

Boys 2



Home Office



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Development of tools and resources to better identify and engage 'young males' at risk of Child Sexual Exploitation and Child Sexual Abuse

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Acknowledgements

The Boys 2 Research Project was a one-year project funded by the Home Office. The purpose of the project was to work alongside boys and young men impacted by child sexual exploitation (CSE) to improve identification, assessment and intervention of this largely hidden group. Alongside boys and young men, we developed standardised assessment tools and intervention resources for front line professionals to support boys and young men to cope and recover from CSE.

We would wish to extend our appreciation to the Home Office in enabling us to undertake this research project.

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Background

The research itself sits within a range of initiatives to work with young people including: the Taith Harmful Sexual Behaviour Service; the Seraf and Bristol BASE Child Sexual Exploitation Services; the Gobaith Younger Children with Problematic Sexual Behaviour Service; the South Wales Police Missing Service and the Gwella early intervention and prevention project.

As a general background, Barnardo's Cymru launched the Seraf Service in October 2006, a new service to work with children and young people who are at risk of or abused through sexual exploitation in Wales. In the initial SERAF pilot (2006/2007), 40% of young males were identified as being at 'high risk' of CSE (i.e. scoring over 16 on the SERAF assessment tool¹). The service received 1,251 referrals in the five years to April 2015 of which only 9.33% were for boys or young men. This low referral rate has remained static in the intervening period (2010-2017) with still only 9% of referrals for young males.

Barnardo's UK was aware that boys/young men were under-represented in being identified as victims of CSE and referral for support, and that there was a need to raise professional awareness of boys/young men as victims of CSE and to enable professionals to better identify vulnerability. This was directly informed by boys and young men within support services, reflecting upon their trajectory and the data being qualitatively analysed. Hence, this has been a national project hosted by Barnardo's Cymru.

Aims of the project

The aims of the project were to have an input into the development of assessment and intervention approaches to produce better engagement with young men who have been subject to child sexual exploitation and child sexual abuse (CSA). This work builds upon Barnardo's expertise in the field of CSA/CSE, missing and harmful sexual behaviours. Specifically, the team has developed this piece of work through the engagement of boys and young men, having input from CSA/CSE workers and partner organisations, operating across Wales and the South West of England. To this end, the project itself consists of a number strands:

¹ See: <http://www.anglesey.gov.uk/Journals/2013/11/08/o/m/w/SERAF-Initial-Risk-Assessment-Form.pdf>

1. A systematic literature review of the area of CSE/CSA carried out on males to examine what is currently known regarding risk and vulnerability factors in male victims of CSE/CSA.
2. Workshops carried out with practitioners to find out what they viewed as the barriers to: identifying/disclosing, push and pull (risk and vulnerability) factors into and out of CSE; static (historical) and dynamic (psychological) risk factors and recovery work/needs.
3. Information gained from case files on the young people.
4. Interviews with at risk young males to explore pathways of risk, abuse, exploitation and journey into service, in order to identify key engagement and intervention points.
5. The development and norming of a brief set of psychometric measures to be given to the young men who were also interviewed for the project in order to examine the area of problems that have been identified in the systematic review. The tools identified as being useful were shortened and input from a learning disability specialist ensured that they were easy to comprehend.

The final aim of the work was to have an input into the development of tools and resources to ensure a more effective response from agencies working with this group, given that they are under-represented in services supporting abuse victims while over represented within the criminal justice system. These tools and resources, it is hoped, will then be tested and disseminated through Barnardo's and Home Office networks.

Section 1: Systematic literature review exploring outcomes for boys impacted by CSE/CSA

The first part of the project was to conduct a semi-systematic review (see Appendix A, for the full literature review) exploring outcomes for boys impacted by CSE and CSA. Here, the review considered international, peer-reviewed articles between the years 2004 -2018.

However, the lack of research led to the undertaking of searches for articles relevant to male victims of CSE, and indeed CSA, to support the primary search, going back as far as 1970.

Utilisation of the systematic review process yielded 375 papers for first sift; resulting in less than 60 applicable papers to draw on regarding CSE for review. Exploration of CSA papers was also necessary to consider risk factors relating to later CSE. Truncation of terms was

used and variations of term were also used to ensure as deep a search as possible across international literature using eight databases (overall database search n=20).

The results found that the extant research is heavily biased towards female victims of CSA and CSE, with males being typically viewed as a perpetrator. Hence, there is currently very little known about these issues with males. The important areas identified were the following: *problems in self-esteem, emotional loneliness, cognitive distortions, sexual knowledge deficits, disability, and depression*. Characteristics related to *risk-taking behaviours, inappropriate or illegal acts, learning disabilities and/or Autistic Spectrum Disorder* were also found. In contrast, little evidence was found related to: empathy problems and locus of control; perpetrator typologies and behaviours and criminality arising from CSE.

Section 2: Workshops with professionals

Three, day long, workshops took place with professionals working in the area of CSE as a way to capture a large amount of views and opinions around boys and young men in relation to CSE (see Appendix B for a description of the outline of the areas covered in the workshops). Professionals were aware that the information they provided would be used in the research. On Day 1 - five attended (social workers and support workers from youth homelessness projects, youth offending and children's safeguarding services). On Day 2 - 11 people attended (assistant psychologist, health and wellbeing workers, social workers, safeguarding officers from Hillside, All Wales Secure Unit, children's disability services and family support services). On Day 3 - 16 people attended, all new care staff recently employed at Hillside Secure Unit. Amongst those attending, experience varied with some having no previous experience of working with young people, while two had limited experience of working with boys with CSE concerns.

The general aims of these workshops were to:

- Raise awareness of CSE
- Explore professionals' assumptions
- Explore the barriers to identification of CSE
- Consider the barriers for young people around disclosure
- Consider the grooming process
- Gain an understanding of push/pull factors

- Gain an understanding of static/dynamic factors
- Gain an understanding of the needs of young people around support and recovery work
- Begin to identify what professionals need to overcome the barriers to identification and disclosure and find ways to better in engage with young men.

General themes emerging from the workshop participants were around the following:

Assumptions around CSE/CSA

- **The assumptions that are made when the term abuse is mentioned** – in males it is immediately perceived as physical abuse, in females it is generally perceived to be sexual abuse.
- **The term CSE conjures up a particular image** – particularly of a white teenage female who is ‘looked after’ and who dresses ‘provocatively’. This is portrayed in the media and is an assumption found throughout society and organisations. Even when professionals know that this is factually not the case, it is the image that comes to mind first and is difficult to shift.
- **Perpetrator gender assumption** – there is an assumption that perpetrators are always male and it is very difficult to consider females as abusers/exploiters.
- **The male stereotype of being tough and strong** – whereas being a ‘victim’ of CSE is seen as the polar opposite. This can be the case for professionals as well as young people.

CSE identification and engagement

- **CSE is more difficult to identify in young males** (i.e. if they don’t tell us, how do we know?”) – the groups expressed the same views that have been shared by other professionals in strategy meetings etc, in that there is a feeling that ‘evidence’ is needed for males, whereas ‘gut feeling’ can be trusted in female cases.
- **Males are harder to engage than females** – this is in general and not just in relation to difficult topics. It was felt that males are not used to engaging directly or as freely as females and are more likely to play games or be task focussed when interacting. Young men are also less likely to show their emotions.

- **Lack of time, in general, to carry out the work** – this is related to the point above. It takes time to build up rapport. If the worker goes straight in with what ‘needs to be acted on’, the young man shuts down.
- **Criminal behaviour/anger is seen as the main focus of the work** – this is seen as the priority and, hence, the most obvious thing to act on. Therefore, little consideration has been given to the hidden reasons/ contributing factors. Therefore, there is focus on anger management rather than emotional literacy (i.e. seeing anger as a behaviour not as an emotion or expression of what has happened to the young person).

Time constraints

- **Lack of time to carry out in-depth work** – due to competing priorities, limited resources, increased caseload etc, there is no time to delve deeper. Involved professionals see that they have a job to do and need to keep focussed on that in order to meet their job roles and expectations. Hence, they do not want to ‘open a can of worms’ when they will not have time to deal with things properly.
- **Lack of management support** – professionals are not encouraged to go outside of their role by managers.

Professionals lack of confidence in their own expertise

- **There is a lack of confidence around ‘going off script’ or outside of their usual role** – workers reported that there is nowhere to go for guidance and support, they were worried about being laughed at for considering boys being victims of sexual assault, because boys are seen as sexual, perpetrators, of wanting sex, and/or are ‘horny teenage boys’.
- **Concerns about appearing homophobic** – professionals noted that, ‘What if it’s just exploration? What if it’s their right to explore?’ There is a stereotype of a ‘promiscuous’ gay male.

Section 3: File-based information on the sample

In terms of a description of the sample, we have demographic information for 14 of the boys and young men who participated. This is shown in Table 3.1 below, while Table 3.2 shows the level of emotional wellbeing, abuse and behavioural issues.

Table 3.1: Demographic descriptions of the sample

Mean age		19.2 (range 14 – 29) years
Mean age at referral		15.0 (range 13 – 17) years
Ethnicity	White British	14 (1 not stated)
Disability	Learning disability ADHD/behavioural difficulty	11% 33%
Special Educational Needs statement	Yes No Not known	20% 46% 34%
Living arrangements	Parents Independent living Foster care Secure Unit/STC	26% 26% 26% 14%
School	Mainstream PRU Special School Permanent Exclusion Employed	60% 7% 7% 12% 7%
Historic CP registration/plan	Yes No Not known Historical	7% 47% 7% 33%
Welfare status	None Care order Child in need (S.17) Accommodation (S.20) Care/support plan Not known	30% 21% 14% 14% 7% 7%
Criminal status	None Final warning/ Reprimand YRO Referral order	57% 22% 7% 14%
Support to address vulnerability	Yes No Not known	72% 6% 6%
Acknowledgment of CSE concerns	Substantially admitted Complete denial Minimized denial (14 -16) Not known	14% 21% 42% 14%
Any additional HSB behaviours recorded?	None Yes	60% 40%
Additional information	Age started to run away from home/thrown out/left home	14 – 16 years

Table 3.2: Emotional, abuse and behavioural issues reported in the sample

Details	Yes	No	Suspected	Not Stated
Experienced Sexual Abuse	5	4	2	3

Experienced Physical Abuse	2	4	4	4
Emotional Abuse/Neglect	11	2	0	1
Exposure to Domestic Abuse	6	2	4	2
Bullying by others	7	4	3	0
Emotional Wellbeing	Yes	No	Suspected	Not Stated
Eating disorder	1	9	0	4
Depression	0	7	5	2
Self-harm	2	9	1	2
Suicidal ideation/attempt(s)	0	11	1	2
Alcohol Substance Abuse/Misuse	7	5	1	1
Other issues	Historic rape and RSO/Vehicle related offences/ Transgender development			
Behavioural Issues	Yes	No	Suspected	Not Stated
History of smearing and soiling	0	9	4	1
History of aggression and violence towards others	5	5	0	4
History of stealing	2	7	1	4
History of firesetting	0	10	0	4
History of cruelty to animals	0	10	0	4
Bullying others	3	5	3	3
Damage to property	5	4	1	4
Running away from home	4	5	1	4
Substance use	7	4	1	2
Internet use concerns	6	4	3	1
Missing episodes	4	4	1	5
Gang affiliation	1	8	0	5

It can be seen from Table 3.2 that the sample reported high levels of:

- Emotional abuse/neglect (67%)
- Alcohol/substance abuse in the home (67%).

Section 4: Interviews with the young men in the sample

Pen portraits of the 17 young men in the sample are shown in Appendix C. For reasons of confidentiality, we have not identified which service they are from. Structured interviews were carried out to explore pathways of risk, abuse, exploitation, and journey into service, in order to identify key engagement and intervention points. Appendix D shows the broad scope of the interview questions. Eighteen interviews were carried out (17 with young men and one with a young person's mother). In terms of the number of themes to consider, typically this is suggested as between 2 and 6 themes for around 10,000 words of data. As there were 128 pages or 4,849 lines or 51,316 words of data, the qualitative person involved in the project (KL), after familiarisation with the data, suggested looking for a maximum of eight themes and the associated sub-themes.

The analysis that was carried out was thematic analysis (TA). This is a qualitative method used for the examination, analysis and reporting of multiple strands within data, and basically organises and describes these in great detail (Braun & Clarke, 2006). The analysis for this research used 'complete coding' (as opposed to selective coding as this requires rigorous defining of what we are looking for in the data) i.e. this type of coding requires a specification and justification of which words have been searched for in the data. The research followed the procedure for TA set out by Braun and Clarke (2006): familiarisation with the data (transcription and reading through); code generation; theme search; theme review; defining themes, and final report production. This work (conducted from a social constructionist epistemological position) explored the dynamic risk factors that may contribute to young boys and men experiencing CSE. The data analysed in this study was transcribed along with the accompanying pen portraits of each participant (see Appendix C).

Identification of themes in the interviews

Thematic analysis of these responses identified four key themes:

- Family Environment
- School
- Transition
- Risk Indicators

Each of these themes is discussed in turn.

Theme 1 – Family environment

This theme concerned the way boys and young men talked about experiences within their family environment. Three sub themes identified were; parents, nature of the relationship and living arrangements.

Parents

Perceived expectations of what practical lessons and support should be received from parents is subjective and socially constructed, but, is present in our lives from a young age.

Expectations ranged and participants reflected on how their parents had not taught them about basic life skills *“how to cook, how to pay bills, like how to get a job”*. The element of being taught by a parent how to perform simple skills that would assist a young person to look after themselves on a basic level was reflected on as being absent:

“I felt like my parents didn’t really ever teach me anything that, like, I would have needed to, you know, use in life ... I literally had no idea.”

This extended to an acknowledgement of absent involvement in motivational support available, lying in contrast to the perception that it is present in other parent-child relationships, which one participant described as:

“my mum wasn’t always very wasn’t like that she wasn’t very forceful with me which most parents are”

Support was also found amongst participants as to the effects that early, family malfunction can have emotionally, behaviourally, and the impact high stress environments (Kostolitz, Hyman & Gold, 2014) may have. For example, participants described high stress environments that may be seen as contributing to absent parenting. For one individual, this involved a parent with a mental health condition, *“ ... my mum has bipolar and, you know, it’s been hard growing up with that ... ”* Equally, the complexity of experiencing or witnessing physical abuse in the home further supports the suggestion that adverse early malfunction may effect development:

“ ... it was mainly me getting the abuse, so well, like I think, he hit my mum once and she was gonna chuck him out and then the second time he hit her she threw him out but this was in between me getting it like almost every day ... ”

Nature of the relationship

Unfortunately, the parents' complex issues were being experienced whilst participants were growing up and they themselves were experiencing equally complex issues around growing up which included issues relating to self-esteem, sexuality and social integration and validation. They talked about not being able to express themselves openly to their family in terms of their sexuality:

“I couldn't be, like, open about, you know, what was going on with my sexuality or anything.”

Disclosure and sharing of these critical environmental experiences of malfunction in childhood, during the development of the intrinsic belief in participants' overall opinion and value of themselves, further supports Orth, Trzesniewski and Robins (2010), and the importance of attachment to parents or caregivers. However, not only were the family or parent malfunctions described as reasons for why support had been absent, but, also in how it affected the individual. Crucially, most participants described a firm understanding for the lack of attachment that they were experiencing:

“I didn't really feel like I had any support from my parents, like, at this point, like, my dad, like, had found, like, his new wife and he was over there and he didn't really want to have much to do with me ... ”

Further, explicit confirmation was provided that, securely attached children and adolescents are generally better adjusted, have better relationships with family ... and have greater self-esteem and self-confidence (Mikulincer, et al., 2003; Madigan, Atkinson, Laurin & Benoit, 2012), by participants who reflected on this and the resulting potential missed opportunities in developing their lives and shaping their futures:

“ ... I wish you know my life was more like other people’s lives where they’re all happy and their parents care about them and you know they’re supported and they can really go for what they want in life ... ”

Within the discussions around attachment, there were also clear expectations from participants around what they would have liked to experience, despite an openness that they “*didn’t want to listen*”, or that “*I didn’t really talk to my mum cos obviously where I’m young I don’t want her knowing things and like that*”, in terms of closeness of relationship:

“ ... my parents weren’t honest with me and didn’t say like oh is everything okay I think ... it was only until I got diagnosed ... they went oh we did know something was a bit up or something it’s like why didn’t you bloody say anything. ”

In exploring secure attachment during childhood, the participants also described the changing nature of their relationship as they grew up and how this affected their ability to turn to parents for help with the complex issues of growing up:

“I used to ask my Dad questions but I think as I got older we used to argue a lot more so I stopped asking him questions I kind of withdrew myself from the family actually I asked people on Facebook questions”

In addition, how open a parent was to talking about complex issues, whilst potentially, juggling their own, was also described by participants and how that affected not only their view of their relationship with their parent but also the consequences experienced in other relationships:

“I was left with my mum who would- you know our relationship was pretty bad and I couldn’t talk to her about anything an’ she didn’t even seem like she wanted to talk about it anyway ... I thought, you know, all people were just like my mum, or, like you know, people like that and those aren’t really people you can talk to like, you know, it’s quite- in- in- my my view of relationships with anyone was just like very toxic.”

The older participants were in a position to be able to reflect further on the quality of the relationship between parent and child, how it made them feel at the time and, crucially, attributed it to placing an individual at risk of CSE:

“ ... bad relationship with parents is certainly one of those things er it can make you feel- and certainly if you’ve got no outlets like I had it can make you feel incredibly isolated you know I felt that until I found those outlets I was incredibly just uh lonely I guess an’ you know as a fourteen fifteen year old you don’t wanna be feeling like you’ve got nobody.”

In realising that they could not engage with their parents, individuals looked to other avenues for parental support. For many, this was an uncle, a grandmother, a sister but how open they were within these conversations was not explored. One participant in particular, actively sought parental advice through social media:

“ ... there was all nice people and I met them when I was like fourteen and they live all over the country these people and well they helped me through a lot actually cos they was the first people to know I was gay they was the first people to know I’d met my boyfriend M and I’d never really spoke to my parents about things like that ... so I’d get parent advice from parents online ...”

For many participants, their parents were not the first to be told about their child’s sexuality, strangers provided the virtual parental support:

“ ... they [online community] was the first people to know I was gay they was the first people to know I’d met my boyfriend M and I’d never really spoke to my parents about things ...”

Poor relationships and attachment between parent and child, as well as their inability to fulfil the parental role and their poor understanding and intolerance of their children as they grow and develop physically, mentally and sexually, may be considered as contributing factors to CSE vulnerability, Beckett (2011). As this discussion goes on to explore however, a further factor in the family environment was living arrangements.

Despite describing shortcomings in the fulfilment of the parental role, when asked to whom they would go, to report a concern for a friend's welfare, to know more about sex and to discuss any worries they might have, younger participants said they would go to their parents. This was not the same for older participants, for whom, the majority were no longer in touch with their parents and had been explicitly rejected owing to a parental lack of understanding or, an intolerance of, homosexuality that extended to their own children:

"... my boyfriend said to my parents you know if at the end of when my train ticket runs out you want him to come home then I will send him home and they didn't say anything so I stayed erm and that was that."

Poignantly, when asked how they imagined a child would feel when experiencing abuse by an adult, the expectation of the role of parent was amplified through one response:

"Sad probably thinking where are my parents?"

Living Arrangements

The quality and understanding within relationships between parent and child was inextricably linked to participants' description of their living arrangements in their childhood years. These varied widely from what could be described as the traditional nuclear family "*Mum, Dad, brothers and sisters*", to individuals being "*in and out of foster systems*". Living with relatives, such as grandparents, was touched on by a small number of participants but, in the main, living arrangements were what could be described as unstable and interspersed with a form of abuse:

"I moved around a bit from my mum's to my dad's to my nan's and then back again cos of like if I'm being honest like yeah my mum's boyfriend used to like beat me up and stuff when I was younger ..."

Shared house or hostel accommodation was also described, the former appearing to be a safe place until:

"all of a sudden cos I didn't have control over who lived there I was like surrounded by you know people smoking crack erm one guy was like a pimp like he was friends"

with the crackheads and stuff like that was going on and people on the run from prison just doing like bad shit basically ... ”

For one participant at the age of fifteen (in the middle of GCSE years 10 and 11 at school), living arrangements were chaotic, punctuated with witnessing abuse and rejection by his own family members:

“ ... I’d been referred [for support] even though at that point I’d been just staying at friends most of the time because of erm the relationship that was happening at home with my mum erm I was then kicked out by my mum and then I was homeless for like two weeks and then my dad said he’d take me in then I left there cos his wife didn’t really like me that much and then I moved to my nan’s and then my- I was like a- my grandad was like not er really pro-gay so he started to clock on and then I had to kinda leave there and then I lived with my auntie and then after some messed up stuff happened to her and I was like around it a lot and then I ended up getting my own place when I was like just turned sixteen ... ”

Equally, living arrangements were described in multiple ways, with parents separating and the difficulties inherent with divorce, “ ... *they [parents] divorced when I was younger ... it’s difficult not having a dad to grow up with*”. Living arrangements also included single parents with a lesser involvement from the other parent not living at the same address:

“ ... single Dad two other brothers erm er it was that way forever really and then you know Mum would come round every now and then n’- but er well yeah just not very good for me I think the living arrangements ... ”

Further, participants talked about experiencing multiple partners living in the family home, providing what can be imagined to be an unstable environment where consistency in parenting was perhaps not a priority and brought with it multiple house moves:

“My Dad left when we was- when we was three I think ... [then] had my little brother’s Dad for like two years after that for like three years and then he left and then my next brother’s Dad about four years after.”

Living arrangements were also talked about in terms of need: not the need to rebuild or improve relationships with parents, but to compensate for low self-esteem and a lack of confidence:

“ ... at first I was just looking for someone to maybe form a relationship with but just someone to have sex with someone who doesn't find me ugly do you know what I mean ... ”

In addition, the nature of the relationships at home that had contributed to individuals not feeling able to express themselves and be accepted by their family members, resulted in displacement:

“ ... my grandad was like not er really pro-gay so he started to clock on and then I had to kinda leave there... ”

In contrast to the acknowledgement that participants had experienced poor relationships with parents, when asked what advice a participant would give to others at risk of exploitation, his first response was to reference the benefits in repairing relationships to stabilise living arrangements:

“ ... don't be in a rush to leave home if you can repair things at home with your parents where you still live if you still live there then try and do that first cos erm you know being estranged from your parents is awful ... in today's climate you know it's hard to get a place of your own and it's going to be expensive if you do so yeah try and keep things nice at home ... ”

Theme 2 – School

This theme concerned the way young boys and men talked about their experiences of school. Three sub themes identified were: sex education, pastoral support and exclusion.

Sex education

What an individual knows about sex includes their level of understanding, knowledge and whether they can comprehend what is appropriate in behaviour relating to sexual actions, verbal sexual referencing or behaving appropriately in the right context with another person

or oneself. It is knowing what sexual behaviours are right or wrong and how actions can lead to physiological, psychological and emotional harm, and when it is right to act sexually with another, and when it is not. To explore this further with participants and to gauge their current knowledge and understanding in order to find out if this could be a risk factor in terms of CSE vulnerability, this research asked whether participants had received any sex education in school:

“ ... it was really good I mean I listened anyway and so I’ve never had any problems with sex I’ve always known what it’s for and been able to differentiate between meaningful relationships and just sleeping around ... We started learning about sex education when I was in year- let me think about year- year 4 ... ”

Unfortunately, this was the exception rather than the rule with all other participants saying that they had received no memorable sex education, or education about relationships. The most that participants could reply was:

“Well the only sex ed I’ve had is knowing how to put a condom on a penis.”

When prompted, individuals expanded marginally in terms of having been told about sexually transmitted diseases that an individual might be exposed to should they not wear a condom, and above all:

“ ... if you wanted to use a condom you would- it would be so you would- it- it be so you didn’t want children.”

Considering the background of some of the participants and their decisions around their sexuality, and for some this included full disclosure that they were gay, what appeared absent was a fully informative sex education programme. In terms of research findings which suggest that, with reduced sexual knowledge and behavioural understanding, the risk factor to exploitation may well increase (Friedrich et al, 1998; Grossi, Lee, Schuler et al, 2016), it would be easy to see why sexual knowledge deficits are highlighted as a risk factor in CSE vulnerability.

The apparent failing of schools to provide this education, combined with this demographic, lends weight to the suggestion that without it, young boys and men may not experience an increased sense of control and feeling safe and form an increased protective cognition of the self which may, in turn, lead to behaviour change and increased risk of CSE vulnerability. This has been evidenced in simulated scenarios and has shown reduction in sexualised behaviours (Currier & Wurtele, 1996; Walsh et al, 2015; Dale, Shanley, Zimmer-Gembeck et al, 2016).

Having explored whether school provision of sex education was available, delivered and had increased an individual's knowledge and understanding, this research went on to explore where knowledge about sex and relationships *was* gained from, in this population, if not from school.

Participants' responses fell into two broad categories: people and virtual. The people most talked about in terms of where a young person might learn about sex were school and parents, supporting findings from Ingevaldson, Goulding and Tidefors, (2016). However, these were not overly expanded on. Certainly, the connection between their childhood experiences of what may have been observed behaviourally between parents, mothers and boyfriends and other various experiences were not referred to. Where parents were talked about as being a source of information, the detail of that interaction would need exploring further to establish whether the answer of 'parents' was given because it was where the individual felt they *should* be able to get advice or whether it was an actual source.

This gives rise to connections with Theme 1 in terms of explaining the absence of parental input in providing sexual knowledge and understanding when the opportunity arises in some cases, as some parents have been found to struggle to identify and respond to young children's inappropriate or harmful behaviour and, further, were less able to intervene due to a lack of knowledge around risks, abuse indicators and knowing how to intervene. This research would suggest that parents need to know how to have open discussions with their children about sex and relationships before considering the wider field of harmful behaviour and abuse indicators. Indeed, appropriately timed and accessible conversations, available when required, with a parent where possible, may reduce CSE vulnerability.

Further, discussions between friends about sex and relationships were talked about in limited terms and centred on the physical attributes of a female as opposed to sex or relationships.

For one participant, learning about sex was all about *“just cracking on really”*, although this particular individual also spoke about the ‘virtual’ category as well through his use of Google to answer any questions he had regarding life, from how to learn about relationships to *“how do you fix like a plug”*.

Virtual sources of information varied and, as the name suggests, were not interactive and did not involve actually speaking to another person. The internet in general and more specifically, pornographic websites, were suggested as the main virtual sources, along with many other forms of popular culture:

“TV ... music ... social media it’s everywhere”, “Facebook, Twitter, Snapchat, Instagram”

“Computer games”

“Film ... videos ... DVDs”

When participants were asked about the value that these virtual sources were able to provide in terms of whether they felt that relationships were portrayed as positive or negative, responses ranged from *“I don’t know”* to a definite consensus that, overall, relationships are portrayed negatively in sources of popular culture. Music, in particular, was highlighted as, *“It’s always everyone’s broken up”*. The opportunity for parents to provide explanation whilst watching TV could also be seen as an opportunity to open a discussion about sex or relationships. However, for one participant, this was explicitly not the case:

“If there were sex scenes on the TV my mother would always cover my eyes so I couldn’t see.”

This would support the recommendation by Davies and Robinson (2010) that attachment and parental sexual knowledge in relation to the child’s understanding is an avenue of further exploration. It also links back to the earlier discussion around the parent-child relationship highlighted in Theme 1, in which benefits may be found in finding suitable interventions designed to reduce tensions in parent-child communication.

Pastoral Support

Participants talked about difficulties at school tending to begin when they decided to “*come out as gay*” and this varied in terms of age, the youngest being in Year 8. Assistance with difficulties from school and their individual experiences surrounding that crucial moment were recalled differently:

“ ... I just decided like fuck it I told everyone I was like gay all that kind of stuff and then things really kicked off like I was like you know getting into arguments and fights all the time in school until the teachers kinda caught on and then it seemed to lessen ... ”

Rather than describing a pastoral support system in school, individuals spoke about “*being referred ... by the school*”. The initial introduction or meeting was spoken of in different ways but was generally talked about as “*I didn’t want to talk to anyone*”. More specifically:

‘I don’t want to see them no, no it’s just another social worker.’

The reasons behind not wanting to speak to anyone revolved around low self-esteem and opinion that the future was bleak:

“I didn’t really feel like there was like much of a future for me like so it’s kinda like why I was burning the candle fast if you get what I mean.”

Exclusion

In contrast to support, is exclusion. In terms of ensuring that students receive an education including sex and relationship education and pastoral support from schools, they must be in attendance and, for the range of reasons discussed so far, this can be difficult to achieve for a fourteen year old living in various locations whilst witnessing or experiencing abuse of some type. Views about school were as individual as each participant’s circumstances and, for some, the studying and learning element was a positive experience despite bullying:

“ ... the learning bit was good I liked studying ... I got bullied a lot ugh God let me think from like the age of seven til I left school so that was about nine years of just like constant like every day something was being said about me ... ”

For others, the experience was not so enjoyable, yet they gained qualifications and reached a college level education:

“It was all right it wasn’t the best but I got on with it ... I kind of got bullied ... in secondary school and they [a teacher] helped me a lot ... stayed til Year 11 and then went to college.”

Inevitably for some participants, being excluded was part of the school experience, against a backdrop of family malfunction and growing up and, for one participant, the word excluded was used explicitly:

“ ... when I got to secondary I was excluded every week and that but they kept me in school cos they wanted me to pass my GCSEs and then yeah I didn’t- (coughs) I didn’t pass any.”

However, for another participant who had been excluded multiple times and had subsequently attended a Pupil Referral Unit, it was referred to in similar terms as those used to describe leaving home: ‘kicked out’:

“I enjoyed primary school erm secondary school no it was just terrible obviously got kicked out of H first and then just went on from there really.”

Interestingly, in terms of being excluded from school, none of the older participants had been excluded, whilst just over half of the younger ones had been. This may be due to financial constraints placed on school budgets or it could be for other reasons. Either way, it should be highlighted that exclusion is more prevalent now and, in itself, may present a further risk factor in CSE vulnerability; the level of engagement at critical personal moments such as some of the ones described here, by a school, is dynamic and changeable over time and warrants further exploration.

Theme 3 – Transition

This theme concerned the way young boys and men talked about transitional periods in their lives. Sub themes identified were; friends/peers and support worker.

Friends/Peers

This sub theme explored the ways in which friends and peers were described and talked about, the good and bad experiences and subsequent effects as well as participants' current views on friends.

How they were talked about

For one participant, friends were talked about in terms of familiarity and stability in an otherwise tumultuous family and living environment:

“ ... I was like just wanted to go back home like to you know my friends and school and stuff ... ”

Despite the support received from friends who had provided this participant with somewhere to live, once they had returned to familiar friends and school and made the decision *“in Year 8 to come out”*, against a backdrop of family malfunction and chaotic living arrangements, the result of his decision to come out meant *“I kinda just branched out dropped all the friends I had before cos they all turned on me anyway.”*

The range and number of friends that participants spoke about having, ranged from no friends *“cos I was moving around everywhere”*, or that *“I was left on my own quite a bit erm at school”* due to expressing his sexuality; to feeling part of a *“big group ... about thirty to forty of us ... it was a mixture of different classes we were all kind of doing the same thing ... so it was quite a few peers to choose from so I had quite a varied amount of friends.”*; to not feeling good enough for one friend who moved to a private (fee paying) school and the subsequent loss of contact was put down to *“cos I was like the poor ... ”*, no doubt driven by an already under-developed opinion of himself.

For others, friends were spoken about in more transient terms *“I just kind of in and out of friends at school”* and also in terms of difference, *“all my mates at school they- they all like – they was all going to lessons they was being good and that ... ”* an influence that did not rub off on this particular participant who went on to say that it felt *“ ... weird innit all my mates wanna go to lessons ... ”*

Not only did friends appear to provide a contribution to the emotional loneliness felt by an individual, for others they helped to combat it:

“Yeah course they’re my best friends I keep close innit like cos I know I can say som’ing and they won’t tell anyone like.”

Throughout the discussions around experiences of friends, emotional loneliness (Weiss 1973), was evident particularly around a participant’s time of transition which, for many individuals, was linked to living arrangements or expressing themselves in terms of sexual preferences i.e. in coming out and in disclosing this preference, many felt alone. It was this moment that friends either supported or abandoned the individual which had consequences in terms of CSE vulnerability. The anxiety and emptiness that arose due to limited or no attachment to another person (friends or family) meant that participants sought attachment and social and personal validation elsewhere.

Good and bad experiences

In terms of good and bad experiences of school, the first indication of a transition came when participants talked about the differences that they experienced between primary and secondary school. Making new friends did not appear to be an issue, but this period of transition was talked about in terms of significant change, most notably the new types of people that were experienced and the subsequent effects:

“ ... it was fine in primary school secondary school it just went to kind of naughty students I’d say just hanging around with the wrong people.”

Significantly, on reflection, for those who had got involved with the wrong people, there was acknowledgement that these individuals:

“... weren’t helpful at all tried to lead you off a different kind of path and did for a while.”

These new friends were identified as not helpful for a range of reasons some of which were superficial and stereotypical in description, *“I hung round with the smokers”*; for others, this new group of friends *“led on to a lot of like illegal partying and stuff.”*

From hanging around with the wrong people, descriptions escalated:

“ ... then you know people who took drugs and people who were Goths people who like went to like raves and stuff like that and hanging around in circles with them and then hanging around with just complete fuck heads ... ”

Consequently, new social networks derived from contacts at school or through temporary living arrangements were described as including “*complete crackheads*”, “*pimps*”, “*people on the run from prison*” and “*messed up kids doing drugs like and other stuff as well that I wouldn’t really wanna go into*”.

Significantly, the combination of searching for meaningful attachment, establishing identity and gaining social validation from friends, meant that these new social networks of friends included links with perpetrators:

“INT: How did that perpetrator how did he find you how did he know you that bloke?”

03b3: It was one of my friends knew him innit?”

These perpetrators were capable of capturing the attention of multiple friends, thus, drawing an individual into vulnerable situations:

“ ... loads of my friends were around him he’s giving everyone drugs hanging out at his house like I wanted to hang out with my friends and you know and party and stuff like that and I would just end up in positions where is was like you know very like wasted on ketamine or whatever and he’d do stuff to me ... ”

With largely entirely absent support networks, including parental grounding in areas such as self-esteem and social integration, individuals spoke of having nowhere and no one to turn to or trust:

“ ... I think no one wants to hear this or believe what I say and everyone’s gonna turn on me so I might as well just shut up ... ”

Caught in a spiralling situation, many participants appear to have broken the CSE cycle by chance:

“I found a group of friends that did see what was going on and were like ‘fuck that guy like hang around with us’ and that’s kinda how I got away from it ...”

or, by having found Barnardo’s:

“... cos that’s where you’re gonna get the most support ... it gave me a place to just kind of talk about how I was feeling some of my frustrations and ... it’s just like a safe place to go and when I was feeling miserable it was just something to look forward to for the next week ...”

Current views on friends

Having progressed through traumatic transitional periods, participants went on to talk about their current friendships, the nature of them and how they had come about. For some, the nature of their friendships had remained transient and diverse and distant:

“I change- I- I- I- I- swim in many circles and you know I’ve got loads of different kind of friends everywhere its always changing like the people in my life ...”

For others, friendships formed the basis of bettering oneself and ultimately represented finding people who accepted them:

“... they come from more like middle class backgrounds and they’ve got like more like hopeful futures and are kind of like- I kinda could do it- do what I was trying to do alongside them even though I was doing it on my own I felt yeah that’s kinda became the crowd I hung around with and it’s the one I’ve stuck to as well.”

For others, the size of the group of friends had consciously diminished from, “... I used to be like friends with everyone do you know what I mean I was just kind of finding my place ...” to being “happy with like two or three main people that I see.” The need for a huge group of friends was no longer a necessity.

For others, the age of their friends appeared more salient and marked a difference between school and adult friendships:

“... it’s all different cos I hang with older people now ...”

Ultimately though, the friendships that the older participants were currently enjoying were talked about in terms of acceptance, higher self-esteem, support and validation:

“... my friends they support me with everything I do and they- they’re they’re always by my side when I needed them the most ... Like say if I wanted to like do something like a different course or like go somewhere and that lot they’ll support me by like showing that they care about me ...”

Support Worker

This sub theme highlights the relationship, as described by participants, between boys and young men and their support worker during their period of transition. Support worker engagement links to the ability to express feelings in order to learn, find identity and acceptance and is dependent on someone consistently being “there”, someone who can be relied on. The perceived quality of that relationship will dictate the degree of engagement, what is disclosed and how judged the individual feels. This is a critical moment. That said, participants did state that they had not disclosed the full extent of their experiences and instead had generalised what behaviours they were engaging in at the time.

“I found when I met P like you know he talked to me like on a level that I didn’t really talk to other guys like you know I thought everyone was either just didn’t like me or was like judging me you know for being gay and all that kinda stuff and I never really got that from P and erm he was kinda like he’s [creative] as well and so am I and he kind of encouraged that and like gave me a vision of like the future where I can actually live a kind of life I was hoping for ...”

Willingness for an individual to engage was driven by how familiar an individual felt their Support Worker was. This was talked about not only as being important, but, also in terms that simply seeing them around school was enough to begin the process of bonding:

“ ... you haven't created this bond with them yet you've not seen them around the school like you did with the school counsellor or anything like that you've not in that way you've sort of been introduced to them a little bit like oh yeah I know like if it was they're not a familiar face you know they're not a familiar face ... ”

Whilst the actual manner in which an individual was engaged with was very personal, the process of engagement by a Barnardo's worker was held up as an example of the right way to approach a young man, specifically:

“Oh I'm P, nice to meet you it was you know you'd taken me out introduced me to who you were introduced me to B and just discussed about my interests and what I liked and we grew like a connection in a way you know we grew a friendship and it was ... we just always had this catch up we always had always had contact it was never it was never a erm you like I'm P and I'll speak to you in a couple of weeks it was never like that there was always there was always clarification with when I'd get contact with you guys ... ”

Theme 4 – Risk indicators and Interventions

This theme concerned the way young boys and men talked about CSE risk and vulnerability indicators. Sub themes identified were; personal risks and vulnerabilities and advice to others.

Personal risks and vulnerabilities

Homelessness, as a result of parents kicking their child out of the family home, was not only described as a personal experience that left an individual vulnerable to CSE, it was also described as an experience for many other young people:

“... they've been put in that situation bec- just because they love someone and that's exactly how I felt erm so I knew er well I did- I've taken some incredible risks an' er you know I did- my boyfriend who I'm with he could have been anyone ... ”

Likewise, the knowledge of an individual coming from “a broken home” was the key vulnerability that another participant attributed his experience to:

“I was you know being groomed and like manipulated and stuff like that and they knew I was from like a broken home and like I had issues and stuff like that and erm yeah it still affects me now to be honest like but I just have to work through it ...”

Despite the visible effects that transient living arrangements or being homeless can have on an individual, homelessness was not the biggest risk indicator in terms of CSE vulnerability. For the older participants, drugs, money and partying behaviours had been clear indicators for them personally, many of which were highly visible, yet participants felt were ignored by school in particular:

“I’d say drugs because people never seem to question where erm you know for instance when I was younger I had no money my mum wouldn’t give me any money ... where is he getting the alcohol from where is he getting these cigarettes where is he getting these drugs like you know I think that’s the major- the first sign ...”

In addition to these visible indicators, breakdown in communication between teacher and pupil was also felt to be a risk factor; from a young male’s perspective:

“...people stop listening to other people as well like teenagers are hard to get them to listen but I didn’t wanna listen to anything anyone had to say around me at all because I felt like they were just trying to put me back in a place I didn’t wanna be that I was trying to get out of ...”

A further indication that someone is being sexually exploited is the mention of, but, continual absence of, a boyfriend:

“... if someone says, ‘Oh I have a boyfriend’ but you never see them and it’s not that they’re just like in another school somewhere it’s just that I have a boyfriend but non-descript details of it ...”

Further risk indicators included aggressive behaviour *“someone lashing out you know at people when it seems a bit like unjustified or you’re maybe like ‘why are they doing that?’*, and social isolation, *“if you can see someone with like you know not any real friends and yeah maybe someone who’s a bit different.”* Specific groups of young boys and men that

were talked about as being at risk of CSE included being young and gay as a “*soft target*” and also those who are, or have been, in the care system:

“I think just you know young people who’s been or is in the care system you know they have a tendency to do what they want that’s kind of the mentality you know almost as if they’re self-entitled to to everything really I mean in some sense they are I mean but it’s it’s that kind of problem which causes people to like young people to to to run away and obviously with that, that in itself causes them to really put themselves at risk and make it easier ...”

Advice to others

Advice came from the older participants who had had time to reflect on their experiences and ranged from practical advice around addiction which was offset against their own worse-than drug-addiction experiences:

“probably better off getting into drugs rather than what I got into ...”

to sounding as though they were the parents they had never had:

“I think they need to stay being a kid and not really try growing up it seems to be like society’s just press ganging them and pushing them into ... growing up too quickly ... They just need to not rush.”

By extension, this was also represented in physical terms as well:

“I’d literally pick my mate up tuck him in the car and drive off.”

It was recommended that an adult should be talked to about any experiences. Interestingly, this was not necessarily a parent as illustrated through the use of the word ‘caring’ but deliberately left wide open to take into account the many differing circumstances that young boys and men find themselves in and the adults they may feel able to turn to:

“Talk to the adults you know the ones that are caring for you.”

One participant provided slightly more philosophical advice and, in doing so, demonstrated a level of insight that could have been instilled during childhood but which, in contrast, was gained as a result of support following a traumatic experience and which highlighted self-dependency:

“If I were to give advice I would just say just take a step back from what’s happening think about what- what’s going on and that lot and like think what could you do to like prevent it happening like no one can’t tell you what to do about it but apart from yourself.”

In the end, advice came from personal experience and reflection and what really shone through was that, for those participants who have received help and support from Barnardo’s, they had finally been equipped with the resources to not only grow up but gain the knowledge and understanding of who they are as individuals and to build their self-esteem, self-confidence and belief systems:

“... just think about your future like really work towards what you want because this period of your life isn’t your whole life like your whole life is ahead of you and to get where you want to go you have to like work for it you know and you have to make sure you’re in a position to go after what you want and even though you went through some shit now that’s not nice you can make your life great still.”

Section 5: Quantitative analysis of identified problems (from the systematic review) reported in Section 1

The hypothesis to be examined in this section is that male victims of CSE/CSA are more likely, in general, to have certain characteristics compared to those who have not been subject to CSE/CSA. These include:

- Lower levels of self-esteem and self-efficacy
- Higher level of emotional loneliness and inability to cope with negative emotions
- Poorer ability to perspective take
- An external locus of control (i.e. not seeing oneself as being in control of one’s actions/life)

- A problematic attachment style that would lead to inappropriate relationships with others.

Six measures were given to our sample (N = 15) of young people (mean age 21.3, range 12-24 years) who had been subject to CSE/CSA. These measures assessed the following areas (which we thought useful to measure in terms assessing the areas that could provide push-pull factors): loneliness, self-esteem, self-efficacy, locus of control (i.e., the ability to feel in control of one's life, as opposed to thinking that events control that individual), measures of cognitive and emotional empathy and overall attachment style. These questionnaires were also administered to a sample of 34 young people (mean age 14.5, range 13-18 years). Of these: 59% were White British, 18% White other, 6% White Irish, 3% British Asian, 3% African-Caribbean, 3% Mixed race, 9% none stated. A brief outline of these areas and the associated measures used in the study are listed below.

Emotional loneliness

Loneliness can be regarded as a combination of three factors: (i) social isolation; (ii) inability to self-regulate the emotions associated with feeling isolated; (iii) mental representation of loneliness. The measure used to assess these problems was the *Social and Emotional Loneliness Scale* (DiTommaso & Spinner, 1993), assessing social loneliness (3 items) (example item – *There are enough people I feel close to* (negatively coded), and emotionally loneliness (3 items) (example item – *I experience a general feeling of emptiness*), with the six items taken together assessing a mental representation of loneliness.

Self-esteem

Self-esteem has been viewed as a stable construct by some, and one that fluctuates over time based on life events by others. In fact, there will be different groups of people who fall into these two categories. High self-esteem individuals have been found to be emotionally stable, extroverted, conscientious and were somewhat agreeable and open to experience² (based on the Big-Five personality constructs). The measure used here was *Thornton's Self-Esteem Scale* (Webster et al). This eight-item measure has good construct validity in terms of it being highly correlated with the more extensive Culture-Free Self-Esteem Inventory (Battle, 1990) and, therefore, was thought to be a good measure of this area (sample question – *Do you like the person you are?*)

² based on the Big-Five personality constructs

Self-efficacy

Bandura (1994), notes that self-efficacy beliefs are said to ‘determine how people think, feel and motivate themselves and behave’. Bandura further goes on to note that ‘self-beliefs of efficacy’ play a key role in motivating people in that, because motivation is cognitively generated, they form ideas about what they are capable of, generally make plans to achieve these, and anticipate the possible outcomes of these actions/behaviours. People’s beliefs about self-efficacy can be developed through four main sources: *mastery experiences*, *vicarious experiences*, *social persuasion*, and a *reduction of stress* reactions. High levels of self-efficacy have found to be related to positive emotions, optimism and work satisfaction. A negative level of self-efficacy has been found to be related to depression, stress, health complaints, and anxiety. The measure we used was **the General Self Efficacy Scale** (Schwarzer, R., & Jerusalem, M., 1995). This 10-item scale is a self-report measure of self-efficacy. An example question is: - ‘I can always manage to solve difficult problems, if I try hard enough’.

Locus of control

The concept of ‘locus of control’ is described by Colman (2001) as a cognitive style or personality trait characterised by a generalised expectancy about the relationship between behaviour and the subsequent occurrence of punishment or reward. Thus, those with an internal locus of control tend to expect positive reinforcements as a consequence of their own efforts, while people with an external locus of control view rewards or punishments as being due to chance, luck, fate or the actions of powerful others. Research has shown those with a high internal locus of control have better control of their behaviour than those with a high external locus of control. The measure used in the study was the **Short version of the Nowicki-Strickland Locus of Control Scale (20 items, originally 40-items scale from Nowicki, 1976)**. The original 40-item scale is considered an excellent assessment of locus of control for both young people and adults. An example item from this measure is: ‘Do you feel that most of the time it’s not worth it to try to hard, because things never turn out right anyway?’

Empathy

In English, the word empathy comes from the Greek root *pathos*, which means emotion,

feeling, suffering, or pity, while, as long ago as the 18th century, Smith (1790) defined empathy as the ability to understand another's perspective and to have a visceral and emotional reaction. Empathy experience also broadly splits into two aspects, an emotional aspect (feelings towards others) and a cognitive perspective (the ability to take the point of view of others). Lack of empathy of course can be seen towards others in so many situations and may also be towards oneself. For example, thinking that one is not worthy of being thoughtfully considered or looked after for that matter. The measure that was used in the study was the ***General empathy - Interpersonal Reactivity Index (Davis, 1980)***. This was originally a 28- item questionnaire that measures four components of empathy: *perspective taking*, *empathic concern*, *fantasy*, and *personal distress*. Perspective taking measures the ability to assume, cognitively, the role of another; empathic concern measures feelings of warmth, compassion, and concern for another; fantasy measures the ability to identify with fictional characters and personal distress measures anxiety and negative emotions resulting from feelings of distress of another. For the sake of keeping the psychometric battery as short as possible, the fantasy subscale was removed when administered to the sample.

Attachment related experiences

The concept of attachment in humans was originally described by Bowlby (1969, 1973, 1980) as the process by which an infant has an inborn biological need to maintain close contact with its mother, or other main caretaker. Attachment theorists working in the area of adult personal relationships suggest that the caretaker-child relationship provides a model or template for future personal and intimate relationships with others. Four adult attachment styles have been broadly identified in adulthood, one 'secure' and three 'insecure' styles, based on how one views oneself and how one views others, leading to the attachment styles shown in the diagram below.

Thoughts of Self

Positive	Negative
Secure Comfortable with intimacy and autonomy	Preoccupied Preoccupied with relationships

	<p>Dismissive Dismissing of intimacy Strongly independent</p>	<p>Fearful Fearful of intimacy Socially avoidant</p>
Positive		
Thoughts of Partner		
Negative		

- *Secure/autonomous* style is associated with sensitive and responsive parenting in childhood with those having this style viewing others as warm and accepting, and reporting high levels of appropriate intimacy in relationships.
- *Preoccupied* is associated with an inconsistent parenting style in childhood where the parent is seen as behaving in ways that interfere with the child's autonomy or exploration. This style is associated with an increased risk of social withdrawal and rejection and feelings of incompetence, leading the individual to being uncertain of the quality of relationships and living in fear of rejection (Henry and Wang, 1998). They are, therefore, likely to engage in relationships with inappropriate controlling others.
- *Dismissive* is associated with an interfering parenting style where the parent/primary caregiver behaves in a remote, cold and controlling way, discouraging independence. This style is characterized by an emphasis on achievement and self-reliance at the expense of intimacy. Such people may have accepting attitudes about casual sex.
- *Fearful/Disorganized* is more often associated with parental maltreatment than the other insecure attachment styles and/or where the primary caregivers have experienced an unresolved loss or trauma of their own. Individuals with this style may not be actively hostile in their interactions with others, but, may behave in a passive-aggressive manner. Their fear of rejection and avoidance of closeness may lead them to seek sex in an impersonal manner.

The measure used here was one that describes brief statements related to each attachment style as shown below:

A. It is easy for me to feel close to people. I feel okay asking people for help and I know that they will usually help me. When people ask me for help, they can count on me. I don't worry about being alone and I don't worry about others not liking me.

(SECURE)

B. It is hard for me to feel close to people. I want to be close to people, but, I find it hard to trust them. I find it hard to ask people for help. I worry that if I get too close to people they will end up hurting me. **(FEARFUL)**

C. I want to be really close to people, but, they don't want to get that close to me. I am unhappy if I don't have people that I feel close to. I sometimes think that I care about people more than they care about me. **(PREOCCUPIED)**

D. I don't care if I am close to people. It is very important for me not to ask for help, because I like to do things on my own. I don't like it if people ask me for help. **(DISMISSIVE)**

Measuring sexual knowledge

Before a young person is able to develop and maintain healthy relationships, it is important that they are able to understand and construct appropriate and legal sexual behaviours in line with their developmental stage to protect their thoughts, feelings and physical self. This measure was developed alongside teaching staff and boys and young men via focus group discussions at a main stream school. The focus group consisted of boys aged between 13 – 16 years old. A review of measures available to consider 'normative' teenage factual sexual knowledge indicated the need to develop a measure that was inclusive of current themes and trends, including places where teenagers may seek information about sex, such as using the internet, social media and access to adult imagery to gain information about sexual knowledge. This was balanced with what must be currently taught across K3/4 within education systems. The measure developed gives focus to knowledge of sexual health, children's rights, conception and pregnancy, and sex and the law. (Unpublished)

Results from the questionnaires

Appendix E.1 shows the results of the statistical analysis comparing the results on the measures described above of the CSE sample with the "control group's" data. What is shown in the table, are the following significant results.

In comparison to the control group, the CSE group were:

- significantly more emotionally lonely ($p < .001$)
- significantly more socially lonely ($p < .001$)
- in contrast to prediction, showed significantly less problems with being able to handle negative emotions (as measured by the Personal Distress Scale) than the control group ($p < .001$).

As for the other measures, although not significant, (as shown in Table E.1) the CSE sample report, in comparison to the control sample:

- have somewhat lower levels of self-efficacy
- report a somewhat more external locus of control
- have somewhat more empathic concern about others.

As regards the Attachment measure, the results for this are shown in Table 5.1

Table 5.1: Attachment style in the two groups

Attachment style	CSE sample	Control group
Secure	33%	76%
Preoccupied	7%	-
Dismissive	7%	20%
Fearful	53%	4%

Overall, these results show that the CSE sample was significantly less likely to have a secure attachment style than the control group. It is also of note that over half of the CSE sample had a fearful attachment style where, as noted above, fear of rejection and avoidance of closeness may lead them to seek sex in an impersonal manner, again this result is significant ($p < .0001$).

Discussion points

Section 1: Points from the Literature Review

1. There is a need for not only a greater, in-depth, study to risk of CSE in male populations but, in doing so, there needs to be a decisive uniformity of measure and

qualitative approach across all clients and "normative samples," to provide accurate baselines and build up a better understanding of this complex area which currently does not appear to exist. Therefore, there should not only be the conducting of in-depth psychometric tests for individual risk factors, but also environmental factors, including home environment, attachment type, emotions, schooling, peers and relationships and other personal habits in detail, regarding male victims and their perpetrators, need to be examined.

2. Regarding disability, there is a lack of research in relation to CSE and CSA. Therefore, staff should be better trained in understanding disabilities in relation to how to assess CSE and this population is sorely at risk and under researched. Therefore, a study should be delivered to identify the risks to this specific population and consider measures used to be appropriate in communication and understanding of trauma in order to reach this most vulnerable group. This not only offers further avenues to qualitatively explore, but, assists in building a bigger picture of risk. In examining attachment type we are also able to reliably examine childhood caregiver relationships as well as the impact on relationships in adulthood, in turn feeding potential intervention.
3. The same principle applies to specifically assessing risk taking behaviours and the ability to risk assess in male adulthood. Again, this would not only potentially identify risk factors of risk taking ,but, may also assist in intervention design and development in service, as well as identifying vulnerabilities that perpetrators may well seek in young boys, adolescents or even adult males. With reflection from the victim, this may aid better understanding of the perpetrator(s) of CSE on male victims as more detail is required on perpetrators, especially female perpetrators of CSE, yet there is not enough literature to draw on here to discuss this in detail.
4. Additionally, qualitative measures should be delivered objectively, driven by research and a perspective most applicable to this environment, with minimal interaction to avoid bias and the service worker influencing victim response with their own personal history or professional 'feeling'. This ultimately, whether well intended or not, prevents access to the real responses of this most vulnerable population and one that requires better understanding if we are to further our understanding of CSE and help to prevent, identify and intervene with an under identified, under recognised and under supported, vulnerable male victim population.

Section 2: Points arising from the observations (in italics) arising from the workshops with professionals

The assumptions that are made when the term abuse is mentioned - in males, it is immediately seen as physical abuse, in females it is generally sexual abuse.

This will have significance when working with young men. If there is no acknowledgment that there is a possibility of CSA/CSE, then it is unlikely that a culture can be created where it is possible to talk about these issues. Hence, we think this may have relevance in why boys and young men fail to see themselves as being victims of CSA/CSE. If professionals do not see it, why would young men recognise this?

The term CSE conjures up a particular image

This again has relevance in us, perhaps, not expecting, or looking for, CSA/CSE in those who do not fit this stereotype, or, expecting it in those who do when it isn't actually a concern. There is a risk of putting resources in the wrong place if this type of stereotyping continues in practice.

Perpetrator gender assumption (i.e., perpetrators are always male) - here it is very difficult to consider females as abusers/exploiters

This may explain why HSB services see mainly boys and CSE services mainly girls. This has huge repercussions in relation to gender as a variable in criminalisation, Sex Offender registration, etc. It also has repercussions if a boy is abused by a female. Hence, if females are not regarded as capable of abuse, then there is a risk of not exploring this dynamic with boys and young men, or working in a way that creates a lack of openness around these issues. Also, females who abuse may be perceived to be less harmful than males, again undermining the victim impact/experience for those abused by females. Hence, it is really important to consider the possibility that females can/do abuse and that there is a risk of underplaying the victim experience in such cases.

CSE is more difficult to identify in young males (i.e. if they don't tell us, how do we know?)

If a culture is created, albeit unintentionally, where male CSE is not on the radar, then young people will pick up on that and not talk about it.

Males are harder to engage than females and are less likely to show their emotions, but, do act out

However, they are showing problems via behaviour. Professionals, therefore, need to get better at interpreting the behaviour and be open to the idea that these are indications that CSA/CSE is present. Again, this is a very gendered response. Professionals need to recognise the behaviour and ask why is this young man so angry? More empathy from us may equal better relationship building, which may equal better understanding of what is going on/has gone on for the boy.

Lack of time in general to carry out the work

If workers are more empathetic about the reason for our involvement they may get there more quickly. It may be the approach that needs to change.

Lack of time to carry out in-depth work due to competing priorities, limited resources, etc

The systems we use may get in the way of working in a way that will be best for the boys. This then highlights the need for system change/specialist services that can provide a system that allows time/smaller case load/contextual working?

Lack of management support - professionals are not encouraged to go outside of their role by managers

More system change is probably needed here. There is a need to question their understanding of their role. However, it should be noted that are clear safeguarding issues here that are an issue for all, regardless of role.

There is a lack of confidence around 'going off script' or outside of their usual role

This talks to workers needing to feel safe to practise. Again, traditional systems do not put the governance in place that is perhaps required to work in such a complex area. This is the reason clinical supervision, case discussion and psychology guidance/expertise deployed. It can also suggest that there should be better/more joined up/co-located sexual abuse teams. This would allow the right governance in the right systems with the right peer support that covers multi-disciplinary perspectives.

Concerns about appearing homophobic

This suggests that professionals need the skills to distinguish between, normative, problematic and harmful behaviour. It may be developmentally inappropriate.

Section 3: File-based information discussion points

What is striking here is the high level of reported emotional abuse/neglect (67%) and alcohol/substance abuse in the home (67%). These problems cover four of ten adverse childhood experiences (ACEs) that have been linked to risky sexual behaviours in later life.

Section 4: Qualitative analysis discussion points

The findings of the interviews have highlighted the dynamic risk factors that boys and young men potentially experience along with why they may not report or disclose having experienced CSE or CSA. These can be broadly themed as:

- relationships with immediate family
- friends or peers
- perpetrators
- school experiences
- finding acceptance for who they are
- regaining control and stability in their life and awareness around life skills.

Each of these themes is interlinked with factors such as motivation for leaving what is traditionally regarded as the safety of the family home, be that exclusion by immediate family, and, for some, this also extended to exclusion by their friends and peers. The grounds for exclusion were many and, significantly, amongst these participants included:

- an unstable family home where emotional and physical abuse was witnessed or experienced
- the ability to appropriately parent was lacking
- equally prevalent was the participant's need to express their sexuality resulting in them not only having nowhere safe to live, but, also increasing their experiences of homophobia.

Exclusion from home for young boys and men for the reasons given above was also described in terms of starting a period of time where they felt they had little or no control over their lives. For the young men who had had time to reflect on their traumatic earlier lives, they were in a position to describe a lack of *self-esteem*, (see Section 5) which some primarily described as leaving them vulnerable and open to exploitation. For some, this was spoken about in terms of a lack of parents equipping them with ‘life skills’ such as the ability to judge or, a diametrically opposing statement that, owing to what the literature refers to as *emotional loneliness* (see Section 5) during this difficult time in their lives, they felt they were trying to find ‘their place in life’ and ‘their people’.

The result of, apparently, finding ‘their people’, for many, actually meant illegal partying, drug taking and subsequent exploitation. However, this equated to finding acceptance for who they felt they were at the time, despite a widespread acknowledgement amongst the young men, as opposed to the boys, that, in fact, they had not found their people or place in life at all. Whilst this was common amongst the participants, the young men also talked about knowing (in the moments they found themselves homeless for example) that what they would be swapping a bed for the night for, was sex. No one explicitly spoke about this being non-consensual, however, they did acknowledge their primary motivation in that situation had been to find a safe place to sleep that night. Further, participants were not able to recall receiving meaningful sex or relationship education whilst at school and some described it as non-existent or awkward.

Knowledge about sex and relationships, especially amongst the boys, was restricted to social media and pornographic films. In addition, there was a marked difference during the interviews in terms of a willingness to engage and demonstrate understanding and reflection. Young men were able to talk about their experiences and personal development and growth with help from Barnardo’s workers. However, in contrast, boys were not as able to. It is important to acknowledge that there are young men who have received help and support and that there are currently those receiving help and support. This enabled the former to be more reflective whilst the latter engaged to a far lesser extent. Equally, the latter demonstrated less ability to have acknowledgement or understanding of their experiences.

Helpfully, young men were in a better position to put forward suggestions regarding interventions and how these might be achieved. Some talked in terms of helping boys

currently at risk of sexual exploitation through computer games, protected Twitter accounts and texting. The one thing that did come through, although not overly strongly, was that an intervention designed around an application (app) that could be downloaded onto a mobile phone would not be suitable for those currently experiencing sexual exploitation because the app would be visible to the perpetrator should they check a mobile phone.

All younger men relayed the importance of the relationships between themselves and their worker. Some would recommend to others at risk of sexual exploitation the importance of maintaining their relationships with their parents, thus, sharing the experience and also, possibly, preventing them being excluded from the family home. In terms of the relationship with their worker, this ranged from the worker not being judgmental once they had engaged and started talking, which for some was their first experience of feeling supported, to other participants who were more likely to engage having simply seen a worker in or around the school or who they had been introduced to, even briefly. This visual familiarity had been a vital first step in engaging with someone who could help them.

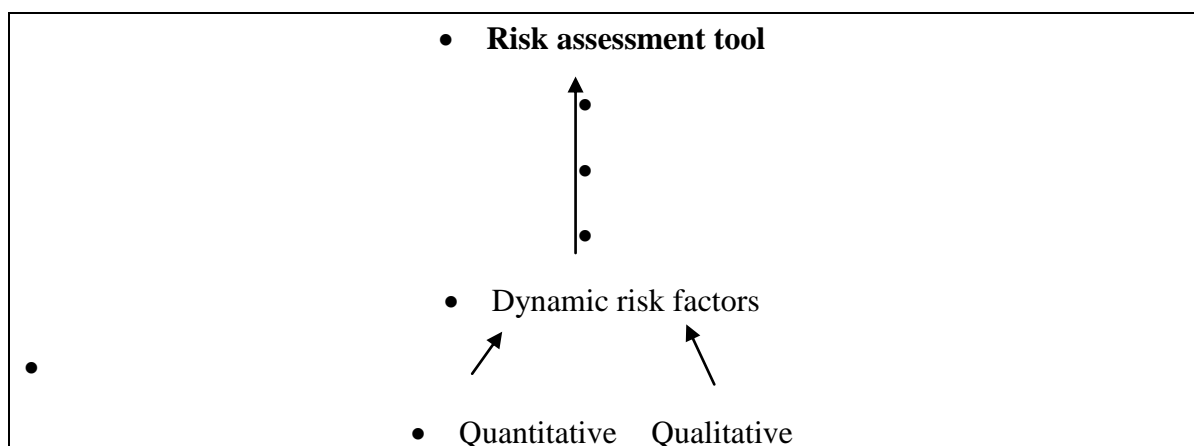
An interesting theme that came out of the interview was 'Advice to others'. Advice came from the older participants who had had time to reflect on their experiences and ranged from practical advice around addiction which was offset against their own worse-than drug-addiction experiences. What really shone through was that, for those participants who have received help and support from Barnardo's, they had finally been equipped with the resources to not only grow up, but, gain the knowledge and understanding of who they are as individuals and to build their self-esteem, self-confidence and belief systems.

Section 5: Quantitative analysis discussion points

- What can be clearly seen are there being attachment issues present, with an over representation of the fearful style, coupled with high levels of emotional and social loneliness that will make a person with this style vulnerable to exploitation.
- It was also found that, in comparison to the control group, the CSE group were significantly more emotionally and socially lonely. This was something that was also picked up in the interviews with the young people.
- In the normative sample, a significant negative correlation ($r = -.33$, $p, .05$) was found between the Sex Knowledge Questionnaire and the Social Loneliness Scale.

This may be something for schools to think about in terms of how sex education is taught.

- As for any future data collection, we would note that such should be computerized and overseen directly by the research team.
- There were a number of gaps in both data sets, which we worked around (which were median filled where appropriate/possible) but this was not ideal.
- Demographic collection should be standardised and collated at the outset of research.
- Sample collection should be expanded nationwide to gain greater power, while increasing the reliability of results and validate correlations.
- The normative data should be on more age appropriate controls, in that the lack of difference on some of the measures could be due to maturation issues.
- Ideally, we should be looking at much larger data collection both for CSE/CSA males and the control group should be expanded as well.
- Expanding the sample would allow for the identification of more precise factors for risk prediction and for using regression models to aid in tool development. The schematic of such a model is shown below.



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We would also note that we have run a very preliminary regression model to assess which are the most predictive measures of CSE/not CSE. The results here found the following four factors (in order of influence – probability level), in a (Stepwise) Regression Model that were found to influence 53% of boys’ responses:

1. Total Life rating score ($t = 3.77$; $p < .001$) ($\beta = -.056$)
2. (Inability to handle) Personal Distress ($t = 2.94$; $p < .001$) ($\beta = .041$)
3. Total Emotional Loneliness ($t = -3.86$; $p < .001$) ($\beta = -1.00$)
4. (Inability to) Perspective Take ($t = -2.49$; $p < .05$) ($\beta = -.029$).

These results suggest these are the areas to target in terms of support.

Final Summary

- The research has identified that a multi-pronged approach must be adopted by those who work with boys and young men, to challenge their own thoughts and assumptions about approaching this group of at risk young people.
- A greater acknowledgement must be given by those in education to the phenomenon of CSE in boys and young men, even if that involves training, re-training or the adoption of new methods of support.
- In addition, the avenues by which boys and young men would prefer to disclose and the reasons they choose not to are not the same as girls who face less societal bias when reporting or disclosing CSA or CSE.
- Workers in this profession, teachers, youth workers and social workers, to name but a few, are more familiar working with girls in this arena than they are boys. What this research points to is that a one size fits all approach under the umbrella of CSE is not appropriate.
- Moreover, finding the right ways to engage with boys and young men according to individual needs and their age at time of referral, to highlight just two considerations, involves more relationship building than may have previously been assumed for this group.

- This is needed in order to overcome strong attitudes and emotions (such as pride, which on occasions is borne from basic needs such as making sure they have somewhere to sleep each night).
- As for future work, problems in attachment and other related areas will need to be looked at.
- More work in schools in terms of safety would also seem to be indicated.

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Appendix A

Exploring outcomes in boys impacted by Child Sexual Exploitation and Child Sexual Abuse: A review of the literature

Ben Hooper

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Exploring outcomes in boys impacted by Child Sexual Exploitation and Child Sexual Abuse: A review of the literature

1. Summary

The review to date has considered international, peer-reviewed articles only between the years 2004 -2018, to make this study as empirical and evidenced based as possible. However, a dearth of research has led to more historic and international searches for articles relevant to male victims of CSE and indeed, CSA to support the primary search, going back as far as 1970.

Utilisation of a systematic review process to ensure quality and depth of research has yielded 375 papers for first sift; this has resulted in less than 60 applicable papers to draw on regarding CSE for review. Therefore, further exploration of CSA papers was also necessary to allow for “dynamic characteristics,” relating to later CSE, to be explored further. The characteristics searched included terms of: *self-esteem, emotional loneliness, cognitive distortions, sexual knowledge deficits, disability, depression*, and alongside these core terms, further characteristics have been identified including: *risk-taking behaviours, inappropriate or illegal acts and disabilities such as ASD and LD*. Truncation of terms was used and variations of term were also used to ensure as deep a search as possible across international literature using 8 databases and Birmingham overall database search (n=20).

This literature review set out to examine what is currently known about the dynamic characteristics and risk factors in male victims of CSE. The answer conclusively, is very little and research remains heavily weighted towards female victims of CSA and CSE, leaving the male very much viewed as a perpetrator or an offender. Conversely, there are studies exploring service staff working with victims of CSA / CSE unfortunately, few of these explore in any depth the outcomes or risk in CSE with the service user themselves.

What the review has highlighted however is a key consideration regarding the difference between genders with regards to how they view the *self* and form their relationships whilst experiencing CSA / CSE and how such an experience is justified to the self. Aspects regarding how males view the perpetrator, relationships around their self and sexuality, particularly in adolescence, and how they consider consent are examples of differences between the genders. From the literature females appear to form closer relationships more quickly, which places them equally at risk. However, low self-esteem and

efficacy issues, may well play a large part in this as is known in developing and indeed, sustaining relationships.

To explore the possible effect that these differences and issues may have on an individual before, during and after experiencing CSA / CSE, there is a need to examine, for the first time in the UK, the male CSE risk factors identified in this literature review of *self-esteem, emotional loneliness; understanding sexual behaviours; thinking deficits and disabilities*. This literature review suggests that the gap in research is not just the absence of males as victim but also the paucity of replicable and ethically rigorous studies.

A further observation of this review is that, although there is little evidence based literature to warrant inclusion in this review in relation to CSE, areas of emotional empathy and apathy; perpetrator typology and behaviours, and victim characteristics around locus of control and criminality from CSE need to be examined further.

There is a need for an in-depth study to identify the risk factors in male victims of CSE. There is a need for the use of rigorous up to date quantitative and qualitative measures and, as this literature review found, a need for these measures to be delivered with an understanding of trauma and experiences of this vulnerable group and subsequent responses in mind, wording being appropriate to facilitate greater disclosure from male victims and to gather risk not harm related data. In doing so there needs to be a decisive uniformity of measure and qualitative approach across all clients and "normative samples," to provide accurate baselines and build up a better understanding of this complex area which currently does not appear to exist.

Therefore, we should not only be conducting in-depth psychometric tests for individual risk factors but should also consider alongside this the impact of environmental factors in male backgrounds on their vulnerability to ongoing CSE. This should include: home environment, attachment type to caregiver and adult relationships, emotions, schooling and peers and social relationships, understanding sexual behaviours and deficits in this knowledge, along with other personal habits in detail and their perpetrators actions or behaviours.

This not only offers further avenues to qualitatively explore but assists in building a bigger picture of the risk factors around the male victim. In examining attachment type we are also able to reliably examine childhood caregiver relationships as well as impact on relationships in adulthood, in turn feeding potential intervention. The same principle applies to specifically assessing risk taking behaviours and the ability to risk assess in male adulthood. Again, this would not only potentially identify risk factors of risk taking

behaviour but may assist in intervention design and development, in service, as well as identifying vulnerabilities that perpetrators may well seek in young boys, adolescents or even adult males. With reflection from the male victim, this may better aid understanding of the perpetrator(s) of CSE, especially in relation to female perpetrators of CSE. Yet, again, there is not enough literature to draw on here to discuss this in any detail.

Additionally, qualitative measures should be delivered objectively, driven by research and a perspective most applicable to this environment, with minimal interaction to avoid bias and the service worker influencing victim response with their own personal history or professional ‘feeling’. This ultimately, whether well intended or not, prevents access to the real responses of this most vulnerable population and one that requires better understanding if we are to further our understanding of CSE and help to prevent, identify and intervene with an under identified, under recognised and under supported, vulnerable male victim population.

2. Introduction

All UK nations continue to see a worrying increase in reported, recorded and prosecuted sexual offences against children (Bentley, O’Hagan & Brown et. al, 2017; NSPCC, 2016) and over the past ten years reported offence statistics have more than doubled (HM Government, 2017; Jones, Taylor, MacKay, Soliman et al., 2017). There also appears to be an ever increasing evidence base relating to child sexual abuse (CSA) yet in relation to child sexual exploitation (CSE), research continues to be limited in the United Kingdom (UK) and specifically, in relation to male sexual exploitation (McNaughton Nicholls, Cockbain, Brayley et al., 2017; Brayley et al., 2014). Further, available evidence suggests that despite improved legislation, increased media coverage and campaigns, increased victim reporting year after year, we continue to see increasing numbers of recorded sexual offences with victims under 16; approximately 39,813 offences in the UK, 2015/16 (ONS, 2016) at an annual estimated cost of CSA being £3.2 billion (Saied-Tessier, 2014).

With this visible rise in recorded offences, CSE reports continue to increase exponentially with the NCA reporting 360 children being trafficked for sexual exploitation in 2017 in England alone (NCA, 2017). This is a significant increase from reports in 2016 where 216 sexual exploitation referrals were received (NCA, 2017). The NSPCC (2017) also report that the abuse of children under 18 years old through sexual exploitation has increased by 56 per cent from 347 to 541 between 2014/15 and 2015/16. They also state that sexual

exploitation remains one of the most common reasons for child trafficking, with 22 per cent of referrals to the Child Trafficking Advice Centre (CATC) in England and Wales being the second largest reason for referral: sexual exploitation.

However, UK national statistics demonstrate that of adults reporting CSA (42 per cent of reported cases of historic childhood abuse being one or more types of abuse in childhood) male victims represent only one in four of those reporting CSA. This may explain the assumption that females are three-times more likely to experience CSA (ONS, 2017). Particularly, if males are under reporting for reasons such as embarrassment, shame or not being believed (ONS, 2017; Dennis, 2008). That said, reporting sexual offences was shown to be greatly increased by males in later life (over 40 years of age on first reporting) and may be an indicator that people are more willing to disclose CSA as they age.

The continuing trend in increasing numbers of referrals and reports of CSE, however, demonstrate the greatest percentage of referrals from England, across the four UK countries. Also, an international comparison of data shows that in 2017 the UK had one of the highest increases in referrals of CSE, showing a 100% increase in CSE referral numbers of minors to the National Crime Agency (NCA) (NCA, 2017) year on year. That said, available evidence suggests that this increase in reporting may be as a result of increased media coverage and profile concerning CSA and CSE. In turn this may be allowing victims to feel more confident in coming forward to report their case.

Other potential reasons for this increasing statistic of referrals may be due to the changes we have seen in police recording standards and management of prosecutions, which have increased following high-profile enquiries such as the Jimmy Saville enquiry, Rotheram and Rolf Harris, and other celebrities of television and the music world resulting from Operation Yew Tree and other such operations (Bentley et al., 2017; Meija et al. 2012). As a result of these factors perhaps, we see cases in the year to March 2016 increase by 24% for police recording of contact CSA offences (up to 41,000 offences). The previous year recorded 33,000 offences. This increase accompanies increasing conviction rates also of 19% in 2016 (HM Government, 2017).

However, despite the improved recording, arrest and charging in relation to CSA, the figures of CSA and CSE continue to increase annually and there are undoubtedly many more that continue to go undetected and unreported. There are also considerations regarding limitations in the statistics and data available. Limitations include factors such as differences in recording standards between the four UK nations and the police categorisation and recording of offences, which often do not see individualised offence types separated from an

umbrella offence type. The availability of current data is also limited and as a result of this makes statistical comparison between nations across the UK and beyond, difficult. Even at an international level there is a focus towards greater reporting in developing nations. Here we see extraordinary and unacceptable numbers of CSA and CSE but in UNICEF reporting, first-world nations such as the USA and UK figures are hard to locate and decipher clearly (UNICEF, 2017), particularly in relation to gender.

Gender research and policies frequently focus on the sexual abuse and exploitation of girls alone (Mitchell, Moynihan, Pitcher et al., 2017; Cockbain, Brayley, & Ashby, 2014; Dennis, 2008; Hartill, 2005) as is seen in the NSPCC report “Preventing Sexual Abuse,” (Brown and Saied-Tessier, 2015) there is no reference to ‘males’ beyond that of perpetrator or risks to becoming an abuser. Examples such as this impact on recognising experiences of male victims which may in turn impact understanding health needs, intervention and policy (Mitchell et al., 2017).

A further issue in examining male CSE and CSA is highlighted by one study across London boroughs in 2014. This study demonstrated that it was often difficult to ascertain whether males were perpetrators or victims of CSE among a majority population of reported female victims (Beckett, Firmin, Hynes and Pearce, 2014). Additionally, there are issues in gender data collection. For example, the factors associated with CSE/trading sex are ‘assumed’ similar for both sexes (Edwards et al., 2006; Weitzer, 2009; Dennis, 2008) yet this is not fully substantiated across studies as in the same vain study samples are often limited or skewed in gender as is seen with Klatt et al., (2014) who found of their 176 cases, only 6.29% were male and Humphries et al., (2016) examined 67 males of 252 participants. This supports the later onset of reporting in male victims also (Easton, 2013; Dennis, 2008).

The academic community also appear to have focussed to a much greater extent on female victims (Dennis, 2008; Hartill, 2005) and this has left a paucity of information regarding male victims and their experiences of CSA and how this impacts on later life and their psychopathology (Spataro, Mullen and Burgess et al., 2004).

Indeed, the “male abuser–female victim” paradigm has often predominated in CSA studies (Hartill, 2005). There is also evidence to suggest sexual abuse of boys has not been studied as widely as female incidence because of societal discomfort, traditional gender roles and the victimization of men and because of homophobia and under reporting (Allnock, 2010). Further, boys are often vastly delayed in their disclosure for reasons such as masculinity, mistrust and internal emotions (Easton, Saltzman and Willis, 2013). With this in mind, the continued myth that boys are not sexually abused or that the sexual abuse of boys is

uncommon and that its consequences are not as serious, may well only serve to hinder male victims coming forward and therefore not being as recognised as greatly in statistics, research and policy as perhaps they should (Hunter, 1990; Holmes, Offen, & Waller, 1997; Holmes & Slap, 1998; Lab, Feigenbaum, & De Silva, 2000).

Male CSA remains an area that should be examined in greater depth. As Holmes and Slap's literature review (1998) pointed out, the prevalence of sexual abuse among boys varied between 4 per cent and 76 per cent depending on the definitions used and populations studied (clinical vs. non-clinical) but this does not mean prevalence of male CSA is less than female. It has also been highlighted that methods of data collection employed and therefore, terms, definition and greater examination of this area is still required in relation to males coming forward to disclose their experiences of CSA and to use more representative samples in research, more balanced gender numbers, as the physical reports of CSA are growing in male populations (Hunter, 1990; Holmes, Offen, & Waller, 1997; W. C. Holmes & Slap, 1998; Lab, Feigenbaum, & De Silva, 2000; Easton, Saltzman and Willis, 2013).

UK gender data further supports this point and demonstrates a 30 per cent increase in rape of a males under 13 years of age (from 1,268 to 1,648 reports) and a 32 per cent increase in sexual activity involving a child under 16 (from 8,051 to 10,661 reports) from 2015 to 2016 (NSPCC, 2016).

NCA data suggests that approximately 49 per cent of referred CSE cases in 2016 were male. Of these referrals, 34 per cent were minors and from 2015-16 NCA show 124 per cent increase in sexual exploitation referrals of minors that are UK nationals (in England) and a continued smaller rise of 40 per cent in non-UK nationals being sexually exploited in England (NCA 2017). Therefore, male data directly goes against the overall direction of current research that appears heavily oriented towards exploration and understanding the impact of female CSA and CSE. This is despite a growing research base and interest in CSE, where the exploration of male CSE remains minimal (McNaughton Nicholls, Cockbain, Brayley et al., 2017; Alvy, Hughes, Kristjanson, & Wilsnack, 2013).

Yet despite this growing academic interest, increased focus in the UK on male CSE, this area of research remains neglected. There remains a call for empirical research specifically into male CSE to inform policy and practice (McNaughton Nicholls, Cockbain, Brayley et al., 2017; Mitchell, Moynihan, Pitcher et al., 2017; Brayley et al., 2014). This is further supported by studies that have demonstrated correlation between cumulative exposure in childhood of various adversities and severity of symptomatology later in life. Evidence also demonstrates a positive relationship between the number of different types of childhood

adversities experienced and the risk of: suicide, anxiety, depression, sleep disturbances, obesity, hallucinations, drug use and antisocial behaviour and that there are links with causes of death in adults such as ischemic heart disease and cancers (Anda et al., 2006; Chapman et al., 2004; Felitti et al., 1998; Koskenvuo, Hublin, Partinen, Paunio, & Koskenvuo, 2010; Schilling, Aseltine, & Gore, 2008; Turner et al., 2010; Walker et al. 1999).

Greater research is required into the relationship of CSE and CSA characteristics and outcomes for CSA and CSE, to better understand empirically, the under researched risk factors and signs of CSA or CSE in males to better inform intervention and measures (Lillywhite and Skidmore, 2006; Brown et al., 2016; Franklin et al., 2017). It is suggested that characteristics such as age of onset (Brayley et al., 2014); disability (McNaughton, Nicholls et al., 2014); background of youth offending (Brayley et al., 2014); routes or trajectory to male CSE (McNaughton Nicholls et al., 2014); Self-Esteem (Murthi et al., 2005); Emotional Loneliness (Smallbone and Wortely, 2017; Letourneau et al., 2017; Crosson-Tower, 2005); Depression (Mitchell et al., 2010); Sexual Knowledge deficits (Misurell, Springer and Tyron, 2011) and cognitive distortions in relation to understanding sexual behaviours and relationships (Seto, 2013) should be examined in empirical and greater depth and that measures should look to measure risk, not harm currently or previously experienced (Franklin et al., 2017).

Based on the above, this literature review examined papers in relation to male CSA and male CSE and sought evidence in relation to the above characteristics in order to inform potential research into male CSE and CSA. The review could not find enough papers in the UK only on CSE research for these areas. Therefore, it drew on international literature also seeking only empirical studies with at least one university in support of its research. Further, the date of searching was set between the implementation of The Children's Act (2004) and the present day (2017) and the aim was to explore the former characteristics as well as the outcomes for male victims of CSA and CSE, risk and trajectory into CSE and will observe types of measure used and efficacy of treatment in relation to this also as appropriate.

For the purpose of this review, child sexual abuse (CSA) and Child Sexual Exploitation are defined as: ***“Child Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.***

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."

"CSE is a type of sexual abuse in which children are sexually exploited for money, power or status ... [they] may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given alcohol. They may also be groomed online." (UK NSPCC, 2015).

The following databases: *Google Scholar; PsychInfo (Ovid); PubMed; Sage Journals Online; Science Citation Index; Science Direct; Elsevier e-library; Emerald Full Text* were utilised in searching via The University of Birmingham ("Everything") Library Database search engine. This sourced a total of 376 papers for further review.

i. Self-Esteem – A vulnerability factor and an outcome for perpetrator and victim

Self-Esteem can be defined as the intrinsic belief in the self, our overall opinion and value of ourselves and its development often originates from childhood (Orth, Trzesniewski & Robins, 2010) but is impacted by experience, our environment and others as well as our attachment to our parents or caregiver. For example, securely attached children and adolescents are generally better adjusted, have better relationships with family and peers and have greater self-esteem and self-confidence (Mikulincer, et al., 2003; Madigan, Atkinson, Laurin & Benoit, 2012).

Choi et al (2016) studied the attributions, self-esteem, anxiety, and parental attachment in sexually abused and non-abused Korean children (n=441). Of this sample, 92 were CSA victims and the female ratio (77%) was greater than males (22%). 28% of victims parents were divorced and although age of assault ranged from 4 years – 13 years of age, the median age of assault was 9 years of age. Specifically, focusing on self-esteem, The Rosenberg Self-Esteem scale (Rosenberg, 1986) was used and showed a highly acceptable co-efficient ($\alpha=.89$). However, this study failed to show causal factor between self-esteem reported and background of abuse despite the small difference between the elementary population (mean = 2.91; SD = .74) and the victim population (mean = 2.45; SD = .84).

This is just one study of CSA and yet more evidence of how low self-esteem is evidenced to be a driver of CSA to later adult outcomes of increased sexual risk taking, being with abusive partners, prostitution, trust issue and not considering the self (Banyard, 1999; Zurbriggen & Freyd, 2004). Ultimately we are aiming to explore CSE in relation to self-esteem as a measured outcome in victims. The difficulty however, remains in male victim's willingness to disclose abuse or exploitation (Alaggia & Millington, 2008).

Alaggia et al. (2008) looked at 14 Australian males, all victims of male abusers and found not only mixed gender perpetrators but were also majority intra-familial abusers. Age of onset was also found to be approximately nine years of age. This study found factors of denial, early sexualisation, confusion of role and responsibility in the abuse and feeling special.

However, in adulthood, the factors of outcome were Anger and rage, sexual disturbance and ambivalence, loss and hope. This in turn raised the question of issue in self-esteem but more under the guise of self-efficacy, the confidence in one's ability to exert control over one's own motivation, behaviours, and social environment. Perhaps self-efficacy is a measure to be considered going forwards with self-esteem especially as in adults, low self-efficacy and self-esteem levels can lead to vulnerability and as a causal factor, re-victimization as an adult (Romito & Gerin, 2002). Yet self-esteem continues to be raised as a point in male victim studies of CSA, not CSE.

Esteban (2006) found an emerging theme of low self-esteem in relation to verbal abuse. In a Chinese population (n=5,141) Tao et al (2006) found poly-victimization brought with it a dose-like response of increased self-esteem and other psychological variables. The greater the number and variety of abuse, the greater the levels of low self-esteem and increased depression, for example, were seen. However, WHO (2003) continue to support that fact that self-esteem is an indicator of abuse and a behavioural outcome as do Cockbain et al (2014). Yet we struggle to find a study of CSE that has looked at similar, despite a wealth of studies on CSA that show similar results to the above in outcomes of low self-esteem in single perpetrator and multiple perpetrators abuse (Kamsner & McCabe, 2000; Banyard et al. 2001; Murthi & Espelage, 2005; Bergen et al., 2004; Arata, 2002; Williamson & Prior, 2009; Kendall-Tackett, Williams & Finkelhor, 1993; Gold, 1986).

That said, we have evidence that low self-esteem may be a factor of vulnerability to trafficking and exploitation in both childhood and later in adult hood following CSA as a child (Miccio-Fonesca, 2017; Williamson et al., 2009; Tyler, Hoyt and Whitbeck et al., 2001) and even where it is referenced in design, self-esteem, it is not always measured as was seen

in Hebert et al., study (2006) yet it is often measured in relation to male sex offenders (Seto & Lalumiere, 2010).

There is also evidence that self-esteem is a vulnerability factor to being abused in adulthood which would suggest susceptibility to exploitation therefore, but also in overall development in other mental and relational areas (Murthi & Espelage, 2005; Tyler et al., 2001) yet remains heavily weighted to female only studies despite being highlighted as a factor in male abuse victim studies (Lisak, 1994).

Yet this evidence is contradicted by Hillberg et al (2011) whose meta-analysis found no difference in gender outcomes of adult mental health concerns from being abused children. But, perception of one's self as a victim was found to be a factor. Females were more likely to see themselves more psychologically impacted by the abuse than males. Male victims seemed more dependent on their self-view of consent, as to judging how they had been psychologically affected (Rind & Tromotvitch, 1997) and that self-esteem levels reported were low on effect size, indicating a small outcome in adulthood mental health concern. This aligns with Finkelhor and Brown (1985) who have suggested similarly that decreasing self-esteem and sense of personal efficacy are two principal resiliency deficits that follow CSA and that this demonstrates that without these resilience factors intact, adult susceptibility to further abuse may exist (Lameroux, Palmieri, Jackson and Hobfoll, 2012) yet this study draws conclusion around females not males and as already suggested the subject of the male CSA and CSE victim outcomes remain relatively under researched (Romano & De Luca, 2006).

However, a handful of articles and studies have been found exploring CSE and self-esteem, among other factors.

The first was the developmental trajectories for runaway sexually exploited girls (Saewyc & Edinburgh, 2010). This two year study set out to examine an intervention programme RIP (Runaway Intervention Programme, Minnesota) for 12-15 year old females who were victims of CSA and CSE (n=68) and compared with self-reporting, same age school children (n=12,775) of which 2.0% reported incest and 6.9% extra familial abuse. 47.6% of that number, reported incest and extra familial abuse as a cause for running away in the past year. 13.8% had been prostituted and 26.8% reported repeated abuse of multiple perpetrators. The self-esteem scores using Rosenberg's measure, demonstrated that abuse victims had lower rates of self-esteem, and the girls in the RIP programme were lower than the those in school still but come the end of the intervention after two years, rated higher (Saewyc et al., 2010). But again, this only examines female CSE victims as does Lalor et al

(2010) fail to highlight major gender finds in the studies reviewed yet self-esteem is highlighted as a causal factor running from CSA risk in childhood to vulnerability of risk taking behaviours as an adult and acting as a vulnerability factor in adolescence where verification of one's self-image may be a drive to increase sexual contact and behaviour with a perpetrator (Grauerholz, 2000).

Further, Ireland, Alderson & Ireland (2015) examined 198 university students of which 47% reported sexual approach before the age of 16 years, in order to find predictive factors of vulnerability to sexual exploitation (male = 51; female = 144). This study found that although self-esteem levels were significantly different between those sexually approached by adults and those not sexually approached, being lower in those sexually approached, there were no differences in self-esteem levels reported between those then sexually exploited over those who managed to avoid sexual exploitation (Ireland et al., 2015). Yet it is constantly highlighted in offender research that victims' vulnerabilities are preyed on by perpetrators and self-esteem appears to be one such factor (Kloess, Beech & Harkins, 2014).

It is worth noting here that although this study suggests males were low in reporting this could be down to a multitude of reporting actors identified already in this review i.e. masculinity, embarrassment or consent issues, supporting the fact that males may suffer control issue regarding their abuse also, yet this study found no difference in reporting locus of control between those exploited or not, and there is no apparent gender analysis within this, which may well have yielded significant find. This is supported by Bullock & Beckson, (2011) who refer to the stigma of reporting as does Palmer (2001) regarding societal difficulties for boys, leading to under reporting in cases of sexual assault in adolescence and adulthood and supports the call to study further male victims of CSE (Ward and Patel, 2006) and is supported by a New Zealand longitudinal study that found CSA prior to age 16 was associated with poor self-esteem at age 30 (Fergusson, McLeod, & Horwood, 2013).

With all of the above taken into account it can be seen that self-esteem remains a factor of importance in the vulnerability and susceptibility to abuse and exploitation in childhood. However, it is an area that does not as yet seem to have been researched in any great depth regarding child sexual exploitation but is referred to constantly in offender literature as a factor of attraction and repeat offending. With that said however, in relation to gender, males are seen to be less forthcoming in complaint and acknowledgment of abuse and this may be due to societal expectations, stigma or control issues, all of which are only

exasperated by repeat subjection to abuse by perpetrators; female and multiple perpetrators (Denov, 2004).

This in turn not only perpetuates the cycle of esteem and self-image issues but can lead to emotional deficits and loneliness as discussed next. Further, gender differences in self-esteem should not be ignored in the factor of reporting abuse. Females often consider others of importance to be part of their *self*, what is termed a connective schema. Males conversely, are more likely to have *independent* schemas as self-concepts. In turn, adding to female reporting a factor of self-esteem being linked to people they are connected too i.e. the perpetrator. Males may disassociate from the perpetrator, holding the individual as not connected to them and may therefore, be less likely to report as it would mean acknowledging that they are being affected by another (Joespehs, Markus & Tafarodi, 1992).

Overall, this section of the review highlights the need for further research into male victims of child sexual abuse and more urgently, exploitation, as it is clear that self-esteem is one of many clear factors that are highlighted as a vulnerability which continues into adulthood and impacts on relationships, the self and risk taking behaviours that leave one open to exploitation.

ii. Emotional Loneliness in male victims as a characteristic of CSA/CSE

Loneliness is “the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way, either quantitatively or qualitatively” (Perlman & Peplau, 1981, p. 31). Further, we know loneliness is a perspective but it is one defined by the individual based on individual history, experience, requirements for social interaction or contact, and current attributions. It is also suggested that there are three categories of loneliness: intimate, relational and collective (Hawkley, Gu, Luo & Cacioppo, 2012) but intimate loneliness, now referred to as emotional loneliness, is what this review is primarily interested in. It is a typology originally coined by Weiss (1973) in which the individual experiences anxiety and emptiness as a result of limited or no attachment to another person. That is separate from social loneliness which is the feeling of marginalisation, boredom and no direction from having no close friends, a social network to share in life and activities with (Heinrich & Gullone, 2006).

This term also points to the absence of a person that one can rely on for emotional support during a crisis, somebody who can lend you validation for what you are feeling and value you as a person and Dunbar and Machin (2014) suggests that we hold up to five such

people as our *inner core* and that these are the people we turn to for emotional support during crisis. Additionally, individual factors that impact upon individual's loneliness include personality factors such as self-esteem and socio-demographic factors such as gender (Hawkley, Hughes, Waite et al., 2008).

Here, it is gender we are primarily concerned with in relation to CSE and there are various studies which highlight the vulnerability of males in puberty to sexual exploitation. These studies offer factors such as struggling with sexuality, feelings of loneliness, an emotional need for attention or caring, needing, sensations, as well as rule breaking and the dawning of sexual conscience (Seto, 2013; Smallbone & Wortley, 2017). These factors however, are also present as emotional loneliness and often seen in male sex offenders (Ward and Beech, 2004) and there is a wealth of research into the psychological variables that lead males of CSA background to offend against children in later life and one such factor highlighted by Marsa, O'Reilly and Carr (2004) is that of emotional loneliness, which appears present in many male sex offender studies and is identified as a factor that offenders prey upon yet themselves may have suffered earlier in life.

However, in relation to victims of CSA emotional loneliness, low self-esteem, social isolation and factors such as limited cognitive knowledge or understanding of appropriate sexual behaviours may leave children more vulnerable to perpetrators of CSA who themselves may also suffer similar deficits in early life (Letourneau, Schaeffer, Bradshaw et al., 2017). We also know attachment to be a predictive factor in emotional loneliness, social integration predictor in social loneliness (DiTommaso & Spinner, 1997).

That said Ireland et al (2015) found in their student population (n=198) no significant difference between loneliness and experiencing sexual exploitation, or indeed between groups who had and had not experienced sexual exploitation. There was also no gender data regarding this measure which offered low reliability on a small sample and contradicts general findings in CSA populations of social and emotional loneliness resulting from CSA.

However, despite the small sample, Koenig and Abrams (1999) suggested from their childhood studies that there were no gender differences in children experiencing loneliness but that males in adolescence were more likely to report feeling lonelier than females but this may well be a masculinity issue again in males being forthright, as Borys and Perlman (1985) have suggested males are less likely to self-report when viewing the direct term lonely on the measure or a reporting question. That said, self-blame and having to admit and destroy self-esteem, may also prevent full disclosure from victims but also drives on their feelings of feeling lonely and social isolation (Collin-Vezina et al 2015) and false understanding that

they are exploitable but that they have attracted this themselves and thus the exploitation continues.

Cacioppo et al (2000) suggest that emotionally lonely individuals will more than likely disengage from those around them rather than talk about the abuse. There is however, evidence to suggest males will engage more in coping strategies such as active behaviours from gratification, risky behaviours around sex, more than females who suppress their feelings and anxiety (Wekerle, Goldstein, Tanaka et al. 2017; Schonbucher, Maier, Mohler-Kuo et al., 2014; Simon & Feiring, 2008) and drug taking (Russell, Cutrona, Rose et al., 1984) and externalising negative feelings in the form of negative behaviours and aggression. The latter is seen more in boys, perhaps because it is more acceptable for boys to be aggressive and that they may report less, show less trauma, due to societal norms or fear of homophobia when emotionally low or indeed, lonely (Kim, Arnold, Fisher & Zeljo, 2005; Banyard, Williams & Seigel, 2004; Connell, 2014; Collin-Vézina, De La Sablonnière-Griffin, Palmer & Milne, 2015).

Also, children more distant from their perpetrator are more likely to display such behaviours of aggression (Yancey & Hansen, 2010). In relation to this the child feeling close to the perpetrator as a chosen individual, resulting from the 'love' or 'comfort' being offered, may not feel exploited or perpetrated (Lev-Wiesel, 1999) and may also be less likely to report and less likely to reject their peers (Midgley, 2002).

In relation to males subjected to CSE, the evidence around emotional loneliness and other factors appears under-researched. Yet there is some significant evidence to show negative psychosocial emotion and earlier initiation of sexual relationships are related to CSE, where as in females, substance abuse was a significant outcome (Reid & Piquero, 2016).

Overall, the evidence in relation to emotional loneliness in CSE is limited to say the least. We have drawn on older papers and international in relation to CSA in order to justify the study of emotional loneliness in CSE victims. There are clearly causal links between emotional loneliness predisposing children and adolescents more, to the predatory nature of offenders and traffickers which is also assisted by exhibited behaviours of risky sexual behaviours and aggression that may draw attention to the victim. However, reporting of CSE by males is likely to be hindered or limited by a reluctance that is driven by masculinity, societal norms and even the internal feeling created by terms used in measures.

Finally, there is a clear need to research emotional loneliness further, as its implications for future behaviours, and correlation with other symptoms such as low self-esteem and depression or anxiety, make it necessary for intervention. This also applies to

CSE victims who have disabilities such as ASD's as findings suggest self-esteem, emotional and societal or peer loneliness and victimization should be examined more closely and longitudinally, to establish correlation between loneliness and other factors such as these in both male victim populations of non-disabilities and disability (Deckers, Muris & Roelofs, 2017).

iii. Disability as a risk factor of male vulnerability to CSA and CSE

It is thought that currently, globally, 93 million children have a severe or moderate disability and 73 million boys are thought to have been sexually abused (Pinheiro, 2006). In the UK this figure is thought to be closer 13.3 million, of which 800,000 (1:20) children live with limiting impairment or life-long disability (DWP, 2011; ONS, 2017), 99.1% are living at home with family members and that in the UK, 1:4 are living in poverty stricken households (ODPM, 2005).

Further, according to the ONS (2011) over 25% of disabled people between 16-34 years old report that they feel they have no control over their lives and 61% reported having access to the internet, which is 20% approximately less than those without disability and approximately 39% of disabled people in the UK report having been a victim of crime. This population also consistently reports lower faith in reporting their victimisation and in the criminal justice system.

Of greater interest here however, is that it is suggested that approximately 10% of children aged 5-14 years have a mental health disability but that 70% do not receive intervention at an appropriate age to ensure a more positive outcome in adolescence and that 20% of disabled adolescents will experience mental health problems (WHO, 2003). However, gender data is not so clear, as most refer to adult numbers such as greater female numbers (21% - 6.4 million) than males (16% - 5.5 million) with a disability in the UK and we are yet to find specific child numbers with gender, data.

However, we were able to evidence that in disabled children, reports of disability are as follows: social and behavioural impairment (33%), learning disability (31%) and physical disability (31%) (DWP, 2014) and boys are more likely to experience social and behavioural difficulties as well as learning and memory difficulties (DWP, 2014; Papworth Trust, 2016). Worthy of note here also is that between the age of 16-34 years, 39% of disabled people report being victims of crime and of the 67,000 hate crimes recorded each year, up to 20% of offences are sexually related (Children's Society, 2011).

For the purpose of this literature review, disability can be defined as *“You’re [being] disabled under the Equality Act (2010) if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.”* Substantial meaning more than trivial in daily tasks, such as dressing, and long-term, meaning more than 12-months in duration. Learning Disability can be defined as an intellectual impairment (IQ); social or adaptive dysfunction combined with IQ; and early onset of such (BILD, 2011).

What is interesting is that an addiction to drugs or alcohol, does not count as a disability under The Equality Act yet an addiction is a mental health concern and often impacts on menial tasks and can be long-enduring beyond 12-months. This term disability here also includes Autistic Spectrum Disorders (ASD), behavioural, learning and physical disabilities.

The small amount of evidence available in relation to CSE and disabilities suggests that males are almost twice as likely to be experiencing violence and CSE (McNaughton, Nicholls et al., 2014; Cockbain et al., 2014; Jones, Bellis, Wood et al., 2012) and as Decker et al (2017) and the other studies in this review often suggest, disabilities have been overlooked in research to date in CSE yet remain the most vulnerable of populations in the UK.

Potentially, factors of self-esteem, emotional and societal or peer loneliness which are common characteristics in ASD, for example, make this population more vulnerable and Wood et al (2012) suggest that disabled populations are more than twice as likely, to experience sexual violence than those without disability depending on factors such as low or high income countries. This level of vulnerability is supported by findings relating to emotional loneliness and later, cognitive distortions also.

Jones et al (2012) reported from a meta-analysis of 15 studies, 14,675 disabled participants (14.5% with a mental health disability) reported unwanted sexual touch, forcing to touch someone or have intercourse, attempted rape, sexual exposure, verbal sexual harassment and sexual intercourse before the age of 12 and further emotional abuse with a prevalence of 18% was reported from 4,384 children. Yet these studies appear under-powered and are therefore not all reliable and applicable to general populations, here, this is an often seen issue in CSE research with male victims (Jones et al., 2012).

What is also identified here is that disabled children are at greater risk of violence and sexual violence than their non-disabled peers and that there is a greater need for research in relation to disabled victims experience of sexual violence, emotional abuse and violence (Jones et al, 2012; Brown, Brady, Franklin et al 2016). However, there are issues with this

article in that the studies reviewed have weak power and are not specifically examining CSA or CSE, but sexual violence. Most studies reviewed, also examine relatively few participants with a disability, ranging from 3-47 in number.

Conversely, Brown et al (2016) also suggest caution in seeking risk factors for CSE, for there are limitations in risk assessment tools and checklists as they suggest there may simply be no stereotypical signs of abuse and exploitation. That however does not align with the consistency of factors such as self-esteem, locus of control and emotional loneliness seen here so far, as well as in ASD factors such as social cue and social interaction knowledge impairments seen in CSA being factors that may well serve as indicators for vulnerability to CSE continuation.

Brown et al (2016) also evidences the lack of research in this area using rigorous study methodology and call for greater, in-depth examination of suggested factors and in greater populations such as identified earlier in this review (McNaughton, Nicholls et al., 2014; Cockbain et al., 2014; Jones et al., 2012; Clutton & Coles, 2007; Pearce, 2009; Scott & Skidmore, 2006). However, Brown et al (2016) highlights the issue of lack of research into CSE risk factors yet appears to draw large conclusion on risk factors based on very few studies. Although valid, some of the evidence lacks strength and only lends further to the call for greater research into CSE risk factors, and in particular, in relation to disability populations. Particularly, as evidenced in Roberts, Koenan, Lyall et al (2015) where we have third-party retrospective reporting, gender is female (again a lack of male focus) and ASD disorders are not specified, only traits. This is a similar issue in the few studies seen to date regarding CSE and there remains five times as many studies into risk of being a perpetrator than being a victim (Brown et al., 2016).

Beckett (2011) highlighted that factors of life experience, family structure, social and peer, care home and attachment, and self-esteem, are all factors in CSE vulnerability yet was limited in generalizability for there were method limitations in the interview method and lack of comparative group. Further, studies that highlight disability as a factor of risk in CSE were restricted to gangs, non-comparative groups, small sample size, data and case studies analysis only, and unreliable study methodology and worse, gender bias of only female reporting or limited male reporting. This was in addition to earlier identified issues of reporting abuse over vulnerability too or risk of from the measures used (Coy, 2009; Beckett, 2011; Berelowitz, Firmin, Edwards et al, 2012; Davies & Jones, 2013; Gohir, 2013; Klatt, Cavner & Egan, 2014; Franklin, Raw & Smeaton, 2015).

Franklin et al (2015) also note that staff working with CSE did not feel confident in their understanding of LD or ASD yet the small percentage in this study with disability, were at risk following running away from home and that any support should be tailored to meet their individual and specific needs. Therefore, we should be looking to identify specific factors in disability vulnerability to CSE, to help identify those at risk, in turn feeding intervention and should ensure measures are reliable and population's comparable to 'normal' populations, comparable by age, disability and background.

Further, Franklin et al (2017) conducted what appears to be a first, in-depth study of 27 disabled victims of CSE or are at risk of to see how best their needs could be met. They identified that the understanding of what abuse is, or was, was a concern and that listening and trust were key to obtaining their accounts which were and remain essential to developing education (who and where to go; what is abuse), to intervention and identifying risk factors and pathways through CSE. Factors in early childhood of not being listened to and running away/going missing, were highlighted. However, this data and evidence came from a population that were already in receipt of some support or had received support, not a population yet to receive any support. This could highlight communication issues and a bias in reporting as those not in receipt of help may not be able to identify factors or indeed have yet to process or understand their own experiences of CSE (Allnock & Miller, 2013), and therefore, may be less likely to obtain such evidence.

This could potentially be changed with better education however, as there is evidence to show teenagers, for example, are as sexually active regardless of having a disability or not yet education does play a part in the individual being informed enough to make self-determined decisions regarding sexual behaviours (Weinholz, Seidel, Michel et al, 2016). This however, makes the assumption that the individual is able to give consent, understands what sexual intercourse and associated behaviours mean yet this study also found that there was no barrier to discussing/disclosing sexual behaviours; males with a disability were more sexually active than females with a disability and of more interest, is that males with a disability had earlier sexual encounters than their non-disabled female and male counterparts. That said, this study did not seem to enquire as to what that first and early sexual experience was (i.e. abuse related) nor was mental health disability stated only hearing or visual impairment.

Further barriers have been identified in disability victims of CSE to identifying or understanding what is happening to them is abuse; a lack of sexual education relating to healthy and maladaptive relationships that can be understood and is meaningful in relation to

abuse and consent to sexual behaviours (Sellwood, Raghavendra, Jewell, 2017; Murphy & O'Callaghan, 2004); the ability or trust to disclose abuse (Hershkowitz, Lamb, & Horowitz, 2007) is severely reduced in disabled populations, not so much in non-disabled populations (Tinnfält, Eriksson & Brunnberg, 2008); a reduced capacity to communicate; understanding what abuse is and having somebody to talk to when reaching out for help, and trust and fear in communicating concerns or abuse (Jones et al 2012; Jones et al 2017; Franklin et al 2017; Allnock et al 2013). All of which should be relayed to staff or support workers and should inform both their and our, understanding of not only what disability is and means to the individual but the risk factors to the disabled person of further CSA and therefore, CSE continuation (Stalker, Taylor and Fry, 2015).

It is barriers such as these that support the lack of research in the area despite there being a large call to explore this area of disability and the individuals vulnerability, risk factors, of CSE (Franklin et al., 2017) to inform education, intervention and indeed the disabled victims and non-abused populations that are younger, to aide in prevention (Sellwood et al, 2017).

There is no doubt that disabled children are at risk (Hershkowitz et al., 2007; Jansson, Långberg, & Swenson, 2007) and that gender differences have a part to play in the abuse itself, but there is little evidence to support this yet there is enough evidence to suggest physical (increased asthma, heart conditions and cancers) and negative mental outcomes such as those being examined in this review as a result of disabled children being subjected to abuse and further exploitation and with boys, increased alcohol consumption, risk taking behaviours and illicit drug use as well as experiencing levels of bullying from adults and peers, as is seen in non-disabled populations also (Bruunberg, Bostrom & Berglund, 2012; Varma, Gillespie, McCracken et al 2015; Landers, McGrath, Johnson et al 2017).

Klatt et al (2014) however, demonstrated similar behaviours as susceptibility to becoming a street worker and further CSE, yet found running away not to be a factor in becoming a street worker but did not analyse gender difference as there is a weak assumption that factors associated with CSE/sex work are similar across genders (Weitzer, 2009) yet the studies behind this have their own weakness that make Klatt's statement one of sweeping judgement. Disabilities were also not factored in to this study (n=175) where females made up 93.7% of the participants and only 10.86% actually reported a background of childhood sexual abuse (age range 12-25 years). A final point of note is that factors such as associating with people involved with sex work, drug and alcohol abuse and poverty were identified but

not how these influenced decisions made or psychological state that made a participant more susceptible to these factors than another participant.

It has also been highlighted that evidence relating to ethnicity, cultural background, and disability in relation to CSE disclosure and management, is very under-researched (Kenny & McEachern, 2000) yet prevalence of CSE and CSA and the impact on child wellbeing is high in other nations and cultures (Fry, McCoy and Swales, 2012; Hayes & Unwin, 2016). Other reasons for lack of reporting from males with disabilities, as was identified in non-disabled populations earlier, include: fear of loss of independence, admission to care facilities, not being believed due to gender and that men should not complain because it is not okay for men to complain about abuse (Powers, Saxton, Curry et al 2008) and as Powers et al (2002) state, it is unacceptable to not have accurate prevalence figures of disabled males CSA and CSE rates in the USA, or indeed as is seen here, in the UK.

Therefore, it is with communication barriers and listening skills in mind that this review suggests a greater and more in-depth study be carried out in a population of disabled males with CSA and CSE backgrounds, compared to a non-disabled population. Factors of social, intelligence, educational, emotional, familial and individual items should be measured alongside ethnicity and socio-demographic data to explore what can be potentially considered risk factors to CSE.

There is clearly, areas of trust, education, measures used and populations being measured to consider in this most desperately required research area. Particularly, if we are to try and stem the increasing numbers of victims while educating those who are suffering to come forwards and report their perpetrator(s) as currently they may not only not know what abuse is, or be able to recognise it, but may not feel confident to do so and be taken seriously or indeed, be able to exist independently.

Despite the numerous reports from charities, associations and government on CSE, and the often mentioned term of disability, surprisingly cursory in charity reports, it is not measured in relation to CSE factors or background and is still to be full understood by both researchers and the victims themselves yet we know those with an LD are likely to have less coping resources and therefore, more vulnerable to ongoing CSA and CSE (Mansell, Sobsey & Moskal, 1998). There remains a need to fully understand the impact of CSA and indeed, CSE on those with a disability and the outcomes, and to date there is yet to be a large empirical study of this. There is also a need to examine parental modelling and attachment in relation to disability and sexual knowledge understandings and better education structure in schooling (Seidel, Wienholz, Michel & Luppia et al., 2014). Only a collaborative effort of

measure, intervention design and more importantly, designed sexual education, service/policy informing as one, will allow this to happen safely.

iv. Sexual Knowledge deficits in male victims of CSA/CSE

This term appears to lack one single definition but drawing on all literature reviewed can be seen as not having the understanding, or knowledge, or not being able to comprehend, what is appropriate in behaviour relating to sexual actions, verbal sexual referencing or behaving appropriately in the right context with another person or one's self. It is knowing, what sexual behaviours are right or wrong and how actions can lead to physiological, psychological and emotional harm, and when it is right to act sexually with another, and when it is not.

However, the age of the individual also governs what is appropriate in UK society, and what is not sexual exploration is often viewed as a natural part of growing up i.e. at five years of age to briefly touch your own genitalia in public is viewed as 'normal,' and exploratory. At 14 years of age, it is not a societally accepted action and in fact is against the law as is sexual intercourse (Parkes, Waylan, Sayal & Heron, 2014). There is also a general consensus of an upward trend in increasing knowledge around sexual behaviours and indeed, sexualised behaviours, as the child heads towards adolescence; increased awareness, hormonal and physical maturation yet these behaviours are more regularly observed in children than in the older child or adolescent. This may be due to lower supervision of the older child or adolescent, and of course, if this is combined with reduced sexual knowledge and behavioural understanding, the risk factor to exploitation may well increase (Friedrich et al., 1998; Grossi, Lee, Schuler et al., 2016), particularly with an increased display of problematic sexual behaviours driven by lack of knowledge.

Additionally, not understanding other people's actions as sexual towards you is equally harmful and potentially here, highlights the need for better sexual education in schools about risks, what is right and certainly what is inappropriate. That said, there is evidence as follows, to demonstrate that sexual modelling at home is influential in a child's understanding of sexual behaviours. Perhaps, child and parent education joint classes are required in order to tackle this deficit in both caregiver and child. After all, sexual knowledge deficits play an important part in the victimization process we are exploring here.

Often when behaviours of an adult towards a child are not fully understood, by the time the behaviour of a perpetrator is recognised as abusive, the cooperation is often viewed

by the victim as a form of consent and with this comes feelings of guilt, emotional degradation and other factors (Conte, Wolf and Smith, 1989) and potentially, increasing vulnerability with the lowering of self-esteem, guilt driving it down further and perpetuating the cycle of exploitation (Miccio-Fonesca, 2017).

This can also feed in to the child's ability to disclose and as we have already stated, males are less likely to report abuse for reasons of the *self* and internalisation of attributions of guilt yet males are more likely to externalise behaviours and report lower depression, than females who internalize attributions of their abuse and report higher levels of depression (Yansey et al., 2010). Therefore, without the sexual knowledge to understand what is sexual risk taking, this externalization of behaviour may well perpetuate the exploitation cycle and the ongoing understanding of how they construct relationships, with deficits around understanding what sex is, what is inappropriate in touching, actions, talking or showing. It is worth remembering that this cycle may only be further perpetuated and of course, is often not sudden but gradual in its onset and indeed, understanding (Berliner & Conte, 1990).

Further, males will develop like most children, their social knowledge and how to interact, based on how their caregivers and significant others aide or not, the development of knowledge (Dodge, Laird, Lochman, & Zelli, 2002) and therefore, dictate how the child interacts with others in similar situations. Again, we see differences in male victims as they tend to be more protective of their self-image and needs, which is where often more emotion and confusion can occur when conflicted with needs, their own sexuality in adolescence, and demands put on them by an older perpetrator. It has also been shown that pre-schoolers who have been sexually abused at 4-6 years, are more likely to use sexually attributive language to describe or interpret an experience than those who are not (Toth, Cicchetti, Macfie, & Emde, 1997; Dodge et al., 2002) and again offers indicators of abuse.

However, there is not a direct correlation between sexual abuse signs in children just being exhibited in the form of sexual inappropriate behaviours but there is within age groups, where it can be seen as such i.e. young children yet to understand societal norms may touch themselves in exploration; adolescents doing this in public or to another peer without consent would break societal norms, as well as laws, and in theory they should morally know not to commit such acts (Friederich, Davies, Feher & Wright, 2003).

It should be noted that sexually inappropriate behaviour can also be exhibited when violence, stress, or inappropriate exposure to family sex is occurring in the home setting (Freiderich, 2001). Additionally, we often see inappropriate behaviours where there is poor form of modelling at home, not just bodily curiosity as is seen with age and exploration of

one's self and this may be a separate issue of modelling of behaviours, not necessarily evidence of any abuse being committed (Freiderich et al., 2003). It is also evidenced that parental support in victimisation, is significant to the outcomes of the child (Yansey et al., 2010) just as the lack of education and early sexualisation of children can impact on familial and extra-familial exploitation and abuse of children (Robinson, 2012). Yet it is also suggested that the over-protection, of innocence, in childhood, can also lead to vulnerability to abuse and exploitation as the ability to understand or interpret ethical or unethical behaviours is impaired (Robinson, 2012; Kitzinger, 1990).

With this in mind, it is suggested that the best way to explore sexual knowledge deficits, seeking indicators of ongoing abuse, is to interview and ask age-appropriate questions for age-appropriate answer's that relate to sexual knowledge (Birlleslijper-Kater, Friedrich & Corwin, 2004; Gully, 2000; Friedrich, 1997). We suggest, for example, that in the UK, Key Stage Sexual Education could potentially offer a framework for investigators.

However, the question remains of what impact a deficit of sexual knowledge has on male victims as a risk factor to ongoing or being subjected to CSE.

We have already seen the potential of self-esteem to contribute to the above, which may perpetuate behaviours and compliance to a perpetrator; in turn driving other emotional and self-efficacy issues. We have also seen that having an LD or disability can make you vulnerable to CSE but this in relation to deficits of specific understanding and therefore, sexual knowledge remains unexplored (Franklin et al., 2017).

We have also seen that factors such as low self-esteem from CSA are evidenced as drivers for adult risky sexual behaviours, later in life (Zurbriggen et al., 2004), which could be combated by improved education and understanding of what sexual risk-taking could lead to as potentially, these behaviours make the adolescent and adult along with other factors such as self-esteem, more vulnerable to the cycle of CSE and a perpetrator(s). Especially, in adolescence where prominent psychosexual development takes place and your knowledge levels dictate your understanding of implications of your own sexual actions or behaviours, as well as those perpetrating CSA or CSE (Savin-Williams & Diamond, 2004). Children lack such cognitive abilities and emotional processing in relation to the self and sexual behaviours, and this may cause increased fear and worry around sexual matters (Simon et al., 2008).

A final note here, is that those with disabilities of intellect and learning, are highlighted as vulnerable to CSA and therefore, CSE, due to limited knowledge or understanding of what relationships are or sexuality and sexual appropriate behaviours are (Isler, Beytut, Tas & Conk, 2009; Lang & Frenzel, 1988) and in adulthood, can result in

perpetration of partner violence (Vig & Kaminer, 2002) although Ward (2010) reports no gender differences in violent actions against the person, in 60% of those adolescents reporting interpersonal violence. However, Hunter, Hazelwood, and Slesinger (2000) make an interesting observation that in male offenders sexual knowledge deficits in adolescence, as opposed to adulthood, can impact the type of sexual behaviour towards a victim i.e. digital penetration as opposed to attempted intercourse.

Further, parents have been found to struggle to identify and respond to young children's inappropriate or harmful behaviour. Also, parents who had both a child victim, later perpetrator, were less able to intervene due to a lack of knowledge around risks, abuse indicators and knowing how to intervene (Marriage, Blackley, Panagiotaras, Seklaoui et al., 2017). Again, this all lends to parental input as being essential in both prevention and detection, and understanding of abuse in children. An educational deficit is identified here in the parent and child, as we know children learn from various sources such as school, peers, parents in gaining and understanding sexual behaviours/experiences (Ingevaldson, Goulding & Tidefors, 2016).

Of further interest, studies such as Smith & Woodiwiss (2016) examine sexual knowledge in adolescents and children who have been subjected to CSA but still the focus remains on female victims. This does little to help our understanding or indeed that of social workers and other staff engaged in helping victims as males are as likely to have experienced CSA even if not reported.

In conclusion of this section, child sexual behaviour problems are consistently associated with early, age-inappropriate exposure to sexual behaviour or knowledge (Bonner et al., 1999; Friedrich et al., 2003). It has identified the impact of knowledge deficit in relation to re-victimisation and the input of education and understanding from parents and school alike. Further, there is yet to be a study that looks at a large enough population to understand the impact of sexual knowledge deficits in either gender on both perpetration or outcome of CSE, or indeed CSA victims with a disability at all where potentially, this factor is of greatest risk. Additionally, looking at attachment and parental sexual knowledge in relation to the child's understanding is an avenue of further exploration; especially in relation to possible intervention design and reducing tensions in parental/child communication in this area (Davies & Robinson, 2010).

This knowledge deficit feeds into the cycle of self-esteem and self-efficacy deficits and how the individual sees their selves in relation to the act perpetrated against them. That said age appropriate levels of knowledge and observation methods need to be confirmed in

order to establish baselines and therefore, allow further and full exploration of sexual knowledge deficits by age, gender and disability. No study examining male CSE victims has been found in this area either.

v. The impact of CSA/CSE on male cognition: distortions in relation to understanding sexual behaviours and relationships

Cognitive distortions can be termed as thoughts that cause the individual to misperceive their reality and that the continued pattern of these negative thoughts reinforce emotions and beliefs, perpetuating an ongoing cycle of distortion.

Evidence suggests that early, family malfunction emotionally, behaviourally, high stress environments combined with child abuse may be factors that biologically effects executive function development (Kostolitz, Hyman & Gold, 2014). Further, the dynamics of childhood abuse are believed to lead to cognitive distortions (Finkelhor, 1987) and that these come from emotional and behavioural difficulties in both the background and present of the individual and continue into adulthood.

However, Briere (1996) suggests that trauma or abuse impedes childhood cognitive development and effects attachment to the caregiver. This impacts later trauma disclosure, expression of event, and coping mechanisms, leaving the person vulnerable (Brown & Kolko, 1999; Feiring, Taksa, & Chen, 2002). In turn, this can lead to development of insecure attachment in relationships, developing negative representations of the self (which as we have seen leads to externalising risk taking behaviours), and trust issues, depression, anxiety and low self-esteem (Alexander, 1992; Browne et al 2007). Underlying these conditions, are what are known as cognitive errors (e.g., overgeneralization, catastrophizing, selective abstraction). There is also the cognitive triad (i.e., negative views of self, world, and future) which we have already established differ between male and females victims of CSA. These are just two types of cognitive distortion that have been associated with depression in youth, which again has been seen as an outcome later in life from childhood trauma and abuse (Jacobs, Reinecke, Gollab & Kane, 2008; Timbremont & Braet, 2006). There is also evidence to suggest that cognitive errors are associated with anxiety among adolescents, which again, is seen as a physical manifest following childhood abuse (Weems et al. 2001), especially when there is no congruence between the *self* and the world around the individual.

The perception of the self is entwined and constantly reliant on cognitive distortions (Roberts, Gotlib, & Kassell, 1996). This creates a cycle that only further creates vulnerability

as the negative model of the self is reliant on distorted perceptions of the self, the environment and others in the environment that are maintained and not broken by intervention (Browne et al 2007). This in turn leads to sustained negative states of self-blame, shame, feeling damaged, low self-esteem, related to the traumatic event. Again, identifying potential risk factors to approach in relation to not only identification of vulnerability to CSE but designing intervention. However, this would only be possible from one empirical and robust design that looks at the multifactorial outcomes reviewed here. This is yet to be done and no study has been found in relation to disabilities where cognitive distortions relating to abuse are potentially more profound due to lack of conceptual awareness, cognition and educational levels.

A further reason for exploring the self in relation to cognitive distortions further, and in relation to CSE, is that the output from abuse victims in childhood can have later in life include mood disorders, self-harm, eating disorders and increased suicide attempts, substance misuse and abuse, depression and memory recall issues, in addition to emotional and relational issues (Steine, Winje, Krystal, Bjorvatn et al., 2017; Carlier, Hovens, Streevelaar et al., 2016; Wan, Chen, Sun et al., 2015; Francke, Viola, Tractenberg et al., 2013; Wolf, 2011; Whisman & Kwon, 1992). Again, the studies located are heavily reliant on female only populations (Cukor & McGinn, 2006; Brown & Winkleman, 2007) yet offer insight into the link of distortion and onset of mental health conditions and vulnerability in adulthood.

There is also evidence to suggest that cognitive distortions and understanding of sexual knowledge and boundaries, when alcohol is added, can lead males to offend in adulthood, as they view female partners and their selves as acting more sexually provocatively when under the influence of alcohol, than without (Abbey, Zawacki & Buck, 2005).

Again, offering a little understanding to the cognitive distortion of understanding the self and desires, self-worth, and the processing of societal ethical behaviours, the self-view and of others in reality, combined with potentially sexual knowledge deficits, which in adulthood can lead to the male offending. This is also supported by earlier discussion around low self-esteem and emotional loneliness, leading to an uptake in alcohol misuse. In turn, this creates a micro-cycle of perpetuating thought process, past knowledge and abuse, to not being able to template in reality and interpret others actions or own, and thus the vulnerability to offending or exploitation and continued abuse, exists.

However, the primary issue with trying to examine cognitive distortions in relation to CSE, as opposed to childhood abuse, is that there appears to be no, one specific study in

relation to this. Yet there is evidence that a child's self-blaming and want to disclose is not only affected by their view of the *self* but by initial reactions from the parent or caregiver (Melville, Kellogg, Perez et al., 2014). Again, highlighting the need for 1) better understanding of cognitive distortions in the victim of abuse, not the perpetrator for which there is an abundance of literature, and 2) the need for more parent education and information around ethical behaviours, understanding and how to manage conversations, disclosure and support their child.

This is especially relevant when studies have shown emotionally driven cognitive distortion to lead to confusion of thought, memory and reality which leads to false memories or indeed allegation, despite abuse being committed (Lipian, Mills & Brantman, 2004), thus allowing for further exploitation of the child, especially when parental belief is limited.

Just as lower levels of emotional stability resulting from childhood abuse can lead to increased depression, anxiety, conduct disorders and PTSD levels in adulthood and even lead to worsening effects of Bipolar Depression. This demonstrates that not only are cognitive distortions and mental health concerns lifelong and help maintain themselves but the effects of abuse are also lasting of a life course too (Lee & Song, 2017; Li, D'Arcy & Meng, 2016; Alexander, Quas & Goodman et al., 2005; Igarishi, Hasui, Uji & Shono et al., 2010; Li, Ahmed & Zabin, 2012; Maniglio, 2015; Poletti, Colombo & Benedetti, 2014).

Additionally, it is proposed that those subjected to maltreatment in childhood are more likely to accept ongoing behaviours towards them, violence too, in adulthood as a result of the self and schemas created, creating cognitive distortions that create beliefs of this treatment as acceptable or normal. In turn, this maintains the individual as vulnerable to ongoing abuse, exploitation (Ponce, Williams & Allen, 2004). This is evidenced, in females who report childhood abuse and present with PTSD later, where they attribute blame to themselves and not the world and self (Owens & Chard, 2001). However, this is an all-female study, again. Yet there is a shift towards trying to understand male victimology in relation to CSA and ongoing concerns that relate to potential of CSE.

Turner, Taillieu & Cheung et al (2017) found from a large male sample (n=14,564), with alcohol and related conditions over 20 years of age, that those with reported childhood maltreatment and CSA reported greater levels of mental disorder and suicide attempt than males of only childhood maltreatment i.e. violence, intimate partner violence witness but not CSA.

Understanding further, the above listed elements of distortion and indeed, diagnosis of for example, depression, anxiety and PTSD or Bipolar depression, with self-perception,

efficacy, and disclosed negative thought patterns, can guide intervention. But again, in relation to CSE, this highlights that the focus on CSA remains mostly female weighted in findings, but more, that there is no apparent specific study into CSE and male cognitive distortions, specifically around negative thought processes of moral, sexual, relational understandings which along with history of abuse, drive depression, anxiety and the self-image, self-esteem and many more factors, in relation to vulnerability to further abuse and CSE. There is also evidence to suggest that parent and child therapy can increase not only safety education for the child but manage the thought process to attempt to develop better thinking strategies and parental understanding of trauma and abuse (Deblinger, Mannarino, Cohen & Runyon et al., 2011).

A final thought in this literature review, is that we observed what can only be referred to as mirror imagery between perpetrator and potential CSE victim. That is, for example, the offender and victim may well share similar levels of low self-esteem; emotional loneliness; cognitive distortions; sexual knowledge deficit and ability to interpret ethical or unethical actions towards themselves or others. This is supported by Cockbain et al (2014) and Ward & Beech (2004) who found attachment type linked to emotional loneliness, just as insecure attachment type was seen to confound negative thought processes when a caregiver does not understand or can help the child. However, youth who sexually offend against younger children are, on average, less delinquent and have fewer behavioural and family problems (Seto et al., 2010; Van Wijk et al., 2006).

That said, youth with sexual offending behaviours are significantly more likely than non-sexual offenders to have atypical sexual thoughts, cognitive and sexual knowledge deficits, in sexual interests and to have experienced CSA victimization. They may also have experienced other forms of abuse and neglect, early exposure to sex and pornography, linking to sexual modelling in the home as identified earlier as a factor in sexual knowledge forming, and low self-esteem and social isolation, also identified earlier as potential risk factors to vulnerability of CSE (Letourneau, Schaeffer et al., 2017).

We also believe that young children can be taught regarding safety and inappropriate behaviour. Yet most teaching is between 6-13 years of age but may not be appropriate or indeed structured to assist the parents or caregiver also in listening, understanding and responding to both ethical and unethical sexual behaviours, expressions and interests. However, education and intervention programmes can lead to increased sense of control and feeling safe, and form an increased protective cognition of the self which may in turn, lead to

behaviour change. This has been evidence in simulated scenarios and has shown reduction in sexualised behaviours (Currier & Wurtele, 1996; Walsh et al., 2015; Dale, Shanley, Zimmer-Gembeck et al, 2016).

One final point is that Brown et al (2016) examined current tools and risk assessment items and found issues such as risk tools were actually identifying current abuse, not pathways or outcomes. Also, that resource identification was many of the outcomes being measured not the identifying of vulnerabilities. Additionally, scoring issues led to lack of reliability and the inclusion of discriminatory risk indicators such as certain demographics based on limited evidence for inclusion. A final and important note here, is that the production of checklist and questionnaire type measures allows for little exploration of background to identify vulnerabilities and risks as seen by the victim and does not allow for time to talk to practitioners or be listened too, also preventing earlier factors of vulnerability being detected and being at risk from not being identified. Therefore, this opens us to the possibility of greater, qualitative, exploration of background, home life, schooling, peers, the self and the perpetrator in relation to risk factors of CSE in males. Particularly, as there does not appear to be a specific study into these factors or indeed the key outcomes reviewed here, in relation to male victims of CSE.

3. Conclusion

This literature review set out to examine literature that was peer-reviewed and initially UK based. However, due to the lack of CSE research in the UK, empirically based and reliable, we have examined both UK and international literature. However, this has proven difficult regarding male victims who we have identified as not only at risk potentially equally to females, as there is nothing to suggest otherwise and without doubt, can evidence the under reporting of this population. Perhaps, greater consideration should be given to educating male populations in school and nationally, regarding CSE and what it is, and that it is okay to report such behaviours.

The purpose however of this literature review was to examine what is currently known regarding risk factors in male victims of CSE. The answer conclusively, is very little and research still remains heavily weighted towards female victims of CSA and CSE and leaves the male very much viewed as a perpetrator or an offender.

What the review has highlighted however is a key consideration of males being different from females in the sense of how they view their *self* and form their relationships.

Especially, regarding how they view the perpetrator, relationships around their self and sexuality, especially in adolescence, and consider consent somewhat differently from females who appear to have a tendency to form closer relationships more quickly, which places them equally at risk. However, low self-esteem and efficacy issues, may well play a large part in this as is known in developing and indeed, sustaining relationships.

There is without doubt a need to explore the following areas for the first-time in the UK. To examine the risk factors identified in this literature review which are lacking in study number and empirical rigour. There is a need to explore these further, with strict conditions and an evidence based framework which is agreed by both researchers and frontline staff; there appears to be large amounts of service staff research but not the victims themselves, male in particular. This is needed to ensure accurate and meaningful data is gathered, is replicable and ethically rigorous as despite the call for this area of research, it is apparent that few have addressed this in deeper examination, conducting a rigorous study of male victims of CSE around the following risk-factors: Self-esteem, emotional loneliness; understanding sexual behaviours; thinking deficits and disabilities.

An observation resulting from this review is that although there is little evidence based literature to warrant inclusion in this review in relation to CSE, areas of emotional empathy and apathy; perpetrator typology and behaviours, and victim characteristics around locus of control and criminality from CSE, are needed to be examined further.

To explore any of these areas however, up to date and rigorous quantitative measures should be utilised and delivered with the victim response in mind, wording being appropriate and to gather risk not harm related data.

Further, regarding disability for which the dearth of research in relation to CSE and CSA is appalling, staff should be better trained in understanding disabilities in relation to how to assess CSE and this population is sorely at risk and under researched. Therefore, a study should be delivered to identify the risks to this specific population and consider measures used to be appropriate in communication, understanding trauma and reaching this most vulnerable group.

There is a need for not only greater, in-depth study to risk of CSE in male populations, but in doing so there needs to be a decisive uniformity of measure and qualitative approach across all clients and "normative samples," to provide accurate baselines and build up a better understanding of this complex area which currently does not appear to exist. Therefore, we should not only be conducting in-depth psychometric tests for individual risk factor but should also consider environmental factors in background including home

environment and attachment type, emotions, schooling, peers and relationships and other personal habits in detail, regarding male victims and their perpetrators.

This not only offers further avenues to qualitatively explore but assists in building a bigger picture of risk. In examining attachment type we also are able to reliably examine childhood caregiver relationships as well as impact on relationships in adulthood, in turn feeding potential intervention. The same principle applies to specifically assessing risk taking behaviours and the ability to risk assess in male adulthood. Again, this would not only potentially identify risk factors of risk taking but may assist in intervention design and development, in service, as well as identifying vulnerabilities that perpetrators may well seek in young boys, adolescents or even adult males. With reflection from the victim, this may aide better understanding of the perpetrator(s) of CSE on male victims as more detail is required on perpetrators, especially female perpetrators of CSE, yet there is not enough literature to draw on here to discuss this in detail.

Additionally, qualitative measures should be delivered objectively, driven by research and a perspective most applicable to this environment, with minimal interaction to avoid bias and the service worker influencing victim response with their own personal history or professional ‘feeling’. This ultimately, whether well intended or not, prevents access to the real responses of this most vulnerable population and one that requires better understanding if we are to further our understanding of CSE and help to prevent, identify and intervene with an under identified, under recognised and under supported, vulnerable male victim population.

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Training Days Summary

Day 1: 12 December 2017

Five attended – social workers and support workers, from youth homelessness projects, youth offending, and children's services (safeguarding/CSE).

As part of the training day we asked attendees for their views on –

- What is CSE?
- The barriers to identifying/disclosing for young people at risk in general, girls, boys, additional learning needs
- Push and Pull factors
- Static/Dynamic factors
- Recovery work/needs.

Day 2: 20 December 2017

Eleven attended – assistant psychologist, health and wellbeing workers, social workers, safeguarding officers from Hillside Secure Unit, children's services, disability service, and family support service.

As part of the training day we asked attendees for their views on –

- What is CSE?
- What is consent?
- General Barriers to identification, barriers for girls and young women, boys and young men, those with additional learning needs
- Push and Pull factors.

Participants' Pen Portraits

1. **16b2** was aged 17 on referral, initially being referred to the missing young person service. He lives with his mother on a large council estate, has a learning difficulty and ADHD. He has attended a special school after not coping in mainstream, secondary education. His father has spent periods in prison and, due to his domestic violence, has been excluded from the family home, although he maintains contact with family. 16B2 is very interested in cars and motorbikes and easily tempted by cannabis. He is currently out of education or training. He was targeted by an adult male who was well known by the Police and Social Services as a person who posed an extreme sexual risk to children and young people. His mother, although at times unwell, has engaged positively in trying to keep him safe and has liaised consistently with services. For further note:

- He has never been permanently excluded
- In relation to the alleged CSE concerns, he minimised these
- There are no reported additional HSB issues detailed for this young person
- He has experienced domestic violence and suspected bullying from other young people
- There are indications of alcohol/substance misuse.

2. **01b2** was referred at 14 years of age as an 'out gay' young man who had experienced sexual and physical abuse within the family and was effectively thrown out of home at 15 years old by his mother. He sofa surfed with extended family until moving into shared youth housing at 16 years. He became victim to CSE via the drugs party scene until being able to exit exploitation. Since this time he has entered education and has lived independently ever since. For further note:

- He attended mainstream school
- Has never been permanently excluded
- He was the subject of a care and support plan
- He has no criminal status
- He has a diagnosis of dyslexia
- In relation to the alleged CSE concerns, he minimised them when he first met with Barnardo's, but, he now substantially admits these concerns
- There are no additional HSB issues detailed for this young person

- He has also experienced: sexual abuse; emotional abuse/neglect; domestic violence; homophobia
- He has experienced alcohol/substance misuse.

3. 02b2 was referred when 16 years old. He is an out gay young man estranged from his family. When he was 16, he moved 50 miles away to a large city to live with a single male, 30 years his senior, whom he had met on the internet. Growing up, he experienced homophobia in a small town community. For further note:

- He attended mainstream school
- He has never been permanently excluded
- No welfare status
- No criminal status
- No disability
- In relation to the alleged CSE concerns, he minimised them when he first met with Barnardo's, but now he substantially admits those concerns
- There are no additional HSB issues detailed for this young person
- He has experienced emotional abuse/neglect; bullying by other young people; homophobia
- In terms of emotional wellbeing, he has experienced alcohol/substance misuse
- In terms of behavioural issues, he has a history of bullying others.

4. 03b2 was referred at age 14 years due to concerns of being targeted by, and having contact with, a known adult of concern relating to a long history of sexual exploitation of young people. He was known to visit this adult's home. He has had a disrupted family life, large blended family, chaotic school life, difficult relationship with mother and infrequent contact with father. Has a known history of 'excessive' use of cannabis and outbursts of anger toward his mother and his siblings. He left home at 16 to live in a young person's hostel and experienced custody within a young offenders' institution at 17. He has had limited contact or support from his family and, at 18, is not in any form of education, employment or training. For further note:

- He attended mainstream school
- Was never permanently excluded, although he was regularly excluded on a short-term basis

- His welfare status was child in need (s17)
- His criminal status was custody (DTO/s91/s226/s228)
- His disability is described as 'other'
- In relation to the alleged CSE concerns, he currently minimises them
- There are no additional HSB issues detailed for this young person
- He has experienced emotional abuse/neglect and suspected physical abuse as well as exposure to domestic violence
- He has experienced alcohol/substance misuse and, in terms of emotional wellbeing, there are suspected issues of depression and self-harm
- In terms of behavioural issues, he has a history of aggression/violence towards others; stealing; damage to property; running away from home; substance use; missing episodes; gang affiliation and suspected history of bullying others.

5. 04b2 was referred at age 17, is a gay young man, has a learning disability, was the subject of reports to the police that he was randomly approaching adult males and asking them if they are married and offering sexual favours. He attends a local Skills Academy completing a hair and beauty course. He is one of eight children. He has had an extremely disadvantaged home life; crowded and chaotic. The family appear to have had little concern about where he is, or when he returns. Concerns that his level of LD means he often struggles to understand or put things in context. Some minor concerns around cannabis and alcohol use. Parental history of sexual abuse as a teenager. For further note:

- He attended mainstream school
- Was never permanently excluded
- No welfare status
- His criminal status was final warning/reprimand
- He has a mild learning disability
- In relation to the alleged CSE concerns, he currently minimises them
- There are no additional HSB issues detailed for this young person
- Has experienced emotional abuse/neglect and bullying by other young people
- In terms of behavioural issues, he has suspected substance use for recreational purposes and suspected occasional missing episodes.

6. **05b2** has experience of childhood maternal rejection. His father is a schedule one offender. He has witnessed domestic violence in the family home and there are concerns of abuse by his step-father. He has had multiple educational placements and was placed in care from 12 years of age. He was targeted by an older male who tried to sexually assault him and locked him in a flat. This man was convicted of these offences. For further note:

- He has an historical CP Registration/Plan
- Statement of SEN is unknown
- He attended a Pupil Referral Unit
- Was never permanently excluded
- His welfare status was 'accommodated (s20)' in addition to being sectioned under the Mental Health Act
- His criminal status was final warning/reprimand
- He has no known disabilities
- In relation to the alleged CSE concerns, he substantially admits them
- He has experienced emotional abuse/neglect and suspected sexual abuse; physical abuse; exposure to domestic violence and bullying by other young people
- In terms of emotional wellbeing, there is suspected depression
- He has experienced alcohol/substance misuse
- In terms of behavioural issues, he has a history of missing episodes and suspected internet use that causes concern.

7. **09b2** was referred at 15 years of age due to concerns that he had shared a naked image of another young man on-line. On Police exploration of his computer, it was discovered he had been groomed and 'sold sex' to adult males on a number of occasions. For further note:

- He attended mainstream school
- Has never been permanently excluded
- Has no welfare or criminal status
- Has no disability
- In relation to the alleged CSE concerns, he minimised them when he first met with Barnardo's and now he substantially admits those concerns
- In terms of emotional wellbeing, he has suspected depression and PTSD

- In terms of behavioural issues, he has a history of stealing; substance use and internet use that causes concern and a suspected history of bullying others.

8. **17b2** was referred to service at 13 years, has been in and out of care, various educational placements, neglected, inadequate parenting, ADHD, often mixing with various 'disenfranchised' peer groups, putting his self at risk, staying at various addresses and leading a chaotic lifestyle.

- Attended mainstream and special school
- Never permanently excluded
- His welfare status was 'accommodated (s20)'
- His disability is behaviourally based (for example, but not restricted to ADHD/conduct disorder)
- In relation to the alleged CSE concerns, he minimised them when he first met with Barnardo's
- There are no additional HSB issues detailed for this young person
- He has experienced emotional abuse/neglect, exposure to domestic violence, suspected physical abuse and bullying other young people
- In terms of emotional wellbeing, it is suspected that he experienced alcohol/substance misuse
- In terms of behavioural issues, he has a suspected history of stealing; running away from home; substance use and missing episodes.

9. **06b2** was referred at 15 years of age after a sexual assault by a group of young adult males. Although referred initially as male, from the first meeting it became clear that 06b2 identified as female and would increasingly identify as transgender. The specific charges relating to the abuse of 06b2 were the subject of a large-scale Crown Court case involving a significant number of young adult male defendants. 06b2 gave Crown Court evidence for the prosecution. Consequently, a significant number of males were found guilty and were sentenced to long prison sentences. Support of 06b2 continued well after the court case and up to 18th birthday and she lives a full transgender life. For further note:

- She attended mainstream school
- Has never been permanently excluded

- Has no welfare or criminal status
- In relation to the alleged CSE concerns, she substantially admits them
- There are no additional HSB issues detailed for this young person
- She has experienced bullying by other young people and suspected exposure to domestic violence
- In terms of emotional wellbeing, she is suspected to have experienced depression and suicidal ideation/attempts in connection with issues relating to the challenges of transgender.
- In terms of behavioural issues, she has a suspected history of internet use that causes concern.

10. **B222** has just turned 17 and was referred to the service for a number of concerns relating to sexual behaviour. The main concerns were in relation to the sexual touching of his younger brother and also the sexual touching of male peers within the school environment. The young person has also been a victim of sexual abuse from his older brother. B222 has a learning disability and received education within a special needs school. The young person is socially isolated due to his learning disability and struggles to develop and maintain friendships with his peers. The young person's sexual knowledge is extremely limited and his learning disability clearly impacts on his understanding. There is a complex family history for this young person which also impacts on his understanding of appropriate relationships and boundaries.
11. **B223** was referred for harmful behaviour towards others. He has only just started to explore with his practitioner his childhood sexual exploitation/abuse. The perpetrator was a female family friend.
12. **B225** is 16 years old and was referred due to a number of concerns relating to his sexual behaviour and vulnerability. His vulnerability included an incident when he was 12 years old involving sexual behaviour with a 17 year-old female which was disclosed by the female. The young person later stated to professionals that the sexual behaviour had been 'consensual', however, for note, as a child of 12, he would not have been able to legally consent to sexual activity, which indicates his lack of understanding of healthy relationships and boundaries. The young person has been accommodated by the local authority since the age of eight and is on a full care order

along with his siblings due to parental neglect and domestic violence. He has experienced several placement breakdowns and multiple school changes, his most recent being a residential school. In terms of his social development, it appears that the young person has always struggled to connect and interact successfully with peers. He demonstrated aggressive behaviour from a young age and was himself bullied as a young child in primary school and, more recently, has bullied other children.

The young person is now more settled in a foster placement and is attending college.

13. **B226** is 14 years old and currently resides with his parents and siblings. The young person has had involvement with children's services since birth due to concerns around safeguarding and neglect. The young person was referred to the service for HSB concerns which he denies. There are also concerns regarding the use of pornography.
14. **B277** is 16 years old. He currently resides in foster care following a full care order being granted when he was 13 years old. He has resided in the same foster placement all of this time. Concerns were historically raised regarding the home environment where emotional abuse and neglect took place, which resulted in the young person being the subject of a Child Protection Conference on 12 occasions prior to coming into care. When the young person was 12, he was raped by a male perpetrator who was a boyfriend of his older sister. This was reported to his parents who did not pursue this further or discuss it with him. It came into the professional arena when the older sister reported it to a youth worker; no further action was taken against the perpetrator as the young person did not wish to make a formal complaint, but, the perpetrator admitted the offence to the police. Following his placement in foster care, it was noticed he was taking underwear from the female foster carer's drawer. Concerns were also raised that the young person has been accessing images and viewing sexual imagery on social media.
15. **B230** was referred in 2009 just before his 17th birthday. At the point of referral he was living in a safe house, although he was soon re-housed in his own flat. He was estranged from the family home and had limited support available to him from family members. He was asked to leave the family home in 2008 following discovery by his

mother that he had been having a sexual relationship with two male peers. Long term intensive and assertive outreach work was identified in response to his risk of sexual exploitation. His response to the work undertaken was positive. He attended every session as planned and has been prepared to discuss and reflect on all aspects of his life. In this time, his confidence and self-esteem greatly improved. His risk of sexual exploitation has been regularly reviewed over the year, through use of the SERAF and protective factors assessments. During this time, this individual's assessment scores consistently improved.

16. **B231** was referred for HSB reasons and has allegations and offences relating to HSB. However, there are also CSE and CSA concerns. A Children's Services chronology reports ongoing concerns dating back to 2006. His mother reported the relationship with the father as abusive, during which time she is reported to have sought support and accommodation within a women's refuge. She also alleged that, during the relationship, the father consumed drugs and that sexual acts were performed in the presence of the children. During the assessment, B231 reported that his father exposed him to adult sexual material at the age of five years old, while his older half-sister was suspected of having been sexually abused by the father. B231 was subject to a Full Care Order at the time of assessment and was in a residential placement where he also attended full time education. Prior to this, B231 was in long term foster placement which was terminated due to his sexualised behaviour. Before going into a secure setting, he was residing at a specialist HSB placement but, they too, terminated the placement due to his behaviour, which included assaults against staff. A SERAF assessment was completed before he was placed in a secure setting which identified him as being at moderate risk. He is incredibly vulnerable and easily influenced by peers. However, due to the level of sexualised behaviour he exhibits, he is often seen more as a 'perpetrator', therefore his own vulnerabilities are overlooked. B231 has a Statement of Education Needs for behavioural and educational issues and has an IQ of 76. There have been numerous incidents recorded of B231 self-harming. In addition, file information details suicidal ideation, including an incident where he has wrapped a bed sheet around his neck stating he wants to die.
17. **B228** was referred following a number of incidents of HSB, but, focussed specifically to recent incidents involving another boy in a local leisure centre. B228 was convicted

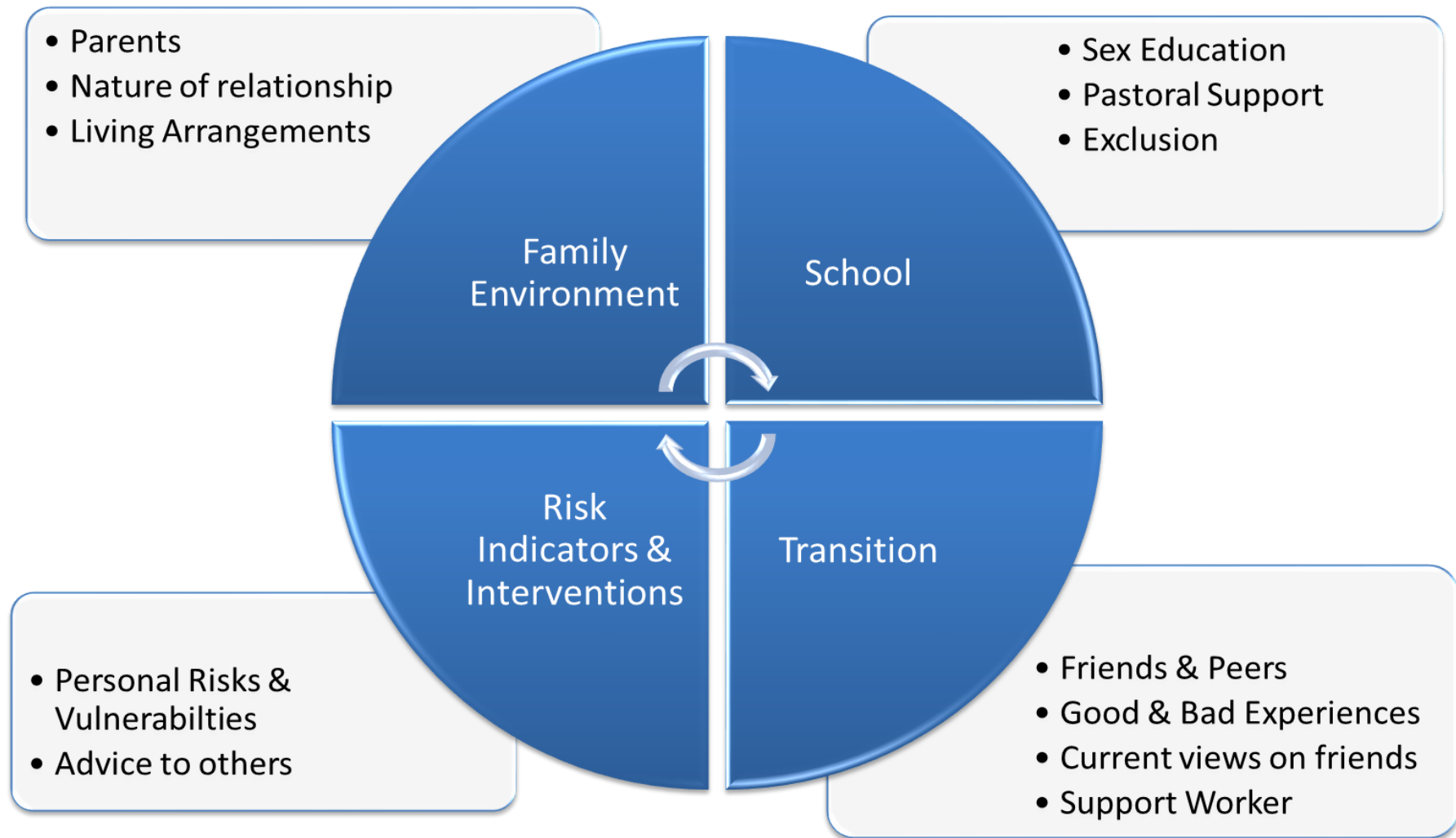
for historical sexual offences in February 2016 and there has been a previous conviction of sexual assault without penetration. Other allegations include touching a boy's penis and exposure. An investigation took place, but no further criminal action was taken. While in a residential placement has been suspected of grooming another young person. There have been several allegations from females within his school concerning inappropriate sexual touching, however, these allegations have either been NFA'd or the allegations have been withdrawn by the victim. There has also been an allegation from B228's younger sister of sexual assault by penetration, but, his sister refused to give a statement to the police. When he attended primary school, B228 displayed a number of problematic behaviours. These manifested in angry outbursts, overturning classrooms and hiding underneath desks. His behaviour was particularly poor in year 3 when he needed to be restrained. His father physically and emotionally abused his mother. His mother recalled one incident in which B228 was assaulted, where his father slapped him so hard that he was propelled across the room. The couple ended their relationship when B228 was approximately two years old. According to his mother, the father has been extremely violent to subsequent partners and has served prison sentences for this and other violent, crimes. However, the father continued to be involved with his children after he left the family home when he would expose the children to alcohol, drug use, violence, and take them stealing. He would also leave his children with inappropriate adults. B228 does not have many friends and can appear isolated at times. B228 presents with an extremely negative view of sex and sexual behaviour and found it difficult to discuss, and has poor sexual knowledge. He also reports traumas in his past that he could not discuss, and symptoms of auditory and visual hallucinations, anxiety and nightmares. B228 mentioned numerous times that there were things in his past that he would never discuss, and that he could have been referred to the CSE service rather than the HSB service.

Semi-Structured Interview Schedule

Question Type	Primary Question	Support Questions/Notes for Interviewer
Demographic questions	<i>General Question/Rapport Build</i>	How old are you? Which gender do you identify with? What gender did you identify with in childhood? Who do you live with now?
Familial question	<i>Tell me about your living arrangements as a child</i>	Who did you consider to be friends and family? How did you feel about your parents or care giver?
School/education questions	<i>Tell me about your school life and career</i>	Did you like school? When did you leave school? What was the highest qualification that you left school with? What was your favourite part of school? Tell me about any sex education when you received at school?
Social Behaviours and Groups	<i>Tell me about your social group and peer relations</i>	Did you have a best friend or lots of friends? Did you feel you fitted in with your peers? How did you view yourself in relation to your peers?
Emotional and Sexual Behaviour questions	<i>Talk to me about a time when you needed to speak to an adult for help</i> <i>Who did you trust as a child to turn to and why?</i> <i>Who would you talk to when upset?</i> <i>How easy is it for you to express your feelings about childhood and what happened to you?</i>	<i>Who would you talk to about when to have sex, what sex is and what is appropriate?</i> <i>What did you understand about sex when you were a child?</i> <i>What did sex mean to you when you were a child?</i> <i>What does it mean to you now?</i>
Exposure to home behaviours	<i>Tell me about any exposure that you had to physical, visual sex or behaviour in the house when you were a child</i>	(Notes to interviewer: media, walking in on parents, what was going on in your house re sexual modelling, how did you find out about sex?)
Meanings to the individual	<i>What does HSB mean to you?</i> <i>What does CSA mean to you?</i> <i>What does CSE mean to you?</i>	Seeking definitions of those affected most
Perpetrator(s)	<i>Tell me about the perpetrator(s) that you encountered in your experience</i>	(Notes to interviewer: male or female, words, actions, groomed, MO)
Risks and Vulnerabilities	<i>What do you see were the risks and vulnerabilities that led you into CSA/CSE?</i> <i>Have you seen or heard anything on television or other media about CSA CSE?</i> <i>How in control of events that happened to you, did you feel?</i>	How would you describe yourself at the time you were first approached? What type of person were you? How were you feeling about life and the world?

	<p><i>Did you feel that the perpetrator was worried about you telling someone what they were doing to you?</i></p> <p><i>How do you feel your experience has affected you?</i></p> <p><i>What would make you think or feel that someone else was at risk of CSA/CSE?</i></p>	<p>Try to get examples</p> <p>Why? How did you know?</p>
Additional information to aid research	<p><i>What advice would you provide to others who might be at risk of CSA/CSE?</i></p> <p><i>What would you like to see from the services?</i></p>	<p>Looking for real-time feedback on services, types of service received and thoughts</p>

Themes Chart





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