

# FACT (2018) Coping Strategies Used by People Wrongly Accused of Abuse

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18<sup>th</sup> January 2018

## Introduction

The wrongfully accused suffer greatly. The Oxford University study 'The Impact of Being Wrongly Accused of Abuse in Occupations of Trust: Victim's Voices' has detailed the devastating effect of wrongful allegations.<sup>1</sup>

The sad truth is that many of the wrongfully accused receive no support from their employers or any other official source and are left to find their own ways of coping. With this in mind it was decided to ask FACT members and those attending the autumn 2017 FACT Conference to complete an anonymous questionnaire on their coping strategies. Coping mechanisms have already been discussed in the Oxford study; it is hoped that the results of this survey will add to the study's findings and that coping strategies identified can be shared with others who are wrongly accused.

Although this questionnaire was not intended to explore the impact of wrongful allegations, respondents gave very detailed descriptions of their painful experiences and these will be illustrated by their comments.

The report will deal with the short and long term coping strategies reported, the help (or otherwise) received from professionals and general comments made by the respondents.

A total of 43 replies were received, some were handed in at the end of the Autumn Conference, but most were posted or sent electronically in the weeks following.

Of the 43, the accused numbered 33, their spouses or partners numbered eight and there were two other people who were friends or relatives of the accused.

*A brief summary of the advice garnered from the responses to the questionnaire is in Appendix 2.*

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<sup>1</sup> Hoyle, C. Speechley, N-E. and Burnett, R. (2015). The Impact of Being Wrongly Accused of Abuse in Occupations of Trust: Victim's Voices. University of Oxford Centre for Criminology. See also: Burnett, R., Hoyle, C. and Speechley, N.-E. (2017), The Context and Impact of Being Wrongly Accused of Abuse in Occupations of Trust. The Howard Journal of Crime and Justice, 56(2): 176–197. <http://onlinelibrary.wiley.com/doi/10.1111/hojo.12199/full>

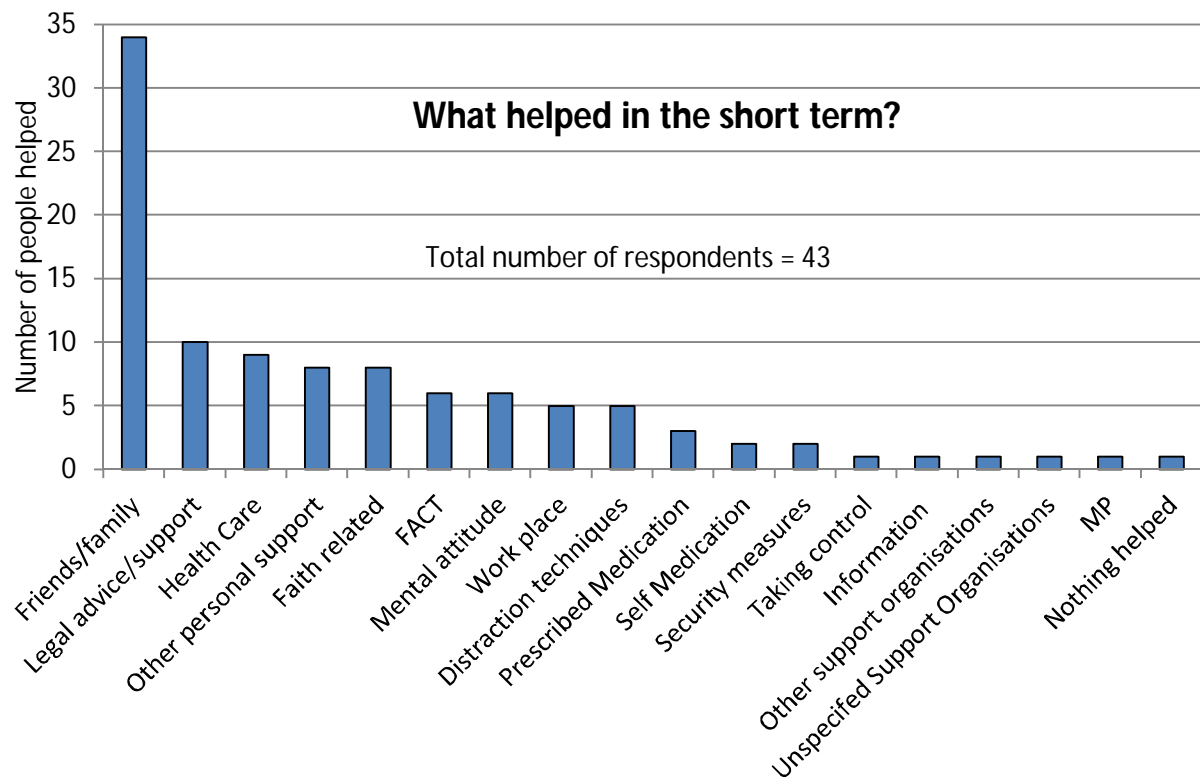
## Responses to the questionnaire

### What helped you cope when the allegation was first made?

"Initially I was crippled with shock, terror, confusion. I didn't know what to do, what to expect, who to turn to"

"I visited a church in Lent. There was a crown of thorns on the altar. I felt as if we were being crucified too"

The following graph illustrates the coping strategies used when the allegation was first made. The responses have been grouped into different categories, and those will be described in more detail below.



#### Friends and family

Friends and family helped far more people (34) cope than anyone or anything else. Those who did not have the support of friends or family for various reasons spoke of their solitude.

"I felt completely alone . . . I couldn't talk to [my husband] as he needed my strength. I couldn't talk to my family or friends as I had been told to keep absolute secrecy"

### **Legal advice/support**

This category includes those whose lawyers helped them cope in the early stages of the investigation. The category also includes those whose faith in the justice system, i.e. the belief that justice would prevail, gave them hope in the initial period after the allegations were made.

“We both believed in the early days that the truth would naturally emerge and that [the person accused] would be vindicated”.

Experience of other FACT members is that such confidence in the justice system is misplaced.

### **Other personal support**

Four people were supported by colleagues. Unfortunately some were prevented from talking to their colleagues.

“Unable for legal reasons to talk to former colleagues who might become our witnesses . . . This restriction was immensely painful”

“Bail conditions mean we couldn’t contact ex colleagues . . . ”

One person was given financial help by someone, and another found support in the wider community. Three people who stated how helpful it was that others believed in their innocence were counted here as well.

### **Health care**

Seven people mentioned the support given by their GPs in the initial aftermath of the allegation. One was helped by a counsellor and three more by various alternative therapists.

“I had hypnotherapy to stop me committing suicide”.

*The help provided, (or not provided) by health workers, is discussed in more detail later in the report.*

### **Faith related**

Seven described the support that their religious faith gave them; additionally three were helped by their faith leader, and three by their wider faith community. Just sitting in a quiet church helped one person.

“Faith has been my main support and counsellor.”

Sadly, there were also expressions of the sense of abandonment some felt when their churches implemented safeguarding measures or failed to support them.

“We had to seek spiritual support outside our Diocese as we were not allowed to worship in our own diocese unless we had a risk assessment, which in my case would have almost certainly resulted in an humiliating “safety agreement”.

## **FACT**

Six people said that FACT helped them cope when the allegation was first made. Three used the helpline or email contact, one mentioned that FACT 'just being there' made a difference. One person was contacted by a FACT member who read about his case in the local newspaper.

Again, the feeling of being completely alone is mentioned, for example;

"I felt completely alone. I searched online and found FACT and called the helpline. I spoke to [person on helpline] who not only made me feel as though I was not alone, he also gave me practical advice"

". . . that was one of the darkest and most frightening moments of desperation I have ever experienced, yet [FACT email contact] held out his hand to me, grabbed on, and kept me afloat."

One person mentioned that the information provided by FACT, though helpful was also "terrifying". They had not been aware of the extent of false allegations and the unfairness of the justice system before contact with FACT.

## **Mental Attitude**

This category includes the emotions, attitudes and general psychological approaches to the allegation that respondents found useful.

Many cited the importance of the belief of the accused in their own innocence. One person said that the only thing that helped them survive was their anger. A sense of humour helped one couple.

Stoicism and the practise of mindfulness were mentioned. Finally someone else's professional experience of other people's suffering helped them cope.

## **Work Place**

Five spoke of the usefulness of the support provided by their work place such as their union representatives. One was grateful to be given paid leave during their suspension.

## **Distraction Techniques**

Five mentioned the usefulness of distraction techniques and some people used several different methods to take their mind off their situation.

The following were helpful:

- Keeping busy (2)
- Listening to music (1)
- Spending time with family and friends (2)
- Working on a practical project (1)
- Engaging in a hobby or creative activity (2)
- Working (1)
- Voluntary activities (1)
- Exercise (1)
- Holidays (2)
- Days out (1)

**Prescribed Medication**

Three people were helped by prescribed medication such as antidepressants and sleeping tablets.

**Self Medication**

Two said that alcohol was helpful in the short term.

**Security Measures**

One respondent made their home more secure and another moved their bedroom to the back of the house.

**Other strategies**

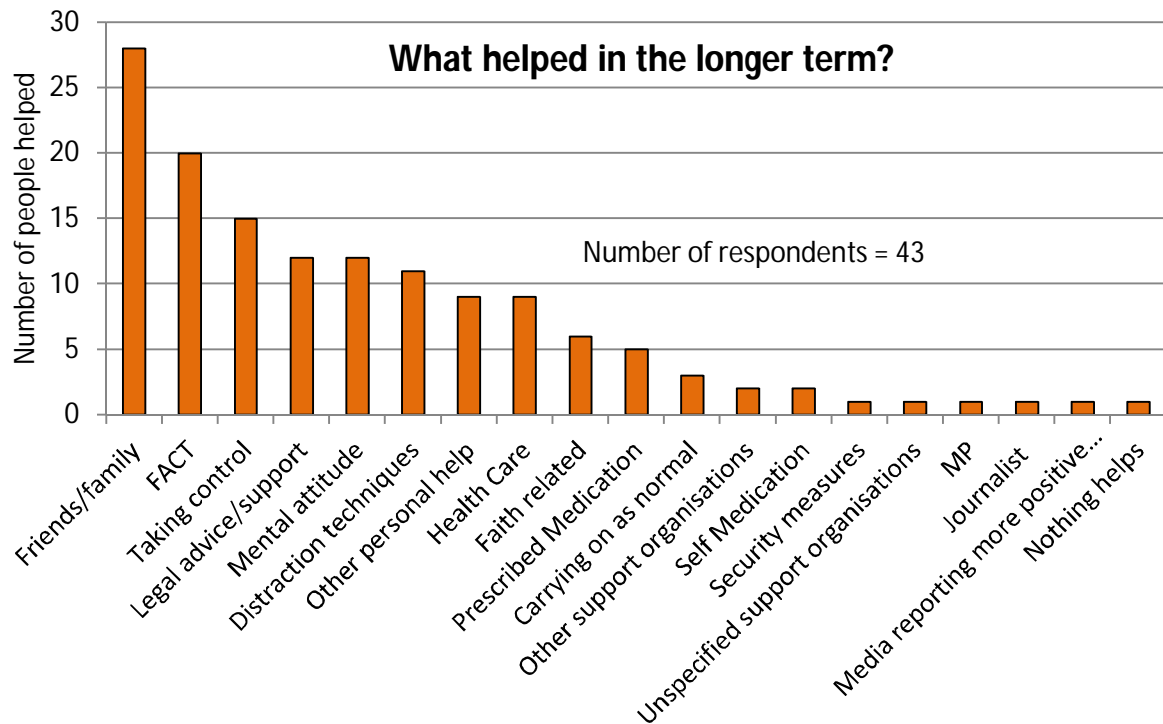
One person found comfort in taking control of the situation by fighting back. Another was helped by their MP, and sadly, one person said -

“Nothing [helped] – sheer panic set in. I lost two stone in 10 days.”

## What has helped you in the longer term?

"I was suicidal on a number of occasions but their support [family and friends] got me through that."

While family and friends remained the leading source of support in the longer term, other strategies became more important. Again they will be described in the order shown on the following graph.



### FACT

Whereas six people were supported by FACT when the allegation against them was first made, 20 respondents found FACT helped them cope in the longer term. Perhaps the explanation for the difference is that the accused didn't know about the existence of FACT initially.

Seven mentioned the usefulness of being able to share their experiences with other FACT members in similar circumstances. Five found the conferences helpful and three were helped by the FACT church.

## **Taking Control**

15 people spoke of 'taking control' as a coping strategy in the longer term.

The following were mentioned:

- Active involvement in campaigning for changes in the justice system, or in supporting others in a similar position (8)
- Researching the allegation and/or the complainant (5)
- Investigating the general phenomenon of false allegations (3)
- Helping in the preparation of their defence (2)
- Keeping a diary (2)
- Researching false memories (2)
- Reading accounts of other victims of wrongful allegations (2)
- Fighting back against the authorities (2)
- Making detailed notes of meetings, correspondence and phone calls (1)
- Writing down their thoughts (1)

## **Legal advice**

12 valued the support of their legal advisors. It was felt to be important that lawyers believed in their innocence.

Not all legal advisors are competent in the area of defending someone accused of child sexual abuse.

"Our first legal team were poor courtesy of the [union]. Our appeal was lost due to incompetence."

## **Mental attitude**

12, compared with six in the short term mentioned the mental attitudes they used to cope. These included strategies to deal with anxiety, such as 'compartmentalising' worries, thinking positively and avoiding negative thoughts, and restricting the hours in the day when the situation would be discussed with a partner.

Another useful strategy to avoid being overwhelmed was to attempt to live in the moment or to practise mindfulness.

Others coped by trying to accept the situation or looking for the good that may come out of the experience.

"One simply has to accept that life is changed forever and that we are different and diminished people as a result of these experiences".

"In time we came to realise that some good could come out of our suffering, we were closer to each other and our family and realised what really mattered in life."

## **Distraction techniques**

11 respondents (compared with five in the short term) found different distraction techniques beneficial.

“We developed lots of distraction techniques, art workshops, holidays, visits to the family, dancing; anything that helped us put aside the constant ruminations about the injustice we were experiencing”

“After a while I took up long distance running and found that a better way to get my head straight.”

Techniques cited were as follows:

- Exercise and sport (6)
- Creative outlets and hobbies (5)
- Keeping busy (4)
- Holidays (3)
- Days out (2)
- Voluntary activities (2)
- Time with family and friends (2)
- Having visitors to stay (2)
- Work, practical projects, watching TV or films, listening to music, and avoiding being alone (one each)

### **Other personal help**

Five said that the other people’s belief in their innocence was helped. Four were encouraged by colleagues, and two who were in prison mentioned the visits, letters and phone calls they received.

### **Health care**

Nine were helped by health care workers in the longer term. Their comments will be discussed later in the section on support from professionals.

### **Faith related**

Six cited their faith as helping them.

“My faith helped. Christ had been betrayed, stripped of his clothes, humiliated and unjustly sentenced. I felt that he had been through everything I had, and understood. Also there was a sense in which I felt that my value didn’t rest on my reputation, but on the fact that I was loved by God.”

“[what has helped me] belonging to a non-mainstream Church which whilst still complying with safeguarding policies etc has been fighting for me and not vindictive or scared by mainstream church guidelines which have never been applied, instead what they stand for; and belief in the Lord’s justice.”

Again, lack of support from the church was mentioned.

“No support from the Church, and very little from fellow Christians.”



**Prescribed medication**

Five took antidepressants and two were on sleeping medication.

“Eventually I went on a low dose of Citalopram [an antidepressant] and after a week of taking them I suddenly realised I felt better, more like my normal self. . . . I stayed on them for about a year after the case was over, then gradually came off them and have been able to cope without them ever since.”

**Carrying on as normal**

Some found the return to normal, or the hope of returning to normal, helpful.

One was looking forward to coming off the sex offenders register, another who was on the register was encouraged by the fact that they were receiving less monitoring visits from the police, and two had found returning to work helped.

**Other categories**

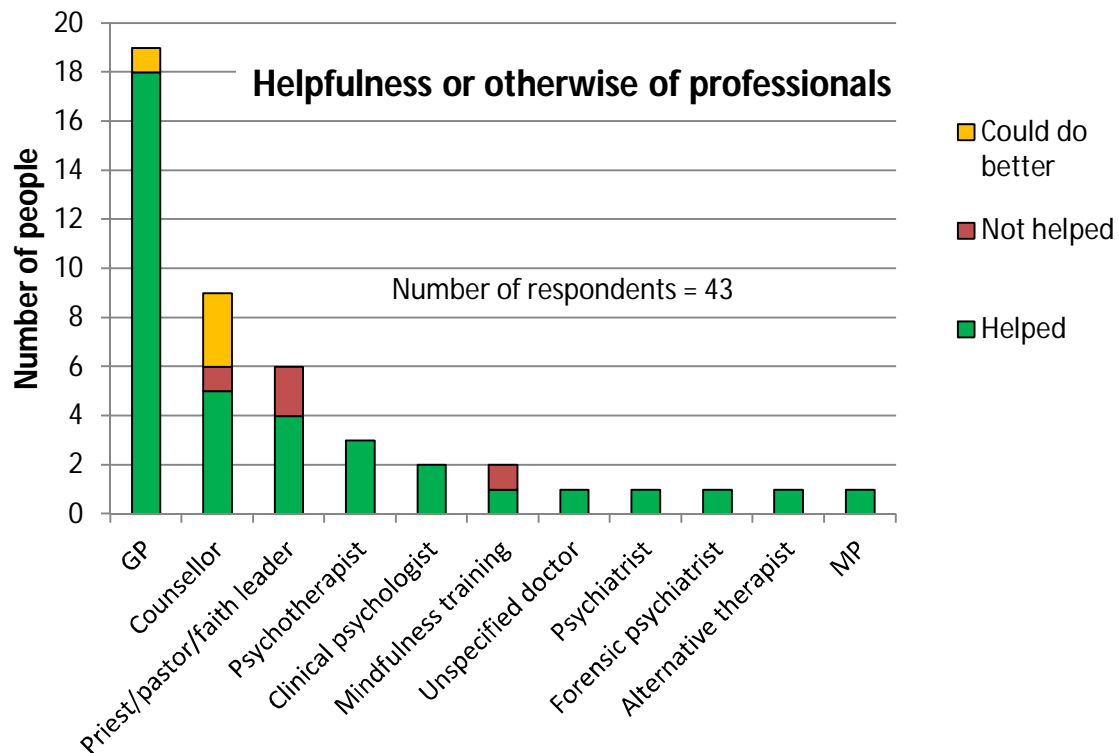
The other categories have already been described in the first part of the report. Of note is that one person had been able to get a journalist interested in their case, and another was encouraged by media reporting of false allegations.

## Help from Professionals

The question was asked, "If you sought help from any professionals, can you tell us if they were counsellors, doctors, faith leaders, complementary therapists or been for mindfulness training? The following graph shows the responses.

Sadly, one person made the following comment;

"I've not sought help, I can't tell anyone as I see the scepticism on their faces."



### GPs

It is clear that GPs were the professionals that people found most supportive. 18 people were helped by their GPs and only one felt their GP could have done better.

"Our GP was very helpful and understanding. We regularly saw our GP simply to keep him informed of our mental suffering, and of the harm done to us, but not necessarily to receive medication."

"My doctor was quite supportive, as they too are subject to false allegations."

"Our GP was wonderful. She never doubted my innocence, and when we felt suicidal, she came to see us on a Saturday morning when she was off duty."

"My GP was great to me and my wife."

## **Counsellors**

Experiences of counsellors were mixed. Five found them helpful, three felt they could have done better and one was positively harmed by their counsellor.

Counselling can be difficult to access through the NHS.

“Counselling [NHS] - told queue was very long so not worth bothering.”

“We were referred for counselling via our GP who has been very helpful. However there should be more support as the sessions are very few and for me it was an on-line therapy.”

One person explained that his employer did not support him with counselling.

“I received no counselling after my suspension. The [employer] informed my [union] rep that “no one had asked the authority to arrange counselling for me”. This was proof that my employers were not aware of this vital service.”

Furthermore counsellors may have a duty to refer a person on to a statutory agency if they consider there is a safeguarding issue.

“Counsellors encouraging/positive but have to be careful of the requirement on them to “refer on” to statutory agencies.”

“Counsellor was terrible; they only reported our meeting to the police as they felt I must be guilty and they had to report a possible danger to others.”

One person spoke of their reluctance to talk to a stranger about their experience.

“I did not enjoy counselling and felt it was not for me. She was very nice but it made me feel awkward talking to a stranger and a female about the accusations against me.”

Some were greatly helped by their counsellors. They had a chance to unload their feelings and tell their story without distressing their families.

“My counsellor was very helpful to me, giving me the chance to talk, cry, rave, rant without worrying how my feelings would make the other person feel.”

[Counselling] “Useful because I didn’t want to burden friends or other family members with my anger and frustration.”

“I was helped by counselling, . . . found myself sobbing through each session and coming out feeling as though I had been able to do that without feeling I was letting anyone down.”

Another was helped to find coping strategies.

“My counsellor listened to my story and helped. My counsellor helped me to believe in myself and helped me develop strategies to cope with the false accusation.”

### **Priests and faith leaders**

Again, people's experiences of priests and faith leaders were mixed. It seems that concerns over safeguarding in the context of a faith community can interfere with the provision of adequate support. Churches have a past history of failing victims of abuse and appearing to support the accused. Now the situation seems to be reversed. They are very careful to avoid the impression that they are biased in favour of the accused to the point where the accused may feel abandoned.

"The Diocese sent a priest who said that he was taking no sides: what you actually want is someone on your side."

Fear affected one priest's response to their wrongfully accused parishioner.

"When I visited [my priest] to tell [the priest] about the 'no further action' decision I asked why we hadn't received any support. The priest said "I just panicked"."

One respondent had completely lost any hope of being helped by his church.

". . . I found the C of E support networks a 100% failure. It continues to be so to the point where I no longer care or wish for support"

It is not only the Christian churches that leave the accused unsupported.

"faith leaders [not Christian in this case] were terrible"

However, others were more fortunate.

"[priests] were always at hand to comfort us"

"Without them [Ministers, GPs] I would not have had the strength to survive the trauma."

"Both [solicitor and church minister] stood by me in ways that were amazing."

### **Psychotherapists and other mental health workers**

Three people benefitted from psychotherapy. One mentioned the general mental health support they received.

"Mental health support came in many forms that the effect of that support is long lasting"

[How helpful was the mental health support]"Fantastic".

Another consulted a forensic psychiatrist to prove they were of sound mind and another paid to see a psychiatrist privately, but didn't comment on the outcome.

### **Alternative therapists**

One person was helped greatly by various alternative therapies.

[Concerning a healer] "She persuaded me to look at the healing and learning opportunities that were being presented, rather than becoming consumed by fear or anger. It is not to say that I am not angry- I am furious- but it has helped me to channel my anger into a practical and positive focus."

## General Comments

The last section of the questionnaire was a space for people to make any comments. These can be divided into various categories.

### **A justice system that favours the complainant**

Some commented that the justice system seemed weighted against them.

“The reluctance of society to act against anyone other than the accused has added to the trauma.”

“The fact that the law is changing with the statements “you will be believed” is extremely hurtful. . . .”

“I have tried to get the police to investigate the complainant for seeking to pervert the course of justice, and perjury, but they have refused.”

### **Lack of support from the teaching unions**

Two respondents felt that the teachers unions could do more for the wrongly accused.

[Concerning teachers’ unions] “They are happy to “manage” injustice rather than reduce it and stop it altogether.”

“My main concern is that the teaching unions are not raising the profile of the allegations recent and historical.”

### **The pain of being wrongfully accused**

Wrongful allegations don’t just hurt the accused but also family and friends. Some spoke of their suffering as being unrelieved with no end in sight.

“I don’t cope well. My every moment is thinking of [relative] sentenced . . . for something he hasn’t done. The feelings of helplessness and hopelessness are constant.”

“The whole episode has changed my life forever and that saddens me tremendously.”

A unanimous “not guilty verdict” did not restore this respondent and their partner to a normal life.

“We are different, we are permanently damaged and although the scars are fading slightly we cannot see a time that they will be completely gone.”

This person described how their health had deteriorated dramatically.

“It was not long afterwards [following the successful appeal] that I suffered a brain haemorrhage.”

### **Advice to others who are wrongly accused**

One person advised others read various publications so as to be better placed to defend themselves and take back control of the situation.

“Read all FACT’s publications and linked publications.

Read past issues of FACTION particularly to learn from successful acquittals.

Read “The Secret of Bryn Estyn” by Richard Webster and the Home Office report HC 836-11  
“The Conduct of Investigations into Past Cases of Abuse in Children’s Homes”

There were practical recommendations.

“Always be professional with others and keep diaries.”

“Do not talk to the media, keep low on medication, drugs and alcohol.”

Also one person warned about the risks of trusting in the justice system.

“Always work on the basis that professionals are out to protect a conviction at all costs . . . .”

Another spoke of the importance of integrity and resilience.

“It is about being able to live with yourself and not let the accuser put you down.”

Finally, someone gave this advice to those who are expecting a custodial sentence. This respondent’s particular coping strategy was to help fellow prisoners by becoming a Prison Listener.

“If the worst happens, [imprisonment] copies of educational certificates are very useful to bring in, otherwise you have to start from scratch to get into mentoring/education. The lack of trust inside is one of the hardest things to come to terms with.”

### **Comments about changes needed**

Legal advice is very expensive. The victims of wrongful allegation need enough resources to get a fair trial or appeal.

“I was very lucky in one way. . . . I was represented by an excellent solicitor paid for by my professional indemnity insurance. I think anyone working in an occupation where they are vulnerable to this kind of allegation should have insurance that would pay for a specialist solicitor.”

“Funds should be made available for appeals.”

Two thought anonymity before trial would be more fair and helpful.

“Anonymity before trial would help.”

“The media does not publish your side of the story. This is unfair. One sided anonymity has to change.”

Another commented on the need for an inquiry into the whole area of wrongful allegations, and a register of those who knowingly make false allegations.

“I believe a Royal Commission on false allegations [should] be established. Anyone making a false allegation should appear on a register.”

There was advice for FACT as well. FACT needs a high profile communicator and should encourage people to remember FACT in their wills.

“I have made my will in recent months and left a bequest to FACT. I would suggest members are encouraged to do the same – and then encourage others as well. FACT needs a high profile communicator – perhaps a MP or similar – to highlight and raise public awareness. Links to media, MP committees and continued use of current social media avenues etc.”

FACT could offer advice to relatives of prisoners, or at least point them to those who can help.

[After relative received a prison sentence] “There is no one to guide you through what happens after and I believe there should be leaflets available to take people through the process. I am aware of the information on your website”

## Discussion

### **The suffering of the wrongfully accused**

There is no doubt that the wrongfully accused suffer greatly. The experience of a wrongful allegation could be compared with bereavement. Both groups experience a life changing loss. The bereaved may have lost their life partner or child. The wrongfully accused may lose their reputation and sense of self-worth, their respect, their place in their community, their career and sometimes their freedom. They may have to spend their life savings on their legal defence and even their pension can be at risk. In time many of the bereaved adjust to their loss, but the effects of a wrongful allegation can be life-long. Both the bereaved and the wrongfully accused are in dire need of support. However, while the bereaved are usually supported by their communities, many wrongfully accused are vilified and isolated and experience great anxiety about their futures. It is no surprise that some commit suicide. One person commented that the experience was "as close to being in hell as I have ever been and I would not wish it on anyone".

### **Support from friends and family is vital but not always accessible**

It was striking that the main source of support for the wrongfully accused was from friends and family (79% of all respondents in the short term, and 65% in the longer term). However, not everyone could turn to friends or family for help. This may be because they were alone, but some stated that they didn't want to burden their friends and family, and others were prevented from talking about the allegations because of their employers demand for secrecy or because of legal advice to prevent contamination of witness evidence.

"However, they [the employers] were so terrified of things leaking out that they demanded absolute silence and secrecy. . . . it did force me into a lonely and terrifying isolation. . . . I felt absolutely alone and terribly afraid. I couldn't talk to [my husband] as he needed my strength. I couldn't talk to family or friends as I had been told to keep absolute secrecy."

"Unable for legal reasons to talk to former colleagues whom might become our witnesses in due course. This restriction was immensely painful."

It could be argued that this stricture is not only very harmful to the wrongly accused but may be quite unnecessary and could be challenged legally. If there is a concern about contamination of witnesses it may be possible to allow the accused to talk about the case in general, i.e. the fact that an allegation has been made, without discussing the details.

Others may be afraid or embarrassed about talking about their problems, but they could be reassured that most people found this helpful.

". . . the need to talk though feelings and facts of the ridiculousness of the accusations and the system seems to be a much better way to deal with the issue than burying it and not telling anyone."

However there will be some people who despite this reassurance, may not want to talk to close relatives, colleagues and friends. In this case they will need to unburden themselves elsewhere and will turn to the health workers.



### **GPs help many, counsellors good but come with a health warning**

In this survey general medical practitioners were almost universally helpful when they were consulted. Perhaps this is because they are well aware of their own vulnerability to claims that they may have acted inappropriately towards their patients and can empathise with the plight of the wrongfully accused. They can provide emotional and listening support and prescribe medication where necessary.

Counsellors gave useful support to some, but access to counsellors through the NHS may be limited and there is also a risk that they may share information with other agencies such as social services or the police. It is important to find out the limits of confidentiality of a counsellor before consulting them.

It was interesting that nobody mentioned that they had been for cognitive behavioural therapy (CBT). Perhaps respondents may have received CBT but recorded it as a kind of counselling in the questionnaire. According to the NHS Choices website<sup>2</sup>, NICE (The National Institute of Clinical Excellence) recommend computerised CBT as a treatment for depression and/or anxiety. NICE state<sup>3</sup> that counselling for depression (rather than CBT) is of uncertain benefit. In 'The Impact of Being Wrongly Accused of Abuse in Occupations of Trust: Victim's Voices' p 55 'Arjun' described how CBT helped him learn to 'compartmentalise the various challenges, dealing with each problem as it arose'. It may be that a CBT approach to helping the wrongfully accused maybe an effective alternative to counselling, and this needs further investigation.

### **Faith leaders may want to help but are limited by safeguarding measures**

Those with a religious faith have unique needs. They will be trying to understand their suffering in the context of their religion. This is called pastoral care and is different from counselling. The Oxford Study described how one person lost their faith because they couldn't understand how a loving God could permit such suffering<sup>4</sup>.

"I have lost my faith in God, and no longer pray. What happened to me was malicious, cruel, vindictive, and, if there was some sort of Superior Being, how could he allow such things to happen? What would be the point of such random behaviour in the scheme of things?"

Priests now have a duty to tell their safeguarding teams about someone who has been accused of child abuse, unless this information was disclosed during a formal confession. However, the wrongfully accused don't have anything to confess so won't benefit from the 'seal of the confessional'. Therefore anyone considering asking their faith leader for support needs to be aware that they may be subjected to safeguarding measures in their faith community.

### **Very little support from official bodies**

Again and again respondents spoke about the lack of support they received from official bodies. They were very much left to their own resources and felt abandoned.

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<sup>2</sup> NHS Choices <https://www.nhs.uk/conditions/stress-anxiety-depression/free-therapy-or-counselling/> Accessed 16/01/18

<sup>3</sup> Common mental health problems: identification and pathways to care, Clinical guideline [CG123] Published date: May 2011 <https://www.nice.org.uk/guidance/cg123/chapter/1-Guidance> Accessed 16/01/18

<sup>4</sup> Hoyle, C. Speechley, N-E. and Burnett, R. (2015). The Impact of Being Wrongly Accused of Abuse in Occupations of Trust: Victim's Voices. University of Oxford Centre for Criminology, p 52.

“No support, practical, emotional, financial, therapeutic etc has been offered or provided for me, my husband, my daughter . . . by any of the authorities, yet without the things we have sought out ourselves we would most likely have cracked under the strain.”

“I was shocked to find there was no support on offer apart from getting him to his GP.”

“Once I realised no formal help was going to come to us I looked things up online.”

“Children’s Social Care were involved . . . but have been of no help whatsoever. They discussed support that may help me . . . but did not provide anything. Later in the process they said I would be better to sort things out for myself.”

“At no time . . . did any officials, Police, courts etc ever offer or even mention offering me psychological support. It appeared my welfare was of no concern to them.”

The wrongly accused are at high risk of mental health problems and suicide. The Oxford Study<sup>5</sup> found that 8 out of the 30 people interviewed had contemplated suicide. In 2017 Father Martyn Neale<sup>6</sup> killed himself eight days after he was arrested and released on unconditional bail.

It could be argued that employers and professional bodies have a duty of care towards their employees who face allegations of child abuse. Many of those accused of child abuse will have spent their lives caring for difficult and vulnerable people, often at great personal cost and financial sacrifice. Yet when they themselves are in need, they can feel abandoned and shunned by their employers. At the same time as they are left without support they may be told by their employer not to talk about their situation and are in dire need of someone that they can talk to in confidence. At a time when an employee most needs help they will be the most isolated and may be left to their own resources. As already described, counselling or other psychological support can be difficult to access through the NHS and some respondents sought help privately at their own expense.

The General Medical Council has set a good example. It has commissioned the BMA (the doctors’ union) to support doctors that they are investigating. The BMA provide a free confidential service which offers ‘emotional support from another doctor who is experienced in providing peer support, and is completely independent from the GMC’<sup>7</sup>. The BMA support doctor can accompany the person being investigated during the first two days of a GMC hearing. All professional bodies and faith groups need to provide at the very minimum, a service similar to this.

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<sup>5</sup>Hoyle, C. Speechley, N-E. and Burnett, R. (2015). The Impact of Being Wrongly Accused of Abuse in Occupations of Trust: Victim’s Voices. University of Oxford Centre for Criminology, p 37.

<sup>6</sup> <http://www.getsurrey.co.uk/news/hampshire-news/father-martyn-neale-death-diocese-13605648> Accessed 18/01/18

<sup>7</sup> GMC Doctor Support Service [https://www.gmc-uk.org/concerns/doctors\\_under\\_investigation/13013.asp](https://www.gmc-uk.org/concerns/doctors_under_investigation/13013.asp) Accessed 17/01/18

### **FACT needs to be there from the very beginning**

In the longer term many found FACT's support valuable. However, when the allegation was first made, only six of the 43 respondents contacted FACT. One person commented that they didn't have FACT's advice early enough.

“With hindsight, the knowledge and support available from FACT (and other groups) especially good defence teams that specialise, would have been very useful before the trial!”

This is unfortunate because the wrongly accused are in particular need of advice and support at this time. They do not know who they can turn to, they may be in a state of panic and they may not be getting good legal advice. It could be argued that FACT should advertise its existence more widely, perhaps amongst teachers' and carers' unions for example.

One member commented on how they had become a prison Listener. Prison Listeners are trained by the Samaritans and keep to the same rules of confidentiality as the Samaritans. At the moment we have two people in FACT who answer the helpline or email requests for help. Perhaps it is worth investigating whether FACT can arrange training for a small number of 'FACT listeners' who are available to those who just need someone to talk to. They would be listeners only and would not need to be able to give advice.

The necessity for good legal advice was mentioned by many. Some respondents described how important and helpful it was when their legal teams believed in their innocence. It is vital that the accused take care when they choose their legal advisors and FACT can help with this.

### **We can learn from each other**

Many people have discovered various self-help survival techniques. It was encouraging to read how creative and resourceful some respondents had become, particularly in the longer term following the allegations. Many found ways to claim back some control, particularly by campaigning for change or supporting others. FACT and Unfounded can provide a channel through which the accused can take part in this work.

Respondents were inventive in finding ways to stop themselves from constantly thinking about their predicament, such as various distraction techniques and ways of controlling anxiety.

Much of these ideas can be shared in a FACT sheet on the website and be made available to those answering the emails and helpline.

### **The need to share our stories**

It was remarkable that so many respondents wrote very full accounts of their experiences. Indeed the opportunity to share narratives in a safe environment was said to be an important aspect of belonging to FACT.

If this is the case, then perhaps FACT should facilitate this more often. One way of doing this would be to set up an online forum for FACT members, (with appropriate safeguards).

Sufferers from depression can submit their stories about their illness and recovery to 'The Recovery Letters' website<sup>8</sup>; this not only gives them a chance to tell their story but also may encourage others.

Perhaps members could be encouraged to write their stories, in an anonymised manner, for publication on the FACT website. Again this would need to be carefully managed, in order to avoid discouraging other people. Stories that emphasised the ways in which people came through their ordeal would perhaps be the most helpful.

### **FACT needs more resources to help the wrongly accused to cope**

FACT currently has no paid staff and most of the help line and email queries are handled by two volunteers. FACT is seeking charitable status, and it will then be possible to seek funding for fixed-term salaried posts to ensure the continued availability of services.

## **Suggested Actions**

1. Advertise FACT more widely.
2. Consider training a small number of 'FACT listeners'.
3. Advise the wrongly accused to see their GPs promptly.
4. Explain medication for depression and insomnia can be very helpful.
5. Find out if cognitive behavioural techniques can help.
6. Advise people to get the best legal advice they can afford.
7. Warn about the risks of confidentiality being broken when seeing counsellors and faith leaders.
8. Write a FACT sheet describing the self-help techniques that members have found useful.
9. Encourage people in at risk occupations to check the level of indemnity insurance (if any) provided by their unions. If not they need to purchase adequate cover.
10. Consider setting up an online forum for FACT members, or a place where they can submit stories.
11. Investigate which professional bodies and unions have a support system for their members.
12. Continue the good work that FACT has been doing for nearly two decades, answering the help line, facilitating sharing experiences through the conferences, giving out information
13. Seek charitable status with a view to seeking funds for fixed-term salaried posts to ensure the availability of services.

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<sup>8</sup> The Recovery Letters <http://therecoveryletters.com> Accessed 16/01/18

# Appendix 1

## The Questionnaire

### How do you cope?

Thank you for reading this. FACT would value your help in finding out how you have tried to cope with the psychological effects of wrongful allegations. You may be the person who was accused, or their wife or partner, or a friend. Whoever you are we would like to hear from you. This questionnaire is anonymous. This is an opportunity for us to learn from each other, and will help FACT support its members.

Please look at the attached example of one person's coping strategies. This may help to jog your memory.

Remember, this questionnaire is anonymous, and you don't have to answer all the questions if you don't want to.

1. Are you the person who was wrongly accused or a spouse, partner, relative, or friend of the accused person?
2. What helped you cope when the allegation was first made?
3. What has helped you in the longer term?
4. If you sought help from any professionals, can you tell us if they were counsellors, doctors, faith leaders, complementary therapists or been for 'mindfulness' training?

How helpful did you find them?

6. Are there any other comments you would like to make?

Thank you for helping. We will publish the results on our website.

## Appendix 2

### Summary of Coping Strategies Found Helpful by the Questionnaire Respondents

#### In the immediate aftermath of the investigation

1. Talk about your situation with close family and friends. You may be surprised how supportive they are. The majority of those responding to the questionnaire found them helpful. If your work place prohibits you from speaking to anyone, get legal advice because this avenue of support is vital and could be life-saving.
2. Phone FACT's helpline on 0843 289 2016. You can also speak to the Samaritans on 116 123 (in the UK and the Republic of Ireland). Don't keep it all to yourself. We will listen and understand what you are going through.
3. Get good *specialist* legal advice from a team that will support you and believe in your innocence. FACT can help you find a good solicitor.
4. See your GP as soon as possible. Your doctor can help you look after your mental and physical health at this difficult time and can keep a record of your suffering. Don't be afraid to take medication such as antidepressants and sleeping tablets.
5. Contact your Union and/or professional indemnity insurance provider.
6. Don't talk to the media; if necessary let your legal advisor do the talking for you.

#### In the longer term

1. Keep in touch with family and friends, and keep talking.
2. Make use of FACT's support, come to FACT conferences and speak to other members of FACT who are in the same situation as you. We understand what you are going through because we have been there too. FACT's website has many helpful resources.
3. Continue to visit your doctor, and take medication if prescribed.
4. You will feel better if you can take active steps to regain some control of the situation. Some of the strategies recommended by our respondents are:
  - a. Get involved in campaigning for justice for the wrongfully accused.
  - b. Support others in the same situation.
  - c. Research the allegation and/or the complainant
  - d. Help your legal team prepare your defence.
  - e. Keep a diary, including detailed notes of meetings, correspondence and phone calls.
  - f. Research false memories and the phenomenon of wrongful allegations.
  - g. Read accounts of other victims of wrongful allegations.
5. These psychological strategies can help control your anxiety and depression.
  - a. Try to keep your anxiety in a separate "compartment" of your mind.
  - b. Limit the amount of time during the day during which you and your partner/spouse discuss the situation.

- c. Try to live in the moment. You may want to learn and practise the technique of 'mindfulness'.
- 6. These distraction techniques can also help control your mood.
  - a. Exercise, such as long walks.
  - b. Keep busy.
  - c. Go on weekends away or holidays somewhere completely different.
  - d. Visit family and friends.
  - e. Listening to music, watching escapist or comedy films and TV can be helpful.
  - f. Take up a creative hobby or find a constructive project.
  - g. Do voluntary work.
- 7. Counselling can be helpful, but check their confidentiality policy first. Some counsellors will feel they need to pass on information about you if they (mistakenly) think you are a risk to others.
- 8. If you visit your priest or faith leader bear in mind that they may have an obligation to take safeguarding measures which may restrict what you can do in your faith community. You may want to seek spiritual support elsewhere.
- 9. Keep drugs and alcohol under control, over indulging can damage your health and can make your anxiety and depression worse.