



# TIGER TALKS

Researching children and young people's views on how to improve child sexual abuse services across London

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## **Table of Contents**

1. Executive Summary
2. Introduction, Background, and Context
3. Peer Researchers
4. Methodology
5. Findings
6. Discussion
7. Conclusions and Recommendations
8. References
9. Appendix 1- Risk and Need Proforma
10. Appendix 2 -CYP Survey
11. Appendix 3 -Age breakdown of survey responses
12. Appendix 4 -Transcription of part of the interview with young person 2

## **Abbreviations**

- **ABE** – Achieving Best Evidence (Interviews)
- **BREC**- Barnardo's Research Ethics Committee
- **CSA** – Child sexual abuse
- **CSE** - Child sexual exploitation
- **CYP** – Children and young people
- **ICS** – Integrated Care System (Previously Clinical Commissioning Group)
- **SA** – Sexual abuse

## **Acknowledgements**

First and foremost, we would like to thank all the children, young people and parents who have taken part in this study. Their generous contributions have made this research study possible and have ensured we have fully captured the true voices of those that use these services.

A big thanks go to our peer researchers who used their own experience and gave their time to shape the questions that were used to gather data for this report thereby ensuring children and young people's voices could be successfully captured.

Many thanks to the Safer Young Lives Research Centre at the University of Bedfordshire who, though not involved in the conduct of the research, provided advisory consultancy to the project team.

Another thanks to the Child Sexual Abuse Services who supported the project in dissemination of the survey, for encouraging young people who attend your services to be a part of this project and for disseminating it to others outside of your services.

A final thank you to North East London (NEL) Integrated Care System, North West London (NWL) Integrated Care System, and MOPAC for commissioning this piece of work and for being motivated to reshape services in order to meet the needs of children and young people who have experienced sexual abuse in the most effective way.

## **1. EXECUTIVE SUMMARY**

### ***The Research:***

TIGER Talks was commissioned by North East London (NEL) and North West London (NWL) Integrated Care Systems (ICSs) to look specifically at London Child Sexual Abuse (CSA) services with three key aims in mind:

- To gather an understanding on how London CSA services can be improved.
- To understand the journey of CYP when accessing CSA services and whether they are fit for purpose.
- To gain specific service specifications to be used to design and model new services across NWL and NEL NHS service provision that addresses disclosures of child sexual abuse.

Peer researchers were recruited to support the structure and development of the project and to design the content of the research ideas and questions. Once created, the surveys were disseminated to over 300 current and historical CSA service users and their parents across North East and North West London. In total we gained complete responses from 32 young people and 13 parents.

One to one interviews were conducted with five children and young people who had accessed CSA support. This provided us with rich, in-depth data on how services can be improved from the perception of those who have been directly impacted by sexual abuse. The survey responses and interviews were later analysed and collated to draw out key themes across the data.

### ***Findings and Recommendations:***

On average the findings were very positive with the majority of our sample stating that CSA support services have helped them or their child. Key benefits were drawn out amongst the qualitative survey data and the interviews, including:

- Being provided with a safe space to explore emotions and talk freely
- Feeling educated and informed about CSA, victim blaming, and the tools needed to cope moving forward
- Having their feelings validated and learning to regulate their emotions
- Improving and rediscovering their sense of self and identity that they felt had been lost

Our sample identified a few main areas that would benefit from development, summaries of which are detailed below alongside our recommendations:

#### **Enhanced referral pathways**

Young people identified the most common route for referrals at present is via social care and that alternative pathways are underdeveloped. Improving accessibility via alternative professional groups and offering self-referrals in some form would be seen as highly beneficial by our sample.

### **Flexibility in days/times and a 24-hour hotline**

Standard 9-5 hours currently offered by support services does not work for the unique needs of every individual. We have recommended evening and weekend support is also made available where possible. Alongside this, the need for signposting towards a 24-hour hotline was suggested by multiple young people.

### **Flexibility in location**

Whilst school was listed as a preferred location for support by many young people, for others it was listed as unsuitable due to a variety of reasons including: a lack of privacy; concerns about peers; and a resulting disruption to their learning. A range of alternative locations should be made available, for example at a CSA hub, in social worker offices, wellbeing hubs, or youth centres.

### **Group work and social events**

The need for group support and social events received an overwhelmingly high response from both young people and parents. This could be offered in the form of formal peer workshops, and/or as fun activity days. This is supported in the literature as being beneficial by providing a sense of purpose, shared empathy, and positive distractions.

### **Family work**

Whilst some young people and their parents acknowledged the benefits of family work, others expressed apprehension about this. Family work therefore needs to be at the discretion of the young person receiving the service and should continue to be considered on a case-by-case basis.

### **Improved advocacy and support for young people during court proceedings**

Young people have expressed a need for many improvements across the criminal justice system and we feel CSA services can assist in part with this by providing a multi-agency care approach whereby practitioners can advocate for the needs of the young person, while also a safe, trauma-informed location is offered for ABE interviews to take place.

## **2. INTRODUCTION, BACKGROUND AND CONTEXT**

### ***2.1. Introduction – Who is TIGER?***

**TIGER** stands for: **T**rauma Informed **G**rowth and **E**mpowered **R**ecovery. It builds on the expertise Barnardo's has developed over the last 25 years to improve the lives of sexually abused and exploited children. It combines traditional psycho-educational work with coaching and trauma-informed practice, helping children to find strength within themselves to lead their own recovery. Our model echoes one of the recommendations of the NICE Guidelines for Child Abuse and Neglect (2017); that for practitioners working with children and young people aged 8-17 years old who have experienced sexual abuse to consider a therapeutic intervention that:

- Is tailored to the child or young person's needs
- Emphasises the importance of the therapeutic relationship
- Includes individual work with the child or young person and parallel work with non-abusing parents or carers.

TIGER supports children, young people aged 4 - 18, and their parents/carers to recognise their trauma triggers, develop emotional regulation techniques and strategies to build resilience and hope to aid recovery. Our model of working is through both a safeguarding and trauma-lens; through which we draw on research such as the work of Skuse and Matthew (2015), and Hackett (2004) to create bespoke packages of creative and trauma-informed support for individuals and through group work.

### **TIGER work across Northeast and Northwest London Integrated Care Systems (ICSs)**

TIGER has been working across the two ICS partnerships since 2018 and currently delivers specialist support to children and young people who have been sexually abused and/or exploited. The service supports victims who have experienced abuse including from siblings/family members and/or extra-familial abuse. The service is operating well and reaching its targets but has identified a need to both be expanded and to reconsider the length of interventions.

### **TIGER Talks project**

As a partnership with NEL and NWL ICSs, we were committed to ensure the voices of children and young people are at the heart of service design/delivery. This research programme is a peer research programme called TIGER Talks: a strengths-based, innovative partnership with children and young people (CYP) and families that will encourage and support them to have an active role in service development/design.

Our plans to use peer researchers will impact not just on those victims being supported in this service; the data can also be used to inform new service design and applications for investments in other services.

### **2.2 Background and Context**

Waiting lists are currently held for both ICS partnerships and there is a clear need for additional resources to be available in order to see CYP in a timely manner. We know that nationally the numbers do not add up. Figures published by the NSPCC showed 24.1% of 18-24 year olds in the United Kingdom reported having experienced CSA under the age of 18 (Radford et al., 2011). The number of CYP that reach support services is of course much lower than this creating a large discrepancy between the need and provision (Allnock et al., 2015).

There is plenty of literature evidencing impact as a direct result of sexual abuse, with associations between an experience of child sexual abuse and poor emotional wellbeing, self-harm, and suicidal thoughts (Radford et al., 2011); with further links to depression, sexual promiscuity, post-traumatic stress, and academic impact (Paolucci et al., 2001). This demonstrates a clear need for the continual development of CSA services to aid in combatting these issues.

A review on therapeutic child sexual abuse services in the UK carried out by the NSPCC found CSA services to be reliant on insufficient funding (Allnock et al., 2009); and a comparison mapping exercise completed in 2015 found that although societal awareness around CSA had improved, not much change had been actioned regarding funding for CSA services since (Allnock, Sneddon and Ackerley, 2015). There are few studies that look at the effectiveness of CSA from the perspectives of young people themselves (Allnock et al., 2022); and even fewer that address this across London alone. A review of one CSA support service in London found overwhelmingly positive responses from young people, with recommendations for improvement around information sharing and supporting engagement (Beckett et al., 2022). This report would like to take the research one step further and gather insight from those accessing multiple CSA services across North London.

This research project will seek to uncover a true understanding of how CYP experience the whole CSA service pathway, focusing on identifying barriers and presenting solutions for improved accessibility and scope for support to be provided differently in order to increase both the quantity and quality of service support. . It will explore referral routes, settings, family work, group work, criminal justice pathways, and general accessibility to get a better understanding of how services could best support this vulnerable group of children and young people.

### **3. PEER RESEARCHERS**

A key element of this research was to enrol peer researchers to support the process from start to finish. Peer research is research that is steered and conducted by people with lived experience of the issue being studied. In the context of the youth sector, it is a way to meaningfully involve young people in decision making, research design and delivery, and policy making (Partnership Young London, 2021).

However, the recruitment and use of peer researchers is a delicate element of any research project and especially when addressing such sensitive issues as child sexual abuse. As a result, it featured heavily in the Barnardo's Research Ethics Committee (BREC) application review process in order to mitigate potential re-triggering of previous trauma.

Peer researchers are defined as people who:

“adopt the role of the researcher and are empowered to participate in research by minimising power imbalances between researchers and participants, contributing to reducing bias and promoting understanding.” (Lushey, 2017).

For the TIGER Talks project, peer researchers were recruited to support the structure and development of the project and to design the content of the research ideas and questions. Peer researchers were not involved in the data collection itself to ensure the keeping of ethical boundaries and it was decided that using skilled TIGER practitioners to conduct interviews meant they would be equipped to respond to the CYP who have experienced trauma as a result of CSA.

#### **Recruitment process**

A flyer was produced and distributed to services who work with child sexual abuse survivors in October 2021. Along with the flyer there was an expression of interest form to be completed and emailed back to the research practitioner. Contact was made with the young person to confirm their commitment and consent forms were signed and documented for each peer researcher. Remunerations were offered per session that the peer researchers attend.

The peer researcher group is made up of CYP who are 'experts by experience' and represent different services. The recruitment period ran from November 2021 to February 2022. We successfully recruited 6 peer researchers; five females and one male aged 15 – 22. Peer researchers were involved in developing all materials used for the study. This was supported by Partnership Young London who facilitated training days for the peer researchers. Materials generated with peer researchers included:

- Interview schedule
- Online survey questions
- Consent forms
- Participant Information booklet

## **4. METHODOLOGY**

### **4.1 *Our approach***

In partnership with our peer researchers, we aimed to gather the voices of children and young people regarding their experiences in accessing CSA services.

As stated previously, the three key aims of the research are as follows:

- To gather an understanding on how London CSA services can be improved
- To understand the journey of CYP when accessing CSA services and whether they are fit for purpose
- To gain specific service specifications to be used to design and model new services across NWL and NEL NHS service provision that addresses disclosures of child sexual abuse

Due to the sensitivity of these discussion points, a detailed operational protocol had to be considered to ensure meaningful participation and the safety of those involved.

The study received ethical approval from the Barnardo's Research Ethics Committee (BREC) panel through a robust process where the following aspects were scrutinised through an ethical lens:

- Aims and Objectives of the project
- How findings would be disseminated
- Research methods
- Study sample including appropriate age groups to request feedback from
- Support and safeguarding of all CYP throughout and following the process including responsibilities towards participants
- Peer researcher recruitment, training, involvement and remuneration
- How data would be collected
- Gathering of consent of CYP and parents
- Suitable providers of online survey and transcriptions of interviews
- Who would interpret data and how
- Competence of researchers
- Confidentiality, storage and recording of data

Throughout the project the safety of participants remained paramount when collecting data.

### **4.2 *Recruitment & Process***

#### ***Interviews***

Information regarding interviews was disseminated to several CSA services across London. We asked them to identify potential service users who could support the research. All participants were to either have previously accessed or be currently receiving support from a CSA service.

An initial meeting was held with staff from identified services to outline the project and support them in understanding how children and young people should be approached when exploring whether they would be interested in taking part. Staff from the identified services also completed a *risk and needs*



*proforma* (See Appendix 1) for any potential child or young person identified. The risk and needs assessments were designed to identify any potential negative impacts of involvement in the study and if, or how, these could be mitigated. They were also designed to identify if any additional consent or support were required, and to ensure that interviews could be individually tailored to best meet the needs and communication preferences of the young person. Once the risk and needs assessment was completed, and it was deemed safe to approach a child or young person, the staff would pass this information onto the research team.

When approached, young people were informed about the potential to participate in an interview via their practitioner. Staff were briefed as to the importance of emphasising the voluntary nature of the engagement. Formal consent to participate was recorded prior to interviews commencing and the age of the young people who chose to participate meant that parental consent was not required for any of our eventual sample.

The list of questions designed by the peer researchers included:

- *How easy has it been to access sexual abuse support services?*
- *How long were you waiting to access support services, if you remember?*
- *What went well when accessing services?*
- *Is there anything that makes you not want to attend this service?*
- *What would make you more comfortable with the service and coming to sessions?*
- *Whom do you trust to talk about your challenges and why?*
- *Would a specific place/venue make you feel safer to access support?*
- *Who would you be happy for your information to be shared with? Why?*
- *What support/relationship role of parent/carers? Would family work have been helpful for you and your experience?*
- *What have you learnt from accessing these services? What could have been better?*

All interviews ended with a space to debrief and carry out grounding exercises if requested. Interviewees were rewarded a £10 voucher and a card in thanks for giving their time and offering their voice to the project.

### **Surveys**

An online survey was used to gather a wider pool of responses to the research question (see appendix 2). Using the same services identified to recruit for 1:1 interviews, staff identified CYP who had received support, either as past or present service users, and would be eligible to support the research. An additional parent survey was distributed alongside the CYP survey.

As this survey was completed online, staff discussed ways children and young people could complete the survey safely and with anonymity. Prior to distributing the survey, staff from the identified services discussed and explained the online survey and explored with CYP if they would feel comfortable taking part prior to sending through the link. Full explanation regarding the survey's aims were discussed with the children and young people to ensure they fully understood. CYP were informed that staff from their service would not have any access to their responses and that this would not impact their access to support should they choose not to take part. Identified service users could choose to

complete this at home or have some time in their sessions with practitioners. If CYP chose the latter, practitioners left the room whilst CYP completed the survey to ensure complete privacy.

A similar protocol was taken with the parent survey. Parents of past and present service users were approached via telephone and the details of the survey were explained, including the assurance of complete anonymity and the option to refuse. Many parents stated they were not interested, but of those who agreed to take part, the survey was sent as a link to their email address.

Across both the CYP and parent/carer surveys, participants provided a unique and memorable code at the start, which can be used to identify responses should they wish to withdraw from the research at any point after taking part.

### **4.3 Sample**

#### ***Interviews***

We aimed to recruit a minimum of five CYP aged 8-25 for 1:1 interviews.

Out of the ten potential participants identified by London CSA services, five progressed to interview. There were a number of different factors that contributed to the sample size across the stages of initial identification, assessment, approaching potential participants, obtaining consent and arrangements for interviewing. These included:

- A smaller initial pool of potential participants than anticipated
- A change in young people's circumstances between assessment and interview, some out of their control
- The proactive promotion of choice for young people (only engaging those who actively wished to take part)

#### ***Surveys***

Over 300 current and historical CSA service users (who had accessed a service within the past three years) were approached from several CSA services across London, and of that sample, 79 accessed the survey and 32 young people completed it in full. This discrepancy between accessing and completing could be a result of:

- The sensitive nature of our topic; our sample have experienced trauma as a result of sexual abuse and although we designed the questions to be non-specific and trauma-informed, this does not guarantee some young people would not be triggered by the topic itself
- Lack of time; young people lead busy lives and many may agree to take part, but in practice forget to complete it fully or run out of time to do so
- Lack of interest; when approaching closed cases, some feedback we received was that they no longer felt the research applied to them and had no interest in re-visiting that time in their life. It could be some of the closed cases who agreed to take part, changed their mind for the same reason after reading the information page. We actively

encouraged the research to be voluntary and reminded participants they could end the survey at any time

We additionally approached the parents and carers of CYP service users with a separate parent survey, and of the 23 who accessed the survey, we received 13 completed responses. Again, similar discrepancies occurred with the parent sample, and this is likely a result of similar factors such as: the impact the disclosure of sexual abuse has had on the parent/carers, lack of time, and a general lack of interest in taking part - particularly for those who were not actively receiving support as they may not wish to re-visit such a difficult time in both their own and their child's lives.

#### **4.4 Participant overview**

##### ***Interviews***

Of the five young people who completed interviews, one was male, one non-binary and three were female. The ethnicities included two Asian, one White European, and two White British young people. Ages ranged from 16-21.

Although originally, we had planned to open the survey and interviews to children from the age of 8 upwards, due to the BREC committee stating the survey needed to be independently completed, it was deemed unethical to leave a young child to complete the survey unsupported. It was therefore decided no child under 10 should be included in the collection of data. It was also difficult to ensure a younger child would be able to provide accurate consent and furthermore they may not be able to determine the potential trauma impact of revisiting the subject.

However, we made the survey available in paper form for children 10-13 although no child of this age chose to access the survey in this way.

Interviewees were given the option to provide a pseudonym for any quotations listed in the findings. The young people were informed they could then use the pseudonym to locate their own answers published within the report whilst maintaining anonymity. Those who did not provide a pseudonym have been assigned a number instead.

##### ***Parent/Carer Survey***

We had full survey responses from 13 parent/carers, all of which were female. The ethnicity of this sample consisted of six White British, one Indian, one Caribbean, three African, and two 'other' parents/ carers who specified 'Albanian' and 'Latin American'.

##### ***CYP Survey***

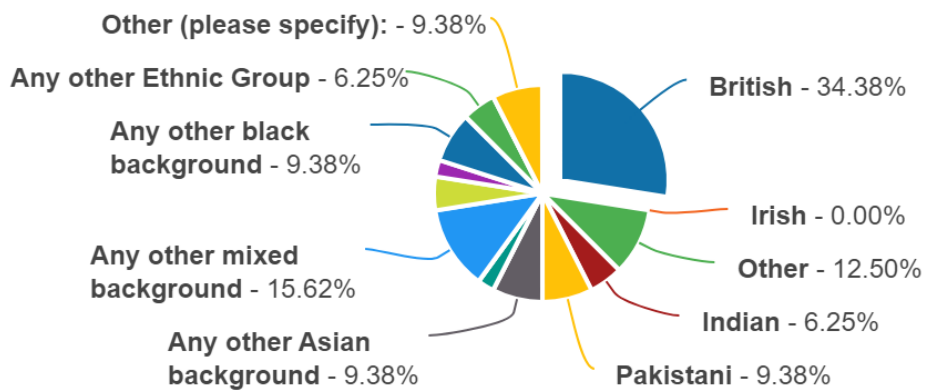
Of the 32 young people who completed the survey in full, 27 were female (84.38%), two male (6.25%), two non-binary (6.25%), and one selected 'other' (3.12%). The sample age ranged from 14-25 with the majority (75%) being between 14-17. The sample of CYP who participated in the survey is unusually diverse for research of this kind, as can be seen in *Figure 1*.

It should be noted that due to the survey's small sample size, it is not possible to be able to generalise these findings to all children and young people receiving CSA services across North East and North West London. The sample is particularly biased towards females and adolescents, limiting

what is known about the experiences of boys and non-binary young people and younger children. This is a consistent limitation across work with children and young people who have experienced sexual abuse for a number of reasons (see discussion). Nevertheless, the survey findings provide important insight into some young people's experiences of services.

Figure 1 - Ethnicity of CYP who completed the survey

### Ethnicity



## **5. FINDINGS**

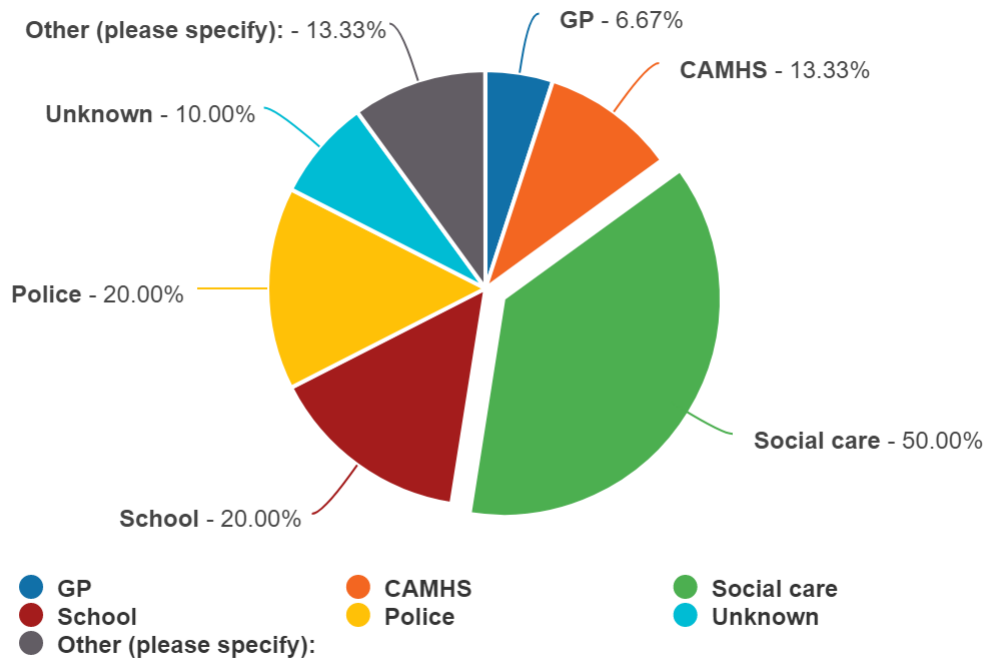
We analysed both the survey and the interview data individually and collated the information to draw out key themes and messages from the young people in our sample. The findings below are organised into headings for each key theme, and both the survey and interview data are integrated throughout with labels establishing the source of any quotations.

It should also be noted that in the survey, young people and their parents were given the option to select more than one response for the questions that did not need to be restricted. This enabled us to gather valid data on the opinions of our sample by not limiting them to only one selection for improvement of services; the percentages will therefore not always add up to 100%.

### **5.1 *Referral Routes***

The majority of our survey sample (*see figure 2*) had accessed CSA services via social care, a small number were referred by CAMHS, their GP, police, school, and 'other' (specified as the church, charities, and one advocate), and 10% selected 'unknown'. There were mixed responses for how easy this process was. A third of the sample found it easy/ very easy, whilst the remainder found it either difficult/very difficult or were ambiguous in their responses, suggesting that they may have faced some problems with service access.

Figure 2 - Chart displaying referral pathways of CYP sample



The need for an improvement in access was highlighted within the interviews, with one young person stating it is only easy if you have the support of social care, and that waitlists are very long.

*“Well in my situation, kind of easy, because I had social workers that referred me to all of these. But it has been difficult on the side of therapy and getting therapeutic help because the waiting lists are very long. So because of that, difficult, but at the same time it’s kind of easy if you’ve got the right people and the right connections to it.*

*– Dia (interview)*

The response demonstrates the effectiveness of referral pathways from social care to CSA services, but it also highlights the need for some alternative pathways to be made available for those young people who do not have access to social care.

In line with this, young people also identified that a self-referral route being made available would be beneficial (86.67%). This was also highlighted by the qualitative data of the online survey.

*“Every time I have been referred it’s been through social workers or CAHMS which makes me just feel like they have to deem it bad enough for me to be referred, whereas it should be accessible for whenever I am ready to talk about what happened or what’s going on which I think all teenage girls would appreciate”*

*–Anonymous survey response*

## 5.2 Effectiveness of CSA services

In the survey, we asked young people whether the support service accessed had helped them. Participants rated an average score of 7.5/10 with 1 being *not at all* and 10 being *yes a lot*. The parent survey had a very similar rating (7.31/10 average score) when asked whether the CSA service they accessed helped their child. We followed this up in both the CYP and the parent survey by asking how the support received has helped them or their child specifically; we analysed the qualitative data to highlight some key themes:

One theme that emerged is that young people and their parents felt the sessions provided them with a **safe space to explore emotions and talk freely**.

*“It gave me a space to explore how I really feel and what happened to me”*

*Being given a space to explore my identity and emotions has really helped me. I felt comfortable that I was not having to focus on what happened to me.*

*–Anonymous CYP survey responses*

This benefit of a safe space was echoed again in the parent responses.

*“The service was very responsive and supportive with my son, They provided him with a safe space to explore his emotions and the difficult situation he had experienced”*

*“The support gave my child someone she could talk to. A trusted adult who wasn't part of the "system," someone she was free to confide to. We were lucky that we had a great practitioner that build up a good rapport with my child.”*

*“My daughter began actually looking forward to the sessions, would always speak positively about them. It put our minds at ease that she was in a safe space, where she was free to talk but also enjoy her time there.”*

*–Anonymous Parent responses*

Another occurring theme was that young people in CSA services and their parents felt they benefited from **being educated and informed** about CSA, victim blaming, and the tools needed to cope moving forward. This seems to provide a sense of empowerment across both CYP and their parents/carers.

*“This helped me a lot because of the detailed and informative conversations that will not only help me right now but also in the future”*

*– Anonymous CYP response*

*"They provided me with more understanding into my son's behaviour and temperament which helped our relationship."*

*"I believe she has come away with the tools and coping mechanisms she needs to move forward from an awful period in her early teen years that were causing her great distress."*

*–Anonymous Parent responses*

A lot of responses emerged about the benefit of **validating their feelings or emotions and learning to emotionally regulate** as a result of accessing CSA services.

*"I'd say, well one, I've definitely been feeling a lot more up and I've definitely been feeling happier. I feel like it's nice to talk to someone, really voice what you're feeling, and how to overcome what you're feeling."*

*– Young person 4 (interview)*

*"Learning that what happened wasn't my fault and the feelings I have are completely valid."*

*– Anonymous CYP response*

*"It has given us peace of mind knowing there are people who actually understand what we are going through. And to relieve the anxiety that we had as a family."*

*"Before this service my daughter was not able to explore/express herself with the situation she was found in. However, over time she has been able to express herself more."*

*–Anonymous Parent responses*

Finally, many responses revolved around the services supporting young people to **improve or re-discover their sense of identity**.

*"Mostly I learned about who I am, about what I really want from myself and for my future. I learned more about trust and about emotions. I also learned that maybe I feel alone sometimes but there always will be someone for me. And pretty much from the sessions with XX, I want to be a psychotherapist or be there for someone and yeah, pretty much."*

*–Young person 1 (Interview)*

*"I closed myself in my room a lot and the person I worked with helped me to come out a bit more. I used to struggle expressing when I disliked something or had any issues but after I received support I started voicing if I didn't like something"*

*– Anonymous CYP response*



### 5.3 Accessibility

#### *Face to Face Vs Online*

During the pandemic for COVID-19, many services moved to virtual as a means of continuing support for young people. Now services can start operating as usual again, it appears that most of the CYP in our sample (90%) would prefer to access services face to face. This is likely due to the feeling of safety meeting face to face provides. Young people in our study stated that when accessing services online, they feel like other members of the household can hear them and they can't speak freely; others have expressed that professionals being able to read their facial expressions and measure when they are uncomfortable is useful as the young person does not have to explicitly express this themselves.

*"Face to face there's no miscommunication. When you're speaking to someone you can see their facial reactions. You can see their face so you're not talking to a stranger, and you also know when a person's uncomfortable"*

*– Dia (interview)*

#### *Preferred time/day:*

We received a varied response for preferred time of day with 26.67% selecting morning, 76.67% afternoon, and 43.33% evening. This variation in answers suggests there shouldn't be a one size fits all approach, and it is therefore unreasonable to assume that all young people can engage proactively with the 9-5 Monday to Friday hours currently on offer. One young person highlighted this by saying:

*"Perhaps make it open later to avoid children missing school, this will allow the child to have more normality in their life which they may not have."*

*– Anonymous survey response*

A final point that was not offered as a selected option but put forward in the qualitative responses on our survey is the request for a 24-hour hotline. Young people in our sample highlighted they experience challenges at all times of the day and not just within their dedicated session time, therefore this could be a way of providing support when it is needed most.

*"I don't think there was anything to improve other than make it longer. but a 24-hour phone service would be great"*

*"A call hotline where young people can call and talk to someone at any time if they're feeling overwhelmed. This is because many of the practitioners have specific work numbers meaning that your call won't go through unless you have an appointment. The hotline will prevent a lot of indecisive decisions."*

*– Anonymous CYP responses*

### Setting

Young people in our online survey listed school as the most suitable place for support to take place (46.7%), closely followed by CAMHS and independent venues (both 26.7%), GP surgeries, Police stations, hospitals, social services (all 23%) and then specialist clinic provisions (16.7%). When this topic was approached in the interviews, a contradictory response was found with some young people reporting that school can be a stressful or inappropriate place for sessions.

*“Yeah, well it was difficult and really stressful (at school) because from time-to-time there was a teacher coming in the room because they didn’t know about it. Probably the most difficult thing in that was knowledge that someone can come in or that I will be going to my lessons in an hour.”*

*– Young person 1 (interview)*

*“I wouldn’t like it, because when I’m in school I remember it was similar with my social worker. He would come in between lessons, and sometimes I might have to miss a lesson here and there. It’s A Levels. I don’t want to miss my lessons. In school I always have the feeling that someone’s watching or listening, whether that be staff or students.”*

*– Young person 4 (interview)*

Therefore, although school is a suitable location for many young people (as demonstrated in the survey response), it does not work for all, and alternative locations should also be an option for those who require it.

Young people reported being willing to travel quite far for the right service, with 53.33% stating they would travel 30 minutes and 33.33% up to an hour. This was further supported in our interviews and supports the notion that offering alternative settings instead of school will be supported by young people even if it results in them having to travel.

*“I think any time is an appropriate amount of time if you’re getting help from it.”*

*– Young person 4 (interview)*

### 5.4 Group work and social events:

The highest number of our respondents selected *social events* as useful for improving CSA services (43.3% of young people and 69.2% of parent/carers) and this remained consistent across all age brackets (See Appendix 3 for more detail). 36.7% of young people and 53.9% of parent/carers also listed group sessions as something they would find beneficial within CSA services (see Figure 3a) and this was particularly favoured for 16-17 year olds (See Appendix 3, figure 2).

Both these suggestions were further explored in our interviews and found similar results.

*“Dia: I think maybe group support would be helpful if it was people that have been in my situation, because... speaking to someone that’s been through a similar thing to me might help”*

*Int: So with having people that have been through similar experiences, if that was in a group setting in terms of group therapy, how would that feel for you?*

*Dia: Welcoming I think. Anxious but kind of welcoming, because they know that I understand how they feel; they’ve been through what I’ve been through, so I don’t have to explain in a lot of detail. They will just know how it feels because they’ve been in a similar situation as me, whereas right now I don’t really know anyone that has been in a similar situation as me.”*

*– Transcription from interview with Dia*

### **5.5 Family work**

40% of young people and 46.1% of parent/carers selected that family work would help to improve support services. Upon further analysis it was interesting to note that young people aged 18+ were particularly positive about this suggestion (See Appendix 3, Figure 3). We explored this in our interviews and found there can be a tension that exists in family work for CYP. Young people did recognise family work can be beneficial at supporting and strengthening family relationships.

*“Family work? So I think it’s good because it’s obviously going to improve how you feel, and how you and your family members feel towards each other”*

*– Young person 4 (interview)*

*“Well sometimes in relationships between a child and a mum or child and father, their bond isn’t as strong because of what happened. So sometimes sessions together can fix the bond and make it stronger. I think those kind of sessions are worth trying because they can really help.”*

*– Young person 1 (interview)*

However, it was also acknowledged that it can be extremely difficult for young people to talk about their experiences of sexual abuse with their families.

*“Personally, with me, when I want to talk about what’s happened, I don’t really want to talk to my family, not because I don’t trust them or anything, but it’s just it’s still a very hard thing for me to talk about, and I don’t want them to feel guilty that they were there but they did not notice the signs.”*

*– Dia (interview)*

*“On the other hand, I don’t think I could just tell my mum like ‘hey, this is what’s going on with me, this is just how I am.’ I don’t think I could do that.”*

*– Young person 4 (interview)*

This tension in family work may partly explain why 60% of our CYP sample and 53.9% of our parent sample did not select it as an option for improvement.

### **5.6 Police Support**

16.7% of young people and 23.1% of parent/carers selected 'access to police support' as something that would improve CSA services. When this was discussed in the interviews, some of our sample detailed negative experiences they have had with the police following a disclosure and outlined how therapeutic involvement or an advocating service would have supported them better through this.

*"When there was a lot of police at my home asking how I feel and stuff like that, it was frustrating because all I wanted in that moment was to be alone."*

*– Young person 1*

***See Appendix 4 for detailed transcription from interview with young person 2, detailing how police services could be improved.***

Of course it is important to note, these are the lived experiences of our sample of young people and cannot be generalised beyond this. From their accounts, the process of ABE interviews and police processes has room for improvement in terms of making young people feel safe and able to trust. This feeling of safety will be particularly important after experiencing a traumatic event such as sexual abuse and with police officers often being the first professionals involved after a disclosure, it is important this process is as therapeutically informed as possible (Beckett & Warrington, 2015).

Some suggestions from our sample have included holding the ABE interviews in an alternative setting to a police station, for example, a wellbeing hub or a private room at a CSA service. A designated advocate was also mentioned as an improvement, this could be someone externally sourced, or ideally a victim liaison officer assigned within every police force, trained in the impact of trauma and how to prioritise the wellbeing of young survivors throughout the process.

Figure 3a detailing responses from CYP who accessed CSA services

Would any of the following help you feel more comfortable accessing these services? (pick 1 or more)

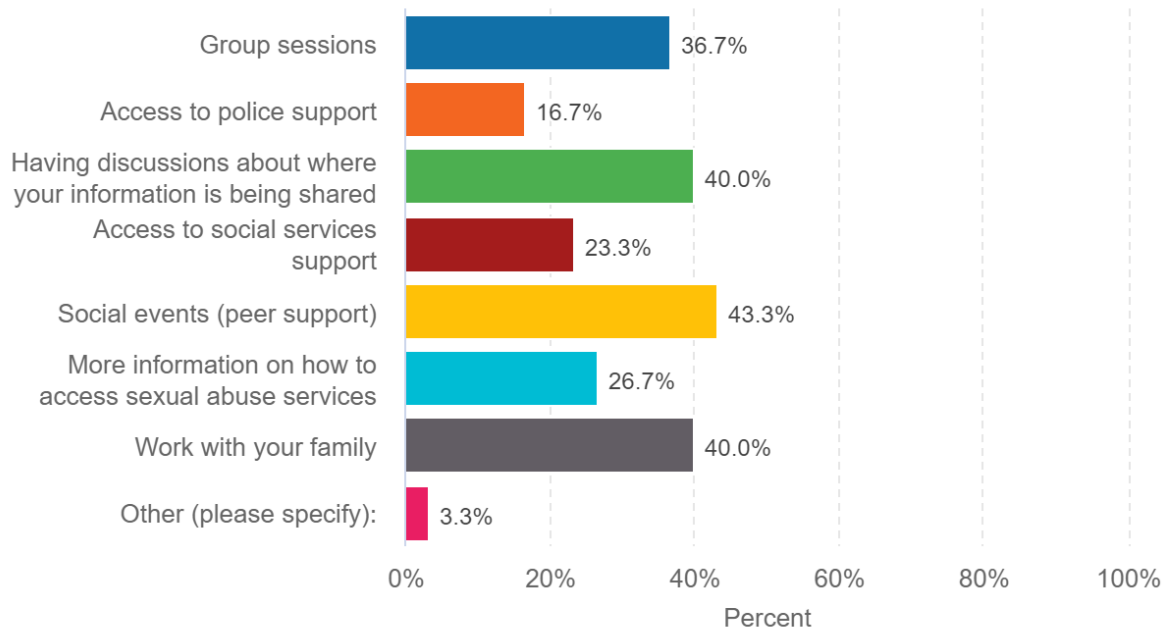
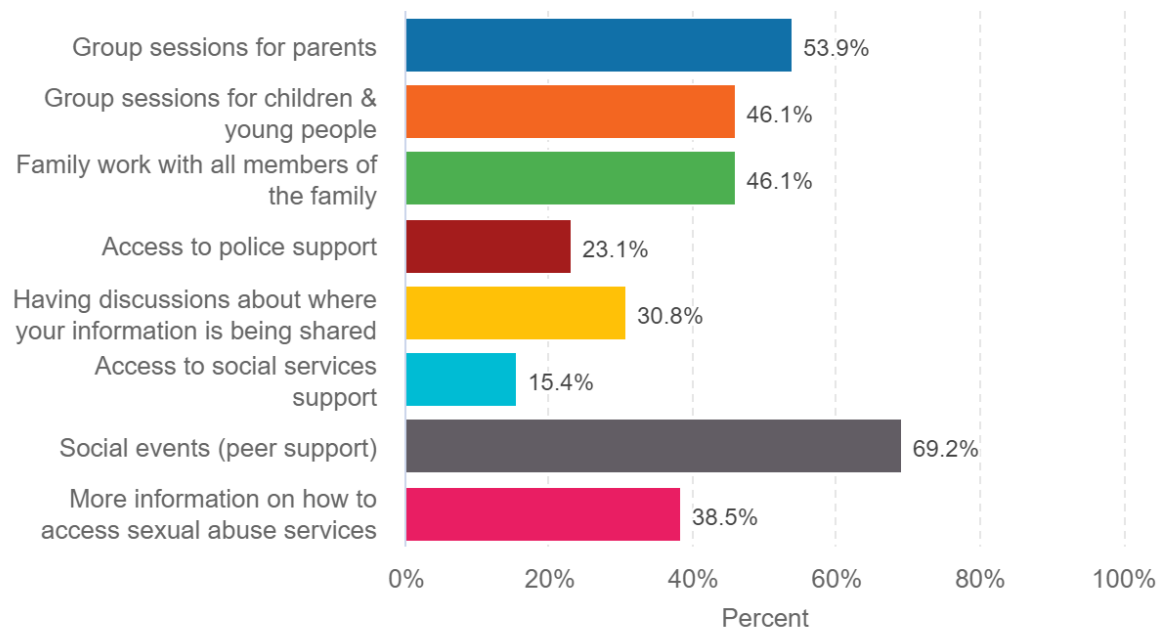


Figure 3b detailing responses from parent/carers whose children accessed CSA services

Would any of the following suggestions help support your child and family? (pick 1 or more)



## 6. DISCUSSION

The findings of this research reflect the diverse lived experiences of a sample of young people and their parent/carers who have accessed CSA support services in North East and North West London. It has provided essential insight into what is working well, the existing barriers, and recommendation for improvements in the eyes of service users. Overall, our findings mirror and compliment the results of previous research in the field, which will be explored in this section. However, they are also valuable as research data in their own right due to the unusual diverse nature of the study sample obtained, the up-to-date information gathered, the richness of qualitative information collected through detailed survey comments made and interviews undertaken and the specific relevance of the service users who all came from the specific areas of NE and NW London.

### 6.1 *Benefits of CSA services*

The findings of this report stated that both the young people who have received support from CSA services and their parents felt it had helped them. The qualitative data from our survey and interviews expanded on this to show themes of 'providing a safe space' 'feeling informed' 'learning how to emotionally regulate' and 're-discovering a sense of identity' as ways in which the support services have helped them.

There are many external factors influencing young people's wellbeing post-disclosure, including:

- Responses from peers and family, some of which can be negative and result in guilt and/or shame (Allnock et al., 2022);
- Ongoing court cases which can lead to re-traumatisation (Beckett & Warrington, 2015);
- Potential ongoing upheaval from the family home or placement resulting in a lack of stability;

These factors operate outside of the control of support services, and despite this the young people and parents from our sample still reported strong benefits from accessing these services. This is a very positive outcome and further demonstrates the continuous need for these services to keep developing.

### 6.2 *Referral pathways*

Social care being the most common route of referral and a need for improvement of other pathways is consistent with previous research that found although social care referral pathways to CSA services were well developed, they were much less so amongst other professional groups such as health care professionals, the police, and voluntary sectors (Allnock et al., 2022; Allnock et al., 2015). Allnock et al. (2015) also highlighted the difficulties of accessibility to CAMHS, highlighting criteria is becoming more restricted and the wait lists longer, an issue that was also expressed across our interviews.

This may be a result of alternative professionals not being aware of the available CSA services in their area, therefore active promotion of these services should be targeted towards GP's, schools, and police to improve pathway access for young people who are not open to social care.

Self-referrals also could be considered (as put forward by our sample) as this serves to promote autonomy for young people to access services on their own terms, and the benefits of this would be

seen within their active engagement. A large barrier for young people is having to go through multiple systems (social care, police, or GP's) and relying on those professionals in order to access the help they need. A self-referral system could help them to have autonomy over their own support and isn't something that's been widely used in CSA services previously (Allnock et al., 2015).

There are of course some drawbacks to this method, mainly being that often CSA services require young people to have some other form of professional involvement for safeguarding purposes. Potential mitigations for this could be the young person identifying an alternative safe adult (a school contact ideally or safe family member) who can be contacted should any safeguarding concerns arise during the CSA service involvement. Another limitation is lack of awareness of CSA services among young people and whether or not they would even know how to refer without being prompted by another professional (Allnock et al., 2022). Finally, self-referrals open the possibility for referrals being received that do not meet the criteria. Thresholds aim to limit the number of referrals to only those who would benefit from the service provided; it prevents services from being overwhelmed, and means young people are only referred to the services specifically designed to support their needs. If self-referrals are being received that do not meet the threshold, it is a lot of pressure to put on individual services to try and signpost young people elsewhere, and if they are unable to do so (due to lack of knowledge for alternative provisions), then those young people will receive no support at all as well as delay support for those who do meet service criteria.

### **6.3 Accessibility**

#### **Time of day**

Previous research has found the standard 9am-5pm Monday to Friday offer of CSA support is five times more frequent than evening support, 16 times more likely than weekend support; and 46 times more likely than evening weekend support (Allnock et al., 2015).

In line with this, our research highlighted a varied preference for time of day, with many stating they would prefer it not to disrupt their school hours. Therefore, a definite improvement for accessibility would be to extend support hours into the evening and at the weekend, so that all young people have equal opportunity to attend. Finally, we all know crises can occur at any hour of the day, therefore a 24-hour hotline was proposed multiple times in our survey responses. 24-hour access to support can help young people to feel supported in all areas of their life and not just during session hours, it creates a sense of wrap around care and can help to prevent impulsive and "indecisive decisions" as one young person in our interviews stated.

Whilst there are many benefits to this, a 24-hour hotline may not be logistically achievable for every individual service. However, improved signposting towards already established 24 hour support could make a difference.

#### **Setting**

In previous research, school has been found to pose challenges for young people dealing with the impact of abuse, young people have reported perceiving school as having limited understanding about trauma, and professionals have reflected there is often a battle when asking schools to accommodate support (Allnock et al., 2022). The data found in our interviews mirrored this perception in many ways with some young people reporting school as a great setting for sessions

but others reporting not feeling safe, with concerns that pupils at school will know, teachers may be able to hear the sessions, and that it disrupts their overall learning.

CSA support services should be able to accommodate the needs for all service users, and therefore more than just schools should be offered as a location for sessions. The fact young people have also reported being willing to travel some distance to attend sessions means there should be no limit to where sessions can take place, and settings such as CSA service offices, wellbeing hubs, youth centres, and social service offices can all be considered. This also helps to instil young people with as much power and control over their own lives as possible and assists with integrating all services involved in delivering CSA support together.

#### **6.4 Group work & Social events**

Group work and social events both had an overwhelmingly high response from our survey participants. This is something that is unsurprising considering the importance of peer relationships during developmental years. Young people put a lot of emotional energy into these friendships; they can act as a strong protective factor if positive but can have a negative impact on mental health if unstable or short-lived (Allnock et al., 2022; Ng-Knight et al., 2018).

Where little had been explored in the literature previously, Allnock et al. (2022) highlighted the significance of peer relationships in relation to the aftermath of sexual abuse. The way in which peers responded to learning about the abuse was found to have either a detrimental or enhancing impact on the CYP's wellbeing. Some of the negative impacts were reported as follows:

- Friends not being able to understand or relate to the young person
- Friends disbelieving or blaming
- Not respecting confidentiality and sharing disclosures with extended peers

In our report, the focus was on primarily providing a support system of peers with only those who were also within the CSA service and would therefore have a level of mutual empathy that other peers may struggle to reach. In providing a support system amongst those who can empathise with each other, the likelihood of a detrimental impact on CYP wellbeing may be reduced - although not removed entirely. This is supported again in the findings of Allnock et al. (2022), whose sample reported peer support groups of CSA service users provided a shared understanding and sense of purpose in helping others.

The additional offer of activity days and social events could provide a welcomed distraction from the everyday challenges faced post-abuse and promote a sense of normality, something young people have reported as a benefit when describing the impact of positive relationships with peers post-abuse (Allnock et al., 2022).

#### **6.5 Family work**

Previous research has found family relationships to be an extremely important source of comfort and support for young people following the trauma of sexual abuse but unfortunately can be negatively impacted following a disclosure. Allnock et al. (2022) found that young people reported a number of reasons for this breakdown in relationship including:



- Parents suffering can feel like the young person's own fault and responsibility to manage
- Some family members will minimise the abuse and/or the young person's mental health concerns. Others were reported to blame the young person for the sexual abuse
- Family members increasing control as a means of protection. Limiting online activity and removing mobile phones may come from a good place, but can be extremely isolating for the young person and perpetuate feelings of blame
- The abuse being intrafamilial; this can expectedly create conflict and divide amongst family members

Work provided by specialist practitioners can be a key step in supporting both young people and their family to not only manage the conflict, but also to start rebuilding fractured relationships. From our professional opinion, this could come in the form of:

- Education provided to the parents around the impact of trauma and how this presents in young people
- Joint sessions with CYP and family member to facilitate trust or communication exercises in a safe environment
- Providing a holding space for parents/carers to process their own emotions about the situation and provide strategies to help with regulation when around their child
- Providing appropriate vocabulary and framing for parents/carers to use when approaching conversations with their child about the sexual abuse
- Assisting with creating safety plans that consider the voice of the young person and promotes autonomy alongside providing protection
- Providing parent packs for those waiting to receive support, detailing education around sexual abuse, the impact, basic strategies to begin implementing at home and signposting for emotional wellbeing; this may help to minimise the negative impact on familial relationships from worsening whilst on waitlists

It should also be noted that not all young people have a negative experience with family members following a disclosure of sexual abuse. In previous research many have listed parents and immediate family as their key sources of emotional support; providing stability, understanding, and advocacy during and after a disclosure (Allnock et al., 2022; Carpenter et al., 2016). Family work with these families will still be useful but would look slightly different, with a stronger focus on building specialist education around the impact of sexual abuse and holding a safe space for these parents to process as well.

The input from our sample found there is an underlying tension amongst service users when considering family work. From one perspective, young people could see the benefits of strengthening family connections which is also supported in the research listed above, however they expect there to be difficulties in having these conversations about their personal experiences with their family. This could be the result of a multitude of reasons including:

- The CYP have a fractious familial relationship. Although that means these young people would be likely to benefit the most from family work; their autonomy must be respected in order to maintain a positive therapeutic relationship
- The CYP does not have a relationship with their family at all. Some young people who come through CSA services are in temporary foster care placements or are old enough to live

independently / semi-independently. These young people may wish to focus on building the tools necessary to move forward on their own

- The abuse was interfamilial. This may unsurprisingly lead young people to wanting to keep the support separate from their home life

A resolution for this is to offer family work as an optional addition to the support a young person is already receiving. Based on the percentage who did select 'yes' regarding it being beneficial, there is a clear need for a whole family approach to be made available. However, the young person's voice needs to be prioritised to maintain a feeling of safety and autonomy throughout the support.

Aside from the young person's voice, the family dynamic would also need to be considered by the practitioner to determine whether family work would be beneficial or detrimental. Considerations such as whether the perpetrator is a family member, how the family have responded to the disclosure, how involved the family are in the young person's life, and the general family dynamic needs to be carefully assessed prior to family work starting. A case-by-case assessment would therefore be the most appropriate approach here.

The key principle from this section is that no matter what the reason, the wishes of the young person receiving support should always take priority, and therefore when family work is offered it must be done so sensitively and framed as non-compulsory.

### **6.6 Police support**

The consensus amongst young people that the criminal justice processes have room for improvement is not unique to our research. Allnock et al. (2022) reported the criminal justice processes had considerable potential to undermine mental health and emotional wellbeing for young people, particularly with the traumatisation of revisiting particular events for ABE interviews. The University of Bedfordshire carried out an extensive literature review followed by participatory research with young experts and found that whilst young people could acknowledge small elements of good practice within the system; on the whole, young people experienced a lack of sensitivity, insufficient understanding around the impact of abuse, limited access to pre-trial therapy, and a loss of control and power (Beckett & Warrington, 2015).

With the findings of Beckett & Warrington (2015) and Allnock et al. (2022) as well as the results from our survey responses and interviews, this report recommends a need for improved advocacy support for victims of sexual abuse, introducing someone who is fully trained to support the young person through the court process. Furthermore to this, young people indicated ABE interviews would be better in an alternative setting, one that promotes a sense of safety for the young person. Suggestions put forward by the young people in our sample included private rooms at CSA services, or a wellbeing hub.

To summarise, many young people have reported feeling isolated during court proceedings, and the research would suggest having active communication between police officers and CSA services can help to tackle this.

## 6.7 Limitations

It is notoriously challenging to involve large numbers of young people in research into CSA and as expected, the sample size here will have limitations. This means it is challenging to generalise these findings beyond our sample of children and young people accessing CSA support services in London. This limitation is mirrored across most literature involving children and young people and can be due to a number of factors, as noted in the *Methodology* section of this report.

The majority of our participants are female which does mean there is a lack of representation here for males and non-binary young people accessing CSA services. Previous research in the field of child sexual abuse indicates that mainstream CSA services are more likely to be accessed by girls than boys (Allnock et al., 2015; Allnock et al., 2009; Alaggia, 2005) which may explain why this sample had a higher percentage of female young people compared to other genders. Some reasons behind this could be:

- Boys being much less likely to report sexual abuse compared to girls due to fears of being viewed as 'victims' (Alaggia, 2005),
- Referral pathways for male and non-binary young people may be less accessible;
- The impact of sexual abuse on male victims can be minimised or seen as 'problematic' behaviour, meaning they do not get referred to the correct support

A further limitation is that we had initially aimed to receive responses from children aged 8-25, but our final sample consisted of children aged between 14 and 25. There are a number of reasons for this, including:

- As stated in our *Methodology* section, following guidance from the BREC committee, we were unable to administer the survey to children under 10 in a safe or appropriate way
- Younger children between 10-13 require parental consent as well as their own to take part. This naturally created an extra barrier and if parents are not actively involved in the support service, they can be difficult to reach or entirely unresponsive;
- Young children are less likely to have access to a computer at home in order to complete the survey;
- In an attempt to overcome the challenge above, we offered printed versions of the survey to young people under 13, to complete in private and return in a sealed envelope; however no young person took us up on this offer.
- Many younger children who did have access to a laptop at home, still required extra support in answering the survey questions that older young people did not need. We were unable to ask parents to go through each question with them as this would impact the validity of their responses and for this same reason we could not offer for a practitioner to go through the survey with them either

## **6.8 Strengths**

Despite the limitations, the sample does benefit from having good diversity in terms of ethnicity of participants, likely a result of recruitment through London-based services. Other similar types of research studies have struggled to recruit diverse participants (see Allnock et al., 2022; Warrington et al., 2017) for a variety of reasons, including, for example, a lack of ethnic minority groups accessing social care and in turn, CSA services (Allnock, Hynes, & Archibald, 2015). This diversity gives us further insight into the views of those who are less represented in previous research and can be used to inform discussions around different responses amongst various cultural and racial backgrounds. Future research would be needed to explore and compare these differences in more detail.

We recruited peer researchers to support the structure and development of the project from the onset. There are many benefits to incorporating peer researchers into sexual violence work. Not only does it improve the quality of the data and the outcomes for young people and their families; but it also provides opportunities for the peer researchers themselves to have their voices heard and hold some influence and contribution towards the field; something which can act as a healing experience after an incident of sexual abuse (Bovarnick, 2018).

As well as including young people across development, all findings and conclusions are based solely on the voices of young people and their parents who have had direct experience of CSA services. Young people who are survivors of CSA are experts in the field and can provide unique and personalised insights that you cannot gain from speaking to just professionals or by looking at outcome figures alone (Allnock et al., 2022). As our sample is so specific to the views of children and young people accessing CSA services in North East London and North West London it can therefore be applied directly to make important recommendations for London CSA service improvements.

### **CONCLUSIONS AND RECOMMENDATIONS**

- **Improved referral pathways.** At present young people are primarily accessing support services via social care. Improving pathways across all professionals is something that could lessen the discrepancy between those in need and those who have access to support.
- **Flexibility in days/times.** There were mixed responses across our sample for what time works best for them which demonstrates the unique needs of each individual should be considered when offering days and times for sessions. This could include offering evening and weekend support as well as the standard 9-5 hours.
- **Flexibility in location** – Although many of our young people selected school as a safe space for their sessions, for other service users, school was reported to be a triggering place, or is a place they would like to keep separate from the trauma experienced. Therefore, it is important to have a range of locations available ie. social worker offices, wellbeing hubs, clinics, or youth centres to name a few. Young people reported being willing to travel a long way to receive specialist support for CSA which creates a lot of flexibility in location for service providers. The development of a specific CSA space would help provide a 'safe' and appropriate location for young people that would bring together the other services involved in delivering the CSA services and streamline the pathway.
- **Group work and Social Events.** Both parents and young people strongly expressed a desire for group support and social activities to be made available across CSA services. This can be in the form of more formal peer support groups, or group days out with fun activities. The benefits of this have been supported in previous research as providing a sense of purpose, community, and positive distractions. Of course, the risks of forming unhealthy relationships will need to be monitored and managed by the professionals facilitating such groups.
- **Family work.** Services should have the facilities to be able to offer family sessions. As stated, the offer should be there, but this needs to be at the discretion of the young person receiving the service and be considered at a case-by-case basis.
- **Improved advocacy and support for young people during court proceedings.** Young people have expressed a need for many improvements across the criminal justice system and CSA services can assist in part with this by providing a multi-agency care approach whereby practitioners can advocate for the needs of the young person, and also by offering a safe, trauma-informed location for ABE interviews to take place.

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## Appendix 1 – Risk and Need proforma

### Potential participant assessment process:

<b>Brief introduction to young person</b>	
• Young person's initials	
• Contact details	
• Gender & age	
• Disability	
• Service involvement (with agency)/reason for identification	
• Key or lead workers name	
<b>Needs associated with involvement in research and how these can be met:</b>	
• Details of communication preferences and requirements	
• Any translation of young people's information materials required?	
• Transport needed to attend interview? (would you need a taxi provided?)	
• Where and what time can the interview be conducted?	
• Potential need for third party to be present at interview? Who will this be?	
• Anything else researcher should be aware of to ensure a child or young person can participate meaningfully and safely? (snacks/ games/ breaks required).	
<b>Risks associated with involvement in research and how these can be managed:</b>	
• Potential for emotional distress? If so could this be adequately mitigated? How?	
• Risk of someone finding out about involvement & this leading to potential harm?	
• Negative impact on any therapeutic/support work you are receiving?	
• Could taking part interfere with any current legal processes? – <b>are they involved in a 'Live INVESTIGATION?'</b>	

<ul style="list-style-type: none"> <li>Anything else the researcher should be aware of to ensure sensitivity to the participant?</li> </ul>	
<b>Additional consent considerations and requirements:</b>	
<ul style="list-style-type: none"> <li>Is young person assessed as able to provide informed consent if information is given in appropriate format?</li> </ul>	
<ul style="list-style-type: none"> <li>Are parent/carer/ guardian consents required? <b>Anyone 13 and under, or where it is appropriate to for older young people (ie if learning disabilities )</b></li> </ul>	
<ul style="list-style-type: none"> <li>Any risks associated with asking for parental/carer consent?</li> </ul>	
<ul style="list-style-type: none"> <li>If parent/carer/guardian consents are required, can the worker facilitate getting this?</li> </ul>	
<b>Practicalities:</b>	
<ul style="list-style-type: none"> <li>Is the young person able to attend the interviews in person?</li> </ul>	
<b>Follow up support:</b>	
<ul style="list-style-type: none"> <li>Is the worker willing to actively follow up with young person immediately after interviews to see if they are ok?</li> </ul>	
<ul style="list-style-type: none"> <li>Are there any additional forms of follow up support required – who could provide this? (outside of lead practitioner for research)</li> </ul>	
<b>Any questions or concerns on the part of the worker?</b>	
<b>Process if agreement to proceed:</b>	
1. If necessary steps will be taken to translate/adapt young person's consent and information leaflet	
2. A member of the research team will send copies of the young person's info leaflet & accompanying info for workers	
3. Worker asked to make initial approach to young person and provide opportunity for discussion.	



## **Appendix 2 - CYP survey**

### **Research brief**

In working with young people, we want to think about how we can make access to sexual abuse support services better. We are doing research to learn about how you think this can be done differently and what you would like to see from services. We would like to ask you some questions about your experiences accessing these types of services. We may also ask your parent/ carer about their experience supporting you.

Our research project has been co-designed with peer researchers to ensure we have the children and young people's voices throughout what we want to explore. Peer researchers bring their experience to inform the research project.

### **Consent questions**

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized.

The procedure involves filling an online survey that will take approximately 20 minutes. Your responses will be confidential, and we do not collect identifying information such as your name, email address or IP address.

We will do our best to keep your information confidential. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The results of this study will be used for information gathering for NEL and NWL NHS Trusts.

If you have any questions about the research study, please contact Emma Hoxworth at [emma.hoxworth@barnardos.org.uk](mailto:emma.hoxworth@barnardos.org.uk)

Electronic consent: Please select below:

**Tick "agree" below to indicate that:**

- **you have read the above information**
- **you voluntarily agree to participate**
- **you are at least 13 years of age (if no, please obtain parental consent)**

Agree

Disagree

Please give a memorable initial/ name instead of your real name: \_\_\_\_\_

This will be used to identify your response if you would like to withdraw from the research study.  
Please keep this safe and private.

**Gender: (circle one that applies)**

Male / Female / Non-binary/ transgender/ prefer not to say/ other  
(Specify if other)

**Age:**

**Ethnicity: (circle 1 that applies)**

White/ White British/ Black British/ Black African/Black Caribbean/ Asian/ Asian British/ other  
(Specify if other)

**Borough you live in:**

**Has the service helped you? (1= not at all/ 10 =being yes a lot - circle 1 that applies)**

1 2 3 4 5 6 7 8 9 10

**What has it specifically helped you with?**

**How did you access/ find out about support services?**

**How easy is to access sexual abuse help services? (circle 1 that applies)**

very difficult /difficult/ neither easy nor difficult/ easy/ very easy

**Who referred you to the service? (circle 1 or more that applies)**

Social care/ GP/ School/ CAMHS/ Police/ Unknown/ other  
(Specify if other)

**Would a self-referral route be useful?**

Yes / No

**How long did it take for you to be 1<sup>st</sup> contacted by the service following a referral? (circle 1 or more that applies)**

Less than 1 week / less than 1 month/ less than 2 months/ less than 3 months / less than 6 months/ less than 12 months

**Where do you think is the most suitable places for support services to be based? (select 1 or more)**

CAMHS / Hospital / School/ Independent venue / Other

(Specify if other)

**How far would you be willing to travel to access support services? (circle 1 or more that applies)**

15 minutes/ 30 minutes/ 1 hr/ 1hr 30 minutes

**When is the best time of day for a service to support you? (circle 1 or more that applies)**

Morning (8-12)/ Afternoon (1-5)/ Evening (5-8)

**How can we improve the service you have accessed?**

**What would make it feel safer accessing these services?**

**Do you have a preference on how you can access these services? Would it make it better?**

F2F / Online

**Would any of the following help you feel more comfortable accessing these services? (circle 1 or more that applies)**

Group sessions  
Access to police support  
Having discussions about where your information is being shared  
Access to social services support  
Social events (peer support)  
More information on how to access sexual abuse services  
Family work with wider family

**Finally, do you have any additional comments you would like to share:**

Thank you for taking time to complete this survey! Your contribution is valued and will be used to help commissioners think about how to reshape new services.

If you feel like you need some further support after completing this survey you can contact the lead researchers, Emma Hoxworth at [emma.hoxworth@barnardos.org.uk](mailto:emma.hoxworth@barnardos.org.uk). In addition, please refer to the links below:

[www.victimsupport.org.uk](http://www.victimsupport.org.uk)

[www.nspcc.org.uk](http://www.nspcc.org.uk)

[www.stopitnow.org.uk](http://www.stopitnow.org.uk)

### Appendix 3 – Age breakdown of survey responses

Figure 1 Graph detailing responses from CYP aged 14-15:

Would any of the following help you feel more comfortable accessing these services? (pick 1 or more)

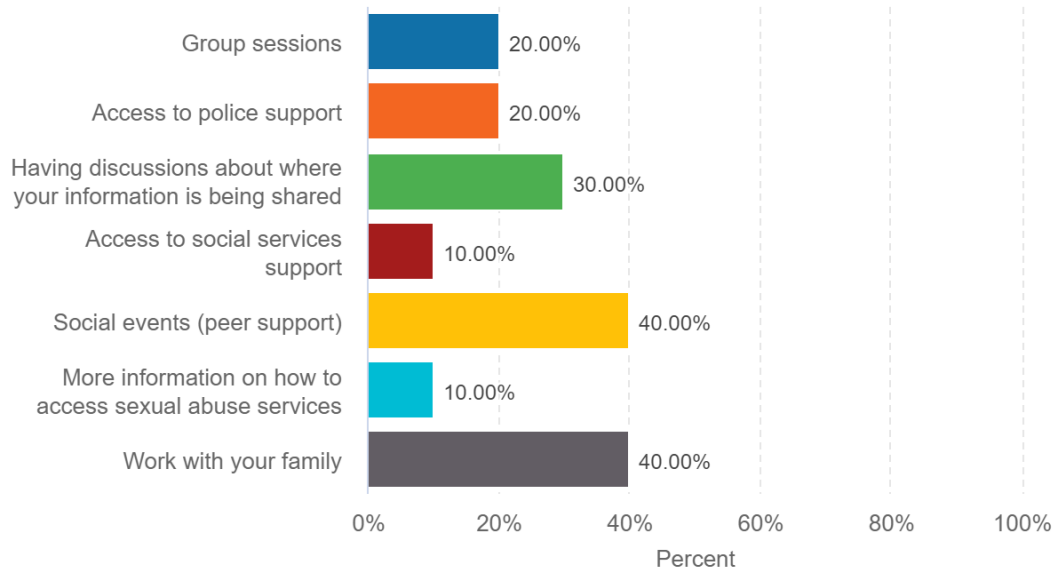


Figure 2 Graph detailing responses from CYP aged 16-17:

Would any of the following help you feel more comfortable accessing these services? (pick 1 or more)

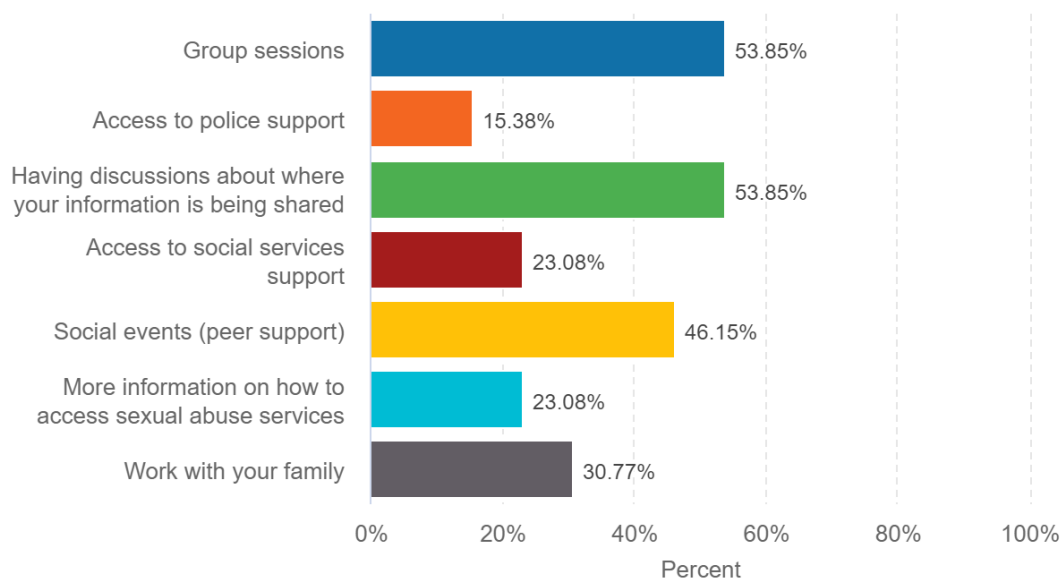
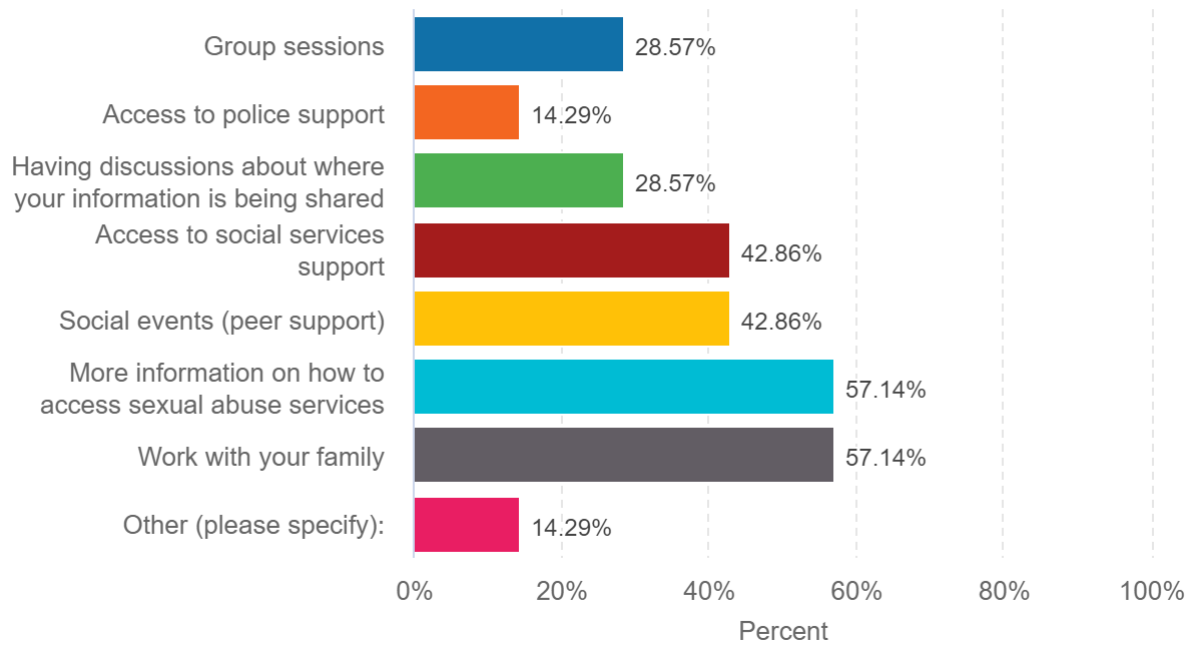


Figure 3 Graph detailing responses from CYP aged 18+:

Would any of the following help you feel more comfortable accessing these services? (pick 1 or more)



## **Appendix 4 – Transcription from part of the interview with young person 2**

*Int: And have you found the police involvement helpful?*

*YP2: No. No I haven't actually. Useless.*

*Int: So how do you think that could be changed?*

*YP2: I think they should do more investigations and stuff, yeah.*

*Int: And regarding their presence in services, do you think having a named police person in a service like this that you could speak to directly would be useful?*

*YP2: Yeah but I did have one of them, but he was useless.*

*Int: So your experience hasn't been very good with that involvement in those services.*

*YP2: No.*

\*\*\*

*Int: So were you interviewed by them here?*

*YP2: I was interviewed at the police station.*

*Int: And do you think that was okay, or would that have been better if it was maybe a service like this (SA wellbeing hub)?*

*YP2: Yeah I think it would have been better with something like this instead of a police station.*

*YP2: So what was your experience of that interview at the police station, and how could having it here be better?*

*YP2: It's bit more comfortable and it's more friendly (here)*

*Int: And you could have someone with you here.*

*YP2: Yeah. In there (the police station) you can't have anyone with you.*

\*\*\*

*Int: Are you happy with everything you've said so far?*

*YP2: Just the police need to do more.*

*Int: I will definitely put that in, and I think it's really important that you can acknowledge that, and that we can make sure that police involvement is done right...So more support around those sorts of, like you said, them sharing information with you and making sure that you're okay afterwards.*

*YP2: Yeah. They haven't called me since. He just told me, "Oh I'm really sorry. Only 15% of these cases actually go to court."*

*Int: Okay, so that's really a good piece of information for us, because if we can have designated police officers in these services that actually support -*

*YP2: That would be brilliant... And having interviews in one of these sort of places...Not at a police station.*