These results suggest the responsibility for initiating disclosure often falls on survivors. However, some comments from survivors indicated more proactive and sensitive approaches from professionals may encourage disclosure sooner or fuller disclosure of information.

”

*“She simply asked...  
‘Is there something troubling you from your childhood we can talk about?’*

***“Ten years in mental health services, and she was the first to ask.”***

As one survivor explained:

*“They were not trauma informed. If the experience had been different and they were trained to understand that often people only initially share the tip of the iceberg, then maybe I would have felt able to share more about other incidents which could have resulted in more of an outcome for them.”*

## Who was told?

Survivors disclosed their abuse to a range of individuals and services.

The majority (**62%/150**) disclosed to someone close to them, such as a friend, parent, sibling, partner, or other family member. A further **21% (52)** disclosed to a professional in a statutory setting, such as a teacher, doctor, police officer, or social worker, while **17% (42)** disclosed to a professional in a non-statutory support setting, such as a helpline or counsellors.

|                          | % (2025) | % (2015) |
|--------------------------|----------|----------|
| Someone close            | 62%      | 67%      |
| Professional (Statutory) | 21%      | 27%      |
| Service (non-statutory)  | 17%      | 19%      |

**Table:** Who survivors disclosed to in 2015 and 2025.

As survivors were able to select more than one person or service they disclosed to, the percentages reported for individual disclosure

routes exceeds the totals shown for the broader disclosure categories. The figures below show the proportion of survivors who disclosed to each individual person or service.

Looking at specific disclosure routes, parents (**17%/42**), counsellors (**17%/41**), and a friend that was a child at the time (**16%/39**) were the most common people survivors disclosed to. Fewer survivors disclosed to professionals such as doctors (**10%/24**), teachers (**7%/18**), or the police (**7%/18**), and no one reported disclosing to a helpline.

|                               | %   | Count |
|-------------------------------|-----|-------|
| Friend (who was a child)      | 16% | 39    |
| Parent                        | 17% | 42    |
| Sibling                       | 2%  | 4     |
| Another family member         | 6%  | 14    |
| Adult friend                  | 14% | 35    |
| Partner                       | 15% | 37    |
| Teacher                       | 7%  | 18    |
| Doctor or health professional | 10% | 24    |
| Police                        | 7%  | 18    |
| Social worker                 | 2%  | 6     |
| Counsellor                    | 17% | 41    |
| Helpline                      | 0%  | 0     |

**Table:** Who survivors told about the abuse in 2025 - specific disclosure routes.

### Gender differences

When examining survivors' disclosure choices by gender, both male and female survivors were most likely to disclose their experiences to someone close to them. However, female survivors were more likely to do this than male survivors (**67% vs. 41%**).

### Additional support needs

Survivors with additional support needs were more likely to disclose to formal sources



of support (statutory and non-statutory professionals or services) than those without such needs.

They were almost three times more likely to disclose to professionals (statutory) (**26% vs. 9%**) and were also more likely to use formal services (non-statutory) (**19% vs. 12%**). Survivors with additional support needs were slightly less likely to disclose to someone close to them, compared to those without additional support needs (**60% vs. 66%**).

This may reflect greater contact with professionals among those with additional support needs, increasing opportunities for disclosure, while those without such needs may rely more on informal support networks.

|                          | Has support needs | No support needs |
|--------------------------|-------------------|------------------|
| Professional (statutory) | 26%               | 9%               |
| Service (Non-statutory)  | 19%               | 12%              |
| Close person             | 60%               | 66%              |

**Table:** Who survivors told and whether they had additional support needs or not.

## Reasons for not disclosing abuse

Survivors who had not sought support were asked whether there were any types of support or help they needed but had been unable to access.

Five survivors provided responses, highlighting a range of barriers to disclosure.

### 1. Barriers to accessing services

Some survivors described service-related challenges, including long waiting

times, exclusion from services due to co-existing conditions, and a lack of appropriate provision.

One survivor said, “**Due to my agoraphobia, I keep being denied therapy by the NHS. Been waiting five years for NHS therapy**”, while others highlighted the lack of accessible support and support specifically for male survivors.

### 2. Psychological barriers

Survivors also described internal barriers to seeking support, including feelings of shame, fear of judgement, and belief that they were not “**entitled**” to support services because others had experienced “**more serious**” abuse.

### 3. Delayed recognitions of abuse

One survivor explained that they did not recognise their experiences as abuse until adulthood, stating, “**Until I was an adult with children of my own, I had never realised that what had happened to me was abuse**”.

### 4. Need for trauma-informed care

One survivor described needing “**help and understanding without feeling judged or ashamed**”, highlighting the importance of professionals understanding the impact of trauma and responding to survivors with sensitivity and empathy.

Overall, these responses demonstrate that decisions not to disclose abuse or seek support are influenced by a range of interconnected factors, including structural barriers, psychological challenges, delayed recognition of abuse, and previous negative experiences with services.

## Reporting and criminal justice

This section looks at whether survivors reported abuse to the police, why some chose not to, and what support those who did report received through the criminal justice process.

### Reporting to the Police

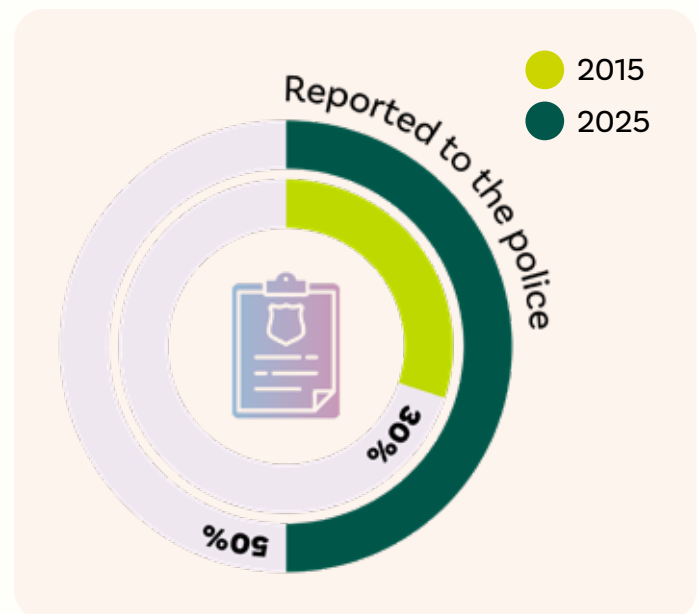
The findings indicate that **50% (100)** of survivors reported their abuse to the police, while the remaining **50% (102)** did not report. This represents a notable increase in reporting compared with the 2015 survey, when fewer than one-third of respondents (**30%**) reported their experiences to the police.

This rise in reporting is encouraging and may reflect broader cultural changes over the past decade, including increased public conversations around abuse, greater media attention, and advocacy movements that have encouraged disclosure and accountability (IICSA, 2022).

Improved awareness of support services and justice routes may have also contributed to greater confidence in reporting (Denti & Iammarino, 2022).

While CSA remains widely underreported, with an estimated 500,000 children experiencing child sexual abuse each year (NSPCC, 2025), the increase in reporting observed in the current sample suggests efforts to raise awareness and support to survivors may be having a positive impact, enabling more survivors to come forward.

However, despite this progress, half of survivors in 2025 had not reported their abuse to the police, indicating barriers to reporting remain. These findings highlight both the progress that has been made in supporting disclosure, and the continued need for interventions that



reduce barriers and improve access to justice for survivors.

|     | %/Count (2025) |     | %/Count (2015) |     |
|-----|----------------|-----|----------------|-----|
| Yes | 50%            | 100 | 30%            | 116 |
| No  | 50%            | 102 | 70%            | 277 |

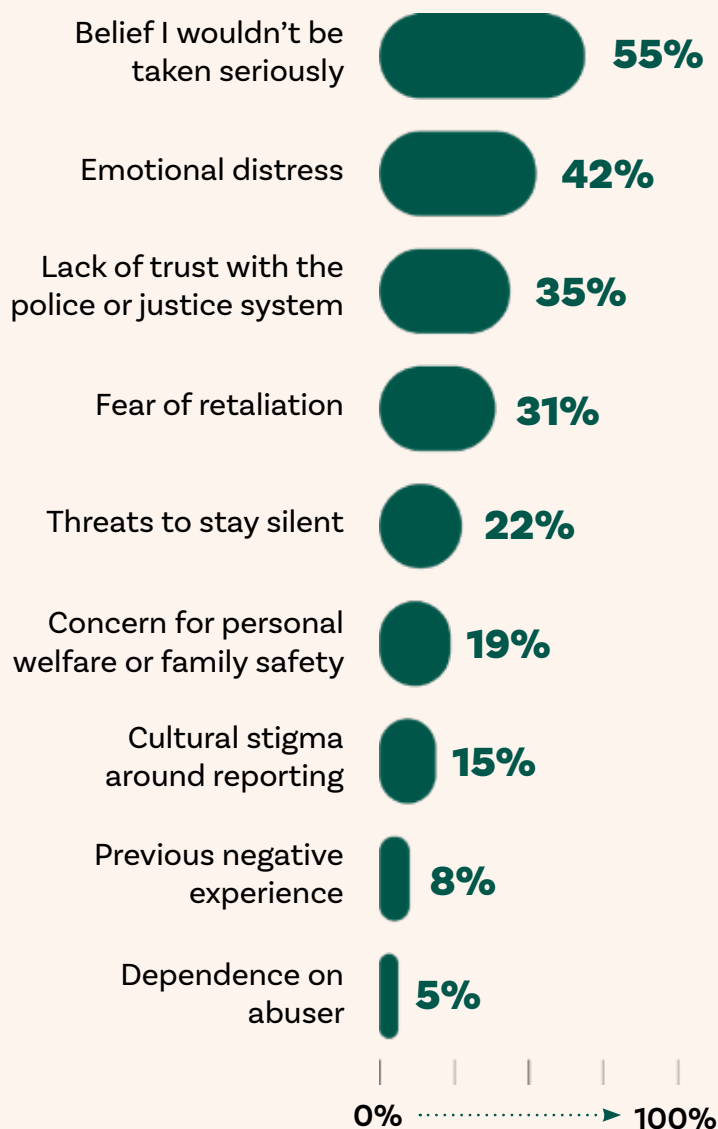
**Table:** The numbers of survivors who said they reported to the police in 2015 and 2025.

## Why survivors did not report to the police

Among those who did not report to the police (102), the most frequently cited reason was the belief that they would not be taken seriously (55%/58). This finding is particularly significant because it suggests many survivors do not trust the criminal justice system to believe them or respond fairly.

Emotional distress (42%), lack of trust in the police or wider justice system (35%) and fear of retaliation (31%) were also frequently mentioned reasons for not reporting to the police. Other reported barriers included threats to remain silent (22%), concerns for personal or family safety (19%), cultural stigma around reporting (15%), previous negative experience with authorities (8%), and dependence on the abuser (5%).

### Why survivors did not report to the police (2025)



**Over half of respondents said they did not report to the police because they felt they would not be taken seriously or believed.**

## Free text reasons for not reporting

In addition to the pre-defined list of answer choices, 36 survivors provided additional ‘free text’ reasons for not reporting to the police. Some responses reflected multiple overlapping themes.

|                                   | Count |
|-----------------------------------|-------|
| Abuser deceased or untraceable    | 10    |
| Family dynamics / lack of support | 10    |
| Delayed recognition               | 8     |
| Fear of consequences              | 3     |
| Other reasons                     | 3     |

**Table:** Additional reasons (free text) survivors did not report to the police in 2025.

### Abuser deceased or untraceable

**Ten** survivors said they did not report the abuse because the abuser was deceased or could no longer be identified. In these cases, reporting was often seen as having no practical purpose, particularly where the abuser was no longer able to pose a risk to others.

*“My father who abused me died when I was 24. No point reporting it.”*

*“The abuser had died years before and couldn’t harm anyone else.”*

*“It never even entered my head when I first disclosed, nor did it for many years after that. I just didn’t ever consider it as a possibility. When I then started to look at the abuse again, 20 years later, the person who abused me was already dead.”*

*“When I did feel confident and strong enough to report, the abuser was dead.”*

**One** survivor said they did not report because their abuser was untraceable online,

highlighting that abuser anonymity contributes to lack of reporting.

*“Due to [the] online nature of abuse, no ability to identify abusers”.*

### Family dynamics / Lack of support

**Ten** survivors mentioned family dynamics and reactions from family members as reasons for not reporting. Several survivors described not being believed or being discouraged from reporting, particularly where the abuse occurred within the family.

*“My mother didn’t want me to go to the police because the physical abuse at home would have come out.”*

*“My family didn’t believe me, so why would the police?”*

*“Not wanting to upset my mother as my father was the abuser.”*



## Knowing Works reflection

The experiences shared by survivors highlight the complexity of intrafamilial abuse and the ways in which family power dynamics can significantly limit opportunities for disclosure.

It is important that professionals understand that disclosure is often neither straightforward nor immediate. Recognising the unique barriers survivors face can help ensure disclosures are met with appropriate, sensitive responses and support that reflects the realities of abuse within the family.

“

**“My mother stopped me and said she didn’t believe me and, if it did happen, I must have done something to deserve it.”**

”

Lack of agency due to age and dependence on caregivers can restrict survivors’ ability to influence reporting decisions. This was demonstrated in comments from survivors who had not reported abuse.

*“I was a child and had no control of whether it was reported or not.”*

*“Too young - sent away to boarding school after disclosing non-family member to parent.”*

#### **Delayed recognition**

**Eight** survivors did not initially recognise their experience as abuse, only coming to understand this later in life.

*“I didn’t really realise I was being abused. It is only looking back that I see how wrong it was for a family member and a family friend to be doing this to a 12 year old.”*

*“I didn’t realise it was abuse. I thought I was in love.”*

*“I did not understand it was abuse, and I thought I would get in terrible trouble. [I] felt dirty.”*

*“I didn’t realise it was abuse at the time because he was an adult.”*

#### **Fear of consequences**

**Three** survivors expressed concerns about the potential consequences of reporting, including having to confront their abuser, loss of privacy, impacts on their health, and the possibility of upsetting their family.

*“Worried about having to confront the abuser. Not being believed by peers, police - anyone. Fear of being talked about at school. Stress that I imagine would come with all of this.”*

*“Concern for my health.”*

*“Don’t want it to become public knowledge and upset my mother.”*

#### **Other reasons for not reporting**

**Three** survivors identified additional reasons for not reporting, including not being advised to contact the police, changes in the law, and the abuser also being a child.

*“No one advised me to.”*

*“Due to a law change in 1993 I am not able to pursue a case against my abuser.”*

*“Abuser also a child.”*

## The criminal justice process

### Case outcome

Understanding what occurs after a report is made is critical in assessing the effectiveness and perceived legitimacy of the criminal justice system.

Of the **90** survivors who had reported abuse and provided a response for the outcome of their case, **29% (27)** indicated that the suspect was prosecuted and convicted. Whilst this indicated successful prosecution is possible, it also meant only around one in three reported cases had resulted in a conviction.

|                                                       | %   | Count |
|-------------------------------------------------------|-----|-------|
| No further action (Police)                            | 30% | 28    |
| The suspect was prosecuted and convicted/found guilty | 29% | 27    |
| The suspect was charged and is awaiting trial         | 11% | 10    |
| I withdrew from the case                              | 8%  | 7     |
| The police investigation is still ongoing             | 8%  | 7     |
| Suspect was prosecuted but acquitted/found not guilty | 7%  | 6     |
| No further action (CPS)                               | 7%  | 6     |
| I don't know the outcome of my case                   | 1%  | 1     |

**Table:** Survivor reported outcomes of CSA cases in 2025.

More cases ended before prosecution (**37%/34**) than resulted in conviction (**29%/27**). Specifically, **30% (28)** of survivors reported that no further action had been taken by the police, while **7% (6)** said the Crown Prosecution Service (CPS) also took no further action.

These findings are a reflection of how many cases drop out of the criminal justice process before reaching trial. This is often referred to as

‘attrition’ and can affect whether survivors feel they have received justice.

**Nineteen** survivors indicated their cases were still ongoing, either under investigation (**8%/7**) or awaiting trial following a charge (**11%/10**). Criminal proceedings in abuse cases are often lengthy and complex, which can contribute to ongoing emotional strain for survivors.

For adult survivors of child sexual abuse (CSA) in the UK, the criminal justice process often takes several years due to severe court backlogs. From initial police reporting to the conclusion of a Crown Court trial, proceedings frequently take between two and three or more years. In August 2026, Rape Crisis reported that Crown Court users can expect to wait 370 days on average before the completion of a trial.

A further **8% (7)** of survivors reported withdrawing from the criminal justice process. This can occur for a range of reasons; however, Rape Crisis England & Wales (2025) identified long waiting times for cases to reach trial as a key factor. These delays can leave survivors feeling unable to move forward, forgotten, and not prioritised, often contributing to re-traumatisation.

This finding is particularly significant when considered alongside the reported levels of support provided during proceedings.

Overall, the findings suggest a mixed experience for survivors reporting abuse to the criminal justice system. They highlight both the challenges survivors continue to face in pursuing justice, and the importance of ongoing efforts to strengthen investigations, improve survivor support, and reduce case attrition.

### Support during criminal justice processes

Perceived support during engagement with the criminal justice system was generally low.

When responses are grouped, **24% (21)** reported feeling fully or mostly supported, whereas **60% (53)** reported feeling slightly or not at all supported. This indicated that a majority of survivors felt they had experienced insufficient support during the process.

This perceived lack of support has been shown to increase case withdrawal, discourage future reporting both for themselves and other survivors, and contribute to secondary victimisation (Parti & Robinson, 2021).

Overall, there appears to be a notable disconnect between reporting rates (which have increased compared to the 2015 data), and levels of satisfaction with the support provided during the criminal justice system (which remains low). These findings suggests improvements in awareness and access have not necessarily translated into improved survivor experiences within the system.

|                      | %   | Count |
|----------------------|-----|-------|
| Fully supported      | 7%  | 6     |
| Mostly supported     | 17% | 15    |
| Somewhat supported   | 17% | 15    |
| Slightly supported   | 24% | 21    |
| Not at all supported | 36% | 32    |

**Table:** How survivors felt about support during the criminal justice process.

## SiT reflection

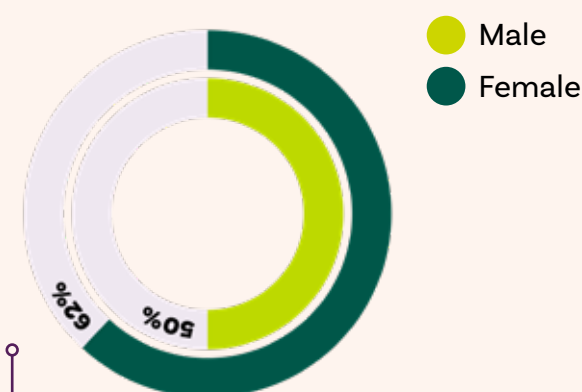


Increased reporting is only a success if systems are able to respond effectively once survivors come forward. While more survivors appear willing to engage with the criminal justice system than in 2015, the findings suggest many continue to experience the process as distressing, unsupported, and re-traumatising.

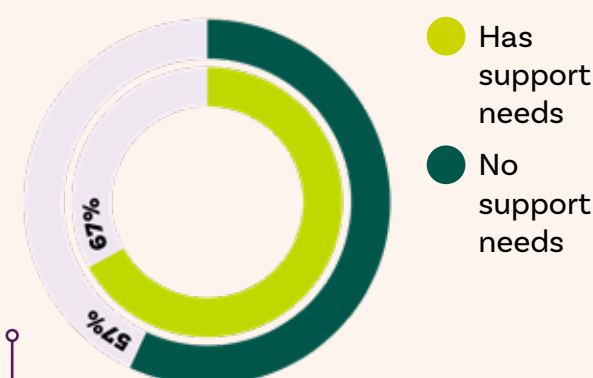


**Almost two thirds felt slightly supported or not at all supported during the criminal justice process.**

## Sample differences (support during the criminal justice process)



**Female survivors were more likely to say they were not fully supported.**



**Survivors with no additional support needs were more likely to say they were not fully supported.**

## What did survivors say about their experiences?

Of the **100** survivors who reported to the police, **75** described their experiences of the criminal justice system and its impact on areas such as wellbeing, health, relationships, and work or education in a free-text response. Overall, respondents' comments were predominantly negative (**61**), while **nine** were mixed, **two** were neutral, and **two** were positive.

It is important to acknowledge that it is not always possible to separate the influences of involvement with the criminal justice system from the broader impacts of abuse people experienced.

### Positive comments

**Two** survivors described supportive and positive experiences with the criminal justice system, reporting **“no problems”** and stating that the process had been **“positive but it’s only been two months since I reported”**.

### Mixed comments

**Nine** survivors described mixed experiences of the criminal justice process.

While many reported supportive officers, regular updates, referral to therapy, and dedicated staff who **“went above and beyond”**, these positive comments were often combined with references to long delays, re-traumatising interviews, lack of communication from CPS and courts, and significant emotional distress.

*“It has been somewhat of a rollercoaster. My mental health has not been great, having to deal with a whole range of emotions. But the process itself apart from being a long process, has been relatively positive.”*

*“I was taken from my school disclosure to the police station. Female police officer supportive/patient. Had to be questioned by a male (police) doctor but was allowed to be examined by my female doctor, with the male doctor present. Throughout trial, was supported by staff. Shown court... but my abuser pleaded guilty in the end so didn’t have to appear in court (but I didn’t know his plea until the last minute).”*

### Neutral comments

**Two** survivors did not comment on the criminal justice process because their abuser was deceased.

*“Due to the abuser dying before my report no further action could be taken.”*

*“It was not reported until an adult. The abuser (teacher) was by which time deceased.”*

### Negative comments

**Sixty-one** survivors described negative experiences with the criminal justice process. These experiences were grouped into six key themes, outlined below.

“

**“...my experience of the police did a lot to restore my faith in human decency. The CPS is very opaque and makes no effort to update people...”**

”

**Note:** The impacts reported by survivors cannot be definitively attributed to the criminal justice system alone. They are most likely a reflection of the totality of the person's experience, from the time of their abuse to the period they began to move through the process of reporting.

|                                     | Count |
|-------------------------------------|-------|
| Impact on survivors                 | 47    |
| Aspects of criminal justice process | 41    |
| Lack of support                     | 19    |
| Poor communication                  | 15    |
| Not being believed                  | 13    |
| Challenges with non-recent cases    | 9     |

**Table:** Negative themes in survivors' comments about their experiences of the criminal justice system.

“It completely ruined my life. I was off the rails.”

### Impacts on survivors

A total of **forty-seven** comments mentioned impacts as people moved through the criminal justice system. These impacts were categorised into six sub-themes shown in the table below.

|                                 | Count |
|---------------------------------|-------|
| Emotional impact                | 27    |
| Mental health impact            | 23    |
| Relational and social impact    | 13    |
| Education and employment impact | 13    |
| Physical impact                 | 6     |
| Behavioural impact              | 3     |

**Table:** The impacts noted by survivors in their comments about the criminal justice process.

### Emotional impact

**Twenty-seven** survivors felt the criminal justice process negatively affected their emotional wellbeing. These experiences were frequently described as “**re-traumatising**” and “**exhausting**”.

“I’m grieving a loss of my life and often just wait for it to be over.”



Survivors described feeling emotionally distraught, with lasting impacts on self-esteem and their sense of identity. Some reported living with ongoing fear, as well as feelings of confusion, frustration, stress, and anger. These emotions were often intensified during interviews, court proceedings, and periods of delays and poor communication.

*“It took years to build up the courage to report to police. I felt more emotional pain about being totally blanked by police than I did from the abuse.”*

*“Although the crime occurred almost 50 years ago, I live with the irrational fear that I may encounter my abuser.”*

#### *Mental health impact*

**Twenty-three** survivors reported severe and long-lasting impacts on their mental health as a result of both abuse and their experience within the criminal justice system. Some described developing conditions such as posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD), alongside anxiety, panic attacks, flashbacks, nightmares, and insomnia.

Several survivors described experiencing mental health crises, including self-harm, suicidal thoughts, and suicide attempts. For some, these difficulties began in childhood and continued into adulthood, significantly affecting their ability to function day to day.

Substance misuse and engagement in high risk behaviours were also reported as coping mechanisms.

*“I remember the horror of sharing [just] a fraction of the abuse with the police. I was ashamed and cut myself 48 times that day. The following week, I took an overdose and was hospitalised for four days. I was 15.”*

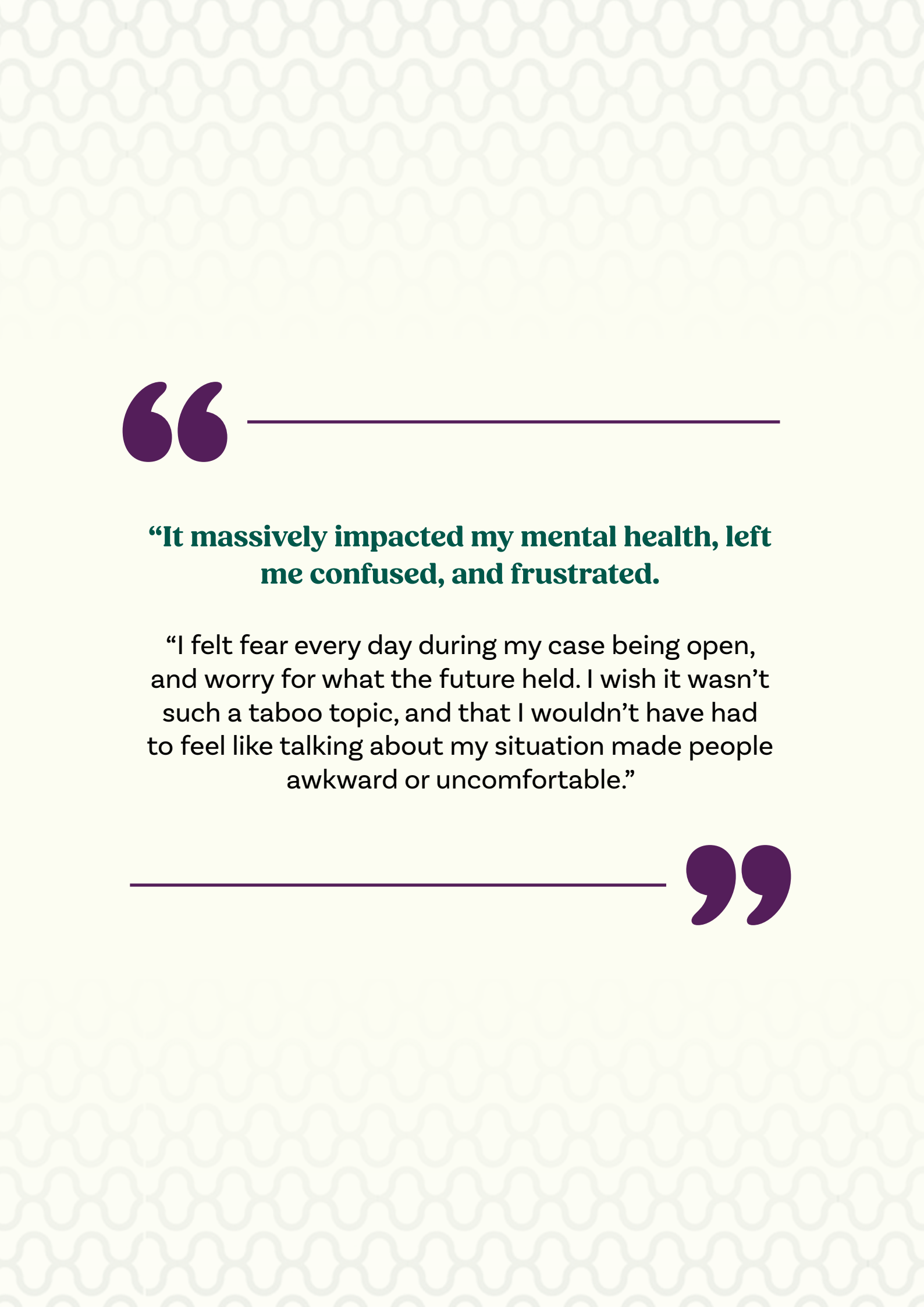
*“I was consuming drugs and alcohol seriously by the age of 14, had my first child at 19 and became a single mum. Had poor mental health and drug issues right though my 20s, chronic pain started at 30, mental health is still very poor.”*

*“I suffer from CPTSD, generalised anxiety disorder, vertigo and endometriosis in my adulthood and think the majority comes from the lack of trust in the justice system and the CPS over even the abuse itself.”*

*“This whole situation caused me to have a complete mental breakdown and, eventually, I was diagnosed with PTSD.”*



**“It was a devastating and soul crushing experience. My life was forever changed because of it, and I am still unemployed.”**



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**“It massively impacted my mental health, left me confused, and frustrated.**

“I felt fear every day during my case being open, and worry for what the future held. I wish it wasn’t such a taboo topic, and that I wouldn’t have had to feel like talking about my situation made people awkward or uncomfortable.”

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## Relational & social impacts

**Thirteen** survivors described lasting impacts on their relationships and social lives.

Multiple respondents reported a loss of trust in others, including in the criminal justice system and in intimate partners, which made it difficult to form or maintain close relationships.

As a result, some existing relationships broke down, with partners and family members also affected by the stress of providing support or giving evidence.

*“My relationship with my partner ended because of the stress of her giving evidence in court as the person I first disclosed to. She accessed counselling afterwards herself. I still can’t watch court scenes on TV; there is a lot of unresolved trauma 17 years on.”*

Feelings of fear, social anxiety, and lack of safety led survivors to withdraw from social situations, avoid crowds, and become increasingly isolated.

*“I had awful social anxiety and fear of leaving my home. I didn’t feel protected and it wasn’t until the case was closed that I could finally bring peace to my mind.”*

*“This has led to a life of isolation, and silence. I’m even more isolated now I’m older.”*

“

**“I never sought support again after this and learned that nobody cares.”**

”

## Education and employment

**Thirteen** survivors mentioned significant disruption to both their education and employment as a result of their experiences, as well as the long-term impact on their ability to establish careers, achieve financial stability, and build a secure future.

Some reported struggling to stay focused at school, becoming disengaged, being disruptive, and leaving education early, particularly when navigating the criminal justice process during childhood or adolescence.

*“I was 15 years old at the time, and in the middle of GCSES. I believed I was stupid because I struggled to achieve anything beyond A Level, and it is only in very recent years that I’ve come to understand I have complex post-traumatic stress disorder for which I’ve never had any treatment.”*

Others reported difficulties gaining or retaining employment in adulthood. Their ability to work had been impacted by poor wellbeing, increased stress, and extended periods of absence (e.g., because of worsening symptoms).

*“When I tried to go back to my career, I encountered huge discrimination because of the disabilities I live with due to my CPTSD - so I have now lost my career as well. I complained to the police and fought them for justice, but never got any. It was a devastating and soul crushing experience. My life was forever changed because of it and I am still unemployed.”*

*“Everything suffered. My education suffered as I stopped attending school and, when I did go, I either got into trouble or got put in a separate area.”*

## Physical impact

**Six** survivors spoke about the physical impacts following their experience of abuse and the criminal justice system. These included trauma-related symptoms such as flashbacks, nightmares and insomnia.

A few had developed or were later diagnosed with long-term physical conditions, including chronic pain, vertigo and endometriosis, as well as distressing feelings of choking and intense pressure in the head.

*“After experiencing the childhood abuse and to then opening a case my trauma flashbacks and fear never left me until the case closed as I could finally stop worrying about it and thinking about it, I could not sleep and struggled with awful insomnia during this time.”*

*“Unfortunately, I have felt unable to continue with my job and handed in my resignation due to the escalation of my symptoms, including new symptoms such as distressing feelings of choking, intense pressure in my head etc.”*

## Behavioural impact

Lastly, three survivors described an impact on their ability to seek help following their experiences with the criminal justice system. Their experiences subsequently reduced their confidence in reporting further abuse or contacting the police, and led to reluctance to engage with medical professionals in the future.

*“I struggle to access medical care as I have been gaslit as I’ve been diagnosed with so called BPD so my pain is not taken seriously and now I can’t even access healthcare. I feel alone and lonely.”*

*“Since that time, I’ve been sexually assaulted in childhood and adulthood and needed police for other urgent things. [I have] not felt safe enough to involve myself with them, especially as far as the CPS ever again.”*

## Aspects of the criminal justice process

A total of forty-one survivors shared their experiences within different aspects of the criminal justice system.

|                              | Count |
|------------------------------|-------|
| Police response and handling | 14    |
| Length of process            | 13    |
| Outcome of the case          | 13    |
| Cross examination in courts  | 12    |
| Interviews                   | 11    |
| Physical examinations        | 3     |

**Table:** Themes in survivors’ comments about various aspects of the criminal justice process.

### Issue with police response and handling

**Fourteen** survivors felt police responses to their abuse disclosure had been characterised by a lack of empathy, poor communication, or inadequate investigative practice.

A recurring concern was the lack of trauma-informed practice, which survivors described as officers being emotionally detached, lacking urgency, or failing to recognise the difficulty involved in reporting abuse. Several recalled dismissive attitudes, insensitive comments, and in one case manipulative behaviour from officers.

Some felt their contact with the police had consequences for their mental health, including suicidal thoughts, self-harm, and lasting distrust of authorities.

Several survivors criticised the quality of investigations, describing the case as poorly managed, subject to long delays, failures to follow-up on disclosures, overlooked evidence, and inadequate action against alleged abusers.

*“Whilst I felt believed, there was no empathy. The police officer (a woman) didn’t seem bothered about me, just my younger siblings who weren’t being abused.”*

*“When I called the police, I was asked if I was in danger - because I wasn’t in that moment, no police came to help me. I was asked to attend the police station the next day. When I arrived, it felt like I was being a pain, and the officer didn’t seem interested in what had happened to me. No support was provided, and no understanding of how difficult it was for me...”*

*“If only the police officer or social worker had tried to unpack what I had said: this would have provided further evidence! My attempt at revealing the full horror was recorded in my Child Abuse Conference record but not one of the professionals in the room questioned the red-flag nuggets I offered them.”*

### **Length of the criminal justice process**

**Thirteen** survivors highlighted the length of the criminal justice process as one of the most distressing aspects of reporting. Delays had extended over several years, with survivors describing prolonged waiting periods between disclosure, charging decisions, and trial dates.

*“...it was reported through a councillor. They picked up on signs and reported it to the police immediately without my knowledge. A few days later, police came to my house and asked me a lot of questions. At first, I denied everything, but then told*

“

***“I want to pull out as it’s horrible to have it looming. I feel stuck and like my life can’t progress...”***

”

*them everything... six years of just waiting... I’ve had to pause my life, just because it takes such a long time [for it] all to happen. The justice system is slow.”*

Survivors described delays as putting their lives on hold and delaying recovery. Furthermore, for cases involving older abusers, delays created additional distress due to fears that the abuser may die before trial, removing any possibility of formal accountability.

*“...nothing could have prepared me for the last two years. It’s been the worst two years of my life. And from the decision to charge to the trial is another two years. The system is broken. The victim is not at the heart of it. I feel like an inconvenient necessity at the moment. And I live in constant fear he will die before the court date given.”*

*“It was a period of huge stress and drawn out over a long time. The trial kept getting postponed and the court date ended up being when my first born child was six weeks old, which was an additional stress.”*

*“It’s been two years, and I still haven’t heard anything about how my case is progressing. I want to pull out as it’s horrible to have it looming. I feel stuck and like my life can’t progress, even though it doesn’t have the impact it once did.”*



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**“When in every inch of my being  
I felt defective, the court system  
exacerbated that.”**

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## SiT reflection



Clear, consistent and compassionate communication is fundamental to maintaining survivor engagement throughout the criminal justice process.

Survivors consistently tell us that uncertainty, lack of updates and feeling forgotten can be just as damaging as the investigation itself.

Good communication builds trust, helps survivors feel informed and supported, and may reduce attrition by increasing confidence and engagement throughout the process.

These outcomes had a lasting impact on the wellbeing of those who mentioned them. Some felt they had not been believed, and worried about how the lack of a conviction may be perceived by others.

*“I worry in case people don’t believe my story as there was no prosecution and I feel embarrassed thinking that other people could think that.”*

*“The injustice of the sentence my rapist received still haunts my everyday life.”  
“Even though my abuser was found guilty it didn’t end there. I had relived the trauma time and time again, every time my abuser appealed and applied for parole and their eventual release - even though the prison said he was unfit for release.”*

## Court process and cross-examination

### Outcomes and perceptions of justice

**Thirteen** survivors highlighted dissatisfaction with case outcomes and a sense that justice was not achieved.

Comments described cases being closed without action. Reasons for this varied, but included abusers being deemed unfit, lack of evidence, or death prior to trial. Several survivors also reported being advised not to proceed with a case or being persuaded to withdraw, while others described repeatedly being told no further action could be made on their case.

Even in cases that resulted in convictions, survivors did not always experience a sense of closure. Some described dissatisfaction with sentencing, while others reported ongoing distress linked to appeals, parole hearings, or the release of abusers.

**Twelve** survivors described their experiences of the court process, particularly cross examination. These accounts highlighted that the process had been extremely distressing and, for one survivor, **“it scared me more than the abuse ever did.”**

Survivors sometimes felt the way proceedings had been conducted in court positioned them as unreliable or at fault. To them, the experience had felt like an interrogation, leaving them feeling guilty, exposed, and vilified.

Survivors had perceived questioning as invasive and humiliating. A practice described by Twardawski et al. (2025) as a common victim-blaming narrative used to shift the blame from the abuser to the survivor.

*“I was struggling to speak, but the cross examination was the worst. I had to justify why I wore dresses at five if I didn’t want to get molested.”*

Some survivors also mentioned the conduct of legal professionals. One survivor noted that the barristers lack of experience meant inappropriate lines of questions were not challenged, while another reported being allowed to be intimidated by the abuser and their family in the courtroom.

Survivors described ongoing flashbacks, the resurfacing of previously buried trauma, and, in some cases, severe mental health consequences, including breakdown and a diagnosis of PTSD linked to the court process itself.

*“Whilst I gave evidence using a prerecorded video, I was cross examined in court. I did this because I was told this had more impact on the jury. As a victim of abuse, it made me feel exposed. I was asked in court about my mental health. I feel the line of questioning implied I was mad. I was cross examined by a male barrister. When in every inch of my being I felt defective, the court system exacerbated that. And the not guilty plea compounded it. The wait for the court date was incredibly distressing.”*

*“I still have flashbacks of being a child in court.”*

*“The Defence team only added to the trauma and said some very nasty things. This whole situation caused me to have a complete mental breakdown and eventually I was diagnosed with PTSD just from the court case alone - on top of CPTSD from the actual abuse.”*

## Interviews

**Seven** survivors commented about the police interview process, describing it as distressing, overwhelming, and re-traumatising. They had felt the way interviews were conducted made them feel unsupported and personal

preferences on the gender of officers had not been met.

*“At the interview, I was spoken to by male officers, despite requesting for a female officer.”*

The nature and length of interviews was also highlighted. Survivors described prolonged and intensive questioning lasting hours that had required them to recount traumatic experiences in significant detail.

*“The interview at the local SARC was intimidating and I still have flashbacks due to it. The questioning was relentless and I felt that I had to justify everything even down to the size of the abuser’s penis. It was traumatising, and because of the trauma of CSA, it was incredibly difficult to recall events logically. I would have preferred it if the interview was shorter and over a number of days - to give time to build up confidence, trust, and try and put some order into things and be prepared.”*

Some survivors felt officers’ neutral or procedural approach came across as disbelief, leaving them feeling isolated and unsupported. Others described negative interactions with officers, which discouraged engagement or worsened their emotional wellbeing.

Survivors mentioned the cumulative impact of repeated interviews over an extended period. Having to retell their experiences multiple times across months or years, often without consistent emotional support, had contributed to feelings of exhaustion, anxiety, and a sense of being unable to move forward.

*“It makes me sad that, as a child, I believed I just had to do the right thing and the justice system would do the right thing - but it was two maybe even three years from reporting to verdict, not including the abuse. That is a colossal amount of*

*childhood spent retelling that abuse to police several times, in several rooms, over several years, with no other emotional support. And then, one day, you get a call to say not guilty - and they never speak to you again."*

*"The police being neutral felt like disbelief, and very lonely. The first interview was eight hours with no break, the second was four. The questioning was re-traumatising, especially as the memories were unprocessed at that time, and lead to an increase in flashbacks and panic attacks."*

### **Regret seeking justice**

**Six** survivors expressed regret about reporting to the police and seeking justice, describing the process as having been distressing, unsupportive, and damaging to their wellbeing. Several felt the experience worsened their trauma, leaving them feeling unheard, let down by the system, and worse off than if they had never reported at all.

*"The whole experience was awful, and I wish I had never said I would be happy to testify."*

*"I would never recommend anyone else to report, due to the negative impact on my life. I wish I'd never reported. I was abused throughout by the system and never felt heard."*

*"After the trial, I had a debrief with the police and they asked the question 'if anyone [was] in the same situation as me, and going through a historic abuse trial, what would my advice be?' I answered honestly. I would not recommend it, as it doesn't resolve the pain and, actually, I feel I'm living the life sentence where my abuser is living back within their freedom free from trauma."*

### **Physical examinations**

**Three** survivors' experiences of physical examinations following disclosure of abuse were described as emotionally difficult.

While a small number of survivors acknowledged receiving supportive treatment from individual staff members, the examination process itself was remembered as invasive and traumatic.

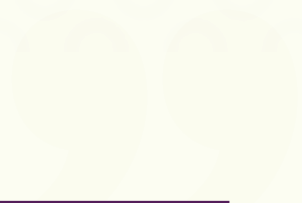
*"They couldn't charge them because there was no visual evidence, and they knew that from the start - but still proceeded to do forensics. Why they felt the need to do forensics when they could not charge is beyond me."*

Others reflected on discomfort and vulnerability during medical examinations, particularly where male professionals had been involved.

*"The doctor's physical examination is what stays with me the most. I was told that a female GP from my practice could carry this out... but the male police doctor had to be present throughout too."*

*"Had to be questioned by a male (police) doctor, but I was allowed to be examined by my female doctor, with the male doctor present."*

These accounts suggest physical and forensic examination processes could be experienced as re-traumatising, particularly where survivors felt procedures were unnecessary or lacking sensitivity to gender and trauma-related needs.



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**“A colossal amount of childhood spent re-telling that abuse to police.**

“...several times... in several rooms... over several years, with no emotional support.”

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## Lack of support

**Nineteen** survivors highlighted a lack of support while going through the criminal justice process. This included general statements about a lack of support, such as, **“I had no support throughout”**, **“No support was provided”**, and **“No support whatsoever”**.

Some survivors specifically mentioned not being offered counselling or therapy at key stages of the investigation, including when giving statements or providing evidence.

*“I wasn’t allowed therapy until after I’d given video evidence. I was then persuaded to withdraw the case.”*

Overall, the lack of support left these survivors feeling unable to cope, alone, and unsupported. In some cases, comments indicated that this had contributed to survivors withdrawing from the criminal justice process, or regretting their decision to report to the police.

*“Sadly, I was just asked to make a statement. No therapy or counselling was ever offered.”*

## Poor communication

Poor communication had been a major obstacle faced by a number of survivors. In total, **fifteen** comments highlighted significant problems throughout the criminal justice process. These comments were categorised into three sub-themes shown in the table below.

|                               | Count |
|-------------------------------|-------|
| Lack of updates               | 13    |
| No updates on outcome of case | 3     |
| Severe communication errors   | 2     |

**Table:** Themes in survivors’ comments about issues with communication in the criminal justice process.

## Lack of updates throughout process

**Thirteen** survivors described a lack of regular communication, often describing it as delayed or sporadic. This included experiencing long periods of silence, with some waiting months or even years for updates on their case. One survivor described having to **“constantly chase the police ourselves, when we were promised updates”**, highlighting a lack of proactive communication.

Poor communication practices also included unpredictable or inconvenient contact, with two survivors reporting having received planned calls hours later than expected.

*“Police contact was sporadic due to shift structures, which meant many anxious days waiting for calls that didn’t come, and being surprised by calls while at work etc.”*

Problems with communication had contributed to survivors’ feelings of anxiety, uncertainty, and fear, with some expressing regret about reporting or feeling they had wasted their time.

*“It was an absolute joke. I wish I’d never gone to the police. They haven’t kept me informed.”*

*“It’s been two years, and I still haven’t heard anything about how my case is progressing.”*

## No updates on case outcome or abuser release

**Three** survivors highlighted a lack of communication regarding case outcomes and key developments, particularly sentencing and the release of abusers.

Some reported having never been informed of the outcome of their case, while others only learned the outcome through support workers instead of directly from the criminal justice

system. **One** survivor raised concerns about not being notified when their abuser was released, which could leave them vulnerable and at potential risk.

*“I don’t recall ever hearing an outcome...”  
“They only got three years, and I had absolutely no correspondence from the justice system - only found out from my social worker.”*

### Severe communication errors

**Two** survivors highlighted serious communication errors. They included contacting the wrong person due to a failure to review case details, giving incorrect information about the case, and sharing sensitive information without the victim’s consent.

*“Witness care phoned my dad instead of me (I was an adult at the time) and then said they didn’t read the file properly, so just assumed I was a child still. Witness care told me about the wrong plea from the hearing.”*

*“Without my permission, when I turned over the age of 16, the detective shared information with my mum before myself, which left me in difficult situations.”*

### Not being believed

**Thirteen** survivors mentioned not being believed by police, legal representatives, social services, and family members. For survivors of historic abuse, the lack of action taken had reinforced their perception that they were not believed, while others described being treated as **“a suspect instead of a victim”**.

**Two** survivors described experiences of not being taken seriously and their accounts being dismissed.

*“I was not believed as I was deemed not to have capacity at the time.”*

*“Being accused of false memory syndrome made me question taking my own life.”*

In **three** survivors’ accounts, the lack of belief resulted in further harm, such as being placed back into environments where their abuse had occurred and being exposure to potentially dangerous situations.

*“It was my sibling who abused me. Once the police dropped the case, they told my mum, who didn’t believe me, that it was up to her if I saw them again. She made me see them, which resulted in them abusing me again.”*

*“The result of not being believed by my social workers was that they sent me back to live with my mother.”*

### Challenges with historical cases

**Nine** survivors highlighted challenges with non-recent cases.

|                          | Count |
|--------------------------|-------|
| Lack of evidence         | 5     |
| Abuser deceased or unfit | 5     |

Table: Themes in survivors’ comments about challenges with non-recent abuse cases.

#### Lack of evidence

**Five** survivors described difficulties arising from the lack of evidence in their case, some of which dated back to the 1970s.

Survivors were told there was insufficient evidence for police to take action, or cases would not hold up in court. Reasons offered included missing records, not being able to identify abusers, or a lack of CCTV.

This led these survivors to feel their cases were being dismissed because they were historic and that they were no longer seen as valid or important. As a result, it was clear people felt they were not believed, they were unable to achieve closure, and they lost faith in any further investigation.

*“Police did not take any action because it was historic abuse and it was just my word against his. This shattered me, and left me feeling I wasn’t believed.”*

*“Unfortunately, by the time I had the courage to report it to the police, it was considered a historical abuse case. So, I was advised that the evidence wouldn’t hold up in court and nothing could be done really. I think if it was the other way around, it would’ve helped me get some closure if I could have seen the process through.”*

*“They said it was historical and within the family and both abusers were children at the time, although older than me. The adult male said he had dementia, so no one spoke to him either.”*

### **Abuser deceased or unfit**

**Five** survivors described how, due to the length of time between abuse and reporting, the abuser(s) had either died or were considered unfit for interview due to age-related conditions, meaning no further action could be taken. This left survivors without the opportunity for formal investigation or justice.

**One** survivor felt the wellbeing of the abuser was prioritised over their own experiences and needs. Consequently, this lack of action **“made me feel that they did not take my allegations seriously because it was an historical crime”**.

*“The person reported was only one of the abusers, who groomed me and raped me [as a teenager]. He was reported after he died, and following investigation the police said they would have taken the case forward had he been alive.”*



“

**“I was told that there wasn’t enough evidence  
as it was a historical case.**

“It made me feel like my experience was no longer  
valid or important.”

”

## Seeking help

This section of the report summarises whether survivors accessed support, how long they received support for, the information available about support services, the types of services used, and survivors' experience of using them.

### Accessed support

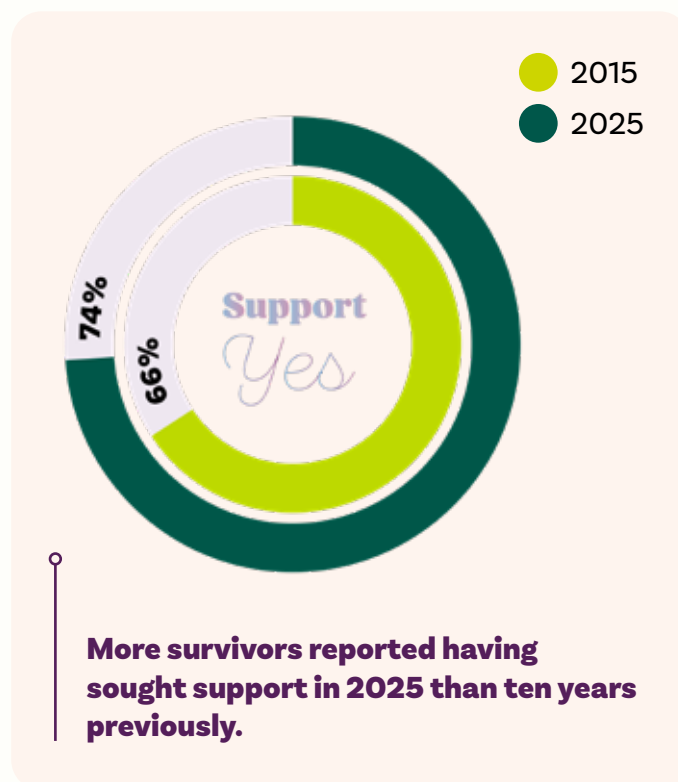
Nearly three-quarters of survivors (**74%/150**) reported accessing support, while just over a quarter (**26%/53**) had not. This represents an increase from 2015, when **66%** of respondents reported seeking support.

While the reasons for this increase cannot be determined from the survey data alone, it may reflect a combination of factors, including greater public awareness of CSA and reduced stigma associated with disclosure and seeking help, as well as increased availability of support services, a broader range of support options, and changes in safeguarding policies that have resulted in more referrals from professionals.

Together, these developments may have contributed to a greater likelihood of survivors accessing support following abuse.

As with the 2015 study, recruitment for this study primarily took place through support organisations. This approach may introduce bias toward survivors who have accessed services and may therefore under-represent survivors who have not sought or received support.

- **74%** of both male (**25**) and female (**121**) survivors reported they had accessed support.
- **77%** (**114**) of survivors with an additional support need reported they had accessed support compared to **67%** (**36**) of survivors with no additional support needs.



|     | %/Count (2025) |     | %/Count (2015) |     |
|-----|----------------|-----|----------------|-----|
| Yes | 74%            | 150 | 66%            | 257 |
| No  | 26%            | 53  | 34%            | 135 |

**Table:** Survivor reports of whether they had sought support.

### Duration of support

The table below shows the duration of support received by survivors, highlighting a considerable variation in how long support is accessed.

While a relatively small proportion of survivors received support for only a few months, almost

one quarter (**24%**) reported receiving support for more than six years.

In addition, over **60%** of survivors who had accessed support reported receiving it for more than one year. These findings suggest survivors engage with support services over extended periods, highlighting the long-lasting impacts of CSA and the importance of flexible support.

|                     | %   | Count |
|---------------------|-----|-------|
| Less than 1 month   | 2%  | 3     |
| 1 - 3 months        | 7%  | 11    |
| 4 - 6 months        | 16% | 23    |
| 7 to 12 months      | 12% | 17    |
| 1 to 2 years        | 21% | 31    |
| 3 - 4 years         | 12% | 17    |
| 5 - 6 years         | 5%  | 8     |
| More than six years | 24% | 36    |

**Table:** Survivor reports regarding the length of time they received support.

## Information about support available

The table below summarises respondents' views on the availability of information about support and services for survivors.

Although these questions were adapted from those used in the 2015 survey, and therefore not directly comparable, they do address similar

themes relating to the clarity, accessibility, and relevance of information about available support.

Several questions were revised and combined to better reflect survivors' experiences of seeking information and accessing services:

- The original question, "Professionals and people in organisations gave me the information I needed", was revised to "I felt professionals and organisations clearly explained the support available to me".
- The questions, "I found the information I needed online" and "It was easy to find information I needed", were combined into "I was able to easily find information online about the support available".
- The questions, "I found enough information about the services and support available" and "The information I found was relevant and appropriate", were merged and revised to "I found enough information about services and support for my specific needs".

These changes should be considered when interpreting the findings and considering comparisons with the 2015 data.

|                                                                                       | Strongly agree/<br>Agree | Neither  | Strongly disagree/<br>Disagree |
|---------------------------------------------------------------------------------------|--------------------------|----------|--------------------------------|
| I felt professionals and organisations clearly explained the support available to me. | 53% (64)                 | 18% (21) | 29% (35)                       |
| I was able to easily find information online about the support available.             | 47% (56)                 | 21% (25) | 33% (39)                       |
| I found enough information online about services and support for my specific needs.   | 38% (46)                 | 25% (30) | 37% (44)                       |

**Table:** How survivors felt about the availability of information about support services.

- Just over half (**53%/64**) agreed professionals and organisations clearly explained what support was available to them, while **29% (35)** disagreed.
- Nearly half (**47%/56**) were able to easily find information online about support. A third (**33%/39**) disagreed.
- Compared with the other two questions, fewer respondents (**38%/46**) agreed that they found enough information online about services and support for their specific needs, while **37% (44)** disagreed. This suggests that, although general information may be easier to find, there are still gaps in information tailored to individual needs.

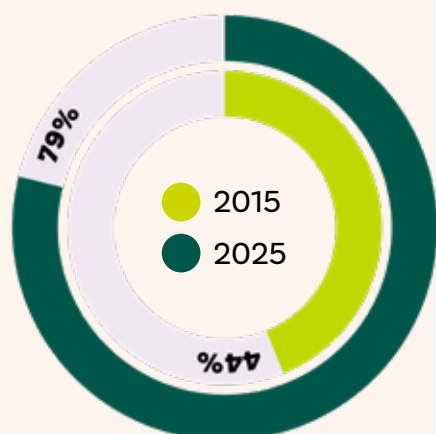
Although feedback from respondents indicates there have been improvements in accessing information and understanding available support since 2015, substantial gaps still remain, as many survivors reported struggling to find information that addressed their individual circumstances and support needs.

## Services used

The table below shows the services used by survivors. Five are highlighted in shades of orange. They recorded the highest proportional change in service usage between 2015 and 2025. Five services are highlighted in shades of green. They showed the least proportional change over the decade.

|                                                | 2025 | 2015 | % |
|------------------------------------------------|------|------|---|
| Voluntary sexual abuse service <b>(+35%)</b>   | 79%  | 44%  |   |
| Voluntary counselling <b>(+19%)</b>            | 63%  | 44%  |   |
| GP service                                     | 63%  | 49%  |   |
| Statutory mental health service                | 59%  | 44%  |   |
| Voluntary mental health service <b>(+24%)</b>  | 50%  | 26%  |   |
| Statutory counselling <b>(+18%)</b>            | 44%  | 26%  |   |
| Police                                         | 43%  | 34%  |   |
| ISVAs <b>(+30%)</b>                            | 36%  | 6%   |   |
| Samaritans                                     | 33%  | 21%  |   |
| A&E                                            | 28%  | 20%  |   |
| Sexual health services                         | 24%  | 12%  |   |
| Victim support                                 | 22%  | 9%   |   |
| SARCs                                          | 22%  | 7%   |   |
| Childline or other helpline <b>(1%)</b>        | 15%  | 14%  |   |
| Drug or alcohol advice <b>(-2%)</b>            | 10%  | 12%  |   |
| Social services <b>(-6%)</b>                   | 10%  | 16%  |   |
| NSPCC/Barnardos/children's charity <b>(0%)</b> | 7%   | 7%   |   |
| Faith-based support <b>(0%)</b>                | 7%   | 7%   |   |

**Table:** The support services survivors had used in 2025 and ten years previously in 2015.



Use of **voluntary sexual abuse services** had increased in 2025 by **more than a third**.

### Key messages about support

Compared with a decade ago, survivors are making greater use of voluntary sector support services.

The largest increase was seen in the use of voluntary sexual abuse services, with **35%** more survivors selecting this option, followed by Independent Sexual Violence Advisers (ISVAs), which saw a **30%** increase. Voluntary mental health services were selected **24%** more often, while use of voluntary counselling services increased by **19%**.

These findings suggest a growing reliance on specialist voluntary sector provision, highlighting the increasingly important role these services play in supporting survivors' recovery and wellbeing.

Other findings included:

- Survivors used a range of services - **8%** of survivors used only one service, **16%**

used two, **14%** used three, and **61%** had used four or more services listed above.

- The four most commonly accessed services remain largely unchanged since 2015, although voluntary sexual abuse services are now the most frequently used. Voluntary sexual abuse services (**79%**), voluntary counselling (**63%**), GP services (**63%**), statutory mental health services (**59%**), and voluntary mental health services (**50%**) were most accessed services by survivors.
- GPs remain the most commonly accessed statutory service, increasing from **49%** in 2015 to **63%** in 2025. This suggests primary care continues to play a key role in survivors' routes to support. A similar increase was observed in the use of statutory mental health services (**44%** in 2015 to **59%** 2025), which also remains among the most frequently accessed services.
- There were also notable increases in the use of ISVA services (**6%** to **36%**) and SARCs (**7%** to **22%**). This may indicate improved awareness of, and access to, specialist services for survivors.
- In contrast, there was little change, or a decline, in the proportion of respondents reporting access to more general support services. For example, reported use of social services decreased from **16%** to **10%**, while access to drug and alcohol support fell from **12%** to **10%**. Use of faith-based support and children's charities remained relatively stable over the same period.

## Satisfaction with services

Respondents were asked to rate the support they received from the organisations they had used, on a five point scale from very poor to very good.

Following the same method used in 2015, an average satisfaction score for each service was calculated by converting responses into a numerical scale as follows:

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

Between 2015 and 2025, overall satisfaction with services increased slightly from **2.5** to **2.7**. Voluntary services remained the highest-rated, rising from **3.0** to **3.1**. Although statutory

services showed the greatest improvement, increasing from **2.0** to **2.3**, they continued to receive the lowest average satisfaction scores.

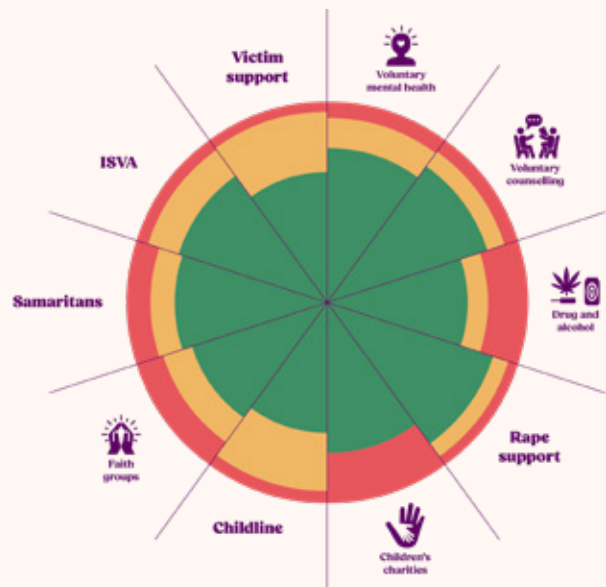
| 2025               | %   |
|--------------------|-----|
| All services       | 2.7 |
| Statutory services | 2.3 |
| Voluntary services | 3.1 |

| 2015               | %   |
|--------------------|-----|
| All services       | 2.5 |
| Statutory services | 2.0 |
| Voluntary services | 3.0 |

**Tables:** Average satisfaction scores across all services, statutory services, and voluntary services in 2025 and 2015.

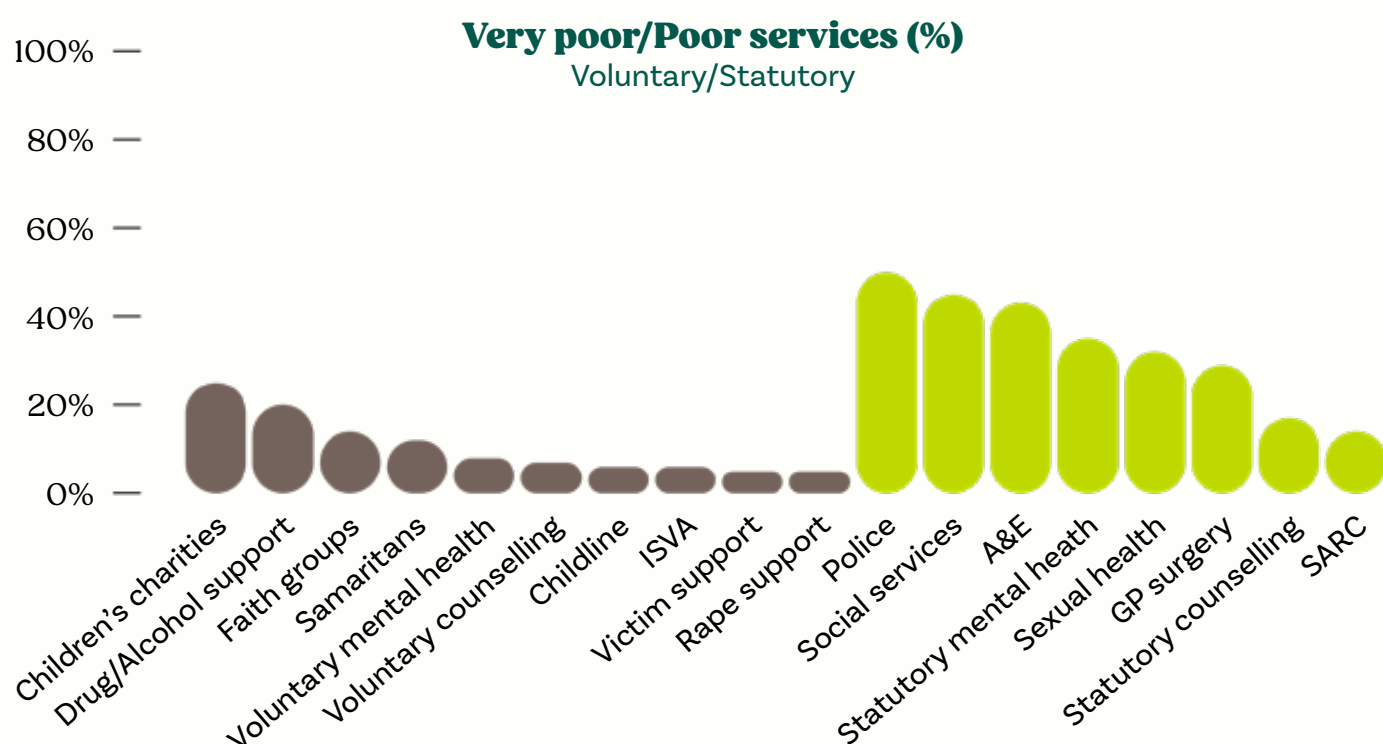
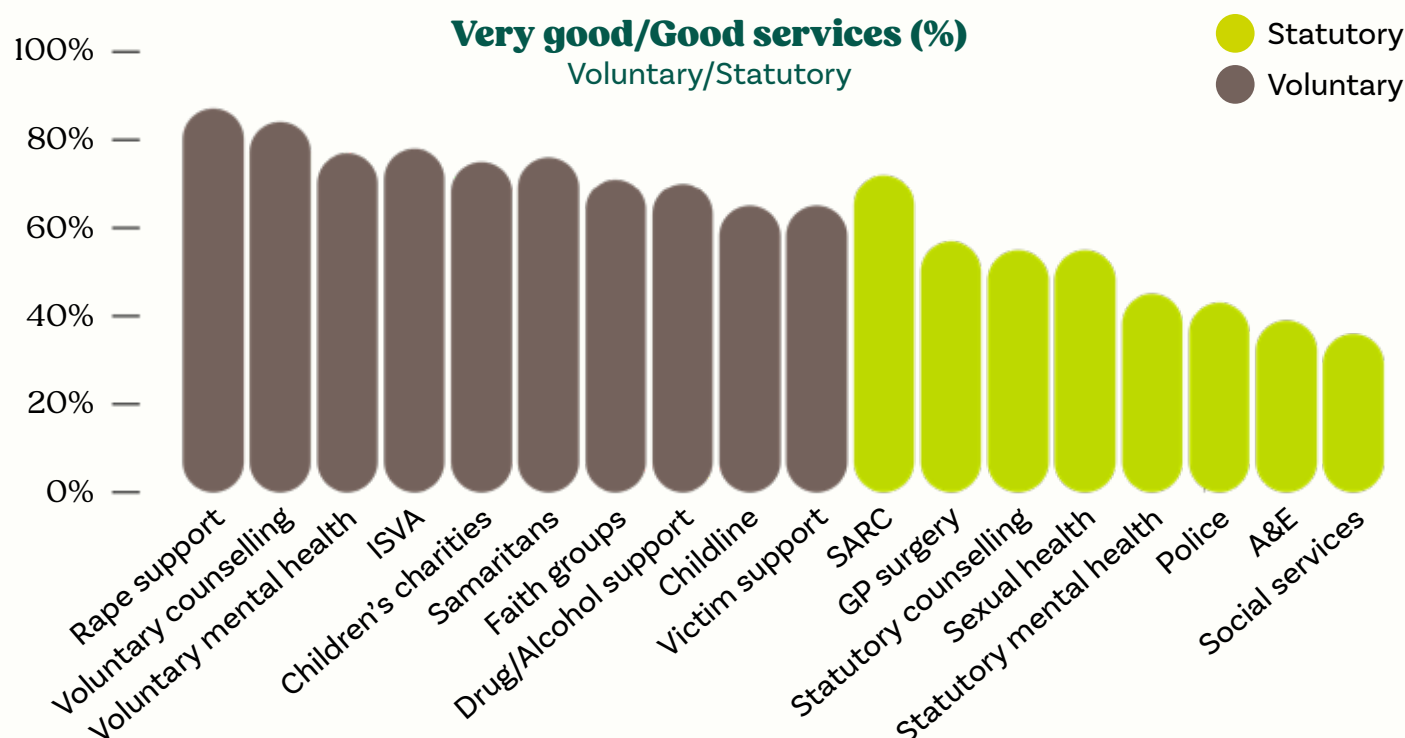


**Statutory services**



**Voluntary services**

**As in 2015, these charts reveal a distinct pattern in which respondents were more likely to rate voluntary and independent sector services as being good and statutory sector services as being poor.**



The data showed notable changes in the perception of support services between 2015 and 2025, with most services experiencing an increase in positive ratings (very good/good) and a corresponding decline in negative ratings (very poor/poor).

Services with the highest positive ratings in 2025 were:

- Voluntary sexual abuse services (**87%**)
- Voluntary counselling (**84%**)
- ISVAs (**78%**)

These were also among the highest rated services in 2015, although voluntary counselling received the highest positive rating during the initial survey.

Services with the lowest positive ratings in 2025 were:

- Social services (**36%**)
- A&E (**39%**)
- Police (**43%**)

Social services and A&E were also among the lowest rated services in 2015, indicating persistent concerns about these services over time.

Whilst most services saw an increase in positive ratings between 2015 and 2025, children's charities experienced the largest improvement, increasing from **47%** in 2015 to **75%** in 2025.

Other services showing substantial increases in positive ratings included:

- Victim support (**44%** to **65%**)
- Social services (**18%** to **36%**)
- Drug and alcohol services (**53%** to **70%**)
- Statutory counselling (**38%** to **55%**)

A small number of services experienced a decline in positive ratings including SARCs (**77%** to **72%**), ISVAs (**83%** to **78%**), voluntary counselling (**88%** to **84%**), and helplines (**69%** to **65%**).

Overall, despite improvements across many statutory services, voluntary sector services continued to receive the highest positive ratings.

|                                             | Good (2025) | Good (2015) | Change |
|---------------------------------------------|-------------|-------------|--------|
| GP Service                                  | 57%         | 49%         | +8%    |
| Social services                             | 36%         | 18%         | +18%   |
| A&E                                         | 39%         | 34%         | +5%    |
| Voluntary mental health services            | 77%         | 67%         | +10%   |
| Statutory mental health services            | 45%         | 34%         | +11%   |
| Drug & alcohol advice                       | 70%         | 53%         | +17%   |
| Sexual health services                      | 55%         | 46%         | +9%    |
| Voluntary sexual abuse service              | 87%         | 77%         | +10%   |
| Voluntary counselling                       | 84%         | 88%         | -4%    |
| Statutory counselling                       | 55%         | 38%         | +17%   |
| NSPCC, Barnardo's, other children's charity | 75%         | 47%         | +28%   |
| ChildLine or other helpline                 | 65%         | 69%         | -4%    |
| Faith-based support                         | 71%         | 56%         | +15%   |
| Samaritans                                  | 76%         | 61%         | +15%   |
| Police                                      | 43%         | 41%         | +2%    |
| SARCs                                       | 72%         | 77%         | -5%    |
| ISVAs                                       | 78%         | 83%         | -5%    |
| Victim support                              | 65%         | 44%         | +21%   |

**Table:** The percentage of 'Very good' and 'Good' ratings across all services listed in the survey, and the difference in ratings between 2015 and 2025.

## How has support changed over time?

Almost half of respondents (**45%**) felt support had improved over time. In contrast, **17%** believed supported has got worse, while **16%** felt that support had remained largely unchanged. A further **22%** were unsure whether support had changed.

While these findings suggest survivors perceived positive developments in support available to them, experiences remained mixed. This suggested improvements had not been experienced consistently by all survivors.

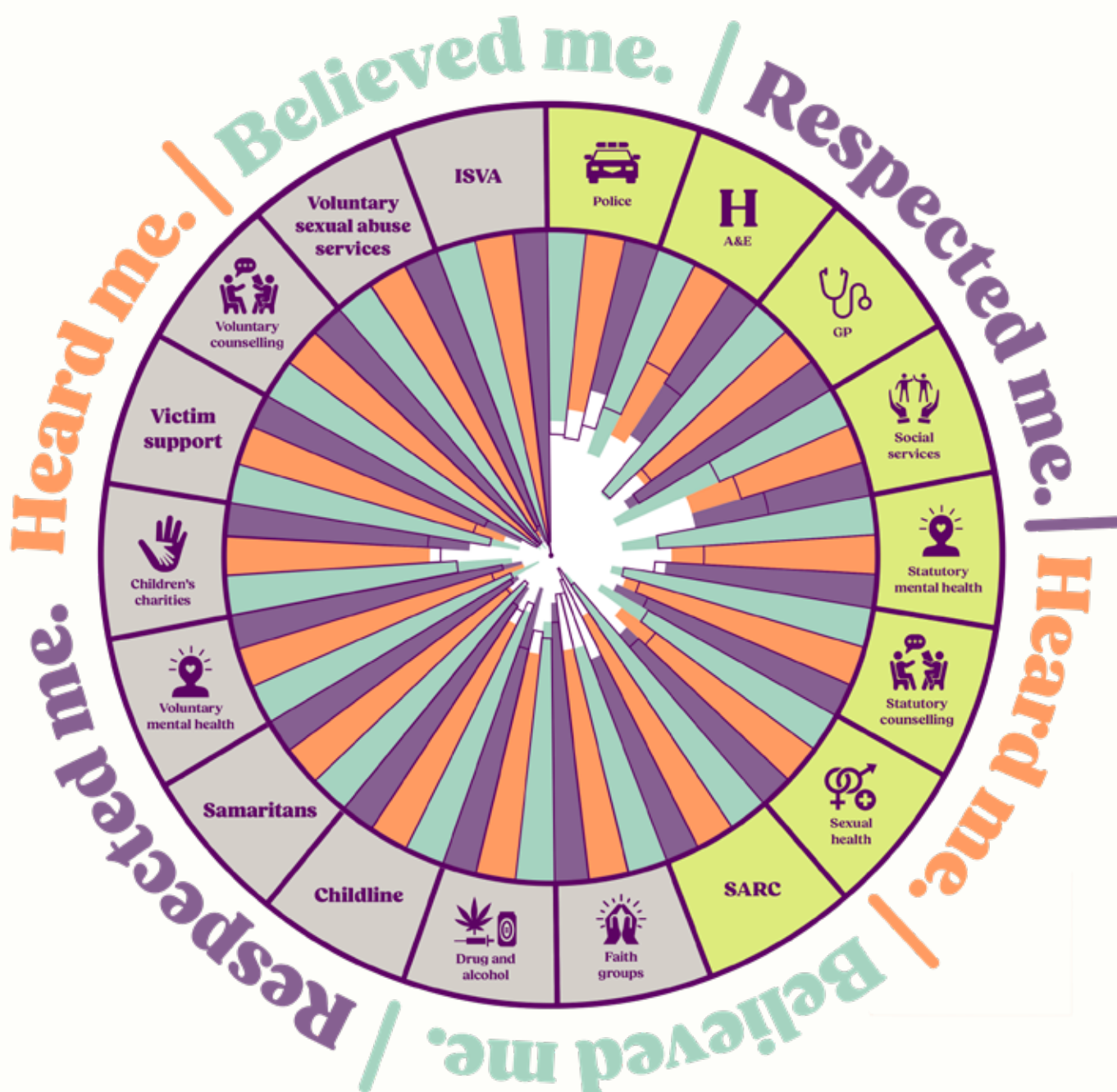
- Just over half of male survivors (**53%**) and **44%** of female survivors reported that support had improved.
- Male survivors were slightly more likely to say support had stayed the same (**18%** vs. **14%**), while female survivors were slightly more likely to say support has gotten worse (**18%** vs. **12%**).
- A total of **47%** of survivors with additional support needs reported that support had improved, compared with **39%** of those without.
- Survivors without additional support needs were slightly more likely to report support had stayed the same (**18%** vs. **15%**) and that support has gotten worse (**21%** vs. **16%**).

|                        | %   | Count |
|------------------------|-----|-------|
| It has gotten worse    | 17% | 20    |
| It has stayed the same | 16% | 18    |
| It has improved        | 45% | 52    |
| I'm not sure           | 22% | 26    |

**Table:** Survivors' perceptions of changes to support over time.

## Being heard, believed, and respected by services

The graphic below shows the percentage of survivors who said they were heard, believed, or respected across all statutory and voluntary services. Data from 2015 is overlaid to show changes in survivor's perceptions of the services.



|                                                 | Believed | Heard | Respected |
|-------------------------------------------------|----------|-------|-----------|
| Police                                          | 59%      | 55%   | 48%       |
| A&E                                             | 67%      | 59%   | 56%       |
| GP service                                      | 76%      | 64%   | 72%       |
| Social services                                 | 78%      | 55%   | 55%       |
| Statutory mental health services                | 78%      | 63%   | 65%       |
| Statutory counselling                           | 81%      | 76%   | 78%       |
| Sexual health services                          | 82%      | 73%   | 68%       |
| SARCs                                           | 93%      | 79%   | 86%       |
| Faith-based support                             | 71%      | 71%   | 86%       |
| Drug and alcohol services                       | 80%      | 70%   | 90%       |
| Childline or other helpline                     | 82%      | 76%   | 88%       |
| Samaritans                                      | 88%      | 84%   | 88%       |
| Voluntary mental health services                | 96%      | 91%   | 91%       |
| NSPCC, Barnardos, or other children's charities | 88%      | 63%   | 75%       |
| Victim support                                  | 90%      | 85%   | 90%       |
| Voluntary counselling                           | 96%      | 92%   | 93%       |
| Voluntary sexual abuse service                  | 97%      | 93%   | 95%       |
| ISVAs                                           | 97%      | 95%   | 95%       |

**Table:** Survivors' perceptions of whether services had heard, believed, or respected them (2025).

Similar to the 2015 findings, responses within individual services were generally consistent across the three measures of being believed, heard, and respected. However, clear differences emerged between service types.

The table shows that specialist voluntary sector organisations received the most positive ratings across all three measures. In particular, voluntary sexual abuse services, ISVAs, voluntary counselling services, voluntary mental health services, and victim support achieved consistently high scores.

These findings indicated that specialist voluntary organisations are effective in creating supportive environments and

validating survivors' experiences, reflecting the importance of survivor-centred approaches.

These findings are further reinforced by respondents' written accounts of what they found most helpful, where voluntary-sector organisations were consistently described as providing the most meaningful compassionate and holistic support. Respondents were more like to use highly positive words to describe these services, including that they had been **"life-saving"**, **"amazing"**, **"incredible"**, a **"godsend"**, and **"brilliant"**.

In contrast, statutory services received the lowest ratings, particularly police, A&E departments, and social services. The police

received some of the lowest ratings overall, especially in relation to respect, with only **48%** of respondents reporting that they felt respected during their interaction.

Some of the differences between statutory and voluntary provision are highlighted for clarity in the tables below.

|                                  | Believed | Heard | Respected |
|----------------------------------|----------|-------|-----------|
| ISVAs                            | 97%      | 95%   | 95%       |
| Voluntary counselling            | 96%      | 92%   | 93%       |
| Voluntary mental health services | 96%      | 91%   | 91%       |
| Voluntary sexual abuse service   | 97%      | 93%   | 95%       |

|                 | Believed | Heard | Respected |
|-----------------|----------|-------|-----------|
| Police          | 59%      | 55%   | 48%       |
| A&E             | 67%      | 59%   | 56%       |
| Social services | 78%      | 55%   | 55%       |

**Table:** Survivors' perceptions of whether services had heard, believed, or respected them (2025). The differences between voluntary service ratings and statutory service ratings.

Across several services, there was also a notable gap between feeling believed and feeling heard. For example:

- Social Services: **78%** of respondents reported feeling believed, compared with **55%** who felt heard, representing a difference of **23%**.
- Children's charities (e.g., NSPCC & Barnardo's): **88%** of respondents reported feeling believed, whereas only **63%** felt heard, a difference of **25%**.

reporting more positive interactions with voluntary-sector support. This pattern is also reflected in overall satisfaction ratings.

When asked about the most helpful aspects of support, respondents frequently identified being listened to, believed, and treated with understanding. This reinforces the importance of interpersonal relationships in shaping survivors' experiences of support.

This suggest that, while survivors often felt their experiences were accepted, this did not always translate into feelings of being listened to or actively involved in discussions about their support.

Taken together, the findings demonstrate a clear difference in experience between voluntary and statutory services, with survivors

## What more is needed?

Respondents were asked whether there were any types of support they needed but had not been able to access. They were also asked how services and support could be improved for people with similar experiences.

A total of **163** comments were received across both questions. As similar themes emerged, the responses were combined and analysed together.

### Key Messages

1. Survivors need faster and easier access to support. Survivors highlighted the need for increased service capacity, reduced waiting times, improved access to specialist therapies, fewer eligibility barriers, and greater investment in free or low-cost support.
2. Survivors need more trauma-informed and long-term support. Survivors emphasised the importance of professionals having a better understanding of CSA and trauma, alongside the need for greater access to tailored ongoing support that is not limited to short-term interventions.
3. Survivors need holistic and survivor-centred support. Survivors called for better signposting, access to peer support groups, being listened to and believed, support that addresses the wider impacts of CSA, and improved responses from services and the criminal justice system.

A breakdown of the key themes that emerged from respondents free-text comments is shown in the table.

|                                                     | Count |
|-----------------------------------------------------|-------|
| Availability of support services                    | 70    |
| Understanding, training, and professional awareness | 36    |
| Funding and affordability                           | 34    |
| Long-term and ongoing support                       | 26    |
| Peer support groups                                 | 19    |
| Signposting                                         | 14    |
| Holistic recovery (Rebuild lives)                   | 11    |
| Being believed and heard                            | 11    |
| Criminal justice system and Police responses        | 11    |
| Flexibility, choice, and support delivery           | 8     |

**Table:** Themes in comments about the types of support survivors need and how services could be improved.

### Availability of support services

**Seventy** survivors highlighted a need for improved availability of support services.

Key concerns included limited capacity within existing services, long waiting times, lack of specialist therapeutic support, barriers to access (e.g., restrictive eligibility criteria) that result in survivors falling between services.

### Service capacity and wait times (**53** comments)

Survivors reported difficulties accessing support due to limited capacity within existing services, particularly focusing on a need for greater availability and reduced waiting times.

Some survivors described waiting months or even years for therapy, with several turning to private support while awaiting treatment. These delays often left survivors without access to other forms of support and highlighted the need for greater investment to reduce waiting times and meet demand.

### **Gaps in specialist therapeutic support (15 comments)**

Some survivors identified gaps in existing provision. Some reflected on a need for more specialist and tailored therapeutic support, including EMDR, body psychotherapy, EFT, spiritual therapy, pre-trial therapy, and specialist counselling for Complex PTSD and Dissociative Identity Disorder.

Other survivors sought more support offers tailored to specific groups and experiences, including survivors of historical abuse, sibling abuse, younger survivors and mother-daughter CSA.

### **Access barriers (13 comments)**

Alongside gaps in the type of support available, others highlighted barriers to access, including limited provision locally and restrictive eligibility criteria.

One survivor described access to support as a **“postcode lottery”**, while others discussed rigid service thresholds that had meant they were considered too complex for one service but not severe enough for another.

These challenges resulted in survivors falling through the gaps between services, highlighting the need for greater support provision to ensure survivors can access appropriate support regardless of where they live or how their needs were assessed.

*“Local voluntary sector is difficult to access - long waiting times for their therapy (over 3 years) yet you must have been through their therapy service to access any of their other services e.g. peer support, leaves survivors with no support whilst waiting.”*

*“I just think there needs to be more tailored setting for younger people. I didn’t want to feel like there was anything wrong with me and didn’t like being in a new environment so refused the help.”*

*“I was suicidal, so I was too risky for talking therapy but not considered risky enough for the crisis team.”*



“

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**“There just isn’t enough out there. Or, you don’t qualify or can’t access things because of location or cost.**

“I feel like people say they cared about victims, but they don’t really want to help because it is all too hard. The NHS needs a trauma pathway separately to the normal route.

“It’s already exhausting surviving, then you have to navigate systems that feel stacked against you. Whilst feeling unworthy of it.”

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”

## Understanding, training, and professional awareness

**Thirty-nine** survivors mentioned the need for increased trauma-informed training or awareness across all sectors, as well as greater awareness of sexual violence and abuse among the general public of sexual violence and abuse.

### Greater awareness and training across all sectors (30 comments)

Across all sectors, survivors called for more trauma-informed practices. Respondents particularly highlighted the need for more specialist training for professionals working in health settings supporting women during pregnancy and cervical screenings, in schools to better understand trauma-related behaviour, and in policing to reduce re-traumatisation and improve trust.

Survivors felt professionals lacked an understanding of the effects of CSA, including complex trauma, dissociation, and how trauma can shape behaviour, communication, and disclosure. As a result, they felt professionals lacked core skills to support them effectively.

Respondents also stressed the importance of understanding that disclosure can often take time and that direct, supportive questioning by professionals may help survivors share experiences.

These qualities were further reflected in respondents' accounts of what they found most helpful. Survivors identified trauma-informed, compassionate professionals as being amongst the most helpful aspects of support they had received. They valued having **"someone to listen and reassure"**, access to a space **"where I can talk without being judged"**, professionals who understood the impacts of abuse, and not feeling **"rushed to share more than I felt able to"**.

“

**“Statutory services staff need to be trained to accredited levels with CPD to ensure that they are able to support victims because at the moment there’s a huge gap in professionalism.”**

### Greater public understanding (11 comments)

In addition to specialist training for professionals, survivors also emphasised the need for greater public awareness and understanding of sexual violence and abuse.

This included improved education on what constitutes abuse, and who may perpetrate it, as well as raising awareness of less recognised forms of abuse, the issues that cause survivors to delay reporting, and the impacts of CSA more generally.

*“During pregnancy and after I had a very hard time especially with the midwives and health visitors even though I had an alert on my record. The lack of understanding and empathy was awful. Also, I had absolutely no idea that giving birth was a trigger and so was breast feeding etc.”*

*“There needs to be more understanding of why people don’t report straight away and more understanding of how much courage and strength it takes to come forward.”*

*“Trauma informed training and approaches for police. Case studies/ meetings with people who have negative and positive experiences of the CJS to aid an understanding of the impacts.”*

## Funding and affordability

**Thirty-four** survivors highlighted the need for improved funding for support services as well as the availability of more affordable therapeutic support.

### Low cost or free support (23 comments)

Survivors called for free or low cost access to specialist, long-term therapy. Financial barriers were described as a major obstacle to receiving appropriate support, with some noting specific therapies such as EMDR or ongoing counselling were unavailable through the NHS or unaffordable privately.

Due to limited free provision and long waiting lists, survivors often relied on self-funding, which created a significant financial burden. This contributed to unequal access to support, with some survivors expressing concern for those unable to afford private therapy.

### Funding and service sustainability (11 comments)

Survivors broadly mentioned the need for increased and sustained funding for mental health and specialist trauma services, linking underfunding to long waiting times, limited availability, and difficulties accessing ongoing care.

Some questioned how funding is allocated and suggested that greater investment in voluntary

and specialist trauma organisations, due to their survivor-centred approaches and greater understanding of trauma, would be of benefit.

A small number of survivors provided specific examples describing the impact of funding cuts, such as reduced services and loss of previously available support.

*“Free or cheap counselling.”*

*“It’s been very difficult to receive the long term support I’ve needed due to the cost.”*  
*“Stop funding statutory mental health services and fund the voluntary ones instead as they understand trauma - for a long time my experience with the local MH team was worse than useless - it made me worse at times.”*

*“My only complaint is waiting times, the support is amazing, but the process takes so long. I know this issue stems mostly from lack of funding.”*

## Need for long-term and ongoing support

**Twenty-six** described the need for long-term and ongoing therapeutic support throughout their lives, emphasising that **“recovery is not linear”** and that building trust can take time. They felt short-term interventions were insufficient to address the long-term impacts of childhood sexual abuse, particularly where abuse had occurred for many years.

“

**“In my experience of NHS specialist services, you are very lucky to get six months of treatment. But this is nowhere near long enough to develop trust with the therapist and then talk about 17 years of childhood sexual abuse, violence and neglect.**

”

Furthermore, some survivors explained fixed therapy limits created additional stress and discourage them from fully engaging with support due to fears of being left without help after disclosing or processing traumatic experiences.

*“Survivors need ongoing therapy support throughout their lives. I have CPTSD and I get triggered all the time. With the EMDR treatment I had 6 sessions and I don’t think this is long enough as I had 17 years of abuse to process.”*

*“It’s stressful to work inside a fixed number of therapy sessions. I count them down and stop working through tricky things well in advance of the end of a therapy block because I’m scared of feeling dysregulated by a new memory or tricky concept just before support ends.”*

## Signposting and awareness of support

**Fourteen** survivors highlighted the need for better signposting, clearer information about available support, and greater transparency around services. They felt specialist CSA services, services for historic abuse, and free counselling or therapy were poorly advertised and difficult to find.

Respondents also emphasised the importance of referrals to appropriate support, including guidance from professionals to help survivors access the services best suited to their needs.

*“The relevant information regarding education about the typical physical, emotional and psychological consequences of sexual trauma needs to be collated (survivors need to know that they are not alone) and what specific support is available needs to be hosted in one place ideally - at least as an initial access point for CSA survivors newly on*

*their healing journey. This information would include several lived experiences from a cross section of CSA survivors. In the same way that Cancer Research and the NSPCC is so well known, we need a portal which will become immediately recognised as the ‘go-to’ place online for CSA survivors.”*

*“I think there should be more on social media on how to access these brilliant organisations that offer free support. I was unaware that I could access a free counselling service specifically for childhood sexual abuse. The relief was great when I found them.”*

## Peer support groups

**Nineteen** survivors highlighted the need for greater access to peer support groups and survivor-led spaces, with several reporting difficulties finding local groups.

They described feeling isolated and believed that connecting with others who had similar experiences could reduce loneliness, provide a sense of understanding, and support healing.

*“Peer support groups are very difficult to find. I’m really keen to join one but there is not one local to me. I just want to talk to people who may be able to relate and not feel so alone with how much this takes over my life.”*

*“Sometimes it would be nice to just go somewhere for a coffee, where other survivors are and just talk if I want to. I find it hard when I am given too many rules and would love to be open and talkative about being abused and its effects and find out if there are others who are on a healing journey.”*

## Holistic recovery (rebuild lives)

**Eleven** survivors reported the need for more holistic support recognising the wide-ranging impacts of childhood sexual abuse across all areas of life. This included support beyond trauma symptoms, such as relationships, parenting, physical and dental health, work, finances, intimacy and rebuilding life more broadly.

*“I still have big issues with intimacy in a relationship and still believing I was responsible for the abuse after 60 years.”*

*“Help to access medical appointments and dentist etc. my physical health is so poor but can’t engage and PTSD impacts my food and eating and sleep and wellbeing.”*

*“Work related support, something in the workplace to offer sessions when needed.”*

## Being believed and heard

**Eleven** survivors highlighted the need for being believed and heard when disclosing childhood sexual abuse.

Comments highlighted experiences of feeling dismissed, invalidated, blamed, or judged by professionals. As a result of these negative experiences, some felt less willing to seek further support or report abuse to the police.

*“He felt I was complicit with the abuse because I went home from school knowing what was going to happen to me. I was a child had been groomed and was being threatened by my abuser not to disclose or I would be killed.”*

*“When I spoke to SARC centre... [the worker] minimised what had happened to me as “just touching” because I had no recollection at the time of being penetrated*

“

**“...she said that unless there were other victims who were willing to come forward then she doubted the police would investigate.”**

*because I had dissociated during the assault.”*

## Criminal justice responses

**Eleven** survivors emphasised the need for better communication and support within the criminal justice system, alongside wider cultural change.

They described the need for better support throughout reporting, investigations, trials, and family court processes, with one reflecting on the importance of access to Independent Sexual Violence Advisors to guide them during this process.

Some also highlighted the need for wider cultural change within the criminal justice system, including moving away from victim-blaming and credibility focused responses, and instead adopting a more suspect-focused approach that prioritises investigating the alleged abuser’s actions and behaviours. Survivors also emphasised the importance of improving trust in the system and ensuring appropriate support for survivors throughout the process.

*“The police & CPS have a responsibility to help manage the effects of their broken system and bridge the gap to proper support and rebuild that trust by staying in communication somehow, having some closure.”*

*“Whilst a lot has changed and more people are opening up about their experiences, without a change in the criminal justice system and [if] the root cause of the problem is [not] addressed, we will never prevent this.”*

*“I feel like when I was younger there was no ISVA, and so I didn’t feel like I was supported through the process of reporting and the trial etc. I feel this role would have made a massive difference.”*

### **Choice and flexibility of support delivery**

**Eight** survivors highlighted the need for greater choice, flexibility, and diversity within support services to ensure they are tailored to individual needs. This included flexibility in how and where services are delivered, as well as the option to choose the gender of counsellors and support workers.

*“I tried to access them when I was 14 but really struggled, I was so young and wasn’t ready to speak about it. I feel like I could have benefited more from them coming to either my home or school.”*



## 8. Survivor reflections

Final thoughts from survivors of CSA

### For survivors

"The journey is hard and often you have to confront things you've locked away in your memory. Opening up can be painful but long term you will have a sense of unburdening yourself, a sense of freedom. You deserve that freedom."

"Their crime is not your crime."

"You are brave, and you matter. It is not and never was your shame. Be proud of every step you take on your journey."

### For professionals

"Understand that every survivors story is unique and personal."

"Trust is a big part of engaging with services – charities are easier to access and trust is easier to build with them."

"Listen without judgement and believe what someone is telling you, even if it seems unbelievable."

"It take enormous courage to disclose abuse."

"Don't dismiss the fact that someone chose you to tell – feel proud that they trusted you enough."

**The right support makes all the difference...  
Working together to achieve this 'right support' is  
key to serving survivors.**

**Which finding stood out to you most?**

'Survivors waited 15 years' - This saddened me to think of survivors 'suffering in silence' for so long.

**What surprised you?**

'61% used 4 or more services' - This implies a frustration re the failure of immediately finding the most appropriate support. I had hoped that survivors were initially supported or 'signposted' to support.

**What felt familiar?**

'The right support makes the difference'

I would echo that, in my particular case. As soon as I had found an organisation with professionals who listened without judgement, believed me, understood my trauma, gave me choice, didn't rush me & stayed alongside me, I knew that I was 'turning a corner'.

**Which findings gave you hope?**

'74% accessed specialist support' - This statistic is slowly, but surely, heading in the right direction.

**What do professionals most need to understand?**

Recovery was helped by kindness, consistency, compassion, trust & feeling respected, as well as therapy. This highlights the importance of professionals being fully 'trauma trained' & equipped with qualities to respond appropriately to survivors. In addition to this, there is a definite need for all professionals to liaise thoroughly throughout in order to minimise the trauma experienced.

**What would you want another survivor reading this report to know?**

That there are areas of improvements, when comparing recent findings to the original from 2015.

**If you could change one thing because of this report, what would it be?**

I would ensure effective & efficient connections between services (to avoid the unnecessary repetition of stories, to establish sympathetic passing between services & to lessen long waiting lists, as cited by survivors).

**For survivors - You are not responsible - you had no control.**



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## **What findings give you hope?**

“From 2015 to 2025, more survivors being able to  
access specialist support.”

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