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DENIAL, DISBELIEF & DELAYS

#Focusonsurvivors

Examining the costs on the NHS of delayed Child Sexual Abuse disclosures in England and Wales

SURVIVORS in transition

University of Suffolk

ACKNOWLEDGMENTS

Most importantly, thank you to every survivor who has walked through our door – virtual or physical. Your strength and resilience continue to inspire us to strive for better, more consistent support for all survivors in the UK. We hope that by continuing to develop research, we will honour and validate your experiences and courageous voices.

Thanks also to everyone who supported this research and provided useful comments and insight, in particular Dr Warren Larkin, Professor Colin Martin and Professor Emma Bond.

Thanks too to Dr Katherine Allen who provided research assistance on the literature. And thanks also to Aliya Saied-Tessier for peer reviewing this report and providing extensive comments and advice on it and the analysis supporting this work.

We have used the term 'survivor' throughout this report rather than victim/patient/client, as this was the term preferred by our survivors reference group.

This research was funded by Survivors in Transition.

DISCLAIMER

While every effort has been made to ensure that the information contained in this report is accurate and up-to-date, the author cannot accept legal responsibility or liability for any actions taken by readers because of any errors or omissions.

I don't expect much from the NHS at the moment: I haven't had a service from them – they are stretched to breaking point.

All the times they have promised help and there's nothing there; it's like inviting me to dinner and giving me an empty plate…

CONTENTS

TABLES

EXECUTIVE SUMMARY

- This report depicts the costs to the NHS if delayed, denied and disbelieved disclosures of child sexual abuse remains the norm
- The breakdown of costs indicates that the highest costs were accrued before disclosure, further supporting the finding that delayed disclosure means higher costs to the NHS, and to the child sexual abuse (CSA) survivors (Appendix D)
- This report should inform and assist public policy by providing evidence on the importance of timely action to resolve systemic issues, such as avoidable delays and unnecessary spending
- Voluntary, Community, and Social Enterprises (VCSEs) play a vital role in advocating for survivors' needs, and raise awareness of the barriers and challenges they face in the current system
- VCSE organisations play a crucial role in providing timely support and avoiding/reducing the costs associated with CSA survivors
- Putting a conservative figure on the lifetime costs of CSA to the NHS could enable policymakers to better understand the likely impacts over the course of a lifetime rather than as an episode in the lives of survivors
- The costs estimated in this report underscore how expensive a solely reactive model can be
- More investment is needed in identifying and preventing CSA on a similar scale to the efforts involved in tackling domestic abuse
- Delayed disclosure costs:
  - Average lifetime health cost per CSA survivor was estimated to be **£4,917,989** (based on baseline data of new cases from 2019)
  - The total lifetime health-related economic burden in England and Wales was estimated to be **£2,999,973,262**. This figure is based on 610 CSA cases who had not yet disclosed and projects total lifetime health costs for all cases
- One implication of these findings is that health and therapeutic interventions provided by the NHS to support survivors of CSA remain an important part of the overall response in the UK. Therefore GPs, mental health, emergency, and hospital staff need to be better prepared to recognise and manage disclosures effectively
- By focusing on the central issue of health care, better informed decisions can be made in mobilising investments towards tackling CSA and supporting adult survivors of CSA
- One proposed solution from the evidence base is that health care professionals be trained to use trauma-informed models, where 'asking the question' is routine, disclosure is made easier, and the response consistent and timely.

> ***I can't emphasise enough how important these three phrases are:***
> ***- you are not alone***
> ***- we are here to help***
> ***- you are safe…***
>
> *Survivor, 2018*

WHAT THIS REPORT IS ABOUT AND WHY IT'S NEEDED

This report provides new information on the costs of delayed disclosures of CSA on the NHS in England and Wales, based on a sample of 610 new cases in 2018/2019.[1]

The cost inputs[2] used for the analysis include:

- child health costs (mental health, depression, anxiety)
- child suicide and self-harm
- adult mental health – depression (counselling and therapy)
- adult mental health – antidepressants
- adult mental health – PTSD
- adult physical health – alcohol and drug use.

To our knowledge, this report is the first to examine the critical issue of costs of delayed disclosures of CSA to the NHS.

The authors of this report are aware that costing CSA is a complex and sensitive undertaking, as the impacts of sexual abuse often go above and beyond what can be quantified or assigned a monetary value and the cost inputs detailed above. This is not intended to minimise the many and often varied effects as a result of CSA.

It is important to note that each unique case of child sexual abuse will result in different consequences for each individual. Some survivors will experience effects that are not included in the list above: for example (not conclusive) eating disorders, guilt, shame, PTSD and a range of other mental health issues. We have attempted to include all the key impacts where there is both i) evidence of an impact from child sexual abuse and ii) information about service usage and costs.

The purpose of this research is not to attempt to perfectly capture how child sexual abuse affects every individual survivor. It is to use the existing academic literature to calculate a ballpark figure for how much child sexual abuse costs survivors and society.

The vast time lapse between disclosure & effective support needs to be better understood, costed & mitigated by swifter referral into specialist services…

Recommendation from 2018 report [see page 7]

In the time of conducting this Focus on Survivors report (which was significantly delayed by the Covid-19 pandemic) The Home Office published 'The economic and social cost of contact child sexual abuse'.[3] In that report, the Home Office gives an estimate of the financial and non-financial (monetised) costs relating to all children who began to experience contact sexual abuse, or who continued to experience contact sexual abuse, in England and Wales in the year ending 31st March 2019. This is estimated to be at least **£10.1 billion**.

Putting a conservative figure on the lifetime costs of CSA to the NHS could enable policymakers to better understand the likely impacts over the course of a lifetime, rather than as an episode in the lives of survivors. This report therefore provides an additional framework for viewing CSA as a costly, long-term crime with devastating consequences for a survivor's life. It is also important to explore the costs of delayed disclosure to the NHS due to its vital role of health and therapeutic interventions in the healing journey of sexual abuse survivors.

1 This is based on the official statistics from the National Association for People Abused in Childhood's helpline in 2018/2019 that about 15% of the 4,064 people that contacted them had not told anyone about their abuse before. The incidence-costs based approach used in this report examines lifetime costs (from the official average age of disclosure of 9 years old up to the age of 65) for all new cases of CSA that occur in one year rather than prevalence data to improve accuracy and specificity. Additionally, using new cases data is essential to reveal the value of prevention. See: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019 `

2 These costs have been adjusted to 2018/2019 (more details in the Methodology section on page ?)

3 https://www.gov.uk/government/publications/the-economic-and-social-cost-of-contact-child-sexual-abuse/the-economic-and-social-cost-of-contact-child-sexual-abuse

Previous research undertaken by the NSPCC[4] estimated the costs of child sexual abuse in the UK in 2012 to be £3.2billion. Health-related costs were estimated to be £182 million for the year ending 2012-2013. This initial work by Saied-Tessier/ NSPCC was the first attempt in the UK to quantify the costs of CSA in the UK. While the long-term impact of delayed disclosures was acknowledged in this 2014 study, the costs associated to delayed disclosures were not estimated.

Robust cost estimates for delayed disclosures can inform public policy by providing evidence and recommendations to help resolve systemic issues such as poor service outcomes, avoidable delays and significant costs. However, solving the problem requires viewing CSA as a whole-system issue.

*NSPCC 2012

**Year ending 2012-13

Research objectives

- Assess the costs of delayed disclosure of CSA to the NHS; and
- Make timely and actionable recommendations based on the findings.

I was sexually abused when I was 13, and I haven't told anyone for 17 years…

Survivor, 2018

4 Saied-Tessier, A. (2014). Estimating the costs of child sexual abuse in the UK (pp. 1-44). London: NSPCC

BACKGROUND: DELAYED DISCLOSURE OF CSA AND FOCUS ON SURVIVORS RESEARCH

Survivors in Transition (SiT) and University of Suffolk (UoS) have previously conducted two research projects which have informed and motivated this research:

Focus on Survivors 1 (2015) – **Hear Me. Believe Me. Respect Me**

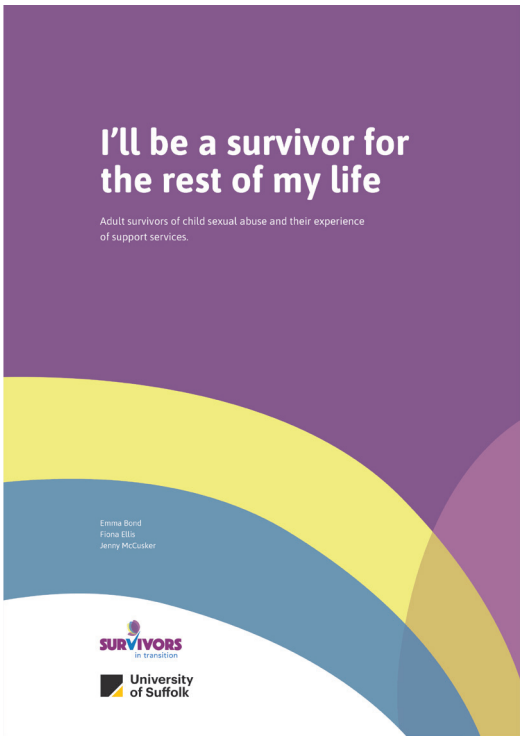
This research was undertaken in the context of a severe lack of evidence about the support needs of adult survivors of CSA in the UK. It is based on an online, national survey of nearly 400 survivors, making this one of the largest surveys ever undertaken with this cohort. The survey looked at experiences of abuse, satisfaction with different types of services, and the availability of information about services. The report concluded that "poor service can have a long-term impact and represent a barrier to support for survivors. In contrast, a good service response can result in survivors coming to a point of recovery or resolution sooner in their lives".

The full report can be found at http://oars.uos.ac.uk/2622/

Focus on Survivors 2 (2018) – **I'll be a survivor for the rest of my life**

Following on from those findings, the second report was qualitative in nature, based on in-depth life biography style interviews with 28 adult survivors of child sexual abuse who volunteered to share their experiences of support services. This approach facilitated a deeper understanding of survivors' experiences on the path to effective support. The report highlighted the importance of a cost-effective multiagency prevention and early intervention strategy from both statutory and non-government organisations for adult survivors of CSA and recommended that further research should be done to understand the costs involved in the significant delays survivors reported.

The full report can be found at http://oars.uos.ac.uk/2623/



DELAYED DISCLOSURE: WHAT WE KNOW

Start of abuse

> 27.5 years

Time of disclosure

The average time span for disclosure from the start of abuse in our 2018 study.

NB: the youngest four survivors (aged between 19-24 years) had disclosed 7-11 years after the onset of abuse.

Focus on Survivors, 2018

This third report aims to build on the findings of the previous two reports by assessing the cost of delayed disclosure, ineffective interventions and missed opportunities across health services, and making policy and practice recommendations based on the findings.

CSA is a serious public health issue in the UK. Research suggests that early detection and disclosures of CSA are uncommon",[5] with a gulf between reported incidents of CSA and the estimates yielded by survey studies, which indicate prevalence rates up to 30 times greater.[6] According to the Office of the Children's Commissioner, only 1 out of 8 children who have experienced CSA come to the attention of UK statutory agencies. Disclosure rates in childhood are low, and disclosures are often made a long time after sexual abuse begins.[7] The Crime Survey for England and Wales for the year ending March 2019 estimated that 7.5% of adults aged 18 to 74 years had experienced sexual abuse before the age of 16 years (3.1 million people); which includes abuse from both adult and child perpetrators. Furthermore, ONS (2020a) estimates that 60% of those who experience sexual abuse before the age of 16 did not tell anyone at the time and less than 10% of those who made disclosures made them to someone in an official position such as the police or a GP.

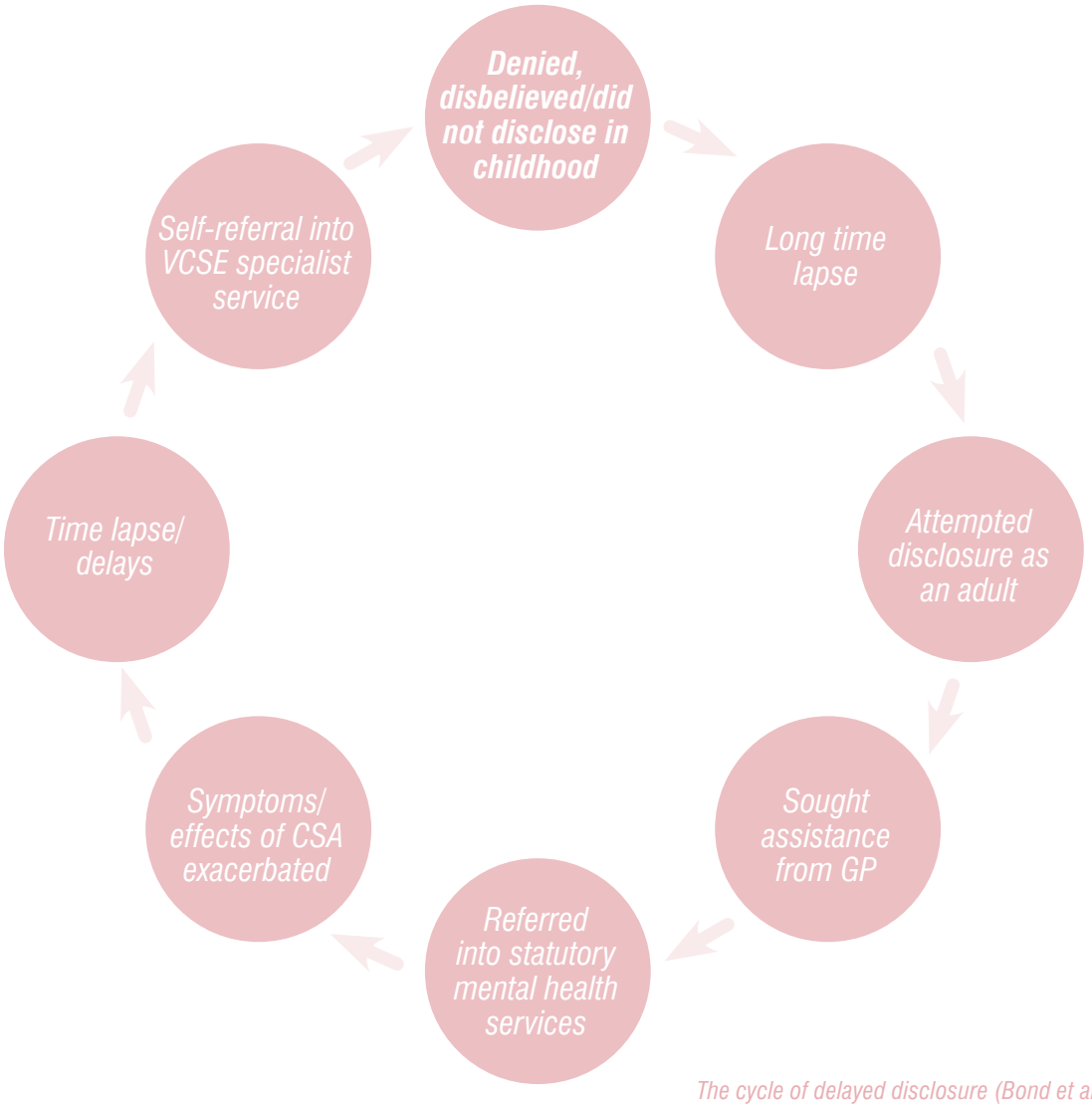
In my early twenties I tried to disclose… he denied it, so he was allowed back into the family home, nothing more was said about it. I waited until my 40s to disclose again – this was after I'd had a complete breakdown, the support wasn't adequate and didn't deal with the abuse… so I waited until my 60s to disclose again and it was only then I got the specialist support from a charity I had needed desperately all those years…

Survivor, 2018

5 Office for National Statistics (2020). Child sexual abuse in England and Wales: year ending March 2019

6 Stoltenborgh, M., van IJzendoorn, M., Euser, E. & Bakermans-Kranenburg, M. (2011). 'A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence Around the World', Child Maltreatment, 16 (2). p.87

7 https://www.childrenscommissioner.gov.uk/2015/11/24/only-1-in-8-children-who-are-sexually-abused-are-identified-by-professionals/



The cycle of delayed disclosure (Bond et al, 2018)

Disclosure enables access to therapeutic, advocacy and legal support. Facilitating early access to support can minimise the long-term health repercussions of CSA. Evidence suggests that delayed disclosures without appropriate support can lead to additional, sometimes avoidable health and mental health complications.[8,9]

Mostly due to high profile cases of CSA in the media in recent years, public awareness around CSA is growing. However, despite improved awareness, survivors still report experiencing stigma attached to the disclosure of CSA. This results in many survivors remaining silent about their CSA for years, often waiting until adulthood to disclose.

Focus on Survivors 2 (2018) established that survivors frequently attempted disclosure at points of crisis. Many described experiencing flashbacks, nightmares and panic attacks, often combined with a stressful life event, which had prompted them to access appropriate support and disclose their abuse, often for the first time.

…after the initial disclosure, I'd mentioned it and wished I hadn't due to the response – between the ages of 16/17 'til 35-36 I went on drugs quite heavily to block it out…

Survivor, 2018

8 Saied-Tessier, A. (2014). Estimating the costs of child sexual abuse in the UK (pp. 1-44). London: NSPCC

9 Allnock, D., & Miller, P. (2013). No one noticed, no one heard: A study of disclosures of childhood abuse

Survivors described how poor responses to their disclosures and earlier help-seeking attempts prevented them from continuing to access help and support:

All 28 survivors talked about the complexities of delayed disclosure, *and their narratives reveal a catalogue of missed opportunities by professionals, often spanning decades, to ask pertinent questions in order to facilitate their disclosure, which would have enabled them to access more appropriate support of their presenting psychological symptoms earlier.*

Focus on Survivors, 2018

Survey evidence indicates that the majority of individuals who experience sexual abuse during childhood will not disclose until adulthood, and that "when disclosure does occur in childhood, significant delays are common" (McElvaney, 2013: 2; Smith et al, 2015; Bond et al, 2018).

It took me months maybe even a year to build up the confidence to disclose properly, it was just gradual little pieces of the jigsaw; I hadn't been asked or disclosed to anyone in NHS services…

Survivor, 2018

As previously indicated, early access to support can minimise the long-term health repercussions of CSA.[10] Given the strength of the evidence on delayed disclosures, health service providers cannot assume that a lack of any prior disclosures by a service user signifies that they have not experienced abuse.

Available research has shown that service users are generally accepting of routine enquiry into childhood experiences of CSA and other childhood adversities[11,12,13] and it can "open the door for individuals to disclose if they choose to do so".[14]

Further, proponents argue that simply asking the question can increase survivor's sense of safety, since by asking, practitioners "(a) demonstrate that they have an understanding of the relationship between interpersonal violence and health; (b) break the harmful silence surrounding abuse and violence; (c) signal that they recognise interpersonal violence as a health issue; and (d) validate their patients' experiences".

A recent literature review supports the view that healthcare professionals are well-placed to facilitate early disclosures by child sexual abuse/exploitation survivors and promote timely access to specialist support. However, many health care professionals are reluctant to enquire about abuse and feel underprepared to deal with disclosures.[15]

10 McElvaney, R. (2013). 'Disclosure of Child Sexual Abuse: Delays, Non-disclosure and Partial Disclosure. What the Research Tells Us and Implications for Practice', Child Abuse Review. DOI: DOI: 10.1002/car.2280

11 Goldstein, E., Athale, N., Sciolla, A.F. & Catz, S.L. (2017). Patient preferences for discussing childhood trauma in primary care. The Permanente Journal, 21

12 Flanagan, T., Alabaster, A., McCaw, B., Stoller, N., Watson, C. & Young-Wolff, K.C. (2018). Feasibility and acceptability of screening for adverse childhood experiences in prenatal care. Journal of Women's Health, 27(7), pp. 903-911

13 Quigg, Z., Harrison, R., Butler, N., Bigland, C. & Timpson, H. (2020) Evaluation of a system wide approach to implementing routine enquiry about adversity in childhood (REACh) across Nottinghamshire (interim report). Available at: https://warrenlarkinassociates.co.uk/wp-content/uploads/2020/08/07-2020-nottinghamshire-reach-evaluation-interim-report-june-2020.pdf (Accessed: 16 July 2021)

14 Schachter, C.L., Stalker, C.A., Teram, E., Lasiuk, G.C. & Danilkewich, A. (2009) Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse, pp. 59-60. Available at: https://cdho.org/docs/default-source/pdfs/reference/sensitivepractice.pdf?sfvrsn=6 (Accessed: 16 July 2021)

15 Adisa O. & Allen K. (2020). Supporting more effective health service responses to adult survivors of childhood sexual abuse: a realist synthesis of self-assessment tools in improving disclosures and help seeking. University of Suffolk

METHODOLOGY

All participants in Focus on Survivors 2 (2018) indicated that their first engagement with support services after disclosure was with statutory services. Predominantly with their GP and emergency response services, participants indicated that the primary focus was on the mental health issues associated with their experiences of CSA. Participants cited that these support services neglected to address the survivor's experience of CSA, failing to ask pertinent questions which would have assisted disclosure of CSA.

> ***Unbelievably, my nurse practitioner was the first person to ask what the underlying reason for my depression was. It was the first time in 22 years that anyone asked…***
>
> *Survivor, 2018*

This report uses available secondary data (national statistics on new cases of CSA for the year ending 2019, NHS reference costs) and a composite case study[16] to develop cost per case estimates. Attributable costs for health interventions and medications have been used whenever possible.

There are two main methods for estimating costs of CSA: prevalence-based cost methods and incidence-based cost methods. Prevalence-based cost methods examine the amount spent each year on any CSA cases, while an incidence-based costs approach examines lifetime costs for new CSA cases disclosed in a given year.

Saied-Tessier (2014) utilised a prevalence-based method. This report adopts a similar approach when identifying and estimating the relevant costs, but to strengthen the analysis, uses an incidence-based method to estimate the total lifetime health-related economic burden, which is more challenging to estimate but more useful when making an economic case for the need for prevention and trauma-aware interventions.[17]

The health-related impact of CSA on an individual over the lifetime includes identifying aspects of their health-related costs. The approach used in the report includes a 'discounting' method, which estimates costs accrued at a future point (e.g., when an individual is 65 years old), and adjusts them to bring costs back to their present value (at the point of disclosure). This is to account for factors such as inflation and market prices, and by necessity should be conservative. The government's Green Book recommends that long-term costs be discounted at an annual rate of 3.5%. This helps to convert future values of pounds across time horizons into today's pounds.

16 The case examples for the economic analysis are based on anonymous composites of past clients provided by a clinical expert

17 Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. Child abuse & neglect, 36(2), 156-165

To provide a range of costs, estimates are provided at the recommended discount rate of 3.5% and a more conservative 7%, (Green Book, HM Treasury[18]) following the practice in similar CSA studies.[19]

As this study has adopted Saied-Tessier's (2014) methodology, which was premised on a set of assumptions designed to yield "relatively conservative cost estimates",[20] and in which the costs have been widely accepted for the UK context, [21,22] we are confident in adopting the healthcare costs used in the study, although we acknowledge that the wider literature on the lifelong impacts of CSA also suggests links with a range of mental health conditions, including bulimia nervosa and binge eating disorder,[23] borderline personality disorder[24] and psychosis.[25] The healthcare costs identified in Saied-Tessler (2014) include:

- Child mental health problems, including costs of treating depression, anxiety
- Child suicide and self-harm
- Adult mental health problems including costs of treating depression, PTSD
- Health-harming behaviours such as alcohol and drug use.

These costs have been adjusted to 2018/2019 market prices using GDP deflators.[26] Case study costs are based on NHS Reference Costs at 2018/2019 prices. For costs of antipsychotic drugs prescribed and a few of the health-related interventions, we have drawn on an expert's clinical knowledge to improve the precision of the estimates. For full details of the formulae used for the estimations, see Appendix A.

The estimated aggregate lifetime costs in 2019 were obtained by multiplying per-CSA survivor lifetime costs by the total number of estimated new cases of CSA in 2019 (Table 1). As far as possible, great efforts have been made to be transparent and to be evidence-led in the assumptions used in this study. The new cases form the baseline for our estimation of lifetime health-related economic burden of CSA.

We have also included a composite case study for Bree (using a pseudonym) to highlight the possible use of NHS interventions by survivors and to provide a possible real-world example of costs that a CSA survivor might accrue (see Appendix D for more details).

In this report, the child health costs represent short-term costs, while the adult-related health costs represent long-term health costs. Based on official statistics, the average age of victimisation is nine years old.[27] This figure has been used to estimate lifetime costs.

18 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/938046/The_Green_Book_2020.pdf

19 See Letourneau et. al (2018); and Fang et al (2012)

20 Saied-Tessier, A. (2014). Estimating the costs of child sexual abuse in the UK (p.5). London: NSPCC

21 Conti, G. et al (2017). The economic cost of child maltreatment in the UK: a preliminary study. London: NSPCC

22 Letourneau, E. J., Brown, D. S., Fang, X., Hassan, A., & Mercy, J. A. (2018). The economic burden of child sexual abuse in the United States. Child abuse & neglect, 79, 413-422

23 Caslini, M., Bartoli, F., Crocamo, C., Dakanalis, A., Clerici, M. and Carrà, G. (2016). Disentangling the association between child abuse and eating disorders: a systematic review and meta-analysis. Psychosomatic medicine, 78(1), pp. 79-90

24 de Aquino Ferreira, L.F., Pereira, F.H.Q., Benevides, A.M.L.N. and Melo, M.C.A. (2018). Borderline personality disorder and sexual abuse: a systematic review. Psychiatry research, 262, pp. 70-77

25 Varese, F., Smeets, F., Drukker, M., Lieverse, R., Lataster, T., Viechtbauer, W., Read, J., Van Os, J. and Bentall, R.P. (2012). Childhood adversities increase the risk of psychosis: a meta-analysis of patient-control, prospective-and cross-sectional cohort studies. Schizophrenia bulletin, 38(4), pp. 661-671

26 https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-december-2020-quarterly-national-accounts

27 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019

RESULTS

**3.5/7% discount rate*
2019 GBP prices

For new cases in 2018/19, an estimated 610 children were determined to be survivors of CSA who have never disclosed in England and Wales. This is based on the official statistics from the National Association for People Abused in Childhood's helpline, that in 2018/2019, about 15% of the 4,064 people had not told anyone about their abuse before.[28] These cases are being used because they had not yet disclosed at the time of data capture, therefore delayed disclosure is expected and anticipated.

Table 1 presents the average lifetime health-related economic burden per survivor and total lifetime health-related economic burden, using the discount model explained above in the methodology section to bring future estimated values to current values, beginning at the average age of nine and projecting health costs forward to disclosure and beyond.

Discounted at 3.5%, we estimated the average lifetime health cost per CSA survivor to be £4,917,989 in 2019 GBP prices. At the conservative discount rate of 7%, this estimate was £4,742,866 in 2019 GBP prices. The total lifetime health-related economic burden in England and Wales was estimated to be £2,999,973,262 (approx. £3 billion) discounted at 3.5% at 2019 GBP prices. More conservatively, the 7% discount estimates the total lifetime economic burden at £2,893,148,002 (approx. £2.9 billion).

The following table (Table 1) presents the breakdown of the estimates.

Source of cost	Discounted at 3.5%	Discounted at 7%
Child health costs (mental health, depression, anxiety)	£39,252	£37,828
Child suicide/self-harm	£725,918	£699,589
Adult mental health; depression (counselling)	£766,634	£739,429
Adult mental health; antidepressants	£278,067	£268,200
Adult mental health; PTSD	£2,060,817	£1,987,685
Adult physical health; alcohol and drug use	£1,047,300	£1,010,135
Total health-related lifetime costs per survivor	**£4,917,989**	**£4,742,866**
Total health-related lifetime costs of CSA, England and Wales (over all 610 cases)	**£2,999,973,262**	**£2,893,148,002**

Table 1: *Average total lifetime health costs of CSA (in 2019 prices), England and Wales (N = 610)*

28 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019

The infographic on this page presents the total lifetime health-related economic burden for the case example discounted at 3.5% (see Appendix B for full breakdown of costs at both 3.5% and 7%). Bree's case [name changed] provides a useful window to some of the interventions accessed by adult CSA survivors through the NHS, together with the associated costs – although it is important to note that diversity of CSA cases means that the case study provided is largely illustrative due to individual differences in age of disclosure and therapy or interventions. However, they still provide a useful real-world example of the types of costs CSA survivors can accrue throughout their lifetime.

'Bree' accessed nine interventions and therapies through the NHS from the age of 18 to her age at the time of this study (50), and the final intervention (GP input and monthly review) is ongoing. She disclosed at age 34, somewhere just after accessing an early intervention for psychosis.

The breakdown of costs (see Appendix B) indicates that the highest costs were accrued before disclosure, further supporting the finding that delayed disclosure means higher costs to the NHS, and to the CSA survivors…

£9.2m*
Total cost

*Discounted at 3.5%

LIMITATIONS

This study focuses primarily on the health-related costs of CSA. While new cases have been estimated based on official statistics, existing evidence suggests that there is a significant, undiscovered population of CSA survivors who have never disclosed, many of whom will continue facing adverse health impacts associated with their abuse in the short and long-term. The baseline incidence figures used in this study are likely to be underestimated, which means that our total lifetime **health-related costs of CSA of £3 billion is likely to be very conservative**. As with any cost modelling exercise, there are significant uncertainties around any estimate of costs of CSA and so new work that builds on the analysis is always welcome.

Despite the limitations of the data used in this report, we are confident in our calculations and assumptions. These were also sense-checked and reviewed extensively by an economic modelling expert who undertook the first study in the UK on costs of CSA[29] (commissioned by the NSPCC in 2014) as well as practitioners providing therapeutic support to adult survivors of CSA. Our exemplar case was based on real-life cases and provided a realistic picture (as far as possible) of average costs of delayed disclosures based on the age that an individual initially discloses CSA, and the health care interventions provided by the NHS.

A more gentle approach is needed, rather than tell me everything. It's 'We know, accept and acknowledge that's happened and this is how we can help…'

29 Saied-Tessier, A. (2014). Estimating the costs of child sexual abuse in the UK (pp. 1-44). London: NSPCC

CONCLUSIONS AND RECOMMENDATIONS

The two main objectives of this research were to assess the costs of delayed disclosure of CSA to the NHS; and to make timely and actionable recommendations based on the findings.

- This report presents the costs of delayed disclosures on the NHS, if delayed disclosures remain the norm, estimating that the average lifetime health cost per CSA survivor to be £4,917,989 based on baseline data of new cases from 2019
- The total lifetime, health-related economic burden in England and Wales was estimated to be £2,999,973,262 (approx. £3 billion)
- This report contributes to the growing body of knowledge that assesses the economic and social costs of violence and abuse. While there are likely to be other human costs that we have not taken into consideration, this report usefully highlights avoidable costs if delayed disclosures are prevented
- This report highlights that the costs to the NHS are very high (even using conservative assumptions) and that CSA must be tackled with the same vigour, resources and given parity with efforts to tackle domestic abuse (for example, the government estimates the costs of domestic abuse in England and Wales for the year ending 31 March 2017 to be approximately £66 billion.[30] Recent research has estimated that over the years 2018 and 2019, approximately £430 million has been invested in ending Violence Against Women and Girls (VAWG) from Trusts and Foundations and central government funding.[31] In 2020, CSA specific funding from government, voluntary sector grants, and other sources was £23.6 million. Although this is a 55.98% increase from the 2016 figure, the disparity is clear, and more funding still needs to be allocated to tackle CSA[32]
- The costs of CSA can also be avoided or minimised through timely prevention and early intervention. There is an opportunity here for the government to consider the potential for cost savings to the NHS, which is already overburdened. One possible solution includes working more effectively with specialist VCSE providers
- The burden of disclosure needs to be alleviated through professionals identified as 'trigger points' in survivors' journeys. GPs, mental health, emergency and hospital staff need to be trained and working in trauma-informed ways, where 'asking the question' and opening the door to disclosures is routine, disclosure is made easier, and the response is consistent and timely. This training could be developed and implemented in conjunction with VCSEs who support survivors in the community
- Strategies on reducing costs should include assessing cost-effectiveness of interventions offered through the NHS and/or the VCSE (for example, through an integrated care approach).

30 https://www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse

31 Adisa, O., Allen, K., Kumari, M., Weir, R. and Bond, E. (2020). Mapping the VAWG funding ecosystem in England and Wales. Project Report. Centre for Abuse Research. SISER

32 Hughes, K. (2021). Donations or statutory funding? Exploring the funding of historical childhood sexual abuse support services in England and Wales. Unpublished Master's Thesis

APPENDICES

A. Abbreviations

CSA	Childhood sexual abuse
CBT	Cognitive behavioural therapy
GP	General practitioner
HCPs	Healthcare professionals
PTSD	Post-traumatic stress disorder
EIT	Early Intervention Team
NHS	National Health Service
SiT	Survivors in Transition
NSPCC	National Society for the Prevention of Cruelty to Children
VCSEs	Voluntary, Community, and Social Enterprises

B. Terms and Definitions

Incidence-based costing	Incidence-based costs methods calculate the lifetime costs for all new CSA cases that occur in one year (as opposed to prevalence-based costs methods, which focus on the costs of CSA in a given year). Enables more precise estimates of the cost of delayed disclosures
Prevalence-based costing	Prevalence-based cost methods examine costs of CSA in any given one year, regardless of the onset of CSA
Total health-related lifetime costs per survivor	Aggregated total costs per survivor
Total health-related lifetime costs of CSA, England and Wales	Aggregated total costs for all new cases of CSA
Discounting	In financial modelling, a discount factor is a percentage number multiplied by a cash flow value to discount it back to its present value
Present value	The current value of a future sum of money
GDP deflator	The GDP deflator can be viewed as a measure of general inflation in the domestic economy and is produced by HM Treasury in the UK

C. Formulae used in the report

Source of cost	Reference source	Formula used (discounted at 3.5%); n= year(s)	Formula used (discounted at 7%); n= year(s)
Child health costs (mental health, depression, anxiety)	Saied-Tessier (2014)	[(child health cost per person x 610 cases x GDP deflator)] x $1(1+3.5\%)^n$	[(child health cost per person x 610 cases x GDP deflator)] x $1(1+7\%)^n$
Child suicide, self-harm	Saied-Tessier (2014)	[(child suicide harm cost per person x 610 cases x GDP deflator)] x $1(1+3.5\%)^n$	[(child suicide harm cost per person x 610 cases x GDP deflator)] x $1(1+7\%)^n$
Adult mental health – depression (counselling)	Saied-Tessier (2014)	[(adult mental health depression cost per person x 610 cases x GDP deflator)] x $1(1+3.5\%)^n$	[(adult mental health depression cost per person x 610 cases x GDP deflator)] x $1(1+7\%)^n$
Adult mental health – antidepressants	Saied-Tessier (2014)	[(Adult mental health – antidepressants cost per person x 610 cases x GDP deflator)] x $1(1+3.5\%)^n$	[(Adult mental health – antidepressants cost per person x 610 cases x GDP deflator)] x $1(1+7\%)^n$
Adult mental health – PTSD	Saied-Tessier (2014)	[(Adult mental health PTSD cost per person x 610 cases x GDP deflator)] x $1(1+3.5\%)^n$	[(Adult mental health PTSD cost per person x 610 cases x GDP deflator)] x $1(1+7\%)^n$
Adult Physical health – alcohol	Saied-Tessier (2014)	[(Adult Physical health cost – alcohol cost per person x 610 cases x GDP deflator)] x $1(1+3.5\%)^n$	[(Adult Physical health cost – alcohol cost per person x 610 cases x GDP deflator)] x $1(1+7\%)^n$
Adult Physical health – drug use	Saied-Tessier (2014)	[(Adult Physical health – drug use cost per person x 610 cases x GDP deflator)] x $1(1+3.5\%)^n$	[(Adult Physical health – drug use cost per person x 610 cases x GDP deflator)] x $1(1+7\%)^n$

Table 2: Formulae used for the estimations

D. Case study breakdown and inputs

Age abused	Age disclosed	Duration of support	Intervention used	Presenting issues	Costs £	Notes
Between 6 & 12	34	18-22	Antidepressants	Depression	£5,598.24	
		23-33	Consultant psychiatrist		£1,747.27	
			Antidepressants		£13,995.60	
			Community mental health		£1,716.75	
			CBT sessions		£610.40	
			Early intervention psychosis		£531.92	
		44-50	CBT sessions,		£1,373.40	
		51 and above	GP Nurse appointments monthly		£588.60	
			GP input monthly review lifetime		£6,779.15	
					£9,222,343.50	Estimated discounted costs short term (9-31 years)
					£9,255,285	

Table 3: 'Bree' Case study inputs (discounted at 3.5%)

D. Case study breakdown and inputs

Age abused	Age disclosed	Duration of support	Intervention used	Presenting issues	Costs £	Used RPI (1.09), in 2019 prices
Between 6 & 12	34	18-22	Antidepressants	Depression	£5,598.24	
		23-33	Consultant psychiatrist		£1,747.27	
			Antidepressants		£13,995.60	
			Community mental health		£1,716.75	
			CBT sessions		£610.40	
			Early intervention psychosis		£531.92	
		44-50	CBT sessions,		£1,373.40	
		51 and above	GP Nurse appointments monthly		£588.60	
			GP input monthly review lifetime		£5,360.92	
					£8,933,344.28	Estimated discounted costs short term (9-31 years)
					£8,964,867	

Table 4: 'Bree' Case study inputs (discounted at 7%)

Notes

Notes

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