

SurvivorScotland

A National Strategy for Survivors of Childhood
Sexual Abuse

**In Care and Institutional Abuse Sub Group: Survey of
Services for Survivors of In Care and Institutional Abuse
in Scotland**

December 2007

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SurvivorScotland: A National Strategy for Survivors of Childhood Sexual Abuse

Survey of Services for Survivors of In Care and Institutional Abuse in Scotland

The rationale for this survey was to ascertain availability of services to survivors of In Care and Institutional abuse in Scotland. It has proven to be very useful as it has provided us not only with information on indicators of what is currently on offer in the way of services to In Care survivors and their families at present, but an insight into the various agencies that took part as to their understanding of the particular issues and needs that they face. Their narrative has revealed much more than would have perhaps been gained through a more structured questionnaire and it well worth reading the report in full.

The Questionnaire was distributed to over 300 statutory and voluntary agencies across Scotland. In all, 63 responses were returned, with 6 late returns which we were not able to include in our analysis, but are included in the appendices, as is an organisation and geographic breakdown.

The SPSS analysis provides a quick reference on information of the service breakdown as well as numerical and percentage responses to our questions. The Questionnaire findings highlight that 74.6% respondents believe there should be specialist services and resources for In Care Survivors.

The next steps will be to present our findings and proposals on the way forward to the National Reference Group of the SurvivorScotland Strategy and thereafter take their recommendations to the Scottish Government for consideration and action.

We would like once again to thank all of the respondents who took the time to complete the Questionnaire and we will ensure that we keep you informed of the decisions and outcomes of the above process.

Gary Westwater

Chair
In Care and Institutional Abuse Survivors' Sub Group

Questionnaire Quantative Data Report

N = 63

Type of Service

Service	n (%)
Council	17 (27.0)
NHS	10 (15.9)
Voluntary	26 (41.3)
Unknown	3 (4.8)
Church	4 (6.3)
Private	2 (3.2)
School	1 (1.6)

Question	Yes n (%)	No n (%)	N/A n (%)	No answer n (%)	Uncertain n (%)
Does your current service receive referrals (self or other) for adult survivors abused whilst In Care?	42 (66.7)	20 (31.7)		1 (1.6)	
Does your current service provide support and counselling for adult survivors abused whilst In Care?	42 (66.7)	21 (33.3)			
Does your current service provide support for partners and relatives of adult survivors abused whilst In Care?	24 (38.1)	36 (57.1)	2 (3.2)	1 (1.6)	
Does your current service provide advocacy services for adult survivors abused whilst In Care?	26 (41.2)	34 (54.0)		3 (4.8)	
Do you believe that your service would benefit from leaflets on particular issues that In Care abuse survivors' experience, and things to consider when providing help?	43 (68.3)	7 (11.1)	5 (7.9)	8 (12.7)	
Do you believe that your service would benefit from specialised training on issues that In Care abuse survivors' experience (including advocacy)?	38 (60.3)	13 (20.6)	3 (4.8)	9 (14.3)	
Do you believe there should be specialist services and resources for In Care abuse survivors?	47 (74.6)	7 (11.1)	2 (3.2)		7 (11.1)

Q: 1 Does your current service receive referrals (self or other) for adult survivors abused whilst In-Care?

Yes, the project offers a direct service to survivors of abuse, children and adults, males and females. They would be willing to provide statistics although numbers are not high.

Yes, they offer services to children and young people up to 18. They do have occasional 16-18 year olds who have been abused in care. They are willing to provide statistics, but figures would be very low.

Yes, they do take referrals and are willing to provide statistics. The north east area of Glasgow has a specialist project for survivors. However, due to their geographical area they operate a large waiting list.

Yes, their current service receives referrals for adult survivors abused whilst in care. They do not have formal statistics. They collect data on the type of trauma that brings survivors to their service; it is not broken down further.

Unsure, as a service they receive referrals for people who suffer from mental health problems and require a social work service. It is possible that they may provide support to an individual who had suffered abuse whilst in care, but this would not be the initial reason for referral. The local community mental health teams may receive such referrals.

Yes, self-referral only

Yes, the agency has done in the past, not recently or frequently.

Yes, they have a high number of adult survivors presenting for counselling. Yes, they could supply further information if required.

Occasionally, very few calls, no statistics kept.

Yes, they provide a confidential helpline service. Many carers are survivors of sexual abuse - they do not have any statistics of abuse whilst in care.

Yes, they work with people with learning disabilities who have experienced abuse in all sorts of settings, don't have particular figures for those abused in care.

Yes, referrals are accepted from GPs for assessment at the outpatient clinics, admission can be arranged for those who are severely disturbed. No separate statistics are available.

Yes, they receive self-referrals from individuals who have been in care, but as they do not record any statistical information which may be perceived as discriminatory, they do not have the specific statistics we request.

Yes, they do have statistics held in their Falkirk office that record if the client was in care and who the abuser was.

Yes, they work with male and female adult survivors of child sexual abuse. The circumstances of the abuse and relationship to the abuser (whether familial or extra familial abuse) are not factors which would disqualify anyone from accessing the services. They are certainly happy to work with adults sexually abused in care. They do not currently keep statistics which differentiate between 'in-care' abuse or other abuse as they do not see this as relevant information for their services. They work with all survivors where there are justice issues, (e.g. criminal injuries compensation) and/or child protection (e.g. if abusers still have access to children).

Yes, this service would be available via the social work intake. It may be difficult to provide statistics for this type of referral as the statistics are not separately collated.

Their statistics do not answer this question specifically.

Falkirk Council provides core funding for Open Secret, a service for survivors of child sexual abuse and all adult survivors are directed there. They are aware that Open Secret does not routinely extract this information, but the statistics could possibly be made available on request.

Yes, in 2006 there were 3 clients.

Yes, but referrals are not received on a regular basis and numbers are very small. Retrieving statistics would be a complex manual task and are not gathered as a matter of course. This relates to a range of teams across the service, including separate duty/access systems for adults and children, criminal justice, integration team, etc.

No, they would not cover the full amount of people referred or treated, but they have some statistics for people who have attended groups or individual work. Their statistics would not specify whether it the abuse was in care abuse or not.

No, they currently only offer services to children and young people.

Yes, we receive referrals of substance using offenders directly from the courts.

Yes, St John's Hospital offers a specialist service for inpatients who disclose they have been subject to sexual abuse in the past. Two members of nursing staff have been trained in counselling for this client group, and each is available one day per week to offer group and individual support. This is not specific to people who have been abused in care, but who have been admitted to hospital with a mental health problem. Information on past history of patients are kept in case notes, therefore it is not possible to provide statistics and information on whether or not a person has been in care.

Yes. Yes.

Yes, abuse is often a factor in relationship counselling. They do not have statistics, but suspect that their clients have mainly experienced abuse in their home of origin.

Yes, the number referring with this issue is very low but it may emerge in the course of counselling.

No, they are a children's service.

Yes, no statistics available.

No, they do not provide a specific service, but would offer support to anyone approaching their services. They do not keep specific statistics on this issue.

No, social work does not provide a direct service for survivors of abuse, regardless of whether they have been in care. Survivors are referred to voluntary agencies such as Kingdom Abuse Survivors Project (KASP).

As a Community Mental Health Team, they are mainly working with mental health patients. They don't receive specific referrals for this identified group per se, but they may indirectly work with in care survivors.

Yes, they could go through records and check with counsellors to produce a percentage figure on their normal referrals.

Yes, less than one per year. Usually arises during post-adoption counselling with adults.

Yes, general group and individual service for survivors.

Yes, the project offers a direct service to survivors of abuse, children and adults, males and females. They would be willing to provide statistics, although numbers are not high.

Yes, they provide support for any adult who has suffered any form of sexual abuse as a child/young adult/vulnerable adult but do not currently keep detailed statistics.

Yes, they do not gather this data but are aware from the work they do that a number of their service users are in this category. They could estimate the numbers if required.

Yes, clients phone anonymously and in confidence usually presenting with issues of depression and low mood. It can often transpire that the client is dealing with issues of abuse.

Yes, but these statistics are not routinely gathered. Individual case records would require to be examined.

Yes, but they do not keep records or statistics.

Yes, initial referral only and the clients passed to police. They do not keep statistics.

Yes, they receive referrals through their emergency social work service, their children and families teams, through the national child protection lines, and from parents of children going through child protection procedures. A number of these individuals have come to their attention as referrals from psychiatric services. In such a referral the adult's circumstances would be assessed within their Protection of Vulnerable Adult Guidance. A decision would be made as to whether the adult was still vulnerable to any kind of neglect or abuse, or was in need of any community care services. If not, it is likely that the investigation of their disclosure would proceed on a single agency basis by the police with support being offered through the victim support services of the police and the Procurator Fiscals Office. They have not configured their information gathering systems to note referrals in relation to survivors of abuse while in care, so they would not be able to provide us with figures.

Yes, they do not provide a specific service but would offer support to anyone approaching our services, they do not keep specific statistics.

Yes, they have, and continue to receive referrals of people with a history of abuse, some of whom have been abused within a care home setting - this includes abuse of adults within other institutional care settings such as psychiatric hospitals and hostels - they do not routinely collect data.

Yes, occasionally. Unfortunately the responses are from a diverse group of professionals and no statistics are available. Most responses are not to enquiries about counselling but access to records, adoption and not specifically about abuse.

Yes, Blue Triangle works with individuals who are affected by homelessness, the primary reason for a referral to one of our services will be an individual's homelessness status. However, at the point of referral or during a person's stay with us, we might be informed by the person, or by a referring agency e.g. social worker, that the individual has experienced childhood sexual abuse. It is important to be aware that having being 'looked after' and 'in care' can be a pathway into homelessness. A high proportion of our service user group fall into this category.

Yes, they can tell us how many service users have been looked after and accommodated, but they cannot specifically tell how many of them experience childhood sexual abuse whilst being looked after and accommodated.

Yes, recently they carried out a snapshot of how many of their supported accommodation staff had received a disclosure of sexual abuse from a service user within the last year. Levels of disclosure were significantly high. However, they did not ask any information on the circumstances around the abuse, i.e. where the abuse had taken place.

Yes, there has been one self referral since 2004.

Yes, they support girls, young women and women who have been raped or sexually abused at any time in their lives regardless of whether they were in care or not.

Yes, but they do not record statistics on this issue, numbers are small.

Yes, referrals can be made to appropriate departments within the council depending upon the adult survivors' presenting issues, for example mental health, criminal justice or adult services. There is no one specific service for adult survivors abused whilst in care; therefore no centralised data is readily available.

No, while individuals may seek pastoral or spiritual support from the church, this is not a 'service', nor a 'referral', as they are not an agency.

No, with no further detail – 16 respondents.

Yes, with no further detail – 1 respondent.

Q: 2 Does your current service provide support and counselling for adult survivors abused whilst In Care?

Can you specify is this by telephone, 1:1, group, or other?

Yes, the current service provides all sorts of support, whatever will suit the survivor, our main intervention is individual 1:1 work.

Yes, 1:1 therapy provided depending on assessed needs and survivors preferences.

No, unless defining adults as 16-18.

Yes, the current service does provide support. It is usually 1:1 as part of an ongoing plan of care.

Yes, the current service supplies 1:1 support.

No, the service does not provide support or counselling specifically aimed at adult survivors who have suffered abuse whilst in care. The local community mental health teams can refer to other agencies who provide services for adult survivors of abuse, although not specifically regarding abuse suffered whilst in care.

Yes, by phone, 1:1, group, letter or email.

Yes, by telephone, 1:1 and other.

Yes, mostly 1:1, but some group work and if appropriate we could offer telephone support.

Yes, we provide 1:1 counselling for Foyer clients, some of whom have previously been in care.

No, not specifically. If so, it would be telephone support.

Yes, telephone helpline and 1:1 psychotherapy.

Yes, individual and group psychotherapy.

Yes, outpatient care, including access to trauma therapies is available for those requiring intervention. Therapy can include EMDR, sensory-motor psychotherapy, Cognitive Behavioural Therapy.

Yes, support can be accessed by telephone, face to face by appointment, by letter or email.

Yes, mostly 1:1 support and counselling, but they do run groups and have phone support/contact.

Yes, they provide a range of face-to-face services to all adult survivors of child sexual abuse. This includes one to one support with an agreed support plan, group support, and individual counselling/psychotherapy with experienced, qualified therapists (minimum qualifications and experience to be eligible for accreditation with BACP). Their services are arranged by appointment only and they do not offer a telephone helpline or email support. While they work with all survivors, they have particular expertise in working with the mental health consequences of trauma (e.g. dissociation, personality disorders, flashbacks etc.)

Yes, but there are no dedicated resources to provide this service. However needs for support/counselling would be assessed and may be referred to an external service provider.

Unsure, this would depend on whether this was linked to a referral about a child, we do not necessarily take direct referrals on this basis, and if we did it would be 1:1.

Yes, support not counselling.

Yes, they work in conjunction with the drug and alcohol project, Levenmouth (DAPL) who provide counselling and support.

Yes, all social workers are trained to respond to wide range of enquiries and requests for assistance. Response would depend on specific nature of referral but could include specific input for referrer, or for family member. If assessment indicated need, social worker would refer onto specialist service, probably external to east Lothian. Services for this group in this area are very limited. Staff would refer to a range of agencies including Skylight (Barnardos – who offer limited support to parents, focus is on child). Child Sexual Abuse Team based in Sick Kids in Edinburgh offers early intervention service for parents to assist their children following abuse, Rape Crisis Centre, Health in Mind (covers East Lothian, but demand has resulted in the past in closure of waiting list.)

Yes, group and 1:1

No, childcare service only.

Yes, group work and individual support. Predominantly group counselling, this does not concentrate on those people who have been in care, but includes those people with a care background.

Yes, we employ two part-time social workers who offer support for any enquirer who wishes to access their records held by Quarriers. If the situation requires more intensive help then we will refer onto a specialist service. Our contact can be face to face, telephone or by e-mail and letter.

Yes, they offer 1:1 counselling as part of relationship counselling.

Yes, 1:1 not specified counselling for this issue, they offer counselling for any problem.

No, they are a children's service

No, a specific care plan is not provided by the Community Mental Health Team; however they can refer to, and work with services which focus on abuse issues, i.e. Break the Silence.

Yes, 1:1 Counselling.

Yes, may also refer to Open Secret, a local voluntary sector agency which works with adult survivors and is supported financially by Stirling Council, or to the police if ongoing child protection issues in relation to alleged abuser.

Yes, they provide a listening ear, face to face, or by letter - emphasise that they are not trained counsellors.

Yes, they are a mental health service; this includes an early intervention crisis response service. They support people including adult survivors who may have been abused whilst in care. They provide a range of 1:1 and group supports including art therapy.

Yes, Breathing Space is a telephone service offering listening, advice and signposting. They cannot specifically give any exact details of those clients abused whilst in care.

Yes, counselling would be facilitated if assessed as a need; this may involve contracting an external service or liaising with health services.

Yes, support groups.

Yes, when they continue to have involvement with a survivor for the circumstances outlined above they would refer them to an appropriate counselling agency. There are services within their area that specialise in providing counselling and support to survivors of abuse, although not exclusively designed for those surviving abuse within a care setting.

Yes, they provide 1:1 support for survivors within their services. They do not provide a service specifically focused on people abused whilst in care.

Yes, 1:1 work, with help to access formal structured counselling if and when appropriate

Yes, 1:1 and telephone/e-mail/letter, etc.

Yes, but we do not specialise in offering support to survivors abused whilst in care.

They cannot specify if this is by telephone, 1:1, group or other.

Yes, 1:1 and group.

Yes, 1:1 and useful literature.

Yes, they provide support via telephone helpline, (pre-arranged) telephone support sessions, face to face support, and support via e-mail or letter and run support groups periodically depending on demand.

Yes, 1:1, groupwork can be provided if necessary, but they work in a Community Mental Health Team covering a smallish (16,000 pop) area, so there are rarely enough people requiring a group.

Pastoral support of individuals is undertaken to those who seek assistance, counselling is a matter for statutory authorities.

No, with no further detail – 12 respondents.

Yes, with no further detail – 2 respondents.

Blank – 3 respondents.

Q: 3 Does your current service provide support for partners and relatives of adult survivors abused whilst In Care?

Yes, their project offers a direct service to carers and partners of survivors of childhood sexual abuse, not just specifically 'In Care' abuse

Yes, the project provides support for parents and siblings of children and adolescents abused; this is if you define adults as 16-18 years old.

Yes, but this is a women's only service, have supported mothers of survivors.

Yes, The service usually provides support in the form of psycho-education or occasional joint-sessions.

No, they are not aware of any services in north Ayrshire.

Yes, if anyone approached them (and some do), with this issue they would be willing to provide them with the support they needed.

No formal support.

Yes, the organisation provides support for partners, family and friends, with the agreement of the survivor.

Yes, partners, parents (non-abusing), and friends - all people affected by abuse.

No, they do not receive sufficient funding to develop or expand their core services as much as they would like to be able to offer group support to partners and non-abusing relatives of survivors.

Yes, Open Secret supplies this service.

Yes, in principle. They give information about their agency and leave it up to the person to self-refer when ready. They run a family support group for substance users but also offer one-to-one counselling for any other issues.

No, the current service concentrates on people who have disclosed sexual abuse.

No, at the present time they only deal with survivors themselves. However, if they are presented with an issue from a relative they would offer support albeit limited.

Yes, it is often a relief for partners to discover why their partner acts the way they do. With support they can assist their partner and find a way through to a better future.

No, they are a children's service.

Yes, if requested, but in practice unusual.

Yes, if requested and if this was impacting on client's mental health and wellbeing they would offer a service.

Yes, many clients who contact our service are partners and relatives who themselves are affected by this issue.

Yes, on a case by case basis. This may involve contracting an external service provided. No mainstream service provision.

Yes, but not specifically - the focus would be on the person as a carer of an adult who requires community care services and their needs as carers would be addressed holistically.

No, generally the demand has not arisen but they would be included where appropriate and with the consent of the enquirer.

No, no requests have been made to date, however in the one case that did support was already in place for the partner.

Yes, via telephone helpline.

No, not formally, but often they see partners/relatives if appropriate or if client wishes it.

Yes, specialist sexual abuse project provides support for relatives and partners.

No, with no further information – 28 responses.

Yes, with no further information – 5 responses.

Not specifically/Indirectly – 2 responses.

See another question – 2 responses.

No answer – 1 response.

Not Applicable – 2 responses.

Q: 4 Does your current service provide advocacy services for adult survivors abused whilst In Care? *For example, help with submissions to the Criminal Injuries Board, help in accessing records and case notes, help in cases where there have been criminal proceedings against alleged perpetrators.*

Yes, they take a holistic view to support, and as well as abuse specific work, they assist with any other practical issues.

No, only help for children and adults with submissions to the Criminal Injuries Board.

Yes, they assist to access compensation.

No, not routinely, very occasionally they may help a patient access their records.

Not aware of any such service in north Ayrshire.

Yes, limited service at present, but they are about to recruit a post which has advocacy as a main part of the remit.

No, there is a lack of training amongst staff.

No, but they do provide some therapeutic advocacy via their helpline and their care management system

Yes, independent advocacy is available for both inpatients and outpatients but only for those over 18 years.

Yes, they provide practical information and will support survivors throughout whichever area/procedure they require.

Yes, if required. Work closely with VIA and Victim Support, sometimes mediate with police, CID, benefits agencies/housing, etc.

Yes, as part of agreed support plans, our support workers will assist survivors with criminal proceedings, accessing records, etc.

Yes, they do help with criminal injuries and all of the above, but cannot say that they have done so specifically with survivors who experienced abuse while in care.

No, East Lothian Council and related agencies offer a range of advocacy services, but not specific service for this group.

No, this is carried out in their area by a voluntary advocacy service, but they would direct people to them if there were issues that advocacy could support and assist with.

No, the service does not offer such support directly, but people will be referred to services which could offer such support, primarily West Lothian Mental Health Advocacy Service, also social work, Legal Services Agency.

Yes, they have provided this support in the past and continue to offer it, particularly in relation to the access of personal records.

No, they are a children's service.

Yes, they can provide some help with Criminal Injuries Compensation claims.

Yes, such services would also be provided by police colleagues on request.

No, they are a very small charity (115 members from Dundee to Portsmouth) and therefore can only provide a basic listening ear.

No, but they can support people to access advocacy services elsewhere.

Yes, but no mainstream provision, if assessed as a need then support packages would be considered.

Yes, adults who have been abused whilst accommodated can receive help to access case records from children and families staff. Adults who would benefit from community care services would be referred to an advocacy service by our own staff as part of their care management role.

No, they have always seen the split between advocacy and service provider as an essential element in ensuring the independence of an advocate. They do not provide individual or independent advocacy.

Yes, they work closely with young people and will work to ensure their needs are being met and encourage confidence in their own ability to take responsibility.

Yes, some advice is offered of a directional nature, i.e. phone numbers, addresses etc. Access to files and summarising of files is also provided.

Yes, this would be part of an individual's support plan and we would offer appropriate levels of support and assistance when appropriate. However we would also access other support services when necessary.

Yes, the structure is there but no requests have been made.

Yes, regardless if they were abused in care or not, we could provide this service.

Yes, they can refer clients to an advocacy service provided locally. They can also help with this directly.

Yes, advocacy services are available for adults in east Ayrshire - the level of service provided is dependent upon the individual's circumstances. Support services are available for previously 'looked after' individuals who wish to access their case files. Within the service, support can be accessed to assist the adult to make a submission to the Criminal Injuries Board.

No, with no further comment – 24 respondents.

Yes, with no further comment – 4 respondents.

Blank – 3 respondents.

No, see another question – 1 respondent.

Q: 5 If your service does not currently provide any of the above services, do you believe that it would benefit from: *a) Leaflets on particular issues that In Care abuse survivors' experience, and things to consider when providing help? b) Specialised training on issues that In Care abuse survivors' experience (including advocacy)?*

a) Yes, while they do provide these services it would be useful to have the materials, not just for this project but to provide to other people, at trainings, etc

b) Yes, all training is welcomed.

a) Yes

b) Yes, it is always helpful to look at issue in more detail.

a) Yes, they have a wide range of information resources and would be happy to add new material.

b)Yes, they are fortunate to have a local project to consult with. Would welcome training opportunities.

a) Yes, information and leaflets would be beneficial if working with service users who had suffered abuse.

b) Yes, this could be of benefit if working with service users who had suffered abuse.

a)Yes, although they provide support, leaflets are always a valuable resource.

b) Yes.

a) No, they operate a telephone line, so do not have the opportunity to hand out leaflets.

b) No

a) No

b) No, advocacy is very important, but not part of their service. Useful to have information on it however

a) N/A

b) Yes, they willingly undertake any training opportunities offered which augments our service provision for all survivors.

a) Yes, could always benefit from more resources/information.

b) Yes

a) N/A

b) No, they are not convinced that specialist training is required specific to the issues of In Care abuse survivors. They think many of the issues at a personal and a structural/societal level are the same and that the commonalities outweigh the differences. They think that adequate specialist training to work with abuse, trauma and its consequences is required for services across Scotland, and they have contributed to forwarding this agenda, but remain unconvinced that developing something specific to In Care abuse would provide added value rather than being a duplication of effort and potentially divisive.

For example, if small voluntary organisations are working with abuse survivors and need training, would they be expected to undertake two different training events: one for working with abuse, and one specific to the needs of In Care survivors? I think it is unlikely that this would 'float' and that the specific training would offer enough to justify two separate trainings. I would suggest that some additional training, or those working in the Justice and Social Work fields would be beneficial, to look at learning from Child Protection cases and from Inquiries into In Care abuse. There are lessons to be learned and improvements could be made, but consideration should be given to the best ways of achieving this at an operational level (e.g. training), and a structural level (e.g. recommendations for best practice from inquiries etc).

a) Yes, leaflets would be extremely helpful

b) Yes, also useful to offer

a) Yes

b) Yes, training would be beneficial to staff.

a) Leaflets would be of assistance if they related to specific existing services and would provide a list of accessible contacts, also whether services are eligible for a charge.

b) Yes

a) Yes, they sometimes work with families and could give leaflets to parents if appropriate.

b) Yes, training in this area would be helpful for future services working with adults.

a) Yes, although Quarriers do offer this service, they feel that this type of information would be helpful to survivors.

b) Yes, they feel that this is an area where specialist training would be helpful. The issues that adult survivors of institutional abuse face are complex and challenging for organisations and professionals.

a) Yes

b) Yes, additional training is always helpful.

a) Yes, information about issues particular to in care abuse survivors would be really helpful.

b) Yes, I think training in this area would be really helpful and ensure that social workers can provide more comprehensive service.

a) Yes, although they do provide services, such information would be useful as well.

b) Yes, this would be helpful, but cost would have to be taken into account and would impact on the organisation's capacity to access such training.

a) Yes, having access to resources is useful for signposting to appropriate supports

b) Yes, their service is part of a national strategy, (Choose Life).

a) Yes, anything that will help us provide more sensitive active-listening.

b) Yes, in the future, at the moment they are not of a size where this is feasible.

a) Yes, they would benefit from this.

b) Yes, they would benefit from this.

a) Yes, any information would be useful.

b) Yes

a) Yes, any leaflets would be helpful.

b) No, all of their staff come from a CPN, counselling or social work background and bring with them a wealth of experience in working with these issues.

a) Yes, raising public information is always beneficial and national leaflets would help.

b) Yes, this vulnerable group would benefit from a standardised systematic approach to recovery service delivery and improved access to supports.

a) Yes, we would benefit from having this information available.

b) Not sure, there has not been a local analysis of staff training needs in this area to answer this question definitively. We would also have to be consulted as to the learning objectives of this training and what the content and delivery would be before being able to assess if this would be of benefit to our service users.

a) Yes, to focus on particular issues for In Care survivors would be helpful.

b) Yes, they provide training across Scotland supporting people to understand and responds sensitively to people disclosing abuse, 'Safe to Say'. They welcome any opportunity to improve understanding, skills, knowledge and responses. They would therefore welcome discussions on further specialist training.

a) Yes, any additional material is always helpful

b) Yes, as above.

a) Yes, a concise leaflet would be helpful.

b) Yes, training would be beneficial. Some other training not specific to In Care survivors experience could also be covered in training, such as assessment.

a) Yes, believe advice and information is always important and empowering

b) Yes, believe important, training will be awareness raising. Sometimes it is not until staff are aware of these issues that they become able to identify signs. Also think that staff can learn to become more comfortable with issues such as childhood abuse.

a) Yes

b) Yes, should be available from independent providers.

a) Yes, nationally developed leaflets would be helpful in highlighting the issues and supports available.

b) Yes to ensure a national consistency in the supports provided.

a)Yes.

b) Yes, as advocacy cannot be provided by their agency, information on where to refer to would be helpful.

Q: 6 Do you believe there should be specialist services and resources for In Care abuse survivors? *By services and resources, we mean information, advice and support, as well as advocacy and long- term counselling. This resource would be open to all In Care abuse survivors, their partners and families, as well as anyone working in the field of child abuse.*

Yes, a specialised service would be appropriate, but think that all services providing support for survivors need to be aware of the issues of survivors of in care abuse who may use these services. There may also be some crossover, someone who has been sexually abused in the family, and in care.

No, they do not see the need to target a specialist service for this group, but to train counsellors on the issue.

Yes, this should be available and accessible to all in need of support during the recovery process.

No, they are not sure that it should be seen as a 'specialism' separate from survivors of 'non-in care' abuse.

Yes, although not sure of the numbers of adult survivors of abuse whilst in care, this is a client group that would benefit from specialist services and resources.

Yes, it would also be an advantage for people who staff any such service to receive training on ritual abuse, how best to recognise and help ritual abuse survivors.

Yes, particularly in terms of advocacy. They believe that they would be willing to work in a multi-agency way with advocacy groups, whilst continuing to offer support and/or counselling.

Yes, definitely long term counselling and advice for agencies and staff.

Yes, it would be helpful to know where people can get help so that they can refer them on.

Yes, they work with people with learning disabilities who have experienced abuse in all settings.

No, specialist services for adult survivors of abuse in general, not necessarily restricted to abuse whilst in care.

No, those who have been in care should not be defined by this fact. They therefore do not believe it would benefit any survivor who has been in care to access specific services. The issues which being in care raise, should be dealt with in conjunction with the effects of any form of violation experiences and by agencies that are already in place.

Not sure, they include all survivors of CSA (regardless of context). Would it be beneficial for them to be separate?

No, they do not think that the issues which In Care abuse survivors face are sufficiently different from those of other survivors of childhood abuse to justify the duplication of effort and expense involved in dedicated specialist services. While they recognise that not everyone agrees on this, they do not think that there is a need or separate specialist services in addition to the existing services for survivors of abuse, it would be a better use of public money to develop existing services to see a wider range of people, rather than funding new ones (which is less cost-efficient).

Yes, it is not always the case that links with social work are good enough to address this issue, e.g. finding out extent of need and particular issues, which may be known to statutory services. Voluntary sector projects tend to focus on counselling and support and sometimes do not have knowledge of the care system. A national project with appropriate independence, but with good links to statutory services, would be an additional support to address specific issues and also to advise and comment on current 'accommodation' practices.

Yes, training would help to raise awareness; however this complex area of work might best be served by being provided by workers with a specific remit.

Yes, dealing with adults in this area would require specific specialist training. Support and counselling should be available for those that have survived in care abuse.

Not sure, further local discussion required. Maybe these services should not differentiate between where or how a person was abused sexually in the past, but the services should be aware of issues specific to those abused whilst in care, and be able to either offer support or direct the person to the service which could help. They are fortunate in west Lothian to have a robust Mental Health Advocacy service which has experience in supporting people who have been in care. They also commission and have access to specialist legal advice and guidance from the Legal Services Agency, which offers legal advice and support.

Not sure, they do not feel that they know enough about the arguments for or against specialist services to make an informed decision in this area.

Yes, they think this would be a helpful resource, but it may be best provided by voluntary agencies who have capacity to develop a good level of expertise in that area.

Not sure, survivors groups may benefit from additional training but they don't think they would advocate a separate service.

No, specialist worker (s) within a generic service.

Yes, this would be helpful provided all services working in partnership.

Not sure, tend to prefer mainstreaming of services but recognise that they're not always geared up to supporting people who have poor experiences of services.

Yes, even from their limited experience it seems to be critical.

Not sure, organisations such as Thrive at the Sandyford Initiative in Glasgow are available, but not throughout the rest of the country. These services should be made available and be open not just 9.00 to 5.00!

Yes, this vulnerable group would benefit from a standardised systematic approach to recovery service delivery and improved access to supports.

Not sure, they would require a more specific description of the service and a chance to consult on the service design before being able to comment. We would also have to consult with service users regarding the need for such a specialised service.

Yes, it feels important to acknowledge that survivors of In Care abuse have a particular experience, however we believe that there is an enormous degree of existing skill and knowledge and this should be built upon rather than creating a whole new system of response. Supporting the training of a wider group of practitioners is likely to have a greater impact as opposed to developing small specialist services.

Yes, there should also be more awareness and support throughout all services and resources

Yes, possibly and probably on a regional basis. Further consideration and consultation on the specifics of such a specialist service would be required.

Yes, they think that services for individuals who would identify themselves as in care abuse survivors are important and should be available. However, they are not sure if they need to be separate and distinct from services which are already delivering provision to individuals who have experienced childhood abuse. It might be the case that you augment existing services. Also, they imagine that there are individuals who have multiple experiences of childhood abuse which have taken place by different people in different settings; do they separate out their abuse experiences in order to fit in with a service?

No, they think the specialist service of support to survivors of abuse is the key point, rather than making a separate service for people abused whilst in care.

Yes, it would be helpful if a national service was established that specialised in supporting adult in care abuse survivors where they could be referred to when appropriate. This would ensure that support and up to date advice and information would be available for survivors, their families and professionals working with them, it would also ensure a consistent national approach to the issue.

No, services and resources should be available, not necessarily be specialist and relating only to this type of abuse.

Not sure, this question requires to define which agency is anticipated to provide these services.

No, no other response – 1 respondent.

Yes, no other detail – 25 respondents.

Yes, see another question – 1 respondent.

Not applicable and left blank – 2 respondents.

Q: 7 How would you describe your current service for survivors of childhood abuse? We mean any services to all survivors of abuse.

They offer a specific service to survivors of childhood sexual abuse, adults and children, males and females. They also offer support to carers and partners, consultation to other workers, core training for SWS staff, and training for other agencies. They also undertake joint risk assessments with area team workers in relation to non-offending carers who are having contact with a Schedule 1 offender.

This project offers services to children and adolescents, support can be long term. It is also a carer/parent support service.

They provide a resource that is accessible, supportive and service user led.

They identify their waiting list for treatment is far too long (10 months). Also, they only see survivors of childhood abuse if they also have adult traumatisation.

As a social work service they do not provide a service specifically for adult survivors of abuse, whether suffered whilst in care or not. Community Mental Health Teams can provide or refer to services for adult survivors of abuse.

They provide telephone, 1:1, group support, some email and letter support as well as advocacy. Support for survivors' partners friends and family.

They support people who experience or have experienced ritual or organised abuse.

They provide a range of health and support services. Their clients are sometimes care leavers - 16-25 age group mainly. They witness a lot of different issues which may indicate previous abuse.

This is outwith their remit, unless the person in question is still a child.

They have a very good referral system.

Child abuse prevention only - not a service targeted at survivors.

They provide psychotherapy (minimum of 1 year) to children and adults with learning disabilities and have a national freephone helpline offering support, information and counselling.

They offer a small psychotherapy service for survivors plus NHS staff training and support.

They have medical and nursing staff trained in the psychological therapies that are useful for adult survivors of abuse. The problem they have is in freeing up sufficient dedicated time to allow them to develop more of a service.

This project provides a free and confidential service of emotional support and practical information on legal and medical issues to anyone who has experienced rape, sexual assault or childhood sexual abuse. Support can be either short or long term and is undertaken by survivors at their own pace. The service is accessed by telephone, letter, e-mail or face to face with trained support staff. They also offer support to family and friends of survivors. Service provision is totally survivor-centred and is tailored to meet their individual needs. The service is open to anyone living within the areas covered by Falkirk, Clackmannanshire and Stirling local authorities.

This is a charity working towards empowering individuals to move on in their lives - to be heard, supported and for them to work towards protecting other children.

This project has a long history of developing work for survivors of abuse. With Sarah Nelson, it has published influential research on the mental health needs of adult female survivors, and a needs assessment for men in Lothian. It is currently involved in a research project examining care needs of adult male survivors and developing good practice on childhood trauma and recovery. As well as their one-to-one support, group support and counselling/psychotherapy services for adult survivors, they offer training and consultancy to other professionals and groups working with abuse survivors. They specialise in working with the mental health consequences of trauma, including dissociation, personality disorders and post-traumatic stress disorder.

This project offers young people and their families a safe environment in which to build a therapeutic relationship with a named worker. Their work includes: helping make sense of their experience and how that affects them now, as well as understand and cope with their feelings. Develop trusting relationships and safe boundaries. Build self esteem and confidence. Explore and develop coping skills for the future. They use counselling skills, art, play and other forms of creative communication such as play puppets and story telling.

They have a dedicated service, providing training over the years to other groups of workers. They also have a very committed through-care team and have obtained some new funding from the Sexual Abuse Service Development Fund linked to those areas of work.

Very basic, not specific.

Service offered to this group is limited in east Lothian at present.

This project believes things need to be improved, so they have set up a working group, they intend to send out a staff questionnaire to look at numbers of people being worked with - this will happen at the end of October, then they will revisit services following the results of this questionnaire.

They work with young people that have been abused; they don't currently offer a service to adult survivors of abuse.

Their counselling services are somewhat limited in that they currently offer services only to people who are inpatients. However, they have just received confirmation that they have been awarded two year funding from the SASDF which will enable them to commission community based counselling services for people who have been sexually abused in their past, which should add significantly to the supports available in West Lothian.

They attempt to provide a good service which meets the needs of former residents. This is a specialist area and although there are commonalities between this and other types of abuse, much more research about the effects and ways of agencies managing this area effectively needs carried out.

They provide 1:1 counselling for gay & bisexual men. Some of the men coming to the service have been abused in childhood.

They provide therapeutic 1:1 and group support for children and youths up to the age of 18 who have experienced CSA. Support to the children's family is also offered.

They try to provide services through the council, or help to refer on to specialised counselling services.

Services for abuse survivors are provided by voluntary agencies in Fife, such as Kingdom Abuse Survivors Project.

As a Community Mental Health Team, they are mainly charged with working with SMI patients. Therefore they don't actually receive specific referrals or deliver a specific service for this identified group. However, they may work indirectly with survivors and can and do refer to a specific service i.e. Break the Silence.

They provide generic services and services for people with post natal depression.

Current numbers of referrals are very low and therefore 'service' tends to be individualised response to adults who come forward.

They do not provide a service to survivors; however they have just completed a mapping exercise across Renfrewshire to establish the prevalence and incidence of self harm/suicidal ideation amongst service users affected by substance misuse.

They provide an emotional, and to some degree, spiritual non-professional support service largely in the form of self-help groups. Annual 3 day retreats and a survivor-led magazine.

They offer therapeutic intervention.

Their only contact would be with parents of current or past pupils, their aim would be to direct them to an appropriate resource to help them meet their needs.

They offer what they can within the resources that they have. They are in no doubt that there is considerable unmet need, and that they would be like to be able to offer a greater service within a community context where survivors would not be identified and experience stigma/be reluctant to seek support. Their art therapy service is extremely accessible and accepted by all as being one of a range of services. Self referrals are accepted.

They would listen to them and refer on to a service that would help.

Their service provides a first stop for people to begin to talk over the phone before they hopefully are able to access face to face support. Being out of hours is also a distinct advantage given that people can contact us (free) through the night.

They provide individual, case by case support.

They provide support groups to female survivors of childhood sexual abuse run by volunteer facilitators, professionally supervised.

Not directly, provided by Local Authority.

They are integrated within their current services for those who would benefit from community care services.

Much of the work done within SAMH services is with survivors. This is evidenced in addiction services; drop in centres, hostels and supported accommodation throughout Scotland. Acknowledgement of the numbers involved and the need to train all staff to be confident and aware when working with disclosures, and to ensure consistent practice throughout the organisation is being led by Safe to Say training being piloted and rolled out to all staff. On an individual basis we provide direct counselling services, and work closely with local practitioners both voluntary and statutory.

We work consistently with young people encouraging joint working with external agencies. We help to build awareness of their own ability, responsibility and expectations to achieve in their own community.

Our services are delivered by identifying needs of the individual referred. Any service that may include issues of survivors of childhood abuse is not specifically evaluated.

Blue Triangle Housing Association is a specialist Housing Association working with individuals who are experiencing homelessness. They provide supported accommodation services and floating support services to individuals within their own accommodation. Many of their service users have a range of complex needs such as mental health problems, substance dependency issues and backgrounds of having been looked after and accommodated. Within their service users group they know that many of them have experienced childhood sexual abuse.

They believe the most important aspect of the support they offer survivors of abuse is an appropriate response to their disclosure. Often individuals will disclose abuse but not want to do anything beyond that. They believe that where there is not an identifiable child protection issue it is important to do nothing other than listen to that individual and support them to make progress in whatever way they are able to.

They offer counselling, support, group work, advocacy and befriending to survivors of childhood sexual abuse.

Their answer is limited experience to date.

They provide confidential counselling to people who present at their counselling services suffering from childhood abuse.

They provide support and information to girls, young women and women who have been raped or sexually abused at any time in their lives. The support is offered via helpline, telephone, face to face, e-mail and by letter. Group support may also be available.

They offer a service to survivors of childhood abuse and would routinely assess. However, there is a working group just set up to look at protocols for working with CSA survivors throughout NHS Highland. They can also access new psychology service for people through CSA 1:1 work.

Their services and supports currently in place ensure that the assessed individual needs are being supported. This includes the current presenting issues as well as referrals for specialist counselling and support where needed and wished for by the adult survivor. These supports could be enhanced by the development of a national project supporting in care abuse survivors.

Pastoral support.

They provide therapy for a wide range of survivors across Lothian.

They provide a range of services available to children and young adults, and to parents. However, the services to adult survivors who don't fit into any other criteria would be referred on to external support.

Do you have any other comments or thoughts on what we should be considering for those survivors abused whilst in care?

This is a really important area of work. From our limited experience our agency are aware of some of the difficulties experienced by survivors. Access to accurate and full records is a huge difficulty, understanding what happened, telling and being believed. The fact that people were in care would indicate that there have been family difficulties and possibly other traumas in their lives and these also need to be considered in any direct work. In our experience the support networks of survivors in these situations is very limited and this is also something that needs to be considered.

In care survivors are likely to have suffered great attachment difficulties, neglect and domestic violence to have been in the care system in the first place. What impact has there been from constant change of residential situation, e.g. foster parents, etc? These will all be important aspects of being abused in care.

Advocacy role is crucial. In our experience the patients need for information is paramount.

The possibility that some of these children may be survivors of ritual abuse, (survivors are often afraid to talk about any ritual or organised aspect to the abuse until they feel they are safe and will be believed.)

Involving survivors in future service provision/preventative work.

I think there should be more strategic thinking about children's safety while in a care situation, and with other issues, such as targeting of vulnerable young people in prostitution, etc. While we are working to bring many of these issues under the auspices of the Child Protection Committee and to extend the focus of Child Protection, this is work in progress. A dedicated service would be a useful link for CPC's to address some of the more strategic issues of abuse in care and ensuring that this issue is on our agenda.

A high proportion of parents of children referred to children's services who have themselves been in residential care or with foster carers in the past have also suffered abuse as children (figures quoted are in the region of 40-50%) This raises questions in respect of ability to protect, priority of need for parent to seek assistance at a given point balanced with their need to care and protect their own child. Awareness-raising will increase likelihood of individuals seeking assistance, this has occurred in child protection and more recently in respect of vulnerable adults.

A procedure for children currently in care. If ever a child makes an allegation of CSA there must be an independent advocate, e.g. Who Cares?, or a specialist CSA service. A procedure for monitoring all allegations of CSA in the care system at a national level should be considered, this could help to review and improve safeguards for all children in care.

Sharing of information in regard to services available across Scotland would be helpful.

I have supported a number of young adults in previous post who were sexually abused by other young people within care settings. This abuse was enduring and relentless, with young people reporting that staff were aware or had to be aware, but were not responding or taking seriously their complaints/situation. I supported one young man who disclosed to his social worker when he was no longer in care, but felt it was not taken seriously as he didn't want to pursue a formal complaint, he didn't trust social work with his support needs on this issue and felt they were in some way responsible - if some consideration could be given to how we support adults/young people with this kind of experience it would be of immense benefit.

No, except that we are heartened to hear that you are considering them

An appropriate compensation scheme which does not promote or tempt, survivors harmfully clinging to emotional issues of/from their abuse in order to increase any financial 'pay out'

A range of therapeutic interventions including art therapy which offer a unique and creative alternative to talking therapies. Body work is also essential as many retain memories of the abuse physiologically, which will not necessarily resolve with other therapeutic interventions. I would suggest cranial sacral therapy as one excellent example. Recognition that survivors may suffer many physical problems that have a psychological basis. Mutli-disciplinary approaches are essential.

That all care workers are specifically trained to be a first port of call for clients but are then able to appropriately refer onto the local (if possible) counselling service. All care staff are fully up-to-date on what services and supports are available to clients who disclose abuse. That clients, once they are able to identify that they have an issue re sexual abuse whilst in care, are not put onto a waiting list for 3 months whilst waiting for counselling. Remote and rural issues regarding accessing local counsellors and the difficulties therein. Specific services for young people and children under 16?

Appropriate therapeutic supervision for care staff, by qualified and accredited supervisory staff, e.g. BACP or COSCA Accredited. A national standardised lead on development of what work would be helpful

There is a lack of national and local services for adult survivors of abuse generally; there should perhaps be a funded helpline similar to Childline. However, there is also a need for long-term counselling services and these are expensive. A national strategy needs to address services provided by Health as well as commissioned by the local authority for equity and ease of access.

There is a real need to see outcomes from what has been a lengthy battle to be heard and believed. This need represents the other layer that many In Care survivors have faced in being re-traumatised in what was supposedly a safe place for them. SAMH is very interested in the adult mental health impacts of childhood sexual abuse trauma and an essential part of this is abuse experienced in care homes and other institutional settings. They are currently planning a piece of research to follow on from work led by Dr Linda Treliving, (NHS Grampian) looking at the links between childhood experience of abuse and mental health problems.

Historical 'abuse' is hard to contextualise. There may be occasions where there is a need for a quick accessible response.

We would imagine that a key feature of in care abuse will be profound distrust of professionals who work in care settings; therefore some kind of peer mentoring service?

We think that it is important to inform generic services of ways to support people who have experienced in care abuse; as these are often the places where abuse is disclosed and worked on. An example of this is that individuals who experience abuse are maybe more likely to develop dependent use of alcohol and drugs, consequently the person they might disclose to is their drugs workers. We think disclosures may take place in supported accommodation services.

Could it be the case that individuals who are identifying themselves in terms of being survivors of in care abuse are actually further along the path of being able to deal with what happened, and maybe a real gap within provision are those who are unable to think in those terms, but are acting out destructive behaviours and coming into contact with other types of services.

Should be provided as a national initiative for all survivors of abuse and not subdivided into location of where the abuse took place. It is the action that needs to be addressed not the location.

When abuse occurs the circumstances are referred to statutory authorities, police, social work and health in particular, but are also the responsibility of the Child Protection Committee and the Reporter to the Children's Panel. In considering counselling, each may be aware of aspects that might prejudice court proceedings. Assessment of victim needs lies directly with these agencies and it is anticipated that if they require medical, psychological, psychiatric or any other kind of specialist support they will be guided towards this by the agencies concerned.

Victims may involve themselves with supportive groups or agencies which they perceive may assist them. Sometimes this will be associated with their faith, their family or bodies that are equipped to provide the type of response they are seeking - spiritual, social or material. A comprehensive facility from a single source is not available or appropriate - some individuals may benefit from medical attention, while for others the needs are not of a medical nature, while for others the needs are not of a medical nature. Victim Support plays a large part in assisting individuals to obtain restorative justice. When child victims become adults their status changes, so far as these agencies are concerned, although it would appear sensible to continue assessment and support.

The source and type of abuse may be one of the multiplicities which exist and the relatives of victims may themselves be motivated to seek assistance from specific providers. They may equally be inhibited from some identifiable avenues for various reasons, and this is to be respected. Such parties are less likely to be children themselves and support would not normally be offered by the agencies dealing with the victim. This aspect merits attention to provide access to support and a vehicle to address the needs of individuals who may suffer real distress as a consequence. While some may access pastoral care from their Church, if the need is for support under the umbrella of medical profession, then it should be directed to the appropriate consultants. It should be questioned how far an individual can be aided by non-professional sources.

The legal process for redress, realistic expectations. Support required for survivors accessing notes.

Yes, this vulnerable group would benefit from a standardised systemic approach to recovery services delivery, and improved access to supports.

Availability of information would be helpful. A helpline would be useful as a first point of contact. The impact of additional requirements on advocacy services needs to be considered given the additional requirements placed on those services by Adult Support & Protection Legislation.

Not applicable – 40 responses.

Blank – 1

Respondents name and category

Family Support Project, SWS, Glasgow - **Council**
Centre for the Vulnerable Child, Fife - **NHS**
Greater Easterhouse Women's Aid - **Voluntary Organisation**
Rivers Centre, Royal Edinburgh Hospital - **NHS**
North Ayrshire Council, SWS MHT - **Council**
Edinburgh Women's Rape & Sexual Abuse Centre - **Voluntary Organisation**
National Children's Homes, Ayrshire - **Voluntary Organisation**
Sandyford Initiative, Glasgow - **NHS**
Aberdeen Foyer - **Voluntary Organisation**
Scottish Child Law Centre, Edinburgh – **Voluntary Organisation**
Roam, Edinburgh - **NHS**
New Struan School, Alloa - **Voluntary Organisation**
Argyll and Bute Mental Health Service - **NHS**
Central Scotland Rape Crisis & Sexual Abuse Centre, Stirling – **Voluntary Organisation**
Open Secret, Falkirk – **Voluntary Organisation**
Health in Mind, Edinburgh - **Voluntary Organisation**
Angus Council Social Work and Health - **Council**
Children 1st, Glasgow - **Voluntary Organisation**
Falkirk Council, CPC - **Council**
Solus, Oban - **Voluntary Organisation**
Drug Court Supervision and Treatment Team, Fife – **Council/Partnership**
East Lothian Council Children's Services and Adult Social Care – **Council**
Paisley Community Mental Health Services - **NHS**
Applied Care and Development, Dumfries – **Private Sector**
West Lothian Community Health and Care Partnership – **Council/Partnership**
Quarriers, Inverclyde - **Voluntary Organisation**
Relate, Falkirk - **Voluntary Organisation**
Gay Men's Health, Edinburgh - **Voluntary Organisation**
Children and Families Counselling Project, SWS Glasgow - **Council**
West Dunbartonshire Council - **Council**
Fife Social Work - **Council**
Cumnock Integrated Alcohol/Mental Health Project – **NHS**
Royal Edinburgh Hospital, Department of Clinical Psychology - **NHS**
CrossReach, Edinburgh - **Faith/Church**
Stirling Council Children's Services - **Council**
Psychotherapy Department, Royal Edinburgh Hospital - **NHS**
Renfrewshire Association for Mental Health - **Voluntary Organisation**
Frontline Response, Dumfries – **Private Sector**
Parkview School, Dundee - **School**
Orchard Centre Services, Midlothian - **Voluntary Organisation**
RossShire Womens Aid - **Voluntary Organisation**

Breathing Space, Scotland wide - **NHS**
East Dunbartonshire Council, SWS - **Council**
SASSIE, Edinburgh - **Voluntary Organisation**
Falkirk Council, Housing & SWS - **Council**
City of Edinburgh Council, SWS - **Council**
SAMH, Glasgow - **Voluntary Organisation**
Includem, Edinburgh - **Voluntary Organisation**
Dundee City Council, SWS - **Council**
Blue Triangle Housing Association Ltd, Glasgow - **Voluntary Organisation**
Open Secret, Falkirk – **Voluntary Organisation**
Children and Vulnerable Adults, Aberdeen Diocese – **Faith/Church**
CrossReach Counselling Services, Edinburgh - **Faith/Church**
Women's Rape and Sexual Abuse Centre, Dundee - **Voluntary Organisation**
Nairn and Ardersier Community Mental Health Team - **Council**
East Ayrshire Council, SWS - **Council**
Diocese of Dunkeld, Dundee - **Parish Council**

Unknown

3 respondents

Respondents outwith Scotland

Bristol Crisis Service for Women - **Voluntary Organisation**
Respond, London - **Voluntary Organisation**
CSSA (National) Christian Survivors of Sexual Abuse - **Voluntary Organisation**

Late Returns

Cambuslang and Rutherglen Community Health Initiative – **Health**
Archdiocese of St Andrews and Edinburgh - **Faith/Church**
Perth & Kinross Council, Housing & Community Care Team (Adults) – **Council**
South Lanarkshire Council – **Council**
Falkirk Council, Housing and Social Work Service – **Council**
Say Women, Glasgow – **Voluntary Organisation**

Responses via agency type and geographic location

**300 + plus questionnaires sent out
63 responses**

Broken down to:

Councils – 15
Council/ Partnership - 2
NHS – 10
Voluntary Sector – 23
Private Sector - 2
Schools - 1
Faith/Church - 4
Unknown – 3
Non- Scottish - 3

Geographic location

Glasgow – 5
Dundee - 4
Nairn - 1
Fife – 3
Edinburgh & Lothians – 15
Ayrshire – 3
Aberdeen – 2
Inverclyde - 1
Argyll & Bute – 1
Central Scotland – 1
Falkirk – 4
Angus – 1
West Dunbartonshire – 1
East Dunbartonshire – 1
Ross Shire – 1
Dumfries – 2
Paisley/Renfrewshire – 2
Stirling – 1
Oban - 1
Alloa - 1
National – 6
Not known – 3
Non Scottish – 3
Late Returns - 6

Glossary of names, terms, etc

BACP: British Association of Counselling & Psychotherapy

CBT: Cognitive Behavioural Therapy

CIB: Criminal Injuries Board

CICA: Criminal Injuries Compensation Authority

CMHT: Community Mental Health Team

COSCA: Counselling & Psychotherapy in Scotland

CP: Child Protection

CPC: Child Protection Committee

CPN: Community Psychiatric Nurse

CSA: Childhood Sexual Abuse

DAPL: Drug & Alcohol Project, Levenmouth, Fife

EMDR: Eye Movement Desensitisation and Reprocessing Therapy

JPIG: Joint Programme Implementation Group

LA: Local Authority

NHS: National Health Service

PF: Procurator Fiscal

SAMH: Scottish Association for Mental Health

SASDF: Sexual Abuse Service Development Fund

SMI: Severe Mental Illness

SPSS: Statistical Package for the Social Services

SW: Social Work

Copy of letter sent

Dear Colleague

SurvivorScotland: A National Strategy for Survivors of Childhood Sexual Abuse

The above National Strategy, launched by the Scottish Executive in 2005, was developed to improve the quality of and access to, services for survivors of childhood sexual abuse in Scotland.

Following this launch, a National Reference Group was appointed, along with two Lead Professionals to implement its work. The Group has set up smaller sub-groups who work on more specific and detailed aspects of the overall strategy.

Whilst the strategy includes all forms of abuse of children, one particular aspect is to highlight and address the long-term effects, as well as current and future needs of those survivors subjected to neglect, physical, emotional, psychological and sexual abuse whilst in care. By "In Care", we mean *any* residential care setting, be it local authority children's homes, approved schools, hospital care, kinship care, respite care, those run by charitable organisations, religious orders, and foster care placements.

We are writing to you on behalf of the In Care and Institutional Abuse Survivors' Sub Group who have been appointed to work on this important component of the strategy. A necessary part of our task was to ascertain what services (if any) are currently in place within the statutory and voluntary sectors for survivors of abuse whilst In Care. Gathering this information will be vital in enabling us to identify the level of met and unmet need for support and advocacy services that this vulnerable group of people require.

What we are hoping to achieve following the collation of responses received, is to recommend proposals for improving existing services, and the future development of additional services for In Care abuse survivors across Scotland.

We are concentrating at present on the historical abuse of children whilst in care in Scotland and it is not our intention to ignore the current and potential future needs for 'looked after' children at present. However, we hope that the knowledge we gain from adult survivors will help provide a deeper understanding of the experiences that any child might face now, or in the future, and help us develop preventative measures that hopefully reduce abuse happening in the first place.

Gary Westwater

CHAIR, In Care and Institutional Abuse Survivors' Sub Group

Terms of Reference and Statement of Purpose of the In Care and Institutional Abuse Survivors Sub Group

The In Care Abuse and Institutional Abuse Survivors Sub Group have been appointed by the National Strategy for Survivors of Childhood Sexual Abuse.

Our aim is to highlight the long term effects, as well as current and future needs of in care abuse survivors who have been subject to any form of abuse whilst in care. To achieve this aim, our purpose is to ensure that there are appropriate and effective long term support, information and advocacy services in place for these survivors.

By 'In Care', we mean *any* residential care setting, be it local authority children's homes, approved schools, hospital care, kinship care, those ran by charitable organisations, religious orders and foster care placements. By abuse, we mean neglect, physical, emotional, psychological and sexual.

- To review the health and social needs of in care and institutional abuse survivors and to identify how they have expressed their need for support
- To evaluate the availability, accessibility and appropriateness of existing support services
- To identify the gaps in provision and how they may be filled by existing resources, reconfiguring resources or by creating entirely new resources
- To recommend to the Reference Group proposals for improving existing services, for filling gaps in existing services and provision of new services where necessary
- To develop improvements for accessing the files and records of children who have been in care by the creation of a transparent and accountable service concerning data storage and access consistent with current legislation
- To propose a set of guidelines for adoption by agencies to establish the minimum content of children's records during their period whilst in care in line with current legislation
- To create and maintain a knowledge base of data and research on in care abuse that accurately reflects the incidence and extent of this form of abuse
- To invite providers and institutions to contribute to the Sub-Group's proposals by attending meetings, contribute ideas and share good practice.

Late Returns

In Care and Historical Abuse: Questionnaire

Name and address of agency:

Cambuslang & Rutherglen Community Health Initiative

1. Does your current service receive referrals (self or other) for adult survivors abused whilst In Care?

If so, would you be willing to provide us with any statistics you might have?

Yes/No

Comments

***clients come to our stress management service.
Not for an abuse service, but we have had several***

2. Does your current service provide support and counselling for adult survivors abused whilst In Care?

Can you specify, is this by telephone, 1-1, group, or other? (Please circle)

Yes/No

***Again, not specifically around abuse, although we have
provided support to adult survivors.***

Comments

3. Does your current service provide support for partners and relatives of adult survivors abused whilst In Care?

Yes/No

No

Comments

4. Does your current service provide advocacy services for adult survivors abused whilst In Care?

For example, help with submissions to the Criminal Injuries Board, help in accessing records and case notes, help in cases where there have been criminal proceedings against alleged perpetrators.

Yes/No

No

Comments

5. If your service does not currently provide any of the above services, do you believe that it would benefit from:

- a. Leaflets on particular issues that In Care abuse survivors' experience, and things to consider when providing help.

Yes/No **Yes**
Comments

b. Specialised training on issues that In Care abuse survivors' experience (including advocacy)?

Yes/No **Possibly**
Comments

6. Do you believe there should be specialist services and resources for In Care abuse survivors?

By services and resources, we mean information, advice and support, as well as advocacy and long- term counselling. This resource would be open to all In Care abuse survivors, their partners and families, as well as anyone working in the field of child abuse.

Yes/No **Yes, definitely**

Comments

7. How would you describe your current service for survivors of childhood abuse?

We mean any services to all survivors of abuse.

We ran a therapeutic one-to-one service for adult survivors of childhood sexual abuse as part of our broader stress management service. Over a 2-year period we promoted this service through all NHS services locally (GPS, CMHT, PCMHT, HVs) as well as to Social Work. We received only 32 referrals. We no longer provide this service and are focusing on delivering training to front line staff on Dealing With Disclosure as this seems to be the main area of concern for local workers who might have potentially referred. This has also taken a while to take off, but we are getting a response from our immediate colleagues. We hope this work will in some small way help plug a painfully clear gap in provision in Cambuslang and Rutherglen.

8. Do you have any other comments or thoughts on what we should be considering for those survivors abused whilst In Care?

See my response to q.7.

Also, it is clear to us that people present to our services as stressed and/or with mild to moderate mental health issues and/or substance misuse issues, but that there is an underlying and long-term issue of having been abused as a child. Until that issue is properly addressed, everything else is a temporary fix.

In Care and Historical Abuse: Questionnaire

Name and address of agency:

Archdiocese of St Andrews and Edinburgh

1. Does your current service receive referrals (self or other) for adult survivors abused whilst In Care?

If so, would you be willing to provide us with any statistics you might have?

Yes/No Yes

Comments

Individuals may seek support from their Parish Priest or a member of a Religious Order.

2. Does your current service provide support and counselling for adult survivors abused whilst In Care?

Can you specify, is this by telephone, 1-1, group, or other? (Please circle)

Yes/No

Comments

Individual members of the clergy/religious would offer spiritual/pastoral support. Counselling would be the role of qualified professionals.

3. Does your current service provide support for partners and relatives of adult survivors abused whilst In Care?

Yes

Comments

Again, this would be spiritual/pastoral support.

4. Does your current service provide advocacy services for adult survivors abused whilst In Care?

For example, help with submissions to the Criminal Injuries Board, help in accessing records and case notes, help in cases where there have been criminal proceedings against alleged perpetrators.

Yes/No

Comments

Individual clergy may help; however, no information is available around this issue.

5. If your service does not currently provide any of the above services, do you believe that it would benefit from:

- a. Leaflets on particular issues that In Care abuse survivors' experience, and things to consider when providing help.
- b. Specialised training on issues that In Care abuse survivors' experience (including advocacy)?

Yes/No

Comments

6. Do you believe there should be specialist services and resources for In Care abuse survivors?

By services and resources, we mean information, advice and support, as well as advocacy and long- term counselling. This resource would be open to all In Care abuse survivors, their partners and families, as well as anyone working in the field of child abuse.

Yes/No

Comments

7. How would you describe your current service for survivors of childhood abuse?

We mean any services to all survivors of abuse.

Pastoral support would be offered by individual clergy/religious.

8. Do you have any other comments or thoughts on what we should be considering for those survivors abused whilst In Care?

The Church has introduced a system whereby any individual may contact a national information line. It is confidential so any information will be treated with care by the National Co-ordinator for the Protection of Children and Vulnerable Adults.

Support for victims of abuse would be provided by the dioceses concerned and be the responsibility of the Bishops of the dioceses.

When the National Co-ordinator is approached by a victim of abuse looking for support from the Church he or she would be referred on to the designated person in the diocese concerned. Particular attention is being given to the role of an appropriate 'support person'. It must be clear to the person who is seeking support that:

- ***any disclosure of harm or risk of harm to a child or vulnerable adult must be reported to the statutory authorities; and***
- ***the support person should provide a directory of services offering advice, support and information.***

In Care and Historical Abuse: Questionnaire

Name and address of agency:

Perth & Kinross Council, Housing & Community Care, Adult Care Team

1. Does your current service receive referrals (self or other) for adult survivors abused whilst In Care?

Yes/No ***Very rarely if at all.***

If so, would you be willing to provide us with any statistics you might have?

Comments

Higher Management may be aware of statistics but I am unaware of any.

2. Does your current service provide support and counselling for adult survivors abused whilst In Care? *Can you specify, is this by telephone, 1-1, group, or other? (Please circle)*

Yes/No ***I myself have not been involved with anyone in the above criteria but if anyone did refer themselves to us we would try to offer support and find specialist counselling if we could not provide this ourselves.***

Comments

As I have not come across this situation I cannot give an accurate answer.

3. Does your current service provide support for partners and relatives of adult survivors abused whilst In Care?

Yes/No

Comments

As above – I cannot give an accurate answer.

4. Does your current service provide advocacy services for adult survivors abused whilst In Care?

For example, help with submissions to the Criminal Injuries Board, help in accessing records and case notes, help in cases where there have been criminal proceedings against alleged perpetrators.

Yes/No - No

Comments

We tend to refer to the Private Advocacy Services.

5. If your service does not currently provide any of the above services, do you believe that it would benefit from:

- a. Leaflets on particular issues that In Care abuse survivors' experience, and things to consider when providing help.

Yes/No Yes

Comments

Leaflets would be helpful for staff to be aware of what to do when a referral is received from an In Care abuse survivor.

- b. Specialised training on issues that In Care abuse survivors' experience (including advocacy)?

Yes/No Yes

Comments

Training is always valued by our Teams.

6. Do you believe there should be specialist services and resources for In Care abuse survivors?

By services and resources, we mean information, advice and support, as well as advocacy and long- term counselling. This resource would be open to all In Care abuse survivors, their partners and families, as well as anyone working in the field of child abuse.

Yes/No

Comments

Specialist services and resources would be very useful.

7. How would you describe your current service for survivors of childhood abuse?

We mean any services to all survivors of abuse.

Any worker coming across a survivor needing assistance would offer support and try to offer any help they know about i.e. counselling and advocacy .

8. Do you have any other comments or thoughts on what we should be considering for those survivors abused whilst In Care?

None at present.

In Care and Historical Abuse: Questionnaire

Name and address of agency:

South Lanarkshire Council

1. Does your current service receive referrals (self or other) for adult survivors abused whilst In Care?

If so, would you be willing to provide us with any statistics you might have?

Yes/No : No. To my knowledge we have received no related referrals where the primary referral reason/identified issue, is as noted.

Comments

Where during the course of ongoing contact with service users this information is shared then we would work closely with our colleagues in health and other agencies/organisations to provide support/counselling etc. Those affected may access different services including mental health substance misuse and criminal justice. That in itself can impact on what we offer. For example for those in criminal justice services we need to deal with offending behaviour and while we can support people to access services we also have to ensure that it is not used as an excuse not to take responsibility for their own behaviour

2. Does your current service provide support and counselling for adult survivors abused whilst In Care?

Can you specify, is this by telephone, 1-1, group, or other? (Please circle)

Yes/No

Comments

Whilst a range of support is available from social work resources, we would generally look to colleagues in health such as psychologists, specialist nursing staff or particular projects in the voluntary sector to provide any in depth counselling services in this area.

3. Does your current service provide support for partners and relatives of adult survivors abused whilst In Care?

Yes/No

Comments

As noted above

4. Does your current service provide advocacy services for adult survivors abused whilst In Care?

For example, help with submissions to the Criminal Injuries Board, help in accessing records and case notes, help in cases where there have been criminal proceedings against alleged perpetrators.

Yes/No

Comments

We don't have any ringfenced advocacy services for individuals experiencing issues in this area but we would expect our existing ringfenced care group advocacy services to support individuals in these circumstances.

5. If your service does not currently provide any of the above services, do you believe that it would benefit from:

- a. Leaflets on particular issues that In Care abuse survivors' experience, and things to consider when providing help.

Yes/No Yes

Comments

Draft 'Yes You Can .' Leaflet very helpful similar leaflet in this specific area would be of benefit

- b. Specialised training on issues that In Care abuse survivors' experience (including advocacy)?

Yes/No No

Comments

Only as part of a broader training package in working with individuals who have experienced abuse.

6. Do you believe there should be specialist services and resources for In Care abuse survivors?

By services and resources, we mean information, advice and support, as well as advocacy and long- term counselling. This resource would be open to all In Care abuse survivors, their partners and families, as well as anyone working in the field of child abuse.

Yes/No No

Comments

Only as one element of services which offer specialist services for those who are adult survivors of abuse in general

7. How would you describe your current service for survivors of childhood abuse?

We mean any services to all survivors of abuse.

Very limited

8. Do you have any other comments or thoughts on what we should be considering for those survivors abused whilst In Care?

In Care and Historical Abuse: Questionnaire

Name and address of agency:

Falkirk Council, Housing and Social Work Service.

1. Does your current service receive referrals (self or other) for adult survivors abused whilst In Care?

If so, would you be willing to provide us with any statistics you might have?

Yes/No No

Comments

I am not aware of any such referrals in recent years.

2. Does your current service provide support and counselling for adult survivors abused whilst In Care?

Can you specify, is this by telephone, 1-1, group, or other? (Please circle)

Yes/No Yes

Comments

This service provides financial support to a local project – Open Secret- which provides counselling and support to adult survivors of sexual abuse.

3. Does your current service provide support for partners and relatives of adult survivors abused whilst In Care?

Yes/No Yes

Comments

The above service also provides support to family members.

4. Does your current service provide advocacy services for adult survivors abused whilst In Care?

For example, help with submissions to the Criminal Injuries Board, help in accessing records and case notes, help in cases where there have been criminal proceedings against alleged perpetrators.

Yes/No No

Comments

5. If your service does not currently provide any of the above services, do you believe that it would benefit from:

- a. Leaflets on particular issues that In Care abuse survivors' experience, and things to consider when providing help.

Yes/No Yes

Comments

- b. Specialised training on issues that In Care abuse survivors' experience (including advocacy)?

Yes/No Yes

Comments

6. Do you believe there should be specialist services and resources for In Care abuse survivors?

By services and resources, we mean information, advice and support, as well as advocacy and long- term counselling. This resource would be open to all In Care abuse survivors, their partners and families, as well as anyone working in the field of child abuse.

Yes/No

Comments

There may be merits in developing specialist services; however, it is unlikely that these could be developed at a local level

7. How would you describe your current service for survivors of childhood abuse?

We mean any services to all survivors of abuse.

As indicated above, Falkirk Council has supported the work of Open Secret which provides a range of services to survivors of childhood sexual abuse.

8. Do you have any other comments or thoughts on what we should be considering for those survivors abused whilst In Care?

In Care and Historical Abuse: Questionnaire

Name and address of agency: Say Women
30 Bell Street, Glasgow

1. Does your current service receive referrals (self or other) for adult survivors abused whilst In Care?

If so, would you be willing to provide us with any statistics you might have?

Yes/No **YES**
Comments

2. Does your current service provide support and counselling for adult survivors abused whilst In Care?

Can you specify, is this by telephone, 1-1, group, or other? (Please circle)

Yes/No **YES**
Comments **Our work is with young homeless women, and some young men. Mainly 1:1 face to face. Young people may have faced multiple abuse situations, e.g. taken into care due to abuse and then abuse whilst in care.**

3. Does your current service provide support for partners and relatives of adult survivors abused whilst In Care?

Yes/No **NO**

4. Does your current service provide advocacy services for adult survivors abused whilst In Care?

For example, help with submissions to the Criminal Injuries Board, help in accessing records and case notes, help in cases where there have been criminal proceedings against alleged perpetrators.

Yes/No **YES**
Comments

5. If your service does not currently provide any of the above services, do you believe that it would benefit from:

a. Leaflets on particular issues that In Care abuse survivors' experience, and things to consider when providing help.

Yes/No
Comments

b. Specialised training on issues that In Care abuse survivors' experience (including advocacy)?

Yes/No
Comments

6. Do you believe there should be specialist services and resources for In Care abuse survivors?

By services and resources, we mean information, advice and support, as well as advocacy and long- term counselling. This resource would be open to all In Care abuse survivors, their partners and families, as well as anyone working in the field of child abuse.

Yes/No **YES**
Comments

7. How would you describe your current service for survivors of childhood abuse?

We mean any services to all survivors of abuse.

We provide accommodation for survivors of childhood sexual abuse who are homeless or at risk of homelessness. Also emotional support to young people living in other homeless accommodation. Not all our service users have been abused in care, but we record those who have.

8. Do you have any other comments or thoughts on what we should be considering for those survivors abused whilst In Care? **Levels of adult survivors within homeless population and specialist accommodation services**