

A Real Safe Space

SUMMARY REPORT

How Rape Crisis Centres Support Children
and Young People Who Have Experienced
Child Rape and Sexual Abuse (CRaSA)

RAPE
CRISIS
England & Wales

Overview

Despite the overwhelming and sustained need for community-based, specialist services for the estimated 1 in 10 (Kairika, 2022, p41) children and young people (CYP) who have experienced child rape and sexual abuse (CRaSA), decades of chronic underfunding and poor commissioning practices have left a significant gap between demand and availability. Where therapeutic support is available to child victims and survivors, it is frequently offered by non-specialist services that are often ill-suited to work with the specific trauma they have experienced.

Independent Rape Crisis Centres (RCCs) have decades of experience and expertise in providing specialist life-changing, and in some cases life-saving, support to victims and survivors of CRaSA. Yet they are often overlooked by commissioners and unable to provide the services that they are uniquely positioned to offer.

In October 2022, the Independent Inquiry into Child Sexual Abuse (IICSA) published its final report, making a crucial recommendation:

‘...the UK government and the Welsh Government introduce a **national guarantee** that child victims of sexual abuse will be offered **specialist** and accredited therapeutic support. There should be **sufficient** supply of these services so that children in all parts of England and Wales can access support in a **timely way**. These services should be **fully funded**. Responsibility for commissioning these services should be given to local authorities.¹ There must be no eligibility criteria for children to access these specialist therapeutic services other than having been a victim of child sexual abuse.’ (IICSA, 2022) (Emphasis added).

This report advocates for the implementation of this recommendation, underscoring the necessity of specialist, accredited, fully funded therapeutic support for young victims and survivors of CRaSA. Through an analysis of the current commissioning landscape, and the services offered by RCCs, this report argues that independent sexual violence and abuse (SVA) services, such as RCCs, are uniquely positioned to provide the most effective support for children affected by CRaSA.

Current provision

At present, children and young people who have experienced CRaSA are usually offered support from Child and Adolescent Mental Health Services (CAMHS), and occasionally from generic third sector children and young people’s support services. Whilst these services can and do have an important role to play in the response to – and care of – victims and survivors of CRaSA, there are a range of practical and clinical suitability challenges that we believe make these services often ineffective and inappropriate for working with the specific trauma experienced by young victims and survivors of CRaSA. For example, these non-specialist services often have:

- Lengthy waiting lists
- Strict access criteria
- Low capacity
- Variable provision across different localities
- Brief interventions
- A tendency to pathologise victims and survivors of CRaSA due to the use of a clinical service model
- A lack of understanding of the impact of CRaSA as a specific type of trauma
- Limited/no links to culturally sensitive and responsive agencies within the community

Whilst we acknowledge that statutory services in particular have been hit by austerity in recent times, we do not believe that these generic services are appropriate to support young victims and survivors of CRaSA, even if they were to be fully resourced. Specialist independent services, such as RCCs, are the best-placed to offer support to young victims and survivors of CRaSA, as set out below.

¹ NB: RCEW does not agree that commissioning responsibility should be given to local authorities, but is in full support of the remainder of this recommendation.

The benefits of Rape Crisis Centres

In 2022/2023, Rape Crisis Centres (RCCs) supported **18,299 children and young people (CYP)** and provided them with **46,257 sessions** of counselling and therapy sessions.

Based on 11 in-depth interviews with RCC staff and feedback from the victims and survivors they support, we submit that RCCs are amongst the best placed to offer the specialist CRaSA support recommended by IICSA, for 5 key reasons:

Rape Crisis Centres (RCCS) are...

<p>1.</p> <p>Flexible</p>	<p>2.</p> <p>Holistic</p>	<p>3.</p> <p>Expert and specialist</p>	<p>4.</p> <p>Rooted in a child-centred, a empowerment model</p>	<p>5.</p> <p>For life</p>
<p>RCCs are independent from the state. They are able to develop in response to client's needs, quickly adapt to address gaps in local support pathways, avoid complex statutory referral pathways and strict eligibility criteria, work flexibly with CYP and their families/ support networks and effectively engage with their local communities.</p>	<p>RCCs recognise that the impacts of CRaSA can permeate several different areas of a victim/survivor's life, and that, in order to recover, victims and survivors often need support with more than one issue at a time. RCCs therefore ensure that a number of services are available to CYP, to provide holistic wraparound support, including: therapeutic support for victims and survivors and their non-abusing family members (including counselling, play therapy and group work), practical and emotional support, advocacy, and support through the criminal justice system.</p>	<p>RCCs are specialist because sexual violence and abuse (SVA) is their primary focus, unlike other generic/statutory services. Staff have a deep understanding of SVA and its impacts and decades of experience of supporting victims and survivors of all ages and backgrounds. RCCs hold technical and local expertise that cannot usually be found in generic/ national services.</p>	<p>All RCCs are accredited to the Rape Crisis National Service Standards which centre an empowerment model. Victims and survivors are supported to take control of their own lives and recovery. RCCs provide the necessary political and societal context to allow victims and survivors to unpick the shame and stigma they may feel. All support is trauma-informed and pathologising clinical models of support are avoided.</p>	<p>RCCs know that victims and survivors are not 'recovered' after a set number of support sessions. Recovery is not linear and is rarely final. RCC staff know that trauma can impact victims and survivors across their lives, triggered by certain life events and experiences. RCCs are there for victims and survivors throughout their lives. There is no need for a 'transition' from child to adult services at 18, and nothing to prevent individuals returning for support when they need it.</p>

Recommendations

To Government (all relevant Departments):

1. Introduce a national guarantee that child victims and survivors of Child Rape and Sexual Abuse (CRaSA) will be able to access fully funded specialist therapeutic support.
2. Publish an enforceable National Statement of Expectations which clarifies and simplifies the responsibilities of all commissioners with regards to the commissioning of specialist therapeutic support for young victims and survivors of CRaSA.
3. Appoint a Sexual Violence and Abuse Commissioner to oversee the commissioning of specialist therapeutic support for young victims and survivors of CRaSA.

To the Home Office:

4. Review and amend the existing 'Tackling Child Sexual Abuse Strategy' (2021) to ensure that there are clear links to the wider cross-Governmental VAWG Strategy and that all forms of CRaSA are considered.

To the Ministry of Justice:

5. Urgently commit to extending and recommissioning the Rape and Sexual Abuse Support Fund (RASASF) past March 2025.

To NHS England:

6. Ensure that all professionals working with children and young people – particularly those working in Child and Adolescent Mental Health Services (CAMHS) – receive comprehensive and frequent training on how to identify and respond to the impact and signs of sexual violence and abuse.
7. Immediately and proactively engage with responsibilities for commissioning support services for children and young people who have experienced CRaSA.
8. Immediately publish the contact details of all relevant health commissioners across England and Wales.
9. Ensure that there are adequate, fully funded, pathways from generic/statutory mental health services into specialist sexual violence and abuse services, for children and young people who have experienced CRaSA.

To the Department of Health:

10. Commission an independent review of CAMHS treatment of victims and survivors of CRaSA and publish the findings in a public report. Update these findings each year, in an annual publication.

To all commissioners of CRaSA support services (NHS England, ICBs, PCCs, Local Authorities and the Ministry of Justice):

11. End over-reliance on clinical models of support for victims and survivors of CRaSA.
 - a) Commissioners should challenge the hierarchy of provision which favours clinical models of support, and recognise the specialist sexual violence therapeutic work carried out by Rape Crisis centres, which is rooted in acknowledging trauma.
 - b) Commissioners should immediately cease the imposition on specialist services of outcomes frameworks that are not suitable for those who have trauma as a result of sexual violence and abuse.

To the Department for Education:

12. Prioritise the prevention of sexual violence and abuse in schools and other education settings.
13. Ensure that there is an established and fully funded pathway into specialist support services for victims and survivors of CRaSA who access mental health support in schools.



I have suffered sexual abuse and other abuse through childhood and adult life too... For years I have fought daily with what at the time was undiagnosed complex PTSD and what [Rape Crisis Centre] has given to me is a priceless treasure of acceptance. An ability to understand myself and how what has happened has affected me at a core level. I have gone from strength-to-strength learning to understand my own core values and what I had locked inside... I stand taller, I think deeper and I breathe easier. I feel safer inside myself and found a peace that I have never had...

What the NHS could offer was basic help that was not specialised enough to deal with what I have going on. I never felt safe to fully open up and trust them and was just medicated. I am grateful for that and understand the NHS limits, but what [Rape Crisis Centre] have given me flies above what the NHS could give.

(Survivor of CRaSA who received specialist sexual violence counselling and group support at a RCC in the East of England)

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Rape Crisis England & Wales (RCEW) is a
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