

HEALING AND JUSTICE:
IN DEFENCE OF THE SURVIVORS OF CHILD SEXUAL ABUSE

PRELIMINARY REPORT OF THE
UNITED KINGDOM CHILD SEXUAL ABUSE PEOPLE'S TRIBUNAL
(1st March 2016)

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Survivors of childhood sexual abuse have complex needs due to their traumatic experiences and also because of the difficulties they encounter in their attempts to disclose the truth. This applies particularly where the abuse started in early childhood, continued over a long period, or was organised by paedophile rings and similar groups. There are definite links between children rendered vulnerable because of institutional failures and predatory abuse on an organised scale, even if these links often remain obscure.

Governmental institutions have failed to provide survivors with meaningful opportunities for either healing or justice. These two imperatives are interdependent. The vital mental health needs of survivors are not being met and this undermines both their psychological recovery and access to the criminal justice system. The lack of mental health resources is exacerbated by the fact that police and other authorities often lack the training to understand the complex reasons for the inability of survivors to immediately disclose a history of abuse. This is often associated with the considerable length of time required to build up sufficient trust in order to share their stories. Furthermore, their encounters with the criminal justice system often result in re-traumatisation. Many survivors, being vulnerable and without proper support, have experienced cover-up of the abuse, both at the time they were being victimised, and subsequently during investigations and court cases. The interests of survivors and society at large are not best served by the current adversarial system that fails to accommodate these realities. The result is that those who have survived childhood sexual abuse are afraid to come forward, thus perpetuating the cycle of abuse and impunity. Without far-reaching changes in institutional culture and practices, including increased resources, training, and protective measures, the sexual abuse of children will continue to be a significant scourge in the United Kingdom.

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I ESTABLISHMENT AND MANDATE OF UKSCAPT

1. The United Kingdom Child Sexual Abuse Peoples' Tribunal ("UKCSAPT") was established in 2014 at the initiative of survivors and civil society advocates. It was a response to the widespread perception in this community that the Government had failed to properly address and investigate child sexual abuse in institutional contexts, both because of political expediency as well as cultural attitudes and misconceptions about the extent and reality of such abuse. It was pursued in the hope that an independent panel of experts could voice their concerns about the culture of abuse and impunity that has afflicted their lives.
2. There is a helpful precedent in the 2014 Independent Jersey Care Inquiry focusing on abuse scandals in the Haut de la Garenne care home during the 1960s which highlighted some of these gross institutional failures. In 2014 the UK Government set up a wider independent Inquiry into Child Sexual Abuse (now the Goddard Inquiry). However, there was doubt among many survivors about both its impartiality and effectiveness given the disappointing history of past investigations.
3. In September 2014, a meeting was called among a group of survivors, lawyers, and activists to discuss an independent movement to address child sex abuse. Given the distrust of Government institutions, it was suggested that a People's Tribunal with a popular mandate be established to address the needs and realities of survivors with a view to identifying comprehensive and sustainable solutions to this odious scourge against children and society.
4. To this end, an initial Steering Committee was selected consisting primarily of survivors of child sexual abuse. Its final membership was Maria Darrer, Cheryl

Corless, Gemma Fox, and Chris Stacey, with Regina Paulose as the Chair, and Alan Collins as the Legal Advisor.

5. UKCSAPT was officially launched in December 2014 with an initial awareness campaign aimed at publicizing its establishment and mandate among the survivor community. The Steering Committee decided that in view of limited resources, the focus should be on allegations of complicity and cover-up of child sexual abuse by institutions and the responsibility of those in authority for these conspicuous failings. The mandate was thus defined as follows:
 - Independently raise potential avenues of inquiry related to the context, nature, and depth of institutional child sex abuse;
 - Provide a safe space free from interference and scrutiny to allow survivors, supporters, and witnesses to speak freely regarding institutional child sex abuse;
 - Independently establish how institutional policies and judicial systems have failed survivors and failed to protect the best interests of the child; and
 - Independently determine and discuss which constructive remedies could best address institutional child sexual abuse and the allegations brought forth.

6. At the invitation of the Steering Committee, the following experts agreed on a volunteer basis to become the members of UKCSAPT:
 - Payam Akhavan LLB (York University), LLM, SJD (Harvard University), is Professor of International Law at McGill University in Montreal, Canada, and Visiting Fellow at Kellogg College, Oxford University. He was formerly a UN prosecutor at The Hague, served with the UN in Bosnia, Cambodia, Guatemala, Timor Leste, and Rwanda, and has appeared as counsel before the International Court of Justice, the International Criminal Court, and the European Court of Human Rights. He has published extensively on human

rights and his work in defence of survivors has been featured on BBC HardTalk, *The New York Times*, and other media;

- Heather Bacon, BSc Psychology, MA Child Development, Chartered Clinical Psychologist (retired), worked in the NHS as a clinical psychologist specialising in children and families, initially with disabled children at a child development centre in Devon, then in child and adolescent mental health (CAMHS) in Yorkshire and the Northeast. In 1987 she was caught up in the events of the Cleveland Child Sexual Abuse crisis and gave evidence to the Judicial Inquiry. As a result of this experience her work became focused on developing a specialist service within the NHS for child victims and their families, and on writing and raising awareness, especially about shortcomings in the child protection system. For some years she acted as an expert witness in the family courts, continuing with this on retirement from the NHS;
- Catherine McCall, a Licensed Marriage and Family Therapist and Clinical Fellow in the American Association for Marriage and Family Therapy (AAMFT), is also a member of the Speakers Bureau of the Rape and Incest National Network (RAINN) in the United States. She is a regular blogger for Psychology Today Magazine, where she writes on the topic of overcoming child abuse. Catherine is also a survivor of childhood sexual abuse. She tells the riveting and inspiring story of her own abuse and healing in her memoir, *Never Tell: A True Story of Overcoming a Terrifying Childhood*, which was released in the UK in 2010, and became a London Sunday Times bestseller;
- Basia Spalek, BSc (Hons) Psychology (Warwick University); MA Criminology (Leicester University), PhD Victimology (Brunel University), is a Professor of Conflict Transformation at the University of Derby, with over twenty years' experience in research and teaching on victimisation, violence, trauma, social justice and violent extremism. She is a regular contributor to scholarly journal articles and is frequently invited as an international speaker

at academic, policy and practitioner conferences on victimisation, policing, trust and confidence, and community based approaches to violence prevention and counter-terrorism.

7. The four Tribunal members were assisted by two lawyers that volunteered their services as follows:

- Alan Collins, one of the best known solicitors in the field of child abuse litigation and has acted in many high profile cases, including the Jersey Inquiry and Haut de la Garenne abuse scandals, representing clients in the UK and internationally, including a series of sexual abuse cases in Australia, Uganda, Kenya, and California. A highlight of his career was acting for the victims of sexual abuse at Green Field House children's home in Berkshire during the 1960s, considered to be one of the worst cases ever to have come to public notice. As a result of the investigatory work undertaken by him, it was established that the home had been the centre of what was a paedophile ring. All the victims that he acted for were compensated for the considerable harm they had suffered. Alan Collins is a fellow of the Association of Personal Injury Lawyers (APIL) and a director for the Association of Child Abuse Lawyers (ACAL). ACAL is a support group set up by solicitors and other professionals involved in the field of obtaining compensation for victims of abuse.
- Regina Paulose JD (Seattle University), LLM in International Crime and Justice (University of Torino/UNICRI) is a lawyer based in the United States. She previously worked as a Prosecutor in Washington and Arizona, and has published on transnational organized crime and crimes against humanity.

II METHODOLOGY FOR THE GATHERING OF FACTS

8. Beginning in February 2015 there was an open call made for confidential submissions by survivors and others through the UKCSAPT website and social media. The submissions focused on perpetration, complicity, and cover-up of child sex abuse. This process was managed by Alan Collins and Regina Paulose. Survivors and other witnesses were given the opportunity to call a UK telephone number to have an initial consultation, followed by an appointment either to meet in person or over Skype in order to tell their stories.
9. In exceptional cases, some submissions were “self-authored” by the survivor or witness without a meeting in person or Skype conversation, because of the fear of retaliation.
10. Once the submission was taken, the survivor or witness was able to read the statement to confirm its veracity and accuracy. Any revisions would be at the behest of the survivor or witness.
11. All persons that participated in the submission process were informed of the following:
 - (a) The content of their submissions were strictly confidential and were for the Tribunal members only;
 - (b) Their submissions would be anonymised;
 - (c) The lawyers involved in taking the submissions would treat them as protected by attorney-client privilege, and not discuss the contents with anyone on the Steering Committee or anyone else related to UKCSAPT;
 - (d) Given the sensitive nature of the submissions process, the survivor or witness was free to narrate their story completely at their own discretion. If further details were required, they were informed that follow up questions

would be asked, but that if they felt uncomfortable at any time, they could withdraw their participation in the process.

12. Submissions were closed in August 2015, to allow for their collation and analysis. Following receipt of this information, hearings were held on October 2nd and 3rd in London at which some survivors and witnesses gave live testimony to and answered questions posed by the Tribunal, after which this Preliminary Report was completed.

III ASSESSMENT OF WITNESS TESTIMONY

13. UKCSAPT is deeply grateful to all the survivors and witnesses who have come forward to tell their stories, particularly those that appeared in person. The purpose of this Preliminary Report is to bear witness to their courage and suffering.
14. The Tribunal received 24 written submissions: 18 from survivors, four from professionals working with victims of abuse, one from a journalist (described as a “whistleblower”), and one from the administrator of a charity that serves a survivor support group. Four witnesses testified in person in addition to giving their written testimony. Many of the witness statements were prepared with the help of lawyers and include a large amount of documentation, while others were written entirely by the survivors themselves.
15. We are mindful that we did not sit as a court of law and consequently that we did not apply strict evidential rules in arriving at our conclusions. The focus of the inquiry was to establish on a preliminary basis patterns of child sexual abuse and institutional failure, based on a sampling of testimony, research studies, and the expert judgement of the Tribunal members. In this regard, although there is no way to determine the veracity of the testimony in some cases, there is no reason to believe that the patterns emerging therefrom are not representative of survivors in general. The patterns we recognise in the testimony correspond with those found in larger research studies, such as such as how children become vulnerable, circumstances whereby abusers gain access to children, and a range of impediments to the victims’ ability to access the criminal justice system (Itzin 2000, Pigot 1988, Ministry of Justice 2011, Waterhouse et al. 2000, BASPCAN 2012, Davidson et al 2006, Davidson, 2008, Horvath et al 2014).

16. It should also be noted that some of the witnesses are only able to give a partial account of their experiences whereas others are very detailed. The accounts are powerful, and many corroborate others. We used our collective experience and expertise in assessing the submissions and allegations, and is of the view that despite certain gaps and inconsistencies, the great majority are credible. This is a recognised approach to bearing witness to uncorroborated trauma, using the concept of reflective belief (van der Hart and Nijenhuis 1999).
17. The witnesses included 9 female and 11 male victims. The age when the abuse started ranged from earliest childhood to 14 years. The oldest survivor is now in his sixties. The youngest is 23 so the term ‘historical abuse’ seemed to be inappropriate. The timescale of the sexual abuse ranges from a single incident to 16 years of multiple episodes, the whole of the victim’s childhood. At least one victim was still at risk as an adult. Many victims were targeted and abused by a series of perpetrators, especially if they were in a care home, foster home or boarding school.
18. The following summary of sample case histories demonstrates a disturbing pattern of institutional failure to protect vulnerable children against abuse and impunity for perpetrators. These elements are present despite differing contexts ranging from abuse in the family, to the child-care system, to paedophile rings. In order to protect the identity of survivors, their case histories have been summarized, omitting or changing details that might identify them. Accordingly, they are identified by reference to the numbers assigned to them during the submission process as set forth above.

Z 89: Abuse in the family

19. Z89 is in her 60s and is partially sighted. She lived with her parents until she was seven, when her large sibling group was split up and she was put in care. Z89 was at first placed with her grandparents, but later returned to her mother and

- stepfather. Her stepfather subjected her to beatings and sexual abuse, escalating to rape, whilst her mother would watch. If she protested her mother would hit her. Her stepfather tried to bribe her with money, and when she refused to accept this her mother took her to the police station to 'teach her a lesson'. Z89 feels that this indeed happened, because she was treated very badly at the police station. She experienced the internal examination, which left her bleeding, as further sexual abuse; several policemen insulted her and said she would end up as a 'black man's whore.' She was left in the police station overnight as her mother did not fetch her.
20. Her mother warned her that if she told anyone, for example at school, she would say that Z89 was making it all up and she would not be believed. After that her mother and stepfather made her wait on them both, punishing her by emptying a toilet bucket over her if she disobeyed. Z89 dared not speak about the abuse to anyone outside the family. However, when her younger sister, aged 12, became pregnant with the stepfather's child, Z89 accompanied her to the police station. Z89 again told the police what had happened to her, but was told 'time had run out on her case'.
21. Z89 went back to the police in 2014. She was able to obtain her social services records, and started to pursue a criminal case against her mother and stepfather. She has learned that all 5 girls in her family were abused by her stepfather, as was a neighbour's daughter who had a baby at the age of 14. She has also learned that one of her supposed siblings was in fact the child of another sister by the stepfather.
22. Z89 says she had to fight to get treatment and support services. She states that she wanted to speak up to the tribunal and to make sure that, regardless of their age, her mother and stepfather are still held accountable for their actions.

Z25: Abuse by a paedophile ring

23. Z25 was an only child who often stayed with her grandparents at weekends. At the age of 10, when out playing she was approached by Y, a friend of her grandparents, a well-educated and successful businessman. She saw this man again at a birthday party for a local doctor's daughter, during which she saw him exposing himself. The doctor gave her a glass of wine. Y made an excuse to take her from the party on an errand, and raped her. She was then groomed and abused from the age of 12 by his brother, X. In time she came to realize that X was part of a paedophile ring. Z25 describes her relationship with X as nurturing, but eventually her parents found out and tried to stop it. X's wife also found out and tried to silence her by persuading a doctor friend to get her admitted to hospital for two weeks.
24. Z25 says that after this 'extreme events, akin to slavery' took place. She names another adult male abuser who was involved in child pornography. At the age of 19 she had a breakdown and was again taken to hospital, where the doctor whose house she had visited sectioned her. (This doctor has since been successfully prosecuted for medical fraud). She was diagnosed as schizophrenic. However the relationship with X was later resumed and Z25 went to live with him.
25. Eventually Z25 went to the police, taking with her a recording she had obtained of X admitting the abuse. There was an investigation but her allegations were dismissed. (Subsequently a FOIA request showed no record of this investigation.) X's brother Y went to live abroad, but her alleged abuser X still lives locally.

Z90: Abuse in the care system

26. Z90 is now in his forties. At the age of three he was placed in care, although over the next four years he was intermittently returned to his mother, who was

- physically and emotionally abusive to him. He then went into long-term foster care. His new foster father made him into his 'special boy', giving him affection, but soon began sexually abusing him. The abuse progressed from masturbation to oral rape and anal rape. The foster father's own son, D, then began to abuse him in the same way. Z90 was punished when he refused to comply, believing he was being punished because he was dirty. During this time his social worker reported that Z90 was 'happy and content'.
27. D was later convicted of sexual offences and sent to prison. When Z90 discovered this he wrote to D asking if he would support him in taking action against the foster father. He received no reply. Z90 says he did go to the police in 1992, but no action was taken.
 28. Z90 was moved to a new placement. He does not know the reasons for this as he has 'not been allowed' to see all his social service records. He regards this as a good time for him, but he says that 'by this time I associated love with sex, so didn't think Mr. L really loved me because there was no sex involved'. However, Z90 met a young man while out walking the dogs, who, after a period of grooming, subjected him to further abuse, including anal sex. However Z90 saw this as normal, and felt he was treated kindly by this man.
 29. In adolescence Z90 was placed at a children's centre, where he was once more sexually abused, by an older room-mate. Z90 complied with this and did not tell anyone, but eventually the older boy was moved as there were 'concerns'. Z90 says his social worker was aware that the older boy had a history of sexual abuse and knew what was going on, but put it down to two boys experimenting. This older boy committed suicide in his 20s.
 30. The next episode of sexual abuse occurred at another children's home where Z90 was abused by a member of staff, A. When he was 13, Z90 told another member of staff, who did nothing and the abuse continued. However, when A was

eventually prosecuted for abusing boys in another place, the police approached Z90. Z90 gave evidence at the trial, but A was not convicted for the offences at the home where he had abused Z90.

31. Z90 suffered brain damage as a result of the abuse inflicted by his mother, and at the age of six he developed epilepsy. He says he started drinking whilst at the second children's home and by 18 had become an alcoholic. He describes using alcohol to 'blot out the memories of most of my life'. On leaving care he returned to his mother but soon became homeless. He now suffers from physical and mental health problems, including ME, depression and bi-polar disorder. He attempted suicide in his 20s and has been 'anti-authority ... and unable to commit to anything in his life'. He is unable to work and is classified as disabled, in receipt of long-term benefits. His sexual identity was affected and although he now has a partner who is also his carer, he finds close relationships very difficult, especially with children, as he is afraid people might see him as a risk.
32. Z90 would like social services to acknowledge their failure to protect him and the damaging effect the abuse has had on his life.

Z1: Grooming and institutional abuse in a residential home for 'maladjusted' boys

33. Z1 is in his 60's. He was taken to a children's home age nine, and along with other boys, was routinely sexually abused by F. the head of the home. Z1 was also taken to a photographer's shop where he was abused and child pornography was created. Other named abusers visited the home and Z1 was taken to a holiday camp and to a flat in London, where he was violently abused, tied up and raped.
34. Z1 cannot remember being visited by any welfare professionals during his time at the home. He knew that F's wife was well aware of the abuse and did nothing to intervene.

35. Eventually the police found photographs of Z1 during an investigation into the child pornography. They identified and contacted him; by then in his 20s Z1 was totally unprepared for this; he experienced the interview as humiliating and unpleasant and he was made to feel he had done wrong.
36. Nothing further was done until 30 years later, when a court case was brought against one of the visitors to the home. The perpetrator denied everything, and the trial collapsed.

Z86: Ritual abuse

Note: The allegations in this case are the most serious the tribunal received. It is not possible to disclose more than a limited amount of the information we have been given without placing Z86 at risk. However, we believe it is important for the tribunal to bear witness to Z86's experiences.

37. Z86 was sexually abused by his father from infancy, and from about the age of two years his mother began to take him to other houses ('mansions') where he was raped both anally and orally by elderly upper-class men. His father also took him to various holiday camps, where he was swapped with other children for abuse by a group of fathers. His father continued to abuse him into his 20s.
38. At the age of four, Z86 was taken to his GP's surgery for 'inoculations' and 'woke to find himself' at a nearby defence establishment. He was later taken to the same place via his Sunday school, with other children. Z86 describes children being kept in cages, tortured with electric shocks, deprived of any comfort or proper food, and eventually being 'conditioned' or trained to abuse and hurt other children. He believes that the training was to prepare him for child prostitution.

From a newspaper photograph Z86 recognized one adult who he remembers being present on several occasions at this place.

39. At the age of eight, Z86 was taken abroad as part of a large extended family group where he was again abused. The abuse included sex with animals, gang rape and being used to produce child pornography. On returning to the UK he was again taken repeatedly to the defence establishment for further serious abuse. He was injected with unknown substances and given other drugs in drinks. He suspects that these were dissociative drugs, because they made him lose awareness of time and place.
40. As he became older he was also 'directed' to attend monthly ritual abuse bonfires. He was instructed for instance, to go to a particular rendez-vous at night. He recognized adults there, respected professionals, people from his local community and from schools and church groups. The activities of this group included satanic rituals and ritual murder.
41. As a teenager he was directed to go to particular places in London. Z86 gives details of the activities carried out there: he says that he had to wear a uniform, and he names his own 'clients', VIPs and other public figures.
42. Z86 has severe mental health problems, being diagnosed as having depression, anxiety, PTSD, and dissociative personality disorder. Since he became an adult he has received effective therapeutic help. With the support of his therapist he gave a police video interview in 2011, after which his father was arrested. Although the police wished to pursue this, the CPS decided no charges could be brought.
43. He then decided to try to hide his identity, changing his name and moving to another part of the country. He has received death threats and attempts to harm him, and believes that several of his friends and associates have been attacked or murdered by their former abusers. Z86 now lives abroad. Since moving to a

safer situation, he has been able to talk about the organized aspects of his abuse to his therapist and to a police officer that he trusts.

Z64: A Parent

44. Z64 is the parent of three children. As a young adult she was extensively sexually abused. She became part of an organized system of adults involved in sexual perversion, which also appears to have included child sexual abuse and exploitation. Her relationship with her partner became violent and sexually abusive. She also became involved with the family courts in trying to protect her children against abuse by a new partner of her ex-partner.
45. In trying to escape from this situation and to protect children she believed were being sexually abused, Z64 became the subject of police action herself. Rather than being seen as a whistleblower, she was accused of harassing the people she was trying to expose.
46. Z64 was arrested and tried. Z64 has Asperger's syndrome, and accordingly she was given an independent adult to support her during the investigation. Despite this, she was not treated appropriately as a vulnerable witness at her trial. She was unable to explain herself and her situation succinctly, the effect of her disability was not understood adequately at Court and she did not trust those representing her.
47. Z64 says: 'I totally messed it up, I was really scared as I really did get a chilling sense of how wrong events in court were going to be from the lead up. It crystallized my suspicions about' (named lawyers) 'and the Court itself. ...The disproportionate intimidation applied to me has had an impact on my parents and my family, and sets the backdrop as to why those victims and/or many potential witnesses are fearful of speaking out.... How can anyone

vulnerable, let alone a child, be expected to speak out....The Court has a human rights duty itself”.

48. Z64 was found guilty and the allegations she made about sexual abuse were dismissed.

Z24: Silenced by family and cultural pressures

49. Z24 is of a different cultural origin. At the age of 10 he was sent to live with an aunt in the UK so as to have better schooling. As an adolescent of 14 he began to realize that he might be gay and started tentatively to explore what this might mean. He attended a gay activist event. At the event he met a man who purported to help him ‘accept himself’. Z24 went to the man’s home and subjected to sexual assault, including anal penetration. He believes he may have been drugged. He was threatened, but managed to escape. When he got home he became very withdrawn and since that time Z24 has suffered symptoms (clearly describes PTSD), and now age 24 has never had a sexual relationship.
50. Z24 says: I feel scared. My family don’t know I’m gay, or anything about it, and I don’t want them to find out. Somebody I talked to online said I should still go to the police. But I can’t because my family would find out or I know he would tell them. I can’t give my name, I can’t tell anything more about myself. I just want other people to know what happened. I just want them to be warned and not to be hurt.

IV FINDINGS ON PATTERNS OF ABUSE AND IMPUNITY

General findings

51. The sample case histories above are consistent with certain patterns present in all the testimony. Beyond the sexual abuse itself, the lack of access to protection and

the criminal justice system exacerbated the trauma of victims, demonstrating what was often a culture of impunity for such crimes.

52. The multiple abuses indicated include child rape (oral, anal, and vaginal) for almost every victim. Many also include cruelty and sadistic practices. Many offences are described in detail. Most victims describe how they were made to comply through threats and pressures, and how the dynamics of secrecy were established.
53. In most cases the child victim tried to disclose the abuse to a parent or someone in authority. The length of time between the abuse and disclosure ranges from a few months to 50 years. One victim was sought out by the police after he was recognized from child pornography in connection with another victim and he was then able to disclose. Another was contacted by police investigating abuse at a children's home. In one case the abuse has been disclosed only to the Tribunal. Most of the victims speak of repeated attempts at telling someone and of being disbelieved, punished or rejected as a result. It was evident that simply being believed was very important for the healing process of the survivors.
54. Many victims still fear the consequences of disclosure, and need to remain anonymous (Middleton, et al 2014). Others state their wish for information to be passed on, and for something further to be done.
55. In 16 submissions the perpetrator or perpetrators are named, giving a total of 37 names in all. Sometimes where there are multiple perpetrators some of them are not named, for example when the abuse took place in a group. Where the abuse is described in detail but the perpetrator is not named it is because the victim never learnt the name. Four perpetrators are women, two being the victim's mother. A further 3 individuals are named as being present, for example at a party, but not linked to particular acts against the victim. Further named individuals were aware of the abuse but failed to intervene.

56. Nearly every survivor has also named specific places and situations where their abuse happened, including private houses, boarding and residential schools, children's homes, holiday camps, church organizations, youth groups, a doctor's surgery and a defence establishment. Many also give dates or time frames.
57. Close family members are named in only 4 cases. The remaining perpetrators are mainly outside the family. Their occupations include teacher, house-parent, care home staff, foster carer, member of parliament, diplomat, general practitioner, police surgeon, chaplain, vicar, businessman, lorry driver and shop worker. 5 are well-known public figures.
58. Beyond these general patterns, some specific issues deserve further elaboration, as set forth below.

Institutional and ritual abuse, and links with organized crime

59. In regard to institutional and ritual abuse, we adopt Salter's definition of organised abuse: a form of multi-perpetrator child sexual abuse that tends to overlap with others to include including ritual abuse, sadistic abuse, child prostitution and the manufacture of child abuse images. These different forms of abuse can cluster together in people's lives. Incest is often used as a precursor to extra-familial abuse and trafficking. Several writers have tried to develop a conceptual model of such links. (Itzin 1997, Salter, 2012 and 2015).
60. Many of the survivors gave accounts of organised abuse that appeared at first to be chaotic and incomplete narratives, and difficult to piece together. For this reason, many say that their accounts have been discounted or disbelieved. On the other hand such disorganised accounts are known to be typical of victims of the most serious forms of abuse (Allen, J.G 2001, Freyd 1996, Mollon 2002).

61. We received one account describing ritual abuse. We are aware that this, particularly Ritual Satanic Abuse, is a controversial subject (RSA) (Scott, 2001, Nucitelli 2010). We have adopted the definition of Becker and Froeling: *Ritual violence is a severe form of abuse of adults, adolescents and children intended to traumatise the victims. It consists of physical, sexual and psychological forms of abuse systematically used in ceremonies. These ceremonies may have an ideological background as well as being staged for the purpose of deception or threat. Symbols and activities or rituals which have religious, magical or supernatural connotations are used. The purpose is to confuse, threaten and terrorize victims and to indoctrinate them with religious, spiritual or ideological beliefs. Ritual violence rarely consists of a single episode. Most often these experiences happen over an extended period of time.* (Becker and Froehling, 1998).
62. Long-term sexual abuse in childhood has the effect of disrupting any chance of achieving safety for the already vulnerable child. The child's memory becomes distorted, and barriers are created in the mind. Several survivors describe being made to perform abuse on other children, which makes them feel complicit. Others recall being given alcohol or other drugs, which may have served to implant details in their memories that seem blurred, confused or fantastical when recounted later. The effect of all this is to silence the victim and protect the perpetrator.
63. Some of the accounts show signs of more deliberate attempts at mind control, as have been described elsewhere in the literature on torture and mind control (Lacter, 2011).
64. Despite this difficulty, through examining the submissions available to us, we have been able to map links between individual victims or perpetrators and larger groups, including organised crime. This includes activities such as the creation of child pornography, child prostitution, child trafficking, and other forms of adult

sexual deviation and abuse. One submission includes a detailed account of ritual satanic abuse, involving carefully planned acts of mind control and torture, including ritual murder.

65. We received two completely independent submissions where a possible link can be seen between different organised groups. As far as the survivors are aware, no investigation to connect this up has been carried out. Such an investigation would require a co-ordinated approach between police forces.

66. Figure 1 below illustrates some of the overlaps, links and patterns that can be discerned among the cases submitted to us. They may not be apparent at first sight because investigations of the survivors' accounts frequently appear to have focused on only one part of the jigsaw. In some instances there is a pattern of a vertical hierarchy of perpetration from single families or abusers, through smaller organized groups, and then up to include members of the most powerful establishments in the land. This conveys the impression of an impenetrable and shadowy system maintained by power.

Response of the criminal justice system and other services

67. Survivors described a range of outcomes for disclosure. These include no action at all, interviews where a decision was made not to follow up the allegation, arrests followed by no further action, and referrals from the police to the Crown Prosecution Service (CPS) that were rejected. All these stages towards a prosecution have presented major hurdles for survivors. Survivors have made at least 18 disclosures to the police, National Society for the Prevention of Cruelty to Children (NSPCC) or other professionals, some survivors attempting this more than once. There have been 8 criminal prosecutions. Four of these resulted in conviction; a businessman who abused boys from a care home was sentenced to one year in prison, a stepfather who made his daughters pregnant was put on probation for year, a teacher at a boarding school received a non-custodial sentence; and a care home worker received a custodial sentence. The four remaining trials were abandoned, or resulted in acquittal. A further named perpetrator, a doctor, has been prosecuted for medical fraud but not for sexual abuse. There have been three civil group actions against local authorities in which the survivor was believed and awarded some form of compensation. We were told that one further prosecution is ongoing, involving intra-familial abuse by father, stepbrother and mother. Two survivors have themselves been arrested and prosecuted for harassment of the people they said had abused them.
68. The submissions demonstrate a range of reasons for the failure to act on behalf of victims. These include muddle and chaos, miscommunication and lack of resources, through to more systematic methods of disqualifying victims or actively covering up what has happened. Many survivor accounts contain descriptions of abuse simply being ignored, for example in boarding schools and children's homes. Many describe a culture of abuse in which the child simply went along with the adult behaviour without understanding it to be wrong; this particularly applied in children's homes and foster care where the child had little

previous experience of good parenting, and was then was carefully groomed. Other accounts describe the child's attempts to disclose being responded to by disbelief, punishment, accusations of lying, or other threats such as the loss of attachment figures. Once victims were eventually able to access the authorities as adults, they often received a similar response, but in the context of the police station, courts, and mental health services.

69. We would also like to acknowledge that several survivors gave credit to the police and legal professionals who tried their best to help them tell their stories, and to investigate, but were frustrated by responses and constraints further up the legal chain.

Freedom of information

70. Many survivors reported difficulties in obtaining information needed to build a case against their abuser. The most frequent source of frustration was the Freedom of Information Act (FOIA). Even when medical records and records of time spent in care were made available, they had often been substantially redacted. Some survivors believe their records were deliberately altered to remove evidence, for example that responsible adults had in fact known of their childhood sexual abuse. One survivor told us that when the police had originally contacted him, in the course of investigating an allegation by another victim of the care home manager, social services said 'they didn't even know if I was there in the home at first'. He had been unable to obtain any records of the seven years he had spent in the care home.

Disempowerment of professionals

71. The submissions we received from professionals working in the field of sexual abuse describe a similar process to that of survivors. They contain accounts of the silencing and disqualification of their attempts to bring the abuse to light and

make agencies responsible and accountable. This happened at all levels of the system. Sometimes this was by personal threats, discrediting, job loss, and in one case by a court action for libel against them. Professionals working with victims of ritual abuse described the psychological cost of isolation, disbelief and unsupported working. The submissions show how attempts to intervene are affected by a climate of public disbelief and fear. This has been a problem in the UK for over 30 years (Nelson 1988). One professional goes so far as to describe ritual abuse in the UK as a “holocaust”, hidden by disbelief and denial.

72. So an additional problem for survivors seeking help is the loss of professional skill and experience over the last 30 years as a result of burnout and public scape-goating of professionals (Richardson 2001, Tate 2001).

Effects of childhood sexual abuse

73. Trauma research and practice makes a distinction between types I, II and III trauma. Type I trauma might be thought of as being linked to a one-off incident, whereas type II involves prolonged repeated exposure, as in sexual abuse (Volpe, 2015). Type III trauma may be when a person has experienced sustained violent events which start at an early age and which may result in developmental deficits as well as a core belief that they are fundamentally flawed and with a lack of trust in other human beings which impacts detrimentally on relationships (Solomon & Heider, 1999). The survivors of child sexual abuse are likely to be experiencing type II and III trauma.

74. All the survivors said their lives had been changed by the abuse. Most said they have been very troubled; many remain so. 13 of the survivors have described a range of emotional, relational and mental health problems in the present day. Their problems range from attempts to blot out pain and memory by use of alcohol and drugs, through to serious long-term mental health problems, including attempted suicide. Many have limited their personal and social lives because of

inability to feel safe in a close relationship. Some described how the perpetrators' attempts to turn them into abusers, implanted long-lasting doubts in their minds about their own sexuality. Perhaps one of the saddest consequences is the inability to trust themselves to have a family of their own.

75. Many of the formal diagnoses they have been given are highly correlated with the experience of childhood sexual abuse, particularly dissociation and dissociative identity disorder (DID), post traumatic stress disorder (PTSD), complex PTSD, personality disorder, and psychosis (Beitchman et al. 1992, Felitti and Anda 2010, Putnam 1998, Polusny and Follette 1995). Others have severe physical health problems. In many survivors there was a previous vulnerability such as being removed from their family because of non-accidental injury, mental illness, loss or other failure of a parent, domestic violence and emotional or sexual abuse in the family, or special needs such as learning disability, Asperger's syndrome, epilepsy, and visual handicap. Many describe being troubled children regarded as 'delinquent' or 'maladjusted'.
76. Many described their inability to trust other people, leading to isolation at a personal and social level, and at an institutional level; leaving them with nowhere safe to go with their burden of abuse.

Mental health problems and the criminal justice system

77. The prevalence of these enduring problems means that some survivors have been totally unable to access the criminal justice system in its present form. Perhaps the hardest of the difficulties to overcome, and one of the most frequent, is dissociation, which prevents the survivor from having and giving a coherent narrative. The difficulties encountered by both professionals and dissociative survivors are well recognised in the literature (Sachs & Galton 2008, Sachs 2015). Even in a trusting relationship with a counsellor or advocate it can take many

- years to lower such internal barriers to disclosure and often specialist therapeutic help is needed over a long period.
78. Although such services and expertise do exist, and the relevant training for professionals is available albeit on a limited basis, long-term work of this nature is rarely available either in today's time-limited mental health services or in the voluntary sector.
 79. The Tribunal saw from the survivors' experiences that there is a huge gap between the information and knowledge held by professionals who work with survivors of long-term abuse in a therapeutic context, and the investigative methods and processes used by the police and the courts. In some examples the one has actually disqualified the other. There was more than one account of a survivor attempting to disclose, and the methods of questioning used by the police and the courts triggering dissociation or other forms of stress breakdown, so that as a result of secondary traumatisation the victim ends up in a much worse state. In other cases the label given to their mental health problem, such as psychosis, personality disorder or false memory syndrome has prevented them from being believed. Perhaps one of the most shocking examples is of an adult who, when she was trying to disclose, broke down and was sectioned under the mental health act by a doctor who she recognized as part of the paedophile network in which she had been abused.
 80. For those survivors who are still despite these obstacles trying to access the UK justice system, these problems continue into the present. Others had given up until they found the opportunity of giving evidence to this Tribunal, and some would now like the account of their experiences to be passed on in the hope that something better could still happen. However, many have no expectation of this becoming a reality. Some are still so fearful of the consequences of disclosure that they cannot imagine taking any other step.

81. A thread running through the testimony is that meaningful justice involves not only bringing the truth of the abuse to light, but also exposing the ways that political interference has often prevented this from happening.

82. The testimony shows that what survivors need is an acknowledgment that they were abused, an apology from those who failed to protect them, and the resources for their healing and that of their families. They want changes to the institutions and the justice system so that all victims can believe they are trustworthy. They want systems to change so that children are properly protected. Rather than being historical, their abuse and its consequences live with them every day.

V. RECOMMENDATIONS: TOWARDS A SOCIAL HARM PERSPECTIVE

83. The Tribunal is of the view that in order to be meaningful, any recommendations for reform have to be considered in the broader context of both the overlapping and distinct goals of healing and justice for survivors. As set forth above, addressing the social harm caused by child sexual abuse would itself help break the culture of impunity surrounding such crimes by empowering survivors and increasing their access to the criminal justice system. Nonetheless, beyond mental health support, reform of the criminal justice system must also be considered in light of its conspicuous failure to deliver justice for victims of child sexual abuse.
84. A social harm perspective may be contrasted with the misconception of trauma is often viewed as something that has happened in the past, as a one-off incident (Kira et al. 2014). A social justice perspective in relation to child sexual abuse encourages a focus upon the structural dynamics that may reveal that particular groups of people are experiencing ongoing trauma, their vulnerabilities are being exploited, and their human rights are being violated. Furthermore, the survivors of child sexual abuse might be viewed as a subjugated group within society, in that they experience unjust laws, and potentially aggressive or distressful reactions from the authorities, leading to further trauma.
85. We propose that institutional child sexual abuse should be approached through the lens of social harm rather than criminal harm. This is because although we would welcome changes to criminal justice processes so that survivors are better supported and not re-traumatised, in reality the adversarial justice system in the UK means that justice for the survivors is extremely unlikely. Indeed, survivors are unlikely to be viewed as victims from a legal perspective. A social harm approach to child sexual abuse begins with a focus on its social origin. Whilst human agency (that is, the actions of individuals) is acknowledged as important, more important still is a focus upon the wider social structures that create and

sustain child sexual abuse. This perspective prioritises the social aspects, or the socially determining contexts, in the generation of child sexual abuse. This means that as a society, we need to seek a transformation in how child sexual abuse is understood by the general public, by professionals and the institutions within which they work. Adults who perpetrate these crimes have often been child victims themselves. The complexities of the traumas suffered by children and the impacts of these traumas for their adult lives need to be discussed and understood by a wide range of stakeholders, not only those who directly support survivors.

86. Bearing this approach in mind, the Tribunal makes the following recommendations:

- (a) A permanent popular tribunal should be established to enable survivors to come forward and tell their stories. This would be funded by the Government, but independently run, possibly via a service level agreement with a trauma charity. The Tribunal received a submission that described how this has been made possible in Jersey (*Haut de la Garenne et al*).
- (b) When a survivor comes forward they should have an advocate who will develop a bond of trust with them. This may be required over a long period to assist them in the steps necessary to access justice;
- (c) Specialist mental health services should be developed and resourced so that they can be linked with police investigations, working together to help victims with the process of disclosing their abuse.
- (d) Victims who are unable to come forward to provide evidence for fear of reprisal, or because their story is not coherent, would nevertheless be able to provide useful intelligence to the police if this was done by means of a safe corridor to maintain their anonymity.

- (e) Consideration should be given to how survivors can increase their access to the criminal justice system through special mechanisms in order to address the problem of underreporting. The Tribunal has independently established a secure link through which any survivor or other witness who made a submission can provide information anonymously to the police. This process would be entirely separate and confidential;
- (f) In cases of organized and ritual abuse, the local police undertake investigation. The Tribunal recommends that there should be oversight by an outside body and that a decision to end an investigation should only be taken after independent scrutiny;
- (g) The National Crime Agency (NCA) has published a national strategic assessment of serious and organized crime. This assessment highlights that child sexual abuse is a high priority threat, alongside corruption (National Crime Agency, 2015). Thus, the NCA might be an appropriate body to take on the role of investigating organized and ritual abuse;
- (h) All decisions adopted in the course of the criminal justice process should be transparent and the survivors should be able to understand the reasons for them;
- (i) Training about the effects of undisclosed sexual abuse is needed at all levels of the police and judiciary, and also within health and other services for survivors;
- (j) A Royal Commission should be established to enquire whether the criminal and civil justice systems are fit for purpose in investigating allegations of sexual abuse, the determination of fault, punishment, and redress.

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