IICSA Changemaker Engagement sessions with survivors and practitioners: **Services**

**Authored by: The IICSA Changemakers Survivor Advisory Community and the IICSA Changemakers**

**Our gratitude:**

A huge thank you to every single survivor who inputted into this work and to every single one reading it who might be considering access to support. It’s not just a ‘reference’, or a ‘quote’, it is your visceral, tangible and very real-life experiences and we acknowledge that sharing that with us holds tremendous power. We celebrate your courage and determination to make a difference, to take a stand and to shout for change.

To any survivor reading this, who may have chosen not to/or cannot disclose to anyone or take part in any of the participation activities, please know that you are welcome here. Your experiences are valid and your level of visibility and disclosure does not define your credibility as a survivor. Please know that you are not alone, you did not make this happen and it is not your fault.

And finally, we honour survivors who have lost their lives, who are not here today because of the failings of the systems around them. We hope you find rest and we continue this fight in your memory.

**You are seen. You are worthy. You are important.**

To every practitioner who shared their time and expertise in contributing to this piece, and to the work in a wider sphere; thank you for your tenacious allyship, we need you and we are grateful for you.

To everyone involved in the original inquiry, thank you for your years of labour.

To all the IICSA Changemakers members, thank you for your collective efforts in coming together across the sectors to support change.

1. **Introduction**

Co-ordinated by the NSPCC, the IICSA Changemakers are a group of 68 like-minded organisations that have united across the sectors to inspire a national mission to prevent child sexual abuse and provide much improved support to victims and survivors.

All IICSA Changemaker organisations contribute to the successful running of the group by investing their time, expertise, and access to networks to achieve the following ambition:

***“Inspire a national mission to prevent child sexual abuse and provide much improved support to victims and survivors”***

This is a survivor led paper that will also speak to important existing key works in this area such as the work of Centre of expertise on child sexual abuse’s Support Matters paper[[1]](#footnote-2) and the Rape Crisis paper ‘A real safe space’[[2]](#footnote-3). The papers ambition is to demonstrate and describe a shared position from survivors and practitioners as to best practice for therapeutic support after experiencing child sexual abuse.

1. **Methodology**

“Nothing about us, without us”

We recognise that victims and survivors are not all the same and not every individual who has experienced child sexual abuse will resonate with the term ‘survivor’. For continuity in this document, we will use the word ‘survivor’, but we want to powerfully acknowledge that this is not a label that defines a person.

The **IICSA Changemakers Survivor Advisory Community** are a group of 31 adult survivors of child sexual abuse that collaborate, shape and influence the work of the wider Changemaker group. All members sign up to a Code of Conduct and Terms of Reference upon joining to ensure that the safety and confidentiality boundaries of the group are upheld and proactively protected.

Supported by the Survivor Participation Manager (SPM), all members can choose what level and layer of participation they wish to engage with. This includes choosing the spectrum of disclosure and identity they wish to share within the work. Participation and consent can be withdrawn at any time without reprisal or judgement.

Our ethos is to uphold trauma informed, strength based, survivor centred approaches. In practice, this means recognising that survivors are not just the abuse they have experienced; but are whole, complex, nuanced and wonderful human beings that have a range of skills and expertise to be able to offer. It also means that the Survivor Participation Manager continually engages with anti-racist and intersectional learning around violence and abuse to ensure that unconscious bias does not compromise the integrity of the participation. The SPM themselves has extensive and authentic understanding of the experiences of survivors of child sexual abuse.

Safeguarding, risk management and boundaries are holistically embedded into the work we do to make sure that survivor safety (physical, emotional, psychological and spiritual) is at the forefront of all activities and requests. Healing is not a linear or binary feeling or process; we recognise that survivor wellbeing could be affected by their participation work so debriefs and peer support spaces are offered.

**Stage one** was an anonymous survey and focus group work to listen to themes, reflections and begin to forge a direction for our more intensive work upcoming in stage two.

**Stage two** was work with a group of survivors from the IICSA Changemaker Survivor Advisory Community who analysed the results from stage one and took them to the next level by explaining the context, sharing their expertise and diving into focussed areas. This level of insight and understanding was then applied by the IICSA Changemaker team to engage a range of practitioners and gain their views on the same areas.

1. **Key findings**

There are clear directions and principles that map across survivor voice and practitioners’ experiences when it comes to services for child sexual abuse survivors. These cover:

**Equality Impact Assessments and action**

Support must be bespoke to the intersectional needs of individuals in its design and accessibility in order to be truly trauma informed and survivor centred. This can be best understood by detailed and appropriate equality impact assessments. Practitioners who deliver services for seldom heard communities share the importance of bespoke and concentrated knowledge that they have being appropriately utilised for the support of wider support services to support as many individuals as possible.

**Access and Advocacy**

The justice system is well known to be complex and in the survivor and victim sectors the support that advocacy can bring for justice space navigation is well understood to be essential. This is also the case of navigating the pathways, thresholds and detail of support services. Having processes clearly mapped, explained and then a professional to advocate for an individual so they receive the correct support is as essential as the support itself.

Additionally, if a child has an irregular immigration status (i.e. they do not have the legal right to be in the UK), they may be reluctant to seek help due to fear of the consequences, such as removal. Children arriving from other countries often struggle to understand the legal protections in place for them, making it even harder for them to navigate the system.

**Children and Adults**

Children and young people’s support needs are bespoke. They are not mini adults and often require a whole family approach to support services.

With support for children and young people there are often many safeguarding elements that have to be considered at the same time as the support which is why a child centred approach is required. The whole unit of individuals in that child’s life may also need support, be that through sibling programmes or parent/carer programmes.

The importance of adults receiving support for crimes they experienced when they were children is also essential in providing adequate support for all child sexual abuse survivors. For adults the support may often be linked to health and coping with new relationships or becoming parents themselves.

1. **Main body**

**Volume and Access:**

There are 10,000 – 20,000 survivors per service in the third sector. There is currently not sufficient resource to provide support for child sexual abuse survivors.

**“It’s a postcode lottery. Depending on where you are affects what you can access, but it’s hard to find out what there even is to access. And if you have to move for health, social housing or risk around perpetrator etc, then you have to start all over again in a different postcode catchment.”**

**Nicky Richards (she/her) -** *IICSA Changemaker Advisory Survivor Community member*

The IICSA Changemaker survivor survey on services 2024 revealed that nearly half (46%) of survivors (that had accessed services) had paid for it themselves.

The CSA Centre found just 468 services provided support to victims and survivors of child sexual abuse and their families, yet an estimated 500,000 children will suffer some form of child sexual abuse every year.

Their researchers interviewed the providers of over a third (168) of those services in detail and found that most were only able to respond to comparatively very small numbers of victims/survivors. Almost half were able to support fewer than 100 people in 2021/22. Leaving a significant number of the 500,000 cases per year without support. In fact, they estimated that there were 10,000 to 20,000 victims/survivors for every service providing support.[[3]](#footnote-4)

Appropriate language designed to engage the victim/survivor in a conversation to establish what support is needed and in accessing services also requires careful consideration. An appropriate language guide in this area has been established and should be utilised in both the structure and delivery of support.[[4]](#footnote-5)

“A lot of d/Deaf survivors will first have contact with a professional through health. So, in terms of access, many are brought in this way.”

**Paul Redfern** *d/Deaf specialist practitioner*

“Identification of support at the beginning of an engagement with a service user is important because you need to understand their range of needs. However, you need to continually check in as it can take a long time for someone to feel safe enough to fully disclose everything and share all their needs or have the needs identified. Alot of disabled survivors have experienced bias and harm from professionals in society that they’re supposed to be able to trust and so this timed check-in is essential for them.”

**Stay Safe East***is run by and for disabled people. They provide advocacy and support services to survivors of domestic abuse, sexual violence, hate crime, harassment and other forms of abuse.*

**Barriers:**

Barriers to support services include:

* Unclear criteria for access.
* Involvement with the justice sector or not.
* Understanding of bespoke needs for information access.
* Unclear local and national understanding of an ever-changing support landscape.
* A focus on an individual to ask for support instead of professionals spotting the signs and advocating for appropriate support.

**“Societal stereotypes that all survivors are ‘weak and miserable and collapsing’ stop people from wanting to be interested in our healing as it seems like a pointless or defeatist job. It isn’t!”**

**Nicole (she/her) -** *IICSA Changemaker Advisory Survivor Community member*

The IICSA Changemaker survivor survey on services 2024 showed that lack of personal finances (27%) and waiting lists (28%) were the two largest reasons for lack of access to services.

“Criteria not being clear, so people don’t think they are eligible. At what point can you access therapy, i.e. if someone is insecurely housed, or is experiencing mental health or substance issues it can be unclear.”

“There is confusion as to if ISVA and CHISVA services can be applied if the victim/survivor is in the criminal justice processor not.”

“There is not a lot of understanding about neurodiversity, no services at all that specialise with Autism and ADHD survivors of Child Sexual Abuse. There is a very different way of working; for example: with high needs autism, lots of different rights are relevant (i.e. use of intermediaries) This isn’t always understood by the survivor or professional.”

**Galop** *who support LGBTQIA+ people who have experienced abuse and violence*

“The way information is presented - there is so much information out there, but it’s not often presented in a way that’s digestible, particularly for those in a state of shock / early stages of disclosure. It becomes overwhelming to have documents that have pages of information.”

“As funding can change and isn’t consistent, it can be difficult to keep on top of what services have closed and what remains available to refer to.”

**The Havens***are specialist centres in London for people who have been raped or sexually assaulted*

“We are increasingly concerned about cuts in funding to organisational members, including accredited counselling services specialising in working with children and adults who are victims and survivors of child sexual abuse.

In addition to shortfalls in funding, referrals for specialist counselling interventions are very much on the increase. Our recent policy report [‘Bridging the Gaps’](https://www.bacp.co.uk/media/21907/bridging-the-gaps-report.pdf) details the vital work of third sector counselling services in offering flexibility and choice for their clients and the challenges they face in meeting growing demand without additional funding.

There is currently no sustainable funding infra-structure for CSA survivors to access timely, free at the point of access therapy delivered by highly trained specialist professionals and investment is critical to ensure victims and survivors can benefit from evidenced based interventions enabling them to not just survive through their trauma, but to thrive.

There is an existing counselling and psychotherapy workforce who are losing jobs in this specialist area and who run the risk of being under-utilised when demand for services is at a high”

**The British Association for Counselling and Psychotherapy (BACP)**, *the largest and leading professional body for counsellors and psychotherapists in the UK, with over 72,000 members*

“There is often a gap in accessible, tailored services for age-disputed Unaccompanied Asylum-Seeking children placed in adult systems; this is because they are not recognised to be children and, as such, cannot access child-tailored support when they need help when they experience abuse. In our experience, most child-specific services would not accept a person until they are confirmed to be a child – usually following a Merton-compliant age assessment by a Local Authority.”

**The Refugee Council** *who support & empower people who have made the heartbreaking decision to flee conflict*

In the radio series episode ‘The Last Taboo’ Sophie, founder of The Flying Child highlights the missed opportunities for signposting by professionals in her own experience. She explains the role professionals should have in bringing support to children.[[5]](#footnote-6)

**The Flying Child** *is a survivor-led, non-profit organisation who aim to normalise speaking about child sexual abuse, in society, in professional settings and within the survivor community itself.*

“There is a historic relationship between agencies such as police and statutory services with our service users. Institutionalized racism and racial profiling have meant trust in services linked to these areas is low and a blocker to accessing services.”

“Our service users were frequently abused under the age of 10, but won’t access help until their 30’s when they’re fully away from the wider family”

**Breaking the silence** *- who provide support for men and boys from racialised communities affected by sexual abuse*

“Recognising the issue for disabled people is child sexual abuse can be difficult due to discrimination where abuse of disabled people gets normalised. Identifying specific abuse and what services would be needed is difficult.”

**Stay Safe East** *is run by and for disabled people. We provide advocacy and support services to survivors of domestic abuse, sexual violence, hate crime, harassment and other forms of abuse.*

“Non-statutory organisations are seen as more adaptable and attuned to women’s needs. Smaller organisations often offer more women-led and flexible services than statutory agencies, yet aren’t funded to reflect that volume.”

**Beyond the streets** *collaborate to ensure women are not compelled to sell sex and to create routes out of prostitution by working with others including those with lived experience*

What the current confusing commissioning landscape most often translates to is the provision of the following services for children and young people who have experienced child rape and sexual abuse:

• CAMHS services (statutory generic mental health services), funded by NHS England and Integrated Care Boards (ICBs), available across England and Wales.

• In some areas, generic children and young people voluntary sector support services, funded by Police and Crime Commissioners and sometimes local authorities, which support children and young people on a range of issues, not just child rape and child sexual abuse.

• In far fewer areas, specialist sexual violence and abuse (SVA) voluntary sector support services, such as Rape Crisis Centres (RCCs), are funded by Police and Crime Commissioners and less frequently by local authorities and ICBs.”

Specialist rape crisis provision is different, with the Rape Crisis report highlighting that they are:

* Flexible
* Holistic
* Expert and specialist
* Child-centred and empowering
* For life

**A real safe space Rape Crisis:** *How Rape Crisis Centres Support Children and Young People Who Have Experienced Child Rape and Sexual Abuse (CRaSA) 2024*

**Bespoke need:**

One in six service organisations estimated that people from minority ethnic backgrounds made up fewer than 5% of their service users.

All services should have a basic understanding of the different needs of survivors.

A whole family response is needed to support children.

**“We can learn from the private healthcare model. Not the aspect of paying for it, but how they want you to engage in support, they let you say what you need, you can self-refer, there is no time limit. You don’t have to convince anyone you need help. It’s such a relief.”**

**Sheanna Patelmaster (she/her)-** *IICSA Changemaker Advisory Survivor Community member*

The IICSA Changemaker survivor survey on services 2024 asked contributors to share what they thought would happen if a bespoke direction was not taken for support. One contributor shared that **“If the government don't fund specific support services for CSA survivors, the ripple effect of CSA will cascade through generations at a huge cost to people's lives - and to the NHS and criminal justice system. Unresolved trauma and how we cope with it can ruin our lives, and damage people around survivors too as collateral damage.”**

When looking at bespoke needs addressed by services the CSA Centre found that:

“Support was most commonly available to adults and older children aged 13+; there was much less direct support for under 10s. While most support was available to both sexes, a quarter of group-based interventions were solely for women or girls. Very few services were specifically for particular ethnic or faith groups.

Organisations have said they had supported an increasingly diverse range of people in recent years – but one in six estimated that people from minority ethnic backgrounds made up fewer than 5% of their service users. Physically disabled children were also particularly under-represented; in contrast; most services supporting children estimated that at least 10% of their child service users had learning disabilities/difficulties.[[6]](#footnote-7)

It should be noted that there are many forms of support that can help a survivor after child sexual abuse and can fall into the umbrella of therapy and counselling such as:

* educative work
* advocacy support, such as from an Independent Sexual Violence Adviser (ISVA) or Child Independent Sexual Violence Adviser (ChISVA)
* structured peer support
* helplines and chat services
* residential care for victims/survivors of child sexual abuse
* family work/interventions
* support during legal processes

“We need lots more ‘By and for’ services for intersecting marginalised communities. Because impacts, support, treatments are nuanced as well as the response from their specific communities, so we need support that can understand that. However, all services should have a basic understanding of the different needs for LGBTQIA+ people the ‘By and For’ shouldn’t be the only option for LGBTQIA+ people. National service provision is very limited. But local is almost non-existent.”

**Galop** *who support LGBTQIA+ people who have experienced abuse and violence*

When discussing types of bespoke practice for those presenting to the Havens, the team shared that the following areas were crucial as a fuller offer of services:

* Therapy
* ISVA support
* Workshops on different topics (such as understanding reactions / how to support your child / child-friendly activities)
* Support groups (particularly for parents)
* CYP friendly spaces
* Providing resources that are child-friendly / information in a child-friendly manner

**The Havens***are specialist centres in London for people who have been raped or sexually assaulted*

“An intersectional service means actually understanding that a wide range of unique and intersecting factors might affect someone's experience. We should never assume how a survivor will feel or respond during pregnancy and birth. However, all healthcare professionals should understand how a history of sexual trauma can affect women and birthing people and the types of symptoms and experiences which can present across the perinatal period. Universal precaution is essential as so many survivors may never disclose.”

“A service user explained to me how she felt her "nervous system was on fire”. She was describing how she felt during her birth experience. The perinatal period is a huge body-based experience that doesn’t happen on such a level on public display in any other stage of life. It can have a massive impact on a survivor's nervous system which, as part of the natural process of pregnancy and birth, is already changing and getting primed to be more heightened to danger. We need practitioners to understand how a trauma history can change the way our mind and body processes threat and how influential this can be in the stages of a survivor's perinatal experience.”

**Make Birth Better** *A unique collective of experts who bring together lived experience and extensive professional knowledge of* [*birth trauma*](https://www.makebirthbetter.org/what-is-birth-trauma) *and* [*vicarious trauma*](https://www.makebirthbetter.org/what-is-vicarious-trauma).

“I have witnessed occasions where a d/Deaf child’s hearing parents are used by services as the interpreter. This is awful as 1) the parents may be the perpetrators 2) the parents may edit what the child is saying to protect the family and 3) the child may not want to tell the parents.”

**Paul Redfern** *d/Deaf specialist practitioner*

61% of respondents to the Sikh Women’s Aid survey on sexual abuse in 2024 said they had not had contact with any support service relating to their experience.

**Sahdaish Kaur Pall BEM, Sukhvinder Kaur and Dr Mandeep Kaur Marwah** *Sikh Women’s Aid; Gender, Power and Abuse 2024*

In Home Office guidance on establishing Child House principles, we are told trauma-focused therapeutic support for the child and parents/carers must be available to minimise the negative social, emotional and developmental effects of trauma.[[7]](#footnote-8) Existing CSA pathways often mean that a child and family are referred to early help services or face long waits for specialist child sexual abuse support services. Whereas the Child House principles seek to focus on all four rooms of the Child House (Barnahus) model; including trauma-informed therapy and support, hearing the child’s voice through participation, child friendly justice and restorative health support. Children accessing the Child House in London said, “Having it all under one roof just adds to that feeling of being in a safe space.” [[8]](#footnote-9)

**Emma Harewood** *Author and Child House (Barnahus model) expert*

Stepping Stones is an NSPCC service designed to support families who have experienced sibling sexual harm or abuse. Awareness is increasing about the incidence of sibling sexual harm and abuse, and its impacts on all family members. Stepping Stones was developed in recognition of this, with the aim to offer a whole family response.**[[9]](#footnote-10)**

The need for confidential services for male victims is also a product of the feelings of shame, fear, and emasculation many male victims report. It is not uncommon for men who have been abused to blame themselves, therefore the services they need must respond to this mindset. We must ensure the full portfolio of provision is easy to access and understand for male victims whose first search for help will typically begin online.[[10]](#footnote-11)

**Principles of good practice:**

Trust and confidence of a provider, cultural competence and trauma informed approaches can be demonstrated. The design comes from a child centred approach and is delivered with flexibility, continuity and regular evaluation. The support is integrated across psychological, legal and social and remains accessible through sustainable funding.

**“Support shouldn’t just be talking, it should also be creative; drama, a care package, pet therapy, movement, exercise, education. It needs to be holistic, looking at the person as a whole.”**

**Elizabeth Shane (she/her) -** *IICSA Changemaker Advisory Survivor Community member*

The IICSA Changemaker survivor survey on services 2024 asked contributors to share the practices that are the most important to them when approaching support. The two highest responses at 35% each were that *practitioners are trained in trauma informed practice and that support is not time limited.*

“There are nine core areas for good service delivery after an individual has experienced child sexual abuse:

* Safety and trust: Survivors feel secure and respected.
* Cultural competence: Services understand and respect cultural and linguistic needs.
* Trauma-informed approaches: Staff trained to avoid re-traumatisation.
* Child-centred care: Placing the child’s voice at the heart of service design.
* Continuity and consistency: Providing long-term support without frequent changes in personnel.
* Accessible and flexible support: Services are easy to access, regardless of legal status or living arrangements.
* Integrated support: Linking legal, psychological, and social support services.
* Sustainable funding: Ensuring long-term availability of services.
* Regular evaluation: Using survivor feedback to improve services continuously.

**The Refugee Council** *who support & empower people who have made the heartbreaking decision to flee conflict*

“A trauma-informed service ensures that every interaction prioritises the survivor’s psychological safety. It means:

* Understanding trauma’s impact on behaviour and needs.
* Avoiding actions or language that could re-traumatise.
* Empowering survivors with choice and control.
* Training staff to provide empathetic, sensitive care.”

**The Refugee Council** *who support & empower people who have made the heartbreaking decision to flee conflict*

“There is an unhelpful focus on daytime weekly sessions – you need flexibility, evening and weekend services. Drop in styles so individuals aren’t pushed, and choice between one to one and group approaches.”

**Breaking the silence***, who provide support for men and boys from racialised communities affected by sexual abuse*

“It is rare for a victim or survivor to be ‘fixed’ or ‘healed’ after receiving a fixed number of sessions of support. This is the case irrespective of whether that support is accessed through a specialist or generic service, because the fact is that rebuilding lives in the aftermath of SVA is a non-linear and often ongoing process.”

**A real safe space Rape Crisis:** *How Rape Crisis Centres Support Children and Young People Who Have Experienced Child Rape and Sexual Abuse (CRaSA) 2024*

“Services must integrate trauma sensitivity and cultural appropriateness to address the unique needs of d/Deaf children. At crucial points in a child’s life, especially when navigating the aftermath of abuse, it is essential that both survivors and families have access to clear, accessible information to guide them through the process and help them make informed decisions about care and support.”

**Signhealth** *who have a vision of a world without barriers to good health and wellbeing for d/Deaf people*

“There was also a lack of recognition and exploration of parents’ own support needs to enable them to protect their children, requiring practitioners to think more analytically about family dynamics.

For example, a mother was assessed as able to protect her child on the basis that she was able to complete the majority of basic care tasks for her children without any consideration of the impact of her own history of intrafamilial child sexual abuse and exploitation on her capacity to protect.”

**The Child safeguarding review panel.** *Protecting children and responding to child sexual abuse within the family environment. Nov 2024*

“Good supervision is crucial in providing practitioners with emotional support as well as time and space to reflect on practice and work through uncertainties. Robust managerial oversight should ensure the pace is not lost”

**The Child safeguarding review panel.** *Protecting children and responding to child sexual abuse within the family environment. Nov 2024*

**Link of access to support and the justice system:**

Justice means different things for different individuals and the formal justice route should not be linked directly to the availability of support.

**“The language in this area, in terms of access and justice, makes you feel like you have to make your healing look a certain way; you can’t be ‘too healed’ otherwise your sessions will finish early, but you still need to be ‘healed enough’ that you’re not left in crisis when the maximum comes to an end.”**

**Ryan (they/them) -** *IICSA Changemaker Advisory Survivor Community member*

The IICSA Changemaker survivor survey on services 2024 asked what the motivation or accessing support was. The results covered a widespread range of areas beyond justice.

* Managing flashbacks etc 20%
* Medication 7%
* For therapeutic support etc 20%
* To have someone believe me 10%
* Because I couldn’t cope 17%
* I didn’t know what else to do 11%
* To help keep myself safe 10%
* Other 4%

“We need more support that is not criminal justice outcome focused. Let’s support people getting ready to report. That might be on their journey to report or that require support only and not a justice intervention.”

**Galop** *who support LGBTQIA+ people who have experienced abuse and violence*

“It is critical to adopt a multi-layered approach that integrates insights from legal frameworks, public health, and social services to enhance the support systems available to survivors. This requires not only addressing immediate needs but also considering long-term strategies to prevent re-traumatization and revictimization.”

**Improving the Likelihood of Positive Outcomes for Survivors of Sexual Violence, Considering Intersections Between Justice, Gender, and Trauma**

Doctor Kim Bond December Head of Development, the National Association for People Abused in Childhood (NAPAC) 2024

1. Support Matters Diana Parkinson and [↑](#footnote-ref-2)
2. Rape Crisis ‘A real safe space’ October 2024 [↑](#footnote-ref-3)
3. Support Matters CSA Centre Diana Parkinson and Millie Steel Jan 2024 [↑](#footnote-ref-4)
4. [Appropriate-Language-Guide-Final-English-1.pdf](https://napac.org.uk/wp-content/uploads/2024/11/Appropriate-Language-Guide-Final-English-1.pdf) [↑](#footnote-ref-5)
5. <https://www.bbc.co.uk/programmes/m000zkq4> [↑](#footnote-ref-6)
6. Support Matters CSA Centre Diana Parkinson and Millie Steel Jan 2024 [↑](#footnote-ref-7)
7. [Child sexual abuse: Child House - GOV.UK](https://www.gov.uk/government/publications/child-sexual-abuse-child-house) [↑](#footnote-ref-8)
8. There’s something there for everyone’ Learning about the Lighthouse: Young people’s perspectives on London’s Child House [↑](#footnote-ref-9)
9. [Understanding and responding to sibling sexual harm and abuse | NSPCC Learning](https://learning.nspcc.org.uk/research-resources/2024/understanding-and-responding-to-sibling-sexual-harm-and-abuse) [↑](#footnote-ref-10)
10. Tackling gender-based violence against men and boys, November 2024, Professor David Gadd and Duncan Craig OBE Chief Executive of We are Survivors [↑](#footnote-ref-11)