

Centre of
expertise
on child
sexual abuse



Effectiveness of services for sexually abused children and young people

Report 3: Perspectives of service users with learning difficulties or experience of care

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October 2019



Acknowledgements

We wish to thank all of the young people who volunteered to take part in this research. Many reflected that they took part so that their voices would be heard and this would lead to improved service responses to child sexual abuse. We hope that this report supports change. We also wish to thank all the services that supported us to access the young people and were generous with their time and hospitality. We wish to thank the CSA Centre for its support in preparing and reviewing the report.

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About the Centre of expertise on child sexual abuse

The Centre of expertise on child sexual abuse (CSA Centre) wants children to be able to live free from the threat and harm of sexual abuse.

Our aim is to reduce the impact of child sexual abuse through improved prevention and better response.

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. However, we are independent and will challenge any barriers, assumptions, taboos and ways of working that prevent us from increasing our understanding and improving our approach to child sexual abuse.

To tackle child sexual abuse we must understand its causes, scope, scale and impact. We know a lot about child sexual abuse and have made progress in dealing with it, but there are still many gaps in our knowledge and understanding which limit how effectively the issue is tackled.

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Summary

This report sets out the findings from a study commissioned by the Centre of expertise on child sexual abuse (CSA Centre), as part of a suite of work to expand the evidence base on how best to assess the effectiveness of services responding to child sexual abuse (CSA).

Research has shown that children and young people who are in care or leaving care, and those who have learning difficulties, are particularly vulnerable to sexual abuse. Establishing what works in terms of interventions for these groups is a research priority for the CSA Centre; accordingly, Coventry University was commissioned to undertake interviews with a sample of 10 young people with learning difficulties, and a further 10 young people with experience of being in care, who had accessed CSA support services.

The sample of young people was identified and recruited by CSA services across England and Wales. Those who were in or had left care included those in foster care, kinship care, supported accommodation and residential care. The young people identified by CSA services as having learning difficulties included some with autism, Asperger's or attention deficit hyperactivity disorder (ADHD); others who needed significant support at school; and some who had learning needs associated with their trauma.

Research questions

The interviews focused on the following research questions:

- ▶ What are the key elements of CSA services' practice that facilitate success and aid recovery for children and young people who are or have been in care and/or have learning difficulties?
- ▶ What are the challenges to achieving success? Do these differ according to any specific needs of these groups?
- ▶ What outcomes are considered most important by these groups?

Insights from interviews

Note: The term 'practitioner' is used here to describe generically the person supporting each young person. This term covers a multitude of roles including therapist, independent sexual violence adviser, youth worker or CSE worker.

When asked to consider what makes support effective, the consensus across the young people with learning difficulties and those with care experience was:

- 1) **Information:** A clear message at the initial meeting that explains why and how the young person is going to be supported by the service. This includes why the young person has been referred to the service (if they are not self-referred).
- 2) **The importance of the relationship with the practitioner:** Feeling valued, worthy of support, empowered, cared for and listened to, and feeling that the practitioner was interested in them as a person across all aspects of their life. It was these qualities and skills shown by the practitioners that helped the young people engage, stay engaged, and access the support they needed to bring about positive changes in their lives.

- 3) **Talking:** Having someone to talk to who listened without judgement, and having someone to talk to about anything they wanted so that the relationship was about more than just their experiences of abuse.
- 4) **Confidentiality:** Knowing they could talk openly to their practitioner about what they needed to, without fear of those conversations being shared unless there was risk of harm.
- 5) **Outreach:** Practitioners being flexible in their approach and visiting the young people where they felt most comfortable, whether that was at home or at a place of their choice. It was also clear that, for some, being taken to places (cafés, fast-food outlets) was important as it gave them something to look forward to. A simple but powerful message to be heard.
- 6) **Access to long-term support:** Not being rushed, but given the time needed to build a trusting relationship so that full engagement and participation was achieved. The key message here is that change takes time, as does helping a young person to feel safe after their traumatic experiences. Crucially, the intervention provided by all the services was not short-term, as the young people reported being able to see their practitioner for as long as they needed. Access to support over a longer period, and having open access to support, is hugely important for recovery and confidence building.
- 7) **A personalised approach, meeting specific needs that were important to the young person:** The young people described services as being good at personalising their approach. Support services were often compared positively to other services they had been involved with (but not engaged with) because those services were not personalised, or because the young people had not been listened to when they suggested how services could be adapted to meet their needs.
- 8) **Strategies for dealing with emotions and keeping safe:** Educating the young people about exploitation and giving them coping strategies to help them in the future was seen as an important change in their lives. Positive messages (see below) were key to this element of practice.

- 9) **Positive messages that the abuse was not their fault and they were not responsible:** The key message here is that the language used to talk about 'risk' needs to be clearly separated from notions of 'blame'. Services need to be aware of the power of language and the impact it has on a young person's sense of self; if young people are using self-blaming language, services should model healthy messages by talking about risk in non-blaming ways.

Effective elements of practice that were specific for young people with learning difficulties were:

- ▶ Accessible information, with young people given the time and support to process information.
- ▶ A consistent practitioner, to overcome young people's anxiety around change.
- ▶ The possibility of having a fixed time and place for support.
- ▶ Sufficient notice if the support is due to end.
- ▶ Understanding and support in education settings for young people who have experienced trauma. The emotional impact of trauma continues long after the abuse has stopped, and young people need ongoing understanding and support from schools and colleges to help them recover from their experiences over time.
- ▶ Identification of young people with learning difficulties and referral of them for support in relation to CSA; this was highlighted by services' difficulty in contacting young people with learning difficulties for this research.
- ▶ Understanding of specific needs relating to different types of learning difficulty and other learning challenges, so that services can offer appropriate support.



For young people with learning difficulties, it was particularly important to be given the time and support to process information



Effective elements of practice that were specific for young people with experience of care were:

- ▶ Practitioner understanding of the complexity of life for young people in care, the impact of multiple traumas and the importance of attachments made with foster carers.
- ▶ Practitioner ability to make young people feel cared for and nurtured.
- ▶ A consistent practitioner for each young person. Many other professionals involved in their care will come in and out of their lives, adding to the ongoing impact of traumas and attachment difficulties already experienced. Developing a positive adult relationship with a consistent professional will help aid their recovery.

When asked what outcomes they considered important for services to achieve, the young people in both groups identified:

- ▶ Feeling safe and supported.
- ▶ Having strategies to deal with emotions.
- ▶ Increased confidence, self-worth, self-belief and ability to speak about abuse.
- ▶ More positive relationships with others, including parents and friends.
- ▶ Increased knowledge of 'risks'.
- ▶ Improved physical and sexual health.

The young people were asked to make suggestions for improving CSA services. While most were satisfied with the existing services through which they were accessing support, suggestions for improvement included:

- ▶ The opportunity for young people to access group work.
- ▶ Support provided outside working hours.
- ▶ Young people (and staff) in schools being better taught about the risks of CSA and how to recognise signs of abuse, but for this to be done in supportive, non-victim-blaming ways.
- ▶ Mental health trained professionals working alongside practitioners to ensure that young people's mental health needs are met by services.

The young people also reflected on the limitations of previous services they had engaged with, which included those services not adapting to their additional needs – for example, by ending support without notice (which young people with learning difficulties found particularly difficult) and not providing consistent support. The fact that some young people self-referred to services highlights the need for services to have accessible information for children in care and those with learning difficulties.

“ Young people in care wanted practitioners to understand the complexity of their lives and the impact of multiple traumas ”

1. Introduction

This paper forms part of a suite of work undertaken by the Centre of expertise on child sexual abuse (CSA Centre) to expand the evidence base on how best to assess the effectiveness of services responding to child sexual abuse (CSA).

Considerable work has been undertaken by the CSA Centre in this area, beginning with the 'Evaluation Fund' which supported 17 providers to improve their capacity to assess and evidence their services' effectiveness (Sullivan and Sharples, 2018). This was followed by a one-day workshop to share the key elements of monitoring and evaluation good practice, and the publication in June 2019 of a practical guide for services seeking to monitor and evaluate their work (Parkinson and Sullivan, 2019a).

Building on the learning from the Evaluation Fund, in 2018 the CSA Centre carried out consultations with the sector and desk research to identify areas for further exploration in relation to understanding services' effectiveness. The following research questions were identified:

- ▶ What are the key elements of practice of CSA services which facilitate success?
- ▶ Are these elements different for children and young people who are or have been in care and/or have learning difficulties?¹
- ▶ What are the challenges to achieving success?
- ▶ How should effectiveness be measured in an evaluation study?
- ▶ What are the outcomes considered most important by service users and staff of CSA specialist services?

- ▶ Do models of service fall into coherent groups (e.g. based on needs, age bands, type of abuse)?
- ▶ Which service models are believed to be showing particular promise, and why?

To explore these questions, the CSA Centre commissioned a knowledge review (McNeish et al, 2019), while also undertaking a survey of service providers to broaden its knowledge of services responding to CSA (Parkinson and Sullivan, 2019b). Additionally, because its initial consultation with the sector (CSA Centre, 2017) had identified that children and young people with learning difficulties or experience of being in care are particularly vulnerable to sexual abuse, it commissioned work to explore those groups' experiences of and perspectives on CSA services; that work is the subject of this report.

The voices of these young people are seldom heard, and there is little knowledge about their experiences of CSA services

1 The term 'learning disabilities/difficulties' was used in commissioning the study, but in this report we generally use the term 'learning difficulties'; this more accurately reflects the sample of young people put forward by services to take part in the study, and is therefore more representative of the young people they are supporting. We appreciate that a number of the young people would best be described as having neuro-disabilities, or learning needs associated with trauma. See also section 2.1.4 on recruitment challenges. For an explanation of the terminology, see Holland (2011).

Accordingly, Coventry University was commissioned in 2018 to interview a sample of 20 young people who had accessed CSA services after experiencing sexual abuse; 10 would be young people identified as having a learning difficulty, and 10 would have experience of being in care. The research would seek their perceptions of those services' effectiveness in supporting them.

The voices of these young people are seldom heard. There is little knowledge about their experiences of CSA services, any specific needs they may have, and how effective services are in supporting them in the short and longer terms. What works for them in terms of effective approaches has been identified as an important gap in the knowledge base (Pascoe, 2019), and this small-scale qualitative study aims to improve our understanding.

1.1 Research aims

The research sought to listen to the views and experiences of young people with learning difficulties or experience of being in care who had accessed specialist services responding to CSA. Given the exploratory nature of the research, the sample was not intended to be representative. Questions focused on the effective aspects of delivering these services, and centred on three main themes:

- 1) What are the key elements of practice that are considered to facilitate success and aid recovery by children and young people who are or have been in care and/or have learning difficulties?
- 2) What are the challenges and risks to achieving success? Do these differ according to any specific needs of these groups?
- 3) What outcomes are considered most important by these groups?

Note: For ease of reading, the term 'practitioner' is used in this report to describe generically the person primarily supporting each young person. This term covers a multitude of roles including therapist, independent sexual violence adviser, youth worker and CSE worker. It should be noted that many of the young people interviewed for this study did not know the professional role of this person, referring to the person by name.



Interview questions focused on the effective aspects of delivering CSA services, including the outcomes felt to be most important



2. Method

2.1 Recruitment of young people

Given the importance of ensuring the wellbeing of the young people taking part, recruitment to the study was undertaken through CSA services. The services identified and approached young people whom they had supported; this meant the researchers could be confident that the young people were 'in a safe place' and could access support if needed.

2.1.1 Involving CSA services in recruitment

The research team identified services to contact by conducting a web-based search of all services across England and Wales that supported children and young people who had experienced sexual abuse. The team then used a three-stage approach to seek support with recruitment:

- ▶ An email was sent to inform services of the study and its aims, and to ask for their help in identifying and contacting potential interviewees among the young people who had received support following abuse. Services were asked specifically to identify young people who had learning difficulties, and/or were in care or care leavers.
- ▶ Any services that did not reply to the email were sent a follow-up email a few days later, asking once more about working together to identify young people for interview.
- ▶ Services that did not reply to either email were telephoned by a member of the research team, to talk about the study and possible collaboration.

In total, 97 services were contacted. The research team received 34 responses from services saying that they could not help with the research for a number of reasons:

- ▶ They only supported adults who had experienced sexual abuse. Some had previously supported young people, but could no longer continue this work owing to loss of funding.
- ▶ They did not have the capacity to help, because of demanding workloads or being short-staffed.
- ▶ They were a preventative/awareness service and did not support young people who had experienced CSA.
- ▶ They felt the young people who may have been suitable interviewees were not in a safe or stable enough place to take part.
- ▶ They did not feel it was appropriate to ask the young people they were supporting to take part in research.
- ▶ They felt the timeframes for recruitment were too tight for them.
- ▶ They were already involved with other research projects and did not have capacity to be involved with any others.

Additionally, the research team was unable to correspond with a number of the services contacted, or correspondence ceased during the recruitment process for reasons unknown. After a number of attempts, the decision was made to not keep contacting these services and risk damaging potential relationships.

The process of corresponding with services continued until 20 young people who had a learning difficulty and/or experience of being in care were identified, recruited and interviewed. This involved the research team working in partnership with nine services across England and Wales. Given the short timescale of the research, these services were necessarily an opportunistic sample, but attempts were made to ensure that they represented a geographical spread and different models of service provision.

2.1.2 Characteristics of participating CSA services

The services from which the interviewees were recruited can be grouped broadly into four types for the purposes of this report, based on the particular service that each young person interviewed was accessing:

- 1) **Sexual violence services** – support for those who have been affected by rape and sexual violence, through an independent sexual violence adviser (ISVA).
- 2) **Child sexual exploitation (CSE) services** – support for young people who are being, or at risk of being, sexually exploited. The work focuses on helping young people keep themselves safe by raising awareness of grooming, perceived ‘risky’ situations and healthy relationships.
- 3) **Post-abuse therapy services** – support for young people to process the impact of trauma through counselling and therapy.
- 4) **Complex safeguarding services** – support for young people as part of a multi-disciplinary team that includes health professionals, sexual health professionals, children’s services and the police.

These groupings are based on the categorisation of current CSA services created as part of the CSA Centre’s knowledge review of CSA services’ effectiveness (McNeish et al, 2019).

Although the nine services may each have provided more than one type of support (e.g. sexual violence service and post-abuse therapy), they are categorised in this report according to the service that each interviewee said they were receiving and reflecting on. Appendix 1 contains a brief description of each of the nine services; in order to ensure the young people’s anonymity, the services are referenced by geographical location rather than being named.

2.1.3 Obtaining young people’s agreement and arranging interviews

Having identified potential interviewees, the nine services contacted them on the research team’s behalf to explain the research and ask whether they would be interested in taking part. Where a young person was willing to take part, the research team liaised with the relevant service to arrange an interview at a mutually convenient time. Most of the young people approached agreed to take part and valued being asked, because they felt it was important that their experiences of support were heard. This view was shared by one of the young people in interview:

“This is my chance to actually say what I think about things, because when something like this happens you don’t feel you’ve got a voice at all.” (CSE service)

All the young people recruited had the capacity to consent; for those aged under 16, consent was also sought from their parents or adults with parental responsibilities. Interviewees were given a £10 gift voucher to thank them for their time.

The interviews were arranged to take place in the locations where practitioners usually met the young people: some were at the service, some were in school, some were in the community, and one was at the young person’s home. All the young people had access to support before, during and after the interview if they needed to speak about anything that might have been triggered by the research.

Support was available before, during and after the interview if the young people needed to speak about anything that the research had triggered

2.1.4 Recruitment challenges

The research team experienced significant challenges recruiting young people with learning disabilities/difficulties who had been affected by abuse, and the group interviewed does not entirely reflect the original aims of the research (although it appears to reflect the people whom services were supporting). However valuable learning was gained. Issues included the following:

- ▶ There seemed to be a difficulty within services in understanding the term 'learning disabilities/difficulties'; this lack of understanding within mainstream services has been highlighted in previous research on CSE and young people with learning disabilities/difficulties (Franklin et al, 2015). Some of the young people identified and invited for interview by services had autism or Asperger's,² with no associated learning difficulties, and/or attention deficit hyperactivity disorder (ADHD). They did, however, describe unmet needs in school and a lack of understanding of their needs which affected their learning. Other interviewees appeared to have learning needs as a result of trauma.
- ▶ The research team did not have the opportunity to work with CSA services that specifically supported young people with learning disabilities/difficulties. The web search found very few services across England and Wales that undertook this specialist work: of the 97 services contacted, only four stated on their website that they offered specialist support for these young people. Unfortunately, the team was unable to interview any young people from these specialist services, for the following reasons:
 - The service did not engage or respond to any contact made by the research team.
 - The service tried to identify young people to take part but were unable to arrange interviews.
 - The service supported adults with learning disabilities/difficulties who had experienced abuse; the young people they supported either had not experienced abuse or were not suitable to take part in the research project.

- ▶ A number of generic services told the research team that, despite knowing that young people with learning disabilities/difficulties are at high risk of experiencing abuse, they were not receiving referrals to support these young people. The services did not know why referrals were not being made, but it was not considered to be because the young people were not in need of support. The barriers faced by young people with learning disabilities/difficulties accessing services after experiencing sexual abuse are discussed by Franklin et al (2015) and by Franklin and Smeaton (2017, 2018); they warrant further investigation given the significantly higher risk of sexual abuse for this group of young people.

Additionally, three interviews with young people from different services had to be cancelled at short notice: the first because the young person was in care and her placement broke down; the second because the young person was the victim of an assault and was going through the process of reporting it to the police; and the third because of the young person's ill health. Attempts were made to rearrange these, but the short timescale of the research meant that this was not possible, and alternative young people were approached. The ongoing challenges being faced by some of the young people identified and recruited for interview illustrate the complexity and layering of often traumatic experiences being faced by these young people, despite services being involved and supporting them.



Significant challenges were encountered in recruiting young people with learning disabilities/difficulties who had been affected by abuse



² For information about autism and Asperger's, see the National Autistic Society website (www.autism.org.uk/about.aspx).

2.1.5 Characteristics of the young people interviewed

The ages of the young people interviewed ranged from 12 to 21 years.

Ten of the young people were either in care or care leavers. They included young people who were in foster care, kinship care, supported accommodation and residential care, and one who had been adopted by her foster parents.

The other 10 young people were recruited by services because they were believed to need significant support at school or to have a learning difficulty. During the interviews, a couple of them said they had or were awaiting a diagnosis of autism, Asperger's, ADHD or learning difficulties; others identified as needing significant support at school with their learning as a result of their trauma. One young person did not identify as needing any support with learning when asked in their interview, despite the service's belief that they needed significant support at school. For the remainder of this report, these 10 young people are described as having 'learning difficulties', using a very broad definition of the term.

Figure 1 describes the characteristics of the young people interviewed.

2.2 Interviews and analysis

Time was spent ensuring that the interview questions were accessible, and that the process was comfortable and supported the young people.

All young people gave permission for their interview to be audio-recorded, and these recordings were fully transcribed. Data was analysed thematically.

2.3 Ethical approval

Ethical approval was sought and granted by three ethics committees – those of Coventry University, the CSA Centre and a voluntary-sector provider of CSA services through which some of the young people were recruited.

2.4 Limitations of the study

This was an exploratory, qualitative study on a small scale, which did not aim to provide a representative sample of young people; rather, it sought to enable young people to explore in depth their experiences of services. The project's limited timescale meant that young people were recruited from services that engaged with the researchers, and that could approach young people within a brief window of opportunity. Despite this limitation, attention was placed on approaching as diverse a sample of services as possible to ensure geographical spread and a mix of urban/rural locations. The research team specifically targeted services in areas of ethnic diversity and those offering specific services for young men, in an effort to include the voices of under-presented groups, although this was difficult to achieve within the timescale. Considerable time was spent trying to recruit young people with learning disabilities; as reported in section 2.1.4, however, it appears that few services were supporting this group of young people.

For ethical reasons, and in order to ensure that they were supported before, during and after the interviews, the young people were recruited through CSA services with which they were currently engaged. This meant that young people who were not accessing CSA services (or had not been referred to them), and those who had accessed such services in the past, were not included. In addition, the need to protect the young people meant that those in current crisis, or leading very chaotic lives which might have prevented them from accessing services, were not heard.

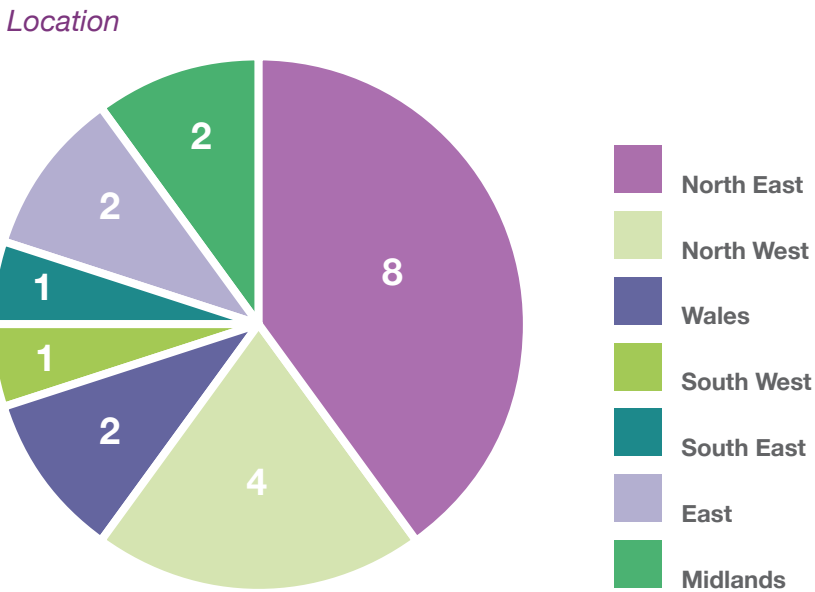
Although hearing the views of the young people was paramount, being able to interview the CSA services and gather contextual data (with the young people's permission) might have aided further exploration and understanding of those services' effectiveness.

The researchers specifically targeted services in areas of ethnic diversity and those offering specific services for young men

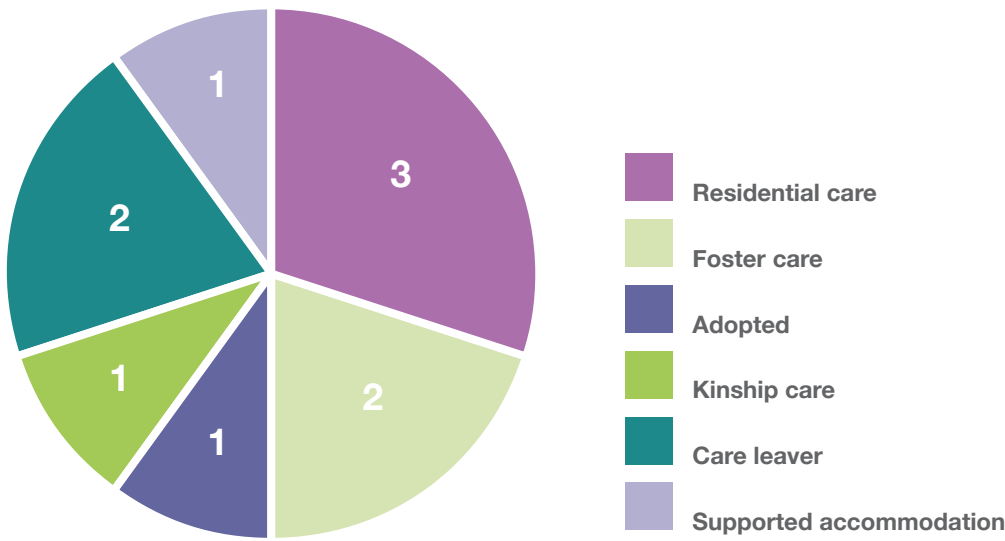
Figure 1. Demographics of the sample of young people



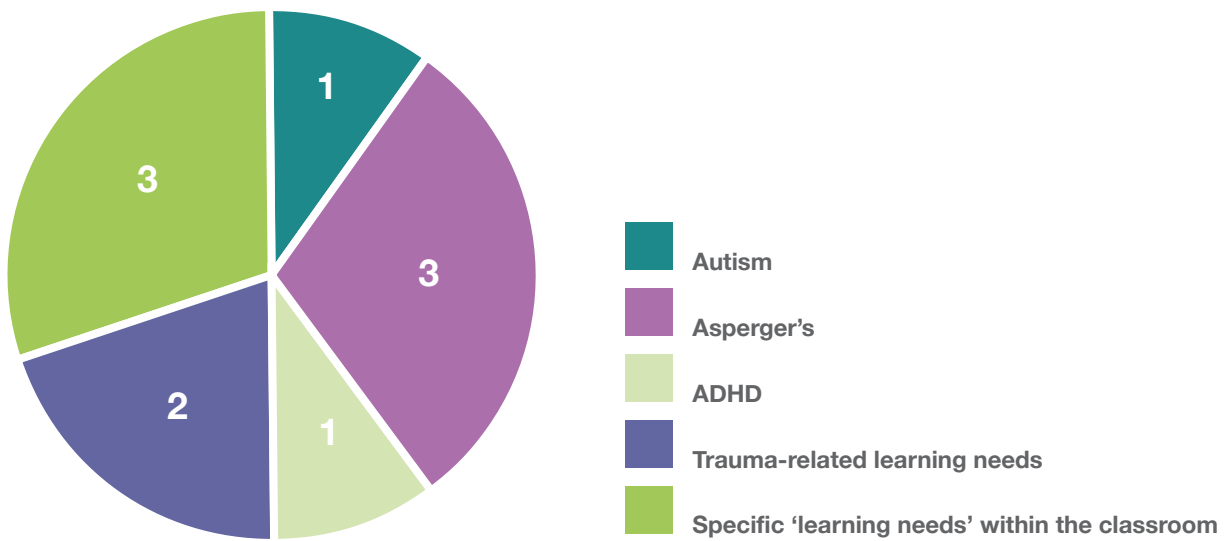
NB. Five were aged 13 years.



Current care status (10 young people with experience of care)

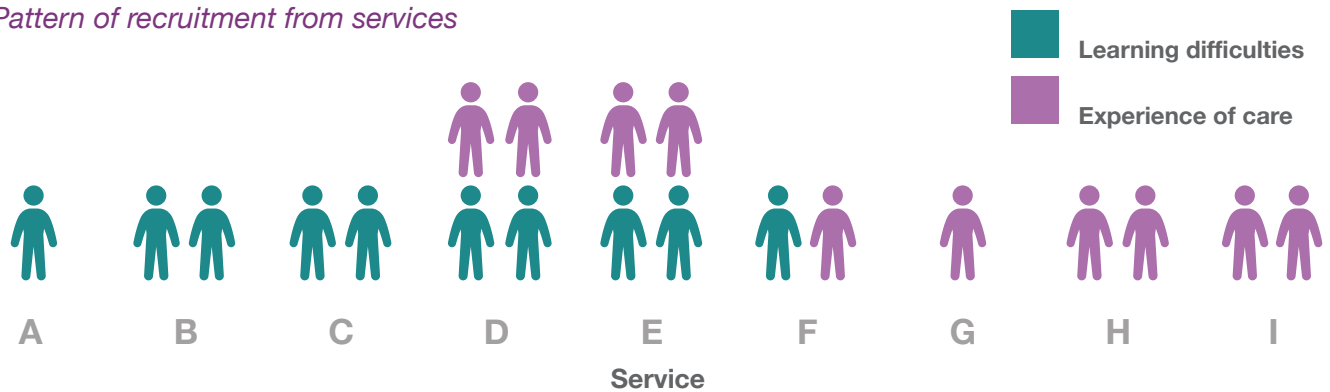


Learning difficulties (10 young people with learning difficulties*)



*See section 2.1.5.

Pattern of recruitment from services



NB. To increase the anonymity of the young people and services involved in the research, the nine services are identified by letter in this chart and their order here does not correspond to the order in which they are listed in Appendix 1.

3. Findings

The findings are presented in an order that reflects how the young people journeyed through the CSA service, with additional sections specifically related to how services support young people with learning difficulties and/or young people in or leaving care. Thus the report presents the findings in the following order:

- ▶ Previous experiences of support services, and of the education system.
- ▶ Accessing CSA services – the referral process, information received at this time, how young people thought the service might help them and their initial feelings about the service.
- ▶ The support received from each young person’s practitioner, the relationship they had with their practitioner, and what they identified as being most helpful.
- ▶ The outcomes that the young people believed the service had helped them to achieve, and what had changed for them as a result of receiving support from CSA services.
- ▶ Specific learning for supporting young people with learning difficulties and for young people in or leaving care.
- ▶ Recommendations from the young people for improving CSA services.

Given the small sample of young people, and the risk of them being identifiable, the researchers have attributed quotes to the type of service they received. This will also aid better understanding of the service context of their experiences and views, and which service provision is most effective in meeting their needs.

3.1 Previous experiences

Some of the young people had experiences of involvement with other services which affected how they felt about working with a new service:

“I thought it would be like another counsellor... I had a counsellor before that and he didn’t help.” (CSE service)

“She said to me, this is counselling, you have to go blah blah blah... I didn’t think I needed counselling at all. I was, like, no... I had counselling before, but it was school counselling, it was kind of bad.” (Post-abuse therapy)

Some of the young people reported poor experiences of child and adolescent mental health services (CAMHS) or counselling services that had not been able to meet their needs. Further work needs to be done with young people to understand how these services can better meet their needs and keep them engaged:

“I didn’t like them [CAMHS]... It was so patronising. They were basically telling me, instead of physically hurting myself, hold an ice cube so you can hurt yourself without leaving any marks. So it wasn’t really helpful, so in the end I just pretended to be better so that I could leave.” (Sexual violence service)

“She [counsellor] basically sat there and she was like, well, the first thing she said was ‘What were you wearing?’, so I’m like, straight away I don’t want to talk to you... [I] came out every time crying, and it was [family member’s] decision that I didn’t go back... When I didn’t go back, they didn’t bother contacting me for, like, ‘Are you coming or not?’, they just left it.” (Sexual violence service)

One young person with autism explained that her past engagement with CAMHS had not been successful, as they had not adapted their support to meet her specific needs and had not listened when she had tried to explain what her needs were:

“I felt rushed with them [CAMHS], I couldn’t ever develop a relationship... It was always how they wanted to take it and not me. I asked a couple of times, ‘I don’t want to have CBT, it doesn’t work for me,’ and they gave me CBT. So six to 10 weeks of counselling isn’t counselling, it’s not getting to know the person, so I just, I don’t trust them at all... I explained why it wasn’t working, it was because I can’t develop a relationship with a counsellor.” (Post-abuse therapy)

She found the lack of structure and consistency with past services difficult:

“I had a school counsellor as well, and half the sessions he didn’t turn up to, they just ended suddenly. My last CAMHS worker said she would give me at least three weeks’ warning before our last session; at the end of the last session she said, ‘By the way, this was our last session.’” (Post-abuse therapy)

Although these experiences would be difficult for any young person, they would have been particularly challenging for her because structure and consistency lessen anxieties associated with autism.

3.2 Accessing CSA services

Understanding how the young people accessed services or became known to services was an important starting point in the interviews. Learning from positive experiences of this may help us understand why some young people access post-abuse services and remain engaged, while others may turn away from a service or struggle to engage.

3.2.1 The referral process

The young people were asked who made the initial referral. Two were not sure who had referred them, and the first they had known about the service’s involvement was when the practitioner had contacted them or their family to arrange a meeting. For those who knew who had referred them, the list included:

- police
- social worker/social services
- school/school nurse
- care home manager
- parent(s)
- children’s hospital
- GP.

For some young people, support was received through self-referring:

“I met them [service] when I was in high school – they came and done, I want to say a theatre performance of sexual abuse... That must have been about four years ago now. Nothing was going on in my life then, and then my mum became really ill and stuff, and then I got moved out and then loads of stuff happened... My social worker said, well, what agencies do you think a child with this and this, and I turned round and said, well, right now I think what would be best would be the [service].” (Complex safeguarding service)

Two young people said the first they had known of the service’s involvement was when it had contacted them to arrange a meeting

Another young person explained that she had self-referred because she lived outside a particular area, which apparently meant that a professional referral could not be accepted. The researchers did not ascertain whether this was because of funding issues or another reason, but they did know that this service accepted self-referrals out of area so it could work with young people who needed support regardless of external conditions:

“She [teacher] explained a bit what they were, and then I just looked them up because I wondered about it. And then I self-referred because they said, if anyone else referred me... because I live outside [place], they can't accept it from someone else, you have to self-refer it.” (CSE service)

It appears that young people searched for information online; this highlights the need for services to have accurate, welcoming information on websites. For self-referrals to be a viable option, the young person needs to know about the service and what it offers, and have the confidence and skill to be able to contact the service and ask for help.

Some young people spoke about having too many services involved at the beginning when they were first referred. They described this as feeling like it was “too much too soon”, because they needed time to process what had happened to them, and then have the opportunity to access support (such as therapy) at a later time:

“It was planned badly... It was all on top of each other... Everything just piled in all at once... Looking back on it now, I could do it [therapy] now more than anything because I've processed it more.” (Sexual violence service)

“There was a lot going on at the time and it was very quick.” (Complex safeguarding service)

Asked whether there was anything she would change, the same young person explained:

“Probably change how quickly they came into the situation.” (Complex safeguarding service)

3.2.2 Knowledge of why they were referred

The researchers also wanted to find out whether the young people knew why they had been referred. Some young people knew the referral was specifically linked to their experiences of abuse:

“I just got told, obviously because of what had happened, that she [practitioner] would have to see me and talk to me about dangers, warn me about what can happen, like the online stuff, what happens, what the actual service is for, basically.” (Complex safeguarding service)

Others had not been sure why they had been referred to a service until they had met or spoken with a practitioner:

“I think they [police] have to do it with everyone, I didn't really know why.” (Sexual violence service)

“She just came knocking on my door, and at the time you see so many faces, you don't remember who half of them are. So I was like, ‘Oh, it's another lady from the social services.’” (Complex safeguarding service)

Based on what they had been told at the time of referral, a number of young people thought they had been referred to help them change their behaviour, reduce ‘risk taking’ and learn about dangers:

“I were putting myself in danger.” (CSE service)

“If it happened again, you know what to do. Don't make the same mistakes.” (Complex safeguarding service)

“They referred me here because they wanted me to realise the safety around everything and risks.” (Complex safeguarding service)

“I had a lot of problems on social media and people and, like, inappropriate pictures.” (Complex safeguarding service)

“She [practitioner] was like, I know you've been up to stuff and you've been hanging around with bad people, so I'm going to work with you about that.” (Complex safeguarding service)

Young people appeared to have internalised degrees of blame for the abuse: “putting myself in danger”, “if it happened again don’t make the same mistakes”, “I had a lot of problems”, “they wanted me to realise the risks” “being better behaved”, “not do stupid stuff”, “trying to make myself a better person”. The language used by the young people is concerning because they were placing emphasis on themselves as being responsible for their abuse, or for potential further abuse if they found themselves in “risky situations”. Other researchers have also drawn attention to the victim-blaming language in some sexual abuse practice (Eaton and Holmes, 2017; Franklin et al, 2018; Brown et al, 2017; Brown et al, 2016).

Although beyond the scope of this small study, it is important to understand which services support young people to overcome feelings of self-blame, and how they do so, as this is vital to recovery. A difficult balance needs to be made between talking to young people about risk, so they can make informed choices to help keep themselves safe, and using language that does not make them feel responsible for keeping themselves safe. Services need to be aware of the power of language and the impact it has on the young person’s sense of self; if young people are using self-blaming language, services should model healthy messages by talking about risk in non-blaming ways.

3.2.3 Explanation of how the support would help

The young people shared what they had been told about the service, and how the support they received would help them, when they had first been referred or had met with the service for the first time:

“There will be a lady who will speak to me about past stuff and everything to help me.” (CSE service)

“They literally just said, like, it’s a service that’s going to help you with everything that’s happened and they’ll just give you some support.” (Complex safeguarding service)

“They just explained the project, I think, and said they can help understanding around grooming and exploitation and working on building your confidence and just having someone there, really.” (CSE service)

“Just coming to terms with everything and learning to deal with it.” (Post-abuse therapy)

“They said they’d help me throughout the whole police case, and if it did go to court they would help with that whole situation, so they’d be my advocate so I didn’t have to talk... I didn’t even have to attend the court case if I didn’t want to.” (Sexual violence services)

One young person recalled how the practitioner had explained the service in a way that put her at ease:

“She just basically said, ‘We help young people who are involved in speaking to people online, dangerous people out there.’ Like, she didn’t ever mention sexual exploitation, which now when I hear sexual exploitation... I’m like, ‘Oh my god, I never ever knew that I was in that service’... It was just more like, ‘I think these people you’re speaking to could be dangerous’... They never ever said it in a way like, ‘We’re going to come and do this work with you,’ it was more like, ‘Look, we’re just here to support you, we’re going to take you out, we can go to McDonald’s, we can have a little chat, see what you like to do, get to know what you don’t like... It’s just that you know that we’re here to help you... We will sometimes talk about things, about you keeping yourself safe and things like that.’ But they never directed anything as in, like, ‘This is what we’re going to do’ and structure it, and I think if they did that that would have scared me off a little bit.” (Complex safeguarding service)

If young people use self-blaming language, services should model healthy messages by talking about risk in non-blaming ways

She explained why not using the term ‘sexual exploitation’ was helpful for her:

“I think it would have been more scary, and I think I would have been really angry towards it... I think when you say the word ‘sexual exploitation’, you know that it’s a really strong topic... I think when you’re a child, you feel like you’re the one to blame so, like, you’re running away from home, you’re the one causing all the problems... you’re speaking to older males and it’s like an embarrassing kind of subject.” (Complex safeguarding service)

3.2.4 How young people initially felt about engaging with services

When asked how they had felt about being involved with the service and meeting their practitioner, the young people explained that they had naturally felt frightened and anxious. Therefore, the initial meeting had been of significant importance and had needed to be reassuring:

“It’s just scary to meet someone new and talk about stuff like that.” (CSE service)

“[I felt] very nervous, anxiety kicks in.” (Post-abuse therapy)

“I was a bit nervous because I’ve got this thing about meeting new people... It’s a sense of, if I don’t feel safe around them, I won’t talk to them.” (Complex safeguarding service)

“I felt nervous because I didn’t know what it was going to be about. But then when she explained I felt alright.” (Complex safeguarding service)

“I think the first time she came into school to speak to me... I were a bit nervous, but then it sort of just like flowed.” (Complex safeguarding service)

3.3 Support received

3.3.1 Specialist CSA support

During the interviews, the researchers asked the young people about the things they did with their practitioners when they met. They answered that the support they received focused on three main areas – understanding abuse and risk of abuse, therapeutic interventions, and support with police and court procedures. More specifically:

- ▶ keeping themselves safe and understanding risk
- ▶ watching videos about grooming and online safety
- ▶ doing scenario-based activities to talk about risk, consequences and options for real-world situations
- ▶ talking about their feelings, experiences and how to manage their emotions, or just talking about their day
- ▶ planning the court case.

“She brings videos to watch about people who were getting groomed and stuff online or were meeting other people that they shouldn’t be meeting... We do, like, matching the, when you have a positive, a good and a bad side, and then you put the good on one side and what’s not good on the other side.” (Complex safeguarding service)

“She makes me feel really comfortable and we talk about things. If I’m stressed, I’ll just talk to her about it and we’ll do fun things.” (CSE service)

“We will talk about stuff. It could just be, like, I could rant about my week... It’s just talking.” (Post-abuse therapy)

“We were basically planning the whole police case... to get ready for whatever was going to happen next.” (Sexual violence service)

3.3.2 Importance of the relationship with the practitioner

Key to the success of engaging young people was the role played by the practitioner. The young people spoke about the ways in which they had been helped by the service and what they had found most helpful. For the majority of young people, this revolved around the theme of ‘**talking**’:

“Just having someone to talk to about things.” (CSE service)

“I get to talk to somebody about how I feel and stuff... I think when I am with her, if there is something I need to share, I can share to her.” (CSE service)

“Just having that, like, friend kind of person to go and talk to about anything, it doesn’t have to be the situation... Something happened at school last week, so I literally just texted [practitioner] and she came round and she was, like, how are things and stuff. It’s just nice to know that you have that person to talk to.” (Complex safeguarding service)

“It’s just somebody that I get to talk to. I’ve had no other support at all, not even from the school. [Practitioner] is the only person that I’ve had.” (CSE service)

One young person said being able to talk about things **at their own pace** was most helpful:

“I think not being forced to talk about things in a way that you don’t want to... Because if someone is going to force you to open up, I’m just not going to talk, and I have started to open up a little bit more. So I think it’s just letting me lead it, letting me lead where I want to go with it and then going from there.” (Post-abuse therapy)

Another felt that it was most helpful to know that conversations would be kept **confidential**:

“I think the fact that it’s private and confidential... you can just say anything you want and you know that they’re not going to tell anybody unless it’s life-threatening.” (Post-abuse therapy)

Feeling safe was something the young people said their practitioner helped them with:

“They’ve made me feel very comfortable, made me realise that nothing was my fault, that it was always the adult that I was involved with. They were just always really supportive with me, they cared about me... It’s just a feeling around them that I feel safe around them.” (Complex safeguarding service)

“About keeping passwords safe and not letting anyone message you [who] you don’t know. Block them straight away and tell somebody.” (Complex safeguarding service)

For those young people being supported by a service that was co-located with the police, seeing their practitioner on a regular basis meant they could ask the practitioner for **information about their case** if the police were not keeping them updated:

“If it wasn’t for [practitioner], I wouldn’t hear nothing... They don’t tell me nothing. I’ve not heard from the police in, like, five months so I ask [practitioner] and she finds out.” (Complex safeguarding service)

The young people felt that their practitioners had worked hard to **build a relationship** with them, to build trust and rapport to ensure successful engagement, which had been vital to giving them the help and support they needed:

“They brought me out of a residential home which was doing nothing for me, so I was grateful for that... When I was at the residential home, I never use to go out. I just used to be in bed. I didn’t go to school. But now I’ve moved here I go out more... I’m going to college in a few weeks.” (Complex safeguarding service)

“She knew I didn’t want to leave the house so she’d always come to me... She was always phoning me and making sure I was okay, she would even just phone me to see how my day went... and obviously with the whole police thing, she helped me a lot with that... She was very helpful.” (Sexual violence service)

And the practitioners had delivered the service in a way that created a **less formal environment** for the young people to talk in:

“With most agencies, they say it’s quite formal and you’re going to be doing this, this and this, whereas it’s more relaxed and they actually talk to you like a human being, not a client.” (Complex safeguarding service)

“Some people are a bit more intimidating, if you know what I mean. Like, they don’t talk to you in a way that makes you feel comfortable enough to talk to them properly, whereas [practitioner] does.” (Post-abuse therapy)

“It feels like a friend but it’s not a friend, do you know what I mean... We were just chatting the whole time, it didn’t feel formal, it was just like sitting here talking to a friend... I was comfortable with her.” (Sexual violence service)

“I would be like I was speaking to just a friend about it and I could relax.” (Complex safeguarding service)

A young person with autism whose past engagement with CAMHS had not been successful (see section 3.1.1.) explained that, although this experience affected the way she felt about services, her feelings had changed since working with her current practitioner – not least because the support is **open-ended**:

“I’ve been reassured by everyone at [service] that I’ve spoken to that it is not just going to end... and I could be in counselling with them for 10 weeks or two years, so it just depends what I need.” (Post-abuse therapy)

Although further work is needed to explore what it is about some services and service practices that prevents some young people from staying engaged, the young people’s reports suggest that what they experience with some CSA services may be missing in other services. They placed significance on building a trusting relationship over time with a practitioner and having access to long-term and open support, all of which made them feel cared for, valued and listened to.

The way the practitioners made the young people feel, and **the legacies they left** even after formal support interventions had ceased, was reported. The young people said they appreciated being able to access support later, if necessary:

“She’s a nice person and, like, she will always be here for me, no matter even when she stops working with me, because obviously we’ve come to an end now... but she said, if ever you need anything again, you can just call me or email me or whatever.” (Complex safeguarding service)

3.3.3 Skills and qualities of practitioners valued by young people

The young people were asked to talk about what skills and qualities they most valued about their practitioner. Being **non-judgemental** was a quality that was highly appreciated:

“They talk to you in a way that doesn’t make it frightening... or they are not going to look at you in a different way.” (Post-abuse therapy).

“From my experience, I think it’s more the fact that there’s someone that isn’t going to judge you. They’re there to listen and not actually judge you on who you are or what you’ve done or anything... [They] listen to what you have to say and how you’re feeling and then... they help with it, not say what you should or shouldn’t do. They advise what they would do, and you can sit there and think, ‘Actually, would this help me or not? I can try and see if it helps me or not.’” (Complex safeguarding service)



Interviewees valued building a trusting relationship over time with a practitioner and having access to long-term and open support



Making the young person **feel cared for**, and cared about, was an important quality. One young care leaver told the researchers:

“That’s what I really liked... I thought, wow, I’m not even doing anything any more and they still care about me so much that they’re still coming to see me after school, taking me for a drink or a coffee or something, and I’m not involved, they don’t have to do the work with me but they actually care about me so much... I’ve always described them as my mums... A mother is, like, caring and nurturing, looking after you, giving you a cuddle, giving you a hot chocolate. That’s what I think of when I remember the word and I see the word ‘mum’, someone that cares for you and looks after you and loves you. So when you have a group of mums, one mum that does this, one mum that’s like your nurse, that’s your sexual health nurse, one mum that rings to see where you are and annoys you, it’s like that and I explain that to my friends all of the time.” (Complex safeguarding service).

Having someone they could **share with, open up with and be listened to by** was also regarded as important:

“Being able to talk about things that bug me, that could [be] not related to anything that happened in the last year or, like, something that has bugged me today, but it does help... to talk to someone who actually listens.” (Post-abuse therapy).

Practitioners invariably had caseloads of other young people, yet some had a particular skill for making an individual young person think that **they were their priority**:

“It felt like she was seeing me a lot more than she was seeing anyone else, if that makes sense... She must make everyone feel like that but it was nice that she made such an effort with me... She remembers all the names of the dogs... She remembers my sister’s name and everything.” (Sexual violence service)

The need for **structure and consistency** was often spoken about by young people with learning difficulties:

“Especially with people with autism and ASD, I think a common symptom is we don’t like change and we don’t like irregularity. Having something that is regular... a rigid three o’clock Tuesday every week, three till four, and she’s [practitioner] there to the minute, and there has only been once when she has been late and that was because of the school rush and the bus and everything, and she was only about two minutes late. So it’s the consistency.” (Post-abuse therapy)

Consistency was also important for young people in or leaving care. One young person had worked with her practitioner over a long period of time so had been able to build a trusting relationship, which was important as many of the professionals she had been involved with came and went:

“So it was more like getting to know my worker. It’s all relationship-building and you trust your worker then because, with being in care and stuff, you get to know so many people and then you swap social workers, you have this person, that person in your life and you just can’t keep up with who’s actually involved. So with [service] they actually make you comfortable around them until you’re able to, like, trust them. So I liked how they worked in that way.” (Complex safeguarding service)

Having consistency with a practitioner was important for those in care, as other professionals involved with them might come and go

A young person who had been taken into care to escape her abusers talked about how the service provided much-needed consistency after she was moved out of area to foster care:

“[They] realised that [place] is just not safe for me, no matter how much work anyone is going to do. I wasn’t willing to engage because, it’s not that I didn’t want to, I did want to, but even the times when I came home and tried to stay at home and not go out with the people, they’d come and drag me out of my house... It was the stress they used to put on me and they used to threaten me and my mum... ‘If you don’t come out, we’ll come and we’ll kill your family’... They used to put stuff like fireworks through my mum’s letterbox but they didn’t set it off, it was like a threat... I knew they knew where I lived so I was so scared that, even when I didn’t want to be involved, I had to be... They [service] thought, ‘Right, this is it, we can’t really do much, she’s even trying and she can’t get out herself, I think the only thing we can do is put her out of borough’... They didn’t close me straight away... I wasn’t obviously getting groomed any more, you’d think that they’d close [their file on me] but they still kept me open... They were coming to see me once a month.”
(Complex safeguarding service)

3.4 Outcomes considered to be most important

To broaden the CSA Centre’s work on outcomes for CSA services,³ young people were shown and read cards detailing target outcomes of CSA services which had previously been identified as being important to young people with learning disabilities/difficulties (Franklin et al, 2015). The list consisted of:

- ▶ Being able to speak up/out.
- ▶ Help with emotions.
- ▶ Help with relationships/friendships.
- ▶ Support for your future.
- ▶ Support at school/college/work.
- ▶ Help with feeling safe.
- ▶ Help with your physical health.
- ▶ Help with your mental health.
- ▶ Support with being in care.
- ▶ Support to help with leaving care.
- ▶ Help with a learning difficulty.

The young people were then asked to identify, with regard to each card, which outcomes (if any) services had helped them the most with.

They were also encouraged to add new outcomes on blank cards if they felt something was missing. The two additional outcomes mentioned were “*Help with going missing/running away*” and “*Support with bereavement*”.

Outcomes deemed important by the young people included ‘Help with going missing/running away’ and ‘Support with bereavement’

3 See Parkinson and Sullivan (2019b), McNeish et al (2019).

The outcomes discussed below have not been ranked in any particular order; many of the young people felt they were all important in supporting young people who had experienced abuse. Together the outcomes present and reflect the wide scope of how the young people would describe effective support to meet their often complex, intertwined needs.

“They all play a part because they bounce off each other. If you’re improving in one, you’ll improve in another one because of that one.” (CSE service)

“They are [important] because it’s your whole life. I know it’s a sexual exploitation service but it doesn’t matter what service it is... When you are that age and you are going through all that stuff, you need someone to check up on everything that’s going on in your life.” (Complex safeguarding service).

3.4.1 Support with mental health and dealing with emotions

Not surprisingly, improved mental health was seen as a crucially important outcome of CSA support. As described in section 3.1, some of the young people reported poor experiences of CAMHS.

The young people spoke about how the support they received from CSA services had enabled them to better understand their emotions:

“Well, personally, when I started to see them, I couldn’t control my emotions at all. If I got angry, I’d start screaming and throwing things. I couldn’t control myself. I didn’t know myself or let anyone else get to know me like that. So, that is important to me because you learn to talk about them, and they will advise you and give you guidelines on how to control your emotions.” (CSE service).

Being able to better manage their emotions was important, as one young person explained:

“It gives you more control, like over your life. It would be calmer, get on with things, be nicer to other people.” (Post-abuse therapy).

Some spoke about having learnt coping mechanisms with their practitioners to help them manage their emotions:

“They’ve helped me quite a bit with my mental health, like with coping mechanisms with my anxiety and what to do when I’m feeling down and things like that’ (Complex safeguarding service)

“Think of ways differently. So if something bad has happened, think of it in a different way so it makes the situation better.” (Post-abuse therapy)

“Help with feeling safe, because... obviously you’re going to have someone there who will be able to like help you and make sure... you’re not going to hurt yourself or something like that.” (Complex safeguarding service)

One young person spoke about how the service had supported them to access CAMHS, and then supported them while they received NHS care:

“I used to self-harm and stuff. They were like, ‘Look, there’s a team called CAMHS and they’re really good and they can help you and we can take you there, we can come to your appointment with you.’ It was like, they would always come with you, you never had to do it on your own, they won’t just make a referral and send you on your own, they come with you and they sit with you and they’re there for you... So they work one to one with us and come to meetings as well.” (Complex safeguarding service)

Some young people spoke about having learnt coping mechanisms with their practitioners to help them manage their emotions

3.4.2 Support with physical and sexual health

A few young people made the link between physical and mental health, and how it was challenging to think about physical health when they had unmet mental health needs and were dealing with trauma, fear and anxiety. Other young people noted the importance of support around sexual health:

“Yes, especially with sexual physical health, getting contraception... I asked [practitioner] to come with me to the clinic.” (Complex safeguarding service)

For one young person in care, what was most important was helping her access support for her physical health, whether that support came from within or outside the service:

“They were really good, they had their own nurse here [at the service]... She would literally come and do check-ups all the time and they used to, like, even if I went to school or whatever, they used to try to get the school nurse involved. They came to my GP appointments with me sometimes, because I didn’t want to go to the doctor’s but they knew that my health was bad at the time so they did everything they could. They used to ring my doctor’s themselves and try to make an appointment for me before the nurse came, and when the nurse was here they used to always get me like a full health check.” (Complex safeguarding service)

3.4.3 Improved relationships and friendships

Many of the young people spoke at length about how services had supported them in their relationships with others. Sometimes this centred on improved family relationships, such as being able to talk to their mum. However, it appeared that most of the work undertaken with the young people in this area had been to help them understand what healthy friendships and relationships should look like:

“We just focused on healthy relationships and not healthy, and knowing the difference and signs.” (CSE service)

“I used to just meet people and I’d always see the good in them and never see no bad... Now I’m more wary. If I meet someone... just observe what they’re doing and how they act around people, then decide whether or not they’re good enough to be in my life or not. That’s what I do.” (Complex safeguarding service)

“When I started to see [practitioner] I was still with my boyfriend, who was a suspect in my case. So, that wasn’t nice and we talked about mental and emotional abuse from my boyfriend to me, and friendships because my friends started to bully me because of my situation. So they’ve really helped a lot with that. They helped me realise that those people are not who I think they are.” (CSE service)

3.4.4 Speaking out/speaking up

In response to this outcome card, the young people reported how they had been helped by services to talk to others, become less isolated and have more confidence:

“Well, she helped with speaking out... because I don’t like speaking about what happened, but if someone asked me what happened I would be able to tell them – I’d be crying my eyes out while telling them, but I would be able to say.” (Sexual violence service)

“I kept myself quite quiet and secluded, I never really spoke to anyone about anything, really. [Now] I find it a lot easier to open up about my feelings.” (Complex safeguarding service)

“When something like this happens, you don’t feel like you’ve got a voice at all. Even in just everyday life, talking to [practitioner] and going over it in your head, making you feel like you’re not crazy... you can talk about it and not feel like an idiot. It just helps you to get your voice back.” (CSE service)

One young person also remarked that, although being helped to speak up and speak out was important, it was also important for services to recognise when someone is not ready to speak:

“I also think they should respect if someone isn’t ready to speak out as well.” (CSE service)

3.4.5 Feeling safe

This outcome was particularly important for the vast majority of the young people, who described being taught to make “safer decisions” but also described feeling physically safer following the support:

“They made me feel more safe within myself, and helped me make safer decisions with my life.” (Complex safeguarding service)

“Feeling safe is like knowing you have someone there for you, so just being able to listen.” (Post-abuse therapy)

“I used to hide a lot of stuff from what I went through because I was scared, but when I used to actually explain stuff to them [practitioner] they helped me feel safe... I've been raped as well, so I told [practitioner] so they knew about that, and as soon as they found out everything they got the police involved and they sat with me through everything, through my video interview – obviously they couldn't sit in the room with me, but they were waiting outside the door... They made me feel safe when I was talking about it. I didn't tell my mum, my dad or my sisters that I was raped because I was ashamed, I thought it was my fault because I ran away from home the night that happened to me. But [service] were so good to me in that way, that I thought they were my family supporting me at the time when they had the police officer with them and they made me feel really at ease and comfortable, and they said, look, we'll do everything we can to, you know, help you. And they spoke to my mum for me when it happened, and they said, 'We've talked to your mum because you are under 16, we do have to tell your family that this has happened,' but they sat with me in the room and they were holding my hand whilst telling my mum.” (Complex safeguarding service)

Sadly, some still did not feel safe in their neighbourhoods in spite of the support received, because of their experience:

“I still don't feel safe, I can't walk around on the street on my own.” (Sexual violence service)

This illustrates the severity of the damage that can be caused by abusers, and the need for support as long as the young person needs it in order to start feeling safe again.

3.4.6 Support at school or college

Young people said that services had played an important role in supporting them at school or college, and had been able to help some of them access education, which in turn had positive effects on other aspects of their life:

“[Education] was the most important thing which I got... Because if they didn't [give me support], I wouldn't have got my GCSEs and that is so important now. Like, certain exams I don't have to do now because I got my Cs, I'm like, this is brilliant.” (Complex safeguarding service)

“It helps with all of the rest of these – if you get support at school most of the week, you know that is going to help with everything else if you get good support at school, more help with your friendships, whatever, your emotions. You get more confident if you get more support at school, whatever, you get support for your future and that is obviously the same thing.” (Post-abuse therapy)

Whether they had experience of care or had learning difficulties, young people described the impact their abuse had on their education. One care-experienced young person spoke about how, because of the exploitation and abuse experienced, she missed a lot of school. It was through the help of the CSA service and her practitioner that she was moved into foster care to escape her abusers, which also allowed her to return to school:

“I missed a lot of school, though, from when I was... I think I was in year 7 when I started running away from home, so that's, until I moved out, I think it was three years of school that I missed. I used to go in like once a week, every other month or something, it was really bad – my attendance literally went down to 0%, it was really bad. I even tried to move to other schools which [service] tried to get me to do – like, they were going out of their way trying to find me schools and stuff, and that wasn't in their kind of category but they did everything, they literally just tried to do whatever they could. But when I went to [place], when I was about 14, nearly turning 15, so I must have been in year 10 when I started school then, but I didn't miss a day, I had 100% attendance for two years and I managed to get my C's.” (Complex safeguarding service)

A young person with trauma-related learning needs and difficulties explained that, as a result of the trauma she had experienced, her schoolwork had suffered because she could not attend school:

“I wasn’t in school and I couldn’t cope with the school environment, so I couldn’t focus. I couldn’t do anything. So my grades suffered.” (CSE service)

However, thanks to her practitioner and her mother, she had been moved into the mental health unit within her school to help her cope with the school environment. This was particularly important for her, as one of her abusers was also a student at her school:

“It’s basically... they’re not qualified teachers, but they’re qualified in mental health... So, it’s like a mental health unit. You do schoolwork, you just are supported with your mental health instead... It’s small groups, so you’re not overwhelmed by people for people with anxiety, and you are supported by actual trained mental health people... Miles better than actual school... It’s not pressured. You’re not rushed. You’re not shoved in to this, ‘you have to do this, you have to do that’. You go at your own pace.” (CSE service)

Another young person with trauma-related learning needs and difficulties considered that more could be done to help them get more support and understanding within education, in relation to how the abuse affected their behaviour and ability to attend school lessons and undertake schoolwork:

“[Practitioner] would maybe email my school and say she’s struggling or feeling upset or whatever... I think they [school] thought, ‘It’s over, she’s fine now, she can get back to all her work,’ but it’s not always the case... It’s just trying to get them to understand that, and my mum had to try and get them to understand that as well, because I wasn’t always able to come in and they wouldn’t get that. They would just tell me off or whatever... The school thing is quite important, because people spend a lot of time in school, so they need to be there for support as well... I feel like... she [practitioner] does get what I’m saying, but I feel like she’s on the school’s side as well, because... I don’t know. I’m on my final warning because I’m behind on work and because I’ve missed lessons. If

I have missed lessons, it’s been for a bad reason, because I’ve been with someone I haven’t wanted to be with or whatever, but the school don’t really get that... I feel like they don’t fully understand, but I guess there’s only so much they [service] can do because it’s the school’s choice as well... You do try and do what they want, but I don’t know, it doesn’t help. Then my parents get annoyed because they know what’s gone on and they feel that the school aren’t taking that into consideration. Because I feel like, with the school, they mainly focus on the attendance and the grades, whereas there’s other things to that as well, so that can be a bit frustrating.” (CSE service)

3.4.7 Support for the future

For many of the young people, this outcome was closely linked with support at school. One young person explained why support for their future was so important:

“Because I didn’t go to school and I was worried I was going to get nowhere, so she was obviously, like, ‘Don’t worry, you’re a clever girl’ and whatever.” (Sexual violence service)

For others, support for the future was linked to their experiences, and not losing the support until they were ready to move on:

“They work with you till you’re 18, but they’ve still got other groups in that organisation that go above 18, if you need them... So if you still feel like you need the support, you’ve got it there.” (Complex safeguarding service)

“Basically they said they will be there for me until I didn’t need them anymore.” (Complex safeguarding service)

A young person with trauma-related learning needs considered that more could be done to help them get support within education

3.4.8 What else has changed for the young people as a result of receiving the CSA service?

In addition to taking part in the closed 'outcomes exercise', the young people were asked an open question on what had changed for them since they had been receiving support. Some young people talked about how the CSA service had improved their mental wellbeing:

"I wouldn't be where I am today without it... my outlook on life and stuff, like my mindset." (CSE service)

"I mean, I feel a lot more confident." (Post-abuse therapy)

"I just feel like I'm feeling a lot better about myself... I actually look after myself a lot better now." (Complex safeguarding service)

"I don't feel beaten down any more, which I think is good." (CSE service)

"I'm just better in myself. When I see [practitioner], [she] teaches me things on... how I should be feeling. She just teaches me how to be better again... just letting me talk to her... Yes, just getting it all off my chest, which makes me feel loads better." (CSE service)

"My whole life has changed... Like, not many kids that have been through what I've been through... But like, there's always that saying about kids in care that, you know, they don't really have good life choices and, like, they end up in a flat and not great stuff. And I just feel like telling everyone that that is just the biggest rubbish ever, because when you get that support and people keep telling you 'You're going to make it, you're going to do well,' you actually believe it." (Complex safeguarding service)

Others spoke about how the service had helped them to adopt protective strategies.

"Stop talking to strangers and stop meeting strangers." (Complex safeguarding service)

"Now I know how to be safe online and what good stuff, there might be people I need to block and the people who I need to remove from my Instagram and stuff like that." (Complex safeguarding service)

"Yes, if I don't know someone... just block them straight away." (Complex safeguarding service)

However, there were responses indicating that young people still blamed themselves for their abuse despite having received support from a CSA service:

"Trying to make myself a better person" (Complex safeguarding service)

"That I obviously know what to do now and how to behave and not do stupid stuff like people obviously do, so yeah" (Complex safeguarding service)

"I started being better behaved." (Complex safeguarding service)

This highlights once more the need for services to tune into any self-blaming language being used by the young people they support, and the need to model healthy messages by talking about risk in non-blaming ways.

Some responses indicated that young people blamed themselves for their abuse, despite having received support from a CSA service

3.5 Specific support for young people with learning difficulties

While there was some consensus across the two samples of young people, the researchers identified some insights that were specific to young people with learning difficulties.

The importance of clear communication was highlighted by young people with learning difficulties, as this enabled them to **fully understand what was happening and being offered**. This included being given extra time to process information at the initial meeting, and being reminded regularly that support could be accessed outside the scheduled meetings with their practitioner (if this service was available). It emerged that one young person had not fully understood that she could call the service and speak to someone (not necessarily her practitioner) if she was having a particularly bad day, rather than holding that inside until her next meeting; that is what she had been doing, causing her lots of anxiety and distress. While this was just one example, it highlights the importance of services communicating information about their service clearly and unambiguously (and on a regular basis) to ensure that young people with learning difficulties get the most out of the support being provided.

Young people with learning difficulties felt it was important for their **needs to be recognised and understood**. One young person with autism explained that she was not allowed to fiddle or fidget in school because it was considered a “distraction”, whereas the service accommodated her need because her practitioner understood it helped her to talk:

“Yeah, we will sit there and fiddle with stuff – like, she bought some wool not so long ago and I was sat there for the whole time [knitting] and talking, and by the end of it I had finished the ball of wool and it was like dead long.” (Post-abuse therapy)

Another young person valued **feeling “like a normal pupil”**. She spoke about her experience at school and that because of her autism she felt she was treated “like glass, or like a brick”. She went on to explain how this made her feel, and how the service treated her differently:

“It makes me feel kind of uncomfortable because they’re on edge all the time... School wouldn’t really care if you broke a leg right in front of a teacher. It is kind of like they are a bit more, I wouldn’t say blunt about things – they just blow you off like, ‘Ugh, go away peasant, I don’t have time for you’... Some of them just completely ignore the fact that I have autism at all. They [service] treat me like a normal pupil... They don’t treat me like glass, thank God.” (Post-abuse therapy)

Some young people had complex learning needs and difficulties with learning as a result of the trauma they had experienced. Many spoke about the difficulties they had experienced in school, and the impact this had on their learning, because there was a lack of understanding of abuse and its effects on the young person:

“With things that have gone on, it’s not always easy to focus. I think it was just, because I’m on a report, it said that I wasn’t focusing and I got told off for that, but it wasn’t because of anything... I wasn’t just not choosing to focus, because I just couldn’t take my mind off stuff... They didn’t really understand that. My teacher was just saying, ‘It’s not sixth-form behaviour,’ and she knows a bit of what’s gone on as well, so it’s quite annoying when they don’t understand.” (CSE service)

The impact of the trauma caused problems at school for one young person with trauma-related learning needs and difficulties. She explained that she was at risk of being excluded, because she was struggling to keep on top of her work as a result of everything going on in her life:

“I think sometimes, if someone has been through a lot, their behaviour will change and sometimes they [school] might kick them out because of their behaviour, but there’s other stuff behind it really... Before I went through all the exploitation, I’d never had a detention or been in trouble before. I don’t think they realised that my behaviour changed because of that and everything, and they didn’t really understand it. They were just trying to exclude me or get me to leave because I hadn’t done all the work.” (CSE service)

She went on to explain that the school initially helped her, but they just did not understand the lasting impact the trauma was having on her and so she no longer felt understood or supported:

“When it did come out, they [school] have been really good. They’ve really helped me... But sometimes I feel like they don’t really understand it... Some of the things they say... There was one word – when people say it, that annoys me... if they say ‘choice’, because she’s said before, ‘It’s your choice, just go to the police.’ But it’s not always that easy. Or said, ‘You have a choice if you go with whoever... Why didn’t you just stay in school?’... Or if I’ve got a message off someone and I’ve felt like I need to leave, they’re like, ‘Why?’... It feels like they don’t have much... they do have knowledge on it but not as much as they could have, I don’t think... Even on the safeguarding policy that the school have, the website... there’s loads on physical abuse and emotional abuse, and then the CSE bit is just, like, a line and it doesn’t make teachers aware, because obviously that’s for all the teachers in the school to read. There’s not much on exploitation... I don’t think all the teachers would know the signs or know what to say if someone did disclose something... I think there could be more [information], even on the website... there’s just a tiny bit with the definition online. It doesn’t say any signs or anything what teachers should look out for.” (CSE service)

Her experience illustrates the need for **better understanding of trauma and its impact on education**, so that this group of young people can continue accessing their education and feel supported enough to do so.

3.6 Specific support for young people in care and care leavers

An insight specific for young people who had experience of the care system was the significance of the practitioner enabling the young person to **feel cared about**. This attachment was considered significant, as a young person might feel that the practitioner was the one of the few positive adults in their life.

“It’s made it easier to go through, because obviously no one really wants to be in the care system. But it’s made it a lot easier, because you’ve got someone there for you that actually sits and listens to what you say and not tells you, ‘It’s fine...you’re going to be fine,’ and this that and the other... They sit there, and they listen and they understand.” (Complex safeguarding service)

One young person felt that the service understood and knew how to work with young people in care because they understood the importance of **attachments made with foster carers** and the loss felt when things changed:

“Yes, most definitely... I think one of the hardest bits was obviously leaving my mum. She weren’t my biological mum. So dealing with her passing as well, that was obviously quite hard... I wouldn’t really talk to anyone, but when I was speaking with [practitioner] I would be like I was speaking to just a friend about it and I could relax.” (Complex safeguarding service)

Practitioners could also help young people to **build a positive relationship with their foster carer**:

“Yeah, because she knows I do have arguments with them [foster parents] sometimes and she’s like, ‘You did say sorry, right?’ and I’m like, ‘Well, I am dead moody and I just need my own space,’ and that’s what they need to know. But they know now when I get moody they leave me alone, they don’t come near me.” (Complex safeguarding service)

When asked what they thought others with experience of being in care needed most from services, one young person said:

“Nurturing, just being told it’s not your fault, I feel that’s really important... Not to pressure them into things, saying, ‘You have to see us’... Just being patient with them and just saying, ‘Look, I know you’re going through a hard time but it’s your decision at the end of the day, like you know I’m always going to be here so here’s my number or I’ll come and see you next week again.’ Because I would never accept, ‘Ah well, I’ll ring you’ – I’d take their number and that shows that I’m interested and I will speak to you, but I won’t make the first move, I’d want you to come and say, ‘I’ll come and see you next week,’ and just that reassuring repetitiveness, but not...not too much pressure to talk.” (Complex safeguarding service)

Another young person had been taken into care to escape her abusers, and the CSA service she was engaged with had worked with social services to achieve this, but the way it was done served only to exacerbate the trauma she was already experiencing. She noted that it would have helped to have had **access to her own social worker** and an **explanation in a respectful way** of what was happening:

“It wasn’t even... my social worker, someone that I knew that was taking me... Talking to you nicely about it so, when you’re there, making you feel comfortable, saying, ‘Look, this is what’s going to happen, you’re going to be fine’ – someone that’s going to be really lovely to you, like explaining what care is, where you’re going, who you’re going to live with, saying you can see your family soon, they’ll come and see you. Explaining it – no one did that, it was more like I was getting arrested, like getting shoved in the car, getting watched to change my clothes... like I’ve done something wrong, and that’s what my whole care experience was like. I felt like I was the one to blame and it was only when I turned 17 I stopped blaming myself.” (Complex safeguarding service)

3.7 Young people’s views of support and what could be improved

In order for young people’s views about possible improvements to CSA services to be collected, they were asked: *“If you were the manager, what would you do if anything were possible to help other young people?”*

Echoing some of the earlier comments (see section 3.2.3 and 3.3.3), young people stressed the importance of a **positive initial contact** and **not blaming** the young person for their abuse:

“I would make them feel as comfortable as possible and make them feel like they are worth the support.” (Complex safeguarding service)

“Get [practitioner] to talk to them first and tell them what she is going to be doing with them and stuff.” (CSE service)

“Make them understand it’s not their fault and stuff.” (CSE service)

“You’re not in trouble, you just need a bit of help and support.” (Complex safeguarding service)

Improved **partnership working** and **services training together** to share ideas for practice were also suggested:

“I’d work more closely with the police so that, when investigations start, more is done and people get help sooner rather than later.” (CSE service).

“I think they [services] should get training off each other – so, you know how teachers get trained by other people, I think they should all train together so they’re all taking ideas off each other... If [practitioner] was doing something better than somebody else, then she would give advice to them – and then if that person was doing something better than [practitioner], then she would help [practitioner] in that way.” (Post-abuse therapy)

Some young people felt **group work** would be a valuable addition to services:

“It makes you feel like you aren’t alone. It makes you more comfortable to know that other people go through the same things, and it just uplifts you because you don’t feel by yourself.” (CSE service)

“I understand not everyone would want to, but personally I would like doing some [group work], being social and talking to some people. But like, give them the choice, say one day after school or after whatever or on the weekend, just go in and just sit and meet up, and just things like that – but obviously everyone has a choice if they want to do it or not.” (Complex safeguarding service)

Having that choice would be crucial, because not all young people agreed that group work was something they would like to get involved in:

“I think with my issue, with what I was going through, it was too sensitive for me to be involved with other kinds of groups and stuff... One thing I used to like, really want, was my privacy. I didn’t want anyone knowing what I was going through, no one at all, and I used to find it really embarrassing so I’m glad that group work was never mentioned.” (Complex safeguarding service)

The benefits associated with group work by the young people – knowing you are not alone, being social and meeting other young people with similar experiences – could also be achieved through **peer support**, which might suit young people who would not be comfortable doing group work:

“You feel like you’re the only one, really... Having someone else to message or something, I don’t know, I think that would help. You can speak to [practitioner] and that, but they’ve not been through it and it’s sometimes easier speaking to someone that has and that is your age as well.” (CSE service)

Although it was acknowledged that practitioners “can’t work all the time”, some young people felt an **out-of-hours service** or **online chat services** would be useful because exploitation and abuse often do not happen during working hours:

“Having somewhere out of working hours to have support as well... Because if they all go off at five... things don’t just stop then... In the working hours they have time at school so you’re safe then, but if it’s the weekend it’s a bit more of a vulnerable time... It’s just at the weekend sometimes, you could do with some support. Say I text [practitioner] on a Friday night, I know she won’t read it until the Monday.” (CSE service)

“I don’t know if this is possible, but... I think if they had an online chat or something... so it’s there all the time, maybe, or if there was someone on a night shift that you could speak to.” (CSE service)

A further suggestion for improving services was to have a **designated mental health support worker** as part of a multi-disciplinary team. Many young people felt that mental health provision was an area they would like to see improved, but they felt this needed to be a separate provision because it was such a specialised job:

“I struggle with my mental health a lot... That’s my main issue, like... I feel that I didn’t get, but that’s not [service’s] fault... If there is a service like a sexual health service or sexual exploitation service, having their own mental health nurse would be amazing, absolutely amazing. Because kind of just having that counselling, that guidance there and then when you need it, even if you feel like you don’t need it, you’re getting it, and then when you’re older you’ve already discussed it, you don’t need to relive it again and talk all about it... So I feel like that was kind of a closed subject with me for my mental health. I just got talked about with the self-harming.” (Complex safeguarding service).

“Mental health as well, I’m not really sure if they do much around that... If people have been through trauma, they might need help with mental health... You could always speak to someone if you went there, but I don’t think they’ve got anything specialised.” (CSE service)

Young people were able to give specific examples of good practice and make suggestions for encouraging and sustaining engagement. One care-experienced young person described what it means for a practitioner to **take a genuine interest** in the life and recovery of young people:

“I like the fact that [service] actually make a lot of time for the young people so it’s not like, you know, you only see that person once every two weeks, once every three weeks. Like, obviously when a young person is involved and going through something, you need to show them that you’re interested in their life... I feel that they need to show that they’re just as interested as much as the carers... I’d try to have enough staff... to basically share the time equivalently, not just like, ‘Oh yeah, that young person, we’ll see them next week or something and this person we’ll see them twice a week’ – I’d like to make sure that everyone gets enough spare time. Funding to make sure the young person is getting taken out and being able to do stuff, because loads of kids don’t have that fortunate life where they’re getting taken out or anything. Like with me, my mum and dad never had that money so they never used to take me out or anything... Just a bit of funding towards activities to do stuff, because that can make the young person feel like, ‘Oh yeah, like at least I don’t need to run away, I’m looking forward to doing something. I’ve got this week I’m going to see [practitioner] and she’s going to take me here and I’m going to get out of the house so I don’t need to run away.’” (Complex safeguarding service)

A number of young people felt that there was nothing they would change if they were the manager of the service as they were satisfied with how it was:

“No. There’s nothing I would change about it... You feel welcome when you come here’ (Complex safeguarding service).

However, they felt there were other things to consider beyond the service itself. The young people seemed to be aware of the fragility of services and the ongoing threat faced by services in terms of securing long-term **funding** to ensure they can continue to provide support for other young people in the future:

“I do think that services like this deserve more funding than they get, definitely... I think [service] really does make a difference and, yes, that is it really, they make a difference.” (Post-abuse therapy)

“Definitely more funding if I was the Government... If I was the Government, I would focus more on mental health and places like these, specifically on places like this.” (Sexual violence service)

A suggestion for improving services was to have a designated mental health support worker as part of a multi-disciplinary team

4. Conclusions

By gathering the perspectives of young people who had accessed CSA services, this study sought to understand what made these services effective for them, and what outcomes and differences they thought the services should seek to make in young peoples' lives.

Despite the range of specialist services responding to CSA, with often differing approaches and ethos, the young people interviewed were consistent in identifying what worked for them. They were able to describe which elements of practice had been helpful, provide their perspective on successful outcomes, and suggest improvements to services.

Elements of positive practice

For **young people with learning difficulties**, positive practice needs to centre on services understanding the impact of their learning difficulty on their everyday lives. This includes:

- ▶ understanding how to make communication and information accessible and clear in a way that suits the young person
- ▶ allowing extra time to process information
- ▶ going at their pace
- ▶ embracing what they need to relax and reduce their anxiety, such as using fidget devices.

The need for consistency and structure was a key message from these young people. They often experience high levels of anxiety, and giving them a structure and consistency can reduce those anxieties so they can fully engage and get the most out of the support being received. Although having the same practitioner was common practice across services, young people with learning difficulties may also need consistency in the way the support is provided. This includes having a regular fixed time and place for meetings, and knowing how long support will be available – and, if things do need to change (e.g. a change in practitioner), ensuring they have time and opportunity to discuss those changes so they are comfortable with them.

Where young people are experiencing learning challenges as a result of their trauma, a lack of understanding from schools and colleges about the abuse's impact on their everyday lives – and in turn on their learning – cannot be underestimated. It was felt that schools and colleges do not have as much awareness and understanding of sexual abuse and exploitation as they do about other risks specific to young people (e.g. physical abuse and emotional abuse) – nor as much awareness and understanding of the long-term impact of these traumas, even when the abusers, risks and dangers have been removed. Practice to support better understanding, and to support schools in meeting these young people's needs, was seen as vital.

In particular, young people felt there should be more education for teachers and staff about the identification of abuse or exploitation – the need for teachers and staff to see beyond behaviour in search of the cause, especially if this change in behaviour was profound and harmful. The young people felt schools and colleges needed to engage more in meaningful and regular conversations about CSA, including CSE, to ensure the dangers are kept present in the minds of everyone so they can be recognised early on when young people may be at risk.

It was felt that schools do not have as much awareness and understanding of sexual abuse as they do about other risks to young people

Young people in or leaving care described that they wanted services to be knowledgeable about the needs of young people in care. Besides providing practical solutions, such as coordinating across services or advocating about a young person's inappropriate placement, staff also needed to understand young people's often multiple experiences of trauma and the complexity of their lives – for example, understanding the impact of having multiple placements and often placement breakdowns, which occurred in the case of one young person because she was further traumatised by the death of her foster carer.

A history of trauma can manifest in different ways; without understanding of this, young people in care are at risk of being misunderstood and/or receiving inappropriate responses which can be damaging and risk further trauma.

The need for consistency, seen in the experiences of young people with learning difficulties, was shared with the young people in or leaving care. The young people appreciated the opportunity to build a positive, lasting relationship with a practitioner who was there to support them. In some cases, it seems the relationship with their practitioner was possibly the most consistent relationship in the young person's life as many other professionals came and went.

For young people who were in care, the practitioner was sometimes the professional in their lives who they felt was the most caring and nurturing – largely because they took time to make a connection with them, build trust, and not judge their actions. Some young people had become looked after by children's social care services because of their experience of being sexually abused or exploited; for them, the continuity of service offered by the practitioner when they had been moved out of their home area was a vital link back to 'home', and one which they valued.

Barriers to achieving success

The following barriers to successful support by services were identified by the young people:

- 1) Other services not being aware that specialist CSA support services were available, or not knowing what they could offer, leading to a delay in support received (e.g. police not being aware of services, where an early referral could have ensured the young people got support throughout the judicial system from the time they disclosed).
- 2) Young people being frightened, anxious, and unsure of what to expect at initial contact – because professionals making the referral failed to prepare them by explaining where they were referring them to and why.
- 3) Past negative experiences of engagement with services, professionals, and authorities – particularly experience of having expectations raised but then being let down and disappointed.
- 4) Receiving inappropriate support, or appropriate support at inappropriate times, which did not meet their needs (e.g. being referred for counselling after reporting abuse, when the young person needed time to process her experiences before she felt counselling would be helpful).
- 5) Lack of an inclusive and holistic approach for young people with learning difficulties, or failure to adapt the service response in order to meet their needs (e.g. offering six to eight weeks of cognitive behavioural therapy when the young person did not feel it was helping because she had not had time to build a relationship with her counsellor first).
- 6) Lack of understanding of the trauma experienced by young people affected by abuse and exploitation, particularly within education. The young people felt the school's focus was academic progress (e.g. missing school, not focusing, impact on grades, risk of exclusion) instead of the young person's emotional wellbeing – it was noted that academic progress will naturally follow if a young person has good mental health.
- 7) The way a young person is taken into care because of CSA, which can exacerbate existing trauma and self-blame (as was the case with the young person who had been taken into care to protect her from her abusers).

Facilitators to achieving success

The young people identified these key elements of practice that facilitate success and overcome barriers:

- 1) Knowing why they have been referred to a service. A more positive experience was reported by young people when the person referring them was clear about who they were referring the young person to, and why they were making that referral.
- 2) A reassuring, welcoming first impression of the service and the practitioner. This is linked to knowing who and why a referral is being made.
- 3) A positive relationship with a trusted practitioner with relevant skills, values and experience of working with young people.
- 4) Feeling that the complexity of life following sexual abuse is understood.
- 5) Having an advocate to support the young person through a police investigation.
- 6) Care and concern shown by practitioners for important others in the lives of the young person (e.g. parents, siblings, family pets, friends), so they are not being supported in isolation from their wider networks.
- 7) Co-location of services in multi-agency teams. Complex safeguarding teams can improve communication and response times to address perpetration of CSA and support for young people.
- 8) Understanding different learning needs and adapting support to the individual needs of each young person – working in partnership with young people, and asking them to be involved in discussions about what their needs are and how services can best support them.

What changed for the young people?

Many services have their own processes for monitoring the effectiveness of the support they provide. The findings presented in this report demonstrate the myriad ways that young people feel that they have been supported, some of which may be difficult to capture or to demonstrate change. Each response to support was different and individual, and depended on a number of factors including the model of support received, the complexity of issues and the quality of the relationship between the young

person and their practitioner. Key indicators of change identified by the young people were:

- 1) Having a relationship with someone trusted to talk to and to listen.
- 2) Feeling safe and supported.
- 3) Having strategies to deal with the actions of others (e.g. requests for online connection, inappropriate photos, a relationship).
- 4) Knowing about 'risks', leading to changes in behaviour (e.g. fewer incidences of being 'missing' from home or care, and altered interactions with social media).
- 5) Having support for physical health, sexual health and management of emotions.
- 6) Being given choices (e.g. different means of engagement at different times, talking or activities).
- 7) Having increased confidence, self-worth, self-belief, ability to speak out and have a voice.
- 8) Having more positive relationships with parents and with other family and friends.
- 9) Some young people said their 'whole life' had changed.

Implications for practice

It is hoped that the voices of the young people heard through this research can encourage the development and continuation of positive practice to respond appropriately to all groups of children and young people who have experienced CSA. This study also highlights the need to adapt support according to the needs of each individual.

Some of the young people self-referred to services, which indicates that services need to have accessible information for children in care and those with learning difficulties.

The difficulty experienced in recruiting young people with learning disabilities/difficulties indicates a need for services to better understand the range of young people they are working with, and their specific needs. It is also concerning that few young people with learning disabilities/difficulties may be receiving a service from CSA specialist services, which suggests issues in identification of CSA and subsequent referral.

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Appendix 1: Services involved in recruiting interviewees

These services have been categorised into the four groups listed in section 2.1.2.

1) *Sexual violence services*

- ▶ **South West** service is part of a registered charity funded by the Police and Crime Commissioner to provide support for women, men, children and young people who have been affected by rape and sexual abuse. The service employs independent sexual violence advisers (ISVAs) to support young people in making a statement to the police if they wish to report abuse. Support is also provided throughout the court process, although abuse does not have to be reported to the police in order for a young person to access an ISVA. The service also provides peer support groups and access to a range of other services such as mental health and domestic abuse support through its sister organisations. The young person interviewed was accessing the ISVA service.

2) *CSE services*

- ▶ **North East** service is a registered charity supporting young people who have experienced, or are at risk of, sexual exploitation. The service offers information and regular one-to-one support to empower young people and raise awareness about grooming, so they can make safer and healthier choices. The service also runs a support group for young people who no longer need one-to-one support but would still like to meet regularly with practitioners and other young people with similar experiences. The young people interviewed were accessing the charity's CSE one-to-one support service.

- ▶ **North East** service is a sexual health service for young people, offering a drop-in sexual health clinic. It also supports young people who are being, or at risk of being, sexually exploited. The service works with young people on a one-to-one basis around a variety of topics including sexual exploitation and grooming in both the physical and the online worlds. One of the young people interviewed had used the sexual health service; both were accessing the CSE service.

3) *Post-abuse therapy*

- ▶ **Wales** service is a registered charity providing a range of specialist counselling and advocacy services for women, men, children and young people affected by rape or sexual abuse. Services offered include a sexual assault referral centre (SARC), an ISVA, individual or group counselling and therapy. The young people interviewed were accessing the individual counselling service.
- ▶ **Midlands** service is a registered charity which supports children, young people and their families following a disclosure or discovery of CSA. The service provides access to therapy to help children, young people and their families resolve the impact of trauma experienced. It also provides a children and young people's ISVA service to support clients from a legal and advocacy perspective. The young people interviewed were accessing the therapeutic service.
- ▶ **South East** service is a registered charity supporting those who have experienced, or are at risk of, sexual abuse. The services provided include a helpline, counselling, ISVAs, advocacy and family therapy, and an education and outreach programme which gets young people talking about healthy relationships. The young person interviewed was accessing the counselling service.

4) *Complex safeguarding services*

- ▶ **East** service is a registered charity which offers a variety of projects aimed at raising awareness and preventing the sexual exploitation of women and young people. One of the projects supports young people affected by, or at risk of, sexual exploitation, and offers one-to-one support on a regular basis. The project is co-located with the police and children's services, to ensure that young people get the support they need. The young people interviewed were accessing the CSE one-to-one support service, supported by other teams when needed.
- ▶ **North West** service is part of a children's services team working with young people who are at risk of or affected by sexual exploitation. Young people are given one-to-one support to help them build resilience, recognise risk and support disclosure of CSE. The service is co-located with the police to allow for more effective investigations and increased prosecutions. The young people interviewed were accessing one-to-one support, supported by other teams when needed.
- ▶ **North East** service is part of a multi-agency team working with the police, the NHS and the city council. The service supports young people who are at risk of being, or who have been, sexually exploited. Practitioners focus on raising young people's awareness of risky situations, while supporting them to make informed choices about their lives. The service also has dedicated face-to-face support staff for families affected by CSE, and a pop-in service for any young person who needs to speak with someone outside the time they meet their practitioner. The young people interviewed were accessing the CSE service, supported by other teams when needed.

Numbers of young people recruited from each service

Three of the above services recruited interviewees with experience of being in care *and* interviewees identified as having learning difficulties; each of the remaining six services recruited interviewees from one or other of those groups (see Figure 1 on page 14).

No more than two interviewees in each group were recruited from a single service, and the total number of interviewees recruited per service ranged from one to four.

The logo features a vertical rectangular background with a geometric, low-poly pattern. The colors transition from dark purple at the top to bright green at the bottom. The text is white and positioned on the left side of the rectangle.

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