Birchall
Supporting people affected by rape and sexual abuse

Impact Assessment

Executive Summary

Demonstrating Change, Preventing Harm, and Strengthening Systems.

1. Introduction and Purpose.

The Birchall Trust delivers specialist, trauma-informed therapeutic support to children, young people and adults aged 4+, who have experienced rape, sexual abuse and sexual violence. Birchall exists to address a well-evidenced gap within statutory provision: survivors of sexual trauma frequently present with complex post-traumatic stress, depression, anxiety, emotional dysregulation and relational harm that generic mental health services are neither designed nor commissioned to treat effectively.

This Executive Summary[1] presents robust evidence developed that Birchall's work leads to:

- clinically meaningful improvement in psychological symptoms,
- increased safety, agency and functioning,
- reduced reliance on crisis and statutory mental health services, and
- long-term preventative benefit for individuals and the wider systems.

Drawing together validated outcome measures, qualitative analysis of feedback and case studies, and testimony from professionals, the evidence demonstrates not only that change occurs, but why Birchall's specialist, trauma-informed model produces outcomes that adds unique value to standardised or generic pathways.

2. The Need for Specialist Trauma-Informed Intervention.

Survivors of sexual violence often experience long-lasting psychological and relational harm. Without timely and appropriate specialist intervention, many individuals face:

- repeated crisis presentation,
- prolonged engagement with emergency and acute mental health services,
- disrupted education, employment and parenting,
- increased safeguarding risk, and
- escalating long-term system cost.

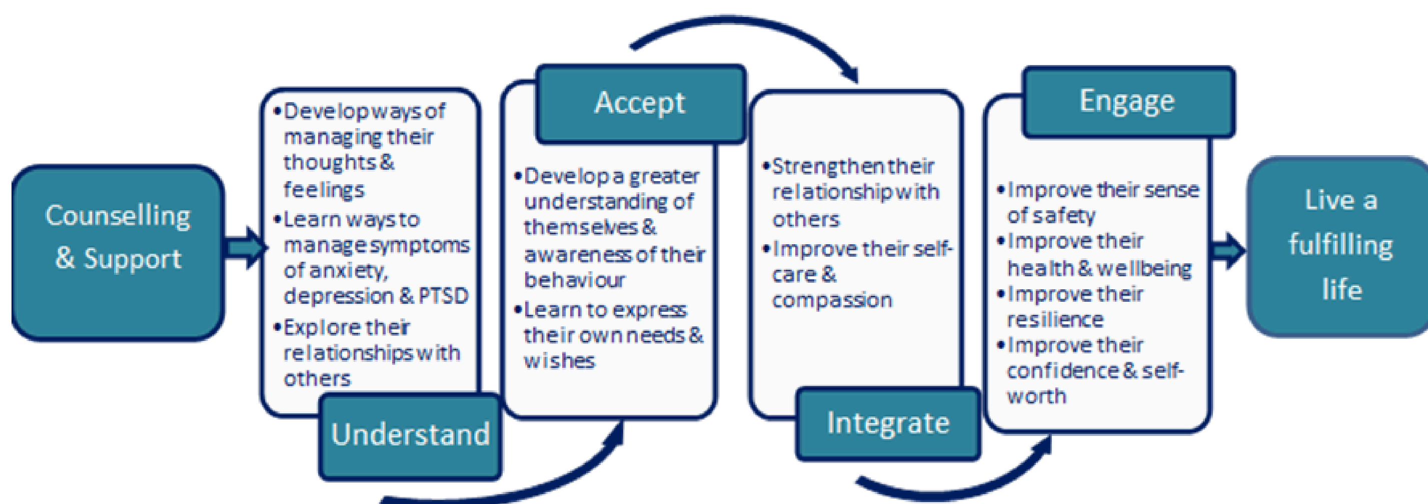
Health professionals across Lancashire and South Cumbria consistently report that statutory services struggle to meet this level of trauma complexity. NHS Talking Therapies are typically commissioned for mild to moderate anxiety and depression, while Community Mental Health Teams and crisis services are designed to manage acute risk rather than

[1] The full report was completed as a part of a final dissertation for a master's in psychology and Behavioural analytics at Lancaster University by Emily Atkins. The data used in this study was anonymised and provided by the Birchall Trust from July 2023- July 2025. The full detailed report is available on request.

provide trauma-focused recovery. This creates a systemic gap in provision for those whose mental health difficulties are rooted in sexual trauma.
Birchall operates within this gap, offering a specialist pathway that stabilises risk, supports trauma processing and enables sustainable recovery, not merely short-term symptom reduction.

3. Birchall's Theory of Change.

Birchall's Theory of Change is grounded in established trauma-informed principles and whilst on paper the design reflects a linear journey, in reality as recovery from sexual trauma is **non-linear** individuals may move forwards and backwards between stages depending on life context, safety and capacity.



Rather than offering a single intervention, Birchall delivers a **sequenced, flexible pathway** that allows individuals to engage at the right pace and depth for them:

1. **Stabilisation and Safety:**
Reducing acute distress, emotional overwhelm and risk, and establishing internal and external safety.
2. **Understanding and Processing:**
Supporting emotional regulation, meaning-making, reduced self-blame and integration of trauma experiences.
3. **Integration and Moving Forward:**
Rebuilding relationships, confidence, autonomy and engagement with everyday life, education and employment.

Outcome data must therefore be understood not as isolated score changes, but as indicators that individuals are progressing, sometimes unevenly, through these stages in a sustainable way.

4. Quantitative Outcomes: Demonstrating Clinically Meaningful Change.

4.1 Adults.

Post-Traumatic Stress (PCL-5).
Analysis of adult PTSD outcomes shows:

- an average **49% reduction** in trauma symptoms between entry and exit,
- changes that substantially exceed the recognised Minimal Clinically Important Difference (MCID),
- **70% of clients** who entered above the clinical threshold no longer meeting diagnostic criteria at outcome.

Importantly, improvement was sustained across review points, not confined to a single assessment, indicating recovery rather than episodic relief. Reductions were statistically significant and consistent across core PTSD symptoms such as flashbacks and hyperarousal.

From a system perspective, symptom reductions of this magnitude are strongly associated in the literature with reduced crisis escalation, fewer emergency mental health presentations, and lower likelihood of repeated referral.

Depression (PHQ-9).
Depressive symptoms showed:

- average reductions of around **10 points**, well above the MCID for depression,
- marked improvements among those entering with severe or moderately severe depression,
- significant reduction in hopelessness and self-harm related items.

These findings indicate active risk reduction rather than mood improvement alone, reinforcing Birchall's dual role in both therapeutic recovery and safeguarding.

Anxiety (GAD-7).
Adult anxiety outcomes demonstrated:

- approximately **40% average reduction** in symptoms,
- reductions exceeding the MCID and statistically significant,
- greatest improvement in trauma-related fear and threat responses.

Anxiety reduction is understood here as a gateway outcome: until individuals experience sufficient safety, trauma processing and reintegration cannot progress. These findings therefore underpin subsequent stages of recovery.

Strength and Resilience.
Early-stage resilience work showed:

- modest but statistically significant gains,
- improvement occurring at the appropriate stage of intervention,
- qualitative evidence of increased hope, engagement and emotional regulation.

These early changes represent critical movement away from crisis and towards readiness for deeper therapeutic work.

4.2 Children and Young People.

Post-Traumatic Stress (CATS).
Children and young people experienced:

- an average reduction of **10.21 points (32%)** in PTSD symptoms,
- change meeting and exceeding recognised thresholds for clinically meaningful improvement,
- statistically significant and robust outcomes beyond natural recovery.

Emotional and Behavioural Difficulties (SDQ).
SDQ scores showed:

- an average reduction of **5.81 points,** meeting the MCID,
- consistent improvement despite smaller matched sample sizes,
- particularly strong gains in strengths and protective factors.

This reflects a deliberate trauma-informed approach: building resilience and coping capacity even where external stressors remain present. Early intervention at this stage carries significant long-term preventative value, reducing the risk of entrenched adult mental health difficulties.

5. Qualitative Evidence: How and Why Change Occurs.

Quantitative findings are reinforced by extensive qualitative analysis of practitioner case notes, client feedback and structured language analysis. Together, these demonstrate identifiable mechanisms of change rather than nonspecific therapeutic effects.

Key Themes of Change.

1. Relationships, Boundaries and Social Reconnection.
Clients become more able to recognise unsafe dynamics, set boundaries and engage in intentional relationships. Increased social participation and reconnection emerge later in the therapeutic journey, aligning with reduced PTSD and anxiety symptoms.

2. **Self-Understanding, Choice and Control.**
Clients develop insight into trauma triggers and emotional responses, shifting from shame-based self-criticism to contextualised understanding. Restoration of agency is closely associated with reduced depression, hopelessness and disengagement.

3. **Safety, Confidence and Trust in Self.**
Qualitative data shows growing internal safety, emotional regulation and independent coping. These shifts underpin reductions in anxiety and PTSD and support durable recovery beyond discharge.

4. **Language Analysis.**
Dictionary-based analysis demonstrates measurable shifts in emotional tone over time:

- reductions in anxiety and sadness-related language,
- increases in agency and relational language.

This provides an objective bridge between narrative experience and clinical outcomes.

5. Client Voice.
Clients consistently describe Birchall's support as fundamentally different from prior services, characterised by being believed, not blamed, not rushed and supported with autonomy. These experiential elements explain why progress occurs where previous interventions had failed.

6. System Impact and Added Value.

Based on finding from consultation through the use of a questionnaire to professionals who had used Birchall's services, health professionals in particular across primary care, mental health, CAMHS, crisis services and safeguarding consistently describe Birchall as **essential local infrastructure**, not discretionary provision.

Professionals report that Birchall:

- prevents deterioration into crisis,
- enables safe discharge from acute services,
- reduces pressure on emergency pathways,
- improves readiness for NHS interventions, and
- prevents avoidable escalation and long-term dependency.

Following the closure of other specialist services in the region, many clinicians identify Birchall as the **only available specialist pathway** for survivors of sexual violence.

This positions Birchall not as a duplicate service, but as a necessary component of a functioning health system that complements multi agency safeguarding systems

7. Conclusion: Why Investment in Birchall Matters.

The combined evidence, clinical outcomes, lived experience and professional testimony, presents a coherent and compelling case.

Birchall Trust:

- delivers clinically meaningful and sustained recovery,
- reduces risk, escalation and long-term harm,
- strengthens functioning, agency and social participation,
- prevents avoidable demand on statutory services, and
- provides specialist trauma-informed intervention that generic pathways cannot replicate.

Continued and sustainable investment in Birchall is not only justified, it is essential for individual recovery, system resilience, and long-term prevention.

April 2026.