Spotlight On

Interview with Dr Ruth Beecher and Fiona Ellis
Interview Transcript

00:04.71

Ruth

Hi Fiona welcome. My name is Ruth Beecher, I'm an historian. I work at Birkbeck at the University of London and I'm part of the Wellcome funded Sexual Harms and Medical Encounters team (SHaME for short, although we aim to move beyond shame). And I'm here today to interview you as part of a series called ‘Spotlight On’ where we interview people who work in some capacity in the field of sexual violence, whether that's practitioners, survivors, activists or academics. My own research is about health practitioners who work in the community and their responses over time to child sexual abuse in terms of early intervention and prevention of harm to children, especially from child sexual abuse in the family. So that's my research. And I'm going to hand over to you now, I'd love to hear a little bit about you and about the organisation that you head up.

01:02

Fiona

That's a tough act to follow Ruth, but I'll give it a go. I'm Fiona Ellis. I'm the CEO and co-founder of an organization based in Suffolk called Survivors in Transition, which feels like it is true to its name, continually transitioning and growing to meet the needs of survivors of sexual violence. And I say broadly, sexual violence because we started out as an organisation who supported women who'd experienced child sexual abuse and it became really apparent in a quick space of time that there were a lot of men who needed support. So we moved to being an all-gender service and then as the years have gone on, we've sort of moved and embraced other local needs in terms of supporting survivors of sexual violence more broadly.

I've got a really broad interest in research. I love data and I love the interface particularly that that can help and assist in the voluntary sector and delivery of services. Covid for me, in a sense, was a godsend because it enabled us to move some of our services online and over the phone which there was significant pushback to before Covid. So I was pleased that that came about. We're able to just support a lot more survivors now. And I am also a PhD student and my PhD is focusing on looking at mental health nurses and their preparedness or capacity to support survivors, both to disclose and effectively support survivors, and the amount of training they receive on the subject of non-recent sexual abuse in in their training.

Ruth

Fantastic, and lots of commonalities between your research and mine then. Really interesting to hear about that, I didn't know that you were doing that. That's amazing. Can you say a little bit more about how Survivors in Transition came into being and keeping in mind that I'm a historian. So, for example, when did that happen? What was the kind of context around that? To really give people a sense of what it was like to set the organization up and then— I know we're never meant to ask multiple questions— but maybe a little bit about how that's changed over time since you first established it. I mean you've said your brief got wider. But I'd like to hear a bit more about that.

Fiona

Absolutely. So Claire my partner and I founded Survivors in Transition back in 2010, really because we just recognised— Claire speaks openly about being a survivor herself and we'd been quite frustrated at being able to get her support. And we just felt that it would be a good thing to start something rather than nothing. There were a lot of kind of barriers to overcome and quite a lot of people pushed back and challenged us in terms of, you know, whether we were qualified and where we were coming from. I think there's always a lot of suspicion around a new service, sadly, so we kind of pushed through some of that stuff. And originally, it literally was just a voluntary- run drop-in type coffee morning, which used to support a handful of women coming together once or twice a week just to talk through their experiences and offer support to each other. And in a way that was going fine. Claire and I both had other full-time and quite demanding careers at the time and it was all going along fine and we felt like we could manage it probably until— Most organisations in the sexual violence space will have had a similar experience— So 2012, the Jimmy Savile story broke and that was a real watershed moment for us as an organisation. I think in the preceding two years we'd supported probably less than 100 survivors over that time, which was manageable and we were coping quite well. And we found in the first three months after the Savile story, we received— We just became overwhelmed with— particularly woman over the age of fifty getting in touch with us wanting support and quite a lot of people seeking therapeutic support which was something we were certainly initially reluctant to provide just because of the— I suppose the infrastructure and the time and logistics around running a service like that.

05:33

So we had make some pretty big decisions around about that time in terms of whether we're going to continue with SIT, what vehicle we'd use, you know what sort of governance that would have around it. And we made a decision I would give up— I was doing a lot of consultancy work with large national charities and local authorities at the time around change management. Claire and I took the decision that I would stop doing that and start focusing on SIT full time which is what we did. Never in a million years did I think thirteen years later, this is where we'd be, and this is what I'd be doing. It wasn't planned. It was something in a sense I fell into, but it's become you know my passion, my specialist subject. People find it really weird when I talk about being really excited about sexual abuse and all of its complicated and fascinating tenets. There are so many kind of cross-referencing issues that that come to light for survivors. And yeah, I've just committed my life to trying to make the world a better place for survivors to be and certainly survivors in Suffolk, trying to make their journeys through healthcare and to specialist support like ours a little bit easier. Understand that a bit more and, yeah, I mean certainly the organisation is nothing like what we set up thirteen years ago or what we anticipated it would be like but I think key to that development has been an open-mindedness to going where the organisation or service users take us in that journey. That's always felt like a really important part of our kind of ethic and culture within the organization and still is today.

Ruth

Thanks so much for that Fiona, that's really, really helpful. I suppose to kind of move on from that and thinking about the organization that you and Claire established. I know that it's a survivor-led organization. And I wondered if you could say a little bit more about what that's like, how is that different from other perhaps support organizations and what are the benefits and the challenges of being survivor led?

Fiona

So I think— I think it's essential for any sort of particularly sexual violence organization to have at least an element of survivors involved in the running or certainly the strategic direction or the direction of travel that an organization takes because I think the needs of survivors change frequently, dependent on what's happening more broadly. I mentioned the Savile Story breaking and since then we've had loads and loads of big inquiries and large-scale investigations and famous people being outed in the press and a lot more exposure and I think that's changed the world for survivors and we've had to change at the pace that that they're navigating that world and that world looks different to them.

So it's essential. It's never really even been a choice I think, it's just been— it's felt like something we absolutely needed and wanted to do. I'm not going to say it's been easy. Not for a moment. It's a challenge to keep survivors who want to get on with their life and progress things. It's a challenge to keep them engaged and I think what we've learned over the years is to be responsive to that and to accept that our survivor user group will constantly be changing and people will come and go and how to work around that and, you know, a big part of our ethos is kind of effectively letting people go to get on with their lives. We don't want to hold them back in the space and I think that's something really important to acknowledge and again not something we sort of foresaw at the outset of that.

The other thing is being open minded and prepared to actually listen to what service users are telling you and to do something about what they're asking you to do. Lots of organisations I've worked with in the voluntary and statutory sectors over the years have kind of had a nod or a checkbox to having a reference group or a survivor group or whatever the case may be, but very often it is just that. It's a checkbox exercise, they're not taken seriously, they're not given validity I suppose or weight within the organisation and I think that's important. But you know the caveat to that is that a reference group is not always going to tell you what you want to hear, not always going to be complimentary about what you're going to do, often going to challenge some of the directions or the assumptions that you make so I think you have to be— within your own processes and your organization, you have to be open to those things and have the ability to flex or change. Depending on where they're at and how they see the world.

10:31
Ruth
That's really, really, insightful and I really like what you've said about that kind of realisation that survivors need to move on with their lives. And when I worked in children's services I remember the same challenge around kind of involvement and participation and co-production with vulnerable young people or with care experienced young adults and that challenge really of engagement, but also as you say allowing people to move on. You know, they get something from it hopefully and move on. I think that's really powerful but also what you said—

Fiona
And I think I'm reminded of having a conversation with a commissioner recently who said to me you know, do you ever— why don't you do follow ups? Why don't you follow up with clients a year later to see how they've got on? And I said, in principle, it's not something we do as an organisation. We want to give survivors the agency to go and get on with their lives and giving them a call out of the blue six months or a year later may well be re-traumatising for them and particularly unwelcome. So that's been a challenge where lots of our commissioners and funders put pressure on us to do follow ups or try and ascertain whether what we've done has worked and that figures into broader subjects around trust and various other things. But I think it's really important for us to hold our space with— in that regard.

Ruth

It takes a certain level of confidence to say to commissioners, no, we're not going to do that because we believe that it's not in the best interest of our clients when there's so much emphasis on demonstrating impact in a very sort of concrete way, isn't there?

Fiona
Absolutely And that confidence only comes in time. And I think that confidence comes from having real reassurance from your service users in terms of being put in a place and a position to be their voice, if you like, and to be able to advocate on their behalf. I think that's really important too.

Ruth
I wanted to ask you a little bit about the research that you've been involved in because you've produced, along with the University of Suffolk, three really groundbreaking reports and I certainly refer to the first two— the third is only very recently published— but the first two I refer to constantly in terms of— you know, and being such a valuable resource for me as a historian and in a sort of an area of research if you like that it's so hard to find the voices of survivors. So could you say why you decided to start this partnership or how it evolved and what did you hope as an activist support organisation in the community, what did you hope to get from entering into this partnership with academia?

Fiona
So I suppose much like you, I'm a historian by nature and I was sitting in this position a couple of years after founding SIT and listening to survivors' stories and listening to their journeys and listening to their frustrations. And I really wanted to give that— you know, I really wanted to give that a position and a platform and a place within society. And I realized lots of survivors, their motivation often for getting help is to help others. And lots of survivors over the years, many more than I could count, have said to me they want to use— if there was a part of their story they could use to help others in some sort of way. And that just began to strike me in terms of seeing that sort of conversation happen over and over again and recognizing that I was in a position really to do something about that and to give those stories some life. So one of the ways I've always thought as an organisation we can really achieve what we're trying to

set out to do is through education and through developing an evidence base behind what we do. I realised pretty early into this journey that turning up at a meeting telling people what you thought with no evidence doesn't really work and you just sort of see the shutters go down and people stop listening.

And I realised early into this journey if we were going to make a difference as an organisation and do things a little bit differently, we needed some research and the evidence base behind us and I also wanted to give those stories some validity and some life because they're so powerful. So that was the kind of motivation behind it and you know that started with just trying to have conversations with the right people. We're very fortunate to be based literally two hundred yards down the road from the University of Suffolk so it's very convenient. It's a very new university and it felt like there was a symbiosis there in terms of how new they were, how new we were and an opportunity to really ground something. So yeah, started having a conversation with a couple of people I knew at the university. It certainly wasn't a quick process, that was my learning in academia in terms of how much conversation has to take place before action, I'm quite an action oriented person. So there's a lot of learning there for me around, just I used to— and anyone you speak to at the university will tell you they became well versed in Fiona saying at the end of the meeting ‘right, who's going to do what?’ And everyone sort of looking at me a bit blankly. So I felt like we kind of took each other on a little bit of a journey through that. But, yeah, the general motivation was really just to give some validity to those to those journeys and those survivors' stories.

16:32
Ruth
So do you want to say a little bit about the first report and what you decided to investigate, if you like, and how practically you went about that.

Fiona
Yeah, so in terms of the first report. Wow, that was quite a journey I think for all of those of us who were involved in that because what we were sort of thinking to begin with and what that changed and evolved into were two very, very different things. And I

think highlighted my naivete and some of the assumptions I had about survivors and what was important to them. I initially went to the university with a whole range of options of things that we could research and then what we decided to do was to involve a reference group of survivors early in that process and talk to them about what was important to them and how we could honour those stories and what would be the best way to tell the world about their experience and their journeys. That was fascinating for me because we had some really sort of set— quite academic approaches to what we were trying to find out initially and initially that was around scoring or looking at how survivors viewed services that they had interfaced with over the years. Trying to ascertain which services— where survivors' touch points were. Quite technical things like that and actually when we sat down talked to survivors, they just looked at us blankly and I remember very clearly a survivor who I still work with just said to me, you know, this stuff is interesting but it's not what's most important to us.

And between them that just opened up a really honest and safe space for them to talk and I remember so clearly I've just got goosebumps thinking about it because it was a real line in the sand for me. A couple of— you know, once the survivors had spoken a little bit about what we'd planned to do and what was important to them, they actually came up with three things that were important to them. And they said all that other stuff doesn't matter. The only thing that is important to us when we access a service or how we are treated or how we interface and connect with the world is whether we've been listened to, whether we've been believed and whether we've been respected. And those should be the benchmark or the measure of any service we access and that's kind of our rating scale if you like. And that really blew— certainly blew the academics' minds but it blew my mind as well, and I still— I still in any funding application or anything that we do going forward, I tell commissioners, we can measure well-being, we can measure resilience, we can measure trauma, we can measure all sorts of things but actually survivors tell us these are the most important things for us to deliver as a service and for every service that should be— the first benchmark should be listening, believing and respecting survivors.

So that changed how we kind of planned to do things. It's probably prudent to mention that we had zero budget. The university very kindly agreed to— I don't think they thought it would be as big as it probably ended up being but we that was something we managed to do for free together. Well, in terms of a lot of people's time and that sort of consideration. But it's always been a point of pride to me that we embarked on a national survey of survivors, which at the time was the largest survey of adult survivors ever done. A couple of months after we completed our survey the Office of the Children's Commissioner did a similar survey, but I happen to know the budget that they had and I still think, you know, what we elicited from that— We've still got data that we haven't even started looking at or haven't used yet. It just gave us such rich, rich insights that we've never really had before in terms of survivors' journeys: where they went, how long it took, and I still to this day— when I'm talking about that research, there are still things in it that I have to go over more than once or twice in terms of unexpected—

We knew that it took survivors a long time to get support. We didn't know quite how long. We also knew and we'd made some assumptions about abusers and who they were and where they were and how often survivors were abused [noise of siren] and I think there were just some real insights to come through that research. And I'm just still so proud of it, to sit here today and to hear someone like you say that they still use it, and this happens to me frequently. I'll come into contact with other professionals either in the sexual violence sector or within academia who say that they use the research a lot today. That's exactly what we did it for. Never had the intention of doing a piece of research that sat on a shelf or wasn't used. And the other real reason behind wanting to do it was to give organisations like ours something that they could wave in front of commissioners or funders and say here's an evidence base actually. Adult survivors of childhood sexual abuse were horribly under researched and horribly misunderstood within our sector even and we wanted to create something that organisations and survivors could use to educate the general public, but also specifically commissioners and funders on what it was like to be an adult survivor what it was like to try and get a service as an adult survive and how frustrating and the lengthy time delays within the systems and largely unavoidable— or avoidable I should say— avoidable delays that that they encounter whilst they try and navigate complex systems.

22:20

Ruth

I mean that was the most stark sort of thing shouting out from that report wasn't it, the length of time for people to get the help that they needed and the sort of contortions they had to go through to get it. And that was a large scale survey. How did you reach the survivors? As a little tiny organisation in Suffolk you reached across the country.

Fiona

Well, we just threw— well I did. At that stage I think I was only one of two employees here at SIT so we were a tiny, tiny team. But having said that, we also had an army of volunteers. I literally just I think the word tenacious was used more than once, it was literally just knocking down doors. Most of the— so we put the survey out online and we did a lot of work on social media and that was just relentless. It just meant— Predominantly on Twitter actually, in those days Twitter was the kind of forum where that worked really, really well. And we just pushed the link and pushed the link and pushed the link. And we engaged survivors also up and down the country and encouraged them if they had completed the survey to encourage others. And the platform that we used to do that, we said you know we're not asking you for your views and to complete this survey so that we can just— so that we're a little bit nosy or we want to know more or we're going to hold this in academia. We're going to use the results of this to make things better for future generations. And I think that made a difference to survivors. They really saw and I think the benefit of an independent organisation doing that rather than a statutory body or even a university, with us fronting it in a way, I think survivors really, really believed that and got behind it and gave us so much tremendous rich data to use.

Ruth

Absolutely, absolutely. Then you went— so that was ‘Hear me. Believe me. Respect me.’ That came out in 2015 and then you decided to move on and do some more research a couple of years later. So what precipitated that —why did you decide to— What questions were left unanswered for you that you decided to put more energy into that process of research?

Fiona

I felt like— When we completed the first focus on survivors' research, I felt like we were left with rich data which told us lots of things but what was missing was in-depth survivors' stories around giving— putting a bit of meat on those bones as it were. And really telling those stories and understanding them in a lot more detail than we'd been able to elicit from the survey. So a couple of years passed and that was just because people moved on at the university, other priorities, various other things. But there was always an intention to follow up Focus One with a number of different research and that's always been the plan. We ended up with so many different rabbit warrens that we could have gone down and explored in more detail. But one of the first things we wanted to do was have the ability to talk to some of those survivors in a bit more depth. So in 2018 we conducted twenty eight in-depth interviews with survivors who had contributed to the survey online and just talked to them. So those were on average probably about three and a half, four-hour interviews with each one of them, just delving into a bit more detail about what that journey had looked like and that in itself was astounding. You know, there were— really, really powerful stories around people— It just made— we've talked about the delays that survivors incur and I think when you put a story to that and you're sitting in front of someone who is in their sixties and it has taken them forty years to get to a service that listened to them, believed them and respected them. You know that's enormously powerful, and we really wanted to portray that. And actually one of the things we discovered in doing those in-depth surveys is that for a lot of the survivors we interviewed, that delay had been even longer. For the survivors we interviewed the delay in getting services had been nearly thirty years, so it was extraordinary in terms of— and it just gave us so much insight into how much time and money is being wasted on inappropriate services and touch points that survivors use within the system that don't help, they might put a sticking pasta for a brief period of time but they don't help in the long term at all.

27:12

Ruth

And you've segued neatly into your latest report which is much more quantitative and is trying to, I guess, put a figure for the NHS and other services on what that denial and disbelief and delay— what is the impact of that nationally for the public purse, I guess, as well as for the individuals whose lives are really, really scarred by— well, further damaged, I guess, by the delays. So tell us about the new report which is a bit of a departure isn't it from the first two?

Fiona
It's immensely different from the first two and in some ways was one of my starting points in 2015 when we're looking at the original research. One of the things I have always been staggered by is when we've mapped out a survivor's journey, in terms of how they got here. It's always struck me not only the time in terms of the cost to their life but the cost to services that they have touched or been treated by, and the amount of time that they've spent in them and what that must be costing the NHS specifically. It was always my intention to do a kind of economic analysis of that, but I thought that starting with that might bore people and put them off, [both laugh], because it's a lot more boring than people's stories and—

Ruth
Well, commissioners don't find it boring. They love it. They're ecstatic to hear it. But—

Fiona
Yeah, as long as you provide a very short executive summary that they can read to be fair. So, yeah, it looks very different. We had survivors involved in that. I've probably struggled a little bit to wrap my head around numbers and the analysis— It's not my it's not my forte. It's not in my kind of field but I knew that it was something really important to do. Listen I'm not going to con anyone, none of what we found in the third focus on survivor's report is new. We've known this and there have been reports both published and unpublished around costing the delay to survivors in terms of getting specialist support over the years. We know how much it costs and we know how ineffective it is through the system, but I felt that by us doing it— again as an independent body not as a statutory body, and Survivors in Transition, our organisation leading the way with that and kind of waving it in front of commissioners, it would elicit a different response. And I think that it has. It's still very, very early into the journey for it. We also— I think it's fair to say, you know, when we launched it, this took

significantly longer than we wanted it to. We actually had the draft report and results ready during Covid, but we took the decision that we felt it was really insensitive to launch it during Covid when the NHS was taking a bashing from everywhere. And we left it a year and then we came out of Covid and then one day I just woke up and went actually there's never going to be a good time to tell this story. It's not a good news story. It doesn't make happy reading, but it shouldn't. But it is time that we need to launch that and get that out there and just say to the system as it stands at the moment, you know, not only is this costing swathes of money, it's ineffective and it's damaging survivors in the longer term. It is making everything take a lot, lot longer and we can do it a different way, you know.

I'm always— I'm a real solution focused person. I don't like to deliver bad news unless I have a solution to it, and the other thing we wanted to do quite strategically was launch it on the back of the new Health Care Act. In terms of integrated care systems coming into place, and recognizing the monumental place I believe the voluntary sector have to play in our new integrated systems. So we waited to launch the report in terms of some of those things coming about and I think it's the right time. And I know having had feedback from organisations up and down the country who are using that with commissioners within their ICSs and ICBs and ICPs, a lot of 'I's for us all to get our heads around! But there is an enormous opportunity for the voluntary sector to be recognised as specialist provision within our current systems and also to be treated as an equal partner within those systems now, under the new Health and Care Act and I think that's the big opportunity for us as a sector.

32:19.71
Ruth
I mean one of the things that's always said about reports that show the sort of waste in the system because of the way it's organised if you like, is that it's too difficult to change the system, to sort of deliver services in a different way and that— You know, you and I have both worked in early intervention in the past and there's a kind of an understanding that, yes, early intervention is brilliant and it can save a lot of money downstream. But we don't have the money now, we can't move it from these crisis services that are doing very specific things. What would your answer be to that?

Fiona
My answer to that is we just need to stop thinking in that kind of way we need to actually say— and I think the problem that I've encountered over the years is when we're having those conversations at a strategic level, people have too many priorities and too many things to get their heads around. So if we're presenting them with just another problem or another thing that they're not doing, then obviously we're going to have that response. 'We haven't got the money, we haven't got the time, we haven't got anything.' But the point that I just made about there being a solution there already or an opportunity actually. There's an opportunity already there, you know, there are amazing sexual violence organisations up and down the country who are already being commissioned largely by ICSs or Police and Crime Commissioners or whoever. And the urge— and I suppose the push behind the report is to say, you know, let's stop having the conversations we've had in the past, lots of this stuff is good to go. It's ready to go, all it needs is survivors' organisations around the table to be taken seriously, to be recognised for their ability to provide specialist services that no one else provides— mental health services can't or won't provide— and the ability to integrate that into existing services. We— none of us have got time to reinvent the wheel and that's not what we were talking about here, what we're talking about here is bolting on something that's ready to be bolted on and kind of ready to go. As an organisation, as a person, I've stopped having those conversations in terms of pushing back and saying you need to look at early intervention. All I'm now saying is okay, well here's a solution rather than a problem, here's a solution, and if we did this, not only would it be a really good thing for survivors. But this is how much money it could save our system and then we get the interest in terms of we can save some money, that sounds good. And I think it's a conversation starter rather than a complete package and that's going to vary from place to place. There are different relationships in place. But I think key to that is developing and maintaining relationships across our systems.

35:08.94
Ruth
And to make it really real for the sort of individual rather than at the systemic level, Fiona, what would feel different for a survivor of child sexual abuse, whether they're

you know, thirteen or seven or fifty-two, let's say, picking some very different ages. You know, whether they're a small child who is in a very, very awful situation, a teenager similar, or an adult who has lived with the aftermath for many years. What would feel different to them if your new world could come to be a reality?

Fiona
Categorically, what would feel different would be consistency, a consistent approach. If a survivor knew age five, ten, ninety that they were going to go into— let's just call it a health service for this point— for the point of this argument— and get a consistent response and approach, we would have done our job. And going back to those core three things in terms of the first research that we did. If survivors felt more listened to, more believed and more respected in our system. Then, you know, then— then I think we're a long way towards achieving what we've set out to do here.

Ruth
Absolutely. That's really powerful and I think it links across to my own research as well a lot, in that I think a lot of what's been left out of all of the discussions about why there aren't more positive changes is around that need to make things simple for people, to address their fears head on, to kind of acknowledge the emotional impact for survivor and practitioner in that sort of transaction to make a difference.

I suppose then to head sideways and just maybe for our last few questions think a little bit more about research and your unusual position as a kind of an organisation and a leader of— a third sector leader in the field who has really worked to produce research, as well as support people in their day-to-day lives. And I suppose one of the things I wanted to ask you is like a very nerdy historian’s question now, which is—

Fiona
I welcome it.

Ruth
Ok, great, I love nerdy historian questions. So you've compiled these reports and you've got all this data, rich, rich information direct from survivors about their

experiences across different decades. And as a historian of the recent past I can tell you, that's really hard to get your hands on. There are very good reasons for that I totally appreciate why there are protections for people in terms of their own records, you know, medical records, social care records. But I also have that counterintuitive feeling which is that survivors want their stories heard. And that they would want their information to be reused if it was reused respectfully in a way that didn't open them to harm, but still could contribute to an understanding of the past which I believe is really, really important to learn from. So what— can you say a little bit about your view about how that sort of— if you like, social research can be reused by historians? But also how historians can use or access the memories and oral testimonies of survivors for new work that really learns from the past?

Fiona
So I think firstly I'm going to start out by saying that third sector organisations, the voluntary sector, really need to be getting behind research. It is— We are all sitting on swathes and swathes of data and it's not just demographic stuff that we ask our clients. There is some real purpose to that information, and I think if we start out from a position of how can we use this to make things better, we can take our service users regardless of who they are, on that journey with us. And for me, key to that is communicating with them, ensuring that they're okay with that. And that takes a long time. That's not just something that you wake up one day and decide to do with your data. It has kind of got to be integrated into your model from day one. And luckily for us, I am a bit of a nerdy person who's interested in research and data and what it tells us. But also, what it can do and what it can change and how powerful it is. And there's never been—.You know, that's a massive subject of conversation for us all at the moment in terms of considering the role of data and artificial intelligence and what we sit on. I think firstly, voluntary sector organisations need to recognise, and I use 'value' not in a financial sense, but I use the 'value' of the data that they're sitting on. The value for me comes into what that data can do to change the lives of our cohort that we're working with. And I think that value is enormous.

If you have the service users that you are working with engaged in that process and you very, very rightly said, very few survivors have I come across in this journey who have not wanted to help or have their story used in a way that would help future generations. And, in a sense, in terms of what we're talking about, hopefully reduce the prevalence of child sexual abuse, which is what obviously we're all trying to do. They're absolutely on board with that and signed up to that. And I think it's also about being really, really smart with our data, ensuring it is super well protected, and being really honest about the purposes for which we are collecting it and what we might use it for and exactly where people are on that journey. And in thirteen years that's changed. You know, GDPR has come in in that time, that's changed things enormously and we've had to give some real consideration to what we do and how we use data and how we can use that that data to change things.

The other thing I know is that we have real opportunity now to be able to analyse and use data in a way that we never have before and we need to capitalise on that opportunity, because otherwise it will just be gone and these stories will all be something we would have heard but we may never have written them down or used them to change anything. So my real hope is that in ten or twenty years' time we can look back on some of the research we've produced, all the stories we have highlighted and given a place to, and know that those have contributed to things that have changed in that time.

And I know that things have changed. You know, there's a lot wrong with our system but looking back over thirteen years of service provision, a lot has changed and a lot is a lot better than it was. I know that survivors are better heard within our system. I know that our communities are more open to hearing about prevalence of child sexual abuse and I believe that it's these stories that have changed that. I believe that enormously and I think, you know, there is no end to that. And I think that will only become— those will only become bigger considerations for organisations like ours and researchers like you going forward. So yeah, that's a few of my views on what we can be doing.

42:54.90
Ruth
Thank you. In terms of how you— the mechanics of how you did your research, do you have messages for others about how survivors and academics and indeed

practitioners can work together? I— with a colleague from the University of York, Victoria Hoyle— we've been working with academic survivors and practitioners to set up a network for people who are interested in the histories of child sexual abuse and who believe that those histories can make a difference to current policy and practice. And we've had a couple of meetings, really good participation, but it's been hard. It's quite hard. There are lots of different languages spoken and sensitivities that we don't understand about each other, and I think it's been hard for everybody. So, my question to you is, should survivors, academics and practitioners work together and in what ways should they do that?

Fiona
So, I think it's an interesting question and I think it's something in terms of our first piece of research I think I didn't acknowledge how difficult that would be. And I think one of the things that made a real difference was our organisation fronting that research so kind of being— and almost bringing academics in a bit further down the line once we'd established exactly what it was we were doing and what the parameters of what we were doing were. I realised early on in that journey that it was quite difficult to sort of bring what survivors viewed as kind of strangers who didn't know them or hadn't worked with them and ergo, didn't understand them, into that process. And suddenly I saw some guards go up, I saw people respond in a different way and I think the learning from us was we needed to front that work and we needed to do that work and be really, really clear— survivors felt that we'd created really easy to navigate terms of reference and be very clear about what we were doing and even clearer about what we weren't doing. And then I think bring academics or professionals into that process down— a little bit further down the line, not start out with it. It just was too overwhelming. I remember a first meeting we had with some of my practitioners on hand, some of our therapists on hand, a couple of academics, and we brought in some mental health professionals as well. And survivors just clammed up. They were like, we don't know these people, we don't know what they're going to do with our stories. I remember one of the mums in that group saying to me, ‘I want to be really honest about what I’ve experienced but I'm terrified there might be a social worker in the room and I'm going to lose my children.’ And that really struck me in terms of ‘oh wow, that's how you see the world. And we need to help you to navigate that.’

So in a sense we just dialled it all right back. We had a couple of really, really casual sessions talking to them and creating a safe space before we could even think about bringing academics back into the room to talk about them and how— you know, how we— how we kind of planned that going forward. That was a huge consideration and not something we'd considered before, and I think lots of academics possibly don't, and lots of researchers don't think about that. They think that people will just be keen to tell their story to whomever, and that's not the case at all. I think, you know, there is a lot of complexity within those stories and within those journeys and it needs really careful attention and thought in planning it out.

46:36.46
Ruth
Absolutely. That's really— there's a lot of learning there and I think when you're talking historically as well, there's another sort of dimension to it, which is that you can have practitioners who've been around for a long time and have sort of watched the waves of different— you know, they know all of the different sort of inquiries and the different— and there's a sort of a slight level of—I don't want to say cynicism because they're still involved, they're still fighting a good fight, but there's a sort of a shorthand in the language and a sort of— an emotional response to missed opportunities that can be very confusing also to other people in the room who haven't been on that journey. And that's something I don't think I had appreciated until our last get together in the network. So everything— yeah I mean I guess so long as you can make sure that no one is going to be really hurt and upset by what's going on, there's learning in every get-together that you have or whatever way you approach it. There's going to be learning, isn't there?

Fiona
Absolutely, and I think that people need to be open to learning and that's a key concept. I just want to quickly circle back to what you said about language, and I think language is so important. We, in our everyday lives, we make enormous assumptions about what certain terms mean and I think one of the things we have spent a lot of time with survivors, both in our service provision and in our research doing, is

understanding what their language is, and amending our language accordingly. And our system is not geared to do that. We have quite formal, quite medicalised language that we use on a day-to-day basis and sometimes when we've sat down with survivors and talked about things like— Even the concept of being called a survivor. What does that— what does that mean to you? The ideas around victims, survivors, victim-survivor, you know, whatever the terminology is— that has grave implications for survivors and quite often they've said— And part of that 'listened to, believed and respected journey' is no one's actually asked me what I'd prefer to be called. Some survivors don't mind being called a victim. And there is a reason behind that, they don't see it as a weakness. They just see it as their interpretation of what's happened to them, that was something that was done to them, so they're completely comfortable being called a victim. Other survivors are completely uncomfortable being called a victim and want to be called a survivor. You know, that recognises their journey and their resilience and all of that. Concepts like what do we call child sexual abuse that didn't happen in the last year, outside of the forensic window. We've had long conversations with survivors around 'non-recent' or 'acute' or 'historic' and what those things mean to them. And I think the concept of language is enormous and instead of trying to apply our language to survivors' journeys or their stories, I think we've just got to spend some time with them and understand what their language or their understanding of our language is sometimes.

49:41.81
Ruth
Absolutely. So it's about building in that time, isn't it? And that— I suppose it's the same as on an individual journey to recovery, if that's— I mean that's another contentious word but you know the 'Hear me. Believe me. Respect me.' It's the same thing within the research I guess, it's those three same tenets.

Fiona
Absolutely. I think they can be applied across the board really.

Ruth

Absolutely. So drawing to a close of our time together and I just wanted to draw you back to your latest report and we've talked a lot about it, but in terms of leaving our listeners with something to think about, would you like to— Is there any one thing that you'd like people to go away and think about or do, coming out of your most recent research?

Fiona

I'd like people to stop and think about not only the financial cost of the advice they are giving, or the signposting they're making, or the referral into something else. Just to stop and think. That's— it's that simple. And I think what that research has enabled us to do— I recently did some training with a group of GPs who— I could just tell when I got on the call they were like ‘oh god, another thing for us to remember, another thing for us to ask, another thing for us to be educated in, another thing for us to know where to signpost to.’ And I just stopped at that juncture and I said, ‘you know what, how about we just say that you're validators. That's all we're going to ask you to do. We're not going to teach you another trendy cool checklist to go through or questions to ask or how to manage a disclosure. All we're going to ask you to do is validate someone's experience of abuse. So, if someone discloses to you, all we're going to ask you to do is validate that.’ We can pick up all the other stuff and more and more as our mental health services change and we have link workers and things in GPs’ surgeries, they can go and do the work, they can go and find out what services are available. But I think the single most important thing for me is, let’s just stop before we're making silly— sometimes— decisions that cover us rather than putting the survivor at the focus of them. And let's just stop sending people around and around in circles and every now and again, just stop with the person and say, ‘what's going to work for you? What's underneath this?’ And that's about working and living in a trauma-informed society and being open to understanding how complex trauma is and the impact of it, and building a culture in a society that understands that and is able and adequate to deal with the trauma rather than the myriad of symptoms that it presents with. Just ask, just ask the question. Just stop and ask the question ‘what would work for you?’ In whichever way you are comfortable, just stop. We all can take a minute or two. I'm not suggesting you take hours, a minute or two to just stop and consider the ramifications of further signposting someone, or sending them to another service or suggesting something or the advice that's given.

53:09.29
Ruth
Seems to be a key message from survivors, isn't it? Like stop asking what's wrong with me and ask me, what has happened to me and what do I need now.

Fiona
You know, and it's basic— we do a lot of training around trauma-informed, trauma awareness, trauma-informed practice, all those sorts of things and it is— We always are just simplifying it for people and saying— because everyone turns up to training with that, ‘oh my God I've got— I've got to learn another thing. I've got to do another thing, I'm under so much pressure, I haven't got any time.’ So, I think we need to be cognisant of that and say, ‘okay, we'll work within your timescales. We'll work within your limitations.’ And understand where professionals are coming from and find a way for that to work in terms of saying, you know, just taking that moment to stop and say ‘what's underneath this, you know, what's underneath all of this? What has happened to you and how best can we help?’

Ruth
I think that's a really lovely place to end our interview, Fiona. Is there anything else you'd like to add before we do that?

Fiona
I don't think so, Ruth, that's been really, really interesting. I suppose for me I always reflect on these conversations and think there's so much I've forgotten about and thank you for taking me all the way back to 2015. It's probably motivated me to go and have a look at some of that data that we haven't yet used.

Ruth
Oh well, if you want to invite me to come along I'm very, very available for that. Always available for data.

Fiona

I will definitely take you up on that. Thank you.

Ruth

Well, it's lovely to hear from you that it was like a good feeling to reflect back and then we can end the interview by explaining to people how history matters and it validates, it validates experience. So, thank you so much.

Fiona

Absolutely it does indeed. Thanks Ruth, nice to see you, take great care.