



Evaluation of the Ask the Question pilot, 2023-25:

Executive summary

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About Ask the Question

People who have experienced sexual harm are significantly more likely to have poor mental health, misuse substances, or attempt suicide (WHO, 2001). Asking victims and survivors about experiences of sexual harm may help to identify and then address the root causes of some of their issues.

Barnsley Sexual Abuse and Rape Crisis Service (BSARCS), a long-established organisation supporting sexual harm survivors and professionals, knew that many survivors would like to be asked about prior experience of sexual harm but rarely are: in a survey to their users, 88% had never been asked and 92% wished that someone had. BSARCS also identified that local professionals often lacked the skills and confidence to identify and work effectively with people who have experienced sexual harm.

To address this, BSARCS launched the two-year Ask the Question (ATQ) project in 2023, funded by the Domestic Abuse Partnership at Barnsley Metropolitan Borough Council (BMBC). This innovative pilot aimed to equip local practitioner teams to routinely ask adult clients about sexual harm and to better support people post-disclosure, so victims and survivors would get timely access to appropriate support. This is believed to be the first example of such an initiative focused on a whole town.

This evaluation covers the ATQ pilot from 2023-25; funding has since been extended to 2026. The evaluation draws on data from interviews, desk research and analysis of BSARCS' own monitoring data.

Delivering Ask the Question

ATQ supported 48 organisations in its first two years. Of these, 17 had the full package of support: pre-training briefings; three half-day trainings; post-training support. In an effective collaboration with the Centre for Child Sexual Abuse (the CSA Centre), 18 practitioners also attended a six-day Practice Leads Programme (PLP) training course, led by the CSA Centre.

ATQ targeted organisations with high anticipated prevalence – mental health, criminal justice, substance misuse and homelessness. However, BSARCS welcomed all interested organisations, to catalyse interest in the work. This also allowed ATQ to get going with an initial cohort, while undertaking developmental work with organisations presenting more barriers to engagement. The downside was the inclusion of some organisations, not part of the target group, some of whom required high levels of support from ATQ. Their data also affected the overall prevalence rates (see below).

The majority of participants in the first two years were from the voluntary and community sector, although more statutory teams were coming onboard by the end of the pilot.

Participating organisations rated training and support from ATQ highly, with some describing it as powerful, accessible and honest. A few people requested more information before the courses; a few others wanted a greater focus on working with specific client groups.

Some organisations, especially statutory ones, took more support and time than anticipated to engage. Once engaged, while for some participation with ATQ was very easy, other organisations required considerable support to maintain engagement with the programme.



The ATQ team adapted their approach to meet participants' needs, offering flexible support; this helped sustain engagement. The expertise and credibility of BSARCS were crucial in managing training in a difficult subject, and supporting those who found the subject matter particularly hard.

Outcomes for clients

The ATQ pilot demonstrated a high prevalence of experience of sexual harm in the clients of the 15 organisations who shared data, in line with national statistics. Across all organisations and the whole pilot phase, disclosure rate was 12%; this rises to 20% in target organisations.

However, this data is likely to be an underestimate. Not all clients were asked, and not everyone may have disclosed on first ask – and subsequent disclosures were not always recorded. Conversely, some clients may have been counted by more than one participating organisation. BSARCS is aware of these limitations and is working with the participating organisations to address them. Although progress is fairly slow, the data is improving in accuracy over time.

Anecdotally, most clients responded well to being asked, while small numbers were very positive and a very few reacted negatively. Post-disclosure data is limited. Professionals told us that most clients didn't want support around their experience of sexual harm, or were happy with low-level emotional support, that acknowledges the trauma, from the asking organisation. Some had more immediate concerns like homelessness or active drug use to work on first. A relatively small number wanted a referral to specialist support, usually BSARCS.

Outcomes for professionals, organisations and systems

Most professionals reported increased confidence in asking the question as a result of ATQ; even some experienced professionals reported improvements. A very few people were still lacking in confidence post training, and there was some evidence that confidence decreased over time for a few, especially if they did not have to ask the question frequently.

Participants gained knowledge and understanding of sexual harm as a result of ATQ. Several reported that they and their teams had gained insight into how sexual harm may influence clients' behaviours. Some managers felt better able to support staff around sexual harm cases as a result of ATQ; other participants reported raising the issue more often within casework meetings.

Participating organisations changed their assessment and recording processes to incorporate ATQ. Most said that they would continue asking even if ATQ closed, provided they still had BSARCS to refer in to.

The ATQ theory of change identified significant systemic outcomes, including raising the profile of sexual harm and improving the way organisations work together. While some progress has been made in this area, it is limited to date. Partly this is because the ATQ team has prioritised delivery to participating organisations. It may also be that the original theory of change was overambitious for a two-year pilot.

Barriers and enablers to success

ATQ was easy to implement in organisations that: worked with clients long term; carried out in-depth assessment and had staff confident in asking difficult questions and working with trauma; had freedom around databases and reporting; had low staff turnover; had strong management buy in.



The local context has also been important. That ATQ was led by BSARCS – an organisation with longevity and credibility in the field – was supportive, as was the funding and championing of ATQ by Barnsley Metropolitan Borough Council. The project may also have benefitted from a focus on trauma-informed work more widely, and from external events like the #MeToo movement.

At the same time, there were significant barriers to participation for some organisations. ATQ tried to mitigate these where possible. Barriers were experienced in four main areas.

1. **Organisational barriers** included:
 - time required to change some IT systems – on occasion this took more than a year
 - lack of staff capacity to engage, even at the level of attending the initial training
 - staff turnover leading to loss of learning and/or momentum.
2. **The nature of the service** posed some difficulties, for example:
 - short-term services, and those not already working with trauma, struggled
 - the geographical focus of ATQ was logistically difficult for some cross-regional organisations
 - communication challenges with some client groups.
3. **A few participating professionals reported ongoing lack of confidence in asking the question**, possibly fearing harm to clients or due to their own personal experiences.
4. **The wider context** may have posed some barriers, for example:
 - a few professionals were concerned about the waiting list for BSARCS support
 - the existence of cultural taboos in discussing sex and sexual harm.

The future

BSARCS' ATQ project 2023-25 was a well-delivered, successful pilot, which has generated significant learning for the future, for ATQ in Barnsley and beyond.

Developing ATQ in Barnsley

To further develop ATQ within Barnsley, BSARCS should continue to:

- support current participants, including those that wish to extend ATQ within their own organisations
- work with participating organisations on improving data accuracy
- share aggregate data with participants
- work on wider systemic changes within Barnsley that will, in the long term, support ATQ
- widen the range of participating organisations, in particular to include more statutory organisations
- develop and improve the model, including finding less resource-intensive ways to support and motivate participants.

Expanding ATQ

BSARCS has ambitious plans to further expand ATQ, with the help of BMBC and other partners, with an ultimate aim of introducing routine enquiry about sexual harm to all referral and assessment processes in England and Wales. For any such roll out, BSARCS should:

- gather all relevant learning from previous related initiatives around routine enquiry
- develop, with partners and other stakeholders, a clear theory of change, including tactics for roll out
- build a stronger evidence base for asking the question
- engage national decision makers, alongside ongoing work with participating organisations.