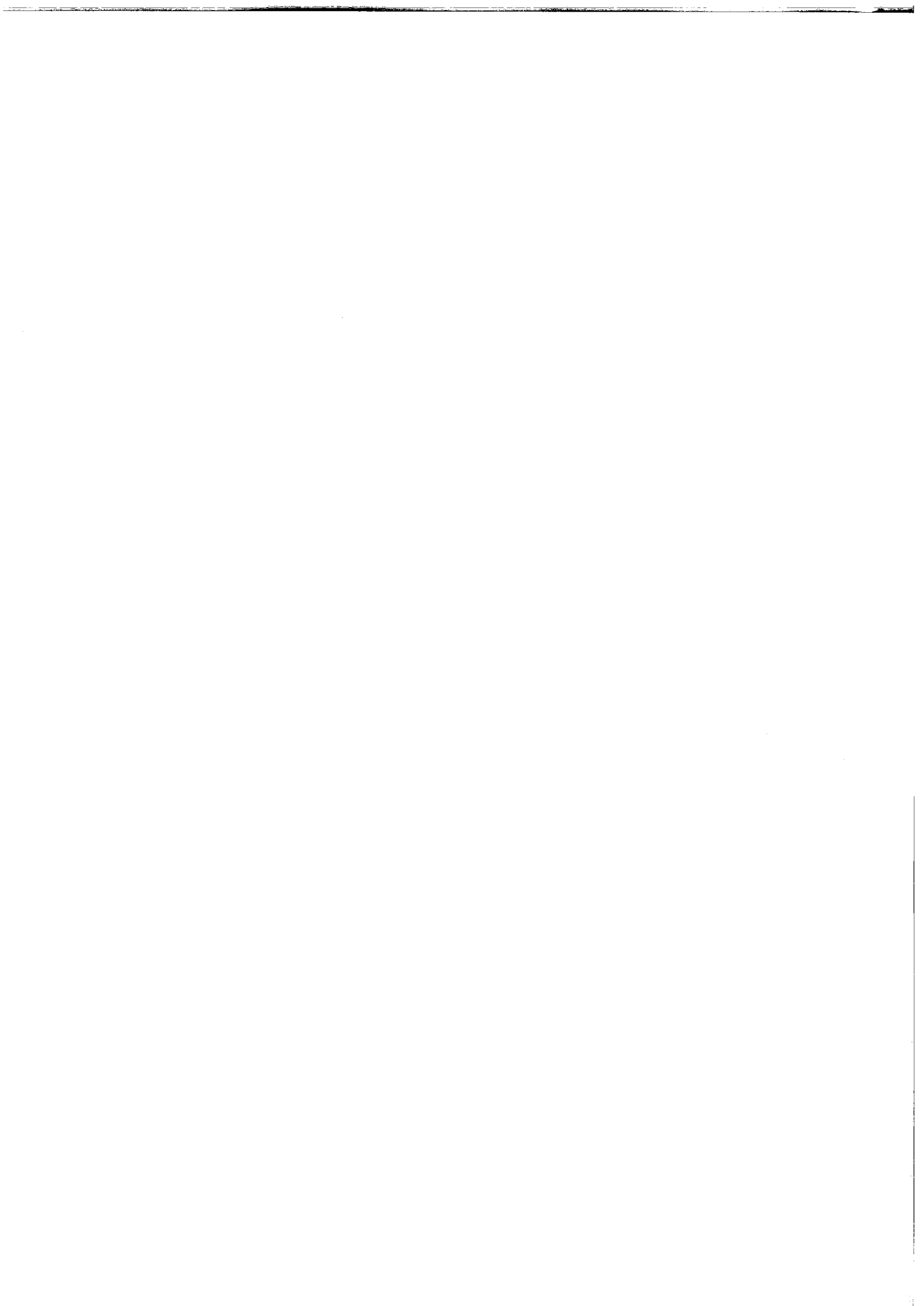


SurvivorScotland

a survivor-centred strategic approach
for survivors of childhood sexual abuse



SCOTTISH EXECUTIVE



Foreword

When the Cross Party Group for Survivors of Childhood Sexual Abuse (CPG) was set up in 2001, its clear aim was to evidence the need for a strategy to improve the quality of life for those affected. This national strategy is the culmination of its efforts and those of many others. It draws together the recommendations of a Short Life Working Group established by the Health Minister in 2003, views of those involved in the CPG and commissioned research findings.

The strategic outline sets out what the newly established Adult Survivors Reference Group will be tasked with achieving in order to create and strengthen co-ordinated services where staff are aware of, and are able to respond to, the effects of past abuse. Membership of the group includes adult survivors, voluntary and public sector representatives including In Care Abuse Survivors (INCAS) and officials from across the Scottish Executive to ensure that essential cross-cutting work continues. Input from survivors in identifying what works best will be critical.

While the primary emphasis is on ensuring that existing services can deliver improved support to survivors of abuse, Scottish Ministers have recognised a need to pump-prime activity. The Health Department has established a Survivors' Fund with an allocation of £2m, and invited the Survivors Reference Group to co-ordinate bids for development projects consistent with its remit and workplan.

I do not underestimate the scale of the challenges ahead. Health and social care services must become more responsive to individuals' needs, and offer the sensitive responses survivors of abuse need, when they need them. The strategic approach, as outlined, is designed so that the Reference Group can lead in rising to this challenge. I am confident that its groundbreaking work will pave the way for better quality and choice in the future.

LEWIS MACDONALD

Deputy Minister for Health and Community Care

September 2005

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Executive Summary

1. Many survivors of childhood sexual abuse have complex care needs, arising from its devastating and long term effects which may be overlooked by statutory service providers, and care professionals. Too many survivors report a 'revolving door' experience being moved from service to service without having their needs satisfactorily addressed. Survivors frequently present in Health services with other symptoms e.g. depression, self-harm, drug/alcohol misuse, and in Maternity, Genito-Urinary Medicine and Accident & Emergency.

2. In 2001 the Cross Party Working Group for survivors of Childhood Sexual Abuse was set up as a forum to debate and to create a programme of action on the issue, its long-term effects and links with mental health problems. As a result of this activity, the Health Minister established a Short Life Working Group in 2003 to consider the care needs of people who had survived childhood sexual abuse. Its membership comprised a broad range of interest groups including health and social care professionals, voluntary sector providers, representative organisations and Executive advisers. Activity covered evidence gathering, prevalence rates, existing service models, existing training /awareness levels, and identifying gaps in current provision.

3. The outcome of this joint activity is outlined within this document, which sets out a strategic way forward, agreed by Scottish Ministers, which will be led and coordinated by a national Survivors Reference Group.

4. The Survivors Reference Group, which met for the first time this month, has also agreed that, while the main focus will be on survivors of sexual abuse, wider issues of abuse will also be considered. It is in the early stages of developing a working plan spanning an 18 month to 2 year period to deliver on these key action points. The work to date has highlighted the complexity of issues which surround sexual and other forms of abuse, and of the need for consistent, co-ordinated action to shift cultural and service barriers to change.

Section 1 Childhood sexual abuse in context

1. Childhood sexual abuse (CSA) is increasingly recognised as a major cause of morbidity and mortality. Two recent World Health Organisation (WHO) reports – World Report on Violence and Health (2002) and World Health Report 2002 (2002) – acknowledge that CSA is common in both females (20%) and males (5-10%). CSA is even more prevalent in specific populations including substance abusers, the homeless and psychiatric inpatients.

2. It is clear that CSA is common. Historically, however, the prevalence of CSA in the UK may have been underestimated at 12% for females and 8% for males. Comparing the estimate for females with international studies shows that this estimate is at the lower end of the range (7-36%). The World Health Organisation (WHO) puts the prevalence of CSA at 20-25% for women.

3. Childhood sexual abuse has remained a taboo subject. That it happens is not in doubt, yet for many its existence challenges the accepted view of a caring and compassionate society which places a high value on the safe care and development of our children, to ensure they are nurtured to adulthood free from harm and exploitation. Even in adulthood, abuse and exploitation exist, sometimes going hand in hand with domestic violence, sometimes as part of organised criminal activity connected to prostitution and the sex trade. The physical and emotional damage for the victim can often be lifelong, and requires sensitive handling by committed and caring services which understand the trauma, and can offer responses which help survivors move on.

4. Many courageous individuals have chosen to speak out and to demand that their voices are heard. They, and those who advocate for them, have helped bring these issues to the public eye, and the increased focus on child protection has helped raise levels of public awareness of abuse and its long term effects. It is clear however that more can be done in this area, and the strategic approach outlined in this document sets out a clear way forward to redress some of the inadequacies within existing services, and to deliver improved help and support for survivors.

5. The key emphasis is on improving care and support services, listening to survivors and providing them with choice in how they access help and support when they need it. Improving services for survivors of abuse is not a matter of creating a new suite of additional services. It is about getting existing services to respond to needs in a more co-ordinated way. While some good practice exists, there is still some way to go. There is a continuing need to remove barriers to joint working and co-operation in delivery of care services. For this to happen requires commitment and direction from service planners and commissioners - to better understand how and when survivors access services and what their needs are.

6. Survivors must be comfortable in trusting workers to feel able to disclose abuse and staff will need to know how to respond appropriately. Survivors make clear that the people who help them do not come from any one professional background or use a particular therapeutic approach. They do not necessarily have high professional status.

7. The majority of these staff have not attended specific training courses on child sexual abuse, although they had gathered expertise in other ways. Rather, they are secure and firm about boundaries, but relate with warmth and kindness. They are informed and aware about the main effects of CSA trauma and have examined their own personal issues around working with sexual abuse. They work non-hierarchically, consulting respectfully with survivors about what their main needs are and what their service can offer. They neither hide behind confidentiality nor break it insensitively. The strategy will develop training that promotes these ways of working.

Section 2 Future Action

The following action steps have been agreed as necessary by Scottish Ministers following the work of the Short Life Working Group, and in discussion with representatives of the Cross Party Group. It will be for the Survivors Reference Group to discuss and agree detailed implementation. Integral to this will be scoping of what Community Health Partnerships and Managed Clinical Networks may offer to further develop existing services. A lead professional in the field will be invited to work with the Executive to assist with this and with the use of a £2 million Survivors Fund, including commissioning of training and education.

Better data collection

1. Whilst it is known that the consequences of CSA include mental health problems (including suicide and eating disorders), physical illness, and behavioural and social problems, only 1% of cases of childhood sexual abuse are documented in health records. One estimate of the increased cost to hospital services of managing the health consequences of CSA for women in Scotland is put at £30-60 million per annum.
2. There is no clear requirement placed on primary care or mental health services to identify those affected and so what current information systems are able to do is measure behavioural and pathological patterns, but not their underlying cause.
3. CSA is not widely enough recognised as a major contributing factor to a range of seriously disabling behaviours such as self-harm and substance abuse. The emphasis in practice is largely placed upon treating the symptoms and minimising harm rather than supporting service users to explore aspects of their sexual abuse history or to develop strategies for coping positively with daily life.
4. Obtaining better baseline data from current services is therefore a priority. The voluntary sector has considerable expertise in helping adult survivors of CSA and has data that could be the foundation on which to build. Additionally, it may be appropriate to set up better data collection systems in other services likely to have high numbers of adult survivors such as addiction services, mental health services, prisons, primary care, genito-urinary medicine (GUM), obstetrics and gynaecology and accident and emergency.
5. The Executive's Primary Care Division is part of the Information Services Directorate initiative to develop generic data standards for care information about people in Scotland. The standards developed by the eHealth National Clinical Datasets Development Programme and the Scottish Social Care Data Standards Project are for core and generic information about any individual person, in a health or social care context. The purpose is to facilitate the integration and sharing of information to support effective person-focused social and health care services for individuals, whether joined-up or single agency. There is no restriction on local partnerships collecting other data relevant to their local area/processes. It is

recommended that the national generic data standards should be implemented within existing and emerging national clinical information systems.

Public awareness raising, creation of self-help tools and training for professionals across all disciplines and at all levels

6. Current work on developing appropriate responses to the needs of adult survivors needs to be enhanced by increased awareness of the stigma and discrimination that survivors feel. A positive climate of discussion, honesty and safe space for letting go of and working through feelings is essential.

7. Media campaigns to date in the UK and Scotland have addressed the need to challenge and report childhood abuse, and focused on domestic violence – which may include sexual abuse. National and regional campaigns have been run successfully in Australia and Canada, primarily in response to major investigations of sexual abuse activity within religious institutions, and child care services. There are lessons to be learned from the See Me campaign and the possibility of a campaign directed at improving public understanding of the issues is one that will be explored further in the Survivors Reference Group.

8. The present developments underway to improve the training and education of the existing health and social care workforces also provide a timely platform to take this recommendation forward. The emphasis on continuous professional development will help underpin this process. It is expected that Community Health Partnerships will continue to support the continuous professional development of their workforce by promoting initiatives such as protected learning times.

9. More specifically, improved health assessment within the Scottish Prisons Service is highlighting a significant proportion of prisoners with past sexual abuse history, particularly for women. While training for prison staff incorporates equality and diversity issues, and addresses health and psychological matters in general terms, with some inclusion of abuse issues, more can be done to improve screening and support services.

10. Developing self-help tools should form part of wider educational and awareness raising. There is a wealth of existing material which can be accessed via individual websites but its availability requires improved co-ordination. The 'Safe Hands' initiative developed by the Moira Anderson Foundation for primary school children and teaching staff to better understand protective behaviours is one example of useful self-help material.

