

Section 2: Co-creating support with victims and survivors of Church-based abuse.

10 minutes read

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Requirements

2.1. Following a disclosure, the Church Body where the abuse took place or is alleged to have taken place (the Relevant Church Body) must take such reasonable steps as it is permitted by law to provide the support set out in the “Summary of the Church’s Support Offer for Victims and Survivors” table in Section 3 of this Guidance. This applies even if the victim or survivor lives in a different area or is no longer connected with the Relevant Church Body.

2.2 Where the Relevant Church Body is:

- (i) a Parochial Church Council (PCC).
- (ii) a cathedral Chapter which has a safeguarding Service Level Agreement in place with the Diocesan Board of Finance (DBF).
- (iii) a Diocesan Board of Education (DBE) (nb: where a DBE is a Statutory Committee of the DBF, the Relevant Church Body where a disclosure is made to the DBE is, for the purpose of this guidance, the DBF)
- (iv) the office of a bishop (where the abuser or alleged abuser is or was a bishop); or
- (v) a Religious Community

The Relevant Church Body will be considered to have complied with the requirement in 2.1. above if the person responsible for safeguarding in the Relevant Church Body (or the person to whom the disclosure was made, as appropriate) makes a written request to the DSA in their diocese that the DSA works with the Relevant Church Body to co-ordinate the support provision for the victim or survivor on behalf of the Relevant Church Body.

2.3 Where the Relevant Church Body is the DBF, or a cathedral Chapter where there is no safeguarding Service Level Agreement in place with the DBF, the DSA or CSA is responsible for coordinating the support for the victim or survivor.

2.4 The DSA or CSA must work with and alongside the victim or survivor and Relevant Church Body to identify the support that is needed, how this will be arranged and by whom, and when the provision will start. This should be in addition to any necessary safeguarding actions

undertaken. Where a Relevant Church Body has chosen to co-ordinate the provision of support themselves, this requirement must be undertaken by the safeguarding lead in that Relevant Church Body

2.5 Many allegations of abuse arise in connection with one or more Church Bodies (for example, in multiple parishes). Where the abuse is alleged to have taken place in more than one Church Body, the Relevant Church Body for the purposes of coordinating the provision of support is the Church Body to which the disclosure was made. However, the other Church Bodies in which it is alleged abuse has also taken place (Other Church Bodies) must work with the Relevant Church Body in relation to the provision of support.

2.6 Where:

(i) allegations of abuse are simultaneously received by more than one Church Body or

(ii) allegations are made in relation to abuse that took place in more than one diocese,

Church Bodies should inform the NST as soon as is reasonably practicable. The NST will then seek to reach agreement on the co-ordination of the provision of support for the victim or survivor with the Church Bodies involved. Victims and survivors must be told what sharing of information is taking place; that this is not based on consent but on required practice underpinned by the lawful bases stated in the safeguarding privacy notice.

2.7 The Relevant Church Body and any Other Church Bodies must take prompt steps to determine if they have a policy of insurance in place which may cover financial support for any therapeutic support needs of the victim/survivor. While they take those steps, the Relevant Church Body and any Other Church Bodies need to consider what alternative support may be available to fund any identified and agreed therapeutic support for the victim or survivor. Where the Relevant Church Body (or any Other Church Body) is the office of a bishop, the relevant bishop (or archbishop as appropriate) must ensure that the allegation is brought to the attention of the Church Commissioners as soon as possible.

2.8 The steps outlined above must be undertaken in a timely manner following disclosure to avoid unnecessary delay to the provision of therapeutic support.

2.9 Relevant Church Bodies must obtain the written consent of victims or survivors before arranging any support under this Guidance or sharing information about them with any providers. The DSA or CSA must allow for the victim or survivor to withdraw their consent at any time, but they must be told the implications of withholding / withdrawing consent.

2.10 Relevant Church Bodies must give victims or survivors the time they need to decide whether they want any support services and/or how they want them to be delivered. Relevant Church Bodies must pay attention to whether the victim or survivor is a child or adult, any additional needs they have, their mental capacity to make their own decisions, and existing support within their professional and personal networks they wish to draw upon.

2.11 If a victim or survivor declines the offer of support, DSAs and CSAs must revisit this periodically to see if they have changed their mind, unless the victim or survivor has made it clear that they do not wish to be contacted. DSAs/CSAs must keep a record of these conversations.

2.12 To deliver the above effectively, DSAs and CSAs must keep themselves informed about the availability of local and national support services for victims and survivors and establish effective relationships with key organisations as and when required.

Good Practice Advice

Children and young people

The support for children and young people will usually need to involve statutory services and their parents (unless they are implicated as the abuser(s)). DSAs and CSAs should include the child or young person to arrange the support they need. In most cases young people aged 16 and 17 are able to give consent to support in their own right, but issues of age and consent should always be dealt with on a case-by-case basis.

Where there is a conflict between the child or young person's wishes and their parents', the DSA or CSA should seek advice from their local authority's children's services. Where a Relevant Church Body is co-ordinating the support provision themselves, the person doing this work should inform the DSA and follow their advice.

A survivor-centred approach to support

Church Bodies must avoid adversarial responses to victims or survivors who disclose allegations of abuse by a Church Officer. As they are morally and theologically obligated to provide them with support, their conversations with survivors must show that they are genuinely motivated to assist them in their recovery.

Sometimes victims and survivors may be uncertain of what they need or even whether they should engage with the support being offered by the DSA, CSA or Relevant Church Body. However, as advised by survivors involved in the development of this Guidance, the Church must prioritise *“supporting the victims and survivors to explore options, and what they want and need next, as an evolving conversation and picture. The main thing is to keep listening and supporting”*.

It is also possible that, having experienced abuse within the Church and the breach of their trust, victims and survivors would not want to discuss their needs with Church Officers, including DSAs or CSAs. Survivors may also not want to accept any support funded by the Church Body or Bodies in which their abuse occurred. This is because the association with the Church might re-traumatise them. Therefore, when arranging support, DSAs, CSAs or Relevant Bodies should be creative. For instance, they can explore provision by third-parties, such as specialist agencies, or engage local advocacy groups to be intermediaries between them and victims and survivors to arrange the services. The potential role of Safe Spaces should be considered. Where survivors have complex needs, a mixture of the support in Section 3 below may be required.

If it is suspected that some victims and survivors do not have the mental capacity to consent to the provision of support or sharing of information, the DSA, CSA or person co-ordinating the support should get advice from their local authority safeguarding adults team. Judging mental capacity requires training and it is important that this judgement is not reached arbitrarily. The starting assumption must always be that a person has the mental capacity to make a decision unless it can be established that they lack mental capacity (the role of mental capacity in safeguarding is explained in the [care and support statutory guidance](#) paragraph 14.55 onwards).

This means that Church Officers should also make every effort to encourage and support the person to access information and make the decision themselves. Even if a person makes a decision which they consider eccentric or "unwise", this does not necessarily mean that the person lacks the capacity to make the decision.

Aligning with criminal justice processes

Church Bodies should ensure that the support provided under this Guidance aligns with ongoing legal and criminal processes. For instance, if the police are involved, then any therapeutic support must follow pre-trial guidelines. However, as outlined in this Crown Prosecution Service's [pre-trial guidance](#) "therapy should not be delayed for any reason connected with a criminal investigation or prosecution." This means that therapeutic support for victims and survivors can be prioritised even during police investigations - legal advice should be sought and the police consulted.

Building relationships with other services

DSAs and CSAs should collate information about support and advocacy services in their area that victims and survivors can access. This can involve building relationships with relevant statutory services and independent sector providers, including agreements around data sharing. Some examples of relevant services are: [Independent Sexual Violence Adviser \(ISVA\)](#), [Independent Domestic Violence Adviser \(IDVA\)](#), [sexual assault referral centres](#) and [Victim Support](#). Further information about support services and advice is available on this [HM Government website](#).

There are also in-person and online support groups for victims and survivors. Some victims and survivors might also want to establish their own peer-to-peer support systems. Examples of these include group prayers, safe worship, and engagement with people with first-hand understanding of their situation. Victims and survivors should be encouraged to seek specialist advice if they decide to develop their own mutual support arrangements – for example, from existing victim and survivor groups.

How to support people to make their own decisions about support

Under this Guidance, it is a requirement that victims and survivors need to consent to the provision of support or before their personal information or details of their needs are shared with third-party providers of support. The section below, adapted from the [Mental Capacity Act 2005: Code of Practice](#), explains how people can be assisted to make their own decisions about the support in this Guidance.

Providing relevant information

- Does the victim or survivor have all the relevant information they need to make the decision? For instance, have you given them information about who will provide the services, when and how? Have you explained the options and permutations? Is the information clear and, for those

with additional needs, is it accessible?

- If they have a choice, have they been given information on all the alternatives?

Communicating in an appropriate way

- Is the information about the support explained in a straightforward way, without using jargon? Could information about the support be explained or presented in a way that is easier for the survivor or victim to understand (for example, by using "everyday" language or visual aids)? If it is about therapeutic support, have you explained the benefits in jargon-free language?
- Where appropriate, have you explored different methods of communication, including non-verbal communication, with the survivor or victim?
- Could anyone else help with communication about the support using language or a communication medium that the survivor or victim can understand? For example, a family member, support worker, interpreter, speech and language therapist or advocate. If a friend or family member, they would need to agree to the confidentiality of the information. If a professional, there may need to be a contractual agreement that covers data processing and protection. The victim or survivor would need to agree to the involvement of a third person in this way.

Making the person feel at ease

- Are there particular times of day when the survivor or victim's understanding is better? This applies where people may be taking medication that affects their lucidity.
- Are there particular locations where the survivor or victim feels more at ease? Some places associated with the Church or the abuse may trigger re-traumatisation and therefore affect their ability to decide whether to accept the support package.
- Could the decision be put off in order to see whether the survivor or victim can make the decision at a later time when circumstances are right for them?

Supporting the person

- Can anyone else help or support the person to make choices or express a view (whilst also abiding by the need for confidentiality)?

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