

PE1596/F

Dr Sarah Nelson Letter of 28 February 2016

Mr M McMahon MSP
Convener,
Public Petitions Committee
Room T3.40
Scottish Parliament
Edinburgh
EH99 1SP

c/o CRFR
University of Edinburgh
23 Buccleuch Place
Edinburgh
EH8 9LN

Dear Mr McMahon,

I am responding to your request for my response to the above Public Petition, *“Calling on the Scottish Parliament to urge the Scottish Government to retain our essential, dedicated In Care Survivor Service Scotland in its current form”*.

I apologise for the lateness of my submission. The clerks will confirm with you that due to a glitch in communication which was nobody’s fault, I was not informed of this request until recently.

I am a research specialist in child sexual abuse issues at the University of Edinburgh. I was joint professional Adviser to the SurvivorScotland team from 2006 to 2011, and the Adviser to your Committee’s Inquiry into Child Sexual Exploitation (CSE) in Scotland.

I have also been an independent evaluator of two Open Secret projects (2010-12) and have co-written with them a booklet, *Surviving Well* (2013) for health staff working with physical health problems in adult survivors of childhood sexual abuse (CSA). While I have not evaluated the In Care Survivors Service Scotland (ICSSS) specifically, what I can vouch for to this Committee is that I have found Open Secret’s services to be at a high standard and with a strong knowledge of the needs, views and feelings of CSA survivors through a genuine spirit of listening, learning and understanding. I have also found Open Secret be an organisation of integrity in working with and for survivors. Finally, I have witnessed over time considerable improvement in the self -confidence, self-esteem, mental strength and ability to look

outwards and reflectively beyond themselves of in-care survivors I have met regularly over several years there, who use the services of ICSSS. I appreciate that that is not any “scientific” survey, but it is an observation which I make to you.

I am not suggesting the current ICSSS model and service cannot be subject to creative improvement, and continual monitoring to ensure that improvement. It can be and it should be. That is an important point. Having established this:

- 1) I support the concerns and anxieties of the Petitioners.
- 2) I agree with the CELCIS submission on the Survivor Support Fund (16 Feb 2016).
- 3) I agree with the concerns expressed by Open Secret about the proposed change in model of care for in-care survivors, and I support the “ingredients” of their current model of care, which offers counselling, advocacy, informal support, group support and access to records, website and helpline. In particular, and as survivors have indicated in focus group consultations, it is very important and helpful that a group of people whose trust has been betrayed in so many ways as children have the opportunity to work consistently with one, or with a small number, of staff whom they can thoroughly get to know over time.

This combination of really survivor-informed services are extremely rare if non-existent in the NHS and in all my years of researching services, have unfortunately only found a very small minority of excellent survivor-centred services with that level of understanding, especially of people who have considerable problems of attachment and trust. I hope that can change in the future, indeed we are all working towards that end, but it will take quite a bit of time.

If I could say a bit more about my concerns about the model laid out in Dr Jessica McPherson’s Scottish Government letter to your Committee of 16 Feb. (Incidentally these would be my concerns about services for survivors of sexual abuse as a whole, not only those who have been in care, but the majority abused in the community).

The model of brokerage, development and commissioning model being developed and designed to meet purely personal outcomes is a narrow form of health model:

- a) It treats the experience of childhood abuse as an illness or disease. It can indeed bring illness and disability, but it is also a serious crime, and this is why the building of strength for advocating change and justice is always an important element in work with survivors. It is not an individual crime, it is a societal crime, in the same way that rape and domestic violence are, and it cannot be tackled through a solely “individual outcomes” approach. We do not build head injury clinics for victims of domestic violence.

- b) That view of survivors encourages an attitude that these are people to be “done to” by “evidence based” therapies, rather than encouraging active involvement by the survivor in their care, or encouraging the active input of the knowledge of many years of research into what survivors themselves say helped them in recovery and strength.
- c) One essential aspect of that has been ever since the 1970s the building of strength and confidence through survivors supporting *each other* and through skilled groupwork with others. This is what the third sector has offered and achieved over many years. Almost every survivor I have met has gained that strength and confidence as much from other survivors as from other forms of support. Further, very many survivors, especially those of in-care abuse, do not initially have the confidence or self esteem, has not had sufficient self-blame reduced, to tell an “outsider” about their abuse, or to discuss what they might need, until they have found support in a group setting at an established sexual abuse service.
- d) In my long experience of asking survivors what services were helpful or unhelpful I have uniformly found that they hate being “assessed”, particularly by an outside person whom they do not know and who is not a specialist in this field. They have already had countless clinical assessments and forms to fill in. This model is also a one-way process, not taking into account point b) above. I have not met a survivor who has benefited from “evidence based” therapies such as CBT, a form of therapy which is time limited and economical for health services, but which does not address deep underlying issues not provide continuing opportunities for further therapeutic support.
- e) There would be quite insufficient services available in many geographical areas, even if this model was potentially helpful to survivors. It will be at best a postcode lottery.

I hope my sincere reflections on this matter and on this Petition are helpful to you.

Yours sincerely,

(Dr) Sarah Nelson.