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Evaluation of the Survivors of Childhood Abuse Support Fund

**Report prepared by Rocket Science UK
for Inspiring Scotland and the Scottish
Government**

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1. Introduction

1.1 Background to SOCAS fund

The Survivors of Childhood Abuse Support Fund (SOCAS), funded by the Scottish Government and managed by Inspiring Scotland, was launched in April 2020, providing annual funding to 29 charities between April 2020 and March 2024 to support adult survivors of childhood abuse.¹ This £10 million fund was developed by the Scottish Government in recognition of the inequalities and disadvantages survivors face as a result of childhood abuse and to support survivors with their recovery, enabling them to enjoy the highest attainable standard of living, health and wellbeing, and family life. The SOCAS fund has three overall intended outcomes:²

- **An increased number of survivors are supported**, leading to recovery from childhood abuse
- Adult survivors receive an **enhanced quality of support**, resulting in better recovery and increased resilience
- The **survivor support sector is strengthened** through collaborative and partnership work among third sector providers and statutory services.

Twenty-nine charities³ were funded through SOCAS, and were funded to ensure greater equity of access to services for survivors across Scotland and address the issue of long waiting lists, in both third sector and statutory services.

Three charities (10%) provide support Scotland-wide,⁴ while all other charities are based across the country as can be seen in Figure 1 on the next page.⁵ The current mix of charities was selected due to its wide geographical spread, covering urban, rural as well as very remote rural areas.

¹ The SOCAS funding portfolio mainly consists of charities providing support to survivors of childhood abuse, however, the portfolio also contains a number of charities providing support to perpetrators of abuse. The term used by Inspiring Scotland and the Scottish Government to describe the beneficiaries of the SOCAS fund is 'survivor', and this is the term we have used throughout the evaluation. However, in our engagement of perpetrators of abuse, we used 'person in need of support' instead of 'survivor', in line with recommendations from charities providing support to perpetrators. In this report, we will predominantly use the word 'survivor' to cover all beneficiaries, and utilise 'person in need of support' where applicable.

² As outlined in the logic model developed for the SOCAS fund, which is included in [Appendix 2](#).

³ A full overview of the 29 funded charities is included in [Appendix 1](#).

⁴ These are charities that explicitly have phone, online or in-person services available to survivors across Scotland, however, many charities that are based in one specific region may also be able to offer services in other regions depending on survivor need.

⁵ A full list charities' locations and the types of support they offer can be found in [Appendix 1](#).

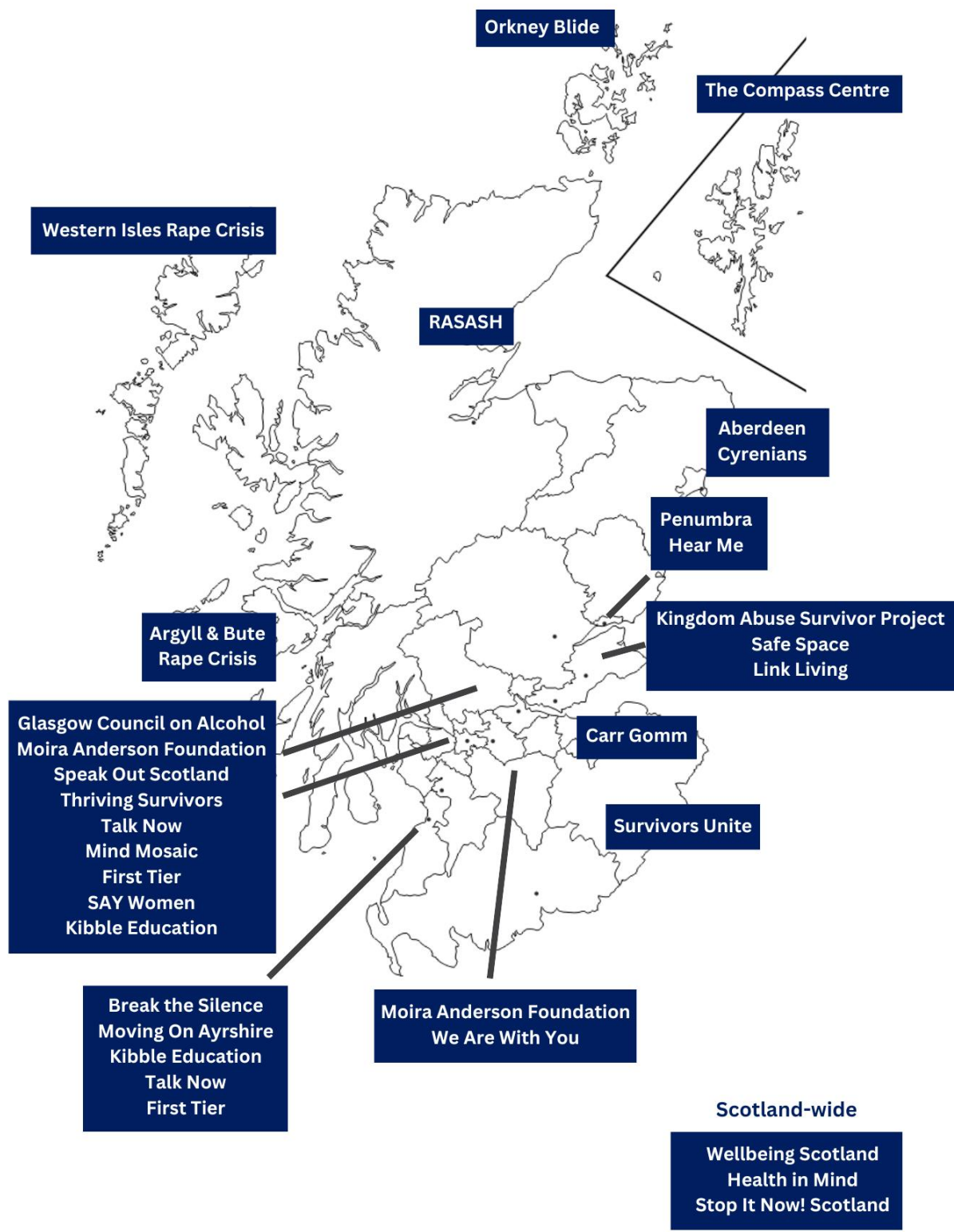


Figure 1. Overview of geographical locations of SOCAS-funded charities [source: SOCAS fund data]



The charities provide a range of support to survivors, focusing on:

- **Trauma-informed counselling.** Provision of one-to-one counselling services to survivors, either conducted in-person, online or by telephone. Counselling may be provided to survivors for a limited number of sessions, or could be provided open-ended, with survivors being able to access the support for as long as they need it. Counselling focuses on working through the experiences and understanding how they impact the lives of survivors now.
- **Peer support.** Provision of peer support to survivors through the use of peer groups and/or community activities. The peer work often provides an opportunity for survivors to engage with people who understand what they have gone through without needing to talk about specific experiences. It can help survivors form new connections and to learn to engage with other people.
- **Other survivor support services.** This includes all support that is provided to survivors outside of counselling or peer support. There are three main types of support included in this group:
 - **Emotional support,** psychoeducation,⁶ and providing survivors with tools to manage their emotions and triggers. This form of support is often used to stabilise survivors at the beginning of their recovery journey.
 - **Wellbeing check-ins.** These are performed at different times of the survivor journey. There are check-ins while survivors are on the waiting list. There are also check-in calls throughout the journey at different stages to ensure the survivors are doing well and the support they receive matches their needs.
 - **Practical support,** for example helping with benefits applications, housing or interactions with statutory partners.

Figure 2 on the next page gives an indication of the overlap of these types of support offered by the charities, with five charities (17%) offering a mix of counselling, peer support as well as other survivor support services. A further 12 charities (41%) offer at least two types of support, and the remaining 12 charities (41%) offer one type of support.

⁶ Psychoeducation was often done in group work and focused on understanding reactions to trauma without talking about the trauma directly. Most survivors mentioned learning to understand [flight, fight and freeze](#) mode specifically, and learning about [window of tolerance](#).



Figure 2. Frequency of types of support offered by charities
[source: Rocket Science analysis of SOCAS performance data]

Counselling, support and peer work often focus on different aspects of the recovery journey for survivors, which is why it is important that different types of services are delivered by the charities. Many SOCAS-funded services within charities are **delivered by staff with lived experience**, particularly the peer support and other survivor support work. Over the course of the SOCAS fund between April 2020 and March 2023, the charities have already collectively **supported around 16,000 survivors**,⁷ and this number is set to increase further in the final year of the SOCAS fund.

Table 1. Overview of the charities funded by the SOCAS fund [source: SOCAS data]

Name of organisation	Type of support provided	Number of supported survivors in first three years of the SOCAS fund
Aberdeen Cyrenians	Other survivor support services	127
Argyll & Bute Rape Crisis	Other survivor support services	564
The BodyMind Studio	Other survivor support services	201
Break the Silence	Counselling and other survivor support services	2002
Carr Gomm	Counselling and other survivor support services	375
First Tier	Other survivor support services	452
Glasgow Council on Alcohol	Other survivor support services and peer-work	593
Health in Mind	Counselling	355

⁷ This overall number is based on reported number of supported survivors by charities in their six-monthly SOCAS grant reports. Due to the anonymity of survivors supported by the charities, it is impossible to know if survivors have been double counted across the years, or if survivors have been supported by multiple charities. This affects the robustness of this overall number as recognised by Inspiring Scotland and the Scottish Government, but uncovering the actual statistics would mean that survivors would lose their anonymity, which would be inappropriate considering the sensitive topics covered by the SOCAS fund.



Hear Me	All	259
Kibble	Counselling	101
Kingdom Abuse Survivors Project	Peer-work	69
LinkLiving	Other survivor support services and peer-work	532
MindMosaic	All	1000
Moira Anderson Foundation	Counselling	1247
Moving On Ayrshire	Counselling	656
Orkney Blide Trust	Counselling and other survivor support services	217
Penumbra	Other survivor support services and peer-work	375
RASASH	Other survivor support services	1078
Safe Space	Other survivor support services and peer-work	317
SAY Women	All	385
The Compass Centre	Other survivor support services	209
Speak Out Scotland	Counselling and other survivor support services	676
Stop It Now! Scotland	Other survivor support services	778
Survivors Unite	All	272
Talk Now	Counselling and peer work	1018
Thriving Survivors	Other survivor support services and peer-work	775
We Are With You	Counselling and peer work	212
Wellbeing Scotland	All	N/A ⁸
Western Isles Rape Crisis Centre	Other survivor support services and peer-work	264

Complimentary to receiving annual funding, the 29 charities also **receive ongoing support from Inspiring Scotland** to deliver trauma-informed, timely and appropriate services, as well as access to frequent knowledge sharing and networking events as part of the SOCAS funding portfolio. Each of the charities receive:

⁸ Currently no data available.



- Monthly online meetings with all charities and Inspiring Scotland. These meetings are an opportunity for Inspiring Scotland to give updates about the fund, knowledge sharing and for charities to build relationships with each other.⁹
- Frequent training opportunities provided by Inspiring Scotland and charities, that are tailored to charities' needs and focus on enhancing the delivery of trauma-informed services.
- Dedicated 1-1 support from the two SOCAS fund managers at Inspiring Scotland through 1-1 online meetings and in-person visits. Charities are also able to contact the fund managers at any time with queries about the fund and their service.
- Access to the Inspiring Scotland Specialist Volunteer Network, giving charities access to expert resources relating to operational areas such as human resources, legal services and recruitment.

1.2 Introduction to evaluation

In December 2022, Rocket Science was commissioned by Inspiring Scotland to conduct an impact evaluation of the SOCAS fund. This evaluation has been based on the five main objectives of the SOCAS fund, with the aim of assessing progress against these areas and identifying areas for future development of the fund. The five fund objectives are:

1. "Improved wellbeing and resilience for survivors"
2. "Survivors have access to quality services across Scotland"
3. "Survivors have access to timely and appropriate services, ideally within 4-6 weeks of first contact"
4. "The funded charities demonstrate continual improvement based on feedback and learning"
5. "There is greater collaboration between funded charities."

A sixth objective of the evaluation consisted of identifying areas for future development or improvement of the SOCAS fund. Our evaluation took place between January 2023 and April 2023, and has consisted of a mixed-methods approach, encompassing qualitative and quantitative fieldwork with survivors, funded charities and statutory service partners, analysis of SOCAS performance data as well as an evidence review to understand best practice in providing support to survivors.

⁹ An in-person all-day learning event was planned for September 2022, but had to be cancelled due to the Queen's funeral. This event has now been rescheduled for September 2023.



The remainder of this chapter will outline the methodology used in this evaluation.

1.3 Methodology

Below we summarise the methodology and research tools used in this evaluation, and outline the number of engaged survivors, charity partners and statutory service partners.

Stage 1 – Inception, planning and evaluation framework design. At the start of the evaluation, we met with Inspiring Scotland and the Scottish Government Survivor Support Policy Team to discuss our evaluation proposal, the scope of the evaluation and evaluation outputs, as well as project timelines. Following our inception meeting, we developed the evaluation framework which can be found in [Appendix 4](#).

Stage 2 – Evidence review. In January and February 2023, we conducted an extensive evidence review. The purpose of this review was to place the support provided by SOCAS into wider context and identify good practice in supporting survivors of childhood abuse. Our research drew upon academic literature, as well as clinical research, charity reports, policy documents, government strategies, as well as other ‘grey’ literature. A summary of the evidence review can be found in [Chapter 2](#), while the full evidence review is included in [Appendix 3](#).

Stage 3 – Interviews with charities. Between January and March 2023, we conducted qualitative semi-structured interviews with members of staff of each SOCAS-funded charity (charity partners) to understand their experience with delivering SOCAS-funded support and being part of the SOCAS portfolio. We spoke to all 29 charities, therefore receiving a 100% response rate.

Stage 4 – Online survey with survivors. Between February and April 2023, we launched an online survey, which was distributed to survivors who were supported by SOCAS-funded charities. The survey consisted of 13 quantitative and qualitative questions that covered survivors’ experience with accessing and using the support, and the impact of the support on their lives. Each charity was given an individual survey link that listed the name of the charity, rather than the SOCAS fund overall. This step was taken to ensure that survivors felt that the survey related to the support they had received. We received 52 responses from survivors, which represented 14 charities.

Stage 5 – Interviews and focus groups with survivors. Between February and April 2023, we conducted 19 semi-structured 1-1 interviews with survivors and 10 focus groups with 46 survivors.



Our fieldwork with survivors was conducted using a trauma-informed approach, by which we mean that every possible measure was taken to avoid retraumatising survivors or causing vicarious harm to the evaluation team. These measures include, for instance testing our discussion topic guides with charities beforehand to ensure a trauma-informed approach, and having internal clinical supervision that Rocket Science interviewers were able to draw upon if needed. A total of 65 survivors were engaged in interviews and focus groups.

All interviews were conducted either over the telephone or online, while five focus groups were conducted online and five were in person. Including both survey responses and interviews and focus groups, we reached a total of 117 survivor engagements.¹⁰

Stage 6 – Interviews with statutory services. To understand the impact of the SOCAS-fund on statutory services, we conducted five further qualitative interviews with statutory partners in March 2023. These partner services were identified by Inspiring Scotland and charity partners, and comprised: Senior management in a Children and Families unit at a Local Authority, a Health Visitor, a Community Psychiatric Nurse (CPN), a Work Coach and a NHS counselling practitioner.

Stage 7 – Review of performance data. We analysed SOCAS performance data, consisting of data relating to the experience and impact of the SOCAS fund on survivors and charities, including the number of survivors supported and waiting lists. The following sources of data were available for the evaluation:

- Grant application forms, offer letters and funding allocations for each charity.
- Six-monthly grant reports that were completed by each charity over the course of the fund. Four rounds of reports were fully analysed, and a fifth was included in quantitative analysis. Overall, this includes 145 grant reports.
- Overview and summary reports developed by Inspiring Scotland over the course of the fund.
- Additional materials, such as the SOCAS fund logic model and clinical evaluation reports.

In our review of performance data, we focused predominantly on the analysis of grant reports, which provided rich data into charities' delivery of SOCAS funding.

¹⁰ At least 9 of these engagements were with the same survivors, who completed both the survey and participated in an 1-1 interview. As the survey was anonymous, we do not know if attendees of, for example, the focus groups also completed the survey.



Stage 8 – Analysis and reporting. Following our completed fieldwork and our review of performance data, we analysed qualitative and quantitative data and collated our findings in this evaluation report.

1.4 Limitations to the research

We recognise that there are some limitations to the research, including:


- The evaluation was conducted within a **short timeframe and therefore a limited budget**, which has influenced the length of the fieldwork period and therefore the number of fieldwork engagements. While our original proposal outlined completing 40 interviews and six focus groups between February and April 2023, only 19 interviews and 10 focus groups were completed in this timeframe. This risk was discussed with Inspiring Scotland at the inception meeting and throughout the evaluation, and low engagement was expected considering the sensitive topics that would be discussed as part of the interviews.¹¹ The total of number of survivor engagements, including the survey responses, is 117 in total. This is considered a robust sample size for discussing findings. Furthermore, while the overall sample size is sufficient for analysis and reporting, the engagement numbers for each specific charity are **too limited to draw any conclusions about individual services**, or analyse the benefits and disadvantages of different types of support.¹² This was to be expected considering the evaluation covers the SOCAS fund (a programme level evaluation), rather than individual services (29 project level evaluations), and this report has thus been written taking the overall sample size into account, and providing anecdotal examples of charities where relevant.
- To mitigate the risk of low engagement, we also actively reached out to charities to put us in touch with survivors. While this has led to the development of a robust sample size with 80% of qualitative survivor fieldwork engagements completed via this method, **this potentially had an effect on the type of responses we received**. The perspectives of survivors that the charities put us in touch with may be less objective than those contacted by us directly and independently. While the findings from these interviews are comparable to our overall engagement with survivors, this limitation must be noted to preserve objectivity.

¹¹ This refers to questions around survivors' experience with the support and the impact of the support, where survivors would frequently talk openly about their mental health. No questions were asked about the reasons why survivors needed the support (ie details of their abuse), and this was only discussed as part of the interviews if survivors discussed it with us unprompted.

¹² This includes analyses between different types of support (counselling, peer support etc.), as well as different types of counselling and/or trauma-informed counselling (EDMR, trauma-informed CBT etc.).



- Due to the sensitive nature of discussing childhood abuse and our desire to employ a trauma-informed approach, our evaluation was promoted to survivors only at the discretion of charity partners. We therefore mainly spoke with survivors who have been supported for a long period of time or are no longer being supported, and **less so with survivors who have recently started their support journey**. Three charity partners also felt that their client group was not suitable to participate in the evaluation, and therefore **did not participate in survivor fieldwork**. This only represents 10% of the overall SOCAS portfolio, therefore not impacting the robustness of the sample size.
- An additional survey was developed for charity partners, focusing on the partnership elements of the SOCAS portfolio, charity partners' experience with Inspiring Scotland and their views on the SOCAS objectives. This survey was ultimately not launched, as it was felt that the framing of the survey around partnership working did not suit the specific needs of the SOCAS portfolio. This meant that the 1-1 interviews were our only engagement with charity partners and while we received rich data from the qualitative interviews, **not being able to collect quantitative data on the perspectives of charity partners** has limited our ability to present clear numbers and percentages on charity partners' perspectives on experience and impact.
- As part of the evaluation, we were able to speak to a limited number of stakeholders of partner services. Several of these interviews were relatively short interviews. The **sample size for this was too small to draw general conclusions** about the impact on statutory services, considering the different partnership landscapes across Local Authorities and Health Boards.
- The SOCAS fund was launched in the midst of the COVID-19 pandemic, and budgets that were originally assigned for provision of specific support types had to be reassigned to still be able to meet the needs of survivors and charities in 2020 and 2021. With charities that were only able to provide face-to-face support, the forecasted number of supported survivors frequently did not meet actual numbers. This has had an **effect on the quantitative data of the initial grant reports**, which therefore had an effect on our review of performance data. In tracking the results across the years, we had to exercise caution in analysing the performance of charities against numbers, and complement quantitative analysis with qualitative insights.

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- The SOCAS performance data is further limited by the diversity of the funded charities, requiring caution in generalising performance of the SOCAS fund overall, and comparing performance between individual charities. The current SOCAS portfolio of charities was assembled to ensure a diverse mix of support offers, including light-touch and more intensively provided support, with some charities aiming to support 10 survivors in one year, while others would support 100 survivors. Because of these differences, caution is needed in interpreting quantitative analysis of performance data.
 - The SOCAS fund is currently in its third year of delivery. While enough quantitative and qualitative data was gathered to comment on the experience and impact of the fund, naturally **this evaluation is not able to report on the full process and impact findings of the fund**. The timings of this evaluation were chosen however to be able to identify lessons learnt and areas of improvement.

The remainder of this report is laid out as followed:

- **Chapter 2** provides a summary of our evidence review of good practice in supporting survivors of childhood abuse
- **Chapter 3** discusses survivors' experience of the SOCAS-funded support, as well as the impact the SOCAS-funded support has had on them
- **Chapter 4** discusses charity partners' experience with the SOCAS fund, as well as the impact the SOCAS fund has had on SOCAS-funded charities
- **Chapter 5** outlines elements of successful partnership working between SOCAS-funded charities and statutory services
- **Chapter 6** consists of our conclusions and recommendations
- **Appendix 1** provides an overview of the charities funded by SOCAS, including how many survivors they supported, where they are based and what type of support they provide
- **Appendix 2** contains the logic model that was developed at the start of the SOCAS fund
- **Appendix 3** contains the full evidence review
- **Appendix 4** contains the evaluation framework developed for this evaluation by Rocket Science



2. Summary of good practice in supporting survivors of childhood abuse

As part of the evaluation, we conducted an evidence review in order to understand good practice in supporting adult survivors of childhood abuse. This chapter provides a summary of the key definitions and findings. The full review, including the methodology, can be found in [Appendix 3](#).

2.1 Context of providing support to survivors

To understand the support needs of survivors in Scotland, and what good quality support looks like, we need to understand the context. Awareness of trauma and understanding the long-term effects of trauma are becoming more prevalent, with more people understanding how past experiences may be impacting current behaviours or problems. This is resulting in more people coming forward looking for support through statutory services and third sector organisations.¹³

The Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States defines a traumatic experience as: “**an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening** and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing”.¹⁴

There is limited evidence on how common adverse childhood experiences (ACE’s) are in Scotland, but some evidence suggests that **one in seven adults reported four or more adverse childhood experiences**, with those in deprived areas more likely to report a higher number of adverse childhood experiences.¹⁵ This number is likely to still be too low and experts believe that adverse childhood experiences are more common than studies show, as many survivors of adverse childhood experience might not have disclosed or are willing to engage in research.¹⁶

¹³ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/23

¹⁴ SAMHSA (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration. Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>. Last accessed: 26/01/2023

¹⁵ Marryat L, Frank J. (2019) Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study. *BMJ Paediatrics Open* 2019;3:e000340. doi:10.1136/

¹⁶ Nelson, Sarah (2022) Problems about child sexual abuse prevalence studies: are they worth doing at all?. Presentation.



A **German inquiry into the impact and consequences of childhood abuse** on adult survivors highlights that not speaking about the abuse is a coping mechanism for many survivors of trying to avoid memories and to have a chance at managing their lives. This is seen as one explanation, in addition to shame, lack of trust in authorities or fear of not being believed, why some survivors of childhood abuse do not disclose their abuse or access support services until much later in life. Some may experience a complete loss of memories of the abuse until they actively engage in working through their abuse in, for example, counselling.¹⁷

These **traumatic or adverse experiences in childhood, including childhood abuse, are associated with having long term impacts on survivors** including severe physical health and mental health issues, as well as engagement in health-risk behaviours.¹⁸ Unaddressed traumatic experiences are likely to increase the risk of mental health issues, substance abuse and chronic physical pain, which is why the provision of support for adult victims of childhood abuse is especially important.¹⁹ Childhood abuse can also have long-term impacts on other areas of a person's life, for example impacting people's relationships, homelessness, crime, victimisation, income inequalities, reduced participation in the labour market and more.²⁰ In the workplace, the consequences may include struggling to regularly attend work or difficulties in completing training or finding employment. Survivors are likely to be in precarious jobs and report difficulty to find a work-life balance.²¹ Physical and mental health impacts of their abuse may also influence the type of work or working hours survivors can do.²²

Complex trauma can lead to a variety of different challenges and supporting survivors through the recovery is crucial. Not being able to identify or understand the complexity of trauma can be re-traumatising to survivors.²³ Judith Herman outlines there are three key stages to the recovery from severe trauma. The three stages are as follows:²⁴

¹⁷ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023

¹⁸ Early Intervention Foundation (2020). Adverse childhood experiences: What we know, what we don't know, and what should happen next. Available at: <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next?platform=hootsuite>. Last accessed: 24/01/2023

¹⁹ SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration. Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>. Last accessed: 26/01/2023

²⁰ Di Lemma L.C.G., Davies A.R., Ford K., Hughes K., Homolova L., Gray B and Richardson G. (2019). Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course. Public Health Wales, Cardiff and Bangor University, Wrexham, ISBN 978-1-78986-035-1.

²¹ Aufarbeitungskommission (2019)

²² Aufarbeitungskommission (2019)

²³ Lovell, R., Greenfield, D., Johnson, G., Eljiz, K. & Amanatidis, S. (2022) Optimising outcomes for complex trauma survivors: assessing the motivators, barriers and enablers for implementing trauma informed practice within a multidisciplinary health setting. BMC Health Services Research. Available at: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-07812-x>. Last accessed: 02/02/23

²⁴ Hermann, J. (1992) Judith Herman's three stages of recovery from severe trauma. Available at: https://www.psychologyintherealworld.co.uk/resources/Judith_Hermans_three_stages_recovery_severe_trauma.pdf. Last accessed: 02/02/23



- **Focusing on safety and stability** – it is about outlining the healing process and creating a sense of safety and stability among survivors. It is about learning to regulate emotions and reactions to painful memories.
- **Engaging with memories** – Engaging with the painful memories and the emotions attached to it. This includes grieving the unwanted and abusive experiences and the effects on the survivors life.
- **Reconnecting** – this stage is about reconnecting with people, meaningful activities and other aspects of life. This will, hopefully, be easier after the first two stages of learning to manage emotions and processing the abuse.

2.2 Provision of high quality support

It is important to acknowledge the **differences between support and counselling services** for this evidence review. Support services often offer a range of ways in which they can emotionally support someone who has gone through a traumatising event or experience to help understand emotions and how to cope with or manage these.²⁵ Counselling services, on the other hand, are often used as a term for therapy, but often include a range of different approaches including counselling (talking therapy with a trained therapist).²⁶

The University Campus Suffolk survey indicated that survivors of childhood sexual abuse often do not reach out to support services until long after the abuse took place. **42% of survivors received support on average 12 years after they disclosed their abuse** and 25% indicated they accessed support services because of their abuse before disclosing it.²⁷ Survivors on average used four to five different services over ten years from their first contact with support services.²⁸

There is generally **limited short and long-term evidence of what pathways work well and what is not working well** to support survivors.²⁹ There are, however, several approaches which are suggested to have a positive impact:

²⁵ Victim Support Scotland (2023). Emotional support. Available at: <https://victimsupport.scot/information-support/get-support/emotional-support/>. Last accessed: 26/01/2023

²⁶ NHS (2023). Counselling. Available at: <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/counselling/>. Last accessed: 26/01/2023

²⁷ Smith, N. Dogaru, C. and Ellis, F. (2016), "Focus on survivors: a survey of adult survivors of child sexual abuse and their experiences of support services". Available at: https://www.basw.co.uk/system/files/resources/basw_122305-1_0.pdf. Last accessed: 26/01/2023

²⁸ Smith et al (2016).

²⁹ The Association for Child and Adolescent Mental Health (2023) ACEs – Adverse Childhood Experiences. Available at: <https://www.acamh.org/topic/aces/>. Last accessed: 06/03/2023.



- **Trauma-informed services:** This approach has been widely promoted by the Scottish Government with the aim to embed it across services across Scotland. The approach is based on five key principles of safety, trustworthiness, choice, collaboration and empowerment.³⁰ These principles and good practices highlight **the importance of choice and needs of the survivors** being the focal point of any support service provision. Ensuring the survivors are heard and feel in control of the support they receive can be key to ensure services are beneficial and not re-traumatising.³¹
- **Peer support:** Peer support is also seen as a way in which survivors can access support. The peer support can be delivered in different settings and can either be one-to-one sessions or in group sessions with people who have lived experience of abuse.³² It is seen as a form of support that focuses on **mutual self-help which can help build a feeling of trust, safety and hope**.³³ With long waiting times and overstretched statutory and voluntary support services, peer groups are also seen as an inexpensive way of providing support to survivors who are waiting to access other services or provide continued support once their support from other services ends.³⁴
- **Perpetrator programmes:** Perpetrator programmes are seen as a way to reduce harm and violence by engaging perpetrators. It is important to acknowledge that perpetrators are not a homogenous group and that there are different motivations behind their actions. While approaches to perpetrator programmes differ across organisations, in Europe the most common approach to these programmes is Cognitive Behavioural Therapy (CBT) followed by or combined with a pro-feminist support.³⁵ Positive outcomes for perpetrators are learning of conflict interruption techniques and new communication skills.³⁶ In the UK, the membership organisation RESPECT has developed a set of standards that should be at the core of work with perpetrators and provide detailed guidance on how to set up perpetrator programmes.³⁷

³⁰ Haughey, C. (2021). Trauma-informed practice: toolkit. Scottish Government. Available at: <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/>. Last accessed: 26/01/23

³¹ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

³² Gregory, A., Johnson, E., Feder, G., Campbell, J., Konya, J., & Perôt, C. (2021). Perceptions of peer support for victim-survivors of sexual violence and abuse: an exploratory study with key stakeholders. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260521100793>

³³ Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023; SAMHSA (2014). 3

³⁴ Gregory et al (2021).

³⁵ Bates, E., Graham-Kevan, N., Bolam, L. & Thornton, A. (2017) A review of domestic violence perpetrator programs in the United Kingdom. *Partner Abuse*, 8 (1). pp. 3-46

³⁶ McGinn, T., McColgan, M. & Taylor, B. (2020). Male IPV Perpetrator's Perspective on Intervention and Change: a Systemic Synthesis of Qualitative Studies. *Trauma, Violence & Abuse*, 21 (1), pp. 97-112.

³⁷ RESPECT (2022). The Respect Standard – 4th edition. Available at: https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/1458/Respect_Standard_4th_edition_2022.pdf. Last accessed: 27/01/2023



- **Collaboration:** addressing trauma from childhood abuse is a complex issue and often requires more than one organisation or support service. It often requires access to a range of services, including a mix of statutory and third-sector organisations. The survey with 400 survivors of childhood sexual abuse in the UK, conducted by the University Campus Suffolk and Survivors in Transition, highlighted that most survivors will access four to five support services over the course of ten years.³⁸ Due to the range and mix of services that survivors' access, it is important that the pathways and co-operation between these services works well. Good co-operation reduces the number of individuals that survivors need to engage with and, with that, the number of times they need to repeat their stories.³⁹

Aside from the good practices in engaging with survivors, organisational factors play into the quality of the support received by survivors. These include sufficient and **sustainable funding, trained staff, sufficient staff support, buy-in of management into trauma-informed support and good evaluation and monitoring frameworks** to demonstrate the impact of organisations.

Childhood abuse is likely to impact groups within society differently. For example, **more adverse childhood experiences have been noted among people from a lower socio-economic status, marginalised groups or racial and ethnic minorities.**⁴⁰ It is also assumed that systemic issues such as racism, sexism and poverty can reinforce trauma and create or reinforce barriers to reaching out for support.⁴¹

It is important to acknowledge that there is **limited research on the access to support for a diverse adult population accessing support services because of childhood abuse.** Research often focuses on gender-specific support services and ensuring women's experiences are acknowledged and addressed when women are accessing support. There are limited evaluations or assessments on whether or not current systems are fit for purpose for men or people of other genders. Similarly, the literature seems to acknowledge the differences in experiences of people from different communities, socio-economic status or any other protected characteristics, but there is limited guidance on how to improve access for these people. The most common advice is to ensure local differences and needs are taken into account.⁴²

³⁸ Smith et al (2016)

³⁹ Bear et al (2019). Natcen (2015)

⁴⁰ Wilton & Williams(2019).

⁴¹ Wilton& Williams (2019)

⁴² Natcen (2015).



3. Experience and impact of the SOCAS fund on survivors

This chapter provides an overview of survivors who received support by SOCAS-funded charities, and discusses survivors' experience of the support, what survivors identify as good quality services, and the impact the service had on them. In addition, we look at the type of services provided by charities and what elements charity partners consider important to deliver high-quality services. This chapter draws on quantitative and qualitative fieldwork with survivors, interviews with charity partners and SOCAS performance data.

3.1 Who was supported by SOCAS?

Analysis of survivor fieldwork engagements gives an indication of what demographic groups are being supported through the SOCAS fund, and how long they have been with their charity. Out of the survey respondents, 66% (n=34) had accessed the support for less than two years. Through the interviews and focus groups, we learned however that there was a large number of people who had been using the service for a longer period of time, with only 12 (26%⁴³) survivors using the service for a year or less. Seventeen survivors had accessed support for 2-4 years, ten for 5-9 years and eight for more than 10 years.⁴⁴ Others did not say or remember how long they had used the service for. The survivors who accessed long-term support were most frequently found in the peer groups we conducted focus groups with.

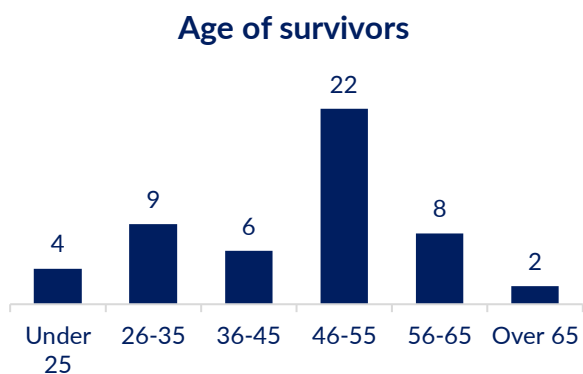


Figure 3. Age of survivors participating in the SOCAS evaluation [n=116; source: Rocket Science online survey and fieldwork with survivors]

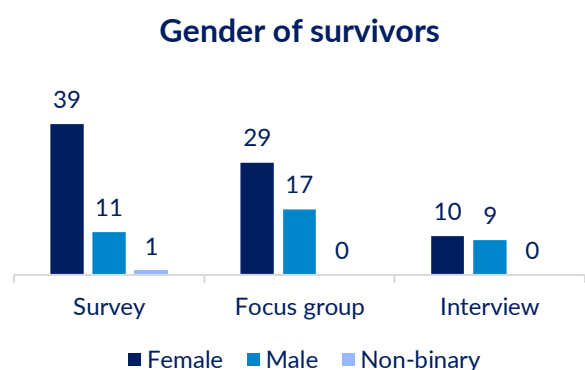
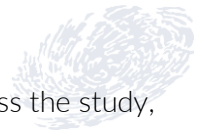


Figure 4. Gender of survivors participating in the SOCAS evaluation [n=116; source: Rocket Science online survey and fieldwork with survivors]

⁴³ 26% of survivors who gave us an indication of how long they have been using the service, not 26% of all qualitative fieldwork engagements.

⁴⁴ While the SOCAS fund has been running for three years only, many of the SOCAS-funded services have been operational prior to the SOCAS fund, either funded by the Scottish Government or another funding body.



43% (n=22) of survivors reported being between 46 and 55 years old (Figure 3). Across the study, 67% (n=78) of participating survivors identified as female compared to male or non-binary (Figure 4). In the focus groups, we commonly spoke to all male or all female groups, with only two groups having mixed genders. Lastly, 49 survivors (94%) who filled in the survey identified as White, one identified as Mixed Ethnic Group and one preferred not to say.



Figure 5. Number of survivors by type of support received
[n=41; source: Rocket Science online survey]

The most commonly accessed service by survivors who filled out the survey was other survivor support services, as seen in Figure 5, with 19 survivors (37%) utilising this type of service.

Fourteen survivors (27%) accessed counselling services and the remaining survivors accessed a mix of counselling, other support and peer work. Most survivors who accessed a mix of support found it **beneficial** as the support often focused on different aspects of engaging with their trauma.

"The combination of the support and the counselling are important because I feel one focuses more on confidence building and relationship building and the other focuses on the experiences you have been through. I would also be more isolated without the group support. It helped me engage with people and work on my social skills." – Survivor

3.2 Access to and timeliness of service provision

3.2.1 Awareness of services

Both survey respondents and interview participants had most commonly **heard about the services through the NHS**, including GPs, community mental health teams and psychiatrists (about 40%). This included being signposted by NHS services for self-referral as well as being referred by NHS services themselves, depending on individual needs and the requirements of the charities. Other referrals came from statutory services such as social workers, homelessness services or the police (about 10%), word of mouth (about 9%), other third sector organisations (about 8%), independent online searches (about 8%) and internal referrals from within the charity (about 6%). The interview and



survey findings show that most survivors only heard of, or were referred or signposted to the service provision at a crisis point in their lives. Survivors discussed for example being admitted to the hospital for substance use or suicide attempts, or reaching out to NHS services for mental health breakdowns. Other survivors said that their situation and/or Post-Traumatic Stress Disorder (PTSD) had them housebound for a long time, sometimes several years, making it difficult for them to access support or to be reached by the services, until a crisis point was reached.

In a majority of interviews and focus groups where crisis points were discussed, it was made clear that these crisis points were often **a combination of longstanding mental health problems due to survivors' past, and a recent trigger in their life**, such as losing their job, losing a loved one or having to deal with a court case. The point of crisis derived from a realisation of survivors that they could not continue the way they were living, either realised by themselves or pointed out to them by third parties. Most of the **survivors had never heard about the charities prior to being referred** into them and expressed they wished they had known sooner about the existence of these services, as it could have helped them earlier in life, therefore avoiding reaching a crisis point. Survivors believed that **more advertisement would be helpful to increase awareness of service provision, and enable other survivors to access support as soon as possible.**

"I wasn't aware that they existed and what the service provided. I didn't think there was help for people in my situation." - Survivor

Survivors, however, also **issued caution about advertising too much**. They acknowledge the benefits of the support and intervening before the point of crisis, but also recognise the balance to offer support to everyone and the finite resources the charities have. More funding for the charities and increased numbers of counsellors and support workers were suggested as solutions, but survivors were aware that this might be difficult to achieve at the moment.

"It is difficult to balance promotion, but the word should be out there, so that people know what the service is and does. But it is difficult to balance without increased resources." – Survivor

Looking at the method of service delivery, 26 survivors (50%) accessed the support over the telephone, while 18 (35%) received in-person support and ten (19%) accessed support via video call (Figure 6).⁴⁵ Support is offered depending on the needs of survivors and practical limitations of the

⁴⁵ Survivors were asked a series of yes or no questions about having received the support in a certain way. This is why the percentages are in total above 100%.



service. Interviews with both survivors and charity partners highlighted how **the COVID-19 pandemic changed the way services were provided to survivors**, including more online and hybrid support offers.

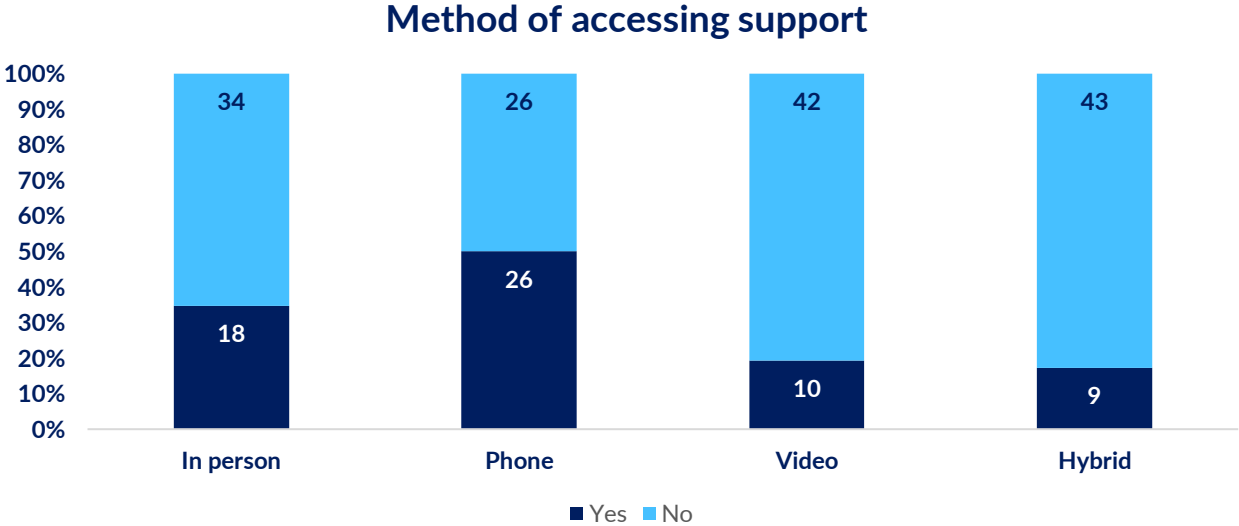



Figure 6. Method of accessing support [source: Rocket Science analysis of SOCAS survivor survey data]

To improve the access of support, especially to reach more diverse populations **charities are trying to raise more awareness among wider demographics and the general population**. There are different ways in which they are trying to do this. For example, Penumbra has been working with the public sector through self-harm awareness sessions to increase awareness about their services and to increase referrals, while Stop It Now! Scotland have a wide range of resources for survivors and others on their websites to support and educate people. Thriving Survivors completed a month of media campaigns to raise awareness on sibling abuse, and saw the numbers of specific referrals increase due to this, while Hear Me have provided posters with QR codes around their area, so that people can get access to information from a distance.

3.2.2 Reasons for accessing service provision

Survivors’ reasons for accessing services highlight the severe mental health impacts of childhood abuse and survivors’ hopes for working through their trauma using the provided support at a point of crisis. Survivors were in a desperate time in their life and needed help to manage their daily lives in order **to no longer be in crisis**. This help often did not only include help understanding their own mindset, mood or emotional wellbeing but often included other aspects such as financial issues, housing issues or similar. Main reasons for accessing service provision include:

- 
- Reaching out to a SOCAS-funded charity was survivors' **last attempt to not commit suicide** or that they hoped would help them **feel less suicidal**. Some survivors had been **admitted to hospital for health conditions or suicide attempts** and the consultations resulted in them hearing about or wanting to reach out to support.
 - Until an event later on in their life, survivors had managed to block out or repress the memories of traumatic events in their childhood. **Triggers in later life** forced them to deal with memories and often PTSD from earlier experience and they needed help to navigate this.
 - Survivors were dealing with, and wanted to address, some of the **unhealthy coping mechanisms** they had used to forget or repress their memories. These often included alcohol, drugs or other addictions.

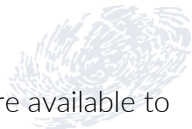
"I contacted them after struggling with anxiety and depression. I attempted to commit suicide at that point." - Survivor

As highlighted in the evidence review, traumatic experiences can have other impacts on the lives of survivors. For example, 73% (n=37) of survivors participating in the evaluation reported having a disability or long-term (physical or mental) health condition. Some of our interviewees explained that accessing services was a challenge at times due to the **physical challenges of their chronic illnesses**. Several survivors also explained that they had struggled with **alcohol and drug use** for most of their lives. They explained that the use of substances was a coping mechanism for them to deal with their traumatic experiences. Some survivors reported that they **faced challenges in accessing statutory or other charity services due to their additional needs or vulnerabilities or were told they could not be supported at all by them**. Depending on the charity and their specific target groups, SOCAS-funded charities were able to offer more targeted support to survivors and were able to support survivors in the way they needed it.

"My addiction and trauma were very interlinked and a lot of people that have experienced trauma don't know that it is connected. When we got support you learn you don't need the substances to manage our trauma. It has improved my health. I would be dead without the support." – Survivor

3.2.3 Timely access of the support

The timing of accessing support is critical to support survivors during a crisis. The point at which survivors are ready to talk about their abuse and reach out for help is very individual and depends on



their situation. Because of this, survivors highlighted that it is important that services are available to survivors when they need them, and giving survivors control over their choice when to access support, and what kind of support and how they access it.

It depends on each charity how access to services is arranged. At the moment, some charities only allow self-referrals, meaning the survivor has to reach out to them to access the support. This is intended to help with ensuring the survivor is ready to engage with the support at the point of contact. Other charities accept referrals from other organisations and statutory services. This is intended to make it easier for survivors to access the support, or the combined support, but has the risk that the survivor might not be ready to engage with the trauma services. Speaking to survivors, charity partners and statutory service partners, it became clear there is not one solution for all, highlighting the importance of choice.

Access to support



94% of survivors strongly agreed/agreed referral for the support is easy
96% of survivors strongly agreed/agreed they were able to access the support they needed from the charity

Location/mode of support

90% of survivors strongly agreed/agreed the way they access the support (e.g. online, in-person) works for them

92% of survivors strongly agreed/agreed the location of the support works for them

94% of survivors strongly agreed/agreed the timings of the support work for them



Timing of support



79% of survivors strongly agreed/agreed the time between applying for the support and receiving support was satisfactory

80% of survivors strongly agreed/agreed they were able to receive support for as long as they needed it

Figure 7. Survivors' level of agreement with statement on ease and timeliness of support [n=52; source: Rocket Science online survey]



Figure 7 indicates that survivors were **very happy with the way they were able to access the support**, while agreement was least with the timeliness of the support, including both the waiting times and the length of the support available.⁴⁶ Waiting times vary across the funded charities, as indicated in Figure 8.⁴⁷ **Ten** charities (34%) currently have a waiting list of two weeks or less, while nine charities (31%) currently have a waiting list of nine weeks or more.⁴⁸

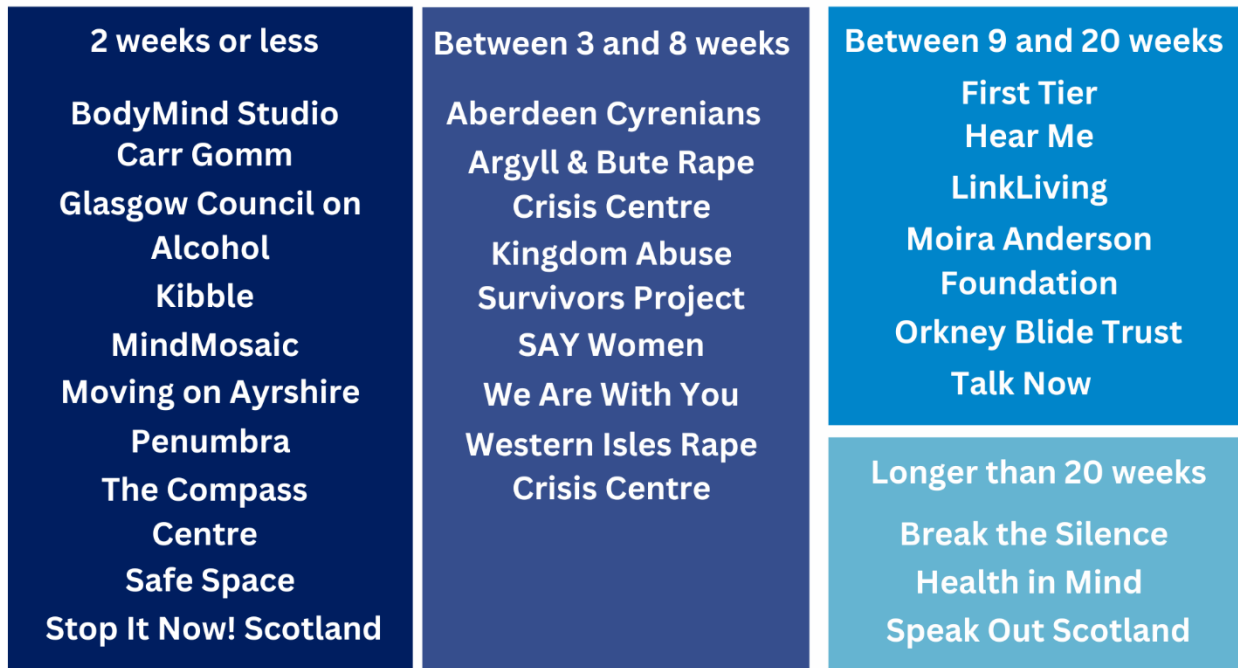


Figure 8. Overview of waiting lists of charities in April 2023 [source: Rocket Science analysis of SOCAS grant reports]

The SOCAS fund recognised the challenges around waiting lists that survivors faced due to the increased demand for their services. Inspiring Scotland and the Scottish Government provided 12 charities with an one-off payment to help reduce the waiting lists and to reduce the waiting time for survivors. This was successful for six out of 12 charities that received funding. For the remaining six, the waiting lists would have been longer without the additional funding but the increase in demand was exceeding the additional funding to manage the waiting lists.⁴⁹ Length of waiting lists highly

⁴⁶ This was not mentioned as much in the interviews. It is important to note here that most people we spoke to and that engaged in the service have been receiving support since 2021 or earlier. At that point the waiting lists were shorter than they are now according to charity partners.

⁴⁷ Estimates of waiting lists are provided by the charities in the six-monthly grant reports and provide an estimate of the waiting list in March 2023. These figures have likely fluctuated over the course of the SOCAS fund and should not be interpreted as overall figures. Furthermore, there is currently no standard method of counting individuals on the waiting lists – some charities may count individuals who receive wellbeing check-ins prior to receiving counselling as on the waiting list, while others may count these as currently being supported.

⁴⁸ No recent numbers were available for Wellbeing Scotland or RASASH. Based on their latest provided figures in the September 2022 grant report, Wellbeing Scotland had a waiting list of over twenty weeks, and RASASH of two weeks or less.

⁴⁹ Inspiring Scotland (2022) SOCAS Waiting List Urgent Response Funding 2021/22 End of Grant Report for Scottish Government – June 2022.



depend on the type of service the charities provide and do not include the waiting time for wellbeing check ins or access to other support while waiting for further support. Analysis of waiting lists over the duration of the SOCAS fund indicates that the number of survivors on waiting lists as well as the average length of waiting lists has been fairly consistent, despite the additional funding provided to tackle waiting lists, again indicating an increase in demand (Figure 9). Between April 2021⁵⁰ and April 2023, charities had an average of 35 survivors on their waiting lists, meaning that survivors had to wait for an average of 13 weeks to access support.⁵¹



Figure 9. SOCAS waiting lists April 2021-September 2023 [source: Rocket Science analysis of SOCAS performance data]

Furthermore, comparing the number of survivors on waiting lists with the amount of yearly received funding as outlined in the most recent grant reports indicates that charities that received more than £75,000 yearly from the SOCAS fund are generally dealing with significantly larger waiting lists than those who receive less than £75,000, although there are exceptions in both categories. On average, **charities receiving more than £75,000 have waiting lists three times as long as those receiving less than £75,000.**⁵² This may be due to the type of support provided by charities that receive larger amounts of funding, or could indicate that, because these services are larger, they may be better known by survivors and other services, and therefore receive more (self-)referrals. Small, rural charities that received less than £75,000 may have also been more likely to develop new services or

⁵⁰ 2020 was excluded from this analysis due to COVID-19 anomalies.
⁵¹ While the latest grant reports indicate a slight decline in waiting lists number, this number would have likely remained stable if Wellbeing Scotland waiting list figures were known.
⁵² Wellbeing Scotland and RASASH were excluded in this calculation due to unknown length of waiting lists in the most recent grant reports (Year 3, Period 2 reports).



expand services in new areas, therefore having less a focus on starting service delivery and therefore accumulating (self-)referrals.

Sufficient funding to support the increase in survivors needing help can also facilitate easier access and more timely access to support for survivors. At the moment, there are several charity partners who explained that **long waiting lists are a result of not having enough resources to support the survivors right away**. This is partly due to the applications for funding through SOCAS being made for four years, prior to the COVID-19 pandemic and the cost-of-living crisis, and the increase in survivors reaching out post-COVID-19 was unpredictable.

*“SOCAS funding has really helped us run our services but we have seen such a rapid increase in referrals, but were not able to secure funding that matched this increase, which has resulted in waiting lists” –
Charity partner*

Charities have been putting **measures in place to accelerate access to services through service adaptations**. This has resulted in a few charities limiting the number of sessions of support survivors can access, thereby reducing the availability of open-ended support.⁵³ Charity partners were divided about whether limited sessions are a good idea, as many of the survivors deal with complex and long-term issues. Some charities believe that due to the long-term impacts, it is important that survivors have life-long access to counselling and support. It was seen as essential that survivors always feel supported. Others believe that a set number of counselling sessions can help facilitate an end to the counselling and can help both the survivor and the charity. Most of these charities provide and support transitioning into a less intensive, community-based support following the counselling. In most cases this is some form of peer support, either 1-2-1 befriending or peer groups.

“We used to have open-ended support. But our waiting lists were becoming longer, so we needed to put a limit to the sessions. We now offer around 16 sessions. If there is someone that needs more sessions we are open to it. We have also added in groups to supplement the support.” – Charity partner

Survivors who participated in the evaluation **were pleasantly surprised by the length of the waiting list** and often made the comparison to NHS services and their experiences with months or year long waiting lists. To them waiting times of several weeks seemed fast. Survivors also appreciated that charities reached out to them while they were on the waiting list. This included wellness checks,

⁵³ Charities that have a limited number sessions available usually are able to offer some flexibility in this based on the needs of survivors..



triage appointments to ensure they were going to receive the right support and generally just letting survivors know that they had not been forgotten. This is an important point which can determine the experience of survivors when accessing the support is **the level of support received while on the waiting list**. Regular check-ins and potential other support services, such as safety and stabilising courses, can help in making survivors feel engaged from early on and can already start to build the trust between them and the organisation. No engagement may lead to lack of engagement or a lack of trust towards the organisation.

"For me it was easy. I was used to long waiting lists with nothing happening. At the time that I needed [SOCAS-funded charity] the most, they called me and offered to have an in-person chat the next day." - Survivor

"I called them, and I got called back within less than 24 hours, and then I was able to speak to a counsellor a week after that." - Survivor

3.3 Quality of service provision

3.3.1 Experience with using the support

The support received by survivors was **overwhelmingly perceived as positive**. The three most beneficial aspects of the service to the survivors as indicated in interviews and focus groups included:

- **Providing a safe space.** Survivors often do not feel safe, safe to disclose or trust that people will help them. The **non-clinical spaces** of the charities help to make the survivors feel safe, and **the staff are able to make the survivors feel safe by being warm, welcoming, non-judgemental and reliable**. Something that contributed to survivors feeling safe was knowing they could call the charities when they needed and would receive support or have someone to talk to at any point.
- **Feeling listened to/heard.** For almost all survivors we spoke with that were supported through the SOCAS fund, **this was the first time they felt heard**. Survivors explained that the way the charity staff listened to them and engaged with them made them feel, often for the first time, heard, which many described 'as a relief'. Survivors also felt that staff did not judge them for their coping mechanisms or how the trauma had impacted their life.



- **Individual support.** Survivors also explained that receiving individual support tailored to their needs and wants was helpful. **They didn't feel pressured into taking one specific approach and were given choices in the type of support they wanted.** Survivors explained that this allowed them to explore their trauma in a safe manner, and at a pace that was working for them. The recognition of the charities that survivors might need more practical support and were able to offer this was greatly appreciated by survivors.

"Before I even started the therapy there was a questionnaire that was used to make sure they would tailor the support to me and to what I wanted to get out of it. There were a lot of questions about if you wanted to talk about what happened or if you wanted some peace and wellbeing. It was not prescribed" – Survivor

"For a long time in my life there has been that feeling that I am not safe and not understanding why and how that affects anything else in my life. Having someone that I can trust and that I feel like they care is amazing. That is what makes all the difference. That is comforting." – Survivor

These views were echoed in our survey, in which survivors indicated high agreement with each statement on the support provided by staff and the type of support provided. As highlighted in Figure 10, about 95% of survey respondents felt listened to and supported by staff, and felt that staff understood their needs and experiences.

Survivors' experience of provided support

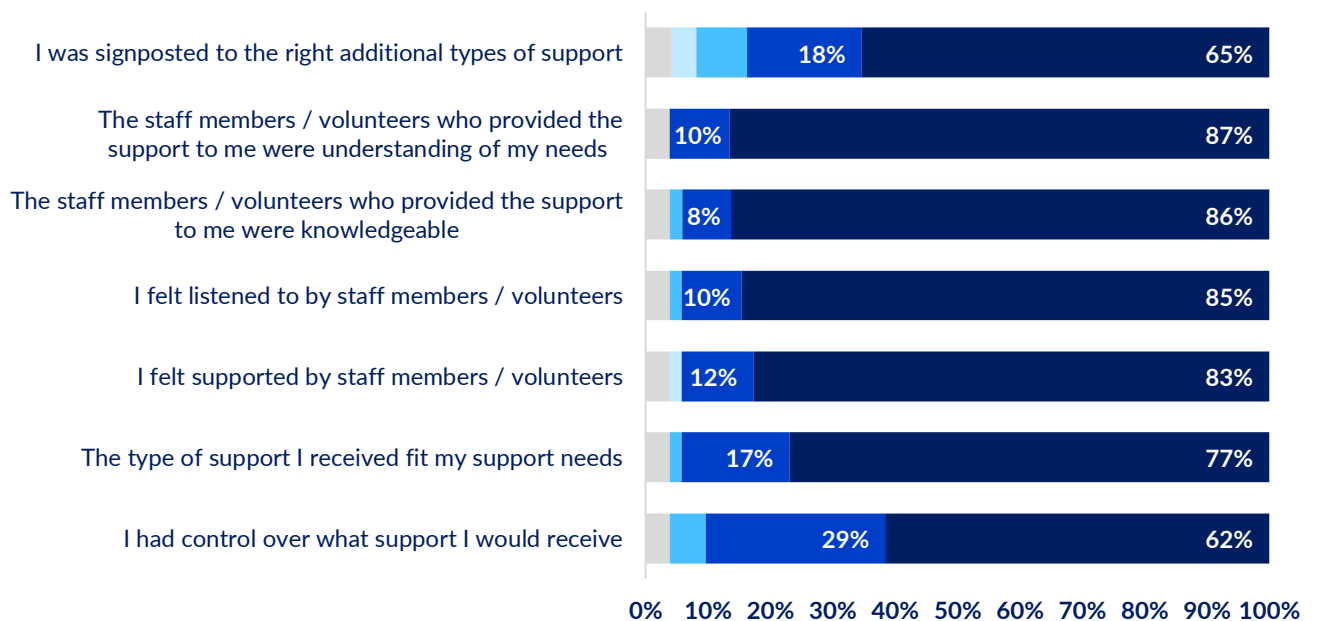
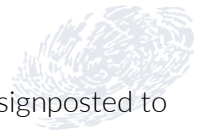


Figure 10. Survivors' experience of provided support [n=52, statement 1 n=49, statement 3 n=51; source: Rocket Science analysis of survivor survey data]



Few survivors disagreed with the statements, with a minority reporting they were not signposted to the right additional types of support (8%).

In our interviews and focus groups with survivors, we found that survivors were generally content with the type of support they received, and when we asked them what other support would have been useful to them, almost all survivors responded they wanted more of the same support. This may indicate that **survivors have been referred to the right charity that is able to support them in the right way**, therefore eliminating further need of other types of support. It may also indicate however that **survivors are not aware of other approaches of support that could be available to them, and are only able to comment on the one type of support they have received**. This could mean that access to a range of services from which to choose may be limited. While the SOCAS-fund geographically covers the whole of Scotland, from the perspective of a survivor, it may be that only one charity is available in the local area.

Survivors did comment on **the importance of having targeted services available** to them. Trauma specific support was a key aspect of what is needed and deemed useful. Men, young people, survivors with experience of addictions, survivors with disabilities or learning disabilities and survivors who also had perpetrated abuse were also looking for more specialised support. They explained it was important because receiving targeted support made them feel less judged and made them feel safer.

"Most of us tried to find support earlier, but the majority of services we have come across are organisations that were targeted at women and they do not know how to support men." – Survivors

"It is working better to have a specific service that focuses on trauma and not just dealing with anxiety and depression but address the cause of mental health issues." -Survivor

Looking at perspectives on group work/peer support, interview findings indicate that **group sessions were seen as daunting by most survivors at first**. Several survivors explained this was due to a misconception of what group sessions and peer support sessions would look like. Survivors worried about having to disclose and discuss their trauma with strangers. However, once they attended the sessions, most survivors found them helpful and an important part of their journey. Reasons for finding the group sessions useful included:



- **Not feeling alone.** Many survivors felt isolated throughout their lives due to their traumatic childhood experience and, especially men, often felt like they were the only ones going through this. By attending groups, survivors had a visual representation that they were not alone and often felt less isolated as a result of this.
- **Feeling understood.** Many survivors explained being in the same space with other survivors made them feel understood and validated without having to share their experience. It allowed them to speak about challenges of everyday life and their trauma without feeling judged.
- **Being part of a community.** Several survivors reported that being part of group work and often more informal ways of engaging with the organisation, compared to counselling or 1-2-1 sessions, enabled access to a support network and a community they belonged to.
- **Seeing others as role models.** Being able to talk to people at different stages of their journey and in some cases being able to talk to volunteers and staff members with lived experience provides hope to survivors that they will 'get better'. By getting better survivors often meant being able to manage their lives and triggers more easily, being able to give back to a community or holding down a job.
- **Feeling empowered.** Being surrounded by other survivors and seeing them do well can be an empowering experience for survivors. This can lead to the survivors wanting to give back and help empower others, for example by becoming befrienders or other peer support roles within the charities or becoming part of survivor-led advisory boards or more.

"I was apprehensive about the group and the thought about talking about these things with other people. But we're all the same and are all dealing with same things. It feels good to open up." – Survivor

SOCAS funding has been flexible for most charities, and has allowed charities to offer a range of services providing survivors with choices in the support they receive. This includes offering art therapy sessions, yoga sessions, wellbeing sessions, nature-based therapy and other ways in which survivors can engage with their experiences. SAY Women, for example, are able to offer a range of therapy rooms which have different characteristics (i.e. one very bright one and one that is small and dark) which survivors can choose from depending on what makes them feel safe. Overall, **94% of respondents to the survey reported being very satisfied or satisfied** with the support received.



3.3.2 Suggestion for improvements of services by survivors

We wanted to understand how the support could be further improved. Generally, as mentioned above, **survivors requested that the support largely stays the same**. The main requests for change included longer sessions, more sessions or more staff to facilitate access for more survivors. For charities, where the support was for a limited time, follow-up in some form was requested to ensure a transition from intensive 1-2-1 support and to have a safety net in future, should it be needed. Survivors also suggested more **all-round wellbeing offers**. This was mentioned in relation to getting more comfortable in their own body and to not only mentally go through and process the trauma but to also process the physical trauma. This included more mindfulness classes, yoga, massages or similar. Another improvement requested was to **not differentiate between survivors who can access support based on the setting of where their abuse took place**. It was acknowledged that funding may determine who can access the support but there was some criticism that some support survivors tried to access was only available to survivors of abuse within the care system.

Suggestions for organisational changes mentioned by survivors included **more learning between different charities** to ensure the best support is delivered, as well as awareness about what other support is available, to both adapt services and signpost survivors, if additional support is available.

The good practices of high quality support survivors identified throughout the evaluation echo the key principles of trauma-informed services which focus on the key aspects of safety, trustworthiness, choice, collaboration and empowerment. In instances where a survivor discussed less positive aspects of the support they received, usually principles of trauma-informed practice were not adhered to. This included no follow-up on the waiting list, not enough choice or access to the right form of support or limited number of sessions and abrupt endings to the support. In most cases **this seemed to be a result of lack of resources**. Feedback like this was rare, and usually the gap in service provisions was due to the size of the charities and limits to what they could provide at the time.

3.3.3 Enablers of high quality pathways

The emphasis on trauma-informed, long-term and other support services highlight charity partners' and survivors' views that **managing the trauma and survivors' lives in relation to the trauma is often not a linear experience**. Support was and will be needed at different times of their lives to cope and navigate their everyday life and triggers. This includes survivors needing additional support a few years after the support provided has ended, because something triggered them, survivors going back to old patterns or behaviours without a specific trigger and survivors having to deal with court cases



regarding their abuse and needing additional support at this time. At **different points in their journey of recovery, survivors also required different forms of support**. Some survivors wanted support to help them stabilise and manage their emotions through tools prior to accessing counselling, where they would talk about their trauma more specifically. Survivors also expressed the need for **low-key peer-led support following counselling**. After intensive 1-2-1 sessions, they believed it would help to have follow-up and someone to talk to, rather than having to figure out their next steps out on their own. This is why **a high quality pathway of support is not a linear model but relies on certain 'cornerstones' which survivors can access when they need it throughout their lifetime**.

These elements have been visualised in Figure 11, below, which outlines the enablers of high-quality pathways from the perspectives of charity partners. It shows **a focus on trauma-informed support that is available when survivors need it**, is provided by trained and compassionate staff and/or volunteers and is ideally co-designed with survivors to make sure it meets survivors' needs. Charity partners' views on using volunteers were mixed – some highlighted the benefits of having survivors with lived experience present as volunteers to offer peer and advocacy support, others emphasised that trauma-informed support, particularly trauma-informed counselling, can only be provided by trained counsellors or psychologists, and that survivors are at risk if volunteers offered support that is not trauma-informed, or is outside of the scope of their qualifications. Having the right staff and/or volunteers is crucial to ensure survivors have access to high quality support and are able to feel safe and trust the staff with their stories and experiences.

Joined-up approaches are also essential in the delivery of this support according to charity partners, which requires sustainable funding and an established local network for streamlined referral pathways.

"The quality of the counsellors are amazing. They are able to link things back to the abuse which helps me understand it better. Their expertise really comes through. They are able to give the resources for me to manage better." – Survivor

"Being able to dip in and out has been helpful. Because sometimes you need to stop for a while or you need time to understand and regroup. We can't deal with the trauma all the time." – Survivor



Accessing the support

Support when it's most needed

- Accessible when needed as recovery of trauma does not follow a linear journey
- Minimal waiting times, with immediate support for survivors in crisis
- Access to support while on waiting list to support feeling safe and stable
- Not needing to disclose experiences to access support

Joined up service provision

- A joined up approach to support with local partners, with local partners being aware of the available support
- Established (local) referral pathways to facilitate signposting and cross-referrals
- Sustainable funding of services for provision of durable, long-term support

During the support

Trauma-informed

- Provision of a safe, trusted and confidential space for as long as survivors need it
- Support is survivor-led and they choose what they want to achieve through the support, the type of support and how they access the support
- Co-design of services with those with lived experience
- Trained staff and volunteers to provide trauma-informed services

Holistic support

- Recognition that there is no one-size-fits-all in recovering from trauma through offering bespoke support
- Offer of support in other areas of survivors' lives, if needed in partnership with others (i.e. housing, finances, health, etc.)

After the support

Continued support

- Accessible when needed as recovery of trauma does not follow a linear journey
- Offering long-term support for survivors after counselling (i.e. through peer and advocacy work)
- Dropping in and out of service as needed without needing to go back to the waiting list
- Offering opportunities for survivors to feel empowered (i.e. involvement in charity, peer supporter)

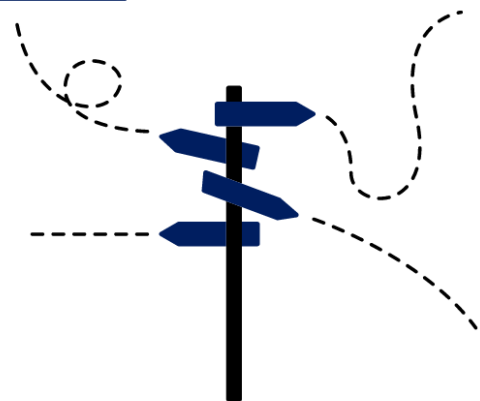


Figure 11. Enablers of high-quality pathways [source: Rocket Science analysis of qualitative data of interviews with SOCAS charity partners]

3.4 Impact of service provision on survivor wellbeing and resilience

Survivors were **overwhelmingly positive about the impact of the support on their lives**. The most commonly named impact was **still being alive**. Many survivors explained that they had heard about the support after a suicide attempt or when they were feeling suicidal. Without the support, many survivors said they would not have been alive anymore and would have resorted to suicide. Further impacts were identified by survivors in the interviews, focus groups and survey on their mental health, physical health and social life.

Mental health impacts include:

- **Feeling relieved.** Many survivors described feeling 'like a weight was lifted off them' when they accessed the support. Being able to talk about their experiences and being believed and having people accept them as whole people had a positive impact on their mental health.
- **Better understanding of emotions.** Especially through safety and stabilising/ psychoeducation classes, survivors were able to better understand their own emotions and reactions. Survivors frequently mentioned how useful it was for them to learn about the window of tolerance and fight or flight responses. Survivors also believed that mindfulness, grounding and other techniques and tools helped them better navigate their emotions in their day-to-day life and manage responses to triggers.
- **Increased confidence.** For many survivors, confidence and self-esteem were extremely low when they first accessed support. Those that have been in support longer often reported increased confidence and increased ability to engage with others. Self-acceptance and acceptance of the trauma helped multiple survivors to increase their self-esteem and confidence.

Physical health impacts include:

- **Reduced self-harm and reduced dependency on substances.** Several survivors acknowledged that the support they received reduced or stopped their self-harm. The support addressed and helped them manage underlying emotions and causes of the self-harm/dependency on substances.



- **Increased physical activity.** Some charities offer, for example, yoga classes or gardening activities which increases the level of physical activity of survivors. Charities and survivors highlighted that activities like yoga also help them reconnect with their body in a different way and help them feel better about themselves.
- **Better sleeping.** Some survivors who have had trouble sleeping in the past or struggled with insomnia reported sleeping better due to breathing and self-soothing exercises provided by the charities.
- **Overall improved wellbeing.** Survivors reported that they generally felt better and that after sessions they often felt 'lighter' and like a weight had been lifted off them. Having had the chance to feel more like themselves again or discovering who they are made the survivors feel better overall.

Impacts on social life include:

- **Being able to manage life better.** Survivors reported being able to manage daily activities better and are able to do more things again. Examples given by survivors included, being able to leave their houses after years of not being able to, being able to go to concerts again, being able to go to supermarkets or taking a bus. All these things had usually been impossible for them to do for years, or even decades, previously and had an impact on how they see themselves and their quality of life.
- **Feeling valued.** Survivors reported that the way the staff and volunteers, as well as other survivors, also treated them made them feel like a full human and they felt seen and valued for who they are. This was especially mentioned by survivors who were asked by the charities they work with to become involved in the charity as volunteers, staff or advocates.
- **Being able to give back to the community.** Those who have become involved in the charities, and sometimes outside of it, believe because they feel better, more confident and more in control of their lives they are able to help other survivors. This is through informal conversations or in more formal ways, for example, through peer support or acting as a befriender to others. It is important to them to be there for other survivors like the charity has been there for them.



Impact on survivors

Michelle* reached out for help from her GP after a sexual assault in her later life triggered memories and responses to trauma she had experienced in her childhood. Her GP referred her to a SOCAS funded charity where she got access to counselling. Through the counselling she was able to **work through and identify memories from her childhood which she had repressed until that point**. When the counselling came to an end she felt good for a while, but further triggers and challenges required her to refer back in and out of the service over the course of several years. Eventually, she was referred into peer support which has helped her **manage her life and emotions** for the past few years, and she sees this as a sustainable way of support by her for the future.



"I don't feel bad, I don't feel I want to kill myself anymore. We come in suicidal, having no one, and you leave with community and friends for life."

"The conversations have helped me look at things differently and have helped me find solutions and to find positive things to look forward to."

"Just being able to talk about it, and the person you talk to understands and validates you, is an incredible feeling."

A friend told Iman* about a SOCAS-funded charity. This charity **helped her realise she was dealing with trauma**. She started getting support through group work, where she learned about her response to trauma and about different tools to help her navigate her life. This happened while she was waiting to access a counsellor and she, and her family members, are already seeing the difference in her confidence and in how she is able to manage her day to day life. She **feels ready now to engage with a counsellor**.

Adam* had tried to access support since the early 2000s but was unable to find services for survivors supporting men specifically. He eventually got support from a SOCAS-funded charity after he got in touch with addiction services who understood that he needed specific support to address the underlying experiences which led to his addiction. He received counselling through the support and it was **the first time that he felt like someone believed him, and he was able to accept that the abuse was not his fault**.



In addition to the counselling, he was able to take part in a male peer group which helped him understand and visualise that he was not alone in his experience, as he had believed for most of his life. **Being able to talk to other men that understood him** and his experience made him feel like he is part of a community. He believes receiving the support is the reason why he is still alive.

"A huge thing was finding my voice. When I started the support I didn't know how to express it or how to talk about it. I didn't realise how quiet and small I tried to make myself at the time and not letting anyone else in."

* not survivors' real name



Figure 12. Impact of the SOCAS-funded services on survivors. [source: Rocket Science visualisation of qualitative interviews/focus groups with survivors]



- **Improved social skills.** Many survivors reported increased social skills. One example given to us by several survivors was that six months ago the idea of participating in an interview with us and talking about their experience would have been impossible, but now they felt comfortable with it. Others explained how they are able to engage better with friends and family and manage their everyday lives.
- **Having a place to go.** For several survivors, having a safe place to go where they can interact with people has been helpful. Several survivors who suffer from complex PTSD have struggled to leave their homes for a long time but being able to go to the charities offices or group spaces has helped them leave their homes again.

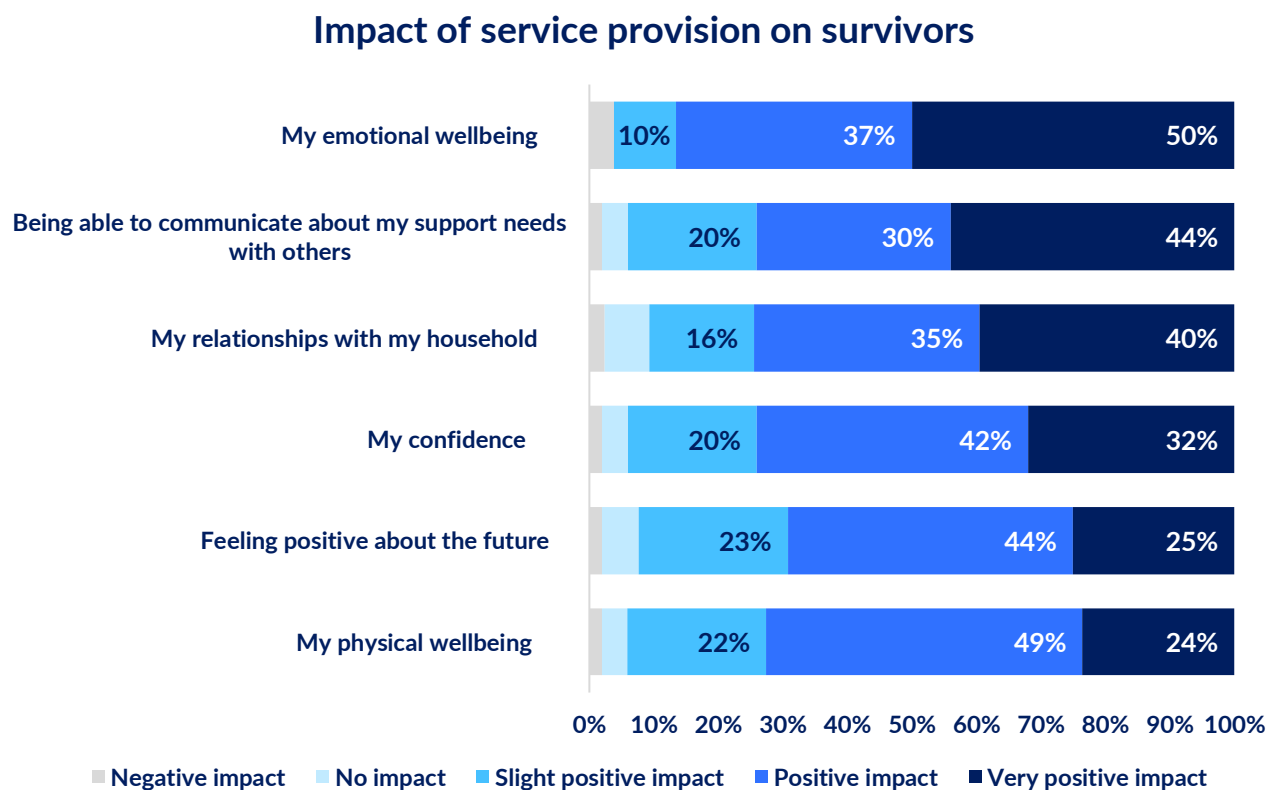


Figure 13. Percentage of survivors reporting impacts of the support on themselves. [n=52; source: Rocket Science online survey]

As indicated in Figure 13, survey responses showed that **the impact of the support on them has been predominantly positive**. The most positive impact was recorded on emotional wellbeing, with 87% of survivors reporting a very positive or positive impact on it. This was followed by survivors reporting a positive or very positive impact on their relationships (75%) and communication (74%). A small minority of survivors stated that the support had a negative impact on their wellbeing (4%).



The service had helped me to understand trauma and the affects it has had on my brain and the way I have coped. Therefore the sessions is retraining your brain helping you to deal with emotion and put things in place. - Survivor

The service left me feeling rejected, useless and a failure. I now receive support from a different government sponsored provider and I am in a much better place. - Survivor

It is difficult to distinguish whether one type of support, or charity structure, has a greater impact than others. What became clear through this evaluation is that **the needs and preference of each survivor and how well they are met determine the impact of the support**. There is no one-size fits-all solution and those that experienced trauma-informed and choice-based support reported positive impacts. Impacts on survivors do differ, and there are three important considerations in this:

- **Service provision in rural areas.** Survivors in rural areas often struggle to access support and to have choice in the support they receive. The charities in rural areas often have a wide geography to cover, and remote services can be challenging, due to both connectivity and privacy issues. For example, survivors may not have the privacy/safety to receive support at home, but telephone reception or Wi-Fi connections outside of the home might not exist.
- **Targeted service provision.** Survivors highlighted that there are a lot of services targeted at women, but that there is little support accessible, especially widely accessible, for specific target groups or other demographics. This was mentioned in regards to support for men, members of the LGBTQ+ community and young people in particular. Being able to speak to people who understand the specific experiences of survivors was seen as something that would be more effective and impact the journey of survivors positively.
- **Impact of time-limited support.** Some survivors explained that having support that was too light touch or too time-limited left them feeling alone and at times lost. This was especially mentioned by people for whom that support was the first time they engaged with their trauma. Follow-up support is crucial to ensure survivors have the full support they need once they start to engage with their trauma and want to learn how to manage it.



4. Experience and impact of the SOCAS fund on charities

This chapter discusses the experience and impact of the SOCAS fund from the perspectives of charity partners. It draws upon findings from our qualitative interviews with all charities, as well as our analysis of SOCAS performance data from the six monthly grant reports.

4.1 Experience with the SOCAS fund

Interview findings indicate that charities were **overwhelmingly positive about their experience with the SOCAS fund**. Across the portfolio, charity partners felt that Inspiring Scotland has a **real interest** in each charity, and offers a **trauma-informed** and **flexible approach** to fund management:

- Charity partners indicated that the SOCAS fund is **led in a trauma-informed manner**, which includes the **trust** that Inspiring Scotland and the Scottish Government place in charities to do what they do best, Inspiring Scotland and the Scottish Government's **understanding** of service requirements and the **ability to adapt** the funding as required to maintain high quality service delivery. It was felt that both Inspiring Scotland and the Scottish Government have a good understanding of what it means to adequately fund survivor support services, and of the components that are needed to support recovery.
- The SOCAS fund supports charities with different approaches to working with survivors. This recognises that **there is no one-size-fits-all approach** to supporting survivors or people in need of support, and funding a variety of charities is highlighted by charity partners as one of the strengths of the SOCAS fund. In particular, charities that were established or significantly scaled-up as a result of SOCAS funding expressed their gratitude towards Inspiring Scotland and the Scottish Government for taking a leap of faith in supporting them and recognising the contribution that they were able to make.
- Complimentary to receiving SOCAS annual funding, the 29 charities **receive ongoing, continuous support from Inspiring Scotland** to deliver trauma-informed, timely and appropriate services, as well as access to frequent knowledge sharing and networking events as part of the SOCAS funding portfolio. Charity partners discussed that they only have contact around reporting or invoice dates with most funders that they are working with, and



that the ongoing support provided by Inspiring Scotland and access to the SOCAS portfolio are **valuable additions that other funds do not tend to provide.**

“Other funders don’t understand trauma.” – Charity partner

In understanding the needs of charities that support survivors, charity partners were generally **positive about the practical requirements** of the fund. This included:

- The ability to **receive multi-year funding** was considered key to the success of the SOCAS fund according to charity partners. It allowed charity partners to fully focus on delivering their service and grow their ambitions, and provided four years of job security for staff. At the same time, charity partners highlighted a need for clarity soon around continuation of the SOCAS fund, to support them with planning services and supporting survivors in 2024 and beyond.
- Charity partners’ views on the flexibility of funding allocations were mixed. The **flexibility of funding allocations**, particularly during the COVID-19 pandemic, was mentioned by some charity partners, and allowed them to deliver effective services. Rather than having to strictly adhere to what was originally in the funding application, many charity partners commented on the flexibility to adjust funding allocations. This indicates, according to charity partners, that Inspiring Scotland **trusts their ability to know what is best for the people they support.** This includes, for instance, WIRCC running a wellbeing group for women on the Western Isles, which is not strictly providing support to survivors of abuse, but is an important mechanism for creating safe spaces to discuss abuse in a close-knit community where openly discussing abuse faces heavy stigma. Kibble gave a further example that they were able to provide a plunge pool to young person dealing with complex trauma, as a tool to promote wellbeing within their recovery journey. A few charity partners commented however on the inflexibility of funding allocations, outlining that to meet the needs of survivors a flexible funding approach is needed. It is unclear if there were differences in the amount of flexibility afforded to different charities, or if charities had different views on what flexibility in funding allocations entails.
- The administrative burden of the SOCAS fund was in line with other funders according to charity partners. However, charity partners appreciated the focus on **qualitative impact and storytelling in funding reports**, which allowed charity partners to document the different



routes to recovery and the significant impact of the support they offer. If the report and fund strictly focused on reaching quantitative targets, charity partners feel this data on impact would have been lost.

- Among charity partners that receive **core funding** through SOCAS there was also a sense of gratitude that these costs can be covered through SOCAS, as it can be very difficult to get core costs properly funded. SOCAS allowed charities to budget for supporting staff members and additional operational costs, without having to allocate all funding to delivery only.

“Multi-year funding is so much better [than short funding cycles]. There’s no need to reinvent ourselves constantly, and we can instead focus on increasing access to our services.” – Charity partner

Another key element of charity partners’ positive experience of the SOCAS fund are **the effective relationships between Inspiring Scotland and charities**. Charity partners felt that the SOCAS fund managers were approachable, communicative, proactive and had a genuine interest in their staff, services and survivors. Underpinning the effective relationship was **a sense of a safe space** that the fund managers created that allowed charity partners to be open and honest about challenges and concerns. This allowed Inspiring Scotland to gain a good understanding of delivery processes, and to offer solutions to problems continuously, rather than challenges and concerns coming to light in a grant report or at the end of the funding cycle. It should also be noted that while Inspiring Scotland underwent a staff change during the course of the SOCAS fund, with two new fund managers taking over fund management, **no charity commented on difficulties with the staff transition, communication or handover issues**. Both the previous and current fund managers were considered helpful and knowledgeable by charity partners, and the staff transition has gone smoothly.

4.2 Impact of SOCAS fund on charities

The SOCAS fund has **increased charities’ capacity to deliver services, therefore charities’ ability to reach more survivors and support more survivors towards recovery**:

- The SOCAS fund allowed for the **development of new services**, or additional elements to existing services, with more than 100 jobs, a combination of full-time and part-time, supported by the fund. At least ten new services were set up because of SOCAS funding, of which at least three services are located in areas where these are the only available SOCAS-



funded services. This increased the **outreach of charities and trauma-informed practice across Scotland**.

- **Access to the Inspiring Scotland Specialist Volunteer Network** has been instrumental for a number of charities' capacity. It saved them thousands of pounds in external consultancy costs, and gave them access to a wealth of operational knowledge and expertise.
- Through the flexible implementation of funding and additional funding allocated to charities with large waiting lists, charities were mostly able to **effectively reduce their waiting lists**⁵⁴ and support more survivors. This also helped ensure that charities **did not suffer reputational damage** by having large waiting lists.
- Charities also have **access to the capacity of the wider SOCAS portfolio**, and are able to utilise inwards and outwards referrals to other charities, filling any available capacity and utilising resources efficiently. However, charity partners are also recognising **they are increasingly 'victims of their own success'**, with increased waiting times across the SOCAS portfolio now that services have become more established and well-known. While access to the SOCAS portfolio previously enabled referrals, all charities are now increasingly more busy, **limiting further referrals across the portfolio**.

Of the 29 charities, **12 indicated that without the SOCAS fund, they would not be able to offer services to survivors of childhood abuse** or would not be able to continue as an organisation. The remaining 60% indicated that **without the SOCAS fund, less services would be offered**. In particular, the existence of the SOCAS fund has significantly increased access to support for survivors in **rural areas**. The survivor leadership group of Survivors Unite for example, based in the Scottish Borders, highlighted that no local funding was available for their service offer prior to the SOCAS fund.

"We wouldn't be able to run the service without the funding we receive from SOCAS." – Charity partner

"Without SOCAS, we would have a massive waiting list. It is so useful to have [an additional employee paid for by SOCAS], and having those extra hours to give to extra cases." - Charity partner

⁵⁴ Waiting lists have still been growing, but this is due to increased demand, rather than supply availability.



Many charity partners commented that survivors' lives have been considerably improved because of the availability of SOCAS-funded support, and has led to the saving of lives. This aligns with our survivor impact findings, where many survivors told us that without the support they received via the SOCAS fund, their mental health would have suffered, and they believe they would have lost their life to suicide.

“We have people talk about suicide. [Without the availability of services,] would they end up taking their lives? Would they keep living in chaos? Would they ever find peace?” – Charity partner

The funding provided to charities was utilised in different ways, including supporting core funding and setting up entirely new services, but all funding was ultimately intended to help more survivors and improve the quality of support to survivors in Scotland. Quantitative analysis of SOCAS performance data, including the number of survivors supported, indicates that, on average, **the SOCAS fund supported 5305 survivors each year**,⁵⁵ and Figure 14 indicates an upward trend across the three years in the overall number of supported survivors. The number of survivors supported throughout the first three years of the SOCAS fund has heavily fluctuated, being subject to differences between charities, staff turnover, the aftermath of the COVID-19 pandemic as well as an increase in demand. Overall, charities were able to support 10% less survivors in Year 1 of the SOCAS fund compared to Year 2, potentially due to the COVID-19 aftermath, but 17% of charities (five in total) in fact reached their highest number of supported survivors in Year 1. Individual analysis and comparison between analysis is therefore not possible, or appropriate, considering the differences in charity service provision.

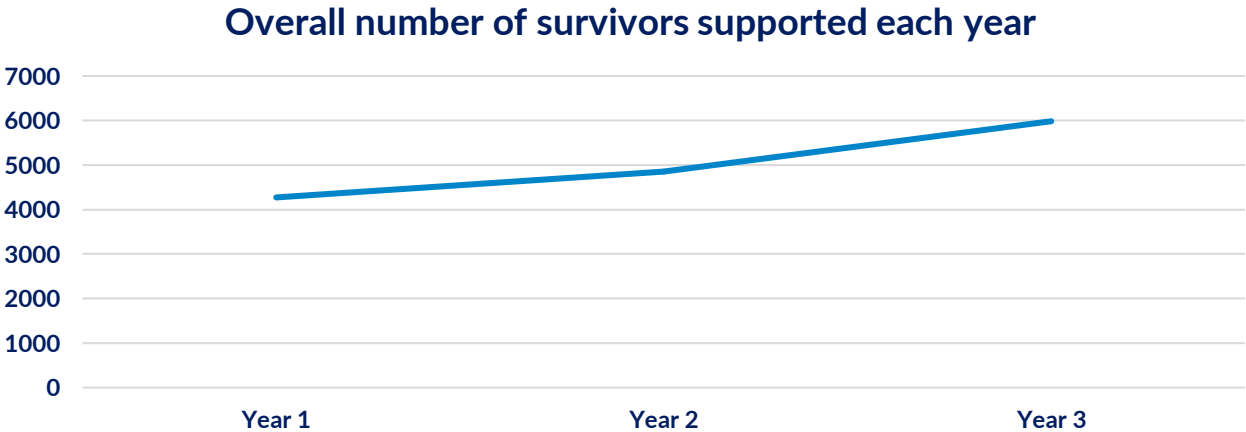


Figure 14. Average number of survivors supported by charities in the first three years of the SOCAS fund [source: analysis of SOCAS performance data]

⁵⁵ It cannot be known if survivors have been double counted across the years by charities, or if they have been double counted by different charities in the case of survivors being supported by multiple charities.



4.3 Knowledge sharing and collaborations between SOCAS charities

The positive impact of the SOCAS fund was further felt in **the ability to work in collaboration with other SOCAS charities**, which had a positive effect on increasing capacity, learning and development as well as trauma-informed service delivery. As part of the SOCAS portfolio, charity partners have access to monthly online meetings, which are an opportunity to connect, network and share knowledge. Inspiring Scotland further linked up charities via a 'buddy system', so that similar charities were able to support each other. The development of a peer community of like-minded charities is a **unique element of the fund** according to charity partners, and provides the following added value:

- The creation of a community **helps charity partners with feeling less alone**. It helps charity partners to understand that challenges faced by one charity are likely faced by another, creating opportunities for sharing knowledge, advice and good practice.
- The meetings and knowledge sharing sessions provide opportunities for charities to **promote their services** and place a spotlight on what they deliver, therefore increasing their visibility. This facilitates awareness raising about which services are available, facilitating an increase of cross-referrals.
- The monthly meetings are important for **creating connections and building relationships**, especially for **newly established charities** who are able to **glean knowledge** from more experienced charities. At the same time, some highly specialist charities indicated they place less importance on attending the monthly meetings or other sessions, as they feel these don't meet their specific needs. This includes for example charities working with specific demographic groups, and charities that have been delivering services for decades and in this time have built up robust trauma-informed practices, therefore not requiring further training.

Maintaining the SOCAS portfolio and encouraging collaborations is also a testament to the **genuine interest and drive** of Inspiring Scotland and the Scottish Government to **create a strong third sector** to support survivors.

"The monthly meetings are invaluable. From those meetings I understand which organisations are facing the same challenges and I can ask them for advice and vice versa." – Charity partner

“We absorb any knowledge we gain via the networking meetings.” – Charity partner



While all charity partners spoke of the usefulness of monthly meetings, some also indicated that **tend to not have the time to attend due to limitations on capacity**. This may need to be investigated further to understand what measures are necessary to support charity partners with accessing the meetings despite time constraints.

“Because I am also running another service, I can’t make all the meetings. I feel very bad about this.” – Charity partner

Inspiring Scotland also provide frequent training opportunities. This consists both of training organised by Inspiring Scotland, as well as training organised by charities themselves, allowing charities to showcase good practice and share learning with their peers within the third sector. Charity partners that had attended training sessions considered them **valuable**, and saw a **positive effect on the learning and development of staff**, and therefore on service delivery:

- The training sessions provided are generally considered **relevant** by charity partners, not only for gleaning new knowledge but also for reinforcing existing knowledge and good practice, therefore **providing the assurance to charities that they are on the right track**. Charity partners commented that it is difficult to assess to what extent their services are performing well without external training opportunities and benchmarking, which the SOCAS portfolio provides. In particular, the inclusive leadership course was consistently named by charity partners as being of high quality and relevance, both in providing new knowledge and reinforcing existing good practice.
- Charity partners appreciate that **knowledge sharing is encouraged by Inspiring Scotland**, and they feel encouraged to present on the work they do and identify what others can learn from their expertise. This also leads to **more extensive collaborations between charities**.
- The training offer is flexible and needs-led, with charity partners commenting that they feel encouraged to ask for specific training to meet specific needs.⁵⁶ In identifying specific training

⁵⁶ This seems to be less the case with highly specialised charities who consider the current training opportunities not relevant to them. It is not clear to what extent these charities are actively requesting training sessions to meet their specific needs.



needs, some charity partners indicated that they need further knowledge for clinical staff to deal with vicarious trauma.

Most charity partners recognise that the provided training and knowledge sharing **enhanced their ability to deliver trauma-informed services**. The training provided gave them the opportunity to learn new trauma-informed techniques and tools, understand how to provide trauma-informed support to different demographics and how to deliver trauma-informed practice online during the COVID-19 pandemic. The latter was considered especially valuable to be able to continue service delivery in a trauma-informed way virtually.

Anecdotally, a few charity partners gave **evidence of how provided training led to improved delivery**, whether through knowledge provided by Inspiring Scotland or other charity partners. This includes for example Argyll & Bute Rape Crisis' development of a peer group for survivors on waiting lists as a way of supporting survivors while on the waiting list, which is an idea that was provided to them by their SOCAS buddy. Another example is the conversations Stop it Now! Scotland has with other SOCAS charities to share knowledge and best practice in working with perpetrators of abuse. These examples highlight how challenges are shared across services, and how knowledge sharing can lead to improved delivery.

"We did a presentation to other SOCAS charities about a case, because we wanted to highlight our approach of developing a whole system around a young person." – Charity partner

"The learning we took from the inclusive leadership course was incredible." – Charity partner

At the same time, many charity partners said that they lacked the time to attend trainings. These charity partners were frequently on part-time contracts, and their capacity was mostly taken up by caseloads and delivery work. They expressed that they wish they had time to attend training sessions, or for their staff to attend training sessions, but that this was unlikely considering the high caseloads they were dealing with. Moreover, charity partners from established and highly specialist charities indicated that the training offer mostly was **not relevant to them**, as their services are already trauma-informed. These charity partners also did not indicate their services improved because of SOCAS knowledge and collaborations, because there was no need to.

"We tend not to go to the training sessions due to the time and capacity issues. We also have different learning and development needs than other charities as we are highly specialised." – Charity partner



In conclusion, our conversations with charity partners highlighted the following lessons learnt in partnership working in the SOCAS portfolio:

- The availability of a community of like-minded, but different charities, gave charity partners a **wider appreciation of what services are offered in Scotland**, and how each charity brings a **unique contribution** to the third sector provision for adult survivors. The portfolio consists of a mix of established and new charities, urban and rural, and working with specific demographics, each meeting specific needs of survivors across Scotland. It gave charity partners the opportunity to **feel part of a community** and understand that, despite the differences, **everyone is striving towards the same goal** of supporting more adult survivors of childhood abuse. Close partnership working also highlighted the competitive nature the SOCAS fund according to a few charity partners, with many charities heavily dependent on SOCAS for continued existence. While this was only discussed by a handful of charity partners, the previously indicated necessity of the SOCAS fund for continued operation does put charities in direct competition with each other and indicates the importance of continuing the SOCAS fund to avoid charities discontinuing their service provision.
- The SOCAS portfolio offered charities an opportunity to work together and learn from each other. The **flexibility, motivation and encouragement** displayed by Inspiring Scotland were key factors in enabling these knowledge transfers and collaborations. Interview findings also indicates however that some charity partners are struggling to attend meetings and sessions due to time constraints, and that while training sessions were considered valuable and useful, explicit examples of how training led to improved delivery difficult to evidence.
- Through being part of a wider community, charity partners have an **increased awareness of each other** and are able to utilise each other more for signposting to ensure that gaps are filled across charities and waiting lists are kept at a minimum. However, there is also the increased recognition that across the SOCAS portfolio, charities are becoming overwhelmed with demand, therefore limiting the opportunities to refer within the SOCAS portfolio .

"I think the biggest thing I learned is that other organisations are not the enemy and they are not the competition. We all have the same goal. They are all wanting to do the same." – Charity partner



5. Partnership working with statutory service partners

This chapter looks at the experience of partnership working between SOCAS-funded charities and statutory partners from the perspectives of each, and discusses the impact of the SOCAS fund on statutory services. It draws on interviews with charity partners, statutory service partners as well as survivors’ views of accessing statutory service provision. As outlined in the methodology, data from statutory service partners was limited, and therefore this chapter includes findings from other qualitative fieldwork as well.

5.1 Accessing statutory service provision

As outlined in the enablers of high-quality pathways, charities aim to work in close partnership with other services and fill gaps in statutory service provision to better support survivors. These partners differ with each charity and the local context, but usually consist of NHS partners, Local Authority partners and other third sector organisations, as shown below.

Public sector partners include:	NHS partners include:	Third sector partners include:
Local Councils	GPs	Other SOCAS-funded charities
Police	CAMHS	Other counselling services
Social care teams	Community mental health	Women’s Aid
Schools	Ambulance services	Victim Support
Housing associations	Mental health services	Other addiction services
Legal advice and support	Drug and alcohol support services	

Charities engage with other partners to **fill gaps in service provision**. Charity partners and statutory partners highlighted that these gaps usually result from restrictions that statutory or other third sector services might have (i.e. limited number of sessions, or eligibility criteria), lack of specialised support (i.e. trauma-specific support), being outside of the area of expertise for individual charities (i.e. providing legal support), being outside the designated geographical areas for support or simply providing quicker access to support through shorter waiting lists. Charities, as well as statutory services, are often not able to provide support in every area the survivor might need on their own, **making cooperation crucial for an all-round approach**.




“We’re not trying to be one-stop shop. We have a very limited remit that are we experienced in, so we have built up a really good connection with statutory and non-statutory services.” – Charity partner

Another reason for the collaboration is that the statutory services that engaged in the evaluation believe **charities are less restricted in the way they engage with survivors**. This means they are able to offer more flexible services to survivors, and they are able to take more targeted approaches based on survivors needs. They can also provide a more all-round approach, offering more than one service and allowing survivors to access multiple services within one organisation. NHS services for example may be more siloed, making it more difficult to provide a range of support to the same person at the same time.

These reasons for engaging in partnership working are also echoed in survivors’ previous experiences of engaging with statutory services, which show some of the practical limitations of needing long-term support for recovery of complex trauma, including:

- **Long waiting lists.** The issue of long-waiting lists to access NHS mental health services⁵⁷ were named by survivors and stakeholders as an obstacle to access support when they were ready to face their trauma.
- **Rigid requirements for accessing support.** Several survivors faced challenges accessing support through statutory services and NHS services due to **rules for accessing the service**. For example, there are several statutory support programmes exclusively for survivors of abuse in care. Some other services do not take on people who are struggling with addiction currently or have in the past.
- **Non trauma-informed services.** Most survivors reported that services they accessed in other places were not trauma-informed. This was due to lack of staff training in trauma-informed practices or organisational restrictions that made flexibility and choice impossible. This made it **difficult to establish trust with practitioners**.
- **Being passed around services.** Several survivors had been passed between counsellors and services within the NHS when trying to access help. Some survivors were told that **the reason**

⁵⁷ Most survivors reported waiting lists of more than six months, some even reporting more than one year.



for this was that their trauma, and resulting support needs, were too complex to address in the number of sessions available, and that the staff may not be specialised enough to adequately help the survivors.

- **No targeted services available.** Especially male survivors had challenges finding services that were not only open to them, but also provided targeted support to their needs. There are also few services/organisations supporting young people between 16 and 25 specifically.

"I don't think that the NHS realises what it does mean to survivors to end support after a few sessions. Especially when you don't trust people and then you start engaging because you want help and open up to someone and then the support just ends. It has made it hard for me to trust services." – Survivor

"The NHS counsellor told me they were not able to help me because they don't have enough sessions or resources to help me." - Survivor

5.2 Elements of successful partnership working

Charity partners stated that an important element of successful partnership working is **raising awareness about trauma and trauma-informed support**, including about the support needs of survivors, as well as the existence of the charities themselves as trauma-informed support providers. Raising awareness is achieved through attending local networking meetings, as well as having direct links with statutory services and to other organisations, which facilitates easier access to the services for survivors. In raising awareness of services and support needs, it is important to clearly communicate the services provided by each partner. When all partners know what is available, it is more likely to avoid disappointment for survivors and stop passing survivors from service to service. Spending time raising awareness among stakeholders has led to increased referrals into the services provided by the charities.

"If you want appropriate referrals it is important to have conversations in person in that networks to establish clear guidance of what you can and cannot do to avoid disappointment for the survivors." – Charity partner

While partnership work happens for all charities, not all charities have the same partnerships in place, and partnerships are often determined by the area they operate in and the existing local structures. Charities invest time to build relationships with stakeholders they know are likely to engage with



survivors. For example, WIRCC has engaged with the local police to educate them on the work that WIRCC provides. They are slowly seeing an increase in referrals of survivors because of this.


There are a number of different ways in which the partnerships work:

- **Referrals into SOCAS-funded charities:** Statutory services and other charities may refer survivors to the charities for easily accessible and specialised support. The most common referrals come from the NHS according to the charities. In our survey with survivors, 59% of survivors who were referred to their charity were referred by the NHS (n=23).
- **Referrals out of SOCAS-funded charities:** Charities are able to provide a range of services but are often not able to provide everything survivors need. This may include specific support to access housing, financial or legal support, addiction services or other specialised mental health support. SOCAS-funded charities also have easy access to other charities in the portfolio, enabling easy referrals if capacity allows. 84% (n=41) of survivor survey respondents strongly agreed or agreed that referrals to other support was the right support for them.
- **Advocacy for survivors:** SOCAS-funded charities can help survivors advocate for themselves in other services and help them access the support they need. It can help survivors to not have to repeat their stories, and can help statutory services better understand the full needs and situations of survivors.

“Our team has regular contact with other SOCAS charities. If a survivor needs more support after our fifteen dedicated sessions, we can chat with other SOCAS charity to see if they can help in the interim while the person is on a waiting list for a NHS counsellor.” – Charity partner

While partnership working is important to the work of SOCAS-funded charities, there are several challenges that charities encounter:

- **Time and resources:** Networking and building relationships with partners is often a time- and resource-intensive process that does not receive specific funding. This means it is often difficult for the charities to justify time spent on networking and relationship building.
- **Changing staff:** Especially over COVID-19, charities reported that internal staff changes, but also among partners, have caused challenges for partnership work. Relationships have been



established, and then if an individual has moved on to a new role, it has resulted in interactions with some partners becoming more challenging.


- **Understanding limits of what charities can do:** Partners at times do not understand the services that charities provide, and subsequently overpromise to survivors what the charities can provide or refer people which may not need the support of these charities, causing challenges for both survivors and the charities.
- **Interruption of COVID-19:** COVID-19 stopped or changed the nature of network meetings. This created challenges in having personal contact and engagement or 'side conversations' which were much easier prior to the pandemic. Charities reported that this is slowly returning but has caused challenges that take time to balance out.

While charities believe that the targeted support they provide is important and provides good outcomes for survivors, there are some **concerns about the increased numbers of referrals, especially from the NHS**. This is two-fold. Firstly, sometimes the referrals from partners are not appropriate, and it leads to survivors having to be moved between services again. Secondly, **charities are not equipped or funded to replace NHS services, meaning they are unable to support the number of survivors reaching out for support**. Charities understand why NHS and other partner services increasingly refer survivors to them, as they recognise that the limited NHS funding and capacity negatively impacts survivors, but also **call for solutions other than moving survivors from NHS waiting lists to charity waiting lists, as charities also do not have sufficient funding to support all survivors**.

5.3 Impact of SOCAS fund on partner services

As outlined in the methodology, due to limited evidence from stakeholder interviews, it is not possible to draw meaningful conclusions on the impact of the SOCAS fund on statutory services. From the statutory partners interviews, we learned that **cooperation with charities is important to navigate the current challenges in rising demand for their services**. Furthermore, charities are able to take some pressure off mental health services. More research would need to be done to fully see to what extent this happens across different charities and regions in Scotland, how effective the third sector can be in taking pressure of the NHS, as well as what the impacts on survivors and charities are when the third sector takes on this role.

"The NHS has been so impacted across the board with the pandemic and because our waiting lists are so long, the charities have been getting more and more referrals. They are doing an incredible job and building



up the services and are being dynamic to adapt this and to increase the treatment work. People need trauma-informed support and the charities do this really well." – Statutory partner

According to both charities and statutory partners, partnership working impacts the way statutory services can provide more all-round support to survivors. **Survivors often receive support from more than one organisation over the length of their recovery journey.** Several charities and statutory partners explained that with the consent of the survivor, they hold regular meetings for information sharing and to identify potential gaps in the support for survivors and how to address these. Working together can avoid duplication of services. **The cooperation also takes the pressure off, especially for statutory services and streamlines and simplifies the work for them.** For example, one stakeholder told us that they are able to better support the survivors they work with, as the survivors are receiving help for their trauma, which facilitates better engagement with other support.

"Very rarely a survivor comes to us that hasn't been through homelessness, alcohol drugs, mental health. When you're dealing with very vulnerable people, partnership working makes it a lot less likely that someone will slip through the cracks." – Charity partner

Further research on the impacts of partnerships with SOCAS-funded charities with statutory partners is needed. This would include a wider engagement with stakeholders of these charities, looking at good practices of partnerships across Scotland. Further research could help us, for example, understand better:

- The level of impact SOCAS-funded charities have on **reducing service demand for statutory services**
- If SOCAS-funded charities facilitate **easier/more successful engagement with survivors** for statutory services
- If SOCAS-funded charities **facilitate learning about trauma-informed practices** for statutory services.



6. Conclusions and recommendations

This Chapter sets out the conclusions and recommendations for the SOCAS fund evaluation, assessing progress against its objectives so far, following consultation with survivors, charity partners and statutory service partners.⁵⁸

6.1 Conclusions

The SOCAS fund supports 29 diverse charities across Scotland and has supported around 16,000 survivors over three years. There are many reasons to consider the SOCAS fund a success, including the **high number of referrals** and the **numbers of survivors accessing high quality, trauma-informed support**, with an average waiting list of 13 weeks in the last two years.

6.1.1 Progress against objectives


Overall, we conclude that it is difficult to measure and evidence if the SOCAS fund has clearly met its objectives, as the objectives are not SMART (specific, measurable, achievable relevant and time-bound). However it should be noted that the fund objectives deliberately did not aim to be SMART, because **the fund is supporting charities to work with people who have experienced complex trauma and who may have multiple, complex needs**. Despite this, the evaluation has sought to assess the SOCAS fund against each of the objectives and each of the objectives are considered below:

Objective 1: Improved wellbeing and resilience for survivors

Based on the views of survivors engaged in the evaluation, consultations with charity partners and statutory stakeholders, as well as the grant monitoring reports, the SOCAS fund has had an **overwhelmingly positive impact on the wellbeing and resilience of survivors**. Its main impact, according to survivors and charity partners, is preventing survivors from resorting to suicide. The support funded by SOCAS also **significantly improved survivors' quality of life**, including improved mental health, physical health and improved social connections, allowing survivors to start feeling more in control of their lives and learning to navigate their trauma.

While the data collected makes it difficult to provide one aggregate measure of impact at a fund level, it is clear from the qualitative data and insights from survivors that participated in the

⁵⁸ Data and insights provided by this evaluation derive from the first three years of operation of a four-year fund, and therefore further impacts will be generated in the final year of the fund.



evaluation, as well as from the charity partners and statutory services, that **there is an increased number of survivors who are supported**. The insights from the sample of survivors that participated in the evaluation shows the support **has contributed positively to their recovery journey**. This aligns with one of the key outcomes of the SOCAS logic model, being an increased number of survivors that are supported, leading to recovery from childhood abuse.

This service is literally lifesaving for me! Without it I would have committed suicide. It's truly essential for my mental, emotional and physical health. - Survivor

Objective 2: Survivors have access to quality services across Scotland

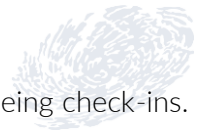
The evaluation has shown that adult survivors receive an **enhanced quality of support resulting in better recovery and increased resilience, as a result of the SOCAS fund**, again aligning with the SOCAS fund logic model. Overall, survivors found the provided services to be of a **high quality**, and especially valued the **trauma-informed approaches** by the charities. Charity partners highlighted how the existence of the SOCAS fund indicates **the importance the Scottish Government places on supporting survivors of childhood abuse**.

It was important to survivors to have access to different services that match their needs at different times of their journey and for charities to be available over long time periods, as living with trauma is not a linear journey. The **availability of these types of services differed across the SOCAS portfolio**, and having access to quality services was more challenging for those in more rural areas, those needing specialised support and those wanting long-term support. This does not relate to the quality of services available, but rather to **survivors having choice over which services to access**.

"The SOCAS fund gave a home to survivors of childhood abuse" – Charity partner

Objective 3: Survivors have access to timely, appropriate services, ideally within 4-6 weeks from first contact

The SOCAS-funded charities have facilitated **more and wider access to services for survivors, including more timely access to support**. Due to the increase in demand throughout the COVID-19 pandemic and after, waiting lists have grown. While the SOCAS fund provided additional funding to charities to help manage these waiting lists, the average waiting list of 13 weeks in the past two years shows that, currently, charities are generally not able to support survivors within four to six weeks from first contact. However, consultations with survivors and charity partners also highlighted that **many measures are taken to ensure that survivors feel supported while on the waiting list**, including



through being able to access peer support, website forums, online resources and wellbeing check-ins. This support while on the waiting list is highly valued by survivors.

The number of survivors being referred to SOCAS-funded charities from NHS services also highlights that the NHS often has long waiting lists for therapeutic or mental health services and does not have the resources to support survivors in a timely manner, showing the importance of SOCAS-funded services. **The demand for services, compared to the capacity of the charities, needs to be reflected in continued funding to match the increase in demand from survivors.** This is especially important considering that most survivors will reach out at a point of crisis and need to be supported to prevent escalation of mental and physical health concerns.

I was at my lowest I'd ever been in my life and suicidal most days. If [the SOCAS-funded charity] didn't show up the way they did, [providing a] fast response in getting in touch, I can surely say I wouldn't be alive today. – Survivor

Objective 4: Charities demonstrate continual improvement based on feedback and learning

Consultations with charity partners have shown **positive findings on improved capacity, learning and development and the ability to deliver trauma-informed services**, as a direct result of the resources available through the SOCAS fund, and the proactive and communicative approach taken by Inspiring Scotland in the management of the fund. This is **greatly appreciated by the charity partners**, and unlike any other fund or fund management they have encountered.

Charity partners appreciated the opportunities they received through the fund, but some have, at times, **faced challenges in having sufficient time to access the training and support available** to them due to challenges with internal capacity.

The opportunities to come together as a group to develop practice through shared learning are frequent and this is also been beneficial in understanding what services are available to survivors. – Charity partner

Objective 5: Greater collaboration between partners

The SOCAS portfolio has **created a community of like-minded charities** which are able to come together for support, share good practice and experiences, and fill substantial gaps in services available to survivors. The charity partners believe the community to be helpful and friendly, however some charity partners indicated that working together, while competing for funding, can also bring some challenges, and may be uncomfortable at an individual level.



Having strong partnerships and collaboration with statutory partners has positively impacted the work with survivors, as it makes referrals easier for statutory partners and charities. Increased demand for charity partners services is, however, making it increasingly difficult to alleviate pressure on the NHS and to fully meet demand for services.

The SOCAS fund evaluation has shown that **the survivor sector has been strengthened through collaborative and partnership working**, as outlined in the SOCAS logic model, and through support provided by Inspiring Scotland. However, as the end of the fund approaches, charity partners are **increasingly becoming concerned for the future of the services**. Many rely substantially on SOCAS funding for the continuation of their services, and without SOCAS funding, **at least 40% of provided services to survivors would be lost**.


Particularly organisations that have a significant proportion of their costs covered by SOCAS, including us, there's that anxiety of sustainability. Early application processes and guidance on criteria would be helpful.

– Charity partner

6.1.2 Effectiveness of SOCAS objectives and processes

Charity partners strongly value the SOCAS fund, and consider the fund and fund management of Inspiring Scotland to be **effective, trauma-informed, flexible, and agile**. In terms of the effectiveness of the SOCAS objectives, charity partners consider that they work well for their charities, and few provided examples for improvement. Where charity partners did comment on the SOCAS objectives, they highlighted that **more emphasis can be placed on the voice of survivors**, ensuring survivors are central to the SOCAS fund objectives.

In terms of processes, charity partners are **very positive** about the availability of Inspiring Scotland support, and the flexibility of support and requirements depending on their needs. The six-monthly monitoring reports are overwhelmingly considered good by the charity partners, although a small minority felt that the monitoring reports are too long, and they would appreciate additional guidance on the level of detail required in the monitoring reports. Charity partners were happy that there is an opportunity to add qualitative insights into the monitoring reports, rather than just focusing on numbers as is frequently required by funders. Charity partners also acknowledge the challenge in measuring impact and wellbeing, as this is often very specific to an individual survivor's wellbeing, and appreciated Inspiring Scotland's flexible approach to this.



Charities feel the portfolio is impactful in the additional elements, not just in funding, but also in **knowledge sharing and partnership working**, and that this **represents added value for them**, and builds their capacity, compared to the approach taken by other funding streams. Partnership working was frequently named by charity partners as an unexpected benefit, and the collaborations that came from being involved in special working groups, relationships and sharing learning and knowledge were considered valuable. Charity partners were keen to have more face-to-face meetings with their SOCAS-funded partners, and are looking forward to coming together for the first time later this year.

6.2 Identified gaps in provision and continuous improvement

We note the following identified gaps in provision as highlighted by survivors and charity partners:

- Survivors and charity partners would like to see **more support to be available to survivors**. This includes support that is not time-limited, is available when a survivor needs it and can be accessed without a (lengthy) waiting list. Both survivors and charity partners highlighted the necessity of SOCAS-funded support, and the increase in demand shows that these services will be highly needed as speaking out about abuse becomes more common, and more survivors will come forward.
- Further to this, there is also a **need for a more consistent support offer** across Scotland to ensure that certain geographic areas and demographics do not miss out on high-quality support. There are **significant differences** in waiting lists, support approaches and duration of support available. While these highlight the individual characteristics of charities and the mechanisms employed to tackle waiting lists (such as changing delivery models and time-limiting support), the differences also indicate there is further scope to balance out the SOCAS support offer.
- Charity partners also told us that emerging areas of support for them, identified as result of working in partnership, involve **specific areas where the service offer needs to be further developed and knowledge needs to be shared**, including sibling abuse, support for perpetrators, and restorative justice approaches.
- SOCAS funding has not increased over the years of the SOCAS fund in line with inflation and the cost of living crisis. As a result of this, **charities are under pressure to cover the rising costs associated with running premises, as well as a pressure to increase salaries**. This was



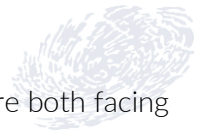
highlighted by charity partners as a consideration for improvement, and will be key in any future SOCAS funds.

- Nationally, many organisations are facing difficulties in recruiting and retaining staff. In any trauma-informed approach, **having skilled staff who can build relationships with survivors is critical**. With a volatile labour market, this can present a challenge to charity partners, and ensuring that inflationary pay increases are in place for future years of the fund would, in part, support charities to be more resilient to this. Some charities further expressed concern that finding time to make sure that staff have time to be trained can be a challenge, particularly if there is a waiting list for services.
- Charities strongly feel that **providing longer term, multi-year funding makes the SOCAS-funded services more resilient and viable**, for example in supporting staff retention, and this in turn enables charities to provide support that has more of an impact on survivors. There is already an anxiety from charities regarding the future sustainability of funding, with the current SOCAS fund ending in March 2024. Within the last six months of the delivery of any funded project, **retaining staff can become a challenge, and therefore may present a risk for the SOCAS fund**. Funding sustainability is a particular concern to those that are significantly funded by SOCAS, as well as to charities that provide specialist or targeted support, some of which are worried that they will miss out on future funding because the support they provide is 'less mainstream' than for example one-to-one counselling.

6.3 Recommendations


Based on the conclusions of this evaluation and the identified gaps, **we recommend that the SOCAS fund should continue**. The fund has received overwhelmingly positive feedback from both survivors and the charity partners in regard to the management from Inspiring Scotland and the impact the fund is having on survivors, and is a key mechanism in Scotland to support adult survivors of childhood abuse in their mental and physical recovery. We have further developed the following recommendations to ensure the continued effectiveness of the SOCAS fund:

- In future funding, **consideration should be given to continue and increase a consistent support offer across Scotland**. This would help to avoid a situation where due to geography one survivor can only access eight counselling sessions whereas another has access to



unlimited counselling, peer support and advocacy support, even though they are both facing trauma from childhood abuse.

- **Specific care should be taken to fund, support or even develop services that offer support to reach specific populations**, including men, members of the LGBTQ+ community and young people. The SOCAS fund should also **continue to maintain a focus on monitoring waiting lists of charity partners**, and retain some flexibility to intervene with additional funding where possible.
- Both survivors and charity partners are keen that support does not come to an abrupt end. In future funding, **consideration should be given to length of support, intensity of support, and how to most effectively provide less intensive support in the longer term**, through either peer support or another 'step down' option.
- Charity partners have different approaches to using lived experience, with valuable effects. The SOCAS fund could **consider taking a national approach to this**, working with all charity partners to uncover what works and for whom. Linked to this, there may be **opportunities to support survivors to 'give back' to the survivor community and the service that has supported them**, which is a valuable part of recovery from trauma, and could include participation in volunteering, creating a survivor-led lived experienced advisory group, or working with survivors in co-production. These could be valuable for both the fund and the survivors.
- Future funding should consider an **increase in annual awards** for charities to cover inflationary price increases, rising core costs, the increase in demand for services and the difficulty of attracting and retaining staff.
- Charity partners have valued the support from Inspiring Scotland and would be keen to see **continued management of the fund by Inspiring Scotland**, which would give a continued approach for them and the SOCAS portfolio. Ensuring that there is a continued focus on collaboration, supporting the sector and sharing learning would be of value to them.
- If SOCAS funding is secured in future, having a revised logic model, reconsideration of the fund objectives and the collection of a **core minimum dataset** with consistent use of data collection tools would **enable monitoring data to be aggregated to a fund level**, creating an opportunity to distinguish between outputs and outcomes, and support enhanced reporting



on outcomes and impact. **Ideally, survivor voices would be central to this.** Data around contact time, frequency and duration may be useful for continued service development, particularly in relation to concerns about resource pressures and waiting lists, as well as for future evaluations. Any reporting templates, or core minimum datasets, should seek to avoid overlap/repetition between objectives that need to be reported upon.



Appendix 1. Overview of SOCAS-funded charities

This Appendix provides an overview of SOCAS-funded charities, including the name of their SOCAS-funded project, where they are based, what type of support they provide, how many survivors they intended to support and how many they have actually supported⁵⁹.

Name of charity	Local Authority	Project summary Description of SOCAS-charity	SOCAS-funded project	Type of support provided	Number of supported survivors in first three years of the SOCAS fund ⁶⁰
Aberdeen Cyrenians	Aberdeen	Aberdeen Cyrenians is a charity dedicated to supporting people affected by homelessness, violence, trauma, and other forms of social exclusion. Active in the city for the past 50 years, their aim is to help people make planned changes in their lives, often at crucial periods of transition. All services are provided on a voluntary basis in recognition of people’s rights to choose if they want to access the support provided.	Strength for Tomorrow	Other survivor support services	127
Argyll & Bute Rape Crisis	Argyll and Bute	Argyll and Bute Rape Crisis (ABRC) provide free and confidential support and advocacy to survivors of all genders (aged 12 +) who have experienced rape, sexual assault, childhood sexual abuse, sexual harassment, sexual bullying, stalking and commercial sexual exploitation. They also offer support to non-abusing partners and family members of survivors of sexual violence. ABRC provides the only service of its kind in the region and have a long history of providing specialised support to survivors in rural and remote rural areas.	P/T Support Services Manager	Other survivor support services	564

⁵⁹ There are many reasons why charities may not have been able to meet their target numbers, and caution is advised in interpreting these results.

⁶⁰ As of Year 3, Period 2 (April 2020 to April 2023).



BodyMind Studio	Glasgow	The BodyMind Studio delivers hot yoga, traditional yoga and other styles of movement as well as arts activities at their studio in Glasgow. The organisation works with individuals accessing drug and alcohol rehabilitation services, including residential rehab and outreach services, and female survivors of domestic and sexual abuse. The BodyMind Studio is also an established 'safe space' where individuals can connect with others and reduce social isolation.	The Ruby Project and Phoenix Future's Scottish Residential Service	Other survivor support services	159
Break the Silence	Ayrshire	Break The Silence work to improve the emotional, psychological and physical health of survivors of rape and childhood sexual abuse, their partners and family members across East and North Ayrshire. Support options include counselling, eye movement de-sensitisation and re-processing (EMDR), complementary therapies, group activities, advocacy support, peer support, and volunteering opportunities. They also promote partnership through trauma-informed training workshops, training presentations, and through delivery of a partnership conference.	Break The Silence +	Counselling and other survivor support services	2002
Carr Gomm	Edinburgh	Carr Gomm is a leading Scottish social care and community development charity. They work in partnership with NHS Lothian at The Rivers Centre to offer person-centred support for the treatment and sustained recovery of survivors of abuse through social integration, addressing the need for both psychological support and social support	Sea Change	Counselling and other survivor support services	375
First Tier	Glasgow & West of Scotland	First Tier supports people with Learning Difficulties aspire to break the cycle of trauma, sexual abuse and offending behaviour. Their work involves protecting the safety of staff and clients accessing the service, ensuring the integrity of practitioner-client relationships, enhancing the quality and application of professional knowledge, and striving for the fair and adequate provision of service.	First Tier	Other survivor support services	452



Glasgow Council on Alcohol	Glasgow	GCA work to reduce harm caused by substance misuse through a range of advice, information, counselling, support, prevention, education and training services. GCA has a skilled trauma-informed workforce and responds to survivors with a strategic commitment to workforce development and training. Through their Building Positive Pathways project they continue to host and lead the Glasgow Trauma Awareness Partnership (TAP) Network.	Building Positive Pathways	Other survivor support services and peer-work	593
Health in Mind	Edinburgh	Health In Mind provide mental health and wellbeing services in a caring and compassionate way, supporting people to develop coping strategies and skills to live the way they want to. They promote awareness and understanding of mental health and wellbeing through information sharing and training. They are a trauma-informed organisation, embedding trauma-informed principles of choice, empowerment, safety, trust and collaboration into everything they do. They operate a national helpline across Scotland.	Trauma Counselling Line Scotland	Counselling	355
Hear Me	Angus	Hear Me provides a free and confidential trauma specific outreach counselling service in Angus for children and adults who have experienced or been affected by sexual abuse. Their work involves enabling and supporting survivors to self-manage mental health, increase independence and autonomy, and have a say in what matters to them. Hear Me also help equip survivors to have safer coping strategies, greater awareness of opportunities, and increased confidence, self-esteem and self-belief.	Pathways to the Future	All	259



Kibble		Kibble provide specialist services such as care, education and opportunities to young people aged 5-26 from chaotic and traumatic backgrounds. The young people they support have often had negative family experiences, a history of offending, experience of mental health, or substance abuse issues and can have severe social, emotional, educational and behavioural needs.	Kibble	Counselling	101
Kingdom Abuse Survivors Project	Kirkcaldy	KASP provide professional support and counselling services so that adult survivors of childhood sexual abuse in Fife can build positive futures. Working with local and national partners, the organisation provides training to encourage trauma-informed practice, as well as seeking to influence policy and legislation. Their values incorporate respectful consultation with survivors about their needs, and exploring and responding with knowledge, skill, flexibility and creativity.	Befriending Project	Peer-work	69
LinkLiving	Fife	Link Living provide a wide range of socially inclusive care, support and employability services. Committed to supporting people to overcome the negative impacts of ill-health, poverty, inequality and isolation, their philosophy recognises that every person is unique. Based on empathy, respect, integrity and caring, provision is person-centred and tailored to develop skills and confidence, ensuring individuals have the choice, control and opportunities to create a sense of belonging.	Better Than Well	Other survivor support services and peer-work	532
MindMosaic	Inverclyde	Mind Mosaic Counselling and Therapy provide therapeutic interventions in a safe, confidential and accessible environment with trained professionals. Provision includes high quality counselling and psychotherapy, trauma therapy, specialist adult survivor services, perinatal mental health services, counselling training and clinical supervision. They also run a variety of groups, diversionary activities, Somatic Resourcing, and high-quality training.	MindMosaic	All	1000



Moira Anderson Foundation	Airdrie	The Moira Anderson Foundation offers individual care and support to survivors of childhood sexual abuse and their families, seeking to lessen the impact of trauma in their lives. As well as raising awareness of childhood sexual abuse in society, they build trust with survivors and offer a range of therapeutic services in a safe and caring environment.	Moira Anderson Foundation	Counselling	1247
Moving On Ayrshire	Ayrshire	Moving On Ayrshire (MOA) is a charity based in Ayr which provides a counselling service at locations throughout South Ayrshire. They offer survivors of sexual abuse and rape aged 14 years and up free one-to-one person-centred counselling in safe, confidential settings. This enables survivors to address sensitive issues and work towards a healthier, happier future. MOA also provides awareness-raising, guidance and support to organisations and schools throughout South Ayrshire.	Moving on Ayrshire	Counselling	656
Orkney Blide Trust	Orkney	Orkney Blide Trust provide a range of services to support people affected by mental ill health. Their mission is to promote mental well-being in Orkney through active and personalised support with a focus on recovery. Survivors are supported through provision of opportunities based on a Therapeutic Community model.	Orkney Blide Trust	Counselling and other survivor support services	217
Penumbra	Scotland wide	Penumbra promotes wellbeing, prevent ill health and support those experiencing emotional and health difficulties providing innovative solutions to gaps in mental health provisions based on the rights of choice, dignity and the expectation of recovery. It pioneered community-based support by providing the first supported accommodation services in Scotland.	Dundee Self Harm Service	Other survivor support services and peer-work	375



RASASH	Highlands	RASASH (Rape and sexual Abuse Service Highland) is the only specialist sexual violence support service in Highland working with isolated and traumatised survivors of rape and sexual abuse in their communities. A member of Rape Crisis Scotland, the RASASH approach is person-centred, recognising that each person's circumstances, experiences and feelings are different and unique. This means that therapeutic emotional support is led by the needs and preferences of individual survivors.	Outreach Support Service	Other survivor support services	1078
Safe Space	Dunfermline	Safe Space is a specialist trauma counselling and groupwork service for survivors of childhood sexual abuse. Working to a community development framework, Safe Space recognises that those with personal experience of childhood abuse and discrimination are often people at the greatest risk of disadvantage. Provision includes one-to-one counselling for adults and an outreach service in outlying GP services in rural areas. They also run a Young People's service, and a groupwork programme involving art therapy, self-esteem and confidence-building.	Emotional Resources Groups	Other survivor support services and peer-work	317
SAY Women	Glasgow	SAY-Women offers safe, semi-supported accommodation and emotional support for young women aged 16-25 who are survivors of sexual abuse, rape or sexual assault who are homeless, or threatened with homelessness as a result. Their mission involves enabling these young women to live safely and securely in their own tenancies and have healthy fulfilled lives. Their work also complements statutory services supporting young women at critical, vulnerable times, giving back choice and control.	SAY Women	All	385



The Compass Centre	Shetland	The Compass Centre provides free and confidential support, trauma-informed therapy, advocacy and information to anyone in Shetland affected by sexual violence. As well as providing emotional support and specialist trauma therapy for survivors, they have a dedicated Advocacy Worker to support anyone considering taking their case through the justice system. They also provide free, evidence-based education in local schools aimed at raising awareness and challenging myths.	Match-funding for Support & Counselling Services	Other survivor support services	209
Speak Out Scotland	Scotland wide	Speak Out Scotland aims to improve the health and wellbeing of male survivors of childhood sexual abuse through delivery of complex trauma therapy and ongoing support services. Treatment is tailored to specific need to aid recovery and allow survivors to lead fully functional and productive lives. They strive to achieve this by collaborating with other organisations, sharing knowledge and best practices, improving services, and utilising technology to develop new ways of reaching clients.	Male Survivors of Childhood Sexual Abuse	Counselling and other survivor support services	676
Stop It Now! Scotland	Scotland wide	Stop it Now Scotland's mission is to prevent the sexual abuse of children by working with protective adults, those affected by abuse and those perpetrating it. Committed to using their expert knowledge to educate families, professionals and the public and impact on policy, they believe child sexual abuse is preventable, not inevitable. Their vision is a world in which children's right to live free from abuse and exploitation becomes a reality.	Stop It Now! Scotland	Other survivor support services	778
Survivors Unite	Borders	Survivors Unite's mission is to provide dedicated, skilled, compassionate and flexible sexual abuse recovery support to adult survivors of childhood sexual abuse in the Scottish Borders through the provision of the Safe Oaks Project. Based in a Children1st trauma recovery service, Safe Oaks will provide a supportive environment where all staff are friendly, welcoming and skilled in working with those who have suffered complex trauma.	Safe Oaks Project	All	272



Talk Now	Scotland wide	Talk Now is a training and counselling service for survivors of abuse in Scotland, dedicated to eliminating its debilitating and devastating effects and improve wellbeing and resilience for survivors. They employ an integrative approach to therapy with counsellors adopting the most appropriate, effective combination of counselling models for clients. Talk Now's Life Link service also works closely with organisations to improve accessibility to external services.	Talk Now	Counselling and peer work	1018
Thriving Survivors	Glasgow	Thriving Survivors is a charitable company established in 2016 to support men, women and children affected by trauma through the delivery of their 'Discovering Me' programme. Thriving Survivors take a person-centred approach and use survivor-built programmes in supporting those affected by trauma to change their lives, regardless of race, culture or circumstance.	Delivery of core services	Other survivor support services and peer-work	775
We Are With You	Glasgow	We Are With You (formerly Addaction) exists to help individuals, families, friends and communities affected by drugs, alcohol and mental health problems. Person-centred in approach, they provide tailored support to meet individual need with training and resources. Peer mentoring, mutual aid partnerships and volunteers are integrated into their service provision, and many of their employees have lived experience of alcohol and drug addiction and trauma.	Access to trauma enhanced one to one strength and resilience focused weekly counselling for up to 6 months	Counselling and peer work	212
Wellbeing Scotland	Scotland wide	Wellbeing Scotland (WS) aim to support the wellbeing of all survivors of childhood abuse in Scotland by providing a safe, person-centred, therapeutic environment, with facilitated access to care, support, and treatment resources and services. Confidential, client centred, and non-judgemental, WS support is open to anyone affected by the	Wellbeing Scotland	All	N/A ⁶¹

⁶¹ Currently no data available



		trauma of childhood abuse so they can build the best prospects of living a healthy life.			
Western Isles Rape Crisis Centre	Western Isles	Western Isles Rape Crisis Centre provide support, advice and empowerment to survivors of sexual violence and abuse in the Western Isles, ensuring they have access to services regardless of gender, disability or remote location. The voices and views of survivors inform all aspects of their work, and they believe that they can best support survivors and prevent sexual violence when people and organisations come together, learn from each other's experiences and knowledge, and create solutions together.	Adult Survivor Project	Other survivor support services and peer-work	264



Appendix 2. SOCAS fund logic model

Adult Survivors of Childhood Abuse

Fund Logic Model

Vision

All Survivors are supported to have equal access to integrated care, support and treatment, resources and services.

Scottish Government and Inspiring Scotland Input

Scottish Government investment	Performance management & tailored development support	Access to a pool of professional & expert volunteers	Wider support of Inspiring Scotland staff	Support and experience from a portfolio of peers	Support to secure match funding	Development of a rigorous evaluation framework
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Third Sector Input

Staff and trustees	Volunteers	Partnerships with statutory services	Peer supporters	Resources (websites, guides, etc.)	Training
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Outputs and Activities

Direct, end-to-end support activities across Scotland including:

Strategic engagement with local context, sharing learning and relationship building

Development of innovative ways of supporting Survivors

Tailored support packages for Survivors

Provision of integrated services and resources for Survivors available across Scotland

People and Programme Outcomes

All Survivors have equal access to services throughout Scotland

Survivors support experience is enhanced through collaboration between partners

Survivors have an increased understanding of and choice in services available to them

Survivors have an increased range of services and delivery channels

Scotland has a strong, robust and sustainable Survivor support sector

Improved wellbeing for Survivors

Strategic Outcomes

Improved access to services through minimising waiting lists

Public and third sector organisations adopt an integrated approach to supporting Survivors of childhood abuse

Supporting recovery and resilience of survivors of childhood abuse

Results

Adult survivors receive an enhanced quality of support resulting in better recovery and increased resilience.

Increased number of survivors are supported which leads to recovery from childhood abuse

The survivor sector is strengthened through collaborative and partnership work among third sector providers and statutory services.



Scottish Government
Riaghaltas na h-Alba
gov.scot

Appendix 3. Good practice in supporting survivors of childhood abuse evidence review



Introduction

This evidence review sets out to understand the support needs of adult survivors of childhood abuse, as well as setting out examples of good practice and existing models of support such as:

- trauma-informed care and other trauma interventions, particularly relating to adverse childhood experiences (ACE's)
- delivery of trauma-informed counselling and therapies
- pathways of support for survivors of childhood abuse
- peer-led and community-led trauma support models.

This evidence review focuses on the Scottish context but we included relevant information from the UK and other OECD countries as available and appropriate.

We used the following search terms on the IDOX Knowledge Exchange and Google Scholar to identify relevant literature. We used snowballing to identify further relevant literature from the identified documents.

Table 2. Search Terms

Search terms: adult survivors of childhood abuse; best practice; evaluation; evidence based practice trauma support; trauma-related support; support model; trauma-informed; trauma-informed care; trauma-focused CBT, EMDR, psychotherapy, counselling, safety and stabilisation; trauma processing; reconnection; wellbeing, Dissociative Identity Disorders, PTSD, complex trauma, groupwork, talking therapies, person-centred counselling; lived experience; grant making model; place based; trauma practitioner; counsellor; peer support; peer support model; community support model; child abuse; sexual abuse; psychological abuse; psychological trauma; physical abuse; neglect; adverse childhood experience; trauma intervention; support; support pathway; accessibility



In addition, we also used targeted searches on relevant websites for publications or evidence of good practice, particularly looking for examples from the rest of the UK and OECD wide. These websites included:

- [Victim Support UK](#)
- [Victim Support Europe](#)
- [European Institute for Gender Equality](#)
- [Council of Europe](#)
- [UNODC \(United Nations Office on Drugs and Crime\)](#)
- [DG Home \(Part of the European Commission\)](#)
- [Fundamental Rights Agency of the EU](#)

The evidence review also draws on information and data supplied by Inspiring Scotland collected through their networks. This included clinical information on different forms of therapy, as well as presentations and meeting notes of the Child Sexual Abuse Prevention group.

While searching for literature we encountered the following **limitations**:

- Policies and research tend to focus on generalised victim support or on domestic violence support and not specialised support or research on adult survivors of childhood abuse.
- There may be more international examples of good practice. However, these examples may only be accessible in the national language of the country and not appear in searches conducted in English.
- There is limited data on numbers of adult survivors of childhood abuse and most data used is based on estimates. There is also limited administrative data on adult survivors of childhood abuse, as well as numbers of officially registered cases are likely to only present a small percentage of all cases of adult survivors of childhood abuse due to under reporting.
- There is limited to no public data on numbers of people accessing trauma-support or other forms of support as adult survivors of childhood abuse.
- There is limited information on different forms of abuse experienced by children.
- There is limited information on the effectiveness of different support and counselling techniques in the short and long-term for survivors of childhood abuse.



Context

In order to understand the support needs in Scotland and what good support looks like, we need to understand the context it is needed in. Awareness of trauma and understanding the long-term effects of trauma are becoming more prevalent in society with more people understanding how past experiences may be impacting current behaviours or problems. This, however, is resulting in more people coming forward looking for support through statutory and volunteer organisations.⁶²

The Substance Abuse and Mental Health Services Administration (SAMHSA) in the US defines a traumatic experience as: “an **event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening** and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing”.⁶³ For the purpose of this study we look at traumatic and adverse childhood experiences and the support survivors are accessing later in life as adults.

There is limited evidence on how common adverse childhood experiences are in Scotland but some evidence suggests that one in seven adults reported four or more adverse childhood experiences, with those in deprived areas more likely to report a higher number of adverse childhood experiences.⁶⁴ This number is likely to still be too low and experts believe that adverse childhood experiences are more common than studies show, as many survivors of adverse childhood experience might not have disclosed or are willing to engage in research.⁶⁵

In existing studies, men, having a young mother and living in urban areas are factors associated with a higher number of adverse childhood experiences.⁶⁶ The types of experiences assessed included: physical abuse, domestic violence, substance abuse, mental illness, parental separation and parental incarceration. Sexual abuse, emotional abuse and physical neglect were not possible to assess due to low or incomplete data.⁶⁷ It is also important to understand that witnessing the abuse of a family

⁶² Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/23

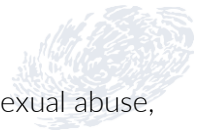
⁶³ SAMHSA (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration. Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>. Last accessed: 26/01/2023

⁶⁴ Marryat L, Frank J. (2019) Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study. *BMJ Paediatrics Open* 2019;3:e000340. doi:10.1136/

⁶⁵ Nelson, Sarah (2022) Problems about child sexual abuse prevalence studies: are they worth doing at all?. Presentation.

⁶⁶ Marryat L, Frank J. (2019) Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study. *BMJ Paediatrics Open* 2019;3:e000340. doi:10.1136/

⁶⁷ Marryat L, Frank J. (2019) Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study. *BMJ Paediatrics Open* 2019;3:e000340. doi:10.1136/



member is a traumatic experience and is understood as a traumatic event.⁶⁸ For child sexual abuse, there are conservative estimates which suggest that 15% of girls and 5% of boys will have experienced some form of sexual abuse by the age of 16, but a minority of these cases will be reported. Risk factors that can increase the likelihood of experience of sexual abuse include living in care or having a disability. It is also estimated that 90% of abusers are men and about one third of them are under 18.⁶⁹ Yet, there are significant gaps in the data collection not just regarding the number of survivors of childhood abuse but also regarding the context, such as the survivor-perpetrator relationship, length of abuse and location of abuse.⁷⁰

While adverse childhood experiences do not only occur at home and these can include bullying, cyberbullying, exploitation, trafficking and more⁷¹, there are **ten adverse childhood experiences** which are most commonly associated with childhood trauma⁷²:

- Physical neglect: failure to supervise or provide for the child
- Emotional neglect: caregiver unable to express affection or love for the child due to personal problems
- Physical abuse: severe assault or physical abuse such as shaking or hitting
- Sexual abuse: child experienced sexual abuse or forced sex
- Emotional abuse: caregiver engaged in psychological aggression towards the child such as threatening
- Caregiver treated violently: domestic violence of an adult in the home including slapping hitting or kicking
- Caregiver substance-abuse: active alcohol and drug abuse by a caregiver
- Caregiver mental illness: serious mental illness or elevated mental health symptoms
- Caregiver divorce/family separation: child's parent(s) deceased, separated or divorced or child was abandoned or placed in out of home care
- Caregiver incarceration: caregiver spent time in prison or is currently in jail or detention centre.

⁶⁸ BlueKnot (2023). What is complex trauma? Available at: <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/>. Last accessed: 06/03/23

⁶⁹ CSA Centre (2018) Scale and Nature of Child Sexual Exploitation – rapid evidence review. Available at: <https://www.csacentre.org.uk/documents/scale-nature-review-evidence-0621/>. Last Accessed: 06/03/2023.

⁷⁰ CSA Centre (2018) Scale and Nature of Child Sexual Exploitation – rapid evidence review. Available at: <https://www.csacentre.org.uk/documents/scale-nature-review-evidence-0621/>. Last Accessed: 06/03/2023.

⁷¹ BlueKnot (2023). What is complex trauma? Available at: <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/>. Last accessed: 06/03/2023.

⁷² The Association for Child and Adolescent Mental Health (2023) ACEs – Adverse Childhood Experiences. Available at: <https://www.acamh.org/topic/aces/>. Last accessed: 06/03/2023.



Research often focuses on inter-generational abuse within a family unit or intimate partner violence but there is little research of childhood abuse through siblings, as well as limited resources for those who experienced it. Yet, estimates suggest that sibling sexual abuse is more common than child sexual abuse by a parent.⁷³ Due to complex (familial) relationship dynamics, this form of abuse is even less likely to be reported compared to other forms of abuse.⁷⁴

A survey conducted with 400 survivors of Childhood Sexual Abuse in the UK by the University Campus Suffolk and Survivors in Transition highlighted the following to understand the context of the abuse, as well as their experience in accessing support⁷⁵:

- 70% of respondents experienced abuse within family networks and 20% reported it happened in someone else's home
- The average duration of abuse they experienced is seven years
- Over half of the respondents had been abused by more than one person
- 70% of cases were not reported to the police
- 69% of respondents only disclosed their experiences long after it had stopped and 20% of survivors continued to experience abuse over one year after they disclosed the abuse
- 30% of survivors who experienced continued abuse after disclosure, had disclosed the abuse to statutory services, such as a GP, social worker, doctor or teacher
- Survivors highlighted that disclosing itself can be a traumatic experience.

A **German inquiry into the impact and consequences of childhood abuse** on adult survivors highlights that not speaking about the abuse is a coping mechanism for many survivors of trying to avoid memories and to have a chance at managing their lives. This is seen as one explanation, in addition to shame, lack of trust in authorities or fear of not being believed, why some survivors of childhood abuse do not disclose their abuse or access support services until much later in life. Some may experience a complete loss of memories of the abuse until they actively engage in working through their abuse in, for example, counselling.⁷⁶ The reasons that trigger the memories or motivate survivors to disclose or to engage with their memories of abuse differ substantially but public

⁷³ Allardcyde, S., Yates, P., Forgan, E., Scotland, A. & Macdonald, A. () The 'Impossible Ecology' of Sibling Sexual Abuse: Transformation through heart led, consensual and just conversation in Truth, Recognition, Right Response, Prevention and Healing.

⁷⁴Allardcyde, S., Yates, P., Forgan, E., Scotland, A. & Macdonald, A. () The 'Impossible Ecology' of Sibling Sexual Abuse: Transformation through heart led, consensual and just conversation in Truth, Recognition, Right Response, Prevention and Healing.

⁷⁵ Smith, N. Dogaru, C. and Ellis, F. (2016), "Focus on survivors: a survey of adult survivors of child sexual abuse and their experiences of support services". Available at: https://www.basw.co.uk/system/files/resources/basw_122305-1_0.pdf

⁷⁶ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023



attention and discourse of systematic childhood abuse and the (expected) birth of their own children were named as two common reasons for survivors to engage with their abuse.⁷⁷

Adult survivors' often experience complex trauma and/or complex post-traumatic stress disorder.

Complex trauma stems from unresolved childhood trauma. Complex trauma and its consequences are described by BlueKnot, a complex trauma charity, as⁷⁸:

- usually occurs between people
- can occur when you experience repeated trauma as a child, young person or adult
- often involves 'being or feeling' trapped
- is often planned, extreme, ongoing and/or repeated
- often has impacts which can last a long time
- can cause you to feel ashamed
- can stop you feeling safe and being able to trust
- can make you feel bad about yourself
- can make it hard for you to manage your feelings
- can mean that you use different coping strategies such as alcohol and drugs, self-harm, over- or under-eating or over-working
- can affect your physical and mental health and your wellbeing
- can affect your relationships and your ability to manage your daily life.

Complex trauma is likely to have a **more complex response or reaction by survivors** meaning specialised support and interventions are needed to sufficiently support survivors.⁷⁹ Survivors who have been effected by more frequent adverse childhood experiences are likely to be more severely impacted by them, including their experiences being associated with a higher likelihood of re-victimisation at different stages of their lives and more complex mental health needs.⁸⁰ Specialised approaches to support include trauma- informed support which focuses on the strength of the survivors.⁸¹ Survivors who have been victimised once are also more likely to have experienced abuse

⁷⁷ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed: 07/03/2023

⁷⁸ BlueKnot (2023). What is complex trauma? Available at: <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/>. Last accessed: 06/03/23

⁷⁹ BlueKnot (2023). What is complex trauma? Available at: <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/>. Last accessed: 06/03/23

⁸⁰ The Association for Child and Adolescent Mental Health (2023) ACEs – Adverse Childhood Experiences. Available at: <https://www.acamh.org/topic/aces/>. Last accessed: 06/03/2023.

⁸¹ BlueKnot (2023). What is complex trauma? Available at: <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/>. Last accessed: 06/03/23



in more than one way which is known as poly-victimisation.⁸² In the German inquiry, survivors reported that they often have difficulties engaging in different relationships and saw themselves as vulnerable and easily manipulated. Many reported having experienced abuse in their adult life in other relationships, following their first experience of abuse in childhood⁸³ There is, however, **limited evidence and research on measuring risk** by the number of adverse childhood experiences someone lived through, as reaction to trauma is an individual experience and not necessarily quantifiable.⁸⁴

These **traumatic or adverse experiences in childhood, including childhood abuse, are associated with having long term impacts on survivors** including severe health and mental health issues, as well as engagement in health-risk behaviours.⁸⁵ Unaddressed traumatic experiences are likely to increase the risk of mental health issues, substance abuse and chronic physical pain, which is why provision of support for adult victims of childhood abuse is especially important.⁸⁶ Childhood abuse can also have long-term impacts on other areas of a person's life, for example impacting people's relationships, homelessness, crime victimisation, income inequalities, reduced participation in the labour market and more.⁸⁷ In the workplace, the consequences may include struggling to regularly attend work or difficulties in completing training or finding employment. Survivors are likely to be in precarious jobs and report difficulty to find a work life balance.⁸⁸ Many survivors report facing pressure to be productive and to achieve success while they are struggling mentally and physically as a result of their abuse.⁸⁹ Physical and mental health impacts of their abuse may also influence the type of work or working hours survivors can do.⁹⁰

⁸² Radford, L., Dodd, S., Barter, C., Stanley, N. & Akhlaq, A. (2021). The abuse of children in care in Scotland: A research review - Summary report. Available at: <https://www.childabuseinquiry.scot/media/1210/prevalence-of-abuse-in-scotland-executive-summary-professor-lorraine-radford.pdf>. Last accessed: 07/03/2023

⁸³ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023

⁸⁴ The Association for Child and Adolescent Mental Health (2023) ACEs – Adverse Childhood Experiences. Available at: <https://www.acamh.org/topic/aces/>. Last accessed: 06/03/2023.

⁸⁵ Early Intervention Foundation (2020). Adverse childhood experiences: What we know, what we don't know, and what should happen next. Available at: <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next?platform=hootsuite>. Last accessed: 24/01/2023

⁸⁶ SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration. Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>. Last accessed: 26/01/2023

⁸⁷ Di Lemma L.C.G., Davies A.R., Ford K., Hughes K., Homolova L., Gray B and Richardson G. (2019). Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course. Public Health Wales, Cardiff and Bangor University, Wrexham, ISBN 978-1-78986-035-1.

⁸⁸ Aufarbeitungskommission

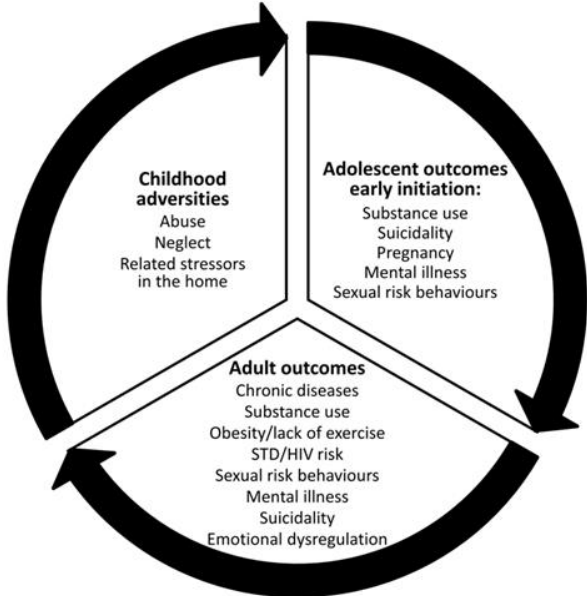
⁸⁹ Aufarbeitungskommission

⁹⁰ Aufarbeitungskommission



Adverse childhood experiences are likely to impact survivors' lives at different life stages, if they do not receive the support they need.. Shanta Dube summarises the cycle of impact as follows⁹¹:

The cycle of ACEs



The cycle and impact of ACEs across the lifespan and generations

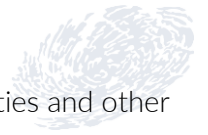
As mentioned above, complex trauma can lead to a variety of different challenges and supporting survivors through the recovery is crucial. Not being able to identify or understand the complexity of trauma can be re-traumatising to survivors.⁹² Judith Herman outlines there are three key stages to the recovery from severe trauma. The three stages are as follows⁹³:

1. **Focusing on safety and stability** – it is about outlining the healing process and creating a sense of safety and stability among survivors. It is about learning to regulate emotions and reactions to painful memories
2. **Engaging with memories** – Engaging with the painful memories and the emotions attached to it. This includes grieving the unwanted and abusive experiences and the effects on the survivors life

⁹¹ The Association for Child and Adolescent Mental Health (2023) ACEs – Adverse Childhood Experiences. Available at: <https://www.acamh.org/topic/aces/>. Last accessed: 06/03/2023.

⁹² Lovell, R., Greenfield, D., Johnson, G., Eliz, K. & Amanatidis, S. (2022) Optimising outcomes for complex trauma survivors: assessing the motivators, barriers and enablers for implementing trauma informed practice within a multidisciplinary health setting. BMC Health Services Research. Available at: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-07812-x>. Last accessed: 02/02/23

⁹³ Hermann, J. (1992) Judith Herman's three stages of recovery from severe trauma. Available at: https://www.psychologyintherealworld.co.uk/resources/Judith_Hermans_three_stages_recovery_severe_trauma.pdf. Last accessed: 02/02/23



3. **Reconnecting** – this stage is about reconnecting with people, meaningful activities and other aspects of life. This will, hopefully, be easier after the first two stages of learning to manage emotions and processing the abuse.

Policy context

The Scottish Government, and the UK government, have committed to support survivors of childhood abuse through national legislation and international treaties.

- **Victims and Witnesses (Scotland) Act 2014:**⁹⁴ this law protects the rights of survivors in the justice system but also outlines the responsibility of the Scottish Ministers to provide a Victims' Code outlining, for example, what kind of support survivors are entitled to.
- **Victims' Code Scotland**⁹⁵: The code outlines the right to support for survivors even if the crimes have not been reported to the police
- **Council of Europe Convention on preventing and combating violence against women⁹⁶ and domestic violence (the Istanbul Convention)**⁹⁷: the Istanbul Convention sets out specific standards and guidance which includes guidance on generalist support, specialist support, helplines, shelters and more. The implementation of the Istanbul Convention gets regularly evaluated through the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) to assess the progress each country has made towards the implementation of the Istanbul Convention. As the UK ratified the convention in 2022, a full report on the implementation, including an assessment of the current support service provision, should be available within the next year
- **UNODC Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power**⁹⁸: the declaration sets out the rights of survivors and their right to access specialised support.

The Victims' Code Scotland in particular highlights that **specialised support should be available to those who need it and should be available regardless of if the crime has been reported**. The Victims' Code also highlights, the support provided to survivors is often provided by a number of third sector organisations, at times in partnership with local authorities and health services. Because of this there is no comprehensive list of services available, as well as limited comparable data on good practice or evidence of what works.

⁹⁴ More information available at: <https://www.legislation.gov.uk/asp/2014/1/section/3B>

⁹⁵ More information available at: <https://www.gov.scot/publications/victims-code-scotland/pages/6/>

⁹⁶ Throughout the treaty Women include girls under the age of 18.

⁹⁷ More information available at: <https://www.coe.int/en/web/istanbul-convention/text-of-the-convention>

⁹⁸ More information available at: <https://www.unodc.org/unodc/en/justice-and-prison-reform/cpci-victims.html>



This preliminary evidence review provides an overview of good practices of high quality support services, what pathways into support services exist and how accessible support services are to diverse populations.

What does high quality support to survivors look like?

There are a range of support mechanisms available to survivors that aim to support them in managing traumatic experiences. These **support services are provided by statutory services or voluntary third-sector organisations** and come in different formats, such as emotional support, peer support or what is commonly referred to as counselling services.⁹⁹

It is important to acknowledge the **differences between support and counselling services** for this evidence review. Support services often offer a range of ways in which they can emotionally support someone who has gone through a traumatising event or experience to help understand emotions and how to cope with or manage these.¹⁰⁰ Counselling services, on the other hand, are often used as a term for therapy, but often include a range of different approaches including counselling (talking therapy with a trained therapist).¹⁰¹ Other forms of therapy may include [psychotherapy](#), [Internal Family Systems Therapy](#), [Psycho drama](#), [Sensorimotor therapy](#), [Play therapy](#), [Emotionally focused therapy](#), [Compassion focused therapy](#), [Cognitive Behavioural Therapy](#), [EDMR](#) or more.

The University Campus Suffolk survey indicated that survivors of childhood sexual abuse often do not reach out to support services until long after the abuse took place. **42% of survivors received support on average 12 years after they disclosed their abuse** and 25% indicated they accessed support services because of their abuse before disclosing it.¹⁰² Survivors on average used four to five different services over 10 years from their first contact with support services.¹⁰³

The trauma experienced from childhood abuse is complex and can impact people in a variety of ways and, therefore, there is no one-size-fits-all option on what high quality services look like for survivors.

⁹⁹ Examples of services providing these types of support can be found on the Inspiring Scotland website:

<https://www.inspiringscotland.org.uk/>

¹⁰⁰ Victim Support Scotland (2023). Emotional support. Available at: <https://victimsupport.scot/information-support/get-support/emotional-support/>. Last accessed: 26/01/2023

¹⁰¹ NHS (2023). Counselling. Available at: <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/counselling/>. Last accessed: 26/01/2023

¹⁰² Smith, N. Dogaru, C. and Ellis, F. (2016), "Focus on survivors: a survey of adult survivors of child sexual abuse and their experiences of support services". Available at: https://www.basw.co.uk/system/files/resources/basw_122305-1_0.pdf. Last accessed: 26/01/2023

¹⁰³ Smith, N. Dogaru, C. and Ellis, F. (2016), "Focus on survivors: a survey of adult survivors of child sexual abuse and their experiences of support services". Available at: https://www.basw.co.uk/system/files/resources/basw_122305-1_0.pdf Last accessed: 26/01/2023



There are, however, standards, approaches and external/organisational factors which seem to facilitate better outcomes for survivors. There is generally **limited short and long-term evidence of what pathways work well and what is not working well**.¹⁰⁴ The most commonly assessed forms of support is CBT therapy for survivors of sexual abuse but for other forms of interventions there is little evidence on outcomes.¹⁰⁵ Some research exists looking at a multi-agency approach to support for those who experience, for example, homelessness.¹⁰⁶ Most studies addressing outcomes focus on mental health, behaviour or health outcomes and few look at other areas of impact on the lives of survivors.¹⁰⁷ There are some more recent studies looking at the impact of compassion- focused therapies which focus on decreasing self-criticism and increasing self-soothing. As a result of the trauma, often a lack of self-confidence or self-worth and high levels of self-criticism, therefore compassion focused therapy is seen as a potential way to support survivors further. There is, however, limited evidence of its impact.¹⁰⁸

Trauma-informed services

In recent years, the concept of trauma-informed services has become more frequently discussed among service providers and policymakers and Scotland has been working towards providing more trauma-informed services. The Scottish Government and COSLA have started to provide the tools and rolled out training to ensure all staff has the skills and knowledge to provide trauma-informed services across the country, ranging from social services, employment, housing services and more.

The aim of this is to have **all services that survivors might engage with trauma-informed** and staff may recognise the signs of trauma and can help referral to further support.¹⁰⁹ Trauma-informed services are of utmost importance as they help to reduce the risk or avoid the re-traumatisation of survivors when accessing support.¹¹⁰ Setting standards for trauma-informed services has been a task undertaken by several organisations including the Centre for Mental Health (UK) in several resources

¹⁰⁴ The Association for Child and Adolescent Mental Health (2023) ACEs – Adverse Childhood Experiences. Available at: <https://www.acamh.org/topic/aces/>. Last accessed: 06/03/2023.

¹⁰⁵ Lorenc, T., Lester, S., Suttcliffe, K., Stansfield, C. & Thomas, J. (2020) Interventions to support people exposed to adverse childhood experiences: systematic review of systematic reviews. BMC Public Health 20, 657. Available at: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08789-0>

¹⁰⁶ Lorenc, T., Lester, S., Suttcliffe, K., Stansfield, C. & Thomas, J. (2020) Interventions to support people exposed to adverse childhood experiences: systematic review of systematic reviews. BMC Public Health 20, 657. Available at: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08789-0>

¹⁰⁷ Lorenc, T., Lester, S., Suttcliffe, K., Stansfield, C. & Thomas, J. (2020) Interventions to support people exposed to adverse childhood experiences: systematic review of systematic reviews. BMC Public Health 20, 657. Available at: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08789-0>

¹⁰⁸ Vidal, J. & Soldevilla, J.M. (2021) Effect of compassion-focused therapy on self-criticism and self-soothing: A meta-analysis. The British Psychology Society. Available at: <https://bpspsychub.onlinelibrary.wiley.com/doi/pdf/10.1111/bjc.12394>

¹⁰⁹ Scottish Government (2021). Trauma-informed toolkit. Available at: <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/3/>. Last accessed: 31/01/2023

¹¹⁰ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/2023



such as 'Engaging with complexity'¹¹¹ and 'A Sense of Safety'¹¹² and the Substance Abuse and Mental Health Services Administration (US)¹¹³. The Scottish Government has also outlined their standards for trauma-informed practices in their 'Trauma-informed toolkit' which outlines the following **five principles**¹¹⁴:

- **Safety** - Efforts are made by an organisation to ensure the physical and emotional safety of clients and staff. This includes reasonable freedom from threat or harm, and attempts to prevent further re-traumatisation.
- **Trustworthiness** - Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, clients and the wider community.
- **Choice** - Clients and staff have meaningful choice and a voice in the decision-making process of the organisation and its services.
- **Collaboration** - The organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole. This is often operationalised through the formal or informal use of peer support and mutual self-help.
- **Empowerment** - Efforts are made by the organisation to share power and give clients and staff a strong voice in decision-making, at both individual and organisational levels.

Within those principles, there are four main ways which Wilton and Williams (2019) identified as good practices in how to engage with survivors¹¹⁵:

- **Listening** - Being able to tell their own story in their own words can be empowering and it gives the opportunity to not be silenced or be put in boxes by other people.
- **Understanding** - Services need to be able to provide enough insight and empathy of how a person's past experience is connected to their current problems. Their stories need to be met with acceptance, respect and non-judgemental.
- **Responding** - The needs of the survivors are at the centre. Support services are run holistically, are timely and offer a range of services in the same place.

¹¹¹ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/2023

¹¹² Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

¹¹³ SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration. Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>. Last accessed: 26/01/2023

¹¹⁴ Haughey, C. (2021). Trauma-informed practice: toolkit. Scottish Government. Available at: <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/>. Last accessed: 26/01/23

¹¹⁵ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/2023



- **Checking** - Maintaining high level of service provision through monitoring and evaluation and ensuring that all support is happening in a meaningful way.

These principles and good practices highlight **the importance of choice and needs of the survivors** being the focal point of any support service provision. Ensuring the survivors are heard and feel in control of the support they receive can be key to ensure services are beneficial and not re-traumatising.¹¹⁶ Choice and listening to survivors' needs is necessary to ensure appropriate support, as everyone experiences trauma differently and might need different types of support. These elements also play a crucial role in establishing a feeling of control and safety among survivors.¹¹⁷ Therefore, all-round and individual support should be available.¹¹⁸

Another aspect of importance in the service provision of support services is **continuity of services**. Survivors may find it challenging to trust and feel safe to share their story so **need to build a relationship and place where they can feel safe** to get the support they need. This takes time and requires one person they can engage with to build that trust.¹¹⁹ Similarly, as telling their story and reliving their abuse is difficult for survivors, it is important that they are able to engage with the same person when engaging with support services. Being able to engage with one person allows the **survivor to build trust and have a feeling of stability and safety**. Not having to tell their story multiple times to different people can prevent re-traumatisation as well.¹²⁰

In certain circumstances, if desired by the survivor it can also be helpful to include non-abusive friends or family in the support received, as it can help build understanding for the survivor in their everyday life and can ensure they will have continued support when they no longer access support services.¹²¹

Peer support

Peer support is also seen as a way in which survivors can access support. The peer support can be delivered in different settings and can either be one-to-one sessions or in group sessions with

¹¹⁶ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

¹¹⁷ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

¹¹⁸ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/2023

¹¹⁹ BlueKnot (2023). What is complex trauma? Available at: <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/>. Last accessed: 06/03/23

¹²⁰ Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023

¹²¹ Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023



people who have lived experience of abuse.¹²² It is seen as a form of support that focuses on **mutual self-help which can help build a feeling of trust, safety and hope**.¹²³ With long waiting times and overstretched statutory and voluntary support services, peer groups are also seen as an inexpensive way of providing support to survivors who are waiting to access other services or provide continued support once their support from other services ends.¹²⁴

However, **peer groups are not suitable for everyone** and questions are often raised on how much guidance or quality assurance needs to be applied to ensure safety of the participants. There is the risk that there is not the appropriate level of psychological support and guidance in a group or one-to-one peer setting that the level of trauma and potential of re-traumatisation would require. Attempts to mitigate this often include training for volunteers running the groups and one-to-one sessions.¹²⁵

The benefits of peer support are seen as¹²⁶:

- **Empathy** – engaging with people who are empathetic to the situation and emotions of the survivors. People do not place shame or blame on the survivors for what they experienced
- **Understanding** – being listened to by people who understand the situation and may not need as much explanation as others
- **Acceptance** – feeling like what happened to the survivors is real and was harmful
- **Social connectedness** – engaging with people who have gone through similar experiences can help people feel more connected to others
- **Access to support** – through attending the peer support survivors may learn about coping techniques and resources that might help them.

¹²² Gregory, A. , Johnson, E., Feder, G., Campbell, J., Konya, J., & Perôt, C. (2021). Perceptions of peer support for victim-survivors of sexual violence and abuse: an exploratory study with key stakeholders. *Journal of Interpersonal Violence*.
<https://doi.org/10.1177/0886260521100793>

¹²³ Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023; SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration. Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>. Last accessed: 26/01/2023

¹²⁴ Gregory, A. , Johnson, E., Feder, G., Campbell, J., Konya, J., & Perôt, C. (2021). Perceptions of peer support for victim-survivors of sexual violence and abuse: an exploratory study with key stakeholders. *Journal of Interpersonal Violence*.
<https://doi.org/10.1177/0886260521100793>

¹²⁵ Gregory, A. , Johnson, E., Feder, G., Campbell, J., Konya, J., & Perôt, C. (2021). Perceptions of peer support for victim-survivors of sexual violence and abuse: an exploratory study with key stakeholders. *Journal of Interpersonal Violence*.
<https://doi.org/10.1177/0886260521100793>

¹²⁶ Gregory, A. , Johnson, E., Feder, G., Campbell, J., Konya, J., & Perôt, C. (2021). Perceptions of peer support for victim-survivors of sexual violence and abuse: an exploratory study with key stakeholders. *Journal of Interpersonal Violence*.
<https://doi.org/10.1177/0886260521100793>; Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023



Art Therapy

In the German inquiry, survivors reported that creative ways of working through their experiences had a positive impact on themselves and their lives. Many used art, literature, dance or theatre to work through or engage with their experiences of abuse.¹²⁷

Perpetrator programmes

Perpetrator programmes have been used as to support survivors for over 30 years in the UK.¹²⁸

Perpetrator programmes are seen as a way to **reduce harm and violence by engaging perpetrators**.

These perpetrator programmes tend to work with perpetrators of domestic abuse or other forms of violence, but there is limited research specifically looking at perpetrators of childhood abuse. These programmes are also seen as a way in which perpetrators can be held accountable and are sometimes used as an alternative to custodial sentences in court cases.¹²⁹ There is also some evidence indicating survivors of childhood abuse are more likely to become a perpetrator in their lifetime. A study from Wales indicated that people who had 4+ Adverse Childhood Experiences (ACEs) were 15 times more likely to perpetrate violence compared to those with no adverse childhood experiences.¹³⁰ In the German inquiry, survivors reported engaging in violent behaviour had made them feel in control and that it reduced some of their own feelings of vulnerability.¹³¹

It is important to acknowledge that **perpetrators are not a homogenous group** and that there are different motivations behind their actions. This needs to be taken into account when designing and assessing perpetrator programmes. This is particularly important when designing preventative approaches to perpetrator programmes.¹³²

The **reviews on the effectiveness of perpetrator programmes is mixed** and there are limited evaluations available within the UK. Some research suggests, however, that perpetrator programmes

¹²⁷ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023

¹²⁸ Bates, E., Graham-Kevan, N., Bolam, L. & Thornton, A. (2017) A review of domestic violence perpetrator programs in the United Kingdom. *Partner Abuse*, 8 (1). pp. 3-46.

¹²⁹ Bates, E., Graham-Kevan, N., Bolam, L. & Thornton, A. (2017) A review of domestic violence perpetrator programs in the United Kingdom. *Partner Abuse*, 8 (1). pp. 3-46.

¹³⁰ Di Lemma L.C.G., Davies A.R., Ford K., Hughes K., Homolova L., Gray B and Richardson G. (2019). *Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course*. Public Health Wales, Cardiff and Bangor University, Wrexham, ISBN 978-1-78986-035-1.

¹³¹ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023

¹³² NatCen (2018) *Behaviour and Characteristics of Perpetrators of Online-facilitated Child Sexual Abuse and Exploitation*. Independent Inquiry into Child Sexual Abuse (IICSA) Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20221216172025/https://www.iicsa.org.uk/key-documents/3720/view/rapid-evidence-assessment-behaviour-characteristics-perpetrators-online-facilitated-child-sexual-abuse-exploitation.pdf>. Last accessed: 06/23/2023.



can have a positive outcome and can, therefore, support survivors of abuse. Most evaluations of perpetrator programmes seem to look at intimate partner violence.¹³³

While approaches to perpetrator programmes differ across organisations, in Europe the most **common approach to these programmes is Cognitive Behavioural Therapy (CBT)** followed or combined with a pro-feminist support.¹³⁴ Positive outcomes for perpetrators are learning of conflict interruption techniques and new communication skills.¹³⁵

In the UK, the membership organisation **RESPECT has developed a set of standards** that should be at the core of work with perpetrators and provide detailed guidance on how to set up perpetrator programmes.¹³⁶ RESPECT provides accreditation to perpetrator programmes and the standards laid out have been acknowledged as a good practice by the European Institute for Gender Equality.¹³⁷

The core principles of the standards for perpetrator programmes are as follows¹³⁸:

- **Safety first- do no harm:** while the programmes are targeted at perpetrators the safety of adult and child survivors is at the highest priority. The goal is to reduce risk of harm for survivors which may mean that interventions will not be offered as they would cause a risk to survivors.
- **Sex and gender informed:** Informed by understanding that perpetrators are predominantly men, but that women and people of other genders also perpetrate violence. Distinction and approaches need to be made to reflect this in practice
- **Sustainable change:** Trying to ensure that the right services are offered to the right people at the right time based on the risk needs of a perpetrator to optimise the success of an intervention
- **Inclusive services, responsive to diverse needs:** Ensuring the services provided are sensitive to community needs, and potential protected characteristics of the service users. Barriers to

¹³³ Bates, E., Graham-Kevan, N., Bolam, L. & Thornton, A. (2017) A review of domestic violence perpetrator programs in the United Kingdom. *Partner Abuse*, 8 (1). pp. 3-46.; McGinn, T., McColgan, M. & Taylor, B. (2020). Male IPV Perpetrator's Perspective on Intervention and Change: a Systemic Synthesis of Qualitative Studies. *Trauma, Violence & Abuse*, 21 (1), pp. 97-112.

¹³⁴ Bates, E., Graham-Kevan, N., Bolam, L. & Thornton, A. (2017) A review of domestic violence perpetrator programs in the United Kingdom. *Partner Abuse*, 8 (1). pp. 3-46

¹³⁵ McGinn, T., McColgan, M. & Taylor, B. (2020). Male IPV Perpetrator's Perspective on Intervention and Change: a Systemic Synthesis of Qualitative Studies. *Trauma, Violence & Abuse*, 21 (1), pp. 97-112.

¹³⁶ RESPECT (2022). The Respect Standard – 4th edition. Available at: https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/1458/Respect_Standard_4th_edition_2022.pdf. Last accessed: 27/01/2023

¹³⁷ EIGE (2014). A quality standard for work with violent men. European Institute for Gender Equality. Available at: <https://eige.europa.eu/gender-based-violence/good-practices/non-eu-countries/quality-standard-work-violent-men>. Last accessed: 27/01/23

¹³⁸ RESPECT (2022). The Respect Standard – 4th edition. Available at: https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/1458/Respect_Standard_4th_edition_2022.pdf. Last accessed: 27/01/2023



engagement for different groups should be addressed and ensure that the services are inclusive and accessible to all those who might need it

- **Highly skilled and supported workforce:** The workforce needs to be well-trained and well-supported and provided with ongoing training to ensure high quality service provision and the best possible outcomes
- **Ongoing monitoring and evaluation:** Monitoring and evaluation should take place to ensure evidence is generated to show impacts and outcomes. This can help provide a knowledge base, as well as improving practices
- **Commitment to multi-agency work:** It is important to recognise that abuse cannot be addressed by one organisation but needs to be addressed with collaboration that is locally coordinated and involves different agencies.

Some research has also been conducted into preventative work with perpetrators before they are committing an offence. Some research indicates that perpetrators who have committed child abuse believe that **a confidential space for them to talk about their fantasies and intentions could have helped prevent** them from offending but that they were not aware of any such spaces.¹³⁹

Organisational factors

Aside from assuring that standards and practices are being followed when engaging with survivors, there are other organisational aspects that support services should adhere to in their day to day work, as well as parts funders should support¹⁴⁰:

- **Trained staff** - Staff need to be well trained to engage with survivors. Training on trauma-informed practice should be available to all staff and continuous access to further training or refreshers should be available
- **Support for staff** – as the engagement with survivors and their stories can be taxing on the staff engaging with them, organisations should have support structures in place for their own staff
- **Evaluation and Monitoring** - Common frameworks of measuring impacts to ensure high quality services, such as [Matrix](#), [NICE](#) or [SIGN](#). Evaluation and monitoring can also support

¹³⁹ Independent Inquiry into Child Sexual Abuse (2020). An explorative study on perpetrators of child sexual exploitation convicted alongside others. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20221214225943/https://www.iicsa.org.uk/key-documents/18725/view/an-explorative-study-perpetrators-child-sexual-exploitation-convicted-alongside-others.pdf>. Last accessed: 07/03/2023.

¹⁴⁰ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023; Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023



the improvement of services, as well as provide evidence to funders and policymakers on the need for and the impact of the support services

- **Funding** - Continuous and sustainable funding is needed to ensure long term high quality support that survivors can rely on. The grants third sector organisations usually receive are short-term and sometimes one-off which makes it difficult to plan long-term and ensure the same level of service provision.

Transition to trauma-informed practice

To fully provide trauma-informed services, it is important to have organisations, funders and other stakeholders involved. **Changing to trauma-informed practices includes changes in organisational culture and environments**, as well as in the practices used to engage with survivors. Due to the different nature of organisations, trauma-informed practices will look differently in each organisation but high-level guidance and training of staff can help the transition to trauma-informed organisations.¹⁴¹ **In Scotland and Wales the implementation of a trauma-informed approach has progressed much further** than in England. This is credited to the buy-in from the government and national strategies to facilitated trauma-informed practice across different sectors and services.¹⁴² Lowell et. al outline key enablers and barriers to the roll-out to trauma-informed practices fall within ten areas¹⁴³:

- Buy in and support from management
- Flexibility of service model
- Level of service demands
- Resource availability
- Education opportunities
- Good client outcomes
- Reporting requirements
- Philosophical approach of the individual
- Team orientation
- Vicarious trauma/ stress management.

¹⁴¹ Emsley, E., Smith, J., Martin, D. & Lewis, N. (2022). Trauma-informed care in the UK: where are we? A qualitative study of health policies and professional perspectives. BMC Health Service Research. Available at: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08461-w>. Last accessed: 02/02/23

¹⁴² Emsley, E., Smith, J., Martin, D. & Lewis, N. (2022). Trauma-informed care in the UK: where are we? A qualitative study of health policies and professional perspectives. BMC Health Service Research. Available at: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08461-w>. Last accessed: 02/02/23

¹⁴³ Lovell, R., Greenfield, D., Johnson, G., Eliz, K. & Amanatidis, S. (2022) Optimising outcomes for complex trauma survivors: assessing the motivators, barriers and enablers for implementing trauma informed practice within a multidisciplinary health setting. BMC Health Services Research. Available at: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-07812-x>. Last accessed: 02/02/23



In Scotland, the **Scottish Government has committed over £1.5 million to design and deliver a National Trauma Training Programme** led by NES NHS Education for Scotland.¹⁴⁴ This has been rolled out in three trial areas building on previous work related to, for example, adverse childhood experiences. The trials showed that the roll-out of the training and trauma-informed practices worked better in areas with well-established partnerships and links to the community. These partnerships included both statutory services and voluntary services. The trial highlighted for **different organisations or partners it was easier to transition than for other services** and that a full organisational change takes two or more years. In complex partnerships of organisations it is likely to take even longer and the partnerships might require a bespoke programme, as not all partnerships across different localities work in the same way.¹⁴⁵ It was also highlighted that a **combination of leadership, competencies and organisational factors are core drivers** to achieve organisational change and that there are three key steps to moving from a trauma-reactive organisation to a healing organisation which fully supports survivors.¹⁴⁶ More information about the evaluation can be found [here](#).

What do high quality support pathways for survivors look like?

As mentioned above, trauma and addressing trauma from childhood abuse is a complex issue and it often **requires more than one organisation or support service**. It often requires access to a range of services, including a mix of statutory and voluntary third- sector organisations. The survey by Smith et al. highlighted that most survivors will access 4-5 support services over the course of 10 years. The most common services include¹⁴⁷:

- GP (48.6% of survivors)

¹⁴⁴ Scottish Government (2021). Interim Evaluation of the National Trauma Training Programme Local Delivery Trials. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2021/03/interim-evaluation-national-trauma-training-programme-local-delivery-trials/documents/interim-evaluation-national-trauma-training-programme-local-delivery-trials/interim-evaluation-national-trauma-training-programme-local-delivery-trials/govscot%3Adocument/interim-evaluation-national-trauma-training-programme-local-delivery-trials.pdf>. Last accessed: 02/02/2023

¹⁴⁵ Scottish Government (2021). Interim Evaluation of the National Trauma Training Programme Local Delivery Trials. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2021/03/interim-evaluation-national-trauma-training-programme-local-delivery-trials/documents/interim-evaluation-national-trauma-training-programme-local-delivery-trials/interim-evaluation-national-trauma-training-programme-local-delivery-trials/govscot%3Adocument/interim-evaluation-national-trauma-training-programme-local-delivery-trials.pdf>. Last accessed: 02/02/2023

¹⁴⁶ Scottish Government (2021). Interim Evaluation of the National Trauma Training Programme Local Delivery Trials. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2021/03/interim-evaluation-national-trauma-training-programme-local-delivery-trials/documents/interim-evaluation-national-trauma-training-programme-local-delivery-trials/interim-evaluation-national-trauma-training-programme-local-delivery-trials/govscot%3Adocument/interim-evaluation-national-trauma-training-programme-local-delivery-trials.pdf>. Last accessed: 02/02/2023

¹⁴⁷ Smith, N. Dogaru, C. and Ellis, F. (2016), "Focus on survivors: a survey of adult survivors of child sexual abuse and their experiences of support services". Available at: https://www.basw.co.uk/system/files/resources/basw_122305-1_0.pdf. Last accessed: 26/01/2023

- Counselling (43.8% used voluntary counselling and 26.1% used statutory counselling)
- Mental health (44.3% used statutory mental health services and 26.1% used voluntary mental health services).

Due to the range and mix of services survivors' access, it is **important that the pathways and co-operation between these services works well**. Good co-operation reduces the number of individuals that survivors need to engage with and with that the amount of times they need to repeat their stories.¹⁴⁸

It is also important that staff in statutory services, as well as the voluntary sector organisations, are well-trained to engage with survivors and to recognise the impact childhood abuse can have at any stage of the life when the survivor reaches out for support.¹⁴⁹ Necessary training should also include **cultural sensitivity and gender-sensitive training** to be able to support survivors in the best possible way.¹⁵⁰ Support pathways and provisions should also be adapted to the different local contexts and communities, as different communities might have different support structures available to them locally or face specific barriers in their area (i.e. differences between rural and urban access to services or the overall support service landscape in one area).¹⁵¹ It is also crucial that addiction and mental health problems, which may be a result of coping with childhood abuse, are not exclusion criteria for accessing survivors' support.¹⁵²

There are currently **limited studies or evaluations on the impact of most support services and different psychological interventions** for people who have experienced adverse childhood experiences. This means there is also limited evidence on what pathways are the most effective in supporting adult survivors of childhood abuse.¹⁵³

¹⁴⁸ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023; Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023

¹⁴⁹ Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023

¹⁵⁰ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

¹⁵¹ Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023; - SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration. Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>. Last accessed: 26/01/2023

¹⁵² Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at:

https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023;

¹⁵³ Lorenc, T., Lester, S., Sutcliffe, K. et al. Interventions to support people exposed to adverse childhood experiences: systematic review of systematic reviews. BMC Public Health 20, 657 (2020). <https://doi.org/10.1186/s12889-020-08789-0>

How accessible is the support to survivors from diverse populations?



Childhood abuse is likely to impact groups within society differently. For example, **more adverse childhood experiences have been noted among people from a lower socio-economic status, marginalised groups or racial and ethnic minorities.**¹⁵⁴ It is also assumed that systemic issues such as racism, sexism and poverty can reinforce trauma and create or reinforce barriers to reaching out for support.¹⁵⁵

It is important to acknowledge that there is **limited research on the access to support for a diverse adult population accessing support services because of childhood abuse.** Research seems to focus on gender-specific support services and ensuring women's experiences are acknowledged and addressed when women are accessing support. There are limited evaluations or assessments on whether or not current systems are fit for purpose for men or people of other genders. Similarly, the literature seems to acknowledge the differences in experiences of people from different communities, socio-economic status or any other protected characteristics, but there is limited guidance on how to improve access for these people. The most common advice is to ensure local differences and needs are taken into account.¹⁵⁶

There may be some experiences that might be impacted by the social status or a protected characteristic of a survivor, but it is important to **ensure that survivors are still seen as individuals.** Making generalisations based on a common characteristic such as gender, race or ethnicity, sexual orientation, disability, age or other can be harmful to the survivor.¹⁵⁷ It stops survivors from accessing support and those with negative experiences in the past are likely to wait before engaging with other support services again or stop engaging at all.¹⁵⁸

¹⁵⁴ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/2023

¹⁵⁵ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/2023

¹⁵⁶ Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023

¹⁵⁷ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/2023

¹⁵⁸ Smith, N. Dogaru, C. and Ellis, F. (2016), "Focus on survivors: a survey of adult survivors of child sexual abuse and their experiences of support services". Available at: https://www.basw.co.uk/system/files/resources/basw_122305-1_0.pdf. Last accessed: 26/01/2023



The survey conducted by Smith et al (2016) highlights that survivors **encounter more individual and holistic support in voluntary third-sector organisations compared to statutory services.**¹⁵⁹ Because of this it is important to ensure that all services which may engage with survivors of childhood abuse have staff trained to work in a trauma-informed way to provide a safe and empathetic place to those survivors who are reaching out. The trauma-informed toolkit and the related training is a good start but needs to be continued to ensure a positive experience of accessing support for all survivors.

Gender- sensitive services

The most research on how to support different communities differently has been conducted on ensuring a gender-sensitive approach to support. The childhood abuse has a gender component, and it is important to understand it can have an impact on how trauma is experienced and how the person is impacted by it throughout their life. It does not mean that everyone experiences it the same way but that there are some commonalities¹⁶⁰:

- Women more likely to experience trauma at the hands of an intimate relationship where the abuser has power over them, such as an intimate partner or relative. The power may be financial, physical, emotional or in another way¹⁶¹
- Men and women are associated with different reactions to trauma (i.e. women more likely to self-harm, eating disorders, depression, withdrawal or anxiety and men are more likely to have a greater risk of behavioural difficulties, cognitive misinterpretations of risk, and increased aggression)¹⁶²
- Women are considered more likely to seek social support with friends or family and to dissociate if that is not available¹⁶³
- Men might face higher barriers to accessing support because people may not see them as legitimate victims of abuse¹⁶⁴ .

¹⁵⁹ Smith, N. Dogaru, C. and Ellis, F. (2016), "Focus on survivors: a survey of adult survivors of child sexual abuse and their experiences of support services". Available at: https://www.basw.co.uk/system/files/resources/basw_122305-1_0.pdf. Last accessed: 26/01/2023

¹⁶⁰ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

¹⁶¹ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

¹⁶² Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023; McCarthy, L., Parr, S., Green, S. & Reeve, K. (2020). Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review. Sheffield Hallam University. Available at: https://www.tnlcommunityfund.org.uk/media/insights/documents/FLLSL-Lit-Review_FINAL-September-2020.pdf. Last accessed: 31/01/2023

¹⁶³ Wilton, J. & Williams, A. (2019). Engaging with complexity. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-05/CentreforMH_EngagingWithComplexity.pdf. Last accessed: 26/01/2023

¹⁶⁴ Natcen (2015). A briefing for commissioners - What survivors of violence and abuse say about mental health services. Available at: https://www.natcen.ac.uk/media/1057981/REVA_Brief-4_Guidance-for-commissioners_FINAL_071015.pdf. Last accessed: 26/01/2023



Some research with survivors indicates that there are **some arguments to provide single-sex service provisions** for women, in order to create a safe space. For men, however, single-sex services may not be appropriate as many male survivors may also have experienced abuse at the hands of men and might not feel comfortable in this setting. One of the **key elements about who survivors interact with is choice**. Survivors should have services available to them where they are able to choose who they interact with and what makes them feel safe. This may be challenging for providers, especially if the service provider is a small organisation with limited staff.¹⁶⁵

Cultural, historical and other considerations for diverse populations

Other factors such as the household income, race or ethnicity, disability, age, sexuality and more also indicate a different experience of trauma and accessing support services. Those facing severe or multiple disadvantages are more likely to have experienced more adverse or traumatic childhood experiences and, therefore, might both face more complex trauma and barriers to accessing support needs.¹⁶⁶ In more recent time, historical, colonial and collective trauma have also become discussed more widely and the impact this can have on individual trauma.¹⁶⁷ **Social stigma and stereotyping by support staff are seen as the key barriers** to access support for people from a variety of backgrounds.

Therefore, cultural sensitivity training and awareness among staff, as well as community engagement could lead to reduced barriers to access support.¹⁶⁸ Ensuring there is a holistic approach that is based on needs assessments of the individuals can also reduce the risk of stereotyping someone based on their background.¹⁶⁹

One way to ensure relevancy and accessibility of services to survivors is **co-design and co-production**. This means engaging a diverse group of survivors in the planning and design stage of support services to ensure the needs of survivors are included as much as possible. Co-production

¹⁶⁵ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

¹⁶⁶ McCarthy, L., Parr, S., Green, S. & Reeve, K. (2020). Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review. Sheffield Hallam University. Available at: https://www.tnlcommunityfund.org.uk/media/insights/documents/FLLSL-Lit-Review_FINAL-September-2020.pdf. Last accessed: 31/01/2023

¹⁶⁷ Lovell, R., Greenfield, D., Johnson, G., Eljz, K. & Amanatidis, S. (2022) Optimising outcomes for complex trauma survivors: assessing the motivators, barriers and enablers for implementing trauma informed practice within a multidisciplinary health setting. BMC Health Services Research. Available at: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-07812-x>. Last accessed: 02/02/23

¹⁶⁸ McCarthy, L., Parr, S., Green, S. & Reeve, K. (2020). Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review. Sheffield Hallam University. Available at: https://www.tnlcommunityfund.org.uk/media/insights/documents/FLLSL-Lit-Review_FINAL-September-2020.pdf. Last accessed: 31/01/2023

¹⁶⁹ McCarthy, L., Parr, S., Green, S. & Reeve, K. (2020). Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review. Sheffield Hallam University. Available at: https://www.tnlcommunityfund.org.uk/media/insights/documents/FLLSL-Lit-Review_FINAL-September-2020.pdf. Last accessed: 31/01/2023



can facilitate stronger engagement with the services and increase the feeling of relevancy and empowerment among survivors.¹⁷⁰ This has been the practice in the trial of the Scottish Government when rolling out the trauma-informed training. **People with lived experience have been involved in strategic steering and implementation groups.** The trial highlighted that people with lived experience might be better included in co-training and peer evaluations at different stages of the training.¹⁷¹

Support based on different types of abuse

Facilitating access to support may require targeted services for **different types** of abuse experienced, as survivors may have different needs and feel more supported by specialised services. For example, services looking at sibling abuse may need to be able to be aware of potential additional challenges due to family dynamics.¹⁷² For adults who have experienced abuse in the care system, there have been a number of increased services and support to manage the impacts of their abuse, as well as support to access justice.¹⁷³ A need for specialised trauma counsellors for those accessing counselling support is also highlighted as key for ensuring appropriate support for survivors.¹⁷⁴

Newer forms of abuse, including online abuse, might also require a different approach and support, compared to support for other forms of abuse. This can be due to more blurred lines in, for example, peer abuse and the sometimes blurred lines between perpetrators and victims.¹⁷⁵ There is also the assumption that the COVID-19 pandemic might have caused cyber abuse to increase, potentially resulting in an increased support need for survivors of cyber abuse in the near future.¹⁷⁶

Depending on their circumstances at the time of reaching out for support, it is important to survivors to have access to stabilising support which can help them manage a variety of different needs rather

¹⁷⁰ Bear, L. Durcan, Dr G. & Southgate, J. (2019). A Sense of Safety. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2019-11/CentreforMH_ASenseOfSafety_0.pdf. Last accessed: 26/01/2023

¹⁷¹ Scottish Government (2021). Interim Evaluation of the National Trauma Training Programme Local Delivery Trials. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2021/03/interim-evaluation-national-trauma-training-programme-local-delivery-trials/documents/interim-evaluation-national-trauma-training-programme-local-delivery-trials/interim-evaluation-national-trauma-training-programme-local-delivery-trials/govscot%3Adocument/interim-evaluation-national-trauma-training-programme-local-delivery-trials.pdf>. Last accessed: 02/02/2023

¹⁷² Allardcyde, S., Yates, P., Forgan, E., Scotland, A. & Macdonald, A. () The 'Impossible Ecology' of Sibling Sexual Abuse: Transformation through heart led, consensual and just conversation in Truth, Recognition, Right Response, Prevention and Healing.

¹⁷³ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023

¹⁷⁴ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023

¹⁷⁵ NatCen (2018) Behaviour and Characteristics of Perpetrators of Online-facilitated Child Sexual Abuse and Exploitation. Independent Inquiry into Child Sexual Abuse (IICSA) Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20221216172025/https://www.iicsa.org.uk/key-documents/3720/view/rapid-evidence-assessment-behaviour-characteristics-perpetrators-online-facilitated-child-sexual-abuse-exploitation.pdf>. Last accessed: 06/23/2023.

¹⁷⁶ UK Parliament (2020) Response to DCMS - The impact of COVID-19 on online abuse and harassment. Available at: <https://committees.parliament.uk/writtenevidence/6398/pdf/>. Last accessed:07/03/2023



than just focusing on counselling.¹⁷⁷ Specialised support services may also provide a lower threshold to engagement for survivors where they can get support accessing other services, as well as the initial stabilising support.¹⁷⁸

¹⁷⁷ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023

¹⁷⁸ Aufarbeitungskommission (2019). Bilanzbericht I. Available at: https://www.aufarbeitungskommission.de/wp-content/uploads/2019/05/Bilanzbericht_2019_Band-I.pdf. Last accessed 07/03/2023



Appendix 4. Evaluation framework

Research theme	Research aim	Area for exploration	Survey with survivors	Interviews/focus groups with survivors	Interviews with staff/charities	Evidence review	Data analysis	Interviews with statutory services
Improved wellbeing and resilience for survivors	Experience of support	How did survivors experience the provided support? What was most beneficial / least beneficial to them?	x	x				
		How did charities experience providing SOCAS support to survivors?			x			
	Impact of support on survivors	How has the support impacted survivors?	x	x	x		x	
		(How) does this impact differ across different types of support, charity structures and sizes and geographies?			x		x	
		How effective is the support pathway?		x	x		x	x
		Is there an impact of support on health inequalities?	x	x	x		x	x
Challenges faced by survivors	What challenges do survivors face in accessing and using the support?	x	x	x			x	
High quality, timely and appropriate service	Quality of services	What does high quality support to survivors look like?				x		x
		What do high quality support pathways to survivors look like?			x	x	x	x



provision for survivors		How accessible is the support to survivors from diverse populations? What barriers exist?	x	x	x	x	x		
		What are charities doing to actively improve access to support for survivors from diverse populations?			x		x		
	Timeliness and appropriateness of services		Was the support timely and appropriate to survivors?	x	x	x		x	
			What factors positively/negatively influence timely and appropriate access?			x		x	
			What has been the impact of COVID-19 and cost-of-living crisis on delivery?			x		x	
			How have charities adapted delivery during and after COVID-19?			x		x	
		How long do survivors utilise the support, and what is the impact of this on waiting lists for the charities?	x		x		x	x	
Partnership working	Collaboration between partners	(How) do charities work together, and how effective is this collaboration?			x				
		Understanding the effectiveness of relationships between Inspiring Scotland and charities			x				
		Understanding the relationships and differences between charities and statutory services			x			x	
		Did charities refer survivors to statutory services? Did they refer survivors to other services that they provided?			x			x	



		Understanding the impact for survivors when partnership working between charities and statutory services is in place			x		x	x
	Feedback and learning of partners	Do partners improve delivery based on feedback and learning? How?			x		x	x
		What lessons learnt can be identified in partnership working?			x		x	x
		Understanding to what extent SOCAS has improved the capacity of charities			x		x	x
		Understanding to what extent SOCAS has contributed to improved learning and development of charity staff/volunteers			x		x	x
		Understanding to what extent SOCAS has enabled charities to deliver a trauma-informed service			x		x	x
		Understanding the gaps in provision	What are the differences in SOCAS provision across Scotland? Where are the gaps?			x		x
Identifying gaps in provision		What other support would survivors want/need?	x	x				
	Building the case for future funding	How effective are the current SOCAS objectives? Is any change needed?			x		x	
		Have there been any unexpected benefits of / emerging areas because of the SOCAS fund? How did these occur and should they be planned for in future funding?			x			
		What is needed to address the identified gaps in future SOCAS			x		x	



		funding or in support available to survivor's more broadly?						
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