

Truth Project Thematic Report

Child sexual abuse in the context of children's homes and residential care

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truth
project

 INDEPENDENT INQUIRY
CHILD SEXUAL ABUSE

Disclaimer

This research report has been prepared at the request of the Inquiry's Chair and Panel. The views expressed are those of the authors alone. The information presented in Truth Project research outputs does not constitute formal recommendations by the Inquiry's Chair and Panel and is separate from legal evidence obtained in investigations and hearings.

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Executive summary

Introduction

The Truth Project is a core part of the Inquiry alongside Public Hearings and Research. It was set up to hear and learn from the experiences of victims and survivors of child sexual abuse in England and Wales. It offers victims and survivors an opportunity to share experiences of child sexual abuse. By doing so, Truth Project participants make an important contribution to the work of the Inquiry. With the consent of participants, the Inquiry uses Truth Project information in a variety of ways, including for ongoing research and data analysis carried out by the Inquiry's Research Team.

This is the second research publication in a series of thematic reports examining what victims and survivors have shared with the Truth Project about their experiences of child sexual abuse and the institutional context in which it occurred. It details the research findings in relation to experiences of child sexual abuse that occurred in the context of children's homes and residential care.

The phrase 'children's homes and residential care' (hereafter 'residential care contexts') refers to institutions with a primary purpose of providing residential care to children, including children's homes, secure children's homes, or accommodation for care leavers under the age of 18¹ (Ofsted, 2018a).

The accounts in this report are from victims and survivors who came to the Truth Project between June 2016 and March 2019. The research was undertaken by members of the Inquiry's Research Team between March and November 2019.

The report describes the experiences of Truth Project participants who told us they were sexually abused in residential care contexts between the 1940s and 2000s, with the most recent case in our sample beginning in the early 2000s.

The experiences of sexual abuse in residential care presented in this report do not necessarily relate to current-day experiences as the most recent case of sexual abuse included in this analysis occurred over a decade ago, and the majority of experiences shared occurred in the 1970s or earlier. Therefore, it is not possible to make any comparisons with current-day experiences in residential care contexts on the basis of Truth Project data. We recognise that the research findings included in this report do not reflect all experiences of sexual abuse in a residential care context.

The report complements other work undertaken by the Inquiry, namely the Inquiry's three legal investigations that are focussed on the sexual abuse of children in the care of a local authority. These investigations specifically relate to: Lambeth Council, Nottinghamshire Councils, and Cambridge House, Knowl View and Rochdale Borough Council. Secure children's homes were also included in the Inquiry's legal investigation into child sexual abuse in custodial institutions.

¹ Further information on types of residential care can be found in section 2.1.

Sample and methods

We have used a mixed methods approach in the analysis undertaken for this report, and have analysed both quantitative and qualitative information. The statistical (quantitative) information in this report is based on a sample of 2,328 participants who took part in the Truth Project between June 2016 and March 2019. Of these, 191 individuals (8 per cent) shared an experience of child sexual abuse that related to a residential care context. To draw out themes, differences and commonalities, quantitative data from these participants are shown alongside quantitative data from the 2,137 participants whose descriptions of sexual abuse did not involve residential care contexts.

As the participants in this report are individuals who have chosen to take part in the Truth Project, the statistics produced are not reflective of the general population. Differences between those sexually abused in residential care and non-residential care contexts should therefore not be interpreted as reflecting differences within the general population of victims and survivors. The differences should also not be interpreted as being statistically significant, as tests of significance have not been carried out. Tables containing all the figures for the quantitative data are available in Appendix A, with the salient points drawn out within the body of the report.

The qualitative information is drawn from 12 of the 191 Truth Project accounts relating to child sexual abuse in residential care contexts. These 12 accounts were randomly selected within a sampling framework designed to ensure we included a range of characteristics and circumstances, such as the time period in which the abuse occurred, victim age and victim gender².

We have not broken down our analysis by the specific type of residential care discussed by victims and survivors because it is not systematically recorded in the data collection process and is also not always shared by participants. Instead this report focuses on the more general commonalities and differences between those sexually abused in residential care contexts and those abused in other contexts.

A detailed explanation of the process used for carrying out analysis of Truth Project information can be found in the separate report, *Truth Project Research: Methods* (King and Brähler, 2019).

Ethics

All social research conducted or commissioned by the Inquiry is subject to approval from the Inquiry's Research Ethics Committee³. Each component of the research process was reviewed by the Inquiry's Research Ethics Committee, who gave their approval prior to the collection and analysis of the data.

Information is only included where Truth Project participants have agreed to their accounts being used for research purposes. All information analysed for this report was anonymised and identifying information has been removed.

² These 12 accounts form a subset of the overall qualitative sample, discussed further in our Methods report (King and Brähler, 2019).

³ The Inquiry's Research Ethics Committee is formed of external academics and experts as well as internal staff. The Committee is internal to the Inquiry, but independent of those commissioning and delivering its research.

Key findings from the research

This thematic report examines what victims and survivors have shared with the Truth Project about their experiences of child sexual abuse in residential care contexts. While analysis of Truth Project data is ongoing, this report highlights some specific features and characteristics about non-recent child sexual abuse in residential care contexts that were notable from this research.

- This group of victims and survivors typically described disrupted, chaotic and, in some cases, neglectful childhoods. The circumstances preceding their placement into residential care were characterised by fractured relationships with parents who were often struggling with alcohol misuse, mental health issues, or domestic violence and abuse.
- Within the group of victims and survivors abused in residential care, more reported a disability or long-term illness than those sexually abused in other contexts⁴. Some reported that the disability or long-term illness affected them at the time of the sexual abuse, however the majority who reported a disability or long-term illness did not experience it until after the sexual abuse.
- There were more men than women in this group of participants. This is different to the overall gender-split of Truth Project participants, where more women have come forward in total.
- Participants painted a picture of the residential care they had experienced as having a general culture of aggression and violence, and where physical and emotional abuse were pervasive. Participants described how sexual abuse was often accompanied by physical or emotional abuse. Those abused in the context of residential care described repeated sexual abuse, including rape, over a prolonged period of time, with some experiencing sexual abuse in multiple residential care contexts.
- While the majority of perpetrators were male, there was a higher proportion of sexual abuse involving female perpetrators in the context of residential care compared to other contexts. Perpetrators of sexual abuse in a residential care context were most frequently reported to be residential care workers or a peer or older child who, in some cases, resided in the same residential care home.
- The general lack of oversight in residential care contexts was consistently spoken about in participants' accounts. They described the ease with which perpetrators were able to take children off-site, have unquestioned physical contact with children on-site, and easy access to certain locations where they could perpetrate sexual abuse.
- Many participants perceived that residential care staff or those working in the social services knew of or suspected instances of sexual abuse had occurred. Half of the victims and survivors who experienced abuse in a residential care context reported knowing of someone else being sexually abused in the same institution. Just under half of participants told someone about the sexual abuse at the time it was happening. Those who did disclose the abuse whilst it was ongoing frequently told someone in authority inside the institution.
- Victims and survivors described a range of negative impacts of the sexual abuse they experienced, both at the time of the abuse and at other stages of their lives. This included personally engaging in or being surrounded by criminal behaviour and various mental health impacts, notably suicidal thoughts and attempts. Many also spoke of difficulties with sleep and nightmares.

⁴ For purposes of comparison, quantitative data from participants who were sexually abused in a residential care context are compared with quantitative data from participants whose descriptions of abuse did not involve residential care contexts.

- Participants found the transition from living in residential care to independent living in the community difficult. They described being offered little or no support at this time and talked about a lack of support services and offers of counselling more generally, which they felt hindered their recovery.

Background of children sexually abused in residential care contexts

This group of victims and survivors typically had disrupted and chaotic childhoods.

They described complex family dynamics and not having close relationships with parents. In some cases, parents were deceased while others were struggling with alcohol misuse and mental health issues. Participants often talked about being surrounded by high levels of violence in their family homes, a lack of housing stability and experiencing some form of abuse prior to being placed in residential care. Several participants also reported having health issues or an ongoing disability since childhood.

“ You go into a children’s home already damaged, we’re already damaged before we get to that point; we’re not going there for a holiday, we’re not going there because we’re well-managed, well-fucking-centred kids, we’re going there because we’re a bit broken, and we’re breaking everyone else around us. But it should’ve been a place of safety.

Truth Project participant sexually abused in a residential care context

So far 33 per cent of all Truth Project participants have identified as male, but when looking at just the participants who experienced sexual abuse in the context of residential care this rises to 57 per cent identifying as male.

Overall, the most common decade for abuse to begin for all participants attending the Truth Project was the 1970s. Experiences of sexual abuse in residential care shared by participants did, however, tend to begin in a slightly earlier time period than abuse that occurred outside of a residential care context. Of the participants sexually abused in residential care, 36 per cent reported abuse that took place prior to the 1970s compared to 29 per cent of participants who were abused in other contexts.

Two thirds of the Truth Project participants (66 per cent) sexually abused in a residential care context were aged 8 or older when the abuse began compared to 55 per cent of participants abused in other contexts. The most common age range for participants abused in the context of residential care to first experience abuse was 12–15 years old (32 per cent of participants abused in a residential care context, compared to 20 per cent of participants abused in other contexts).

Context and nature of the sexual abuse

Sexual abuse in this context was perpetrated by a range of individuals either inside or outside the establishments, sometimes by multiple perpetrators described as operating in collusion. Many participants reported that they were abused by residential care workers (47 per cent). Residential care workers refers to anyone responsible for providing care to children in residential care (rather than ancillary staff such as caretakers or gardeners). A quarter of participants (25 per cent) reported being abused by a peer or older child, who may or may not have resided in the same place of residential care. There were also some examples of abuse that involved female perpetrators (16 per cent).

Of the participants who were sexually abused in the context of residential care, a higher proportion reported experiencing multiple, unrelated episodes of sexual abuse (58 per cent) compared to those abused in other contexts (27 per cent). In our analysis we define an 'episode' as one or more instances of sexual abuse involving a particular perpetrator(s) or institution(s). Where a participant reports multiple episodes of abuse, this means they have experienced more than one distinct episode of sexual abuse, involving different, unconnected perpetrators and institutions. For example, an individual may have been sexually abused by a family member in a domestic setting, and then experienced sexual abuse perpetrated by a residential care worker in a children's home; this would be classified as two episodes of abuse.

Penetrative and non-penetrative abuse was reported and participants sexually abused in this context often talked about experiencing other forms of abuse alongside the sexual abuse (55 per cent). Experiences of physical abuse were particularly frequent within this group (39 per cent). Participants described how the sexual abuse escalated over time. Grooming often formed part of the sexual abuse perpetrated by 'outside adults', although many participants did not recognise it as such at the time. Many participants experienced repeated sexual abuse over a prolonged period of time.

Sexual abuse was reported to have taken place both on-site and off-site. Participants reported that abuse within residential care took place in communal places such as bathrooms or shower rooms, or in out-of-sight locations. In some cases, participants described specific rooms as seemingly dedicated to abuse-related activities.

“ *There would be uncles who would come and visit, helpers who would come and take kids out ... Then one day some of us were taken to [country abroad] in an aeroplane on holiday ... [Then], I don't know who they was but we went on someone's yacht ... but I knew they were rich and important ... This was, like, normal for people to come and take kids out.*

Truth Project participant sexually abused in a residential care context

Institutional context and knowledge of the sexual abuse

Participants painted a picture of residential care contexts having a general culture of aggression and violence, and where physical and emotional abuse was pervasive. They reported being treated as children generally unworthy of love and care, and finding it difficult to make friends with other children in the same place. They also commonly described feeling isolated.

“ *That was a very cruel place ... if you did something wrong, they would get you out of bed and make you stand on the stairs and if you moved you would be slapped.*

Truth Project participant sexually abused in a residential care context

Six key factors were identified as facilitating the perpetration of sexual abuse in this context:

- an embedded culture of abusive behaviour;
- staff being given care responsibilities and trust without sufficient training, qualifications or support;
- lack of supervision and professional boundaries;
- being able to exploit the physical space;

- deflection of concerns or allegations;
- children having no trusted person they could talk to.

Half of participants (50 per cent) who were sexually abused in a residential care context reported that they knew of someone else in the same establishment also being abused. This was a higher proportion compared to those abused in other contexts (30 per cent).

“ *When I look back now it makes me feel physically sick that everyone knew this was going on including the workers and did nothing.*

Truth Project participant sexually abused in a residential care context

Experiences of disclosure and responses by institutions

Under half of the participants sexually abused in a residential care context disclosed or reported the abuse at the time (42 per cent). Fear of retribution by the institution or perpetrator were common barriers to reporting as a child. Participants also spoke about the fear of not being believed.

Those who did disclose the abuse at the time often told someone in authority inside the place where they lived. While the reasons for this are not always known, it could suggest that they may have had constrained opportunities to report the abuse outside of their residential care at the time. In most of these cases, participants explained that their claims were denied, minimised or deflected, ultimately describing institutional failings to protect them.

Some of the barriers to disclosing as a child continued into adulthood for some participants. Those who did disclose as adults most often reported to the police. A smaller proportion of participants abused in the context of residential care spoke about disclosing the abuse to family members after the abuse had ended compared to those abused in other contexts. They also less frequently disclosed the abuse to mental health professionals than those abused in other contexts.

“ *I thought it would just wash over me and everything would be okay. I'd be able to walk into the police station. "All right then, let's sit down and talk about it". But I didn't. I cried my eyes out, and I was upset and everything, and I walked out of there, shaking like that, and I thought, "Wow, my God, what have I done? I've opened a can of worms now."*

Truth Project participant sexually abused in a residential care context

Experiences of the police and criminal justice system more broadly were mixed. Some positive dealings with the police were described yet participants' accounts highlighted inconsistency in case handling, within and across the police and other services. The following frustrations pertinent to reporting to the police and the process between reporting and case conclusion emerged:

- being made to feel like they were not telling the truth or were in some way responsible for the abuse they experienced;
- the process as lengthy, frustrating and emotional;
- the lack of information or conflicting information throughout;
- police officers perceived as inexperienced dealing with cases.

Impacts of the sexual abuse

Participants spoke about an extensive range of impacts following the sexual abuse they had experienced in a residential care context.

Many described the negative impact the sexual abuse had on their mental health. Notable amongst those who had been abused in this context was a lack of trust in authority (30 per cent) and running away (24 per cent). Running away was reported to be a common response to the experience of sexual abuse at the time amongst other techniques to try to escape it.

“ *And as time went on, and things started to escalate, I just wanted to run away from [the] children's home. I'd run away constantly. I didn't want to go back. I thought, if I go back, it's going to happen again, and it's best if I just keep running.*

Truth Project participant sexually abused in a residential care context

Participants abused in this context sometimes reported being involved in various criminal behaviours later in their lives (29 per cent), such as theft and buying illicit drugs. Some of these participants believed this was a direct result of the abuse they had experienced. The proportion of participants reporting involvement in criminal behaviours was higher than for those abused in other contexts (8 per cent).

Other impacts evident in participants' accounts included: physical injury as a result of the sexual abuse (most notably among female participants); wider issues with trust and intimacy; difficulties with education, employment and housing; substance misuse; and difficulties with sleeping and nightmares.

Participants also spoke of the impact of the sexual abuse they observed on other children who were living in the same establishment, including self-harm and attempted suicides.

Experiences of recovery and support

Participants' accounts highlighted four key strategies they had used to cope with the experience of child sexual abuse later in life or aid their recovery in some way: 'just carrying on' and suppression; facing the past and speaking out; therapy and support; and belief in the greater good and giving something back.

“ *And I've not tried to look, because I've just kind of – until now, I've just pushed everything to the back ... Because it was just – I have my own family, I have my own kids, that I just want to protect, and keep my past to my past. And that was it.*

Truth Project participant sexually abused in a residential care context

Participants spoke about three key factors which had hindered their recovery or served as 'triggers' – that is, situations, events or sensations which (re)trigger the trauma associated with the sexual abuse. These were: poor or inadequate responses from institutions and professionals; a lack of support from family or friends – typically as a result of fractured or non-existent relationships with family members; and other negative life events and direct reminders, such as seeing the perpetrator or another child that had lived with them in the particular institution.

Participants described receiving little or no support from institutions, and lack of support more generally. Positive experiences of support were more commonly attributed to the informal support received from other victims and survivors, friends and colleagues, rather than formal support services in the form of counselling, for example. Experiences of formal support were mixed and some participants described difficulties accessing or receiving counselling – whether from statutory services, voluntary sectors or private providers – that met their needs.

Victims and survivors' suggestions for change

Participants made a number of suggestions to improve child protection and assist victims and survivors of child sexual abuse in future.

Structurally, it was suggested that there should be better communication between residential care agencies, and that it should be easier for victims and survivors to access their own information regarding their time in care. Financially, participants thought the assumption that claimants seeking compensation for sexual abuse just want financial compensation needs to be challenged. Culturally, participants said that there needed to be greater awareness of child sexual abuse amongst children and young people, and that the power around people in positions of authority within residential care contexts needed to be challenged. Politically and professionally, participants thought that residential care needed to value and nurture children and that children with disabilities should be better looked after within the system.

Note on language

Please see Appendix B for a glossary which contains definitions of various terms used throughout this report.

Where the term 'abuse' is used throughout the report we are generally referring to sexual abuse unless otherwise stated.

Chapter 1

Introduction

This chapter provides background information about the Inquiry, the Truth Project and the aims of this research.

1.1 Background to the Inquiry

The Independent Inquiry into Child Sexual Abuse ('the Inquiry') was set up as a statutory inquiry in March 2015. The Inquiry aims to consider the extent to which state and non-state institutions in England and Wales have failed in their duty of care to protect children from sexual abuse and exploitation, and to make meaningful recommendations for change. Child sexual abuse involves forcing or enticing a child or young person under the age of 18 to take part in sexual activities. It includes contact and non-contact sexual abuse, child sexual exploitation and grooming a child in preparation for sexual abuse. The Inquiry has 14 investigations into child sexual abuse, focussing on a range of different institutions. These investigations consider the nature and scale of, and institutional responses to, child sexual abuse in specific institutions. These investigations provide the Inquiry with a sound basis from which to consider contemporary, national issues concerning the sexual abuse and exploitation of children. Further information about how the Inquiry works and its Terms of Reference can be found on the [Inquiry website](#).

1.2 Background to the Truth Project

The Truth Project is a core part of the Inquiry alongside Public Hearings and Research. It was set up to hear and learn from the experiences of victims and survivors of child sexual abuse in England and Wales. It offers victims and survivors an opportunity to share experiences of child sexual abuse. People can participate in the Truth Project through a private session – either in person or over the telephone – or by submitting an experience in writing. By doing so, Truth Project participants make an important contribution to the work of the Inquiry. The Truth Project was piloted in November 2015 with the offer of private sessions commencing in June 2016. Up to the end of September 2019 over 4,130 people have come forward to share an experience. So far, most people have attended a private session in person⁵. These experiences will influence the Inquiry's findings and help inform its recommendations for improving child protection in institutions across England and Wales and ensuring they are focussed on the best interests of children. Further information about the Truth Project can be found on its [specific website](#).

1.3 Using Truth Project data for research

Information gathered through the Truth Project provides the Inquiry with rich insights into child sexual abuse. With the consent of participants, the Inquiry uses this information in a variety of ways, including for ongoing research and data analysis carried out by the Inquiry's Research Team. Using this information for research allows us to build the evidence base around child sexual abuse and institutional failures to protect children from it. It is an important building block in helping the Inquiry develop

⁵ It should be noted that the option of private sessions via telephone was only fully introduced in October 2018, and it is anticipated that the number of victims and survivors sharing experiences in this way will grow over time.

recommendations to prevent child sexual abuse happening in the future and improve institutional responses to child sexual abuse. Further details about how and why Truth Project information is used for research can be found in the separate *Truth Project Research: Methods* report (King and Brähler, 2019).

1.3.1 Research questions

The Truth Project analysis explores two overarching research questions:

- What have victims and survivors shared about their experiences of child sexual abuse and the institutional contexts in which it occurred and was responded to?
- What similarities and differences are there in victims and survivors' experiences of child sexual abuse across time periods, groups and institutions?

1.3.2 Research themes and sub-questions

The first research question has been broken down into seven themes, each with associated sub-questions. These are set out in Table 1.1.

Table 1.1 Research themes and associated sub-questions

Theme	Associated research sub-question
Backgrounds of victims and survivors	Who has come forward to the Truth Project to share an experience of child sexual abuse?
Nature of sexual abuse experienced	What do people share about the nature of the child sexual abuse they experienced?
Institutional contexts	How much did institutions know about what was happening? What have victims and survivors said about whether anything could have been done by the institution at the time to prevent the sexual abuse?*
Disclosure	What were victims and survivors' experiences of disclosing child sexual abuse (as a child/adult) and what has helped or hindered disclosure? How were disclosures or allegations of child sexual abuse responded to by those within and outside institutions?†
Impacts of sexual abuse	What are the impacts of child sexual abuse?
Experiences of support	What has helped or hindered victims and survivors' recovery?
Victims and survivors' suggestions for change	What changes do victims and survivors suggest to improve child protection and prevent child sexual abuse in the future?

* Were there features of the institution that appeared to enable or facilitate the sexual abuse?

† Within institutions includes for example, police, local authorities, the criminal justice system, and the health sector. Outside these institutions includes for example, family and local communities.

1.3.3 How the analysed data are used and the focus of this report

The analysis of Truth Project data is used to produce three key outputs:

- A series of thematic reports on specific institutions and circumstances in which child sexual abuse has occurred.
- A *dashboard of statistics* published regularly relating to participants who have participated in the Truth Project and the experiences they have shared.
- A full analysis of all Truth Project research findings at the end of the Inquiry.

This report is the second thematic report to be published and details Truth Project participants' experiences of sexual abuse relating to a range of residential care contexts. Within this report, the phrase 'residential care contexts' is used as an overarching term that refers to both sexual abuse that took place in residential care and sexual abuse taking place in other settings which was perpetrated by a residential care worker. The report complements other work undertaken by the Inquiry examining child sexual abuse in this type of context. Our first thematic report focussed on *Child sexual abuse in the context of religious institutions* (Hurcombe et al., 2019).

This report seeks to explore the first research question and the themes and research sub-questions set out in Table 1.1, specifically in relation to child sexual abuse experienced in the context of residential care. With regard to the second research question, our comparisons in this report focus on the general similarities and differences in experiences of child sexual abuse in the context of residential care and those occurring in other contexts. Comparisons across institutions and time periods will be undertaken at a later point when we have the opportunity to carry out a fuller comparative analysis.

The most recent qualitative case of sexual abuse included in this report occurred more than a decade ago and the majority occurred in the 1970s or earlier. It is therefore not possible to draw any conclusions which relate to current-day experiences in this report.

1.4 Report structure

The report is structured in the following way:

- Chapter 2 provides information on the Truth Project dataset and the sampling framework used for this report.
- Chapter 3 sets out some key contextual information relating to residential care to help situate the research findings. It also contains details on the Inquiry's investigations and research relevant to this report.
- Chapter 4 provides socio-demographic information about victims and survivors who shared their experiences of sexual abuse in residential care contexts with the Truth Project. It also provides a description of the family and early life backgrounds of the participants.
- Chapter 5 details the context and nature of the sexual abuse experienced by participants in residential care contexts.
- Chapter 6 describes the characteristics and features of the residential care contexts and how these facilitated the perpetration of child sexual abuse. It considers what participants shared about the knowledge institutions and individuals within them had about abuse that was occurring at the time.

- Chapter 7 presents information about participants' experiences of disclosing the sexual abuse, both as children and as adults, and the impact of the responses upon them. The barriers to disclosure shared by participants are also reported. It also describes participants' experiences of the police and criminal justice system after disclosing or reporting the abuse.
- Chapter 8 describes the range of impacts of the sexual abuse shared by participants and what has helped or hindered their recovery. It details emotional and psychological, physical, social and sexual, behavioural, educational and financial impacts as well as reporting on the wider impacts of the abuse on others, including participants' partners and families.
- Chapter 9 relays ways participants have found of coping with their experiences of sexual abuse as children. It also describes their experiences of formal and informal support in helping them deal with the consequences and impacts of child sexual abuse in residential care contexts.
- Chapter 10 concludes the report by providing a summary of the key research findings and themes identified in the report. It details the characteristics identified in these cases of child sexual abuse in residential care contexts and suggests how these may differ from abuse in other institutions and circumstances. The chapter concludes by detailing the changes participants think are necessary to prevent abuse in residential care for children in future and to improve responses to, and support for, victims and survivors of child sexual abuse.

Chapter 2

Sample and methods

This chapter provides information on the Truth Project dataset and the sampling framework used for this report. A detailed explanation of the process used for carrying out analysis of Truth Project information can be found in the separate report, *Truth Project Research: Methods* report (King and Brähler, 2019).

The information for this report has been gathered from victims and survivors who shared an experience of child sexual abuse⁶ with the Truth Project between June 2016 and March 2019. Research findings on child sexual abuse in residential care contexts will be updated for the final analysis of all Truth Project data, which will be published at the end of the Inquiry.

We have used a mixed methods approach in the analysis undertaken for this report, using both quantitative and qualitative information. Quantitative information comes in the form of numbers and percentages. The quantitative research findings are provided through descriptive statistical information about all 191 Truth Project participants who reported being sexually abused in residential care contexts and who had taken part in the Truth Project up until March 2019. Qualitative information takes the form of words, text and themes. Qualitative research findings are derived from a more detailed analysis of 12 of the 191 Truth Project accounts. We have made it clear in the text where we are specifically referring to quantitative or qualitative information. Although participant accounts may be included in the quantitative analysis in more than one of our reports, they will only be included in the qualitative sample of one report. For example, if a participant had been sexually abused in two institutional settings (such as a religious institution and residential care) their account could be included in the quantitative sample for each of the reports that cover those settings. However, they would only appear in the qualitative sample in a maximum of one report.

In our reporting, we have not broken down our analysis by the specific type of residential care. This is because the type of residential care spoken about is not systematically recorded in our data collection. As well as this, Truth Project participants are not asked direct questions, and therefore the type of residential care the sexual abuse took place in is often not specified in Truth Project sessions or written accounts. As noted in Chapter 1, comparisons between experiences of sexual abuse in residential care contexts across different time periods are not addressed in this report. Instead, we present the more general commonalities and differences between those abused in residential care contexts and those abused in other contexts.

The experiences of child sexual abuse in residential care presented in this report do not necessarily relate to current-day experiences as the most recent case of abuse occurring in this context began more than a decade ago and the majority of cases occurred in the 1970s or earlier. Nevertheless, we aimed to identify common themes among participants' experiences across this time period. We recognise that the research findings included in this report do not reflect all experiences of sexual abuse in a residential care context and are only indicative of the specific experiences of Truth Project participants.

2.1 Sampling

Cases of child sexual abuse that occurred within a residential care context were identified for analysis from our dataset based on the location or perpetrator of the abuse.

⁶ Child sexual abuse refers to sexual abuse that began when the victim and survivor was under the age of 18.

Cases were included where the child sexual abuse took place in residential care. Our definition of residential care includes institutions such as:

- children's homes;
- secure children's homes/care units;
- specialised children's homes;
- hostels and accommodation for young people leaving care who are 16 years or over.

These institutions could be run by local authorities or other groups, including religious, charitable or private organisations.

Due to many experiences of sexual abuse within this report commencing prior to the 1970s, it is possible that some types of residential care that no longer exist are included in this report, such as approved schools.

Secure children's homes are included in this report as these institutions provide accommodation for children and young people detained or sentenced by criminal courts, and also for welfare reasons (Department for Education, 2019). Secure children's homes (as they are known today) tend to be used for the most 'at risk' children and those with more complex needs. There is a consensus in the wider research literature that secure children's homes are more child focussed than other types of secure establishment (such as young offender institutions or secure training centres, for example), that the care provided is more individualised and personal and that they have a more informal family atmosphere (Soares et al., 2019).

Cases that were selected based on the location of sexual abuse could involve a range of perpetrators, including senior staff and those with care-giving responsibility within a residential care context, as well as other ancillary staff such as caretakers or gardeners. Perpetrators could also be other children placed in residential care.

Other cases were included because the sexual abuse was perpetrated by a residential care worker, although the abuse did not necessarily take place within residential care. This could include cases where, for example, a residential care worker had sexually abused a child in a school setting or a family home. Residential care workers include anyone who is responsible for providing care for children or young people in residential care (rather than ancillary staff such as caretakers or gardeners).

Cases involving residential schools were not included in the sample for this analysis unless either:

- the perpetrator was a residential care worker; or
- sexual abuse had also occurred in residential care (such as a children's home or a secure care unit); or
- the residential school was also functioning as a children's home (where this information is provided).

Sexual abuse experienced in residential schools – including abuse that took place in or was perpetrated by a member of staff at such a school – will meet our inclusion criteria for the Truth Project thematic report on schools. This is because the primary function of residential schools is considered to be education rather than residential care, apart from in those cases where a residential school also functions as a children's home.

2.2 Quantitative sample and methods

As noted in Chapter 1, most people have participated in the Truth Project by attending a private session in person, with 85 per cent of people abused in a residential care context and 73 per cent abused in other contexts choosing to share their experience in this way. Experiences can also be shared in writing or via a telephone session⁷. Of the 2,328 people who shared an experience between June 2016 and March 2019, 191 (8 per cent) described child sexual abuse that took place within a residential care context.

For purposes of comparison, quantitative data from participants who were sexually abused in a residential care context are compared with quantitative data from participants whose descriptions of abuse did not involve residential care contexts. As the participants included in our analysis and described in this report are individuals who chose to take part in the Truth Project, the sample is not random, and therefore the statistics produced are not representative of the general population. Differences noted between those abused in residential care contexts and those abused in other contexts should not be interpreted as reflecting differences within the general population of victims and survivors. Any differences noted between those sexually abused in residential care and those sexually abused in other contexts should also not be interpreted as being statistically significant, as tests of significance⁸ have not been carried out. Tables containing data relating to this report are available in Appendix A, with the salient points drawn out within the body of the report. This report has no information about victims and survivors who have not come forward to the Truth Project.

It should also be noted that some participants who experienced abuse in a residential care context also spoke about additional episodes of sexual abuse that did not occur in a residential care context. However, the figures presented in this report relating to characteristics of the abuse (such as nature of abuse, perpetrator, duration) only relate to the episode(s) of abuse which took place in a residential care context unless stated otherwise.

2.3 Qualitative sample and methods

The sample for qualitative analysis was selected by listing all Truth Project accounts that related to a residential care context. From this list, we selected accounts using quotas to ensure a range of characteristics within each of the following categories:

- time period in which the sexual abuse occurred;
- age of victim and survivor when the sexual abuse began; and
- gender of victim and survivor when the sexual abuse began.

A total of 12 accounts were selected to provide diversity across the sample and reflect a range of experiences and circumstances. This number provides a proportion of the planned overall sample of around 70 accounts we expect to include in the full qualitative analysis work. It also reflects an

⁷ It should be noted that the option of private sessions via telephone was only fully introduced in October 2018, and it is anticipated that the number of victims and survivors sharing experiences in this way will grow over time.

⁸ Tests of significance are typically used to assess whether a result is likely to have occurred by chance. If a result is found to be statistically significant it is likely to be real, rather than to have occurred by chance. However, such tests can only be used on certain types of data.

appropriate proportion of the anticipated number of participants who will take part in the Truth Project before the end of the Inquiry. A complete sample of around 70 accounts is anticipated to provide a large enough number to reach 'saturation'; in a research context this refers to the point at which the addition of further accounts would not provide new categories in analysis (Katz et al., 2017; Bowen, 2008). More than 50 is considered to constitute a large sample in qualitative participant-based research (Braun and Clarke, 2013; Sandelowski, 1995).

The characteristics of the sample used for this report are detailed in Table 2.1. This sample is not representative of all individuals sexually abused in a residential care context as children, as participants who have chosen to share an experience through the Truth Project are not representative of the general population. These 12 cases were selected in order to ensure a range of experiences were captured.

Table 2.1 Qualitative sample characteristics (Truth Project participants sexually abused in residential care contexts)

Characteristic	Category	No. of participants
Time period of sexual abuse	Pre-1970s	4
	1970s–1980s	4
	1990s–present	4
Age when sexual abuse began	11 years and under	6
	12 years and older	6
Gender of victim and survivor	Female	6
	Male	6
Total qualitative cases		12

2.4 Ethics

All social research conducted or commissioned by the Inquiry is subject to approval from the Inquiry's Research Ethics Committee⁹. The Truth Project research is subject to rigorous ethical scrutiny as the data collected are highly personal and sensitive. In order to safeguard these data, each component of the research process was reviewed in line with strict ethical standards by the Inquiry's Research Ethics Committee. Ethical approval was obtained prior to the collection and analysis of the data.

Information is only included where Truth Project participants have agreed to their accounts being used for research purposes. All information analysed for this report was anonymised prior to analysis and all identifying information has been removed.

⁹ The Inquiry's Research Ethics Committee is formed of external academics and experts as well as internal staff. The Committee is internal to the Inquiry, but independent of those commissioning and delivering its research.

Chapter 3

Residential care

This chapter sets out some key contextual information relating to residential care from the early 1900s to the present day, to help situate our research findings. It also contains details on the Inquiry's investigations and research where they are relevant to this report.

3.1 Defining residential care contexts

Broadly speaking, residential care relates to institutions that provide both care and accommodation for children and young people (Ofsted, 2018a). In the present day, children are typically placed in residential care when the child's needs cannot be met by other forms of care and support, particularly within the family home. It should be noted that the majority of accounts in this report relate to earlier decades, meaning some of the institutions discussed and reasons for entering residential care may differ from more recent experiences of residential care.

Children may be placed in residential care for many different reasons; however, currently, the most commonly reported reason for a child to be moved out of their home is due to experiencing abuse or neglect (Department for Education, 2018)¹⁰. In earlier time periods, particularly prior to the 1970s, youth offending and socio-economic factors were both common reasons for children entering residential care (Berridge et al., 2012).

Residential care currently includes establishments such as children's homes, secure children's homes (or secure care units) and accommodation for care leavers under the age of 18. Children's homes include specialised children's homes for children with additional needs. Although secure children's homes form part of the youth secure estate and bear similarities to other custodial institutions within it, children can also be placed in secure children's homes for welfare reasons, meaning they are also categorised as a type of residential care.

Prior to the 1970s, institutions such as approved schools (or community homes with education), which were predominantly used to accommodate young offenders, also formed part of the residential care system. This meant that until the 1970s, the care population included many young offenders. More information on this can be found in section 3.2 (Berridge et al., 2012).

Residential care may accommodate boys or girls only, or accommodate both boys and girls in the same residential care home.

Historically, residential care workers have not required qualifications for their role (Berridge and Brodie, 1998). Whilst residential care workers are now required to have a Level 3 Diploma for Residential Childcare or equivalent qualification (Ofsted, 2019), they are still not required to be professionally registered. The Inquiry's Interim Report recommended that the Department for Education introduces arrangements for the registration of staff working in care roles in children's homes (see Jay et al., 2018a).

¹⁰ Other common reasons for children being placed in care include family dysfunction and family being in acute stress.

3.2 Residential care through time

The number of children in residential care peaked in the mid-1970s when around 40,000 children were accommodated by local authorities. Since then the number has rapidly declined (Narey, 2016). In comparison, as at 31 March 2018, 7,890 children lived in residential care in England. This decline is partially due to changes in policy (Berridge et al., 2012) and partially due to the proportion of children placed in residential care homes declining as placements in foster care or with another family member increase (Narey, 2016).

The number of places for children in each home has also been reducing since the Children Act 1948 suggested that places of residential care should not have more than 12 beds for children. Prior to the 1970s, residential care homes were varied in size, with some accommodating up to 50 children (Bullock and Parker, 2014). Despite the Act being passed in 1948, it was not until the late 1980s that the size of residential care homes started to rapidly decrease. On average, residential care homes now provide care for four children (Narey, 2016).

In the early 20th century, most places of residential care were run by the voluntary sector, however this changed following the Children Act 1948 where it was established that it was the local authority's duty to assume the care of children and other welfare responsibilities (Narey, 2016). Since the 1980s, there has been a decline in the provision of residential care by local authorities (Berridge et al., 2012). The majority of children's homes in England are now run by private providers (73 per cent), with only 19 per cent being directly run in-house by local authorities (Ofsted, 2018b). A further 7 per cent of homes are run by voluntary organisations – most often by not-for-profit organisations, mainly with charitable status (Ofsted, 2018b). Inspection data revealed little difference in the effectiveness of privately-owned and local authority-run children's homes, with 60 per cent and 62 per cent, respectively, achieving a 'good' standard, whilst 8 per cent and 7 per cent, respectively, were deemed 'inadequate' (Ofsted, 2018c).

The residential care population up until the early 1970s was made up of many young offenders who were often placed in community homes with education, also known as approved schools, by the court. This began to change when the Children and Young Persons Act 1969 was implemented, which focussed on alternatives to custody (Berridge et al., 2012). In comparison, in 2015, only 2 per cent of all children in residential care were placed in secure children's homes or secure units (Narey, 2016).

Currently, more than half of the children in children's homes in England and Wales are male (62 per cent) and more than three quarters were aged between 14 and 17 in 2015, making this cohort older than those previously (Narey, 2016). Furthermore, this population often displays more complex vulnerabilities and support needs than children in other care settings (Scholte, 1997). For example, children in care typically attain lower educational outcomes than their counterparts in the general school population in England and Wales, as well as internationally (see Sebba et al., 2015). Ryan et al. (2008) reported that children placed in children's homes also had a higher risk of engaging in offending behaviours than those placed in other care settings, such as foster care. They are also more likely to exhibit anti-social behaviours and experience emotional difficulties and mental health issues (Barter, 2011). Barter (2011) suggested that being placed in a children's home could increase the vulnerability of this group because of the stigma attached to living in that environment.

The literature suggests that negative societal views towards residential care have contributed to the decline in its use over time. Many of these negative perceptions may stem from the fact that, historically, residential care was used to punish children and their families by separating them (Berridge et al., 2012). A series of revelations around the abuse of children by staff has further contributed to the view that other forms of care are preferable to residential care (Berridge and Brodie, 1998). The combination of these factors means that residential care in the present day is often seen as a last resort (Narey, 2016). Despite this overarchingly negative perception of residential care, recent data demonstrates that, where children have access to longer and more stable placements in residential care, positive outcomes are possible (Narey, 2016). Furthermore, as discussed in section 3.3, recent improvements in care provisions have led to the majority of residential care homes being rated 'good' or 'outstanding' (Ofsted, 2018b).

3.3 Residential care provisions under review

Concerns regarding the standard of care provided to children in residential care have been raised at various points. There were several crises in residential care in England and Wales during the 1970s and 1980s; one of the most well-known of these crises was 'Pindown' (Berridge and Brodie, 1998). 'Pindown' was a regime operating between 1983 and 1989 in homes in Staffordshire that involved confining children in barely furnished rooms and depriving them of contact or stimulus (Berridge and Brodie, 1998). A report titled *The Pindown Experience and the Protection of Children* (Levy and Kahan, 1991) was published following the Pindown inquiry, which highlighted management, policy and practice issues.

Such high profile examples of abuse led to increased attempts to improve the standards of residential care, and contributed to the view that residential care should be used as a last resort (Narey, 2016). This included a detailed review of residential childcare in England, known as the 'Utting report' (1991). The report recommended when residential care would be most appropriate for a child, such as when foster care has failed (Berridge and Brodie, 1998). It also highlighted that the majority of residential care staff were unqualified and made recommendations around the levels of qualifications that should be held by staff. This led to the government setting up a training initiative. In Wales a similar review, *Accommodating Children: A Review of Children's Homes in Wales*, was carried out and established that residential care should be used to care for children whose needs could not be met by the rest of the system (Social Services Inspectorate, 1991). Although these reports contributed to the notion that residential care should only be used when other forms of care are not suitable, a further review of residential care by Wagner sought to reframe residential care as a vital form of care to children (1988). The Wagner report *Residential Care: A Positive Choice* (1988) endorsed the development of a positive role for residential care within the care system.

In addition to the reviews of residential care that took place in the late 1980s and early 1990s, the Children Act 1989 involved a major review of public and private law for children and families. The Act was child-centred and strongly endorsed the idea that children are best looked after within their families (Berridge and Brodie, 1998). Following this, a further report by Sir William Utting (1997) was published which made 159 recommendations predominantly around safeguarding practices and marginalised groups of children in residential care. The Waterhouse Inquiry was launched in the same year as the second Utting report, to investigate physical and sexual abuse of children in care

homes in Wales between 1974 and 1990 (see Department of Health, 1999). The Inquiry itself was then investigated under the Macur Review (2016), which concluded that there was no evidence of significant failings.

More recently, a number of inquiries have been launched to retrospectively investigate non-recent cases of neglect and child sexual abuse in residential care. The Independent Jersey Care Inquiry (2017), which reviewed the period from 1945 to the present day, raised concerns about the physical environment of the residential care homes it investigated. It found evidence of overcrowding, a lack of appropriate placements for some children and, as a result, a high turnover of residents. Subsequently, it raised concerns that minimum standards of care were not being met. The Northern Ireland Historical Institutional Abuse Inquiry (2017), looking at the period between 1922 and 1995, found that these issues were compounded by widespread staff shortages, which often left children unsupervised and vulnerable to neglectful circumstances.

Violence and physical punishment were common findings across these inquiries. The Royal Commission into Institutional Responses to Child Sexual Abuse (2017) concluded that violent and physical regimes typically characterised residential care between the 1920s and 2010s in Australia. It also found that 'business as usual' procedures were used to masquerade this violent and physical abuse. Research conducted on behalf of the Scottish Child Abuse Inquiry – whose dates of reference run from 2014 back as far as anyone's living memory who suffered such abuse – raised a similar concern, noting that bathing practices in particular were used as opportunities to facilitate abuse (Radford et al., 2018). Likewise, the Independent Jersey Care Inquiry (2017) and the Northern Ireland Historical Institutional Abuse Inquiry (2017) both described 'harsh' regimes which changed randomly and without warning depending on which member of staff was in charge each day.

A report commissioned by the Scottish Child Abuse Inquiry – focussing on residential care homes run by religious institutions – concluded that places of residential care were places of fear, coercive control, threat, excessive discipline and emotional, physical and sexual abuse (Radford et al., 2018). This research explained that children were treated as though they were worthless. In addition, the Northern Ireland Historical Institutional Abuse Inquiry (2017) found that most social workers who were aware of instances of abuse failed to take any action, whilst those who did, at most, merely recorded the incident in a file. It suggested that this contributed to children feeling worthless.

A number of these inquiries highlighted that residential care presented a lack of educational opportunities and support for the transition between living in care to living independently in the community. This meant that for children living in care, their opportunities in young adulthood and beyond were limited.

With respect to the present day, following the Health and Social Care (Community Health and Standards) Act 2003, the responsibility for reviewing and inspecting residential care services was brought together under the Commission for Social Care Inspection (now the Care Quality Commission). Following the Education and Inspections Act 2006, the responsibility for inspecting residential care moved to the Office for Standards in Education, Children's Services and Skills (commonly known as Ofsted). The standard of residential care in the present day is now mainly rated as good (65 per cent) or outstanding (17 per cent) by Ofsted (2018c).

3.4 Investigations into children in the care of local authorities

Three of the Inquiry's legal investigations are focussed on the sexual abuse of children in the care of local authorities. Although these investigations are not solely focussed on residential care, they each have relevance to this thematic report. These investigations examine the scale and nature of child sexual abuse that may have taken place under the care of specific authorities. They consider the extent to which institutional failings may have allowed the sexual abuse of vulnerable children in residential care. They also consider the extent to which children with special needs, disabilities or other vulnerabilities may have been at greater risk of sexual abuse and whether their vulnerabilities impacted upon any failure to take action to protect them.

3.4.1 Lambeth Council

This ongoing investigation is specifically looking at children in the care of Lambeth Council, including those in residential care. Preliminary hearings for the Lambeth Council investigation took place on 31 October 2018 and 23 July 2019. A further preliminary hearing and the public hearings for this investigation are due to take place in 2020.

3.4.2 Nottinghamshire Councils

This investigation related to children in the care of the Nottinghamshire Councils, including children in residential care. Public hearings for this investigation took place in October 2018 and the *Children in the Care of the Nottinghamshire Councils Investigation Report* was published in July 2019 (Jay et al., 2019a). The report highlights a number of issues relating to the Councils including:

- Sexual abuse of children in the care of the Nottinghamshire Councils was widespread during the 1970s, 1980s and 1990s.
- Despite decades of evidence of failings in their protection of children under their care, neither Nottinghamshire County Council or Nottingham City Council learned from their mistakes. Recommendations from successive reviews were rarely acted upon.
- A significant number of staff faced disciplinary investigations for the sexual abuse of children in the 1980s and 1990s, however this did not prompt an assessment of the abuse at a senior level.
- Although the councils produced policies and procedures on how to address allegations of sexual abuse over the last 30 years, these policies were not made known to staff, nor was their implementation checked.
- Harmful sexual behaviour between children in the care of the Councils has not been well understood by professionals involved with children in care. Recent cases of harmful sexual behaviour in residential care show problems remain with the institutional responses.

It also highlighted other issues in residential care and Beechwood children's home, including:

- From the late 1970s to the 1990s, residential care staff were predominantly unqualified and received little training. Until the early 1990s, vulnerable children were often looked after by residential care workers who were not properly qualified to care for them.
- Managers at Beechwood were either complacent or deliberately ignored the plight of children under their care. Despite the high number of allegations of sexual abuse against staff at Beechwood, there were only two examples of disciplinary action being taken.

- The high level of absconding by children in the care of Beechwood children's home was seen as 'devious' behaviour and not explored properly.

3.4.3 Cambridge House, Knowl View and Rochdale Borough Council

This investigation related to Cambridge House Boys' Hostel, Knowl View School, and other institutions where placements were arranged or provided by Rochdale Borough Council. Cambridge House provided accommodation for boys and young men who had no home or were in the care of the local authority, whereas Knowl View was a residential special school for children with emotional, educational or behavioural needs. Public hearings for this investigation took place in October 2017 and the *Cambridge House, Knowl View and Rochdale Investigation Report* was published in April 2018 (Jay et al., 2018b). Key issues highlighted in the report include:

- That the former Member of Parliament, the late Cyril Smith, had ready access to the boys living in Cambridge House, which allegedly facilitated his sexual abuse of them under the guise of 'medical examinations'. Smith's prominence and standing in Rochdale allowed him to exert influence on others and put pressure on them to keep quiet about any allegations of sexual abuse.
- There were discussions held at the highest political level about the rumours in circulation about Smith, but seemingly an unwillingness to confront the possibility that a person of public prominence might be capable of perpetrating child sexual abuse.
- The evidence demonstrated that the children who attended Knowl View had a range of complex needs, but no additional steps were taken to protect them. The school failed in its basic function to keep children in its care safe from harm, including sexual harm, both within and outside of the school.
- Children from Knowl View were sexually abused by both staff and by older boys. Boys were also sexually exploited in public places by men paying for sex and some boys were trafficked to other towns for that purpose.
- Staff were at best complacent but arguably complicit in the abuse they knew to be taking place. There was also little evidence that the school appreciated the profound harm that peer-on-peer sexual abuse could cause.
- The records of individual children convey a lack of urgency on the part of the authorities to address the problem. Boys as young as 11 were not seen as victims, but as architects of the sexual abuse they experienced and social services did not pursue child protection issues through the formal procedures.

3.4.4 Other IICSA investigations

This report is also relevant to the Inquiry's investigation into the sexual abuse of children in custodial institutions, which included secure children's homes. The *Sexual Abuse of Children in Custodial Institutions: 2009–2017 Investigation Report* was published in February 2019 (Jay et al., 2019b).

In addition, this report also has some relevance to the Inquiry's investigation into child sexual abuse in residential schools, particularly as some residential special schools accommodate children who have little contact with their families for 52 weeks a year. The public hearing for this investigation took place from 30 September to 11 October 2019.

3.5 The Inquiry's research

The Inquiry's Research Team has previously published research that is of relevance to this thematic report. To support the Inquiry's investigation into child sexual abuse in custodial institutions, the Inquiry's Research Team published *Child sexual abuse in custodial institutions: A rapid evidence assessment* in March 2018 (Mendez Sayer et al., 2018). The rapid evidence assessment (REA) highlighted that the culture in custodial institutions and relationships with staff had an effect on the welfare of children. It included information on secure children's homes (which are also a type of residential care), such as how the homes were found to typically hold the most vulnerable children and children with the most complex needs out of the custodial institutions examined.

Primary research into child sexual abuse in the youth secure estate was also conducted by the Inquiry's Research Team. The report, *Safe inside? Child sexual abuse in the youth secure estate*, looked at young offender institutions, secure training units and secure children's homes (Soares et al., 2019). The research found that children in the youth secure estate did not always feel safe or protected from harm. However, there were some differences for children in secure children's homes, such as children having more positive attitudes towards staff¹¹.

¹¹ Secure children's homes form part of the youth secure estate, as well as being a type of residential care.

Chapter 4

Backgrounds of children sexually abused in residential care contexts

This chapter provides socio-demographic information about victims and survivors who shared their experiences of sexual abuse in residential care contexts with the Truth Project. Using qualitative data, it also provides a description of the family and early life backgrounds of the participants. It addresses the research sub-question:

- Who has come forward to the Truth Project to share an experience of child sexual abuse in a residential care context?

4.1 Demographic information about participants

4.1.1 Quantitative information

Information at time of sexual abuse

Overall, participants attending the Truth Project were most likely to report abuse that began in the 1970s, both for those abused in a residential care context (36 per cent) and for those abused in other contexts (31 per cent). Experiences of sexual abuse in residential care contexts tended to begin in a slightly earlier time period than abuse that occurred in other contexts, with 36 per cent of participants abused in residential care reporting abuse that took place prior to the 1970s compared to 29 per cent of participants who were abused in other contexts.

Participants sexually abused in a residential care context tended to be older when the abuse began than those abused in other contexts (see Figure 4.1). A greater proportion of participants (66 per cent) abused in a residential care context were aged 8 or older when the abuse began compared to participants abused in other contexts (55 per cent). Almost a third (32 per cent) of participants abused in the context of residential care first experienced abuse at 12–15 years old, compared to 20 per cent of those abused in other contexts.

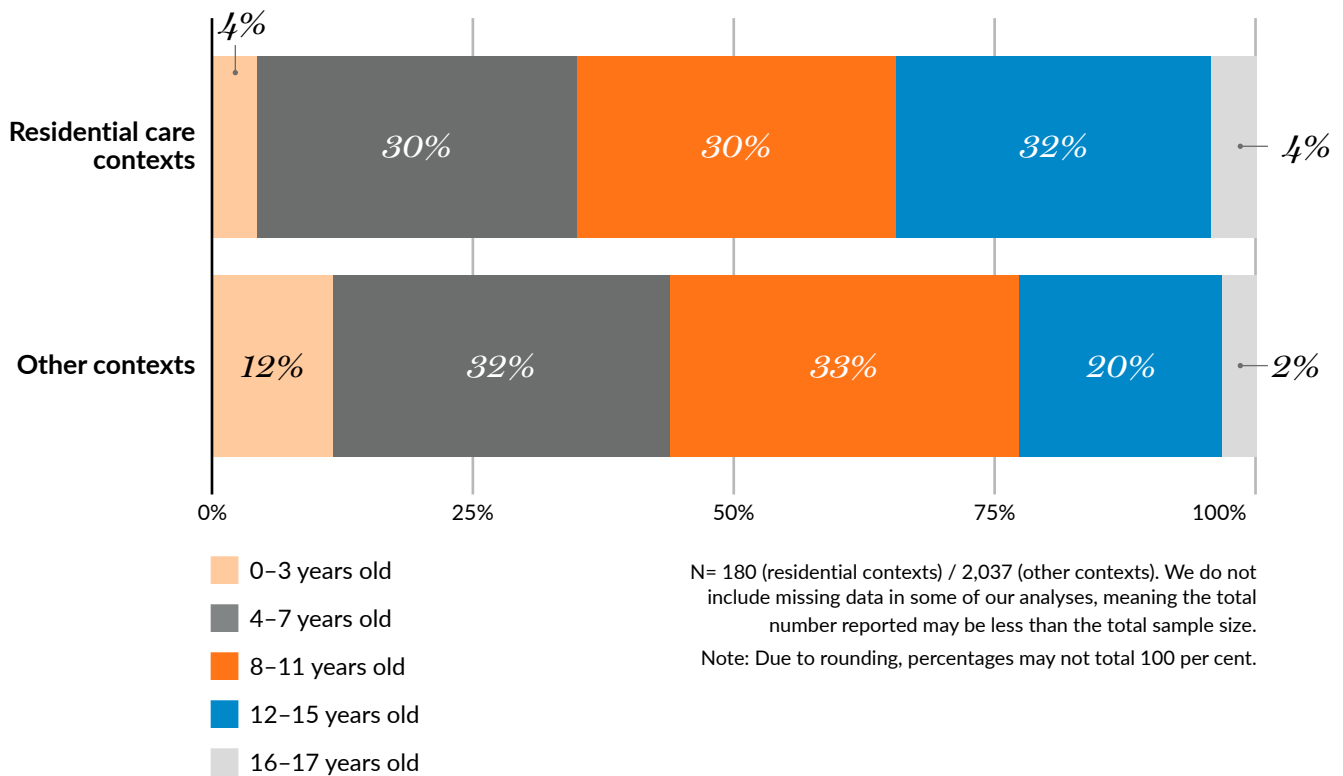
Information at time of participating in the Truth Project

The majority of those who experienced sexual abuse in the context of residential care identified as male (57 per cent). In contrast, 33 per cent of participants abused in other contexts have identified as male.

The average age of participants sharing an experience through the Truth Project was slightly older for participants sexually abused in residential care contexts than for those abused in other contexts; 54 years old compared to 49 years old.

The majority of participants who have shared an experience through the Truth Project to date have been of White ethnicity, however, there was a slightly higher proportion of ethnic minority participants among those sexually abused in a residential care context (12 per cent) compared to in other contexts (8 per cent). For both groups, the majority of Truth Project participants have identified as heterosexual/straight. However, there was a slightly higher proportion of gay men among participants abused in residential care contexts (7 per cent compared to 3 per cent), which reflects the higher proportion of men in this group.

Figure 4.1 Age of participants when they first experienced sexual abuse



Nearly two thirds (64 per cent) of participants abused in a residential care context reported a disability, illness or condition that affects their lives, compared to 48 per cent of participants abused in other contexts. Of these participants, 29 per cent reported that they were affected by the disability, illness or condition at the time of the sexual abuse and 71 per cent did not experience this until after the sexual abuse. A range of different disabilities, illnesses and conditions were shared by participants who were abused in a residential care context including those that affected mobility, mental health and learning.

Participants' reasons for sharing an experience of child sexual abuse with the Truth Project

Across all Truth Project participants, the most common reason given for participating in the Truth Project was to prevent sexual abuse from happening to someone else (54 per cent). Another reason commonly given by participants abused in residential care contexts was wanting some type of resolution to the sexual abuse they had experienced (19 per cent).

4.2 Participants' backgrounds, families and childhoods

4.2.1 Qualitative information

On the whole, the experiences shared by participants painted a chaotic picture of their lives prior to moving to residential care. A number of participants discussed having significant memory gaps regarding their childhood, which may be symptomatic of particularly overwhelming and tumultuous childhood circumstances – many of which are outlined below.

Family members and relationships

Almost all of the participants in this sample came from large families, with a handful having at least four siblings. Every participant talked about complex family dynamics. One of the most common difficulties faced by these individuals was being estranged from family members, whether in the long-term or for short periods of time. While most of these accounts focussed on absent fathers, one participant recalled being split from her siblings – some of whom stayed with their mother and the rest with their grandparents – while another mentioned living separately to his birth mother.

“ *I was one of six kids in a, what they used to call, a broken home. Very dysfunctional.*
Truth Project participant sexually abused in a residential care context

Another talked about each of her parents subsequently having their own new families, neither of which she felt a part of. Additionally, two participants talked about their fathers passing away when they were young. Both accounts suggest that these losses put additional strain on an already complex family situation.

Across the 12 accounts analysed, there was a sense that participants experienced distant and fraught relationships with their families as children. Some talked about this generally, noting that they did not have a close relationship with their family as a whole. However, other participants talked specifically about difficult relationships with their mothers, fathers or both parents. While a small number of participants omitted any reference to their familial relationships altogether, there was a notable absence of particularly close family bonds amongst these participants.

“ *I had a brother, but he was treated differently because they wanted a boy, they didn't want a girl, and he was treated very differently.*
Truth Project participant sexually abused in a residential care context

Family vulnerabilities

Three key childhood vulnerabilities – parental alcohol misuse, parental mental health issues and violence in the household – were mentioned frequently in participants' accounts¹². Only one participant explicitly mentioned that his parents used drugs. One participant talked about his mother being overwhelmed by caring for six children alone and others referenced their mothers having mental health crises. Another mentioned that when his maternal grandmother passed away, his mother ended up unable to care for him.

“ *My mum had mental health problems ... I saw her on good days which were very limited.*
Truth Project participant sexually abused in a residential care context

¹² Social work literature refers to these vulnerabilities as the 'toxic trio', with studies showing that these vulnerabilities are associated with children being taken into care (see Chowdry, 2018).

The majority of participants talked about being surrounded by violence in the family home. This typically involved a number of family members, with participants recalling numerous instances of violence between parents and between parents and children.

“ *My household was an exceptionally violent household ... When my mother broke up with my father, she picked another one to fill those shoes. Prior to that, you know, there'd be times I'd get up in the morning, I'd find my mum in a pool of blood on the floor, because my dad had thrown a dinner plate at her head and it's cracked her open, and that's how she is, or we're hiding under the covers because we're hearing her screaming. That's the kind of stress we were already under.*

Truth Project participant sexually abused in a residential care context

“ *I remember one incident with my mum ... she went to hit my brother with her stiletto boots, and I was only little, but I don't know how old I was. And then I never saw them again.*

Truth Project participant sexually abused in a residential care context

Participants suggested that the violence was endemic and had been a feature of their families for generations. One participant explained that her mother had grown up in a violent environment and went on to be physically abused in her marriage.

“ *My mum's a violent woman at that time [whilst growing up] so violence was a big part of our household ... My mum only did what she was taught. You know, any violence that she visited on us, that's all she knew on how to manage a situation, that's all she knew. She was ignorant to anything better.*

Truth Project participant sexually abused in a residential care context

Some participants talked about being physically assaulted in their homes and referred to this as 'part and parcel' of their childhoods.

“ *[My stepfather] broke my ribs, my hand, my leg, my nose, into my eye. He was so strict.*

Truth Project participant sexually abused in a residential care context

Some participants suggested that this violence was not just contained within the family unit, and was a feature of their parents' lives more widely. One participant explained that tension and violence in the family home was exacerbated by his father's drug dealing and gambling and his mother's involvement in sex work.

“ *They were men that were younger than her, bullies, and they didn't want people around, they just wanted her. And I was in the room one day, and she walked in with a chap ... and I was watching telly, and he told me to turn the telly off. And I said, "But I was watching this". And he beat the living daylight out of me. And she stood there and watched him.*

Truth Project participant sexually abused in a residential care context

Neglectful home environments

Almost all of the participants in this sample talked about emotional and physical neglect. They commented on the lack of warmth, affection and love they received as children. One participant talked about how his mother blamed him for every difficulty in her life and another talked about being treated differently by everyone in his family because he had a different father.

“ Me and my mum weren't close. She never put her arms around me or she never said to me, “I love you son”, or anything like that.

Truth Project participant sexually abused in a residential care context

“ They called me black man's boy in the family, because my – they think my father is black. And they treat me totally different, the whole family. And when they're arguing, they'll say, “Oh, boy”. They're convinced that my father is a black man, well, not black really, Asian. And I believe that this is why I was treated like that.

Truth Project participant sexually abused in a residential care context

Others talked about the difficult physical conditions that existed at home. Many lived in poor home conditions and spoke about the absence of care in their home environment. One participant was surprised that he and his siblings were not taken out of their home sooner.

“ My father lived in one room with no windows, no heating, no hot water and no working toilet. I lived there for many months and slept in his bed in squalor and circumstances grossly unsuitable for a child of that age ... [Then, at my Aunt and Uncle's] I slept on wet urine soaked mattresses every night in filth and they stole my clothes and took money from my father but then didn't care for me.

Truth Project participant sexually abused in a residential care context

Disrupted living circumstances

For some participants, this general lack of care was identified in their disrupted living circumstances. A large number of participants talked about being moved around both in terms of moving from home to residential care, or moving between relatives' houses as children.

“ By the time I was three, sort of, we were going into care for short spells.

Truth Project participant sexually abused in a residential care context

A smaller subset of participants mentioned relocating as children. Two participants in particular talked about the added disruption of moving to the UK as part of an already chaotic family. Isolation was discussed in numerous accounts, with other participants describing actively withdrawing and not feeling able to keep many friendships.

Additional health-related vulnerabilities

A small number of participants described ill health as children. One participant was born deaf. As this was uncatered for in her residential care home, she found communication particularly difficult and explained that the already difficult childhood circumstances were compounded and she felt them more acutely. Another was born with a severe lung disease and required an oxygen cylinder. The same participant also experienced severe eczema and a number of food allergies.

Going into residential care

A number of participants described being sent to live in residential care as a direct result of their parents' alcohol misuse and mental health issues, and the household violence and neglect they experienced in the home.

“ We were sort of clearly neglected and ... abused, physically abused as kids. Like, why weren't we ever taken out of the home? ... And you're talking about like having been burned with cigarettes, black eyes, chip fat poured on me ... but still, it's all like whatever my mother says, that's down as gospel even if it's obviously sort of rubbish, do you know what I mean? It's just – it's recorded as sort of truth.

Truth Project participant sexually abused in a residential care context

“ I was taken into care under a place of safety order, because my mum couldn't look after me, she had problems of her own, she started drinking heavily and her mum died in 1969, so that went some way to her going off the rails.

Truth Project participant sexually abused in a residential care context

Some participants described occasions where one or more of these issues escalated and became trigger points for them being taken into residential care. Two participants described being beaten so badly by their fathers, and one by his stepfather, that social services were forced to intervene.

“ [My stepfather] used to wear cowboy boots, with like steel toe caps, and he literally kicked the living daylight out of me. I was lucky, because next door was a social worker, and she heard this, and she brought the police and they took me away.

Truth Project participant sexually abused in a residential care context

“ In the end, my real dad came to that house in a violent rage and attacked me whilst I was in bed asleep and he was arrested and convicted of physical child abuse.

Truth Project participant sexually abused in a residential care context

Other participants explained that they were taken into care as a result of their own 'troublesome' or 'rebellious' behaviour. One participant was caught stealing and, describing this as 'the final straw', he was subsequently taken into care. Another described rebelling after a family relocation to such a degree that her mother called social services and begged them to take her. One participant explained that she was taken into care because she constantly ran away from home. She explained that she had previously been emotionally neglected by her parents and exposed to sexually abusive behaviour.

“ I was an extraordinarily rebellious child, and I caused an awful lot of trouble when I came to the UK because I didn't want to be here ... I became extraordinarily rebellious and caused an awful lot of heartache at home through that ... My mum just couldn't cope so she threatened to phone social services, and she did one day, because she was literally going to kill me ... My mother was a battered woman, and an abused woman, so she didn't have the skills to manage a child who had my sort of issues ... I knew the trouble I was causing, and I went, "I think it's best if I went".

Truth Project participant sexually abused in a residential care context

One participant in the qualitative sample went into care as a direct result of a parent's death and another had actually requested to be taken into residential care.

“ *I was the child of a mother with mental health problems and a violent and alcoholic father. I had presented myself to the [location] office of social services many times as a child and asked them to take me into care several times. My stepfather at the time had recently killed himself and was a psychotic and alcoholic man. I had witnessed a whole childhood of domestic violence.*

Truth Project participant sexually abused in a residential care context

Given these difficult familial circumstances, many participants recalled feeling initially relieved when they first moved into residential care. They welcomed the idea of an institution that could provide them with a place to sleep and consistent meals. However, this initial sense of relief did not last long (see Chapters 5 and 6).

“ *[The children's home] was the most amazing place for me, initially; I was safe ... I felt, "I've got a safe place, I'm okay. I don't have to watch my mum being beaten to a pulp; I don't have to see all of that"*

Truth Project participant sexually abused in a residential care context

In terms of participants' general experience of residential care, many described being moved around various institutions regularly and at short notice. They were often placed in temporary locations, some of which were custodial in nature, such as assessment centres or remand homes. They described being moved on a whim and receiving little direction from welfare staff or their social workers regarding what they could expect or what their long-term care plan might be. The experiences shared by this group of participants suggest that, in some ways, the instability of the welfare system mirrored the chaos of their early lives at home.

“ *They took me away ... on an interim care order, I don't understand why they put me in an assessment centre for people who had trouble with the police ... I wasn't allowed out, it was all locked up, bars on windows, and they just did whatever they pleased. And nobody did anything about it.*

Truth Project participant sexually abused in a residential care context

Chapter 5

Context and nature of the child sexual abuse

This chapter details the context and nature of the sexual abuse experienced by participants in residential care contexts. Information is provided about the location, timing and nature of the sexual abuse as well as details of who the perpetrators were and their roles in or links to residential care. Other types of (non-sexual) abuse that participants experienced in residential care contexts are also reported. It addresses the research sub-question:

- What do people share about the nature of the child sexual abuse they experienced in residential care contexts?

5.1 Perpetrators

5.1.1 Quantitative information

Participants sexually abused in this context most often reported that they were abused by residential care workers within a place of residential care (47 per cent). A residential care worker refers to anyone who provides care to children in residential care. A quarter of participants (25 per cent) reported being abused by a peer or older child whilst in residential care, who may or may not have resided in the same place of residential care. Others described abuse in residential care that was perpetrated by teachers or educational staff (11 per cent), or other professionals, including individuals such as social workers (7 per cent). See Figure 5.1 for more details.

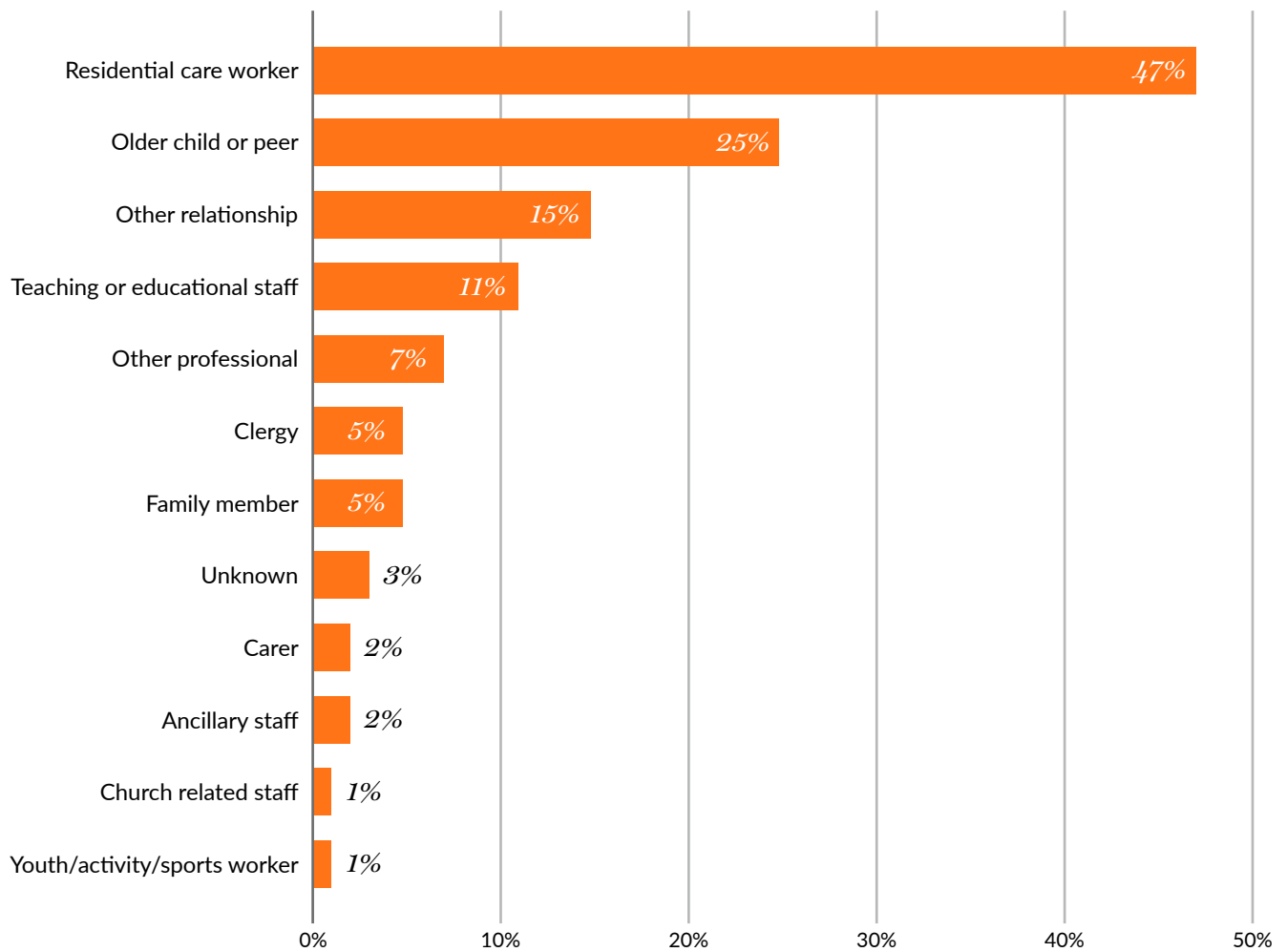
The majority of Truth Project participants reported being sexually abused by male perpetrators. However a higher proportion of individuals sexually abused in a residential care context reported being abused by a female perpetrator compared to participants abused in other contexts (16 per cent and 6 per cent respectively).

Information was collected regarding perpetrators' age and ethnicity. However, data are only available about these demographics in a small number of cases currently and are therefore insufficient for meaningful analysis.

5.1.2 Qualitative information

The participants in the qualitative sample described a range of perpetrators. As with the quantitative findings, in the majority of cases, victims and survivors talked about being sexually abused by an employee in their residential care home. Some participants reported that these perpetrators had considerable authority; with three reporting that they were abused by those in charge of the places they lived. One of these participants described that the power and lack of accountability associated with the perpetrator's position had played a role in his ability to perpetrate the abuse. Another participant noted that the mother of the perpetrator held a senior position in the social services in that area, and perceived that this connection afforded him some degree of freedom in his behaviour. A fifth participant described the perpetrator as a social services inspector and house master across three or four different homes. He also noted that this perpetrator acted as a ring leader in facilitating multiple other abusers.

Figure 5.1 Relationship of perpetrator(s) to victims and survivors



N= 177. This number only includes cases where participants shared that the sexual abuse took place in residential care.

Note: Percentages total over 100 per cent as some participants reported more than one perpetrator of sexual abuse. Percentages here relate to the overall sample.

“ He [house master & inspector for social services] used to come and get me and take me to ... where he was working, and they were in there ... It was him ... the gym teacher ... the English teacher ... [and] just somebody who worked there.

Truth Project participant sexually abused in a residential care context

Other participants mentioned education providers and other staff members within the place of residential care as perpetrators. This included ancillary staff such as a caretaker or gardener. Notably, as seen in the quantitative findings, a handful of participants were sexually abused by female members of staff. These participants' accounts suggested that the caring roles occupied by these women provided them with various opportunities to abuse children.

“ People, everyone thinking that nuns and the Catholic order is a good and benevolent place and everything, they can't do anything wrong, and realised that that was just not the case at all ... She's a witch, a witch cow, I'm sorry, I want to say that.

Truth Project participant sexually abused in a residential care context

“ It was mainly women that – it was women that ran the children's home. There was one man there, he was the caretaker ... [cries]. He used to like to do things to the one's on the bottom floor, because, as he used to say, “You're not going to make it out of here alive! ... Nobody wants the damaged ones!”

Truth Project participant sexually abused in a residential care context

Some participants described being sexually abused by 'outside adults', by which we refer to any adults not employed by the residential care setting or associated local authority. One participant was abused by what he referred to as 'uncles' or 'helpers' who were allowed to take the children from the institution out, either for the day or for holidays abroad. Another participant talked about being abused by the house mother's fiance, who often stayed the night. One participant was sexually abused by two drug dealers who had been invited into the home. She suggested that this highlighted the staff's complete disregard for the safety and wellbeing of children in the care home.

“ What happened with me was one of these guys ['helpers'] came ... He had a moustache and he lived in [city] ... He came and took me out for rides and got to know me, got me sweets and things and then he'd bring me back.

Truth Project participant sexually abused in a residential care context

“ The house mother ... she was getting married to this man, and he used to come and stay, and that's when he used to sneak into my bedroom and say things to me ... Of course, back then, people weren't vetted like they are now.

Truth Project participant sexually abused in a residential care context

A number of participants were sexually abused by those working for various independent living schemes. Participants' accounts suggest that these individuals had access to the participants' entire lives and were introduced to them at a particularly vulnerable point in their lives – at which they were transitioning into living independently in the community.

“ Here's a guy who was taller than me at that time, big, bushy red hair: my brother was in [another country]. [With the perpetrator] I felt, “I've got someone who's going to keep me safe”. That's what I thought. But he didn't ...

Truth Project participant sexually abused in a residential care context

A small number of participants mentioned being sexually abused by social workers, one of whom also held a leadership role in a young person's organisation.

“ Apart from being a social worker, he was [a leader in a young person's organisation]... So he had quite a bit of power ... People absolutely loved him.

Truth Project participant sexually abused in a residential care context

Participants also talked about being sexually abused by other children in the same institution. Often participants talked about this type of abuse as secondary to that perpetrated by adults. They did not necessarily identify it as abuse at the time and were more likely to view it as part and parcel of the institution and growing up. The sexual abuse tended to be perpetrated by older children in the home and often by more than one individual.

“ *The sexual abuse was committed by a group of bigger/older boys – I think there may have been about six of them in total.*

Truth Project participant sexually abused in a residential care context

“ *[The sexual abuse involved] basically, all the boys in the children’s home, at one stage or other ... They [the house mother and father] would leave us with one of the older boys, like, mostly he did their dirty work for them.*

Truth Project participant sexually abused in a residential care context

5.2 Location and timing of abuse

5.2.1 Quantitative information

Out of the sample of 2,328 participants, 177 reported that the location of sexual abuse was in residential care.

For participants who were sexually abused by residential care workers, most reported that the abuse had taken place within residential care (78 per cent). Some participants abused by residential care workers shared that they were sexually abused in other locations. For example, 5 per cent of the participants sexually abused by residential care workers reported that this abuse took place in foster care.

5.2.2 Qualitative information

Participants in the qualitative sample reported being sexually abused both within and outside of the residential care in which they lived. Locations within the institutional grounds included communal bathrooms or shower rooms as well as more hidden places such as a bike shed, and a coal room. Others were abused in rooms which they described as being seemingly dedicated to abuse-related activities.

“ *They had a room [in the children’s home] where they would stay overnight. And he took me to his room, in his room and he got me to masturbate him ... It’s very, very bad. And very, very, very fucking corrupting.*

Truth Project participant sexually abused in a residential care context

In terms of off-site locations, one participant described being taken to the perpetrator's mother's house and raped in her bed. Another spoke about being sexually abused in the perpetrator's car.

“ *He took me to his mum's house ... One of the things about abused kids is that we've got a very high sense of danger ... and I felt unsafe in that house, and I couldn't work out why. So he shows me around the house, and he shows me his mother's bedroom, and I don't even know how it went from there.*

Truth Project participant sexually abused in a residential care context

Participants reported being sexually abused during both the day and the night. The common theme across all of the accounts was that the abuse occurred when they were alone with the perpetrator, most often following staffing shortages or day trips away. One participant talked about attending a specialist school for children with hearing impairments which meant that her school terms were different to the other children in her home. She talked about being sexually abused on those days when she was home alone.

“ *When there was school, the other children went to school three days earlier than me ... [and] I'd be fighting her, she'd be wrestling with me to touch my body.*

Truth Project participant sexually abused in a residential care context

Similarly, another participant talked about being made to stay home from Saturday day trips regularly as punishment for misbehaving, giving the perpetrator ample time to abuse. The same victim and survivor talked about being woken up in the middle of the night and taken to the communal showers to be sexually abused while all other staff and children slept.

“ *He'd wake me up in the middle of the night ... It wasn't just the middle of the night. Every Saturday, the kids got their pocket money, they'd go to places, and I'd be left at home because I'd been naughty, and ... he would have waited until they'd gone ... They were clever, very clever.*

Truth Project participant sexually abused in a residential care context

Another mentioned being locked in the bike shed with the caretaker, who had offered to watch over her as staff were under-resourced.

5.3 Nature of abuse

5.3.1 Quantitative information

Participants sexually abused in residential care contexts spoke most often about fondling (51 per cent), followed by other forms of sexual abuse involving penetration (49 per cent). This is similar to the proportion of participants abused in other contexts who reported fondling (56 per cent) and sexual abuse involving penetration (48 per cent).

5.3.2 Qualitative information

Onset and grooming

The majority of participants who talked about the circumstances in which the sexual abuse began talked about it happening relatively soon after moving into residential care. One individual mentioned that it happened shortly after she disclosed the abuse she had previously experienced at the hands of her uncle to her support worker.

Where the sexual abuse was perpetrated by ‘outside adults’ in particular, participants talked about the grooming and exploitative aspects of the perpetrators’ behaviours. A number of participants mentioned being taken for rides in perpetrators’ cars, recalling these experiences as exciting and thrilling. One participant described the reckless driving of the perpetrators and others talked about being allowed to drive the cars themselves.

“ He had a [car], and it was red, I remember, and he would go: “I need to go here, do you want to come out for a spin?” And he would drive really fast, he would do things that were just not supposed to be done by the grown-ups and you feel like, “Oh, this is great.”

Truth Project participant sexually abused in a residential care context

Other participants described being subject to various grooming techniques, for example, being given small items such as sweets, ‘treat’ food or alcohol or being taken on day trips or weekends away.

“ There would be uncles who would come and visit, helpers who would come and take kids out ... Then one day some of us were taken to [country abroad] in an aeroplane on holiday ... [Then], I don’t know who they was but we went on someone’s yacht ... but I knew they were rich and important ... This was, like, normal for people to come and take kids out.

Truth Project participant sexually abused in a residential care context

While grooming behaviours appeared particularly common to the behaviours of perpetrators who were ‘outside adults’, it was also mentioned by some other participants including an account relating to a male victim and survivor abused by a female staff member. Two participants explained that the manipulation involved in their grooming was so acute that it was only when reflecting on the experience as adults that they recognised these activities as grooming behaviours.

“ The more I distance myself from it ... the sort of clearer I know it’s wrong, but back at the time, I was totally groomed and manipulated.

Truth Project participant sexually abused in a residential care context

All of the participants who talked about being groomed alluded to the idea that they felt special. A victim and survivor explained that the perpetrator had a special ring which he hand-selected a girl to wear and, when it was her turn, she was incredibly excited at being chosen. One participant talked about the perpetrator calling her his 'special princess', whilst another reported that she considered the perpetrator her only source of support at that time in her life.

“ *I thought he was treating me in a special way at the time and I never reported it. I had no one at all in my life to help me and he was all I did have and so I was worried that I would lose that as well.*

Truth Project participant sexually abused in a residential care context

Nature of sexual abuse

Participants talked about various forms of sexual abuse. The majority talked about experiencing contact sexual abuse, which for some included rape. Many talked about having experienced both contact and non-contact abuse. A small number of participants described the abuse starting out as inappropriate behaviour – some of which progressively escalated. One participant described being encouraged to engage in sexual talk, and the perpetrator trying to kiss her after providing her with alcohol. Another explained that the perpetrator simulated having sex with him as a precursor to what was to come.

“ *On one occasion he took me out and got me drunk and then took me to a car park where he tried to French kiss me.*

Truth Project participant sexually abused in a residential care context

“ *I was down there [in the coal room] ... and [perpetrator] came in and he came behind me and put his arms on me. Then he put his arms up and was holding me here underneath my armpits like this and then bend me over and, sort of, simulating fucking me.*

Truth Project participant sexually abused in a residential care context

Non-penetrative contact sexual abuse included being forced to perform oral sex, engage in mutual masturbating and being touched inappropriately. A number of participants described being undressed or having perpetrators force their hands down their trousers or under their tops.

“ *He'd put a towel round my head, round my face, and then he would basically get me to hold his willy, and he would kiss me through the towel.*

Truth Project participant sexually abused in a residential care context

One participant, who experienced both contact and non-contact sexual abuse, told of how degradation formed part of the abuse.

“ *Then they make you shower, and every shower has got a curtain, except for two, and they tell you which ones to use, and they stand in front of the shower, and they literally point and touch where they want you to wash, and they stand there. And it's not just one [perpetrator], there's four, and they take it in turns to degrade you.*

Truth Project participant sexually abused in a residential care context

Many of these participants also mentioned being sexually abused simultaneously to other children. One participant mentioned being forced to masturbate other boys as the perpetrator watched.

“ *The sexual abuse involved me performing oral sex on the boys and [perpetrator] and me masturbating them.*

Truth Project participant sexually abused in a residential care context

One participant described being in a “*voluntary sexual relationship*” with an individual who worked at an organisation which supported those transitioning from living in residential care to independent living in the community. She explained that although he was older than her and she was younger than 18, he was supportive and loving. One individual abused by other children described the abuse in a similar manner. She explained that she engaged in oral sex with all of the boys in her care home but considered that behaviour a normal part of life in that institution.

“ *By the time I was 15, I had basically had oral sex with all of them. It was part of life ... All of them. All the boys in the children’s home.*

Truth Project participant sexually abused in a residential care context

5.4 Duration of abuse

5.4.1 Quantitative information

Some participants who shared their experience through the Truth Project talked about multiple, distinct episodes of sexual abuse. In our analysis we define an ‘episode’ as one or more instance of sexual abuse involving a particular perpetrator(s) or institution(s). It may involve a single instance of sexual abuse or relate to more than one instance which takes place over a period of time. It may also involve a single perpetrator, or multiple perpetrators who have colluded together. This means that experiences involving paedophile rings or child sexual exploitation perpetrated by a group would be classified as one episode of abuse. Where a participant reports multiple episodes of abuse, this means they have experienced distinct episodes of sexual abuse, involving different, unconnected perpetrators and institutions. For example, an individual may have been sexually abused by a family member in a domestic setting, and then experienced sexual abuse perpetrated by a teacher in a school; this would be classified as two episodes of abuse.

Of the participants who were sexually abused in the context of residential care, a higher proportion reported experiencing multiple episodes of sexual abuse (58 per cent) compared to those abused in other institutions (27 per cent). Further information on this can be found in section 8.3.

The sexual abuse participants experienced varied in terms of duration, with some reporting a single instance of abuse and others reporting abuse that lasted for more than 10 years. Participants abused in residential care contexts reported an average duration of 4.2 years of abuse, with participants abused in other contexts reporting an average of 4.4 years in total¹³.

¹³ The average duration of sexual abuse is an average of the total duration of sexual abuse across all experiences reported by participants.

5.4.2 Qualitative information

The frequency and duration of sexual abuse experienced by participants varied. Some participants spoke about the abuse occurring regularly and lasting for a long time – in some cases it occurred in the same institution for a number of years. In contrast, others talked about the abuse happening frequently over a short space of time.

“ *The sexual abuse occurred regularly throughout the years ... It was a routine, very regular experience.*
Truth Project participant sexually abused in a residential care context

“ *It happened again and again and again. It was so frustrating ... It happened again and again ... I didn't know what to do.*
Truth Project participant sexually abused in a residential care context

A smaller number of participants talked about sexual abuse ‘following’ them from one institution to the next and suggested that it was an ‘endemic’ feature of their lives.

“ *They just move you. All they used to do is say, “Right, pack your stuff, you're going” ... And what they'd do is, they'd say, “Give this to so and so”, and it was a letter, a sealed letter. And you'd go in, you'd give it to the guy they said and you were his and that's it.*
Truth Project participant sexually abused in a residential care context

In the majority of cases, the sexual abuse only stopped when the victim and survivor left the institution. This mostly happened for reasons unrelated to the abuse, such as their age or spaces becoming available elsewhere. In one case, a victim and survivor described being moved to another home after a member of staff raised a concern about his ‘relationship’ with a female member of staff. He recalled feeling blamed for the situation and postulated that, because the perpetrator was female, other staff members viewed it as a relationship rather than abuse. In another case, the victim and survivor recalled being immediately discharged when she stood up to the perpetrator.

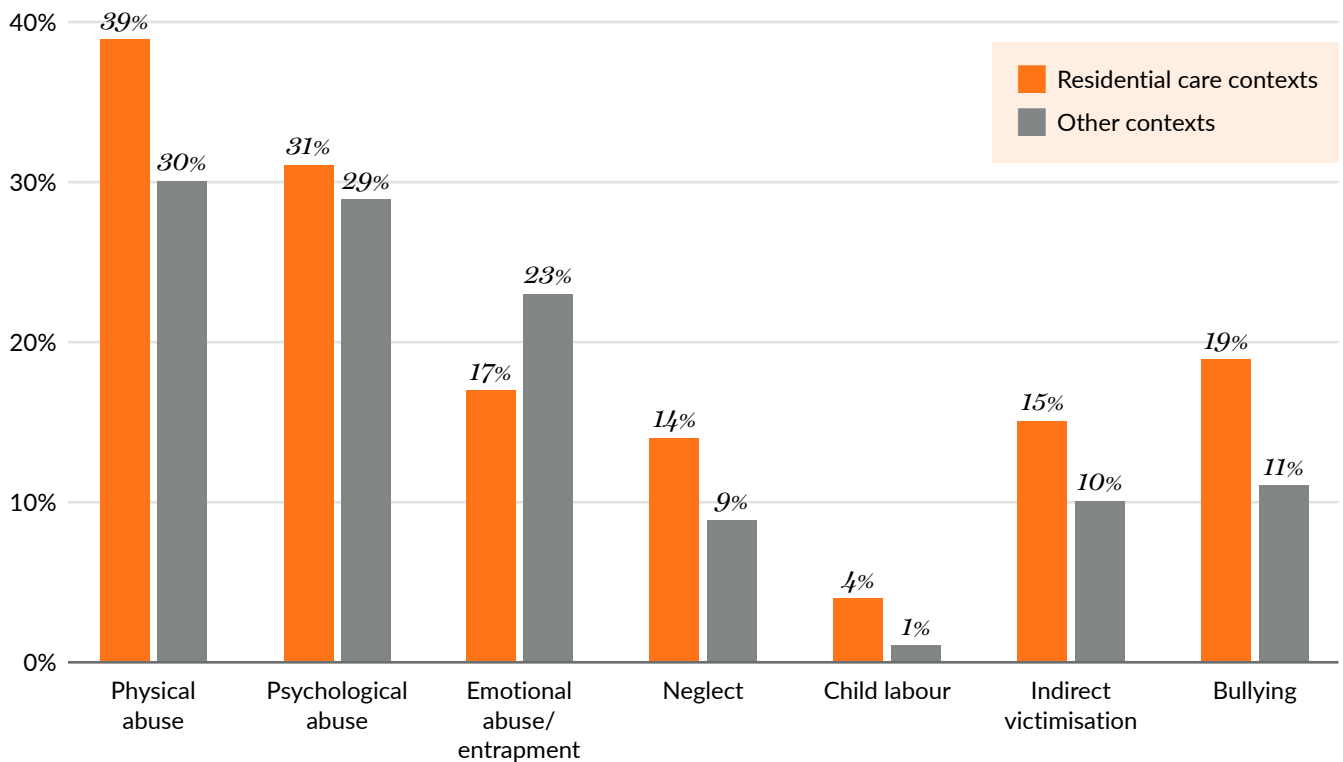
“ *[He] drove into this car park that was no longer a car park, kind of thing ... and he tried again. He tried to put his hands down my trousers, he tried groping, and I was going, “No, not this time, no”. I was very definite. So, he took £5 out of his pocket, threw it in the foot well, and said, “You've been discharged ... you can't go back there anymore”. And left me in the car park, and I never heard anything from the home after that. I never heard a god-damn thing.*
Truth Project participant sexually abused in a residential care context

5.5 Additional experiences of abuse

5.5.1 Quantitative information

In some cases, participants reported experiencing child sexual abuse alongside other forms of abuse by the same perpetrator, such as physical and emotional abuse, and neglect. Of those abused in a residential care context, 55 per cent talked about other forms of abuse they experienced alongside the sexual abuse, which is a similar proportion to those abused in other contexts (52 per cent).

Figure 5.2 Other forms of abuse experienced



N= 191 (residential care contexts) / 2,137 (other contexts)

Note: Percentages may total over 100 per cent as some participants may report experiencing more than one other form of abuse. Percentages here relate to the overall sample.

Although the proportion of participants experiencing multiple forms of abuse was similar for those abused in residential care and other contexts, the other forms of abuse experienced differed slightly between the groups. In particular, a higher proportion of those abused in a residential care context experienced physical abuse, bullying and neglect (Figure 5.2).

5.5.2 Qualitative information

Alongside the sexual abuse described, participants also reported experiencing both emotional and physical abuse in residential care. For some, emotional abuse was experienced as an absence of warmth, love and affection. For others, it was experienced as verbal abuse. Some verbal abuse was particularly aggressive and included being shouted at, called horrible names and even threatened. Threatening behaviour was particularly common amongst those who had perpetrated sexual abuse.

“ He threatened to kill me, and he said, “If you tell anybody, I’ll kill you”. He actually put his hands on my throat.

Truth Project participant sexually abused in a residential care context

In terms of physical abuse, participants recalled numerous instances of being hit by individuals or with objects. Two participants recalled being straddled, pinned to the floor and physically assaulted. One victim and survivor recalled having to visit the hospital on a number of occasions to have her tracheotomy fixed after it was damaged during physical assaults, whilst another recalled suffering multiple blows to her head.

“ There was one guy there ... he thought it was funny to actually make us attack each other, and hurt each other. And he used to take you into a back room, and he'd say if we didn't fight, he'd hurt you.

Truth Project participant sexually abused in a residential care context

In another case, a participant explained that, despite being well, she was forced to undergo an operation on her cervix. This caused complications in pregnancy and childbirth later in life, which led to her children being born prematurely and with disabilities.

“ I was taken to [hospital] by social workers and informed that they wanted to do an operation on me to remove parts of my cervix. I didn't fully understand what was going on but I do remember getting out of the hospital bed and running away. The social workers brought me back screaming and I was given an injection to put me to sleep and the operation went ahead which I didn't want done. Even then I didn't believe that it was true and that there was anything really wrong with me ... I was taken by a support worker to have it done. This woman was an alcoholic I believe.

Truth Project participant sexually abused in a residential care context

Multiple participants talked about being physically abused at the same time as being sexually abused.

“ Downstairs they had a room with nothing in there, just an empty room, with no windows. And they stripped me naked and threw me in there. I was there for three days, and they'd come in, they'd abuse me, they'd throw water over me, buckets of water.

Truth Project participant sexually abused in a residential care context

“ He had to take your trousers off and then he'd sit like that, right, and then you have to bend over his knee. And then he would make sure that his knee was in your groin, I think to see if you were getting an erection, you know ... And he would hurt you hard and then stroke you and then hit you again and then stroke you.

Truth Project participant sexually abused in a residential care context

Some physical abuse occurred under the guise of punishment, and participants explained that violence was very much part of the institution's regime (see Chapter 6).

Chapter 6

Institutional context and knowledge of the child sexual abuse

This chapter describes the characteristics and features of residential care and how these facilitated the perpetration of child sexual abuse. It considers what knowledge providers of residential care and others had about abuse that was occurring at the time. Using primarily qualitative data, this chapter explores the research sub-questions:

- How much did institutions know about what was happening?
- What have victims and survivors said about whether anything could have been done by the institutions at the time to prevent the sexual abuse?

6.1 Institutional characteristics

6.1.1 Qualitative information

Participants described the settings in which they were held as ‘children’s homes’ or ‘care homes.’ Most were unsure about who the provider of their residential care was and whether they were governed by local authorities. However, one participant described a home that was run by nuns and another described a place that was focussed on respite and foster care placements and run by a married couple.

As referenced in Chapter 4, participants reported entering these places expecting a place of refuge and safety, following difficult family circumstances. Some recalled initially feeling safe when they arrived but that things quickly changed. They described places that were generally unsafe and where anything could happen to the children placed in them.

“ You go into a children’s home already damaged, we’re already damaged before we get to that point; we’re not going there for a holiday, we’re not going there because we’re well-managed, well-fucking-centred kids, we’re going there because we’re a bit broken, and we’re breaking everyone else around us. But it should’ve been a place of safety.

Truth Project participant sexually abused in a residential care context

Participants described a range of physical environments. Some had had their own private bedroom – albeit with no light or window in one case. Others recalled having to share a bedroom with a number of other children. A common theme across accounts was the experience of these settings as unhomey, unsupportive, physically and emotionally cold, and places where children were subject to harsh regimes or neglect.

“ I did notice very much that the nuns were cruel, that they would use knuckles on the people’s heads to keep them in line and very kind of harsh in their practice...

Truth Project participant sexually abused in a residential care context

Some participants also described not being in receipt of education while living in residential care and receiving no preparation or support for their transition from living in residential care to independent living in the community or different care arrangements.

“ I mean, my mum and dad got me, when I was eight. I couldn’t even read. I couldn’t even put pen to paper. I couldn’t even spell my own name.

Truth Project participant sexually abused in a residential care context

“ *They just didn't really care. We had no hope living in that place, no hope at all.*

Truth Project participant sexually abused in a residential care context

The pervasiveness of punishment and chastisement for 'bad behaviour' or 'asking questions' was a particularly striking theme in participants' descriptions. One victim and survivor recounted how smacking boys' bottoms was a ritual in the home he was in.

“ *That was a very cruel place ... if you did something wrong, they would get you out of bed and make you stand on the stairs and if you moved you would be slapped.*

Truth Project participant sexually abused in a residential care context

Physical punishment was often accompanied by emotional abuse, and participants described staff who were generally cruel and unsympathetic to them and their needs. One participant, having been disabled with various health conditions from birth, described how she was treated differently to other children in the home. She explained that she (with other disabled or unwell children) was kept separate from healthy and able-bodied children and was constantly told she was 'damaged goods' and undeserving of love. She also went on to explain that when foster families would come into the home to 'pick' the children they wanted to foster, staff would actively dissuade visiting families from fostering her.

“ *I used to call it the pick-n-mix, where families would come in and take the normal ones, the good ones, and you – the damaged ones – would be left behind.*

Truth Project participant sexually abused in a residential care context

Being the only deaf child in her respective home, another participant told of how she felt isolated and unhappy with staff making no effort to support her or help her to communicate. Isolation and loneliness was a prominent theme in victims and survivors' accounts more widely – a feeling described as overwhelming. Some talked about rarely leaving the home and being largely confined to their bedrooms. Siblings initially placed in the same home were also often later separated from one another.

As children living in residential care, participants described how they found it difficult to make friends with the other residents. This was due to certain children being treated differently, with staff having 'favourites', and the fear of punishment that hung over them at all times. One participant recalled being forced by staff to fight with the other boys in the home as well. Participants' perceptions of distress in other children in response to their living environment also limited opportunities for building friendships. Relationships with other children were instead characterised by trying to look out for one another and warning each other about risk attached to certain staff members or physical spaces. One participant also described children physically 'disappearing' from the home she lived in.

“ *When you first go in there, they bend over backwards to make you feel at home. And after a while, it changes, the whole dynamic changes, the atmosphere changes, and you've got the boys saying to you, "Be careful, be careful", and they're not elaborating why, and then they'll say to you, "You're Room [number] tonight". And you don't know what Room [number] is, but I do. I was sleeping in a dorm, a four bed dorm, Room [number] is a single bedroom, away from the dorms. And you are subject to what Room [number] is about.*

Truth Project participant sexually abused in a residential care context

6.2 Enabling characteristics of residential care

6.2.1 Qualitative information

Through participants' accounts, six key characteristics of residential care were identified that facilitated the perpetration of child sexual abuse.

An embedded culture of abusive behaviour

Participants described environments where abuse of all kinds – often perpetrated simultaneously – was commonplace. They experienced abuse as embedded and accepted in the working practices of the residential care setting. In some cases, participants reported how multiple staff colluded in and orchestrated the sexual abuse of children. Some participants deemed that the duration of time they were held in the children's homes was also unnecessarily long and that this in itself enabled the abuse to continue for a sustained period of time.

“ You weren't moved out very quickly, at all. So, they found my notes conveniently, after eight years of being in there, at the back of the drawers. Just hidden. So, I was never put up for adoption, never put up for fostering, or anything ... Which makes it harder, because then the stuff that I went through, I didn't need to go through, for that length of time, either.

Truth Project participant sexually abused in a residential care context

Unqualified staff being given care responsibilities

Participants commented on the unsuitability of staff that were sometimes allowed to assume care-giving responsibilities. One recalled how the home would use anyone they could get to cover a care staff shift. Another spoke of the home's caretaker offering – and being allowed – to 'watch over' children in the garden. In this case, the caretaker then sexually abused her.

“ When I was living there, there was a gardener on the care staff. The chef was on the care staff. Two cleaners were on the care staff. It was just ... anyone who they could sort of get to cover a shift it seemed.

Truth Project participant sexually abused in a residential care context

Lack of supervision and professional boundaries

Participants perceived there to be a general lack of supervision and care in the homes. They told of members of staff being able to take children off-site in their cars alone where they were then sexually abused; a lack of staff and child supervision when unsuitable staff were given care-giving responsibility; and ancillary staff having unquestioned access to all areas of the building, including children's bedrooms.

“ He was meant to be outside, and meant to be looking after the building. Yes, nothing to do with the young people ... He wasn't – you know, there was nobody walking round with him.

Truth Project participant sexually abused in a residential care context

Some institutional practices were felt by participants to have sexual overtones, such as staff bathing the children, even when they were older and able to wash themselves. Participants also described how external visitors were allowed to enter the homes and wander around freely. One victim and survivor sexually abused by a social worker described how this specific individual would enter the building unannounced and be allowed to have lots of physical contact with the children under the guise of 'play fighting' and being friendly.

“ The staff used to bath you. They used to wash your hair and everything. And some of the older people in the home complained about it, and said, “Why are you doing this?” Actually, one of the boys that shared my bedroom, he used to get dressed and undressed in the wardrobe, because he was that frightened of what was going on.

Truth Project participant sexually abused in a residential care context

Being able to exploit the physical space

Participants believed perpetrators were able to monopolise vacant or out-of-sight spaces within the residential care context to sexually abuse the children living there. As described in Chapter 5, some participants also shared accounts where the location of abuse was more conspicuous, reporting that specific rooms seemed to be designated to the sexual abuse of children.

“ But the cell, if you went there, it wasn't just one of them, it was one after the other. Room [number] was one of them, but in the cell it was the four of them. And you knew, as soon as it happened, that it was going to start, and it'd go on and on and on and on.

Truth Project participant sexually abused in a residential care context

No trusted person children could talk to

Participants recounted that while living in residential care, they had no single trusted person they could confide in or talk to about what was happening. Only one participant spoke of having a supportive mother. She explained that although her mother was unaware of the sexual abuse until a much later point, she had lodged a general complaint at the time about general levels of safety in the establishment, which was disregarded.

“ My mum was very concerned about safety in the home and had gone there to complain and had a huge meeting with staff about the safety of the place and how men were getting in through the back door of the home. She said they all lied and pretended it wasn't an issue.

Truth Project participant sexually abused in a residential care context

Many spoke of having a string of different social workers rather than a single consistent one, and not seeing social workers very often. Social workers were also described as having never asked questions or seeming interested; and any that did, were not seen again.

“ If there was a decent social worker, and they figured out what was going on, they'd be shipped off, and someone else would be put in their place.

Truth Project participant sexually abused in a residential care context

Action not taken regarding concerns or allegations

Participants believed that no one within or outside of the places of residential care did anything to help when they knew what was going on. A recurring theme in participants' accounts was the view that a general culture of cover ups was inherent in residential care (with several having experience of more than one) and that this extended to social services. They perceived that safety concerns, complaints and allegations of abuse were dismissed and not taken seriously. Participants perceived that places of residential care knowingly enabled individuals to continue to pose a risk to children. In one case, the perpetrator continued to work in the specific home after an allegation of sexual abuse had been made. Others understood that perpetrators had been able to take up roles elsewhere that involved contact with children.

“ *The culture in those days was very much to 'cover up'.*
Truth Project participant sexually abused in a residential care context

6.3 Institutional and wider knowledge at the time

6.3.1 Quantitative information

Of the participants sexually abused in a residential care context, 42 per cent reported that someone else in the institution knew about the abuse, compared to 30 per cent of participants abused in other contexts.

Half of the participants (50 per cent) who were sexually abused in a residential care context reported that they knew of someone else in the institution also being abused. This was a higher proportion compared to those abused in other contexts (30 per cent).

6.3.2 Qualitative information

Echoing the findings of the quantitative analysis, participants in the qualitative sample knew or firmly believed that the place of residential care they lived in was aware of the sexual abuse at the time. This included where abuse was being perpetrated by older children within the home. As highlighted in Chapter 5, the sexual abuse of children in these places was in some cases perpetrated by multiple individuals in a seemingly organised way. Participants perceived that the culture of abuse, sexual or other, was simply accepted and covered up by staff.

Some references were made about staff members who made some effort to protect the children. In a residential care home run by nuns for example, one participant suspected that a nun had spoken to seniors in the wider religious community about the physical abuse going on in the home and that she was subsequently moved on. Others spoke of staff members who exhibited certain behaviours that suggested they knew something was going on and made some attempts to keep them safe.

“ *And the only decent one there was the dinner lady, who cooked our meals. And she knew what was going on ... She knew, because she used to try and keep us in the canteen or wherever, and say, "Stay a bit longer boys, you don't need to go up there". And she'd said, "I'll see you tomorrow", you know what I mean, "Be safe".*

Truth Project participant sexually abused in a residential care context

“ *She was a very good member of staff ... I remember her wanting to, kind of, keep you by her side, because I think she knew; I think they all knew ...*

Truth Project participant sexually abused in a residential care context

Overall, however, participants believed staff who did not perpetrate sexual abuse knew about it and did nothing. One participant recalled that despite a nun walking in on her being sexually abused, no action was taken.

“ *When I look back now it makes me feel physically sick that everyone knew this was going on including the workers and did nothing.*

Truth Project participant sexually abused in a residential care context

Another recounted how a staff member openly acknowledged that the children's home had known but done nothing about the sexual abuse she had experienced, to her new foster parents as she left to live with them.

“ *There was a member of staff that turned round ... to my mum and dad, before they drove off with me, and said, “We've created a monster, I'm sorry, if she wants to sue us when she's older, she'll have the right.”*

Truth Project participant sexually abused in a residential care context

Some participants believed social services and specific social workers linked to children in the place of residential care were also aware that sexual abuse was going on but denied or even blamed the child for it. One participant perceived that social services were aware of the abuse but failed to adequately respond to it, categorising it as 'a relationship'.

Participants described that when sexual abuse was disclosed to the place of residential care at the time, either by themselves or other children, they were not believed. One participant sexually abused by older children in the same place recalls how the disclosure he and another child made were minimised and ignored.

“ *I think it had been an evening, I don't know if it was late at night, I can't remember, but he took me into the bathroom upstairs, and one of the kids had woken up to go to the toilet. And he stuck me in the bathroom, pulled the shower curtain across, but you could see me in the mirror ... And they said, like, told the people, and then I told them what had been going on, and they basically told me to stop lying ... Just attention seeking.*

Truth Project participant sexually abused in a residential care context

Another recalled becoming aware that a complaint of sexual assault had been made against the staff member who raped her by two other girls in the establishment. She explained that the two girls were taken on a trip following this, before being brought back to the home, where the rest of the children were then told by staff that the girls had simply made it up.

“ *Those two girls were taken out of the home and brought back, and sent on a fucking holiday, and that makes it all better, you know?*

Truth Project participant sexually abused in a residential care context

In terms of wider knowledge about the sexual abuse, there was frustration that other professionals such as teachers or hospital staff did not pick up on the signs of abuse, some of which participants believed to be physically visible. There were also some instances where it had become public knowledge that children were being abused in these institutions, either at the time or at a later point. In more than one case, participants reported that the institution had subsequently been closed down, deemed unfit for purpose, or had more recently formed part of a separate public child abuse inquiry. One participant mentioned a television documentary being aired about his specific home while he was still living there.

“ Yeah, so back to when I was living in the children’s home, a [television] programme came out about our specific home so it was you know it was just a real sort of live topic at the moment.

Truth Project participant sexually abused in a residential care context

Participants either believed that other children were being sexually abused in the institution – by the same perpetrator or someone else – or knew for certain at the time that this was the case.

For those participants who could not say for certain but had strong suspicions that other children were being sexually abused, this suspicion was driven by the visible distress of other children in their place of residential care. The widespread physical abuse was also considered an indicator that sexual abuse was likely going on for other children as well. One participant explained feeling relieved by the fact the perpetrator did seem to have other victims as it meant he was left alone. For some, their suspicions were confirmed as adults, when they found out that the perpetrator had been convicted of sexual abuse against another child.

“ I think so, yes. Yes. Definitely. I was quite happy for that because it left me alone. I think he went from boy to boy at will. And he wasn’t interested in any single person. He didn’t single anybody out. Obviously, he singled me out because I was new, probably, in his surroundings, and he thought, “Oh, yes, he’s new. Oh, yeah. He’s the next one.”

Truth Project participant sexually abused in a residential care context

Where participants reported knowing for certain that other children were being sexually abused at the time, this was either in relation to the same or a different perpetrator. One participant shared that the perpetrator who abused him had sexually abused at least six other children. These other victims included other children in the home as well as children living in the wider community. As previously noted, another was aware of two other girls in her residential care home making a complaint about the same perpetrator and one participant noted being aware of a female residential support worker in her institution having had sex with a teenage boy on multiple occasions.

“ We were all aware of a female residential support worker having sex with a teenaged boy many times whilst she was on duty on a night shift and supposed to be looking after us. This went on for quite a long time before it was stopped.

Truth Project participant sexually abused in a residential care context

Chapter 7

Experiences of disclosure and responses by institutions

The first part of this chapter presents information about participants' experiences of disclosing the sexual abuse, both as children and as adults, and how they were impacted by the responses to their disclosure. The drivers and barriers to disclosure shared by participants are also reported. The second part of the chapter describes participants' experiences of the police and criminal justice system.

The research sub-questions addressed in this chapter are:

- What were victims and survivors' experiences of disclosing child sexual abuse (as a child/adult) that occurred in a residential care context and what has helped or hindered disclosure?
- How were disclosures or allegations of child sexual abuse in residential care contexts responded to by those within and outside institutions?

7.1 Experiences of disclosure and impacts as a child

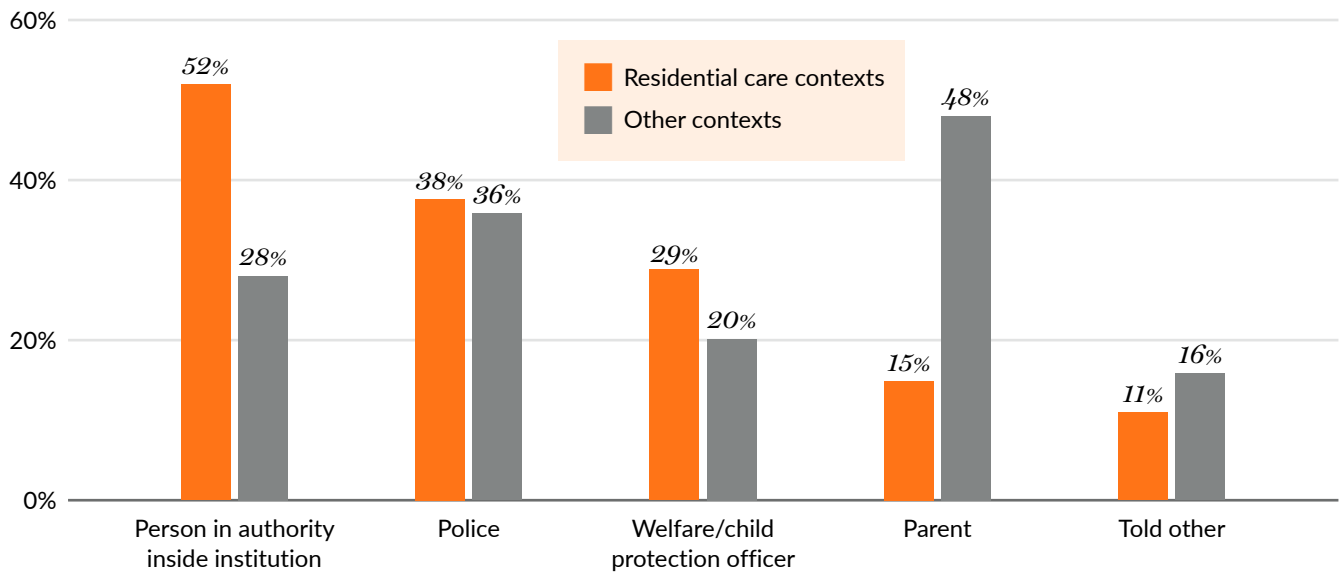
7.1.1 Quantitative information

Disclosing sexual abuse as a child can be very challenging and this is reflected by the high proportion of Truth Project participants who did not tell anyone about the abuse at the time it was happening. Quantitative analysis found that 52 per cent of participants abused in a residential care context did not tell anyone about the abuse at the time it was happening, compared to 59 per cent of participants abused in other contexts. Under half of the participants abused in a residential care context told someone about the sexual abuse at the time it was happening (42 per cent).

In over half of the accounts where the sexual abuse was reported at the time (52 per cent), participants abused in a residential care context disclosed the abuse to a person in authority inside the institution, such as residential care workers or other staff within the local authority. This is higher than similar disclosures for participants abused in other contexts (28 per cent). Participants also reported disclosing to the police and welfare protection officers, and they reported doing this more frequently than participants abused in other contexts (see Figure 7.1). A smaller proportion of those abused in residential care reported the abuse to a parent (15 per cent) compared to those abused in other contexts (48 per cent) which may reflect the differing circumstances of the two groups in regards to parental relationships.

Where the sexual abuse took place within a residential care context, nearly one in five participants (19 per cent) shared that they did not disclose at the time due to fear of retribution by the place of residential care, compared to 3 per cent of participants abused in other contexts. Other reasons given by participants for not disclosing at the time included feelings of shame and embarrassment (17 per cent) and concerns they would get into trouble (14 per cent).

Figure 7.1 Who sexual abuse was most frequently reported to (when it was reported at the time)



N= 79 (residential care contexts) / 780 (other contexts)

Note: Percentages may total over 100 per cent as participants can report disclosing to multiple people.

7.1.2 Qualitative information

Aligning with the quantitative information, many of the participants in the qualitative sample spoke about how they were unable to disclose the sexual abuse they had experienced as children, at the time. They cited a variety of reasons for this, including not having anyone in their lives they felt able to share with or feeling that the abuse was their own fault.

“ I mean, everyone, when I was younger, thought I was fine, but I’d been covering things up for such a long time ... I feel like for a long time I hadn’t been able to tell anyone. I told a few people very small amounts of things but never really kind of felt like I was believed.

Truth Project participant sexually abused in a residential care context

“ I never told anyone because I thought it was my own fault.

Truth Project participant sexually abused in a residential care context

Others were concerned about the implications of disclosing the abuse. For example, one participant was worried about how it might impact his siblings so decided against it. A considerable number of participants were scared of the perpetrator, particularly when they had been threatened to keep quiet. One participant’s fear was rooted in the perpetrator’s stature and strength, while another’s stemmed from the violent manner in which she had been sexually abused.

“ [After the sexual abuse] I broke down and was crying. I’d say I bumped my head if someone asked, I’d say, “I bumped my head”. I had to lie. I knew I had to. I knew she told me I couldn’t say anything ... I didn’t want to but I had to lie to them. I had to lie to everyone. I was so scared.

Truth Project participant sexually abused in a residential care context

Another prohibiting factor discussed by participants was the concern that nobody would have believed them. This concern was particularly pertinent in cases where the perpetrator held an influential or powerful role in the community.

“ *He [the perpetrator] was a nice pleasant bloke. He was very chatty, and very charismatic. Everybody loved him and everybody got on well with him, and you know, there was a lot of trust there in social services regarding him ... Who would have believed me above a senior social worker? They wouldn't have believed me ... He's a responsible member of the community. He's a [leader in a young person's organisation], and everybody loves him.*

Truth Project participant sexually abused in a residential care context

For some participants, this concern was grounded in an awareness that any claims of sexual abuse were a matter of their word against those of the perpetrator. One participant perceived that this was particularly challenging for children from residential care.

“ *It's like an ex-child from a children's home has no say. My word is very much below, on the bottom rung of that ladder to where his would've been regardless.*

Truth Project participant sexually abused in a residential care context

As discussed in Chapter 6, participants generally knew or firmly believed that the institution was aware of the abuse at the time. In two specific cases, despite participants not disclosing the abuse, they reported that the institution had definitely found out about it at the time, once as a result of police intervention and once following another staff member raising a concern.

A small number of participants in the qualitative sample did disclose the sexual abuse. They typically reported the abuse back to the place of residential care where they had been abused – in most cases that was the place where they continued to live. Only one victim and survivor told the police as a child. One participant in particular reported disclosing multiple times when the abuse was happening. She recounted how she told the residential care home, the education authority and her part-time employer with little effect.

“ *I wrote a school exam paper, I don't even know which one it was – it was sociology. I wrote an exam, two pages, asking for help, telling everybody what had been going on. They ripped up the exam paper and I got another wallop ... It got ripped up and I failed my exam ... Nobody wanted to help. Even the police. Nobody ... I gave up because, if I couldn't get through on the school exam, how the hell was I supposed to get through to anyone? I gave up trying [cries].*

Truth Project participant sexually abused in a residential care context

Of those who were able to disclose the abuse as children, most faced denial or an absence of action. Failure to take the allegations seriously, character defamation and the reframing of abuse as 'innocent' or 'natural' were all given as explanations for the minimisation and denial of disclosures.

“ *I told them what had been going on, and they basically told me to stop lying ... Just attention seeking.*

Truth Project participant sexually abused in a residential care context

“ [In response to a disclosure] one social worker said to me, “You’re gay.” I said, “Excuse me?” She went, “I think that you’re gay.”

Truth Project participant sexually abused in a residential care context

A smaller number of participants mentioned that perpetrators either were, or were supported by, influential community members and suggested that this position of authority facilitated the allegations disappearing. Participants also believed that members of the community were too scared to speak up for fear of jeopardising themselves.

“ Kids, parents, teachers, and if anyone done anything, or tried to do anything, they were either shipped out or sacked, or d’you know, something would happen. So, people got scared, they didn’t want to lose their jobs, they didn’t want their kids taken off of them when they’d done nothing wrong, just because they spoke up ... They were kept quiet.

Truth Project participant sexually abused in a residential care context

The sexual abuse was denied to such an extent that in one case, despite the perpetrator being convicted of child sexual abuse, one institution proceeded to tell a victim and survivor’s parents that he was, in fact, not abused.

“ I couldn’t understand why my parents had, kind of, changed, you know ... Why would social services turn round and tell my parents that I’d not been sexually abused, that a guy had not been sent to prison [laughs] and that I was in fact a homosexual?

Truth Project participant sexually abused in a residential care context

Moreover, participants reported that residential care failed to protect victims and survivors when they did speak up. One victim and survivor recalled being beaten up regularly by the perpetrator as a result of disclosing the abuse, while another believed that disclosing the abuse she had experienced at the hands of her uncle had prompted another experience of abuse at the hands of the person she disclosed to.

When participants spoke about places of residential care taking action following disclosure of sexual abuse, this most often involved moving the victim and survivor. A small number of participants recalled having their lives entirely disrupted as they were moved sometimes miles away from the area.

“ I was a hot potato at the time and sort of she was kept in her job there. It was me who sort of wasn’t allowed to go and live back there.

Truth Project participant sexually abused in a residential care context

Participants spoke about how the response of adults, both in and outside of the residential care setting, failed to acknowledge their experiences, let alone prevent future harm.

“ I did try and kill myself over all this ... It was the way that I haven’t done wrong but I was treated as if I was a person who had done wrong.

Truth Project participant sexually abused in a residential care context

7.2 Experiences of disclosure and impacts after the abuse had ended/as an adult

7.2.1 Quantitative information

While rates of reporting sexual abuse at the time it was happening were relatively low, a high percentage of participants abused in a residential care context and in other contexts told someone about the abuse after it ended¹⁴ (85 per cent and 79 per cent respectively).

Over two thirds of participants (68 per cent) reported the sexual abuse to the police, compared to just under half (49 per cent) of participants abused in other contexts. A smaller proportion of participants abused in the context of residential care spoke about disclosing the abuse to family members, such as partners, parents, siblings and other relatives, after the abuse had ended compared to those abused in other contexts. They also less frequently disclosed the abuse to mental health professionals than those abused in other contexts. This is shown in Table 7.1.

In contrast with those who disclosed the abuse at the time it was happening, participants abused in a residential care context who disclosed the abuse after it ended were less likely to report the abuse to someone inside the institution. Of the participants who reported the abuse after it ended, 12 per cent reported to someone in authority inside the institution which is a similar proportion to participants abused in other contexts (8 per cent).

Our analysis of the 138 participants sexually abused in a residential care context who disclosed the abuse after it ended showed a mixture of responses. As noted, many of the participants disclosed to the police; some of these reports led to convictions, others received no further action, and several participants referenced investigations that were still ongoing. In some cases participants had been contacted by police as part of a wider inquiry into certain residential care homes. When contacting someone in authority inside the institution, participants often found that the organisation responsible for the residential care home either could not locate or only had partial records for them.

7.2.2 Qualitative information

A large proportion of victims and survivors in this sample made disclosures as an adult about the sexual abuse they had experienced as a child. As was found in the quantitative analysis, many of these participants disclosed to the police. However, some participants also reported sharing their experiences with family members. A handful reported the abuse back to the residential care in which they were abused.

A number of participants were moved to disclose as a direct result of media coverage of non-recent child sexual abuse. Two participants specified that their specific residential care setting had featured in media coverage and, as a result, were compelled to share their experiences.

¹⁴ Note that 'after the abuse had ended' could refer to disclosures made when the victim and survivor was still under the age of 18 or when they were an adult over the age of 18.

Table 7.1 Disclosures of sexual abuse made after the abuse had ended

Who sexual abuse was reported to after it ended (if abuse was reported)	Residential care context	Non-residential context
Police	68%	49%
Other	19%	7%
Person in authority inside institution	12%	8%
Welfare/child protection officer	9%	5%
Partner (including boyfriend/girlfriend)	8%	14%
Person providing mental health service	7%	20%
Adult friend	3%	7%
Parent	2%	22%
Other relative	2%	7%
Medical personnel (eg doctor, nurse)	1%	7%
Sibling	1%	7%
Child friend	0%	2%
Unknown	1%	1%
Total	138	1544

Note: Percentages may total over 100 per cent as participants can report disclosing to multiple people.

“ I saw something on the television. There was the Jimmy Saville situation and lots of people coming forward because of that, and that really gave me flashbacks, really took me back to the past. When a lot of that was coming out, it really kind of put me into such a state, I just really – I mean it’s been 45 years of not saying anything ... I start feeling ill. My mental health deteriorated ... and I really thought I needed to do something about this.

Truth Project participant sexually abused in a residential care context

Some participants were encouraged to disclose by counsellors, while others were motivated because they recognised it as important for the healing process. One participant was clear that she wanted an opportunity to contribute towards the better safeguarding of children now and also ensure her experience was recorded somewhere in history.

The majority of participants who did disclose the sexual abuse as adults did not experience a positive response. Many felt dismissed and frustrated at the fact that nothing was done subsequently.

“ I told the social services again when I was around 30 ... Again, they just wholly ignored it ... They had nothing sort of proper put in place. I had a problem sort of getting to speak to someone about it. No one knew what to do with me.

Truth Project participant sexually abused in a residential care context

“ I wrote the Director of Children’s Services about these things but this was ignored and never responded to.

Truth Project participant sexually abused in a residential care context

A handful of participants reported particularly negative experiences around disclosure. One participant described how he was forced to disclose details of the abuse to an individual who had been a staff member in that residential care home at the time the abuse occurred, despite the local authority knowing which residential care home he had been placed in.

Two participants spoke about more positive experiences. One reflected on the importance of her MP acknowledging her bravery and validating her experience. She felt that was important in disclosing the abuse officially. Another participant told of a helpful response she received after emailing the head bishop of the diocese in which her care home was placed.

“ I got a reply very quickly, basically within the hour, it felt like, with the name of someone ... who I could contact, and I suddenly had all these contacts.

Truth Project participant sexually abused in a residential care context

These experiences were, however, an exception amongst those recounted by the 12 qualitative participants included in this report. Other participants had not disclosed the sexual abuse they experienced at all. One participant explained that he still found discussing the abuse incredibly difficult, while another noted she had only told a few people very small amounts of information.

“ I had not really ever talked about what happened at [Children’s Home] because this was the worst of the abuse, and the hardest to talk about.

Truth Project participant sexually abused in a residential care context

For a handful of participants, attending the Truth Project was the first time they had spoken about the abuse in full.

“ I’ve held it in for over 50 years. [cries] It keeps leaking out ... What I’ve done today has been really powerful and real.

Truth Project participant sexually abused in a residential care context

Some of the reasons victims and survivors gave for not disclosing the sexual abuse as children remained relevant as adults. These included worrying about not being believed and the lack of evidence corroborating their experience. One participant explained that she remained deeply afraid of the perpetrators.

“ I will NEVER name them because they are dangerous men and I just will not so please don’t ask me to because I won’t and there is simply no way I will. If I didn’t live in [City] I might do but I will never do it while I live here with my children.

Truth Project participant sexually abused in a residential care context

However, some participants reflected on prohibiting factors from a different perspective as adults. One was particularly concerned that too much time had passed since the abuse occurred, while another was now concerned about how such a disclosure might impact her own family, as well as that of the perpetrator. Another victim and survivor was clear that the abuse had overshadowed enough of her life and she simply wanted to move on.

A small number of participants had found themselves in circumstances as adults which encouraged them to disclose the sexual abuse they had experienced. One participant received a phone call from the independent living scheme the perpetrator had worked at, informing her he had been convicted of rape and asking her to give a statement. Another was contacted by the police after an individual from the same children's home disclosed to the police and mentioned that the participant was possibly also a victim.

7.3 Experiences of the criminal justice system

7.3.1 Quantitative information

More than two-thirds of participants who shared that they were sexually abused in residential care contexts disclosed the abuse to police as adults (68 per cent). The 94 participants who spoke about disclosing the abuse to the police as an adult described a mixture of responses. Some spoke about how when they initially reported the sexual abuse to the police it was not investigated or taken seriously, and it was only when they tried to report the sexual abuse again at a later time that they received a more positive response from the police. In some cases, participants spoke about police investigations that were still ongoing at the time they participated in the Truth Project.

7.3.2 Qualitative information

Among the qualitative sample, participants described various dealings with the police over the years in relation to the child sexual abuse. Most talked about this in the context of their adult lives, with only one participant explicitly mentioning reporting to the police as a child. For a number of participants, their cases were live at the time of participating in the Truth Project, with some involving multiple victims and survivors.

Participants had mixed experiences of reporting to and dealing with the police. Some described feeling pleased with the initial response and handling of the case but becoming frustrated as things progressed. This was particularly so when cases were transferred to different or multiple police forces and participants experienced inconsistency of service both within and across forces. One participant described having dealings with both the Independent Police Complaints Commission (now the Independent Office for Police Conduct) and the professional standards department within a specific force following a complaint he had made about the handling of his case.

“ At first I did [find the police helpful]. At first, I had hope, I thought, “Right, I’ve got to learn to trust, I’m going to put my trust” – but every time I put my trust into somebody, they let me down, so it’s really difficult.

Truth Project participant sexually abused in a residential care context

In some cases, participants reported the police contacting them seemingly out of the blue in relation to wider investigations relating to specific children's homes. This happened when new evidence surfaced in relation to participants' initial reporting of abuse years prior. In other cases, participants' names had been given to the police by other victims and survivors from the same children's home as part of their disclosure. This unexpected contact could both re-trigger the trauma associated with the abuse (see also section 9.1.2), but also be positively received when the news or later outcome was a positive one.

“ And especially, you know, because up until the police called me I'd locked this away in a quiet corner of my mind and I couldn't figure out what was wrong with me [laughs], you know. So, yeah, I was, kind of, stumbling in the dark really for a number of years.

Truth Project participant sexually abused in a residential care context

The same frustrations were seen across participants' accounts in relation to their experience of reporting to the police and the process between reporting and case conclusion (with some cases still ongoing). These are grouped under four themes:

Being made to feel like they were not telling the truth or were in some way responsible for the sexual abuse

While some participants were positive about the response of individual police officers when they reported the sexual abuse, many described being made to feel like they were not telling the truth or in some way to blame for the abuse they had experienced. One participant who had disclosed to the police as a child recalled running away immediately after doing so, believing that police thought she was telling lies.

Similar experiences were described by other participants who reported to the police at later stages of their lives. As noted in section 7.1, one participant recalled feeling that her voice was disregarded because of negative perceptions attached to children who had been in care. She believed that the police did not see her as a credible victim and that her case was not taken forward because of how she presented to them at the time.

Similarly, another victim and survivor believed his case was not taken seriously because of his age at the time of the sexual abuse (16 years old) and the fact the perpetrator was female.

Participants described feeling that they were blamed for the abuse they had experienced or seen as complicit in it somehow, either by the police or by solicitors later involved in the case. Participants also described feeling penalised for progressing civil claims for compensation at the same time.

The process as lengthy, frustrating and emotional

Overall, participants described the period between reporting to the police and case conclusion as lengthy, frustrating and emotional. They described experiencing it as a constant fight to get anywhere and found it difficult to make sense of the information they were provided. They described a general lack of victim support throughout the process and one participant mentioned feeling suicidal at points because of how stressful the process was.

“ I thought it would just wash over me and everything would be okay. I'd be able to walk into the police station. “All right then, let's sit down and talk about it”. But I didn't. I cried my eyes out, and I was upset and everything, and I walked out of there, shaking like that, and I thought, “Wow, my God, what have I done? I've opened a can of worms now.”

Truth Project participant sexually abused in a residential care context

“ Those appointments were made, interviews were done, made statements during that process. But I was actually disappointed with the situation with the police, how they processed that, because they said there would be victim support as well, which never made contact with me.

Truth Project participant sexually abused in a residential care context

Several participants mentioned the length of time it took to hear anything back from police following giving an initial statement. They also described feeling frustrated by the length of time it took police to find and interview perpetrators. Some participants were pleased that after a long process their case was drawing to a close and with perpetrators having had charges brought against them. In other cases, participants described waiting a long time to be told their cases could not be progressed any further. One participant described feeling angry at the police's decision to not interview the perpetrator when they had located her, deeming her elderly and vulnerable. There was also cynicism across the wider qualitative sample that perpetrators were afforded more support and respect than the victims and survivors or were given some sort of protection.

“ I felt that the perpetrator had more respect and more rights than what I had as a victim. She didn't take on board what I was saying to her. I said, “He's playing you. He's playing a game.”

Truth Project participant sexually abused in a residential care context

The lack of information or conflicting information throughout

It was evident from some participants' accounts that police keeping them informed with what was happening, managing their expectations and being transparent in their communication made the lengthy process more tolerable. Some described scenarios where their cases could not be progressed but that they were able to accept this decision because of the clarity of explanation they had been given by the police, having been warned up front that this may be the case, being kept informed of progress throughout, the supportive manner of particular officers, and being signposted to other support or compensation routes.

These experiences were in the minority. For most, the lack of information or conflicting information they received between initial reporting and case conclusion compounded their frustrations with the lengthy process. Participants described not getting any information or answers from police (even when the police had initiated contact) and having difficulty retrieving information from social services as part of the investigation.

“ Two and a half years, so far. There's too much - there's not enough turnaround on these cases. They're taking too long. You don't hear from the CPS. You ring the police officer. “[P], I've told you before, stop ringing me. I will tell you when I hear something back.”

Truth Project participant sexually abused in a residential care context

Although he had no recollection of it, one participant described learning from his social services records that he was interviewed by the police and social workers at the time he was in the children's home about the sexual abuse and that no further action was taken as the abuse was categorised as a 'homosexual relationship'. This links to perceptions of victimhood and victim-blaming noted above.

“ *How a team of social workers that are meant to be trained can ... allow that to happen and to categorise my relationship with that man as homosexual ... when I was a child ...*

Truth Project participant sexually abused in a residential care context

Inexperienced police officers dealing with cases

Some participants who had experienced police officers to be unsupportive or abrasive in their approach, perceived that this was due to them being inexperienced in handling cases, particularly child sexual abuse cases. Correspondence and dealings with more senior and experienced officers were overall felt to be more positive.

The experiences of the criminal justice system described by participants had generally left those with ongoing cases feeling sceptical about the likelihood of achieving justice. They also questioned whether they had the emotional capacity to continue pursuing their case.

“ *It stresses out my body, it stresses out my mind. D'you know, it puts me in a bad place. And I'm going to go through all this again, and he gets away with it, then I think, "What is the point?"*

Truth Project participant sexually abused in a residential care context

Chapter 8

Impacts of the child sexual abuse

This chapter sets out the range of impacts that the experience of child sexual abuse has had on participants at different stages of their lives. It also describes participants' perceptions around the impacts on other children living in the same residential care setting at the time. This chapter addresses the research sub-question:

- What are the impacts of child sexual abuse in residential contexts reported by victims and survivors?

8.1 Impacts of child sexual abuse in residential care contexts

8.1.1 Direct impacts, consequences and health

Quantitative information

Accounts highlighted the wide variety of impacts experienced by many victims and survivors of child sexual abuse. The quantitative analysis revealed that 94 per cent of those sexually abused in the context of residential care reported at least one negative impact (compared to 93 per cent of participants abused in other contexts). Figure 8.1 highlights the types of impact reported.

For some children, the impacts of sexual abuse were immediate and could be identified through physical injuries to the body, sexually transmitted diseases and pregnancy. Just under one in five participants (18 per cent) sexually abused in a residential care context reported a direct consequence from the abuse, compared to 14 per cent of those abused in other contexts. Notable amongst those abused in a residential care context was the proportion of participants who reported physical injury as a consequence of the abuse (13 per cent, compared to 9 per cent of participants abused in other contexts). This may reflect the high proportion of participants that reported experiencing physical abuse alongside the sexual abuse, as discussed in Chapter 5.

Many participants described the detrimental impact the sexual abuse had on their mental health. Running away (24 per cent) was frequently spoken about by participants abused in residential care. Participants also often reported having a lack of trust in authority (30 per cent). Many within this group also spoke about attempting suicide (27 per cent) in comparison to those who were abused in other contexts (19 per cent).

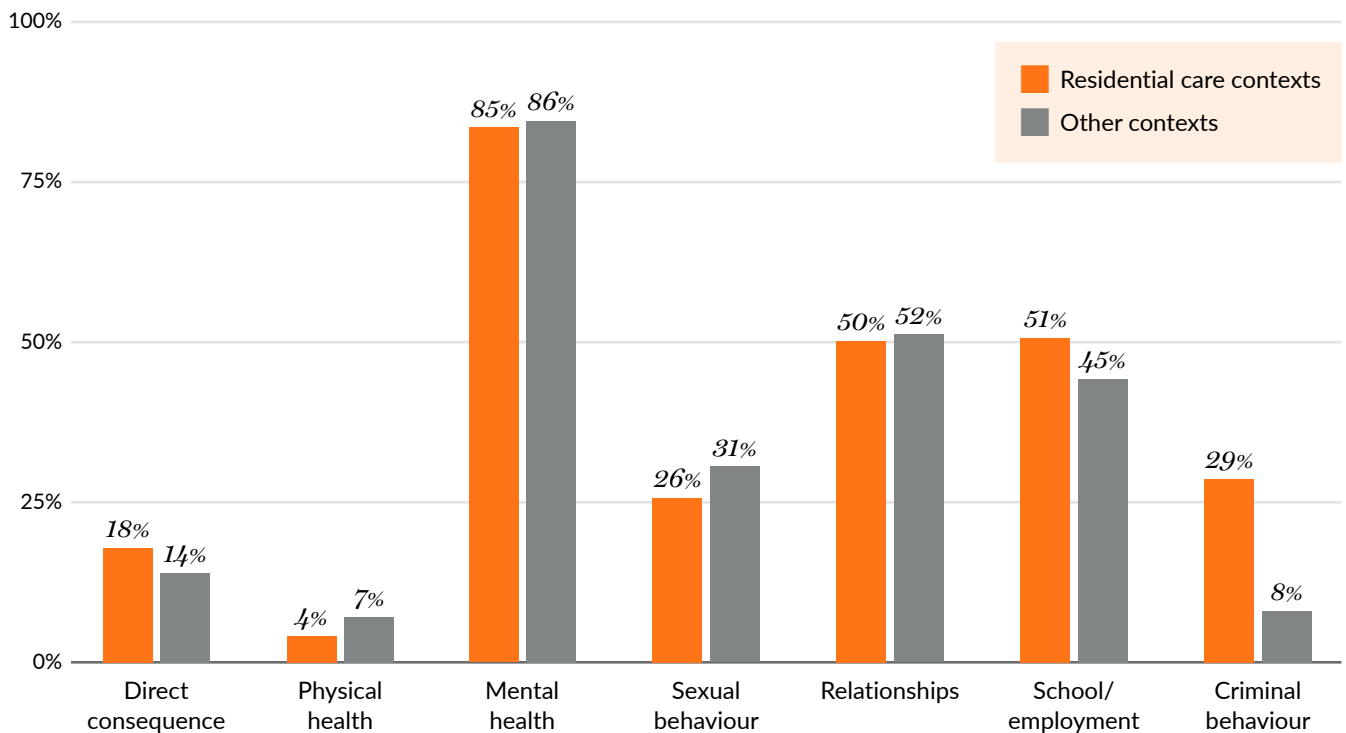
Qualitative information

As with the quantitative research findings, participants in the qualitative sample spoke about both mental and physical health impacts. For some participants, the sexual abuse they experienced as children resulted in physical injury at the time, which had knock-on effects throughout their lives. This emerged most strongly in the accounts of female victims and survivors, who spoke of starting their period prematurely or having periods too frequently. One participant told how she was unable to have children.

“ I'd be so, so much in pain, unable to walk, go to the toilet, I'd be bleeding, my period of course ... The nun would come back into the toilet again. Any time I was going to the bathroom, she would start following me to the bathroom from then on and I'd just be crying, and she'd be saying, "Stop crying, be brave. What are you crying for?"

Truth Project participant sexually abused in a residential care context

Figure 8.1 The impacts of sexual abuse on victims and survivors



N= 191 (residential care contexts) / 2,144 (other contexts)

'Direct consequence' refers to impacts such as pregnancy, physical injury or sexually transmitted disease.

Note: Percentages total over 100 per cent as some participants shared more than one type of impact.

Participants spoke of other physical health impacts they attributed to their experience of sexual abuse. These included arthritis¹⁵, fibromyalgia¹⁶ and myalgic encephalomyelitis¹⁷. Type 2 diabetes was also mentioned by one participant, who attributed this to the weight he consciously gained in a bid to make himself less defenceless to the perpetrators in his residential care home.

In terms of mental health impacts, participants recalled how at the time of the sexual abuse they felt constantly worried, unsettled, fearful, scared, powerless, unhappy and alone.

“ You don't know whether to bite the pillow, eat the pillow or just scream. If you scream, no one's going to come anyway.

Truth Project participant sexually abused in a residential care context

¹⁵ A condition that causes pain and inflammation in a joint (NHS, 2019a)

¹⁶ A long-term condition that causes pain all over the body (NHS, 2019b)

¹⁷ Often abbreviated to ME, this is a long-term illness with a wide range of symptoms. The most common being extreme tiredness. This condition is also known as chronic fatigue syndrome (CFS) (NHS, 2019c)

They commonly spoke about running away while living in residential care to physically escape the abuse.

“ *And as time went on, and things started to escalate, I just wanted to run away from [the] children’s home. I’d run away constantly. I didn’t want to go back. I thought, if I go back, it’s going to happen again, and it’s best if I just keep running.*

Truth Project participant sexually abused in a residential care context

One participant, who spoke of rarely being able to leave the residential care home, said she would self-harm or make herself ill to the point she required hospital care in order to escape the sexual abuse.

“ *I used to stop him from touching me. I would use my eczema, as a way out. So, I’d make myself that sore, down there. So, it had got to a point where I couldn’t even go to the toilet for a wee, because I got myself that sore, so he wouldn’t be able to touch me. And then, if he did – then I’d have an asthma attack, or I’d bring the asthma attack on, because if I was in hospital, I was safe ... I learnt that very quickly, that if I was in hospital, nobody could hurt me.*

Truth Project participant sexually abused in a residential care context

Depression, self-harm, suicidal ideation and suicide attempts emerged in other participants’ accounts more generally in terms of impacts of the sexual abuse as a young child and/or adolescent (with some already being in their teenage years when the abuse occurred). A number spoke of drinking, smoking and taking drugs in response to the abuse. Eating disorders, building physical strength, becoming cynical and lacking in compassion were also noted. Some also mentioned eventually moving town and even changing their names.

“ *When I was 14, I was sat in the park in town ... I was really feeling sorry for myself. I’ve never felt suicidal in my life. I’ve never – I can honestly say that I haven’t. But I had a knife in my pocket. It was about this big. About three or four inches. And I opened the blade, and I cut my wrist ... I cut my wrist, and I got arrested by the police for carrying an offensive weapon.*

Truth Project participant sexually abused in a residential care context

The use of violence and anger was mentioned as a learned behaviour to staying safe that some had carried with them from their experience of residential care.

“ *I wasn’t a violent boy, I wouldn’t fight anybody. And they made you fight so much. And when you came out of there, it’s all you knew ... And I ended up thinking, “To stop being hurt, I must hurt them first”. That’s what I used to do.*

Truth Project participant sexually abused in a residential care context

Many mental health and behavioural impacts extended into participants’ adult lives. Some were battling specific mental health conditions including depression, anxiety and bipolar disorder. Others spoke of over-eating, drinking heavily and long-term drug use – including heroin addiction in one case – as a mechanism for dealing with the emotional impact of abuse.

“ After I left care, my life, kind of, went downhill pretty rapidly. Got into a heroin addiction, you know, kind of, suffered with that up until maybe three years ago, you know. Kind of on and off but, you know, a very big chunk of my life was completely wasted.

Truth Project participant sexually abused in a residential care context

A wide range of other emotional impacts surfaced in relation to the participants' adult lives. While they described having some 'good days', the emotional impact was described as unbearable at times. These impacts included: crying a lot; eroded confidence and self-esteem; feeling worthless, dirty and violated; memory loss; and self-blame. Some spoke of a general struggle to be motivated and engaged in their lives. Self-harm and suicide attempts were again mentioned in relation to the impact of child sexual abuse in adulthood.

“ Being in AA helped me enormously, but depression and anxiety have haunted me throughout my life, and that continues to this day. I'm on antidepressants now, and it is an ongoing process for me to battle the effects of the past.

Truth Project participant sexually abused in a residential care context

Another feature of participants' accounts was that of ongoing sleeping difficulties and recurring nightmares.

“ I'm not very good in the dark, at all. I've – you know, I mean, I'm 32 years old, and I'm saying that, but I can't – you were left in the dark, there was no night lights ...

Truth Project participant sexually abused in a residential care context

“ From the ages of being very little, I've always woke up in the middle of the night, and I never understood why. I still wake up now, at 49. Sometimes I wake up in a sweat, sometimes I feel like I've been having a nightmare, but I don't know what the nightmare is about ...

Truth Project participant sexually abused in a residential care context

8.1.2 Relationships and sexual behaviour

Quantitative information

Many participants spoke about how the sexual abuse they experienced had impacted their relationships with others and their own sexual behaviour.

Of the participants sexually abused in a residential care context, 50 per cent reported an impact on their relationships, which is a similar proportion to those abused in other contexts (52 per cent). Participants abused in residential care and other contexts most frequently referenced difficulties with trust and intimacy when discussing impacts on their relationships (31 per cent and 34 per cent respectively).

A slightly lower percentage of participants abused in a residential care context spoke about an impact on their sexual behaviour than those abused in other contexts (26 per cent compared to 31 per cent). The most commonly cited impact on sexual behaviour was avoidance or phobic reactions to sexual intimacy for participants abused in the context of residential care (11 per cent) and those abused in other contexts (13 per cent).

Qualitative information

Difficulties with trust and intimacy were also spoken about by participants in the qualitative sample. As highlighted in Chapter 6, children found it difficult to form meaningful friendships with other children living in the children's homes at the time. This was attributed to the general culture of residential care as well as the impacts of sexual abuse upon them and other children. Upon leaving residential care and being placed in alternative care or independent living in the community, participants explained how they still found it hard to socialise and make friends at school, with one participant having been subsequently bullied at school. One participant also described re-enacting the abuse she had experienced and exhibiting sexually harmful behaviour towards her foster sister.

“ I mean, because I found it very hard at school, and I got bullied a lot at school, because I found it very hard to socialise, and to interact with kids my own age, because I'd never had to and I'd never learnt to.

Truth Project participant sexually abused in a residential care context

Participants described difficulties with trust following their experience of abuse. One participant explained that upon leaving residential care and going into foster care, it took her two years to bond with and be able to trust her foster dad.

“ Now, when I say to my mum: “Well I didn't know what he wanted from me”. I didn't know, there was no – he didn't take me into a room and say, “This is what you've got to do, every time you see me”. Or, you know, there was no, no rules.

Truth Project participant sexually abused in a residential care context

Issues with trust and difficulties forming and maintaining positive relationships were highlighted as something that stayed with participants throughout their lives, albeit to varying degrees. Some struggled to form friendships or relationships at all in their adult lives due to issues with trust or having a lack of emotional resource. Others had gone on to have relationships, marriages and children but relationships with partners were often turbulent, strained and in some cases abusive. Participants spoke of not wanting to be touched, difficulties with physical and emotional intimacy and in some cases being overprotective of partners.

“ I was married for 17 years. I've got three beautiful children, and things just never worked out. There was always this sort of separation between me and her, and you know, physically, I think things began to fall apart. We had different ideas about different things, and things didn't really work.

Truth Project participant sexually abused in a residential care context

“ It's only been in the last three years that I haven't felt absolutely filthy after being intimate with my husband.

Truth Project participant sexually abused in a residential care context

Overprotectiveness and not wanting to be touched could also extend to participants' relationships with their children. One participant described how he was very overprotective as a father when his children were young. Another participant described the struggle she had with being hugged by her own children.

“ It affected my role as a father, I was always very protective. My wife said, “The kids want to join the Scouts”. “Scouts! No way!”. “Oh, it’s a female scout leader”. “Oh, I suppose it’ll be all right, then”. I was always very wary about stuff like that.

Truth Project participant sexually abused in a residential care context

“ I hated anybody touching me. I couldn’t hug my kids; I used to have a mantra when I hugged my kids, [breaks into tears] because of how he hugged me in that bedroom; I never wanted to be touched or hugged by anybody ... I would have to say over and over in my head, “These are your children, they are not trying to hurt you ...”

Truth Project participant sexually abused in a residential care context

For many participants, issues with trust were also mentioned in relation to interactions with professionals within other institutions, such as healthcare professionals.

“ I don’t trust dentists, I don’t trust doctors unless they’re nurses ... [Name] wanted me to go to a hypnotist about my weight and I couldn’t, because as I said, “What if he puts me under and does something?” So, I try my hardest to stay away from all that sort of contact with men.

Truth Project participant sexually abused in a residential care context

8.1.3 Education, employment and housing

Quantitative information

Over half (51 per cent) of participants sexually abused in a residential care context reported an impact on their education or employment compared to 45 per cent of participants abused in other contexts. The most frequently referenced impacts on education, for both those abused in the context of residential care and in other contexts, were academic difficulties (20 per cent and 17 per cent respectively) and being unhappy at school (16 per cent and 17 per cent respectively).

Participants also spoke about impacts on their employment, with some participants sexually abused in a residential care context reporting difficulty in maintaining work (12 per cent) and being unable to work (9 per cent).

Qualitative information

As highlighted in Chapter 6, a number of participants reported receiving little or no education while living in residential care. When they left, they continued to face education and employment difficulties and also faced challenges with housing. Some described not going back to school or college, which was linked to a lack of support when they left residential care. One participant described having been placed in inappropriate housing halfway through his A-level qualifications and the knock-on effect this had on his education. While he passed his qualifications and went on to achieve a university degree, he felt he could have done better had he had more support.

“ This was halfway through my A-levels ... and they shoved me in a house in the community with a drug user, like a damp smelly house. It was awful. I was a kid. I was in school.

Truth Project participant sexually abused in a residential care context

Another participant described having to give up her own flat due to the effects of the sexual abuse on her health.

From adolescence into adulthood, participants generally characterised their employment history as disrupted by their experience of sexual abuse. One participant described having worked in a series of short-term agency roles, feeling unsure about what to do with his life. Others expressed finding it difficult to fulfil and maintain employment due to, for example, issues with their own alcohol misuse, a lack of trust in men, or not being allowed to work as part of the conditions of being in supported accommodation.

“ Well, I worked on and off for agencies ... and stuff like that, but most of the time, no, I don't know, I just didn't know what to do with my life.

Truth Project participant sexually abused in a residential care context

Some participants had, however, returned to education at a later point and had entered training to take up specific professional roles.

8.1.4 Criminal behaviour

Quantitative information

Of the participants sexually abused in a residential care context, 29 per cent reported perpetrating some type of criminal behaviour as an impact. This was higher than for those abused in other contexts (8 per cent). Nearly one in five (19 per cent) of those abused in a residential care context reported being involved in minor offences¹⁸, compared to 5 per cent of those abused in other contexts.

Qualitative information

Similar to the quantitative findings, involvement in criminal activities – such as theft and buying illicit drugs – was spoken about frequently as an impact during victim and survivors' adolescent years, either at the time of the sexual abuse or in the immediate aftermath. This was often intertwined with behavioural impacts of running away and participants getting into trouble with the police when they had run away from the children's homes. Some continued to engage in criminal behaviour once they had left the children's home with the view that it would keep them from returning. Two participants mentioned having been sent to young offender institutions or prison as a result of their criminal activities.

“ I was at college at that time, they were sorting out a flat for me to be independent, but I ran, and I ran with criminals, and I did – I got involved with all sorts just to keep out of that place, which was no longer safe for me, it was no longer a place of safety.

Truth Project participant sexually abused in a residential care context

¹⁸ These may include anti-social behaviours or acquisitive offences, such as theft. Details on the specific type of minor offence are not recorded in our data collection.

8.2 Perceived impact on other children

8.2.1 Qualitative information

Participants spoke of what they observed to be the impacts of abuse (sexual and/or other) on other children who were living in the same place of residential care as them. They described how a number of children ran away to escape the abuse at the time and the subsequent punishment by staff that came with that. Some were aware of other children who self-harmed or had attempted suicide while living in residential care as well as some who had committed suicide at a later point in their lives.

“ The self-harm was horrendous ... there used to be a spiral staircase outside my bedroom, and I walked down there, and there was a girl hanging from her dressing gown cord; I had to hold her on my shoulders until somebody came. Do you know they never spoke to me about that? Nothing was said: I don't know if that girl was alive, I don't know where she went, and that was it; nobody – I had to sit and stop somebody from dying, I'm 15 ... It's not my job to do that, and then to not be spoken to about it ... Those conditions should not have happened; that should not be allowed: children should not be going around protecting those children who are trying to kill themselves because they are hurting so much, but that's what they did.

Truth Project participant sexually abused in a residential care context

8.3 Re-victimisation

8.3.1 Quantitative information

The quantitative findings indicate that over half of participants (58 per cent) sexually abused in a residential care context had experienced a form of sexual re-victimisation at some point. For the quantitative analysis we define re-victimisation as experiencing multiple episodes of abuse involving different, unconnected perpetrators. These other episodes of abuse may have occurred prior to, concurrently with, or subsequent to, the abuse in a residential care context.

Further analysis shows that of the 191 participants sexually abused in a residential care context, 30 per cent had experienced multiple, separate episodes of sexual abuse in residential care. Participants who had experienced sexual abuse in the context of residential care also spoke about other episodes of abuse perpetrated by family members and foster carers amongst others.

8.3.2 Qualitative information

In addition to some participants having experienced sexual abuse prior to entering residential care, a number described being subject to further victimisation following their experiences of child sexual abuse in residential care contexts. Some participants talked about being physically abused by prison officers in a prison context while still a child. Participants also spoke about being in abusive adult relationships; feeling re-victimised by the impacts they had to endure as a result of child sexual abuse, as well as feeling re-victimised by poor professional responses in connection to their experience of child sexual abuse.

8.4 Life journey narratives

This chapter has detailed the range of impacts child sexual abuse perpetrated in residential care contexts has had on participants' lives. However, as described in *The impacts of child sexual abuse: A rapid evidence assessment*, some individuals may demonstrate resilience and recovery after exposure to a potentially traumatic event (Fisher et al., 2017). In their accounts, Truth Project participants demonstrated varying levels of resilience and recovery (recovery experiences are described in more detail in Chapter 9). Some articulated that while the sexual abuse had adverse consequences for their lives, they had also been able to achieve some degree of success and happiness in adulthood, while others said that the experience had ruined their lives.

The impacts and ongoing consequences of child sexual abuse were relayed in the life journey narratives shared by participants. 'Life journeys' are a description of the person's experience in an institution(s) as a child and the subsequent impacts and consequences they attribute to their childhood experience of sexual abuse throughout their lives.

The Australian Royal Commission used a range of categories to identify commonalities and differences across the experiences and life journeys of victims and survivors sharing their accounts with the commission (see Katz et al., 2017). The categories were based on the five different life journey narratives identified in participants' accounts as set out below:

- *a life dominated by the sexual abuse experience* where victims and survivors' life journeys were characterised by persistent and pervasive difficulties throughout their childhood and adult life;
- *a life where victims and survivors had experienced substantial adverse impacts but tended to be optimistic that their situation would improve;*
- *a mixed life journey* where victims and survivors functioned well in some aspects of their lives while simultaneously experiencing significant difficulty in other areas;
- *a life journey that vacillated between periods of wellbeing and periods of difficulty and/or distress;* and
- *a life journey with predominantly more positive life outcomes* where victims and survivors acknowledged the sexual abuse and its effects but had found ways to live with the trauma of child sexual abuse.

As these categories were developed for a similar project conducted by the Australian Royal Commission (see Katz et al., 2017), we were able to incorporate the five categories into our qualitative analysis¹⁹. This enabled us to analyse what the victims and survivors in our qualitative sample had told the Truth Project about their life journeys against these categories²⁰. Four participants in the qualitative sample described their life as being dominated by their experiences of sexual abuse.

“ *It fucks you up ... Even if you're okay, it fucks you up. You say, why can't you get a grip, why are you still raging, [volume increase], why are you so fucking raging?*

Truth Project participant sexually abused in a residential care context

¹⁹ We did so by including them in our thematic framework. See the Truth Project Research: Methods report (King and Brähler, 2019) for the full framework.

²⁰ As the life journey of each victim and survivor is unique, some cases did not clearly mirror any of the five categories or there was not enough information in the individual account to assign the narrative to a category. We have been clear where this is the case.

“ *It’s like I subconsciously ask myself what’s the point all the time [laughs], you know. But I struggle to find meaning in my life ...*

Truth Project participant sexually abused in a residential care context

The other eight participants fell into the range of other categories. Two participants had experienced substantial adverse impacts but were optimistic that their situation would improve. Two participants described a mixed life journey where they functioned well in some aspects of their lives but simultaneously experienced significant difficulty in other areas. Two participants described a life journey that vacillated between periods of wellbeing and periods of difficulty and/or distress, and two participants described a life journey with predominantly more positive life outcomes where victims and survivors acknowledged the abuse and its effects but had found ways to live with the trauma of child sexual abuse.

Chapter 9

Experiences of recovery and support

This chapter highlights the coping strategies participants adopted to manage their experiences of child sexual abuse and its impacts, and the factors that have helped or hindered their recovery. It also describes their experiences of informal and formal support. Using qualitative data only, this chapter addresses the research sub-question:

- What has helped or hindered victims and survivors' recovery from child sexual abuse that occurred in a residential care context?

9.1 Experiences of recovery

9.1.1 Coping strategies and aids to recovery

As highlighted in Chapter 8, participants used different techniques to try to escape the sexual abuse at the time it was happening. In addition to running away and self-harm, they also spoke of physically trying to avoid certain staff members; wrapping up in a duvet to prevent being abused; staying in their bedroom listening to the radio; and presenting as if nothing was wrong to staff. Chapter 8 also noted the self-preservation strategy adopted by one participant of intentionally putting weight on to be able to try to defend himself.

“ I basically spent most of my life in my room, with my radio. I didn't go anywhere without my radio, that was my comfort.

Truth Project participant sexually abused in a residential care context

“ So, what I decided was, that if they attacked me, when I was small and defenceless, maybe I should put some weight on. So, I did.

Truth Project participant sexually abused in a residential care context

Participants' accounts highlighted four key strategies which had either helped them to cope with the experience and impacts of child sexual abuse later in life or had aided their recovery in some way:

Avoidance, suppression and 'just carrying on'

Many participants described how they had simply tried to block out their experience of sexual abuse. For some, it was a case of trying to block out their childhoods more generally given their adverse experiences prior to entering residential care. Some had moved away to a different area as part of this approach.

Suppressing the memory of sexual abuse (sometimes aided by drugs and alcohol) and just trying to 'carry on' was a notable theme in participants' accounts.

“ And I've not tried to look, because I've just kind of - until now, I've just pushed everything to the back ... Because it was just - I have my own family, I have my own kids, that I just want to protect, and keep my past to my past. And that was it.

Truth Project participant sexually abused in a residential care context

Facing the past and speaking out

Speaking out about the sexual abuse had been helpful for some participants. For those who had been able to talk more openly about their experiences, the first steps to doing so had, for some, been triggered by a specific life experience. One participant described how, after the breakdown of his marriage followed by a series of unsuccessful and unhealthy relationships, he decided it was time to move back to his home town and face his past. Another participant shared how a family bereavement had forced her to deal with her experience.

“ And 12 months ago, I decided to come back to [town]. I thought it was the best thing for me to do, and, hey, it was. It was the best thing for me to do. It was the best thing, definitely. Charges have been brought now, 14 charges in total.

Truth Project participant sexually abused in a residential care context

Some participants described the comfort they took in speaking to other victims and survivors of child sexual abuse. Attending the Truth Project was also described as helpful.

Therapy and support

Some participants credited participation in therapy as having helped them in some way, although experiences of formal support overall were mixed (see section 9.2.3). Those participants who were in loving and supportive relationships talked about how this served as a protective factor, which facilitated being able to talk about their experience of sexual abuse and aiding recovery.

“ He [the participant's partner] was the one that told me to come today, actually ... Because I was saying that I was, probably wasn't going to come, or you know, ring in and say that I couldn't do it, or something. But he was like: “No, you're going! Because you don't know what you're going to get out of it.”

Truth Project participant sexually abused in a residential care context

Belief in the greater good and giving something back

Some participants described how having a focus, choosing to look at life positively and giving something back through things such as random acts of kindness, had helped to boost their self-esteem and aid their recovery. One participant was involved with a Facebook group concerned with supporting other victims and survivors of child sexual abuse in his local area.

“ I do that thing where you do spontaneous gestures of – what's the word I'm looking for? ... Kindness and generosity to people who haven't anything ... Anyway, so that's one thing you can do and you gain self-esteem from that ... And gradually, you feel better about yourself because you consider other people [cries] and not think about your own things that happen to you or what happened to me.

Truth Project participant sexually abused in a residential care context

“ I had a job and the job was very supportive, and that's how I coped, with my job.

Truth Project participant sexually abused in a residential care context

9.1.2 Hindrances to recovery

Participants spoke about three key factors which had hindered their recovery or served as ‘triggers’ – that is, situations, events or sensations which (re)trigger the trauma associated with the sexual abuse.

Responses from institutions and professionals

Participants described feeling that as both a child and an adult, the lack of professional support and acknowledgement was something that further negatively impacted their experience of sexual abuse. They were frustrated and angry at the lack of acknowledgement from the residential care setting at the time. They described a perceived lack of action to stop the abuse as well as a lack of care and support when they left the institution. One participant described being placed back in the same home while the staff member who abused them was still working there, after an allegation against him had been made.

“ [I] went to university and my foster mother was happy to sort of have me going back over each of the holidays. But I don’t think social services were too happy because I was taking up a valuable place ... So, in their wisdom, they moved me back to the children’s home ... and all the time while [perpetrator] was working there, just not appropriate in my mind.

Truth Project participant sexually abused in a residential care context

Participants felt they had limited opportunities to disclose what was happening at the time and that opportunities to identify signs of abuse were missed by various professionals outside of the institution. Their accounts described how the subsequent lack of support and poor response from various professionals, and deficiencies in criminal justice processes, continued to hinder their recovery.

“ I was questioned before when I was in prison and they asked me about it but they said “when it was happening, did you get an erection, did you enjoy it?” And it totally baffled me ...

Truth Project participant sexually abused in a residential care context

A lack of support from family or friends

Many participants described having a general lack of support from family or friends which hindered their recovery. This was typically as a result of fractured or non-existent relationships with family members. One participant’s mother had disowned him (although the circumstances are unclear) and another spoke of the negative response he had received from his brother in relation to his experience of abuse.

“ He’s like, “he’s the “Gay boy” and “Cock boy”, you know, “Batty boy”, like, “Tramp” ... He’s saying what happened to me was my fault, I asked for it ...

Truth Project participant sexually abused in a residential care context

Other negative life events and direct reminders

Participants described how certain events such as a bereavement or an argument with someone could (re)trigger the trauma associated with the abuse.

Direct reminders of the sexual abuse were also spoken about as triggers or hindrances to recovery. As noted in section 7.3, receiving an unexpected phone call from the police could serve as a trigger. Other triggers or hindrances to recovery included bumping in to another child who had lived in the children's home at the same time, hearing or seeing content in the media relating to child sexual abuse and seeing the children's home in which they were abused being knocked down. In one case, a participant reported ending up living near to the perpetrator.

“ I used to see him going to the shops. I'm serious. But the police officer couldn't tell me that. She couldn't say, "This guy that ruined your life lives 150 yards away from you".

Truth Project participant sexually abused in a residential care context

9.2 Experiences of support

9.2.1 Support from residential care and wider professional networks

Participants consistently described feeling let down by the residential care institutions and the wider group of professionals they came into contact with – most notably social services. They spoke about how the institutions had failed to acknowledge the sexual abuse that had taken place, take any responsibility, or provide them with any support, either as adults or children. One participant described how neither she nor her foster parents saw or heard from anybody from the home after she left. Linking back to the general culture of cover ups described in Chapter 6, some also described that the institutions had again actively tried to cover up abuse when investigations started to emerge. They described how their personal files had reportedly gone missing and, in one case, a participant reported how physical changes to the home were made to mask locations where abuse took place.

Participants also reported never being offered any support from social services after leaving the institution. They spoke of never seeing their social workers again, social services refusing to speak to them, and only taking action when police became involved in the case. They also described how difficult it had been to progress compensation claims.

There were some positive examples in participants' accounts of support offered by healthcare professionals in their adult lives. However, as noted in section 6.3.2, participants felt that the range of professionals they had come into contact with as children had generally missed the signs of abuse.

9.2.2 Informal support

Overall, participants spoke of having limited or no familial support as both a child and an adult. This is perhaps unsurprising given the adverse circumstances in which participants entered into residential care, as set out in Chapter 4. Despite some having an ongoing desire to reconnect and build relationships with family members, relationships remained fractured and dysfunctional. In some cases, parents or siblings were deceased. As was noted in section 9.1.2, this lack of familial support was identified as a hindrance to recovery.

“ My father died when I was 15 ... so I didn't ever have contact with him again. And my mother, kind of, disowned me. I have been in contact with her quite recently but unfortunately, she's an alcoholic that's quite high up on the scale so it's not something that I wish to get involved in really, you know. So I've not had a chance to talk to her about any of this really.

Truth Project participant sexually abused in a residential care context

“ Unfortunately, [my brother] thinks I made it all up as well, and I didn't, so that's quite painful.

Truth Project participant sexually abused in a residential care context

The few participants who did share positive examples of informal support they had received more commonly mentioned this in relation to other victims and survivors, friends and colleagues, rather than family members.

“ She said to me, “you need to go and see the GP”. I did ... She taught me everything about benefits, I don't know nothing about benefits, she's taught me everything about benefits. “You need to do this, this is the process”, and she's helped me all the way along ... Nobody else had done that for me. Nobody.

Truth Project participant sexually abused in a residential care context

9.2.3 Formal support

Only one participant mentioned accessing a bespoke support service for victims and survivors of child sexual abuse. This was a charity-run rape crisis centre.

Additionally, very few of the participants mentioned having accessed or been offered formal counselling²¹ as a child. Those that did recalled not having the language to be able to describe their experience and not being given the necessary help or space to be able to talk about it. Participants also spoke about a lack of general support options. One participant recalled the only counselling available to him was family counselling that would have involved his mother and siblings, which he did not want.

“ I remember getting upset. I never cry as a person but I remember sort of crying in one of the meetings where they just weren't giving me any options.

Truth Project participant sexually abused in a residential care context

Across the sample, participants had varying levels of experience with formal counselling as adults. Some had received a lot and continued to be seeing a counsellor at the time of participating in the Truth Project. Others had never accessed formal counselling, had tried one session and not returned, or had dipped in and out of it at different points in their lives. Some participants had accessed more targeted services to manage particular impacts of the sexual abuse, such as Alcoholics Anonymous to deal with their alcohol misuse.

²¹ Formal counselling in this context may include services provided by statutory agencies, the voluntary sector or private providers.

Participants spoke about difficulties accessing counselling. They spoke of long waiting lists and support being offered too late. One participant explained that the damage his drug-taking had caused him may not have been so extreme had he been signposted to support earlier, and how he eventually used his compensation payment to put himself through a treatment centre for drug-use. One participant explained that, in his experience, there was more support available for women compared to men. However, that was not a view shared more widely. A slightly more common idea amongst this group of victims and survivors was that accessing support was more difficult if you did not have obvious 'social issues'.

“ *When a person goes for help and they've got no social issues, you're not drunk, or you don't take drugs, it's very, very difficult, because there's no service out there that caters for someone that's - I do suffer from mental health issues, obviously PTSD and anxiety as well - but it's very, very difficult to access services.*

Truth Project participant sexually abused in a residential care context

Those participants who had experience of counselling reported mixed experiences. For those who had a negative experience, this was a result of a poor welcome upon initial contact, the session not meeting their expectations or requirements, and the manner in which individual counsellors delivered sessions. One participant described how his first experience of counselling made him feel worse, while others described not having found support that was right for them.

“ *I required a female counsellor, etc. Get my first appointment through. Your appointment will be at a nursery, with a male counsellor. Now, come on.*

Truth Project participant sexually abused in a residential care context

“ *I think at this point I just need to, kind of, forget it all and, kind of, move on with it really, yeah. Because I don't think I'm ever going to get the answers that I think I deserve, you know. And I think probably too much time has lapsed.*

Truth Project participant sexually abused in a residential care context

Chapter 10

Summary of key findings from the research and victims and survivors' suggestions for change

This chapter provides a summary of the key research findings and themes identified in the report and relevant to the research sub-questions set out in Chapter 1. It reports the potentially unique characteristics identified in child sexual abuse cases in residential care contexts and suggests how these may differ from abuse in other contexts and circumstances. The chapter concludes by detailing the changes participants think are necessary to prevent sexual abuse in children's homes and other types of residential care for children in the future and to improve responses to, and support for, victims and survivors of child sexual abuse. In doing so it addresses the research sub-question:

- What changes do victims and survivors suggest to improve child protection and prevent child sexual abuse in the future?

10.1 Summary of key findings from the research

The analysis of Truth Project data is ongoing, but we have identified some potentially unique features of sexual abuse in the context of residential care:

- This group of victims and survivors typically described disrupted, chaotic and, in some cases, neglectful childhoods. The circumstances preceding their placement into residential care were characterised by fractured relationships with parents, who were often struggling with alcohol misuse, mental health issues or domestic violence and abuse. Once they were placed in residential care, participants described being moved around regularly with no knowledge of what their long-term care plan might be, which partly mirrored the instability of their early lives at home.
- Within the group of victims and survivors abused in residential care, more reported a health condition or long-term illness than those sexually abused in other contexts. Some reported that the disability or long-term illness affected them at the time of the sexual abuse, however the majority who reported a disability or long-term illness did not experience it until after the sexual abuse.
- There were more men than women in this group of participants. This is different to the overall gender-split of Truth Project participants, where more women have come forward in total.
- Participants described how sexual abuse was often accompanied by physical and/or emotional abuse. They described repeated sexual abuse, including rape, over a prolonged period of time. A high proportion of participants abused in residential care had experienced multiple episodes of sexual abuse, involving different, unconnected perpetrators. Some of these participants had experienced sexual abuse in more than one place of residential care, whereas others had also experienced sexual abuse in different institutions and settings.
- The majority of perpetrators were male. However, there was a higher proportion of abuse involving female perpetrators in this context compared to other contexts. A quarter of victims and survivors reported being abused by a peer or older child. Participants who spoke about abuse perpetrated by peers or older children often viewed this as a normal part of life in the institution and growing up.

- The general lack of supervision in residential care was consistently reported in participants' accounts. They described the ease with which perpetrators were able to take children off-site, have unquestioned and unmonitored physical contact with children on-site, and easy access to certain locations where they could perpetrate sexual abuse. This continued when participants were transitioning into living independently in the community, with a number of participants speaking about being sexually abused by those working for independent living schemes who they had met at a particularly vulnerable point in their lives.
- Levels of institutional knowledge of the sexual abuse were perceived to be high, and half of the victims and survivors who experienced abuse in a residential care context reported knowing of someone else being sexually abused in the same place. Although there were some instances of staff trying to help participants, it was generally perceived that the culture of abuse, sexual or other, was accepted and covered up by staff.
- Just under half of participants told someone about the sexual abuse at the time it was happening. For those who did not disclose at the time, this was commonly driven by fear of retribution by the institution or perpetrator. Those who did disclose the abuse whilst it was ongoing frequently told someone in authority inside the institution. Such disclosures were frequently met with denial and an absence of action. In contrast, most victims and survivors told someone about the abuse after it ended. These disclosures were sometimes motivated by seeing a media report on the topic or a desire to work towards healing of some degree. Similarly to the experience of victims and survivors who disclosed as children, few experienced positive reactions to their disclosure. Instead, many felt dismissed and frustrated by the lack of action taken.
- Participants shared mixed accounts of their interactions with the criminal justice system. Specifically, many found being transferred to different police forces, and the inconsistencies that brought, frustrating. Others talked about dealing with inexperienced police officers, being contacted seemingly out of the blue, lengthy and confusing processes and being provided with minimal or conflicting information.
- Victims and survivors described a range of negative impacts of the sexual abuse they experienced. A number of participants included in this report experienced physical injuries at the time the sexual abuse occurred, which sometimes continued to impact them later in life. A higher proportion of participants sexually abused in a residential care context reported suicide attempts and engaging in criminal behaviours as a result of the abuse compared to those abused in other contexts. Participants also talked about how the abuse had impacted their emotional wellbeing, relationships, education and employment.
- Participants found the transition from living in residential care to independent living in the community difficult. They described being offered little or no support at this time. They also talked about a lack of support and access to counselling more generally, which they felt hindered their recovery. Many participants felt that they lacked support from family and friends, either because their family and friends did not believe the abuse had occurred or because they lacked familial relationships to begin with. Others explained that continuing to be let down by residential care institutions – as they, for example, covered the abuse up, destroyed their files or took no responsibility – hindered their recovery.

10.2 Victims and survivors' suggestions for change

10.2.1 Quantitative information

Our quantitative analysis showed that the most common suggestions for change by participants sexually abused in the context of residential care were to believe children who reported child sexual abuse (35 per cent) and having someone available to report the abuse to (35 per cent). A higher proportion of participants in this group (27 per cent) recommended that the supervision of children was increased compared to participants abused in other contexts (18 per cent).

10.2.2 Qualitative information

Participants in the qualitative sample described many difficulties throughout their lives since the time of the sexual abuse and made suggestions about what they think needed to change to improve child protection and prevent child sexual abuse in residential care in the future. They also shared their views on how victims and survivors of abuse could be better supported. Their suggestions have been categorised according to the four thematic areas outlined in the Interim Report of the Independent Inquiry into Child Sexual Abuse (Jay et al., 2018a). These are: structural; financial; cultural; professional and political, and are presented in Table 10.1.

Table 10.1 Suggestions for change made by Truth Project participants (qualitative sample) sexually abused in residential care contexts

Structural: The legislative, governance and organisational frameworks within and between institutions
<p>Participants said:</p> <p><i>Perpetrators of child sexual abuse need to be given longer/maximum sentences.</i></p> <p><i>Social services need to be held to account more.</i></p> <p><i>There needs to be less red tape and easier access to information from all agencies for victims and survivors, including access to their personal records relating to their time at the institution.</i></p> <p><i>There needs to be better communication between different agencies and victims and survivors.</i></p> <p><i>The problem of institutional cover ups needs to be addressed.</i></p> <p><i>When an investigation is underway, institutions should not be made aware in advance of when officials are coming to look around the home.</i></p> <p><i>Officials should take their time to look around homes properly when they come to inspect or investigate and talk to the children privately, away from carers.</i></p>
Financial: The financial, funding and resource arrangements for relevant institutions and services
<p>Participants said:</p> <p><i>There needs to be better access to counselling support [specifically targetted to victims and survivors of child sexual abuse], particularly for males.</i></p> <p><i>The assumption that claimants just want compensation needs to be challenged.</i></p>

Cultural: The attitudes, behaviours and values that prevent institutions from responding effectively to child sexual abuse

Participants said:

There needs to be a change in the mentality that things are different now and that people should not worry about what happened to them in the past.

Awareness of child sexual abuse and the help available needs to be raised amongst children and teenagers.

The culture around important people in charge and the power they have that allows them to behave in certain ways needs to be challenged.

Cultural change needs to be driven from those on the ground.

Children need to be given an opportunity to speak for themselves.

It should not be assumed that children lie. Staff should ask and understand why children are acting the way they do.

Professional and political: The leadership, professional and practice issues for those working or volunteering in relevant institutions

Participants said:

There needs to be a better understanding about how sexual abuse happens.

Professionals need to be better at supporting and looking after victims involved in cases.

Social services need to change how they listen to and understand issues in relation to these types of cases.

Ill or disabled children need to be better treated, without discrimination. They should not be separated from the other children.

There needs to be a general improvement in the treatment of and care for children. Children's homes need to value and nurture children.

Every child should have an equal chance of being adopted/fostered.

There needs to be more consideration of the gender mix of staff within institutions and making sure it is balanced.

Staff and social workers need improved communication skills and deaf children should have access to people with interpreting skills and someone who in meetings is qualified to present the deaf person's voice properly.

Trust issues amongst children going into care should be a key concern.

Children's homes need to have specialist mental health experts where children can access a non-judgemental, personalised mental health service.

The parents of the children also need to be supported.

Appendices

Appendix A

Quantitative data tables

Please note that due to the nature of Truth Project data collection, we do not always have complete information for every individual. This is reflected in the quantitative data tables which may not always be fully populated.

Chapter 4 Backgrounds of children sexually abused in residential care contexts

Sex	Residential care contexts		Other contexts	
Male	107	57%	694	33%
Female	81	43%	1390	66%
Other	1	1%	7	0%
Total	189		2091	
Unknown	2		46	
Total (including unknown)	191		2137	

Disability or long-term illness/condition*	Residential care contexts		Other contexts	
Yes	122	64%	1022	48%
No	69	36%	1115	52%
Total	191		2137	

*This is defined as a current condition that limits a person's ability to carry out day-to-day activities.

Was the victim/survivor affected by the conditions at the time that they first experienced the abuse?	Residential care contexts		Other contexts	
Yes	21	29%	182	25%
No	51	71%	535	75%
Total	72		717	
Unknown	50		305	
Total (including unknown)	122		1022	

Age at Truth Project session (age bands)*	Residential care contexts		Other contexts	
18-19	0	0%	20	1%
20-29	2	1%	162	9%
30-39	12	7%	278	15%
40-49	45	25%	459	24%
50-59	66	37%	577	31%
60-69	31	18%	290	15%
70-79	21	12%	91	5%
80 or older	0	0%	10	1%
Total	177		1887	
Unknown	14		250	
Total (including unknown)	191		2137	

*All information in this report pertains to adult participants in the Truth Project only.

Decade sexual abuse began	Residential care contexts		Other contexts	
1930s (or earlier)	0	0%	3	0%
1940s	7	4%	19	1%
1950s	19	11%	148	8%
1960s	37	21%	380	20%
1970s	63	36%	600	31%
1980s	31	18%	398	21%
1990s	14	8%	237	12%
2000s	3	2%	116	6%
2010s	0	0%	9	0%
Total	174		1910	
Unknown	17		227	
Total (including unknown)	191		2137	

Age sexual abuse began	Residential care contexts		Other contexts	
0–3 years old	7	4%	245	12%
4–7 years old	54	30%	659	32%
8–11 years old	54	30%	681	33%
12–15 years old	58	32%	405	20%
16–17 years old	7	4%	47	2%
Total	180		2037	
Unknown	11		100	
Total (including unknown)	191		2137	

Ethnicity of victim and survivor	Residential care contexts		Other contexts	
White	122	88%	1498	92%
Mixed/Multiple ethnic groups	1	1%	36	2%
Asian/Asian British	12	9%	49	3%
Black/African/Caribbean/Black British	3	2%	28	2%
Other ethnic group	1	1%	16	1%
Total	139		1627	
Unknown	52		510	
Total (including unknown)	191		2137	

Sexual orientation	Residential care contexts		Other contexts	
Heterosexual/straight	99	88%	1229	86%
Gay man	8	7%	48	3%
Gay woman/lesbian	2	2%	75	5%
Bisexual	3	3%	69	5%
Other	0	0%	9	1%
Total	112		1430	
Unknown	79		707	
Total (including unknown)	191		2137	

Type of session	Residential care contexts		Other contexts	
Private session in person	162	85%	1564	73%
Experience shared in writing	12	6%	353	17%
Private session via telephone	17	9%	217	10%
Private session in person and experience shared in writing	0	0%	2	0%
Private session in person and via telephone	0	0%	1	0%
Total	191		2137	

Victim and survivor's reason for attending	Residential care contexts		Other contexts	
Wanted change to prevent abuse happening to someone else	103	54%	1209	57%
No reason given/unknown	43	23%	381	18%
Wanted some resolution	36	19%	387	18%
Wanted to tell someone in authority	32	17%	470	22%
Wanted to be believed	32	17%	327	15%
Reason other	25	13%	246	12%
Total	191		2137	

Chapter 5 Context and nature of the child sexual abuse

Relationship of perpetrator to victim and survivor	Residential care contexts		Other contexts	
Residential care worker	83	47%	0	0%
Older child or peer	45	25%	262	12%
Other	26	15%	103	5%
Teaching or educational staff	19	11%	352	16%
Other professional	12	7%	144	7%
Clergy	8	5%	116	5%
Family member	8	5%	950	44%
Carer (foster, pre-school, after school)	4	2%	61	3%
Ancillary staff	4	2%	41	2%
Church-related staff	1	1%	60	3%
Youth/activity/sports worker	1	1%	61	3%
Unknown	5	3%	539	25%
Total	177		2137	

Gender of perpetrator	Residential care contexts		Other contexts	
Male	181	95%	1984	93%
Female	31	16%	133	6%
Other	0	0%	7	0%
Unknown	2	1%	97	5%
Total	191		2137	

Institution where the sexual abuse took place (where abuse was perpetrated by residential care workers)*	Residential care contexts		Other contexts	
Residential care institution	83	78%	0	0%
Childcare (foster, pre-school, after school)	5	5%	72	3%
Detention (corrective, immigration)	5	5%	28	1%
School (all types)	4	4%	424	20%
Religious organisation	2	2%	153	7%
Club (recreational, scouts/guides, sports)	1	1%	81	4%
Other institution	1	1%	94	4%
Medical (hospital, GP, dentist)	0	0%	54	3%
Total	107		2137	

* This only includes cases where the perpetrator was a residential care worker, whether the sexual abuse was perpetrated in the physical context of a residential care establishment or not. It does not include cases where the sexual abuse occurred in the physical context of a residential care establishment but the perpetrator was not a residential care worker.

Type of sexual abuse grouped	Residential care contexts		Other contexts	
Fondling	98	51%	1195	56%
Behaviour involving penetration	94	49%	1033	48%
Behaviour not involving penetration	42	22%	818	38%
Violations of privacy	34	18%	363	17%
Grooming for the purposes of sexual contact	27	14%	468	22%
Exposing children to adult sexuality	21	11%	367	17%
Exploitation	12	6%	139	7%
Other sexual behaviour	4	2%	31	1%
Total	191		2137	

Episodes of sexual abuse	Residential care contexts		Other contexts	
One episode reported	80	42%	1555	73%
Two episodes reported	60	31%	351	16%
Three episodes reported	51	27%	231	11%
Total	191		2137	

Other forms of abuse	Residential care contexts		Other contexts	
Mentioned any other form of abuse	106	55%	1119	52%
Particular types of abuse				
Physical abuse	74	39%	649	30%
Psychological abuse	60	31%	629	29%
Bullying	37	19%	244	11%
Emotional abuse/entrapment	32	17%	489	23%
Witnessing the abuse of others/indirect victimisation	29	15%	218	10%
Neglect	27	14%	183	9%
Child labour	8	4%	26	1%
Total	191		2137	

Chapter 6 Institutional context and knowledge of the child sexual abuse

Victim knew of someone else being sexually abused	Residential care contexts		Other contexts	
Yes	96	50%	649	30%
Total	191		2137	

Someone else knew what was happening	Residential care contexts		Other contexts	
Yes	80	42%	648	30%
Total	191		2137	

Chapter 7 Experiences of disclosure and responses by institutions

Did the victim and survivor tell anyone about the sexual abuse at the time the abuse was happening?	Residential care contexts		Other contexts	
	Count	Percentage	Count	Percentage
Yes – all experiences of abuse were reported	68	42%	648	34%
No – all experiences of abuse went unreported	84	52%	1108	59%
Some episodes were reported, some were not	11	7%	132	7%
Total	163		1888	
Unknown	28		249	
Total (including unknown)	191		2137	

Who sexual abuse was reported to at the time (of those who reported abuse)	Residential care contexts		Other contexts	
	Count	Percentage	Count	Percentage
Person in authority inside institution	41	52%	219	28%
Police	30	38%	281	36%
Welfare/child protection officer	23	29%	153	20%
Parent	12	15%	375	48%
Other person	9	11%	122	16%
Child friend	3	4%	90	12%
Sibling	2	3%	46	6%
Person providing mental health service (incl. counsellor, psychologist)	1	1%	21	3%
Medical personnel (eg doctor, nurse)	0	0%	35	4%
Partner (incl. boyfriend/girlfriend)	0	0%	5	1%
Adult friend	0	0%	10	1%
Other relative	0	0%	43	6%
Total	79		780	

Why sexual abuse was not reported at the time, if it was not reported	Residential care contexts		Other contexts	
Not reported for other reason	19	20%	220	18%
Fear of retribution by institution	18	19%	38	3%
Shame, embarrassment	16	17%	265	21%
Fear of not being believed	14	15%	221	18%
Didn't know the behaviour was not ok	13	14%	275	22%
Thought they would get in trouble	13	14%	112	9%
Fear of retribution by perpetrator	12	13%	243	20%
Didn't have the language to explain what was happening	11	12%	203	16%
Did not want anyone else to know	10	11%	116	9%
Believed the perpetrator loved him/her	6	6%	72	6%
Believed they were special (eg given special privileges)	6	6%	88	7%
Didn't want to hurt their family	6	6%	197	16%
Felt guilty	5	5%	129	10%
Just wanted to forget	4	4%	57	5%
Regarded as private	3	3%	26	2%
Fear of retribution against the perpetrator	1	1%	35	3%
Perpetrator threatened victim/family/other significant people	0	0%	99	8%
Total	95		1240	

Did the victim and survivor tell anyone/report the sexual abuse after the abuse ended?	Residential care contexts		Other contexts	
Yes - all experiences of abuse were reported	136	85%	1476	79%
No - all experiences of abuse went unreported	22	14%	316	17%
Some episodes were reported, some were not	2	1%	68	4%
Total	160		1860	
Unknown	31		277	
Total (including unknown)	191		2137	

Who sexual abuse was reported to after it had ended (if abuse was reported)	Residential care contexts		Other contexts	
Police	94	68%	761	49%
Other	26	19%	114	7%
Person in authority inside institution	17	12%	131	8%
Welfare/child protection officer	12	9%	84	5%
Partner (incl. boyfriend/girlfriend)	11	8%	215	14%
Person providing mental health service	10	7%	311	20%
Adult friend	4	3%	105	7%
Parent	3	2%	333	22%
Other relative	3	2%	103	7%
Medical personnel (eg doctor, nurse)	2	1%	112	7%
Sibling	2	1%	105	7%
Child friend	0	0%	31	2%
Unknown	2	1%	13	1%
Total	138		1544	

Chapter 8 Impacts of the child sexual abuse

Impacts (grouped)	Residential care contexts		Other contexts	
Mental health	163	85%	1844	86%
School/employment	97	51%	955	45%
Relationships	96	50%	1106	52%
Criminal behaviour	55	29%	175	8%
Sexual behaviour	49	26%	672	31%
Direct consequence	35	18%	299	14%
Physical health	8	4%	147	7%
Total	191		2137	

Detailed impacts	Residential care contexts		Other contexts	
Depression	61	32%	820	38%
Difficulties with trust and intimacy	60	31%	721	34%
Lack of trust in authority	58	30%	437	20%
Thoughts of suicide	54	28%	586	27%
Attempted suicide	51	27%	410	19%
Anxiety	49	26%	758	35%
Running away	45	24%	204	10%
Low self-esteem	44	23%	511	24%
Aggression	44	23%	271	13%
Nightmares	40	21%	399	19%
Alcohol misuse	39	20%	363	17%
Academic difficulties	39	20%	354	17%
Feeling of guilt	38	20%	473	22%
Self harming	36	19%	436	20%
Minor offences	36	19%	110	5%
Post-traumatic stress disorder	33	17%	396	19%
Eating and sleeping difficulties	31	16%	305	14%
Marital problems	31	16%	278	13%
Unhappy at school	31	16%	362	17%
Other behavioural and mental health functioning	29	15%	501	23%
Other impact on relationship	29	15%	290	14%
Illicit drug use	26	14%	267	12%
Physical injury	24	13%	192	9%
Left school early	22	12%	185	9%
Under employment/difficulty in maintaining work	22	12%	156	7%
Avoidance of or phobic reactions to sexual intimacy	21	11%	269	13%
Truancy	20	10%	184	9%
Other	18	9%	192	9%

Discomfort/lack of confidence with parenting	17	9%	222	10%
Unable to work	17	9%	107	5%
Feeling helpless	15	8%	209	10%
Pregnancy	13	7%	87	4%
Multiple partners	13	7%	200	9%
Panic attacks	13	7%	249	12%
Other financial difficulties	13	7%	55	3%
Unemployment	11	6%	67	3%
Other involvement in crime as an offender	11	6%	44	2%
Exchange sex for money	9	5%	48	2%
Self-hatred	9	5%	123	6%
Violent offences	9	5%	41	2%
Other physical health	7	4%	137	6%
Sexually risky behaviour/unprotected sex	7	4%	115	5%
Confusion about sexual identity	7	4%	121	6%
Other impact on sexual behaviour	7	4%	134	6%
Phobias	7	4%	77	4%
Difficulty in arousal	5	3%	67	3%
Sexual offences	5	3%	15	1%
Overuse of prescription medication	4	2%	35	2%
Gambling	3	2%	13	1%
Sexually transmitted disease	2	1%	28	1%
Other	1	1%	42	2%
Hypertension	1	1%	14	1%
Loss of religious faith	1	1%	69	3%
Total	191		2137	

Chapter 10 Summary of key findings from the research and victims and survivors' suggestions for change

Suggestions for change	Residential care contexts		Other contexts	
	Count	Percentage	Count	Percentage
Other* changes	68	36%	571	27%
Believing children who report	67	35%	635	30%
Someone to report the abuse to	66	35%	716	34%
Systems to identify children who are at risk/ experiencing abuse at an early stage	56	29%	702	33%
Increased supervision of children	52	27%	375	18%
Increase community's/parent's/children's knowledge/awareness about child sexual abuse/child sexual exploitation	49	26%	897	42%
Increased access to therapy/appropriate support in a timely fashion	45	24%	549	26%
Child safety education programmes	28	15%	610	29%
Alternative approaches to court processes	10	5%	212	10%
Changes to the rules of evidence	10	5%	104	5%
Sentencing reform	6	3%	72	3%
No time limit on bringing legal proceedings	5	3%	51	2%
Not sure	1	1%	22	1%
Total	191		2137	

* This refers to the range of other changes victims and survivors suggested that are not included in the specific categories below.

Appendix B

Glossary

Behaviour involving penetration	This relates to vaginal, anal or digital penetration, cunnilingus and fellatio.
Behaviour not involving penetration	This relates to prolonged kissing, cuddling, French kissing and excessive touching.
Child	A person under the age of 18.
Child physical abuse	Physical abuse of children involves someone deliberately hurting a child, causing injuries such as bruises, broken bones, burns or cuts. Children may suffer violence such as being hit, kicked, poisoned, burned, slapped, having objects thrown at them or intentionally being made unwell.
Child protection	Activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm.
Child sexual abuse	Sexual abuse of children involves forcing or enticing a child or young person to take part in sexual activities. The activities may involve physical contact and non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse including via the internet. Child sexual abuse includes child sexual exploitation.
Child sexual exploitation	Sexual exploitation of children is a form of child sexual abuse. It involves exploitative situations, contexts and relationships where a child receives something, as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain.
Children's home	An establishment that provides care and accommodation solely or mainly for children (meaning a person under the age of 18).
Church-related staff	Any staff who are involved in a religious institution but not ordained for religious duties, including volunteers and scripture teachers.
Criminal justice system	The system which investigates, prosecutes, sentences and monitors individuals who are suspected or convicted of committing a criminal offence. This also encompasses institutions responsible for imprisonment, probation and sentences served in the community.

Direct consequence of sexual abuse	This is made up of four categories: Pregnancy; Physical injury; Sexually transmitted diseases; Other.
Episodes of child sexual abuse/exploitation	<p>An 'episode' relates to sexual abuse involving a particular perpetrator(s) or institution(s). It may involve a single instance of sexual abuse or relate to more than one instance which takes place over a period of time. We have defined an 'episode' of abuse as the following:</p> <ul style="list-style-type: none"> ● an instance or multiple instances of sexual abuse committed by a single perpetrator ● a single instance of sexual abuse committed by multiple perpetrators ● multiple instances of sexual abuse committed by multiple perpetrators, but only where there is collusion between the perpetrators. <p>An episode involving multiple perpetrators could include cases where there is collusion between perpetrators, such as gang rape, paedophile rings or child sexual exploitation. An episode could also involve more than one institution, such as abuse perpetrated by one person but in several settings.</p>
Exploitation – online	<p>This relates to exploitation via images, voice, text, gaming, for example.</p> <p>See also: child sexual exploitation.</p>
Exploitation – physical world	<p>This relates to instances of exploitation such as selling a child to perform sexual services; having a child perform in indecent images; exchanging or purchasing indecent images of children.</p> <p>See also: child sexual exploitation.</p>
Exposing children to adult sexuality – online	This relates to exposing a child to adult sexuality by means of images, voice, text, gaming, for example.
Exposing children to adult sexuality – physical world	This relates to performing sexual acts in front of a child, exposing genitals to a child, child nudity for the sexual gratification of the adult, videotaping, or filming of a child with the intent to create sexual stimulation.
Fondling	This relates to touching, masturbating or kissing a child's genitals and/or making a child fondle an adult's genitals.
Foster care	When a child is looked after, either temporarily or permanently, in someone else's home.
Grooming for child sexual abuse	Building a relationship with a child in order to gain their trust for the purposes of sexual abuse or exploitation.
Impact	<p>A marked effect or influence on someone or something.</p> <p>Information on impacts presented in this report align with categorisations used in the Truth Project.</p> <p>It is used in this report to describe what victims and survivors themselves reported about the effects of the abuse they experienced.</p>
Impact of criminal behaviour	This is made up of four categories: Sexual offences; Violent offences; Minor offences; Other.

Indirect victimisation	This could include the victimisation of child sexual abuse victims and survivors as a result of an insensitive, unhelpful or negative societal response to the disclosure or identification of the abuse.
Institution	Means the same as 'organisation'. That is, a group of people who work together in an organised way for a particular shared purpose. For example, a business, a government department, a school or a church.
Institutional sexual abuse	Sexual abuse perpetrated by someone within a particular setting or service. For example, a teacher in a school or a priest within a church. See also: institution.
Law enforcement agencies	Statutory agencies with responsibility for policing and intelligence, including police forces, the intelligence services and the National Crime Agency.
Looked after children	A child is legally defined as 'looked after' by a local authority if they: get accommodation from the local authority for a continuous period of more than 24 hours; are subject to a care order (to put the child into the care of the local authority); are subject to a placement order (to put the child up for adoption).
Negative impact on mental health	This is made up of 24 sub-categories: Low self-esteem; Anxiety; Panic attacks; Self-harming; Thoughts of suicide; Attempted suicide; Died by suicide; Feeling helpless; Running away; Gambling; Lack of trust in authority; Loss of religious faith; Phobias; Depression; Post-traumatic stress disorder (PTSD); Feeling of guilt; Self-hatred; Aggression; Eating and sleeping difficulties; Nightmares (including flashbacks); Over-use of prescription medication; Illicit drug use; Alcohol abuse; Other.
Negative impact on physical health	This is made up of two categories: Hypertension (high blood pressure); Other.
Negative impact on relationships	This is made up of four sub-categories: Difficulties with trust and intimacy; Discomfort/lack of confidence with parenting; Marital problems; Other.
Negative impact on school/employment	This is made up of nine sub-categories: Left school early; Unhappy at school; Truancy; Academic difficulties – concentration/learning; Unemployment; Unable to work; Under-employment/difficulty in maintaining work; Other financial difficulties; Other.
Negative impact on sexual behaviour	This is made up of seven sub-categories: Exchange sex for money; Multiple partners; Sexually risky behaviour/unprotected sex; Confusion about sexual identity; Difficulty in arousal; Avoidance of/or phobic reactions to sexual intimacy; Other.
Orphanage	An establishment that provides care and accommodation solely or mainly for children (meaning a person under the age of 18).
Prevalence of child sexual abuse	The proportion of a population who have experienced child sexual abuse.

Rapid evidence assessment (REA)	A research methodology used in the identification, quality assessment and synthesis of existing literature on a particular topic. More structured and rigorous than a standard literature review, it is not as exhaustive as a systematic review.
Recovery	The act or process of returning to a positive, former or improved level of functioning following a traumatic experience that caused a decline in levels of functioning and wellbeing.
Relationship other	This category of perpetrators includes any type of perpetrator that does not relate to one of our perpetrator categories. For example, a neighbour or a paedophile ring.
Residential care	This relates to institutions such as orphanages, children's homes/residential care, secure children's homes, specialised residential care units.
Residential care context	<p>In this report, this term refers to instances of sexual abuse that:</p> <ul style="list-style-type: none"> ● took place in a place of residential care, such as: <ul style="list-style-type: none"> – children's homes – secure children's homes/care units – specialised children's homes – hostels and accommodation for young people leaving care; or ● was perpetrated by a residential care worker. <p>Please see section 2.1 of the report for additional detail.</p> <p>This definition was developed by the Inquiry's Research Team and is used for sample selection and for the purposes of comparison with other contexts in which abuse occurred.</p>
Residential care worker	Anyone responsible for providing care to residents in care settings.
Residential schools	A state or independent school providing care, education and boarding accommodation for some or all of its students.
Resilience	The ability to sustain adaptive levels of healthy functioning following a traumatic experience and/or the capacity to recover quickly from an adverse/traumatic experience.
Re-victimisation	Becoming a victim of violence, crime and abuse, having already been victimised previously.
Safeguarding	<ul style="list-style-type: none"> ● Protecting children from maltreatment; ● Preventing impairment of children's health or development; ● Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and ● Taking actions to enable all children to have the best life chances.
Secure children's homes	These homes are for children who have either committed an offence or need the extra protection provided by these homes to ensure their welfare is maintained.
Secure training centre	Secure custodial institution for children convicted or on remand. Accommodates males and females aged 12–17.

Specialised residential care home/unit	This includes residential care that is specialised for children with: <ul style="list-style-type: none"> ● physical and/or learning disabilities; or ● emotional and/or behavioural difficulties; or ● a mental health condition; or ● a drug and/or alcohol addiction.
Statutory agencies	Institutions set up by law to carry out public activities.
Structural constraint	The various political, economic, social and cultural factors which can shape an individual's life and operate external to the individual, beyond their control.
Victims and survivors	Defined in this report as individuals who have been sexually abused as children.
Violation of privacy	This relates to situations such as forcing a child to undress and/or spying on a child in the bathroom or bedroom.
Young offender institution	A secure custodial institution for male children convicted or on remand, aged 15–18.

Sources: Department for Education (2014); IICSA (n.d.); Ofsted (2019); Ofsted (2018a).

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