

Making Noise: Children's voices for positive change after sexual abuse

Children's experiences of help-seeking
and support after sexual abuse in the
family environment

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Each circle shown here (and on the inside back cover) was contributed by (and represents) an individual interview or focus group participant.



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You might not think much of telling anyone, you might not realise how serious it is, you might be just like it's a one-off thing. Especially if it's your family you still feel like you want to protect them. That's why it's harder. You might realise that people aren't supposed to do it [but] I think it all just comes back to it's still your family really.

(IV40, Female 17 years)

Overview

1. This study was commissioned by the Children's Commissioner for England and carried out in 2015/16 by staff from the *International Centre: Researching Child Sexual Exploitation, Violence and Trafficking*, in partnership with the NSPCC. It sought to elicit children and young people's views and experiences of help-seeking and support after child sexual abuse (CSA) in the family environment.
2. The title, and spirit, of the research – 'Making Noise: children's voices for positive change after sexual abuse' – was determined with our Young People's Advisory Group, who have played a critical role throughout the work. It represents our efforts to not only generate new research knowledge, but to simultaneously demonstrate the capacity of children and young people to contribute to enhanced responses to these issues and the importance of challenging the cultures of silence in which abuse and impunity flourish.
3. The research comprised 53 in-depth qualitative interviews with children aged 6 to 19 who were receiving support for experiences of CSA in the family environment. All interviewees were accessed through one of 15 third-sector therapeutic services from across England. This data was supplemented with focus groups (30 participants) and survey data (75 respondents) with more generic cohorts of young people exploring possible barriers to disclosure and service access.
4. The research sought to respond to a recognised gap in evidence from the perspectives of children and young people affected by CSA in the family environment. To our knowledge this study represents data from the largest sample of children and young people in a qualitative study on this issue.
5. The research aims were to improve understanding of participants' experiences of:
 - recognition, identification and disclosure of CSA in the family environment
 - help-seeking and support
 - contact with services as a result of reporting/identification of CSA
 - care systems, and
 - criminal justice proceduresand to ascertain children and young people's views on how such processes could be improved.

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Identification and disclosure of child sexual abuse in the family environment

6. Professionals and other adults continue to miss signs of children's sexual abuse. This unfairly places responsibility on children and young people themselves to actively seek help in the event of CSA in the family environment.
7. While the overwhelming majority of interviewees recognise the desirability of a safe adult finding out about their experiences of CSA in the family environment, the majority did not feel purposeful or direct disclosure was likely or possible for most children in their position.
8. Interviewees reveal a diverse and extensive range of inter-related mechanisms which operate to silence them from talking about abuse. These include their own internal motivations and beliefs; actions and messages from others, including perpetrators and wider society; and contextual factors such as the absence of support. These were often compounded by the nature of children's familial ties to the perpetrator. Efforts to counter these silencing mechanisms need to be equally diverse, tenacious and far reaching.
9. Children report being most likely to disclose their experiences of abuse to their non-abusing mother, or (in the case of female children) a friend.
10. There is evidence that that particular groups of children and young people – for example disabled children and young people; those from some minority ethnic communities; boys and young men and care experienced children and young people – are likely to face additional barriers to identification or disclosure. Further research is needed in these areas.
11. Efforts to support the identification of CSA in the family environment must address: children's knowledge and understanding of abuse; their confidence in being believed; stigma and shame, and their accessibility to and confidence in the provision of support.
12. Identification and disclosure of CSA in the familial environment often represents the beginning of challenging and difficult processes for children and young people. Recognising the particular vulnerabilities

associated with identification or disclosure is vital for professionals wishing to provide effective support in the aftermath of CSA in the family environment. Services are not yet fully equipped to support children through these challenging and difficult processes.

Impact on (and role of) family and safe carers

13. Following identification of CSA in the family environment, children reported diverse and far reaching impacts on their family life. This included increased division and conflict; rejection and blame from family members; difficult family dynamics and/or negative impacts on the emotional wellbeing of non-abusing family members. Conversely some interviewees reported increased physical safety, access to emotional support and strengthened relationships within their families following identification of abuse.
14. Children's familial ties to the perpetrator had significant implications for the impacts on families, exacerbating levels of disruption, division and/or distress.
15. Children and young people are acutely aware of, and hold a deep sense of responsibility for, changes to both family relationships and family members' wellbeing. This is catalysed by the identification of abuse. These concerns further silence children from talking about abuse or expressing the impacts upon them.
16. Support to non-abusing family members is critical for helping children and young people after experiences of CSA in the family environment. Its benefits are fourfold:
 - i. addressing parents' and carers' own support needs
 - ii. helping parents and carers to better understand and respond to their children's needs,
 - iii. promoting family stability and safe positive relationships, and
 - iv. reducing the additional burden on children and young people for the responsibility they feel for their families' wellbeing.
17. Children who end up being removed from the family home after experiences of CSA carry

additional burdens: including significant loss and a sense of dislocation. Even when children recognise and value the sense of physical safety such moves afford, these emotional burdens are profound.

18. The needs of older children (16/17 year olds) who are removed from the family home following identification of CSA in the family environment can be poorly responded to. In particular, recognition of trauma, associated needs for psychological support, and help to make transitions to adult services were found to be lacking.

Access to, and role of, professional welfare support

19. The impacts of an experience of CSA in the family environment are complex and far-reaching. There is no quick fix. Responding to these impacts requires a proactive welfare response that can span many different agencies (including health, social care and the third sector) and that prioritises consistency of support and the potential for long-term engagement and considers the needs of wider family and carers alongside those of the child.
20. Professional responses to children and young people's experiences of CSA within the family environment can be experienced as both helpful and supportive (reducing the difficulties a child has to manage) and as subjecting children to further challenges, disruption and distress. Both these dynamics may occur simultaneously.
21. Children experience variable but significant mental health difficulties following CSA in the family environment, including self-harm, depression, anxiety, flashbacks, dissociation, low self-esteem; aggressive and/or anti-social behaviour, psychosis and suicide attempts. Many of these difficulties are identified by primary aged children as well as older young people.
22. There is a critical role for appropriate therapeutic support that addresses children and young people's emotional wellbeing and mental health needs post abuse. Although all interviewees had access to this (due to our ethically informed sampling) this was not always provided at the point of need. Some children experience delays of months or even years for access to therapeutic support post disclosure.
23. While the thought of accessing therapeutic support could be an intimidating one, interviewees highlighted the significant positive difference that such work had made to them. Within this, the quality of the therapeutic relationship emerges as more significant than the particular model or approach adopted.
24. Key benefits identified in relation to therapeutic support include: a safe space in which to process what had happened; knowing others have comparable experiences; being believed; countering stigma, isolation and self-blame; the development of coping strategies and wider confidence and resilience building. While these benefits could be achieved in non-specialist settings, there was a clear message from some interviewees that specialist CSA services are particularly helpful in countering stigma and isolation and understanding the complexities of CSA in the family environment.
25. Although difficulties are documented with regard to accessing child and adolescent mental health services (CAMHS), a clear role is identified by several interviewees for such support alongside third sector therapeutic and welfare support.
26. Interviewees report that social workers hold an important role in facilitating physical safety and signposting to other services, but express mixed feelings towards some aspects of social work interventions. Specifically a number of children report perceived undue levels of scrutiny on themselves and families, a lack of relationship-based support and, in some cases, feelings of being questioned or blamed by social care professionals.
27. Interviewees identified ten key attributes of a good professional/service, applicable across all welfare services. These include safety, care and compassion, choice and control, advocacy, honesty and authenticity (see section 5.6).
28. The issue of transition to adult services emerged as a critical one for older interviewees – across CAMHS, social care and voluntary sector services. This was noted as a time in which good work could be undermined. It is essential that funding or bureaucratic requirements do not place the needs of the child as secondary to those of the system.

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Experiences of criminal justice proceedings

29. The key positive associated with police involvement is the potential for physical safety from a perpetrator. This input is highly valued by many interviewees, even where they had fears around what engaging with the police might mean for themselves, their wider family network and, in some cases, the perpetrator.
30. Engagement in video recorded interviews (also referred to as 'Achieving Best Evidence' interviews) and other formal investigative processes post reporting of abuse were overwhelmingly described as difficult and distressing. Although examples of good practice were shared, these were not the norm and the need for significant improvement is identified for both the practical and welfare elements of these processes.
31. Involvement in court processes was also noted to be a particularly distressing element of the criminal justice processes for children and young people and indeed their wider families. Concerns particularly centred around the process of evidence giving and cross examination, with interviewee contributions indicating a clear need for better use of the full range of special measures available in CSA cases and greater judicial management of court processes.
32. Children and young people's familial ties to perpetrators exacerbated many of the challenges associated with court and this requires better recognition and consideration throughout all stages of the hearing and associated planning.
33. There is a clear need for greater consideration to be given to the support needs of victim and witnesses both during and after engagement in criminal justice processes. Children and young people's support needs are diverse and individual and it is important that they are involved in discussions about how best to meet these.
34. It is critical that current barriers to children accessing pre-trial therapy are addressed. Children report receiving highly inconsistent messages about their entitlement to support prior to court and may be blocked from receiving any therapeutic input at this time.

As there are known delays associated with prosecution processes, pre-trial therapy can be badly needed. The current Crown Prosecution Service guidance is not consistently understood or being applied across the board.

35. 'Justice' remains an important concept for the majority of participants. This is despite the many difficulties highlighted in relation to engagement in criminal justice processes – and despite potential conflicting feelings towards the perpetrator. It is imperative that we find ways to support children and young people to safely engage in the criminal justice process and minimise the potential for further traumatisation that such engagement currently holds.

Impact on (and role of) wider contexts (peers, schooling, communities)

36. Experiences of CSA in the family environment and the ensuing processes have a significant impact on how children feel about school. Schools were variably described as operating as both a place of escape and/or somewhere that could feel difficult to be.
37. Key difficulties that interviewees associated with school (or college) included: feeling unable to concentrate or cope with the pressure of schoolwork; anxiety about peers or staff finding out about the abuse; changes to peer dynamics; and managing symptoms of trauma during school time (such as flashbacks, disassociation and impact on memory).
38. The familial nature of children's ties to perpetrators means that in some cases schools can offer a sense of sanctuary when proper support is provided. Supportive experiences of school or college were characterised by sensitive, appropriate information sharing with staff. Although some interviewees expressed anxiety and/or embarrassment about school staff knowing details of their abuse, the majority valued at least one member of staff recognising their additional needs and taking responsibility for implementing practical support strategies in consultation with children themselves.

39. While interviewees place greater significance on the positive contributions that friends could make to them after disclosures of CSA, there is substantial acknowledgement that friends and peer groups could also present additional difficulties and risks after disclosure. Potential difficulties for children who disclosed to peers included gossip and bullying, facing difficult questions, changes to friendship dynamics and parental anxieties about their children associating with victims of CSA.
40. Although not invariably, friends of primary and secondary age can play a role in keeping children physically safe by passing information on to adults or supporting a child to do so themselves.
41. Almost half of interviewees describe specific ways in which friends had formed part of their central support network following experiences of sexual abuse in the family environment. The majority of these examples relate to young women and adolescent friendships and included demonstrations of insight, emotional support, mutual support and provision of distractions and humour. This support is often described as different to the supportive roles played by adults and suggests a distinct contribution that friends play.
42. Valuing opportunities to connect with peers who had similar experiences was noted by a significant minority of interviewees – both in relation to gaining and giving support. There was evidence that larger numbers of interviewees desired access to this type of support and that it could provide a role in countering isolation, self-blame and fostering optimism and self-efficacy (belief in one’s ability to succeed in specific situations or accomplish a task).
- challenges to children’s emotional wellbeing and were characterised as complex and dependent on significant professional support. It is also imperative that these findings are considered in relation to the nature of the sample and their relatively high levels of access to therapeutic support.
44. Recognising evidence of positive change and growth after abuse is central to children and young people’s narratives of ‘recovery’. This was associated with both children’s internal resources and external support. Professionals and family had a clear role in supporting children and young people to recognise these changes, no matter how small.
45. Interviewees attributed positive change to a number of helpful experiences or messages supported by professionals and others. These included: being believed; developing self-efficacy, self-confidence and self-worth; recognising others had comparable experiences; space and support to express feelings; support to manage symptoms of trauma and mental health difficulties; integrating difficult past experiences into their identity; and optimism for the future.
46. Analysis of the 53 interviews demonstrates that children’s hopes for the future focus on three recurring themes:
- an identity that isn’t dominated by victimhood
 - support through change and the minimisation of disruption –including finding points of continuity with a previous life and/or the lives of ones’ peers, and
 - an entitlement to a safe multi-faceted life characterised not only by the absence of abuse but also the presence of diverse sources of fulfilment and safety.
47. Those interviewed for this research expressed a strong desire to communicate a sense of hope to other children facing similar circumstances and the importance of optimism in professional interventions.

‘Stepping forward’ and ‘moving on’

43. While a minority of interviewees’ thoughts about the future appear to be characterised by fatalism and a lack of hope that things will get better, the majority acknowledged potential ‘pathways’ beyond experiences of CSA in the family environment towards the possibility of positive change and growth. However these trajectories were accompanied by enduring

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Listening and responding to children

48. Challenging the cultures of silence surrounding child sexual abuse in the family environment involves a society wide shift in how we view and listen to children. This study demonstrates that children of all ages have an interest in and ability to talk about these issues and use their experiences to benefit others.
49. Recognising the relationship between listening to children, involving them in decision making (both at a personal and collective level) and protecting them is critical. Without this, efforts to address children's physical, psychological and relational safety will fall short. This highlights the importance of talking about children's rights in broader debates about CSA – demonstrating that addressing these issues must start with recognition of children's mutually reinforcing rights to protection, provision and participation.

Making Noise: Children's voices for positive change after sexual abuse

Introduction

1. INTRODUCTION

1.1 Overview

The Making Noise research project focuses on children and young people's views and experiences of help-seeking and support after child sexual abuse (CSA) in the family environment.

The project ran from March 2015 to October 2016 and was funded by the Children's Commissioner for England as part of their wider programme of work into child sexual abuse in the family environment (CSAFE). The research was undertaken by the International Centre: Researching Child Sexual Exploitation, Violence and Trafficking at the University of Bedfordshire in partnership with the National Society for the Prevention of Cruelty to Children (NSPCC).

Context and rationale

In 2014 the Children's Commissioner for England commenced a detailed programme of work on child sexual abuse in the family environment (CSAFE). This built on findings from a previous inquiry into child sexual exploitation in groups and gangs (Berelowitz et al., 2013) and a rapid evidence assessment on intrafamilial CSA (Horvath et al., 2014). The CSAFE programme of work stemmed in part from recognition that the heightened media and political focus on CSA outside the family home had potentially diverted attention from its perpetration within the family environment, which, the Children's Commissioner for England suggests, is likely to account for approximately two thirds of all CSA (Children's Commissioner 2015: 7).¹

The Making Noise research project was commissioned to address a specific gap in evidence highlighted by the rapid evidence assessment: the perspectives of children and young people affected by sexual abuse in the family environment:

'There is a considerable amount of literature addressing the victim experience from the practitioner's perspective, but there is less drawing directly upon the child's views and/or experience. Much of the research in this area has focused upon the retrospective accounts of adults experiencing abuse in childhood.'

(Horvath et al., 2014: 10)

The striking absence of the child victim's voice was noted to be largely attributable to ethical considerations, but was noted to raise problematic gaps in knowledge. In addition, the RAE noted a particular lack of knowledge about the experiences of disabled children and those from minority ethnic groups who experience CSA within the family environment.

Project aims

This research project was therefore commissioned to elicit the views of children and young people affected by sexual abuse in the family environment with the dual aims of:

- improving understanding of participants' experiences of:
 - recognition, identification and disclosure of CSA in the family environment
 - help-seeking and support
 - contact with services as a result of reporting/identification of CSA
 - care systems, and
 - criminal justice procedures, and
- ascertaining children and young people's views on how such processes could be improved.

Within this, the researchers were asked to consider the views and needs of groups of children and young people who may be particularly marginalised from services, or represent 'seldom heard voices' such as boys and young men, disabled children, children under ten, Black children and those from minority ethnic communities, lesbian, gay and bisexual children and young people, and transgender children and young people.

¹ Evidence gathered for the Children's Commissioner suggests that where data is recorded accurately and in detail by Police forces, CSA in the family environment represents approximately 69% of all (reported) cases of child sexual abuse.

Definitions and terminology

Child sexual abuse: *Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.*

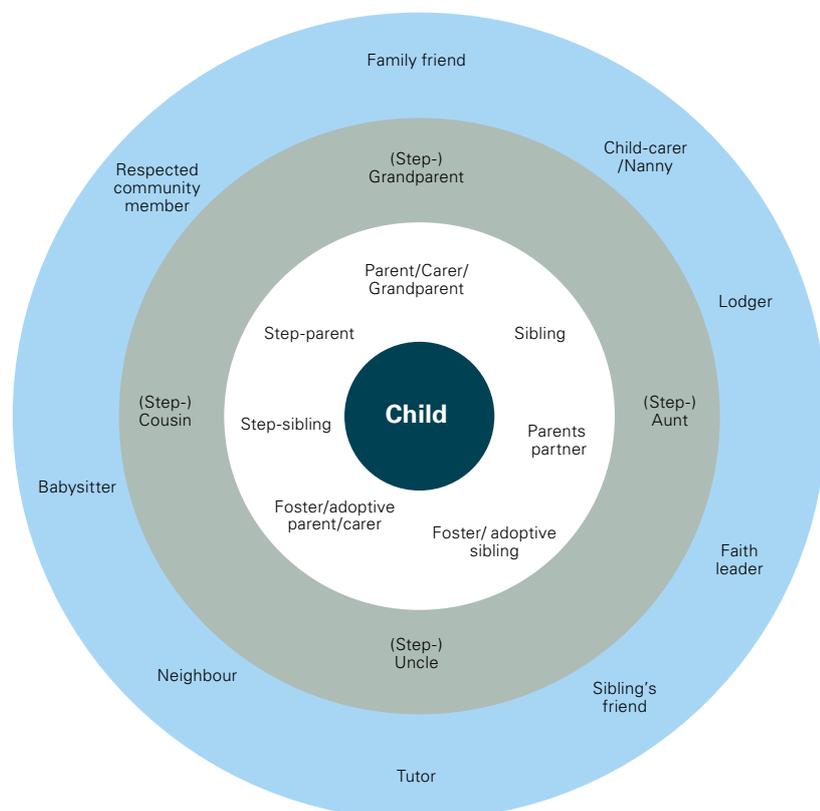
The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (DfE 2015: 93)

Child sexual abuse in the family environment is defined by the Children’s Commissioner for England as ‘sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member. Within this definition, perpetrators may be close to the victim (eg dad, uncle, stepdad), or less familiar (e.g. family friend, babysitter).’ (Children’s Commissioner, 2015: 6). Figure 1 below provides an illustration of those relationships included within this definition.

The focus of this report is specifically on the experiences of **children**, defined as those aged 17 years or under, in line with the United Nations Convention on the Rights of the Child and the Children’s Act 1989. However it should be noted that throughout this report the term **children and young people** is also used to reflect language used by many older children who self-identify as young people rather than children.

Figure 1: Relationships between child and perpetrator included within the definition of child sexual abuse in the family environment (taken from Children’s Commissioner, 2015)



1.2 Existing research on CSA

This section provides a brief overview of some key research evidence on CSA as context for the research findings that follow. For further information please refer to the CSAFE programme's wider evidence base including:

- Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action (Children's Commissioner, 2015), and
- It's a lonely journey: a Rapid Evidence Assessment on intrafamilial sexual abuse (Horvath et al., 2014)

Prevalence

All forms of CSA prevalence data have limitations (Allnock, 2016) and even self-report studies are thought to represent underestimations because those abused in childhood may be inhibited from reporting their experiences within a research setting, for a range of reasons (Radford et al, 2011). Very few studies fully disaggregate rates of intra-familial and extra-familial CSA, and, with the exception of recent work by the Children's Commissioner for England, no studies exist which explicitly explore abuse perpetrated by an individual within the family network or environment.

Recent UK prevalence data (Radford et al., 2011) suggests that among a sample of 1,761 18 to 24 year olds, 11.3% report some form of contact sexual abuse² in their childhood, including 1.5% of females and 0.6% of males reporting sexual abuse (contact or non-contact) by a parent or guardian.³ Meanwhile a UK-based study of adverse childhood experiences (Bellis et al., 2015) found that 6.2% of adults surveyed (aged 18–69) reported experiencing contact and/or non-contact child sexual abuse (4.5% for males and 7.5% for females). This study did not provide details of relationships to perpetrators.

Meanwhile evidence gathered for the Children's Commissioner for England's most recent report suggests that where data is recorded accurately and in detail by police forces, child sexual abuse in the family environment represents approximately 69% of all (reported) cases of child sexual abuse.⁴

This aligns with findings from a recent survey of nearly 400 adult survivors of sexual abuse (Smith et al., 2015) which found that 70% of respondents had been abused by family members. However in the latter study the sample was skewed towards intra-familial CSA experiences (IFCSA). The same study found that CSA was not typically experienced as isolated or short-term episodes (the average duration of abuse was seven years) and more than half of respondents reported being abused by more than one person.

Studies suggest that IFCSA generally appears to commence at younger ages than extra-familial CSA (Fischer and McDonald, 1998), although qualitative studies demonstrate that it may continue over many years, and even into adulthood (Allnock and Miller, 2013).

Impact of CSA

The impacts of CSA will vary significantly for different individuals and are not always obvious, either during childhood or in adulthood. However Horvath et al. (2014 55) suggest that *'the impacts are often severe, life changing and difficult to recover from'*.

Finklehor and Browne's (1988) widely used model of traumagenic dynamics suggests four key emotional responses to CSA: betrayal, powerlessness, shame and traumatic sexualisation. The model notes that although these factors occur in response to other kinds of trauma, the presence of all four is unique to CSA.

Multiple sources of evidence associate CSA with potentially life-long impacts on mental and physical health, alongside impacts on social functioning, relationships, maladaptive behaviours (such as substance abuse), sexual revictimisation, and negative outcomes in a range of other domains (Maniglio, 2009; Chen et al., 2010; Irish et al., 2010; Child Welfare Information Gateway, 2013; Horvath, 2014; Domhardt et al., 2015; Public Health Wales NHS Trust, 2015; Sneddon et al. 2016). Specific mental health issues commonly associated with CSA include anxiety disorder, depression, eating disorders, PTSD, sleep disorders and

2 For contact and non-contact sexual abuse combined, prevalence rises to 24.1%.

3 No figures are available which disaggregate sexual abuse by other family members or those within a child's family network.

4 It should be noted given that this was not a random sample survey so generalisations to wider populations should be taken with caution.

suicide attempts (Chen et al., 2010; Horvath, 2014; Sneddon et al. 2016). However it is also important to highlight that not everyone who has experienced child sexual abuse will experience adverse psychological impacts (Sneddon et al., 2016).

The impact(s) is thought to depend in part on:

- the frequency, duration and nature of the abuse
- the relationship to the perpetrator (intra-familial abuse being thought to represent an increased risk)
- the timing of disclosure
- the presence of other life stressors or adversity (including other forms of maltreatment such as polyvictimisation, bereavement or parental divorce)
- access to supportive relationships and services; alongside individual resilience and coping mechanisms (Kogan, 2005; Ullman, 2007; Stroebel et al, 2012; Salter, 2013; Sneddon et al., 2016).

The impacts of CSA themselves may be indistinguishable from the impacts of these other factors.

Service provision

Following identification of CSA, children are likely to encounter a range of generic and specialist services which may include (but are not limited to) social care; GPs, mental health services; sexual assault referral centres (SARCs), police, independent sexual violence advisors (ISVAs), school support, and third sector services including counselling and other therapeutic inputs. The nature of service intervention will depend in part on the needs of a child and their family but will also be significantly determined by the availability of provision locally (both in terms of the presence of services and their capacity/ waiting lists), sometimes referred to as a 'postcode lottery' (Smith et al., 2015; Children's Commissioner, 2016). In 2009, Allnock et al. estimated that levels of need among children for therapeutic services (after experiences of sexual abuse) fell significantly short of provision.⁵ This is supported by more recent

London-based and national studies which also suggest some evidence of increasing waiting times and referrals to specialist provision (Goddard et al., 2015; Allnock et al., 2015).

Studies with adult survivors suggest that satisfaction with services relates to feeling '*listened to, believed and respected*' (Smith et al., 2015: 3). The same study found that levels of satisfaction were higher for third sector services such as SARCs, ISVAs, voluntary psychotherapy and counselling services and rape support services when compared with statutory services such as police, hospitals and social care. However it is important to note that these findings relate primarily to services accessed in adulthood and no comparable study among younger victims/survivors exists.

There are limited evaluations of service provision for children after sexual abuse, although a recent randomised control trial of NSPCC's 'Letting the Future In' programme⁶ identified that the therapeutic approach reduced emotional difficulties and symptoms of severe trauma among the sample. However it was also noted that the effects of the programme appeared to take longer for younger children (aged 8 years or younger). Children involved in the study self-reported the impact of Letting the Future In services to include: improved mood; better confidence; reduction in guilt and self-blame; reduced depression, anxiety and anger; improved sleep patterns and better understanding of appropriate sexual behaviour (Carpenter et al., 2016). Meanwhile Horvath, 2010 presents international evidence suggesting that victims favour group-based therapeutic approaches to intervention (bringing individuals with some aspect of shared experiences together) due to their ability to challenge isolation. The importance of interventions which focus on the family as well as the individual child has also been highlighted by a range of authors (Horvath et al., 2014; Carpenter et al., 2016).

It is widely acknowledged that the majority of cases of child sexual abuse in the family environment will not end up in the courts, and fewer still will result in a conviction (Horvath et al., 2014; Children's Commissioner, 2015). This is

5 Data from 2006-7 suggested 70,000 children needed services while only 16,000 were in receipt of services.

6 Letting the Future In is a therapeutic programme delivered by specially trained staff, most of whom have a background in social work.

in line with evidence about wider forms of sexual violence (Gallagher, 2009; Bunting, 2008; Smith et al., 2015; Allnock, 2016). Considering CSA more broadly, although recent crime statistics show more cases than ever proceeding to the court stage; the rate of successful prosecutions is falling (Allnock, 2015). Sexual offences are among the most complex and lengthy crimes to investigate, which may explain at least some of the attrition observed (Allnock, 2015). For those that do progress through the criminal justice system there are widespread systemic shortcomings in the ability to prioritise children's welfare within these processes (Horvath et al., 2014; Allnock, 2015; Beckett et al., 2016).

1.3 Report structure and overview

'It just affected everything. It was like dropping a marble into a bowl of water and seeing the ripple effect.'

(IV27, Female 17 years)

The structure of the report broadly aims to reflect what several participants described as a 'ripple effect' in which, following initial identification or disclosure of sexual abuse in their family networks, ever increasing aspects of their lives became affected not only by the abuse itself but also by the related processes, events and professional responses that ensue.

Loosely based on an ecological model (Bronfenbrenner, 1979), the report aims to highlight the need to recognise the inter-related and wide ranging impacts of sexual abuse in the family environment and the corresponding needs that arise. Importantly, it seeks to do so through the direct accounts of those affected by such abuse; a perspective all too often missing from discourse on these issues.

As the children and young people who participated in this study poignantly described, the effects on their lives were profound, impacting their families, peer groups, friendships, schooling, living arrangements, their places within their wider communities and their physical and mental health. Clearly the complexity and diversity of this picture has far reaching implications for how we respond to and support those affected by CSA within the family environment, and participants' contributions offer important lessons about how we might do this better.

Following a brief description of the methodology, the remainder of this report aims to explore this ever expanding 'ripple effect' of abuse, exploring issues of identification/disclosure, impact and response through the perspective of children and young people affected by CSA in the family environment. It does so through the following structure:

- **Chapter 2:** Methodology and ethics
- **Chapter 3:** Identification and disclosure of CSA in the family environment
- **Chapter 4:** Impact on, and role of, family and safe carers
- **Chapter 5:** Access to, and experiences of, professional support
- **Chapter 6:** Experiences of criminal justice proceedings
- **Chapter 7:** Impact on, and role of, wider contexts (peers and schooling)
- **Chapter 8:** Recovery and moving on
- **Chapter 9:** Conclusion

Throughout the analysis and commentary that follows in these chapters, the report seeks to acknowledge that responses to children and young people's experiences of CSA within the family environment can be experienced as both helpful and supportive (reducing the difficulties a child has to manage) and as subjecting children to further challenges, disruption, distress and at times trauma (increasing the impact on them). Indeed, there was evidence that at times both these dynamics could occur simultaneously. This is true both of formal professional responses to their abuse and those emanating from more informal sources such as family or friends.

Where children and young people's accounts describe responses which have fallen short and failed to meet their needs, they provide insight into the nature of these shortcomings and how they could be redressed. Where their accounts are more positive, they helpfully identify the aspects of both informal and professional support that proved critical in minimising or countering the impact of the abuse and helping them to manage their lives after abuse. Both offer critical lessons for practitioners, managers, policy makers and commissioners alike.

The research also highlights the importance of recognising the diversity of children and young people's experiences. Despite strong evidence

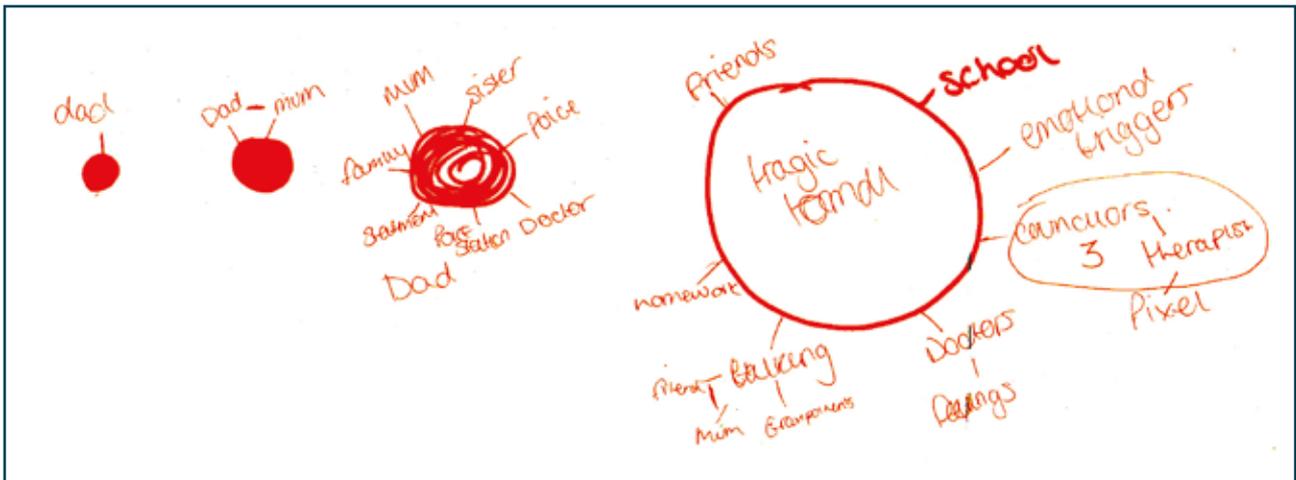


Figure 2: One child's depiction of the increasing number of 'difficult things' a child would have to deal with after identification of the abuse by her dad – described as a 'sticky ball that just keeps getting bigger and bigger as more stuff sticks to it'.

of a number of cross cutting themes, each child or young person who participated in this study represents a unique experience and set of circumstances. As one young woman eloquently noted in her interview: 'no-one has the same story', highlighting the need for professionals to avoid assumptions about what will have happened to, or be needed by, any one individual. This emphasises how in this context truly 'child centred approaches' are critical: listening to children and responding to their own individual needs and circumstances.

Listening to children's voices: from CSAFE to 'Making Noise'

Early in the project, we established a young people's advisory group (YPAG) to inform the development and delivery of the research. The aim of the initial YPAG meeting was to inform members about the CSAFE research (its title at that time) and explore initial ideas for how they could use their own experience and expertise to support the process and the research team. Towards the end of this first meeting, concerns were raised about the language of the project – in particular the inaccessibility and 'coldness' of the label 'CSAFE' – and a discussion ensued about possible alternatives. While the group initially struggled to easily identify a new name there was a strong and quick consensus about the images and feelings they wanted to evoke. Key to these were two things: a need to counter the pervasive and enduring silence about abuse; and a desire to avoid

replicating images of children affected by sexual abuse in the family environment solely as passive victims. A clear message emerged from the group: *'this research needs to be the opposite of that... It's about supporting children to make noise and it's about supporting children to grow and make positive change after it's happened.'* And so the name and spirit of this research project was born and the CSAFE research project became **Making Noise: children's voices for positive change after sexual abuse.**

As the project has progressed the YPAG has continued to inform its progress. They, alongside others, have held the research team to account in multiple ways, but perhaps most importantly challenged us to remain true to the spirit of the project which they so ably articulated during that first meeting. This piece of research therefore aims not only to generate new knowledge and understanding of the experiences and needs of children following sexual abuse in the family environment but in its own small way form part of wider efforts to challenge the cultures of silence in which abuse and impunity flourish, demonstrating of children's own competencies, resilience and resistance, which may continue to be overlooked by policy makers, researchers and practitioners.

Making Noise:
Children's voices for positive
change after sexual abuse

Methodology and Ethics

2. METHODOLOGY AND ETHICS

2.1 Introduction

This section presents an overview of the methodology, research governance and ethical framework.

The primary methodology used was in-depth qualitative individual interviews, undertaken with 53 children and young people aged 6 to 19 years, all of whom were known to services as having experienced CSA in the family environment.

This was supported with two additional aspects of data collection:

- i. four focus groups (involving a total of 30 participants) to explore barriers to identification and engagement with services for young people from minority ethnic communities and disabled young people, and
- ii. a survey with a broader population of 75 young people to explore attitudes towards disclosure of sexual abuse in the family environment among a broader population.

The remainder of this chapter outlines each aspect of the methodology in turn.

2.2 Individual interviews with children and young people

The primary data collection method constituted face-to-face qualitative individual interviews with children and young people known to have experienced sexual abuse in the family environment. Given the sensitivity of the subject matter and potential vulnerability of participants, a number of stringent ethical and safeguarding measures informed both the sampling process and the interview design, as outlined below. A specific ethical framework was developed for the interviews; this is available at www.beds.ac.uk/making-noise

Facilitating agencies

Potential interviewees were only accessed through reputable specialist support services ('facilitating agencies') who were in a position to appropriately risk assess an individuals' potential involvement in the study and provide support before, during and after his/her participation. Given the complexities around supporting those affected by CSA – and the potential to further damage children and

young people through inappropriate responses to recognition and/or disclosure of abuse – preferential access routes for this element of the research were specialist therapeutic sexual abuse services. These facilitating agencies were themselves assessed against a range of criteria (a full list of which is provided in the ethical framework).

In addition, efforts were made to ensure that services represented a range of organisations and that NSPCC's role as a partner in the research did not limit the sample to users of its services. Building on a review undertaken by Allnock et al. (2015), the research team undertook a national mapping exercise of specialist services available for children and young people who had experienced CSA. Initial personalised contact was made with 120 services and face-to-face meetings to discuss participation in the research took place with 35 of these services. This resulted in service level agreements with, and potential interviewees identified by, 23 services. Interviewees were eventually accessed through 15 of these services. Services which had a known focus on engaging particularly marginalised demographics (boys and young men; children and young people from Black or minority ethnic communities; physically disabled children and young people and learning disabled children and young people) were particularly targeted and efforts made to explore and overcome specific barriers to participation.

Of the 15 services through which interviewees were accessed: six were NSPCC Letting the Future in services; two were members of Rape Crisis England and Wales; two were members of The Survivors Trust network and five were independent non-affiliated services. Services were geographically spread across England and representation included the following areas: North East; North West; East Midlands; West Midlands; Yorkshire and Humber; South East; East of England; and South West. London was the only area not represented by a facilitating agency.

Sampling and identification of potential interviewees

Following selection and engagement of facilitating services, the research team met with management and frontline practitioners to identify potential interviewees and obtain necessary consents to facilitate their engagement. The focus on diversity

within the project was made explicit from the outset to all facilitating agencies who were actively encouraged to identify participants from potentially marginalised demographics. The following steps were followed:

- i. List of inclusion and exclusion criteria, and information about engagement in the research, provided to facilitating agencies to identify potential participants.
- ii. Completion of a risk and needs assessment with a professional with detailed knowledge of the potential interviewee. This considered issues such as capacity to give consent, potential distress or harm, potential impact on therapeutic or legal processes, and particular support needs. At this stage potential participants remained anonymous to the research team.
- iii. Children and young people deemed appropriate for inclusion in the research were approached by a professional with whom they had an existing relationship, to see if they were interested in taking part. Age appropriate information was provided to professionals to support this process making clear that there was no expectation or requirement to participate (examples of the information provided are available at www.beds.ac.uk/making-noise)
- iv. For children and young people aged 15 years or below, a request for parental/carer consent was made prior to approaching a child or young person for their consent.⁷
- v. Children and young people who expressed initial interest in taking part in the research were offered opportunities to meet with a member of the research team, to hear more about the project and ask further questions before making an informed choice about participation in the research.

Once all necessary initial consents were in place, the research team arranged a time to meet with potential participants to check understanding and consent and undertake the interview. In the

majority of cases interviews took place on the facilitating agency premises. Exceptions included four interviews arranged in community spaces or schools where the facilitating agency operated on an outreach basis. One interview was conducted in a child's home at their request, with support from their professional.

The interview process

Interviews were conducted by members of the research team and conceived as 'guided conversations' (Taylor et al., 2015). They were designed following a trauma-informed approach, which acknowledges the potential impact of abuse and seeks to maximise participant wellbeing and control of the interview process. Though trauma informed, we recognise the important distinction between research and therapeutic engagement. As such, wherever possible interviews were arranged in rooms or spaces separate from where children and young people undertook their regular therapeutic work, in order to avoid unhelpful conflation of the research and therapeutic process.

Before interviews commenced efforts were made to maximise participant comfort and also attend to the wellbeing of any parents or carers who supported a child to attend. We ensured that consent was fully informed through actively checking that participants understood: what the research entailed; the option to engage through third person methodologies; the intended use of data; their ongoing right to decline involvement; and limits to confidentiality. Participants were also provided with 'stop', 'go', and 'pause' cards to help them indicate their need for a break at any point.

Each interviewer also shared a 'calm box' (example shown in Figure 3 on page 24) of sensory objects with participants at the outset as potential distractions, grounding strategies or relaxation aids⁸.

A scaling exercise was also undertaken at the outset of interviews to check how participants were feeling on a scale of 1 – 10 ('not okay – okay'). This allowed the interviewer to identify specific anxieties or difficult feelings that might need addressing or justify cautioning them from

7 In a scenario where it was assessed to be against a child's best interests to ask parents or carers for permission, and they were assessed to be Gillick competent, the intended process was to proceed without parental consent. This was not necessary in any cases in this study.

8 Calm boxes were inspired by resources produced by Triangle, an independent organisation specialising in communication support to children in a range of settings including legal processes <http://triangle.org.uk/>

continuing. This was followed by further rapport building and a discussion about the engagement tools that could be used in the interview. As noted earlier, the broad focus of the interviews followed the interests specified by the Children’s Commissioner and included experiences of:

- recognition, reporting and identification
- help- seeking and support
- contact with services as a result of disclosure/identification of CSA
- care systems, and
- criminal justice procedures.



Figure 3: Example contents of a ‘calm box’ used in interviews.

Each interview was structured around four potential ‘data collection’ activities:

- i) a vignette focusing on recognition and disclosure
- ii) a mapping exercise to visually capture relevant processes, professionals and experiences
- iii) a semi-structured interview topic guide
- iv) a range of supplementary creative activities to elicit further details about feelings associated with these processes and professionals.

Together these activities formed a ‘toolkit’ of techniques (outlined in more detail below) that supported the interviewer to elicit information safely and comfortably from the research participant. Although these activities were broadly sequential and all used in the majority of interviews, there was no expectation that every aspect of the toolkit would be used in each interview or that they would be applied in identical ways. Precedence was given to developing rapport and being responsive to individuals’ needs and communication styles. Aspects of the toolkit were

informed by the principle that play (including the use of creative arts) is a natural and potentially more accessible means of communication for some children than the spoken word – especially when communicating with younger participants and on subjects that are possibly traumatic in nature.

i) The vignettes (and use of ‘third person lens’)

To minimise the intrusiveness of the research, and the potential distress for participants, topics were initially approached through a ‘third person’ lens. This approach was based on prior experience of conducting research on particularly sensitive subject matters (Beckett et al., 2013; Beckett and Warrington, 2015). This approach did not seek to dissuade participants from sharing details of their personal experiences but rather ensure that they did not feel any requirement to do so. Within this approach, participants were asked to draw on their experiences to consider how a fictional child or young person might experience the system, thus enabling them to comment on how engagement with the system works and feels, and how this could be improved. This was facilitated by commencing each interview with a short vignette.

Four distinct vignettes were developed prior to conducting the interviews based on the composite case studies of children who had experiences CSA in the family environment (see fig. 4 and appendix 1 for a fuller outline). They each described a hypothetical scenario including a child or young person’s family circumstances and brief information about their abuse and their relationship to the perpetrator.

Komal (female, 9 years)

Komal is 9 years old. She lives with her Mum, Dad and two younger sisters. Komal’s Dad lost his job last year. Komal’s Mum started a cleaning job in the evenings to help pay the bills.

One evening when Komal’s Mum was at work, Komal’s Dad made Komal touch his private parts. He said it must be their secret. He said if Komal told anyone, her Mum would lose her job and they would have no money and nowhere to live. Komal started to get lots of tummy aches and bad dreams.

Figure 4: Example vignette to be read to interviewees at start of semi-structured interview.

Vignettes were chosen on an individual basis, prior to each interview, through consultation with participants' workers. This aimed to ensure that the scenarios described did not too closely resemble a child's own experience, while ensuring that there were aspects of a story that they could relate to. The vignette therefore provided an opportunity to open the interview safely, identifying attitudes and beliefs about disclosure and enabling discussion without need to reference personal experiences. As with all aspects of the interview design, vignettes were piloted with the young people's advisory group.

NOTE: The use of vignettes means that some of the quotes shared in the main body of this report are expressed as views about a hypothetical character rather than first person testimony.

ii) Mapping exercise

Rather than expect all participants to talk about each element of the research scope, participants were encouraged to select which elements of the research they had knowledge of and they wished to talk about: for example, disclosure, police involvement, children's services or court processes. This was determined by a visual mapping activity that took place following the vignette discussion.

Children were asked to identify which professionals or processes either the character (or they themselves if they had chosen to engage in the first person) would have encountered following identification of sexual abuse in the family environment. A series of visual prompt cards were used to help facilitate this discussion and their contributions were visually mapped on flipchart paper by either the researcher or the interviewee, depending on the latter's preference.

Interviewers then checked what aspects of the map the participant wanted to reflect on, enabling them to focus on sharing the aspects of their experience that they felt happy to talk about. This approach maximised the child's psychological sense of safety and control, allowing them to avoid topics that may have felt too traumatic to talk about without having to explicitly decline to answer a question.

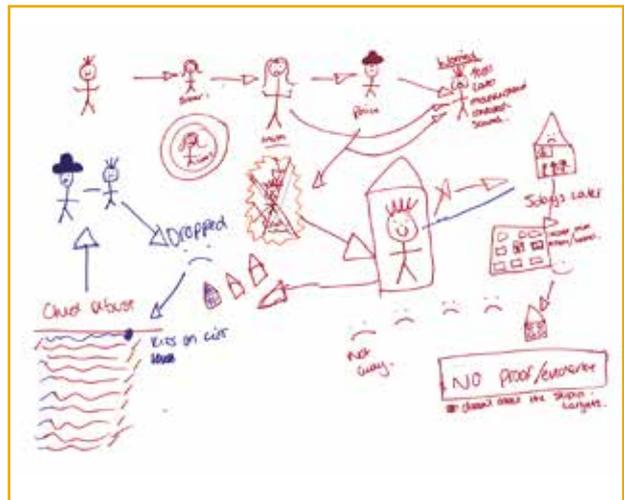


Figure 5. Example of section of interviewee's mapping exercise

iii) Interview topic guide

Each interview was also guided and underpinned by a semi-structured topic guide. This included a range of potential questions and prompts linked to specific professionals, services, processes and contexts (such as criminal justice involvement; social care involvement, family, peers and schools) and a core set of reflective points around how they might feel, what was good and what could be done better.

Once the interviewee had identified which aspects they wished to discuss (through the mapping exercise), these questions were used to elicit further detail about their experiences and/or how a fictional child might experience those processes and how these could be improved or changed for others. A number of older participants expressed specific preferences to engage with a traditional discursive interview format and in these cases the topic guide formed the primary focus of data collection. Others chose to avail of the creative engagement activities outlined below as an alternative or supplement to conversation-based contributions.

iv) Supplementary creative activities

As noted above, data collection was supported by a range of additional visual tools designed to:

- facilitate choice and control around methods of engagement for participants, allowing for diverse communication styles and developmental capacities and individual participants' needs and preferences
- offer alternative means of engagement where verbal communication may have felt difficult or inhibiting, providing an alternative 'safe' means of reflecting on sensitive issues and also diffusing what could be stressful or intense moments.
- support participants to reflect on the issues being discussed, by offering a visual point of reference to refer to and reconsider during discussions.

Tools were chosen on an individual basis within interviews to respond to the communication styles and preferences of respondents – for this reason they do not seek to form a distinct comparable data set but rather were used to support elicitation of answers to key research questions. Examples of these tools are provided in appendix 2 and 3 but they include:

- a preference ranking exercise – asking participants to rate different services across a range of five criteria (being believed; feeling cared for; being kept informed; being kept safe and being supported to understand processes)
- a 'first aid toolkit' worksheet – inviting children and young people to identify the elements of support they would want to provide for another child who had experienced CSA in the family environment.
- sand tray and miniature toy figures – asking participants to place toy figures in the sand tray to illustrate their feelings or scenarios through three dimensional metaphors which could be changed.
- an 'iceberg' worksheet: used to support children to reflect on differences between the feelings they might share openly with others (the part of the iceberg that was visible above water) and those that they kept hidden (the ice below the water).

- collage work: Using a set of pre-selected words, phrases and images, participants were asked to choose words or images freely in response to a question or issue. The images created were then used as prompts to elicit further discussion.

Ending interviews

At the end of the interviews time was taken to close conversations gradually and prepare participants for the end of the interview engagement. Participants were offered the opportunity to contribute anything additional that had not yet been discussed or to retract or amend any contributions they had made. The scaling exercise undertaken at the start of the interview was revisited, supporting the researcher's assessment of whether any difficult or negative feelings had arisen for a participant during the interview. Each child was also invited to do a simple creative activity and decorate a coloured card circle that would anonymously represent them and their contribution to the project. A number of additional 'grounding'⁹ exercises were available if interviewers felt that a child needed support to distance themselves from the interview.

Baseline data collection

In addition to the data collection activities described above, additional baseline data about participants was sought to help contextualise their contributions and provide clarity about the nature of the sample. This included two different sets of data:

- Equalities monitoring forms:** In the majority of cases, demographic and equalities information was completed with the participant at the end of the interview as part of the process of moving out of the core discussion. In a small number of cases with young children, this was completed with support from a parent or worker.
- Background information forms including high-level information about the nature of their abuse and service engagement:** Explicit permission for this information to be shared with researchers was sought from each interviewee, clarifying participants' right to refuse. Where consent to share this information was granted, the

9 Grounding activities or exercises have been defined as techniques that help to keep someone in the present or to reorient a person to the here and now. They can be used for managing overwhelming memories, strong emotions or dissociation and to help someone to regain their mental focus from an often intensely emotional state (SAMHSA, 2014).

10 Percentages have been rounded up or down to whole numbers so may not always add up to 100%.

information was obtained from the professionals supporting the child or young person, to avoid subjecting them to further questioning about their abuse. The information included high-level data about the nature of their abuse (relationship to abuser, age at which it occurred, etc.), experiences of other forms of maltreatment and their wider contact with services.

The final interview sample

In total 54 children and young people aged 6 to 19 years attended an interview. In one case, shortly after starting an interview, it became clear that a young child did not want to be asked questions about the research subject matter and so the interview was terminated and a creative activity undertaken instead. This resulted in a final sample of 53. Key demographics of note within the sample are outlined opposite:

Gender

- 81% (n=43) female
- 19% (n=10) male

Age

- 26% (n=13) were aged 6–11
- 32% (n=17) were aged 12–15;
- 32% (n=17) were aged 16–17
- 9%¹⁰ (n=5) were aged 18–19 years

Ethnicity

- 81% (n=43) were White British
- 19% (n=10) were Black or from a minority ethnic community

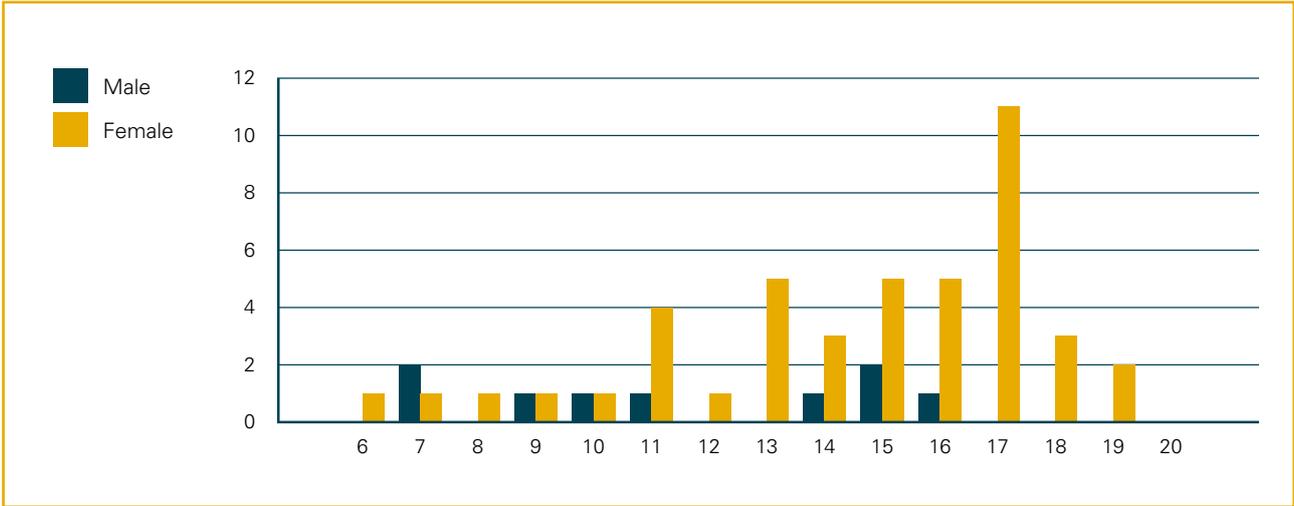


Figure 6: Age and gender interviews

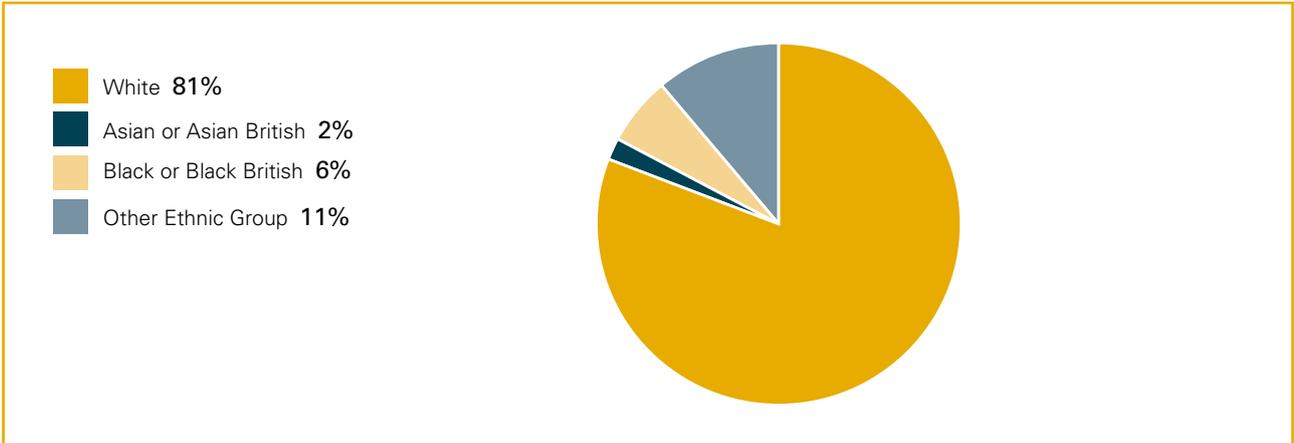


Figure 7: Ethnicity of interviewees

Physical disabilities

- 94% (n=50) had no known physical disability (including four cases where information was not provided)
- 6% (n=3) were deaf and/or had a known physical disability.

Self-reported physical disabilities included muscular dystrophy, cerebral palsy and hearing impairments.

Learning disabilities and developmental disabilities

- 79% (n=42) had no known learning disability or developmental disabilities (including four cases where information was not provided)
- 21% (n=11) had a known learning disability or developmental disability (including autism spectrum conditions)

Of those children and young people who identified as having a learning disability or developmental disability, descriptions included: autism spectrum

disorders; ADHD and other developmental delays. There were no significant communication impairments among those with learning disabilities or difficulties and most were assessed, through self-reports or by staff, to have mild to moderate learning disabilities. It is also worth noting that a number of participants were identified by staff as potentially having undiagnosed learning or developmental disabilities.

Care status and living arrangements

- 25% (n=13) were currently looked after children, of whom 11 were in foster care, one in residential care and one in kinship care arrangements

Of the 13 looked after children, nine were looked after under Section 31 and four under Section 20 of the Children Act. Of the remaining 40 interviewees, 35 lived with a non-abusing parent and the remaining 5 were either living independently, living in supported accommodation or 'sofa surfing'.¹¹

Living arrangements

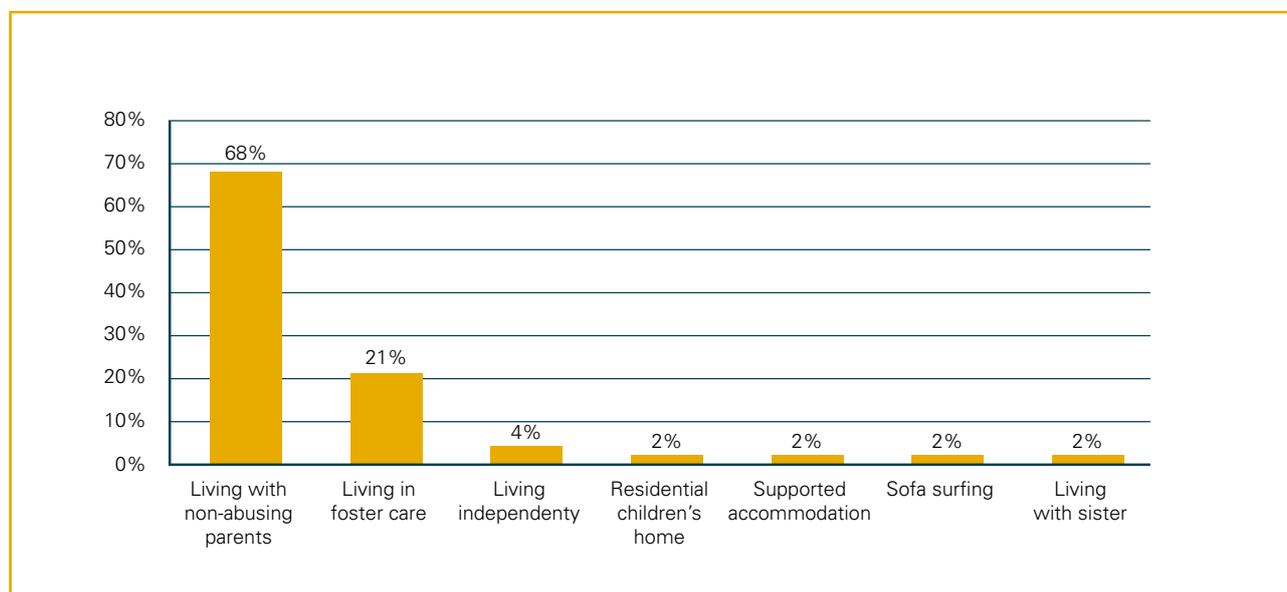


Figure 8: Accommodation

11 'Sofa surfing is defined as "staying informally with friends or family" (Shelter, 2012).

Nature of abuse

Information about the nature of abuse experienced and relationships to the perpetrator was provided for 51 of the 53 interviewees.

Nature of abuse: Information about whether the abuse was contact¹² or non-contact¹³ in nature was only available for 45 interviewees. All but one of these experienced contact CSA. At least 15 of these were known to involve rape, although the actual figure may be higher as in 23 cases this information was not specified.

Incidence of abuse: The information provided indicated that 44 of those we interviewed had experienced CSA in the family environment from one distinct perpetrator or group of perpetrators. This can of course include multiple incidents of abuse, over a prolonged period of time, as was the

case for many of those engaged in this study. It can also include abuse by a single perpetrator or abuse by multiple connected perpetrators.

The remaining seven interviewees for whom data was available were known to have had a second separate, unconnected, experience (or experiences) of CSA in the family environment from a different perpetrator or group of perpetrators.

Relationship to child: The data highlights that four-fifths (42 of 51; 82%) of interviewees for whom data was available were abused by a family member in the first cited experience of abuse.¹⁴ The remaining nine were abused by a family friend. Stepfathers or a mother's male partner were the most regularly cited perpetrators, followed by fathers.

Table 1: Perpetrator's relationship to the child in first cited experience of CSA (n=51)

Relationship	Residency status				Total
	living with child	non resident	weekend contact	unknown	
Stepfather/mother's male partner	13	0	0	0	13
Father	5	3	1	0	9
Family friend – adult male	0	5	0	0	5
Brother – child	4	0	0	0	4
Male cousin – child	0	4	0	0	4
Family friend – child male	0	4	0	0	4
Parents (male and female)	2	0	0	0	2
Step/half brother – child	1	0	0	1	2
Grandfather	1	2	0	0	3
Uncle	0	2	0	0	2
Mother	1	0	0	0	1
'Father figure' and other family members (male and female)	1	0	0	0	1
Grandparents (male and female)	0	1	0	0	1
Unknown	0	0	0	2	2
Total	28	21	1	3	53

12 Contact sexual abuse may involve touching or fondling, and sexual intercourse which may be oral, anal or vaginal.

13 Non-contact abuse includes a range of acts and includes inappropriate sexual solicitation or indecent exposure.

14 The term 'first cited experience of abuse' includes the 44 cases where children had experienced abuse in the family environment from one distinct perpetrator or group of perpetrators, and the first reported experience(s) of abuse for the 7 interviewees for whom two distinct abusive experiences were reported.

Table 2: Perpetrator’s relationship to the child in second cited experience of CSA (n=7)

Relationship	Residency status				Total
	living with child	non resident	weekend contact	unknown	
Father	1	0	0	0	1
Brother	2	0	0	0	2
Stepfather/parent’s male partner	1	1	0	0	2
Stepgrandfather	0	1	0	0	1
Parents (male and female)	1	0	0	0	1
Total	5	2	0	0	7

Gender: The data also demonstrates that perpetrators were overwhelmingly male, with all but one of the 51 interviewees experiencing abuse by a male in their first known experience of abuse. The vast majority of these cases (n=50; 98%) involved male perpetrators only. Of the remaining five cases, four were perpetrated by both males and females, and only one by a sole female perpetrator. This gendered profile mirrors wider research on CSA and it is critical that this not be overlooked.

Age: In just over one-quarter (n=14; 27%) of the 51 cases where information was provided, CSA was perpetrated a peer (brother, cousin, step/half brother or child of family friend) in the first cited experience of abuse.¹⁵

Polyvictimisation

Information about children’s experiences of other forms of abuse or neglect was provided for 48 of the 53 children and young people interviewed, via background information forms. Of these 48 children and young people at least 36 were known to have experienced at least one other form of abuse or maltreatment alongside sexual abuse in their family environment. These included: emotional abuse (n=22), physical abuse (n=18), neglect (n=11), and experiencing and/or witnessing domestic violence (n=8). In two cases another form of abuse was indicated but not specified. In five cases this information was not provided.¹⁶

Table 3: Number of additional forms of abuse experienced (n=48)

How many known forms of abuse (in addition to child sexual abuse in family environment)?	Frequency	Per cent
No additional forms of abuse	12	22.6
1 additional form of abuse	17	32.1
2 additional forms of abuse	11	20.8
3 additional forms of abuse	7	13.2
4 additional forms of abuse	1	1.9
Information not provided	5	9.4
Total	53	100

15 This represents a significantly lower proportion than estimates of the proportion of CSA perpetrated by siblings or peers in other studies (see Yates et al., 2012), which may reflect the sample size and/or nature of recruitment.

16 A more comprehensive set of sample data is available upon request. This includes details of a broader range of demographics including sexuality, living circumstances and religion.

Sample limitations

Despite efforts to maximise diversity within the sample a number of groups are felt to be under-represented to varying degrees within the final interview sample. These include:

Boys and young men: As with other prevalence data, details about the numbers of boys and young men who are sexually abused in the family environment have significant limitations. The 2011 prevalence study by Radford et al. 2011 suggests that boys and young men make up to 29% of victims of CSA perpetrated by parents or guardians, while findings from the Children's Commissioner for England suggested approximately 25% of victims of CSA in the family environment were male (2015). However the latter study also notes that among younger victims the proportions of boys appears to be significantly greater. Meanwhile wider research suggests that boys and young people may be particularly under-represented in service user groups for all forms of maltreatment (Allnock et al., 2015). This under-representation was felt to affect access to boys and young men for this study. Under a quarter of potential interviewees identified to the research team by services were male, despite emphasis to facilitating agencies of a particular interest in speaking to boys and young men. This translated into 19% of the final sample (slightly lower than male victim figures indicated by Radford et al., 2011 and Children's Commissioner, 2015). There appeared to be significant variation among facilitating agencies in the proportion of their service users who were male, suggesting that efforts to identify and respond to male victims of CSA in the family environment continue to vary and fall significantly short of need.

Physically disabled children and children with more profound learning disabilities: Despite considerable efforts to engage with a range of organisations working with both physically disabled children and those with more profound learning disabilities we identified very few organisations providing specialist support to these groups after sexual abuse. Both of these groups were noted by the research team to be particularly poorly represented among service user populations in the

specialist CSA services identified and contacted. This is known to reflect service provision nationally (Allnock et al., 2015) and the final interview sample reflects this with only three participants having a physical disability and the 11 with learning disabilities or developmental disabilities assessed to have mild/moderate needs.

Given indications in wider research that disabilities of all types significantly increase vulnerability to abuse and create barriers to accessing support, this gap in our research represents a set of perspectives which warrants further investigation and dedicated research.

Black children and those from minority ethnic communities: Although the 19% of the sample from Black or minority ethnic communities is broadly in line with national statistics showing that 20% of the population in England and Wales are non-white British, it is likely to be an under-representation of the numbers of under 18 year olds in England who are non-white British. Similarly the small sample size means it was not feasible to ensure representation of children from multiple and diverse Black and minority ethnic communities in England. As with gender and disability many of the facilitating agencies themselves recognised that their service user groups did not represent local demographics in relation to ethnicity and subsequently this was reflected in the sample.

2.3 Focus groups

As noted earlier, one of the consequences of only accessing potential participants through services, an approach adopted for participant safety and wellbeing reasons, was a replication of the well documented under-representation of certain groups (boys and young men, physically and learning disabled children and young people, and those from Black and minority ethnic communities).

For this reason, and given the Children's Commissioner's interest in identifying issues for children and young people with additional barriers to accessing services, we amended the methodology part way through to include a small number of targeted focus groups with these cohorts. Time practicalities resulted in targeting two of these groups (young people from minority ethnic communities and disabled young people) but inclusion of the third group (boys and young men) was also increased through this approach.

The focus groups explicitly aimed to explore barriers to identification and disclosure of CSA in the family environment. Access routes were widened to include specialist organisations working with these communities who had a strong safeguarding track record and experience of delivering sessions on healthy relationships, consent and child protection issues. Three organisations were identified who were willing and able to support us to run focus groups. Two of these organisations focused on work with minority ethnic communities and one with disabled children and young people.

Inclusion criteria for the focus groups were children and young people aged 13 years or older, with ongoing contact with these organisations. Inclusion was not limited to children and young people with known experiences of abuse. Potential participants undertook preparatory conversations with a practitioner known to them to discuss the planned content of the focus group discussions and help them make an informed decision about participation.

In total 30 young people (7 male, 23 female; all 14–19 years of age) took part over five separate focus groups. Four of these (accounting for 24 young people) were with young people from minority ethnic communities (all South Asian: British Pakistani, British Bangladeshi, British Sri Lankan or British Indian) and one focus group was with six young people with physical disabilities, learning disabilities and developmental disabilities. The

focus groups with minority ethnic young people were all single gender groups (three female and one male group) and the focus group with disabled young people was mixed gender.

A specific ethical protocol for focus groups was developed which acknowledged the additional risks and safeguarding considerations presented by the group-based nature of discussions. Detailed information is available from the authors upon request but key considerations involved:

- Where possible working with existing groups of young people identified by referring agencies and assessed as appropriate for involvement
- risk assessing both individual participants and the group dynamics
- developing and agreeing 'ground rules' prior to discussions, and
- providing participants with opportunities to talk about the issues raised by the group on a one to one basis with a worker afterwards.

As with interviews, focus groups began with discussions using vignettes and aimed to limit discussions to hypothetical scenarios about fictional characters rather than individual experience. Given the group-based nature of data collection, and the fact that participants did not need to have direct experience of the issues, the focus was on potential barriers to disclosure and accessing services for young people from their communities, rather than post-abuse responses. Key questions included:

- barriers to children and young people from their communities disclosing CSA in the family environment and accessing support
- what might increase children and young people's confidence to seek support for themselves or others, and
- how they perceive service responses to experiences of CSA in the family environment for children and young people from their communities.

All focus groups were facilitated by two members of the research team and supported by staff from local projects. Given the distinct and small scale nature of the sample of young people participating in the focus groups, data from these exercises has been presented separately in the report (see section 3.6).

It should be noted that the process of undertaking these focus groups was itself a source of insight, highlighting some of the significant barriers faced by young people to accessing information, services and opportunities to discuss these issues. In all cases, focus groups were enabled by the exceptional tenacity and commitment of an individual worker who felt passionate about the issues discussed. Researchers experienced a sense from workers that the focus group discussions happened ‘against the odds’. This was particularly significant for the focus group undertaken with disabled young people. Organising this group and ensuring that it was safe and inclusive required significant additional resources and preparation. The difficulties of supporting participants to access follow-up support also highlighted some of the barriers and complexities facing young people with disabilities who have experienced abuse and who need to access support services.

2.4 Survey

The final supplementary strand of the data collection activities was a survey which sought to elicit the views of a more generic youth population on perceptions of service responses to CSA and possible routes and barriers to reporting. We developed and ran the survey because we recognised that the majority of children and young people who experience sexual abuse within their family networks will not disclose or have their needs identified during their childhood (Radford et al., 2011). The survey was therefore envisaged as a means of ascertaining learning of relevance

to these wider cohorts who were not represented within the interview sample. As with the focus groups, for ethical reasons, the survey questions were limited to hypothetical concerns about a friend focusing on:

- how they perceive service responses to the sharing or identification of different forms of child abuse
- what might increase children and young people’s confidence to seek support for themselves or others, and
- how they feel these responses could be improved.

The survey was distributed via a number of carefully selected and assessed facilitating agencies. This ensured that: (a) workers could explain the nature and implications of engagement in the study, and (b) services were able to provide follow up support if required. Surveys were distributed to young people via keyworkers and completed online or in hard copy. As with the focus groups there was no requirement that participants were known to have experienced sexual abuse, although all were contacted through organisations that targeted young people who may be marginalised or had experienced adversity.

Seventy-five children and young people aged 11-19 took part in the survey. Participants were accessed through six different services, including three specialist children’s charities, one Women’s Aid service and two youth groups.

Of the 75 young people who took part, 72% identified as female, 26% identified as male, and one person identified as ‘a gender’.

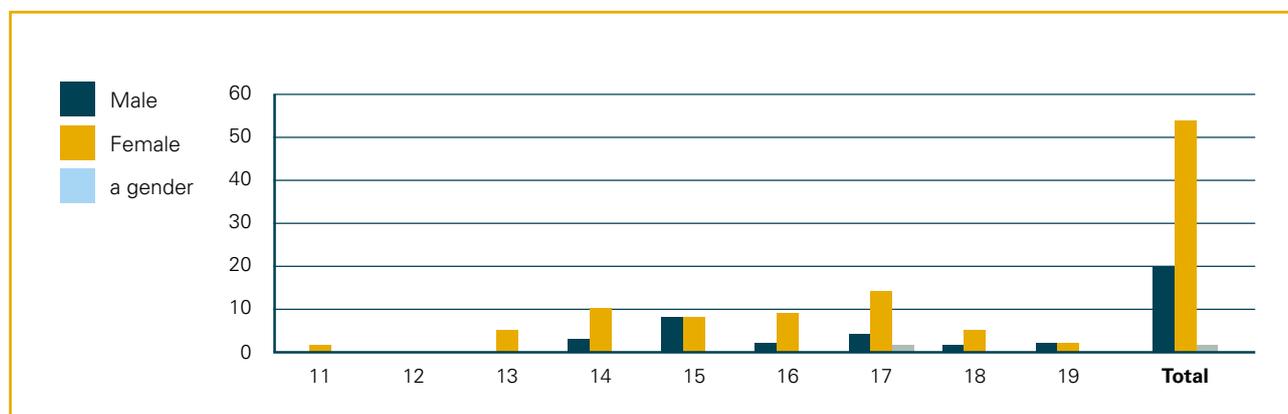


Figure 9. Age/gender of survey respondents

Just over two-thirds (68%) described themselves as white, 22.7% as Asian, 6% as black, and 4% as mixed heritage. Approximately one in six (16%) of participants described themselves as having either a physical or learning disability, including ADHD, depression, autism, dyslexia, diabetes, PTSD and a hearing impairment.

As with focus group data, given the distinct nature of the interview sample and data collection process, findings from the survey are presented separately throughout the report.

2.5 Data recording and analysis

Interview and focus group data

Data gathered through the primary aspect of fieldwork – interviews with children and young people – and the supplementary focus groups was predominantly qualitative in nature. In most cases this constituted verbatim transcripts from audio recordings or interview or focus group notes (depending on participant preference) but it also included supplementary visual and written material from the creative tools used in interviews and researchers' fieldwork notes. This constituted a rich body of qualitative data which was coded and analysed thematically using computer assisted qualitative data analysis software (NVIVO 10). Initial themes for the coding and analysis were developed in partnership with members of the YPAG and research team through a process of collaboratively reviewing examples of transcripts and comparing the emerging themes identified by reviewers. The engagement of the YPAG in this activity enabled a consideration of the data from young people's perspectives, identifying new nuances and issues that had not been prioritised by members of the research team. These ideas were then used as a foundation for the qualitative coding framework that was applied to each transcript.

Quantitative data, associated with the interview phases of the work, was coded and analysed using SPSS version 22.0. These data included: self-reported demographic participant data; background data forms (about the reasons for children's engagement with services) and quantitative coding frames, completed for each interview transcript. The completion of quantitative coding frames for each of the 53 interviews was informed by a method adopted in previous research (Beckett et al., 2013). This represented an attempt to provide

some form of quantifiable data about both the diversity and relative significance of concerns discussed in interviews and/or the recurrence and degree to which certain issues were highlighted by participants. It should be noted that where figures relating to this analysis are provided they reflect the numbers who chose to talk about the issue in question (bearing in mind not all participants chose to talk about all issues) and therefore should not be seen as indicative of the absolute numbers for whom this was relevant.

Survey analysis

The survey data was collected using an online survey software tool Qualtrics, and then downloaded to SPSS in order to be cleaned and analysed. Frequencies and cross-tabs were run to provide a quantitative overview of survey responses. Statistical testing was not deemed necessary given the minor role of the survey data.

2.6. Methodological reflections

Research scope and approach. One of the key challenges of the study was the breadth of the remit. In seeking to provide children with an opportunity to reflect on all aspects of professional support and intervention following experiences of CSA within the family environment, it resulted in a very broad scope that could not all feasibly be covered in a single interview. For this reason, and because of our strong emphasis on 'child-led' interviewing techniques, we did not aim to cover all topics with all participants but to let participants determine which elements they wished to talk about and introduce new priorities. As noted above, this means that any figures presented in relation to the predominance of concerns are indicative only of the numbers who chose to raise that issue, and not a count of those for whom it was an issue of relevance.

As noted previously, our commitment to ensure that children and young people did not experience any undue pressure to talk about their personal experiences, given the distressing nature of the topic under consideration, led to the adoption of a 'third person' approach within interviews, focus groups and surveys. Despite the challenges this presents in terms of the direct attribution of participant reflections to personal experience within this report, the approach undoubtedly supported safe and effective elicitation of rich

data from a diverse group of children and young people, allowing them to share experience-based perspectives without the associated vulnerability of having to directly identify them as such.¹⁷

Interview sample. The approach taken to access participants (in order to maximise participant safety and support) introduced a significant bias to the sample, in that interviewees represent those who have all had abuse identified and responded to by professionals within their childhood years. It is therefore important to note that children and young people interviewed for this study are in many ways exceptions to the rule, given what we know about low levels of disclosure and access to help during childhood (Children’s Commissioner, 2015). The findings of this study must therefore be considered within this context and acknowledgement given to those important voices and perspectives of children whose abuse has not been recognised or disclosed and who are continuing to manage the consequences of abuse without support. While some of their experiences may have inadvertently been elicited through focus group and survey data, the focus of these engagement techniques means we cannot, with any authority, offer commentary on the struggles of children and young people whose abuse has not been identified or responded to. While that was never the remit of this research, it is important to highlight the need for ongoing consideration of such needs.

2.7 Ethics and research governance

Research governance and team

The research process was undertaken by a small team of researchers from the International Centre: Researching Child Sexual Exploitation, Violence and Trafficking at the University of Bedfordshire, with support from a seconded specialist CSA practitioner from the NSPCC who brought experience of trauma-informed creative engagement techniques and support for children affected by sexual abuse in their family environment. In addition, staff from the NSPCC provided additional oversight and guidance and led on the YPAG (see below).

Scrutiny and accountability for the research process was provided by two key structures:

The professional advisory group: This comprised 13 external experts representing a range of relevant specialist practice and policy experts, alongside leading members of national survivor groups. The group met five times in total and provided feedback and guidance on the project progress. Individual members of the advisory group also provided expert advice on specific aspects of the methodology.

The young people’s advisory group (YPAG): This comprised six young people convened through the NSPCC’s participation unit who brought a range of relevant expertise and experience. The group met on a broadly bi-monthly basis and meetings were convened both face to face and through online meeting spaces. The group supported the project around three specific areas: data collection design and piloting, analysis and sense checking, and dissemination.

Project oversight was also provided by Graham Ritchie (Head of Policy) from the office of the Children’s Commissioner for England, to whom regular research updates were provided.

The research was informed by the British Sociological Association and the National Children’s Bureau ethical research guidelines and subject to ethical review by the following bodies:

- The Institute of Applied Social Research Ethics Committee
- The University of Bedfordshire Ethics Committee
- The Association of Directors of Children’s Services Research Group
- The NSPCC Research Ethics Committee
- Barnardo’s Research Ethics Committee, and
- Local authority research ethics committees, where required.

Ethics

The overriding methodological and ethical concern for the research team, in all work that it does, is that of ensuring a rights-informed and rights-respecting approach that prioritises the safety and wellbeing of all involved in the research process.

17 Analysis of interviews demonstrated that eight interviewees provided responses exclusively in the first person; nine exclusively in the third person and 36 interviewees used a mixture of both, indicating that choice was effectively enabled in this process.

This project represented significant ethical and safeguarding issues, not least due to the nature of the issues being studied; the potential vulnerability of participants, particularly relating to the impact of sexualised trauma; and the commitment to including younger (primary aged) children and those with additional vulnerabilities such as learning disabilities.

As noted earlier, the absence of children's own perspectives in research on CSA in the family environment has been attributed to the significance of the ethical issues involved in undertaking this type of research. Although these issues are important to consider and address, so too are equally important ethical considerations relating to the silencing of children and young people's perspectives on issues that affect them.

For this reason the approach adopted throughout the research was on enabling children and young people to participate in safe and inclusive ways which recognised and actively managed risk. Throughout the process ethical practice was viewed as an ongoing and dynamic process, subject to ongoing discussion and reflective practice.

Space precludes a detailed description of all ethical considerations but a copy of our detailed ethical framework can be viewed at www.beds.ac.uk/making-noise. Examples of how the approach sought to maximise participant safety and wellbeing are also found throughout the methodology section above. However, alongside the more standard aspects of ethical research practice, it is worth noting a number of specific strategies designed to uphold these principles.

Strategies to promote ethical practice

- the secondment of a therapeutic practitioner to the research team to help inform the research design and undertake interviews
- partnership work with facilitating agencies (and funding to release time to support children and young people's involvement)
- individual risk and needs assessment processes for each potential participant
- viewing informed consent as an ongoing process in which participants were asked to reconsider their consent at various stages of involvement, including after interviews were completed
- a trauma-informed interview process that promoted young people's sense of choice and control and a range of engagement techniques (toolkit approach) that supported this
- adaptation of interview processes on a case-by-case basis, particularly to account for the needs of younger (primary aged) children and those with communication needs or learning or developmental disabilities
- the option to use 'third person' and other distancing techniques to enable children to discuss the issues in question comfortably and safely, unless the participant actively chose otherwise.
- individual follow up and feedback processes to keep participants informed about the progress of the project.
- a project-specific child protection protocol for recording decision making about safeguarding concerns
- support from the young people's advisory group including their involvement in sense-checking and analysis
- access to clinical supervision for members of the research team.

Making Noise: Children's voices for positive change after sexual abuse

Identification and disclosure
of child sexual abuse in the
family environment

3. IDENTIFICATION AND DISCLOSURE OF CHILD SEXUAL ABUSE IN THE FAMILY ENVIRONMENT

Key findings

- Professionals and other adults continue to miss signs of children's sexual abuse. This unfairly places responsibility upon children and young people themselves to actively seek help in the event of CSA in the family environment.
- While the overwhelming majority of interviewees recognise the desirability of a safe adult finding out about their experiences of CSA in the family environment, the majority did not feel purposeful or direct disclosure was likely or possible for most children in their position.
- Interviewees reveal a diverse and extensive range of inter-related mechanisms which operate to silence them from talking about abuse. These include their own internal motivations and beliefs; actions and messages from others, including perpetrators and wider society; and contextual factors such as the absence of support. These were often compounded by the nature of children's familial ties to the perpetrator. Efforts to counter these silencing mechanisms need to be equally diverse, tenacious and far reaching.
- Children report being most likely to disclose their experiences of abuse to their non-abusing mother, or (in the case of female children) a friend.
- There is evidence that that particular groups of children and young people – for example disabled children and young people; those from some minority ethnic communities; boys and young men and care experienced children and young people – are likely to face additional barriers to identification or disclosure. Further research is needed in these areas.
- Efforts to support the identification of CSA in the family environment must address: children's knowledge and understanding of abuse; their confidence in being believed; stigma and shame, and their access to and confidence in the provision of support.
- Identification and disclosure of CSA in the family environment often represents the beginning of challenging and difficult processes for children and young people. Recognising the particular vulnerabilities associated with identification or disclosure is vital for professionals wishing to provide effective support in the aftermath of CSA in the family environment. Services are not yet fully equipped to support children through these challenging and difficult processes.

3.1 Overview

There were so many times when I thought about telling someone but it was just like, how do you bring it up? How do you just walk into a room and go to someone, 'oh by the way this happened'?
(IV29, Female 18 years)

A clear theme that emerged from participants in this study was that barriers to telling someone (verbally or otherwise) about sexual abuse within the family environment are significant and complex. Yet, in spite of these many barriers to disclosure, another clear message emerging from interviewees was a belief that access to professional help relied on them being able to tell someone about their abuse. These messages align with those in existing literature that emphasise the difficulties of recognising and disclosing abuse and highlight both shortcomings in child protection approaches based on (verbal) self-disclosure by a child and missed opportunities to respond (Allnock and Miller, 2013; Cossar et al., 2013; Children's Commissioner, 2015; Smith et al., 2015).

The findings of this study support the need for disclosure to be understood as a process rather than a one-off event, and to include recognition of non-verbal disclosure techniques (Allnock and Miller, 2013; Cossar et al., 2013). This means recognising that a disclosure may involve children communicating something is wrong (even if they have not yet identified it as sexual abuse) through behaviours and other non-verbal forms of communication.

The following chapter explores these issues from children and young people's perspectives, outlining:

- participants' attitudes towards disclosure (whether it feels feasible or desirable) and the pre-disclosure experiences of those for whom abuse had been identified
- who children and young people disclose to
- insights into the decision-making processes that children engaged with when deciding whether to tell someone and factors that children and young people felt promoted disclosure or identification
- groups of children facing particular barriers to identification and disclosure (findings from focus groups and survey)
- recognition of abuse by others and the importance of others noticing and responding to signs, and
- factors that support higher levels of identification and disclosure (presented with the critical caveat that considering how to support children to tell someone about sexual abuse does not mean it is their responsibility to ensure their abuse is identified).

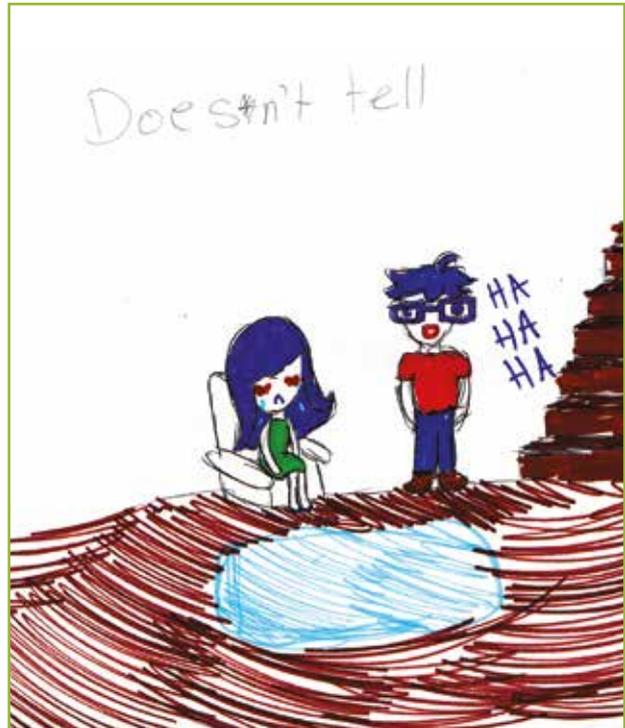
NOTE: Findings from focus groups and the survey are presented in this chapter, alongside interview data. The findings from the focus groups specifically address additional barriers to disclosure of CSA in the family environment for minority ethnic and disabled children and young people. The findings from the survey provide information about a wider cohort of children's attitudes towards disclosure. Given the supplementary nature of this data, these are presented as insights only and suggested as areas for further in-depth and focused research.

3.2 Attitudes towards disclosure of child sexual abuse in the family environment

At the outset of the majority of interviews (n=51) children and young people were provided with a short scenario ('vignette') of a young character who had been sexually abused by someone in their family network¹⁸. Interviewees were firstly asked to reflect on whether they thought the character would tell someone about the abuse and also whether they thought the character *should* tell someone. They were also asked to share ideas about how and why the character may feel or act a certain way. At this point just over half the interviewees (n=27) chose to directly reflect on their own experiences of disclosure.

One striking finding from these conversations was the disparity between children's views on whether a child *should* tell someone about abuse and whether they *would*. Whereas around three-quarters of interviewees (73%, n=37) who discussed this agreed that children *should* tell someone else about their abuse¹⁹ only around a quarter of participants (28%, n=14) felt that children *would* be able or likely to tell someone.²⁰

Similar patterns emerged from the survey data, where only a minority of respondents felt that a character would tell someone about their abuse (see box opposite).



'If she doesn't tell it means she won't get told off.'
IV 54 Female, 11 years

Propensity to disclose: findings from survey

When asked whether a character in a vignette (who had experienced sexual abuse in the family environment) would tell someone about what had happened a minority of survey responses stated that the character would tell (20%). This compared with 40% of responses stating that the character 'might' tell, and 40% of responses stating that the character would not tell.

18 In two cases, during interview planning, young people stated a preference to speak in the first person and shared this with their worker, who agreed this was appropriate. This was relayed to researchers prior to undertaking an interview and the process adapted accordingly.

19 73% of the 51 children who were asked about this said that a child 'should', or 'probably should' tell someone; 25% stated that 'it depends' and the remaining 2% (1 individual) said they 'probably shouldn't tell'.

20 43% of those who answered said they personally or another child in that situation 'wouldn't tell' or 'would be unlikely to do so', 29% said they might and 28% thought they would.

3.3 Delays to recognition and telling

The approach to recruiting participants for this study meant that all those interviewed had been identified by professionals as victims of familial sexual abuse, either as a result of the child or young person telling someone or others recognising and responding to signs. Specific information about the delays interviewees experienced between the onset of sexual abuse and identification or disclosure was not available for all of the cohort due to the decision not to ask children and young people specific questions about their abuse. However, of the eleven interviews where information about delays was volunteered, nine (81%) indicated that disclosure/identification occurred at least one year after the onset of the abuse, including five examples (45%) where delays were noted to be between seven and 12 years. In the majority of cases, abuse had continued throughout this period.

It started when I was about five and finished when I was about 14 so that's a very long period of time for it to be going on, without being able to tell anyone.

(IV29, Female 18 years – abused by mother's male partner – resident)

Like for me as I said I didn't tell anyone for eight years. I think it's because I blocked it out because it was such a young age. So I think I blocked it out, but I still remembered but I don't know how to explain it... Even though I understood but I didn't understand, like it was mixed feelings. I couldn't believe it and I was just like, 'oh no one's ever going to believe me'. But I eventually – I did tell somebody, so I'd say it takes a long time.

(IV38, Female 19 years – abused by a male cousin – nonresident)

This reflects findings from wider research which highlights significant delays between the onset of all forms of abuse and children 'disclosing' (Allnock and Miller, 2013; Children's Commissioner, 2015; Smith et al., 2015).²¹ One of the few other pieces

of qualitative research interviewing children about experiences of CSA found that less than a third of victims told a peer or a parent immediately after an incident occurred; a third delayed disclosure up to five years, and that a third waited longer than five years (Schönbucher, et al., 2012).^{22/23}

Reflecting on the time prior to identification of their abuse, just over half of those interviewed (n=30) described a personal prior experience of feeling or being silenced about their abuse and a further third (n=17) talked hypothetically about ways in which children are inhibited from telling someone about their abuse. Within all these accounts, children's profound and multi-faceted experience of 'fear' was present.

When abuse is happening to you, you feel very isolated. You know that you need to tell someone, or you may even feel this urge to tell someone, but you know you can't because that fear will overrun your whole body and your mind.

(IV46 Female, 13 years)

The silencing impact of abuse before disclosure or identification was eloquently described by one eight-year-old interviewee, who picked a series of images, words and phrases to explain how it felt before she'd told anyone about the abuse by her brother. Images she chose included a set of keys; a library book; a 'dead end' sign and various faces and words signifying negative emotions.

[Before telling someone] you want to lock your mouth up... you feel like you have a dead end, you've hit a dead end and you don't know what to do and you're trapped and your feelings are trapped inside you and you don't know what to do... you're worried and you're scared... and you might feel angry, confused and also you might feel like you've locked yourself in like a prison that is keeping your worries from coming out.

(IV13 Female, 8 years)

21 A survey of survivors in 2015 (Smith et al.) found that the average time between CSA commencing and disclosure was 16 years with approximately half of interviewees first disclosing after they were 20 years old.

22 This research was conducted with a sample of 26 adolescents in the USA.

23 More recently, research with adult survivors has highlighted that the majority of children who experience sexual abuse in the family environment will not purposively 'disclose' within their childhood at all (Smith et al., 2015).

3.4 Who children disclose to

Detailed and systematic data about who interviewees had initially disclosed to was not collected as part of the research, although a number of children and young people chose to provide this information in their interviews. However, when responding to vignettes at the outset of interviews, children and young people were asked hypothetically about who a child would be most likely to tell about experiences of sexual abuse and the reasons for this. Results from the 42 interviewees who answered this question are provided below.

Although based on hypothetical scenarios, the results closely mirror findings from research with adult survivors (Children’s Commissioner, 2015; Smith et al., 2015). They were also borne out by the first person testimonies of disclosure within the interviews, all of which highlighted experiences of initially telling friends, non-abusing parents and, in a smaller number of cases, school staff. The following section explores the reasons given for these responses.

Table 4: Who would a child be most likely to tell?

Who would a child be most likely to tell?	Number of interviewees by gender		Percentage of interviewees ²⁴
	Female	Male	
Friend	18	1	45% (n=19)
Mum	15	2	40% (n=17)
School or college teacher	7	4	26% (n=11)
Non-abusing parent – non-specified	6	2	19% (n=8)
Another family member (not parent)	3	0	7% (n=3)
A boyfriend or partner	3	0	7% (n=3)
Counsellor	2	1	7% (n=3)
Police	0	2	5% (n=2)
Social worker	0	1	2% (n=1)
Third sector project worker	0	1	2% (n=1)
Childline	1	0	2% (n=1)
School nurse	0	1	2% (n=1)
Doctor	0	1	2% (n=1)
Other (including a friend’s mum; ‘someone outside the family’)	4	1	12% (n=5)

24 The total percentages and number of interviewees add up to more than 100% of the 42 children and young people who responded to this question because a number of interviewees provided more than one suggestion.

Disclosures to friends and peers

I'd say at that age, if she had a close friend [that] would probably be the first option... I'd say if she had a close friend, it would be the friend first... I think as well, especially at that age, because friends are everything at that age, aren't they?

(IV21, Female 18 years)

Most of the time your friends are your age, so you feel like you're close, you feel like you can tell them things and they tell you things.

(IV30, Female 17 years)

Firstly it should be noted that although 'disclosure to a friend' is the most often given response in answer to questions about who a child is likely to disclose to, this almost entirely represents responses from female interviewees. This also reflects interviewees' first person accounts of disclosing to friends, which came solely from female respondents. This significant discrepancy between male and female responses may reflect broader differences in the patterns and dynamics of children's and adolescents' friendships. However without further inquiry no conclusions can be drawn. The following findings, and any implications drawn from them, should therefore be considered primarily in relation to girls and young women.

For the girls and young women who provided first person accounts of disclosing their experiences of CSA in the family environment to a peer, their accounts included both positive and negative experiences. The most positive accounts were provided by those whose initial disclosures to friends had resulted in them being provided with both emotional support and encouraged, or helped, to disclose to an adult. Interestingly such responses were evident among both primary and secondary school aged children:

Say if you tell someone, it's like relieving – because they now like – they just – they know that you've been through a bad time and that they're going to help you – because that's what my friend said – that, she were going to help me and she did. I asked her not to tell anybody and she did actually do that but then – she was a bit worried and... she said that I needed to tell my mum, so I went and I told my mum.

(IV24, Female 10 years)

A small number of examples were given where friends were asked to keep information secret but still chose to tell a teacher or parent. While interviewees who described these experiences noted this could feel uncomfortable or like a breach of trust, most also conveyed gratitude that their friends passed information on and there was unanimous agreement that the outcomes in these scenarios were desirable. Interestingly, what appeared to be experienced as more problematic were examples where friends kept information private – often through good intentions – but subsequently did not help a child access additional help:

I told my best friend and she was like, 'oh no that's wrong, you've got to tell someone' but she didn't tell no one either so it was like... I didn't really know who to talk to, I didn't have a great relationship with my mum, my dad, I was, it was like I was isolated so I had no one to turn to.

(IV27, Female 17 years)

Alternative scenarios were also described where friends who received a disclosure shared information informally and/or indiscriminately with peers and did not share information with a responsible adult.

When I told – I told a friend at school and it was a big mistake because she told everyone [peers] – that was in Year 7 (IV2, Female 16 years)

It is apparent from this and other research that both primary and secondary aged children become the recipients of disclosures of their peers' experiences of sexual abuse, and in many cases are the only person (other than a victim) aware of it (Cossar et al., 2013; Allnock, 2015) While it is imperative that responsibility is not placed on these children to respond in any particular way, it is equally important to acknowledge the challenging dilemmas they face, the impact on them and their potential to act in ways which are both sensitive and protective. Mirroring conclusions drawn by others (Cossar et al., 2013; Allnock, 2015) in research on wider forms of child maltreatment, it is logical that considerations of protecting children from sexual abuse in the family environment take seriously questions about how best to equip, support and protect peers who may become the recipient of such significant disclosures.

Disclosures to non-abusing parents

After friends, non-abusing family members were the next most likely person that interviewees felt children would make an initial disclosure to. Where specified this was always indicated to be a mother. Explanatory factors for these responses included the presence of a close and trusting relationship; confidence in being believed; confidence that they would receive emotional support and/or help to stay safe, and people who noticed (or were likely to notice) that something was wrong:

At least you know you've got that support from your family, you're less likely to be judged by them and they're more likely to believe you.

(IV30, Female 17 years)

It was my mum asked me and I just told her.

(IV39, Male 11 years)

I think [the character's] mum would be able to sort it quicker than anyone else, like if she told her brothers, [they] might not be able to do a lot but it's her mum because she's an adult and everything. She could call the police or just talk to the dad or whatever and try and get it sorted that way.

(IV14, Female 15 years)

Telling his mum is a good thing so then his mum could tell the police.

(IV16, Male 7 years)

Children also revealed other ways in which disclosures were catalysed by non-abusing parents, sometimes through changes in their behaviour:

I didn't tell anyone for days and then I felt as if my mum was constantly at me, having a go at me, telling me that I need to start behaving and whatever else. My behaviour was playing up and it was me being normal but just because I obviously had that in the back of my mind on top of all of it, it just got too much and in the end I went, 'Will you just stop having a go at me?' and that was it, I just told her, it came out, it came outright [sic].

(IV33, Female 15 years)

Clearly disclosures to parents depend heavily on the nature of children and young people's relationships with them. Several children described relationships with non-abusing parents which were not conducive to them disclosing, and, indeed, inhibited them from doing so. These could be linked to difficult or distant relationships, contexts of neglect or other forms of maltreatment, and/or parents' vulnerabilities and associated fears about upsetting them (see chapter 4). For a number of younger children, fears about getting into trouble and being blamed also prevented them telling their parents. These issues are explored in more detail in section 3.5.

Disclosures to school and college staff

School or college staff were the third most frequently identified recipients of initial disclosures, identified among both primary and secondary aged children. Again this closely reflects findings from existing research both on CSA and wider forms of maltreatment (Allnock and Miller, 2013; Children's Commissioner, 2015). In the examples provided, disclosures to school and college staff resulted from relationships of trust and individuals who knew children and young people well and hence noticed changes to behaviour or demeanour. In addition, the sense of distance school staff had from children's families was noted by a number of interviewees to be important given their familial ties to the perpetrator.

I'd say family's a bit difficult to talk to about it because it's such a personal experience so having someone within school and a counsellor that helps is far easier because you're not really close to them, so it feels less personal to talk about in that way.

(IV34, Female 15 years)

Who would children disclose to: findings from survey

Survey respondents were asked (in response to a fictional scenario) 'who would be a good person for the character to tell about their abuse?' They were offered an opportunity to provide up to three responses. Two things should be noted: i) responses are based on hypothetical reasoning and ii) the question focuses on 'who would be a good person to tell?' rather than 'who they would be most likely to tell?'. Taking these factors into consideration, survey responses provide important insights into who children envisage to be the most appropriate people to tell and considerations about this.

Parents or family members: Reflecting other research (Children's Commissioner, 2015), and reflecting the interview data, 'parents or family members' accounted for the highest number of 'first responses' to the question of 'who would be a good person for the vignette character to tell (41%, n=37). Of these responses 20 were specified as 'mum'²⁵. Where reasons were provided for why a character would choose to tell a close family member first, interviewees highlight four factors many of which mirror findings from the interviews:

- The presence of close trusting relationships: *'[Parents are] trustworthy and reliable and a familiar person for [the character] to talk to', 'Mum because they have a closer bond', 'Because she could tell her mum anything and she would help a lot'*
- Their particular propensity to listen: *'A parent always listens to a child, especially when they feel uncomfortable'*
- Their ability to advocate on a child's behalf: *'They can get help for [the character] without her having to tell her own story to anyone she's not close to' and*
- Their potential role in supporting a child to stay safe: *'They won't let [her abuser] near her.'*

Friends: The next most popular 'first response' was 'a friend' (22%, n=20) – something which also reflects wider research findings on who children actually disclose to in the event of sexual abuse. Reasons given for the likelihood of a child speaking to a friend highlight four factors (again closely reflecting data from interviews):

- The presence of trust and confidentiality: *'[A friend] will listen to her and won't tell anyone'; 'If [the character] trusts the friend, and knows it is someone she can rely on, they would be a good person to tell as she would be able to tell someone but without the fear of authorities getting involved'*
- Anticipation of a less judgmental response: *'Out of the family circle will not judge'*
- A source of emotional support and advice: *'[they] will be available for a lot of support'*
- An opportunity to 'test' a response prior to telling family or others: *'Because you can go to them for help and advice before she tells her family.'*

Professionals: police, Childline and teachers: In contrast to research about who children actually tell about sexual abuse, the next most popular 'first response' suggestion of who a character would tell was the police or Childline (7%, n=6), slightly above teachers (6%, n=5). These findings may reflect the hypothetical nature of the survey questions and some children and young people's recognition of the police or Childline as an appropriate service to respond - rather than a consideration of how easy it would be for a child to directly approach them. Reasons provided for believing a character would tell the police primarily focused on children's access to justice and safety: *'They can take further action cause it's classed as rape', 'Because the police can investigate what happened and try and find enough evidence to arrest him'.*

25 As many survey respondents responded to more than one vignette there were a total of 90 responses to this question from which percentages are calculated.

When respondents' answers to their first, second and third response of who a character should tell were combined (across responses to all four scenarios) the most popular answers were as follows:

Table 5: Who should a child affected by sexual abuse in the family environment tell? (finding from survey)

Who should a character affected by sexual abuse in the family environment tell? (first, second and third choices combined)	Number of mentions as first response	Number of mentions across up to three responses	As % of all responses given
Family member	37 (of which 20 specified 'mum')	65	24%
Childline	6	39	14%
Teacher	5	32	12%
Friend	20	28	10%
Police	6	27	10%
Social worker	3	26	9%
Youth worker	4	22	8%
Doctor	1	14	5%
Project worker	2	12	4%
Someone else	6	10	4%
Total	90	275	100%

3.5 Children's decision-making processes

Throughout the interviews, children described internal appraisal or assessment processes they engaged with when deciding whether to tell and how the factors identified above informed these decisions. They demonstrated how children of all ages weighed up complex factors, almost always in isolation and always in a context of some degree of fear. One fourteen year old girl, abused by her grandfather, described this process in detail, articulating the many questions that arose and her difficulty deciding what to do:

Is this right? Or is this wrong? Should I tell? Should I not? And I started writing down on a piece of paper the pros of telling my mum and the cons of telling my mum. I got up with 17 pros and 17 cons – so when you've got like even chance, you've got think, 'This is stronger than that but then that's stronger than this' then that pro is stronger than that con but then that con is stronger than that pro'. But then the rest of the pros are stronger than the rest of these

so that kind of equals need to tell mum. And if you feel like you shouldn't tell your mum, you should. Because if you let it carry on, it's going to carry on and carry on and carry on and carry on.

(IV48, Female 14 years)

Interviewees identified a number of key considerations that affected their decisions about whether they would tell others about their abuse. These can be grouped under five themes summarised below and then discussed individually in detail:

- i) Understanding of whether abuse had taken place (and ability to articulate this)**
- ii) Expectation that they would be believed**
- iii) Anticipation of shame, embarrassment and stigma**
- iv) Expectation of safety and support, and**
- v) Expectation of the consequences for their family relationships and family members.**

Although not always a linear process, in some ways it may be helpful to view these considerations sequentially. Firstly, recognising that unless a child recognises what is happening as abusive or wrong – and has the language to articulate this – any consideration of telling others may not occur. Secondly, unless a child expects to be believed, they may feel little motivation to risk sharing this information or consider the consequences of doing so. Further considerations about the consequences of disclosure (for both themselves and others) may then flow but will only be relevant if there is first both an understanding that something has taken place which justifies action or support and an assumption, or hope, that they will be believed.

Factors which children described inhibiting their (or others) likelihood of disclosing can be mapped against this framework and the table below summarises those mentioned in interviews and the frequency with which they were mentioned. As noted previously the figures represent the numbers of interviewees who addressed these issues, and are not necessarily indicative of the (potentially larger) proportions who experience these.

The significance of children’s familial ties to a perpetrator of CSA

While it should be noted that all five of these types of consideration also relate to children’s experiences of disclosure in relation to other forms of maltreatment and neglect (including other forms of sexual abuse), in each theme the familial (or family networked) nature of children’s relationships with perpetrators is likely to hold particular significance. Analysis of interview data indicated that the familial nature of children’s relationships with the perpetrator (or ties through family members) could exacerbate particular challenges for recognising and disclosing abuse. For example it may obscure the abusive nature of what takes place – normalising it within the context of a familial relationship. Alternatively the nature of a child or young person’s relationship with a perpetrator may undermine their expectations that they will be believed or limit the people they feel able to talk to about it. It may intensify shame due to the particular stigma linked to intimate and sexual activity with a family member or increase their sense of guilt. Equally the potential consequences

Table 6: Factors that inhibit children from disclosing

What inhibits children from disclosing (internal and external factors)	% interviews in which factor identified	Consideration this relates to
Not expecting to be believed	51%	ii) Expectation that they would be believed
Fear of what a perpetrator would do	49%	iv) Expectation of safety and support
Desire to protect the family unit	28%	v) Expectation of the consequences for their family relationships and family members
Not recognising it as abuse	25%	i) Understanding of whether abuse had taken place (and ability to articulate this)
Shame/embarrassment/fear of stigma	23%	iii) Anticipation of shame, embarrassment and stigma
Not knowing who to talk to	19%	iv) Expectation of their receipt of safety and support
Self-blame and guilt	15%	iii) Anticipation of shame, embarrassment and stigma
Loyalty towards perpetrator – not wanting them to get into trouble	15%	v) Expectation of the consequences for their family relationships and family members
Avoiding difficult feelings (easier not to talk about)	13%	iii) Anticipation of shame, embarrassment and stigma
Perpetrator’s popularity	13%	ii) Expectation that they would be believed

for children's existing familial relationships will be determined by the nature of the perpetrators family ties and is likely to heighten potential for children's fears about the consequences of disclosure for their abusers. There was also evidence from participants' testimonies that perpetrators actively manipulated these relationships to further silence children, through feelings of guilt, loyalty and affection.

The remainder of this section explores evidence relating to the five considerations (identified on page 46) which affected children's decisions to tell about abuse. These are:

- i) Understanding of whether abuse had taken place (and ability to articulate this)**
- ii) Expectation that they would be believed**
- iii) Anticipation of shame, embarrassment and stigma**
- iv) Expectation of safety and support, and**
- v) Expectation of the consequences for their family relationships and family members.**

i) Children's understanding of whether abuse had taken place (and possessing the language to explain this)

He wouldn't really know it was wrong
(IV52, Male 11 years)

A significant minority of children (n=13)²⁶ described either a) personally experiencing a lack of clear recognition that sexual abuse had been perpetrated against them and/or b) acknowledging that this would not always be clear to other children who experience abuse. As one eight year old noted, before a child could tell anyone 'first [they] had to understand' that abuse had taken place (IV13).

Interviewees particularly (though not exclusively) associated challenges of recognising the abusive nature of experiences with younger (primary aged) children.

This aligns with findings from previous research that suggests younger children are less likely to disclose (Goodman-Brown et al., 2003) and is of particular relevance to abuse within the family environment which tends to occur earlier than some other forms of abuse such as child sexual exploitation or intimate partner violence. Just under half of those interviewed were known to have first experienced sexual abuse under the age of 10 years²⁷ – with some examples of abuse commencing in infancy (or before children and young people could remember). A consideration of developmental differences between children of different ages and capacities, and the consequences of this on their ability to recognise and articulate what is happening, is crucial in any consideration of barriers to identification and associated vulnerability.

In a small number of these interviews, children described sensing that something was wrong but feeling unsure or confused about the status of what was happening, or struggling to articulate it and name it as 'abuse':

It happened to me between the age of 4 and 8 so obviously I didn't understand at all. Obviously I was scared, I remembered some of the feelings I felt and I kind of like... I guess at that age I would have wanted to tell my mum. I don't know really because I don't know... They [perpetrators] like playing mind games and obviously like I said at such a young age you just don't know what's going on.

(IV38, Female 19 years)

I don't know if [the character] would use the word abuse. Maybe just she knows that she didn't want it. Does that make sense?... Maybe not quite saying 'I've been sexually abused'... She knows she didn't want it but she was not quite as direct about it in that way. Do you know what I mean?

(IV21, Female 18 years)

26 As with numbers included elsewhere, this represents the number of children and young people who chose to talk about this issue. It does not mean that this was not relevant for the remaining children interviewed, just that it did not arise as an issue within every interview. The child-led interview approach adopted in this research, which promoted a high degree of control for children and young people, meant the focus of discussions varied considerably across the 53 interviews.

27 Although full details are not available for the full cohort, 45% of those interviewed either revealed abuse which commenced when they were 10 years old or younger or were aged 10 years or under at the point of being interviewed.

Interviewees indicated that there were potentially children who recognised that they didn't like what was happening to them, or sensed it was wrong, but noted that without the language to name it as sexual abuse, it was more difficult to tell someone or could become normalised to a degree. As a counter to this message, several children identified the value of awareness raising to help children recognise abuse and therefore feel more empowered to name and talk about it:

Interviewer: How could people make it easier for children to tell?

Hints or TV shows and stuff like, any possible way that you can possibly think of. More stuff in schools... I know it's not really a subject for younger kids who haven't been abused but what if there are kids in your class or something like that that have been abused and they actually don't realise it?. So you're not really giving them the opportunity to say anything because if you've been abused from day one you're going to start to think that that's normal.

(IV50, Female 15 years)

The timing of such educative work was perceived to be critical, with an emphasis on the need for this to occur at a young age:

For mine personally I only knew that it was wrong – that it was abuse – because it was the fact that at that time I had sex education – year 5 or 6. At the age of 9 I didn't realise it was wrong. That is the problem – I didn't know that it was wrong. The next year I was 10 and in sex education that's when I found out it was wrong but that was a year later – and that was too late for any evidence of it to be taken – and that is when you learn whether it's sexual abuse.

(IV53, Female 19 years)

The nature of children's relationships with their abusers (a close family member²⁸ in 83% of cases, n=44) was noted to potentially further compound some children's confusion about what happened to them, and consequent propensity to disclose. Some children described assuming that the nature of their relationship with the perpetrator was normal

'the more you keep it a secret, the more it hurts...you should tell somebody but it would be hard.' IV24 Female, 10 years

(despite not liking what happened to them) and only finding out otherwise when, through discussions at school, they learned that their peers' relationships with equivalent family members were not the same.

Even where children recognised that something was wrong they highlighted how both age and the familial nature of their relationships with perpetrators could minimise the degree to which they felt able to disclose:

When you're older and someone says 'it's a secret' – you know when it's something that you should pass on – but [younger] kids don't know the difference between bad secrets and normal secrets.

(IV44, Female 17 years)

You might not think much of telling anyone, you might not realise how serious it is, you might be just like it's a one-off thing. Especially if it's your family you still feel like you want to protect them. That's why it's harder. You might realise that people aren't supposed to do it [but] I think it all just comes back to it's still your family really.

(IV40, Female 17 years)

Finally it is also important to acknowledge that one interviewee noted that a child's lack of awareness that what was happening to them was sexual abuse could potentially increase the likelihood of disclosure – through minimising their inhibitions and making an unintended disclosure more likely.

It depends on the situation [if a child would tell]. I think sometimes they can be really young and not actually understand what's happened and bring it up in a conversation and think it's just been a bit of fun. (IV50, Female 15 years)

28 For the purposes of this study 'close family member' is defined as a family member they either live with or see regularly.

ii) Children's expectations that they would be believed and taken seriously

As highlighted in table 6, the most regularly cited impediment to children telling someone about their abuse was an expectation that they would not be believed, with 54% of interviewees (n=28) raising this as an issue.

It feels better to say than to keep it in... [but] he could be embarrassed or think that no one is going to believe him cause of what [the perpetrator] said.

(IV43, Male 15 years)

I don't think she [the character] would tell anyone – I was in that situation as well – it was quite like – if I told someone – they might think differently of you – they might not believe you or think that she's not telling the truth.

(IV9, Female 13 years)

Children's first person descriptions of their experiences of disclosure echoed these messages, demonstrating examples where they were not believed by other family members and/or professionals. For a number of these children the familial nature of their relationship with the perpetrator, and other family members' close relationships to them, were identified as factors which reduced the perceived likelihood that they would be believed:

My auntie heard about it and she called my dad and she said she didn't believe me. I felt really bad. My mum – the same thing happened to her – she suffered the same and I thought 'why did my auntie believe my mum but not her niece?'... I was so close to ringing up the police and saying 'it was all lies'.

(IV2, Female 16 years – abused by mother's partner)

My family – they abandoned me – told me I was slanderous and destroying my brother's life.

(IV12, Female 18 years)

The young woman quoted above went on to describe feeling equally disbelieved by professionals. She described feeling 'forced' to report the abuse to the police and undertake a video recorded interview. She explained how social workers had told her they wouldn't move her from her family home where abuse by her brother took place unless she did this, and observed how this further compounded her sense of not being believed. A small number of other children described similar perceptions of disbelief from professionals and noted the role of body language, tone of voice or questioning styles in communicating this.

Several children identified that issues of identity or biography could also reduce the likelihood of them being believed. Individual interviews specifically noted the role of age, religion, culture or care history in this respect. For example, one British Pakistani Muslim interviewee explained how she felt her family's culture and religion, reduced their propensity to believe her and that this was compounded by her age and gender, an experience she felt would be shared by others with a similar religious and cultural heritage:

If they are a religious family – they're less likely to believe [allegations of sexual abuse] – if it's religious they think your family has a strong bond – and it's quite hard to believe that a person who is strongly religious could do that. In my family we're all quite religious. Cause like mine – my family – I'm a Muslim and – so people think Muslims don't do things like that... They would be confused – it would really get them confused... Also say if it was a male – the male side of the family – for them it will be hard to believe it – they wouldn't want to believe it – they would probably think she's a little child she doesn't know what she's talking about.

(IV45 Female, 16 years)

A related point was children's anticipation of being called 'a liar' (IV19, Male 15 years) and their lack of confidence that adults would believe their perspectives over those of older or adult perpetrators. One young woman described having lied about other things previously and how this would impact on the propensity for adults to believe her:

It's really hard to tell somebody that will believe you if you have a past of lying about stuff. Might think you're just doing it for attention.

(IV41, Female 12 years)

Children described their appraisals of whether they would be believed being largely determined by both the nature, and presence or absence, of close supportive relationships – perhaps indicating why a 'care history' was often associated with difficulty disclosing (both in interviews and survey responses). However there was also evidence that 'victim blaming' messages communicated within communities or society had a significant impact on children and young people's expectations about being believed.

We're living in a day and age where social media is everything. What teenager, what child doesn't use some form of Facebook, Tumblr, whatever it is? It is everywhere. So even before they've found courage to tell somebody, they're already seeing it from everywhere else that, you know, 'don't do it' because they're going to turn their back on you. People are going to be against you – [saying] 'it's your fault'.

(IV21, Female 18 years)

iii) Children's expectations of shame, embarrassment and stigma

In keeping with previous research about experiences of sexual abuse (Finkelhor and Browne, 1988; McElvaney, 2008; Children's Commissioner, 2015; Smith et al., 2015; Sneddon et al., 2016), a common and pervasive theme in interviewees' narratives was feelings of shame and embarrassment, and fears about the stigma associated with abuse, sometimes specifically linked to the familial nature of children's ties to perpetrators.

Interviewer: what would stop [the character] telling someone?

First of all the fact that it was somebody who is a family member, somebody that her family, they all get along, so it's somebody that her family like. She's related to them. It's not just a random person. And obviously because it's horrible being embarrassed and ashamed, I think the fact that it was somebody she was related to; that would probably be even worse, the feeling ashamed, because at that age you know that that's wrong.

(IV21, Female 18 years)

I think it's all about the judging, like the response after you tell them. You feel like people are going to judge you, people are going to look at you differently. I remember telling my sister, saying that, 'If I tell you this don't look at me differently. Don't feel sorry for me. Please treat me as your sister. Don't treat me like some other person.' It's all about you want them to listen to what you're saying but you don't want them to treat you differently because of your situation because you're not a different person. It's just happened. I think it's the response that's really scary.

(IV18, Female 17 years)

Concerns about responses to disclosure exacerbating young people's sense of shame and embarrassment clearly highlight the need for those to whom children disclose to respond in a way which feels accepting and non-judgemental. The importance of responses to first disclosures appeared to be critical in this regard, as explained below:

After you've told the first person it gets much easier to tell the second and third – so long as the first person – they're nice and helpful and they're accepting – accepting that you know that you don't need to be embarrassed

(IV32, Female 14 years)

Three interviewees described an initial response to disclosure by friends, teachers or family of shock, judgement or disgust. All three described how they subsequently retracted and denied their initial disclosure and their abuse had continued until a later time – highlighting the significance of responses to disclosure for children's safety.

iv) Children's expectations of safety and support

Accessing emotional support

Having confidence that those you tell can provide you with a sense of relational safety and emotional support was identified as a critical feature of decisions around disclosure. Again this was often linked to the availability of an existing relationship with a close and trusted individual.

Like, I'm really close with my mum, so when things happened with me, I tell her because I know she'll understand and I know how she'll react. Whereas, a couple of my friends, they're not close with their mums and they might be scared that in a situation like this no one would believe them.

(IV35, Female 13 years)

What helped me was when at college a teacher offered to refer me to a counsellor – a woman – and when I came out with it, it was because I had a counsellor – someone to trust to talk to and they're really patient.

(IV53, Female 19 years)

It must be someone she absolutely trusts – it is absolutely vital because it can have big consequences.

(Female, 16 years)

Ten interviewees (19%) described a clear concern that identification of their abuse could lead to them getting in trouble, being blamed by adults and/or being held responsible for what had happened, rather than receiving support. The interviews suggest that these concerns about being 'told off' loom particularly large for younger children and considerable effort to counter these messages, and children's associated internal conflict, is essential:

Interviewer: Is there anything that could make it difficult for [the character] to tell somebody?

Like, his own voice telling him, 'you have to go and tell',... but then his brain says, 'don't tell because you'll get told off'... and then 'you won't get told off 'cause it's like naughty to do that and you should tell parents'...if you don't tell and you lie, then it's just going to happen more and more and then you get told off for not telling the first time.

(IV6 Male, 10 years)

You don't want them to know about it but in a way you do so they can help you. If you tell your mum you might get told off.

(IV52, Male 11 years)

She's probably going to get told off for not telling.

(IV13, Female, 8 years)

There was also clear evidence that some perpetrators deliberately manipulated these fears, suggesting to children that they would be blamed or even arrested if they told others what was going on:

I was always told that being arrested is a really bad thing and it can ruin your life – so the fact that [my brother] said I'd be arrested too – that stopped me [telling].

(IV53 Female, 19 years)

Accessing physical safety

For at least a small majority of interviewees, motivation to tell was linked to hopes that they could receive help to access physical safety (freedom from sexual abuse) and the risk to them could be removed. (See table 7, demonstrating that this was the most regularly mentioned internal motivation for a child to disclose).

I think she [the character] should [tell] because if she doesn't then... If she doesn't then it will just get even worse and it'll happen even more and even more and even more. But if you tell somebody, like ring Childline, or tell your mam or tell somebody at school, they could then tell the police and they could get him arrested so he doesn't do it again. Even though it's her dad it's still bad because it's her dad, he shouldn't be doing it.
(IV47, Female 11 years)

He didn't actually physically do anything, it was just getting ready for him to do that. So grooming as they call it. So it was kind of like if he was doing that and if I didn't tell, how bad would it have got? So there is a good thing about telling, you've just got to go through.
(IV37, Female 17 years)

Children's propensity to tell increased where they expressed confidence in the ability of services to keep them physically safe and prevent ongoing contact with the abuser. For many interviewees the retrospective nature of the reflections about identification or disclosure allowed them to identify this as an important benefit – even where they reflected that other aspects of their post-disclosure experience had been difficult or challenging. Conversely, just under half of the sample cited threats from perpetrators about children (and others') physical safety as a reason for not disclosing experiences of abuse (see table 6). Although threats weren't limited to those associated with physical force, a recognition of power differentials associated with the size and strength of many perpetrators is relevant here, especially given the young age and small size of many interviewees at the point when abuse occurred.

Interviewer: Do you think anything would get worse if the police were to get involved?
In her head, yeah, because she'd be scared that her uncle would do it again, punish her for telling.
(IV23, Female 13 years)

At times threats about physical safety extended to the perpetrator themselves – as illustrated by the second quote below.

[My grandad] always told me he wouldn't admit it, no one would believe me. I'd be took into care because he'd be killed and my dad would be a threat and my mum would lose it if my dad did kill my grandad because she would have been known as the woman that had a boyfriend that was a murderer, things like that. So my mum would have lost it, I would have went into care, I wouldn't have had any support from family.
(IV20, Female, 16 years)

Given the extent of these threats and children's fears, the importance of professionals providing reassurance to counter these messages is clear.

v) Children's expectations of the consequences for their family relationships and family members

Finally, interviewees' accounts of their decision-making processes revealed the significance of their concerns about the consequences of disclosure for others within their family and their relationships with family members. These decisions were clearly informed by the nature of their existing relationships with family members and the wider dynamics within their families. So, for example, where children revealed non-abusing parents facing other stressors or adverse circumstances (including addiction, domestic violence or mental health difficulties), they had real concerns about the consequences of adding to this stress and the far-reaching impacts not just for them but for others too:

Our mum had left – the family had split already – he [my brother] said to me like 'if you tell anyone like obviously our family will just split up even more kind of thing and everyone will be on their own'... I was young and that did stop me telling – at that age I didn't understand – I was scared.
(IV53, Female, 19 years)

Me and my sister were very worried [about disclosing]... because my mum is a recovering alcoholic. We also have two other sisters as well. We were more worried about what would happen, whether my mum would start drinking again and then obviously my sisters going into foster care, which evidently has happened. So I think it was more what would happen to other people – their consequences – weighing up whether or not it was worth it or not... it just affected so many people's lives. It was like putting a pebble in a pond, all the ripples going out.
(IV29, Female 18 years)

Equally, however, these same protective instincts also often provided children with motivation to tell, when they felt that disclosure might support a sibling's safety and prevent further abuse:

How I see it – if someone can do it once then they can do it again. If [a child's] got a brother or a sister – how does she know that it's not happened to anyone else before? But she needs to be protected herself too. She would be safer so long as she told the right people.
(IV26, Female 17 years)

For me telling other people was more about the fact that it was happening to my sister.
(IV53, Female, 19 years)

Just over a quarter of the 43 interviewees who discussed feelings towards the perpetrator (n=12) described their concerns about the consequences not just for their non-abusing parents or siblings but also for those who perpetrated the abuse. For many of these children, identification of their abuse evoked conflicting feelings about the consequences for perpetrators: the desire for abuse to stop while

not wanting to punish the abusers or experience the associated loss of their relationships, feelings of guilt and, in some cases, ongoing love alongside a desire for justice. In one discussion a seven-year-old girl talked about how a character would want her dad to stop abusing her but would also be saving up money to bail him out of custody because she would miss him taking her to school. While the discussion was based around a hypothetical scenario, it poignantly revealed

the complex thinking and contradictory dynamics that even young children engaged with around these difficult issues and the complexity added to children's decision making by their familial ties to perpetrators:

I didn't want to talk to anyone. I didn't want my grandad to go to prison because I felt bad because of how old he was and I was going to take it to the grave anyway.
(IV20, Female 16 years)

When you're 13 you want everyone to listen to you but you don't want anything to happen to [the perpetrator], if that makes any sense. Mainly because they are family. If it was somebody else you would want something to happen to them... because you have mixed emotions as a family member, yeah.
(IV18, Female 17 years)

*I didn't want to have to start an entire investigation against my brother – he's still my brother after all – I can't explain – he's a c**t, but he's my brother – it's like a mental messed up love.*
(IV12, Female 18 years)

[The character] might care about her dad and she doesn't want to get him arrested because it's her dad and she won't get to see him again for ages, like a year or something. So she might want to still see her dad but she won't be able to if he's arrested. So that would make it even harder because it's family.
(IV47, Female 11 years)

It would be better that a child is safe. On the other hand he feels bad about telling the police on his cousin... It will be worse because he will lose a big relationship and he might not have friends and no one that likes the things that he does so he'll get really lonely.
(IV52 Male, 11 years)

3.6 Prompts or catalysts for disclosure

Alongside the framework outlined above, which presents the five types of considerations children and young people engaged with when making decisions about disclosure, there were also specific factors mentioned that prompted disclosure.

While not wholly distinct from the considerations outlined above, they represent things which might be considered a specific 'catalyst' or support for children and young people's propensity to disclose. These include both children and young people's internal motivations and external factors such as the actions or behaviour of others. A list of these key factors identified by interviewees and the frequency with which they were mentioned is summarised below, sub-divided into internal motivations and external factors.

Table 7: Children's internal motivations to disclose abuse

What motivates children to disclose: internal motivations	% interviews in which factor identified
Wanting to make the abuse stop – desire to access physical safety	53%
Reaching a 'breaking point' (e.g. 'couldn't take it any more')	30%
Recognising the need for external support	23%
A desire for the perpetrator to be reprimanded or punished	17%
Protecting other children	15%

Table 8: External factors which help or motivate children to disclose abuse

What helps of motivates children to disclose: external factors	% interviews in which factor identified
Having a close trusting relationship (with a friend or adult)	66%
Someone noticing and asking directly if something is wrong	36%
Having knowledge of available support	32%
Confidence that they can talk to someone who won't judge them	19%
Not feeling under pressure to tell	17%
Confidence they will be kept safe	11%

The role of awareness raising and education

One explicit and often repeated message from interviewees was the need for more awareness raising work in schools to address a number of these issues: to help children recognise abuse; increase awareness of support; reduce stigma and taboo; and help children know how to respond to peers who have disclosed.

Children should learn about abuse in schools. I remember one time the NSPCC came in and talked about stuff in year three, that was good. Children should learn about what abuse is because when you are a child you are naïve. They should also be told everything will be ok and be taught how to get help.

(IV14, Female 15 years)

In discussions of these issues children emphasised the need for age-appropriate awareness raising to start from infant school and be revisited yearly.

Access to knowledge, and challenging stigma, were also considered important at wider community and societal levels. Several children highlighted the need for television commercials, posters and wider dialogue about these issues both to support children and young people's understanding of abuse and further their confidence to report their experiences. A number of children also specifically highlighted the role of the media in supporting their recognition of the abusive nature of what had happened to them.

Barriers to getting help: findings from survey

On the whole, the themes from survey responses about barriers or enablers of disclosure closely mirrored findings from the qualitative interviews (despite the survey sample not necessarily having experienced CSA in the family environment). For example, recurring themes from respondents' answers about why a character would not tell someone (or may be unlikely to do so) highlighted the significance of fear of not being believed; fear for physical safety; concerns about stigma, blame and shame; the need to understand that abuse had occurred; and fears for the consequences for families. Two additional barriers noted by survey responses (not mentioned in qualitative interviews) were i) the potential for some children to experience particular barriers relating to communication – acknowledging the different communication styles and capacities of children and young people with disabilities and ii) the role of confidence and emotional wellbeing in enabling (or inhibiting) a young person to 'feel up to it'.

Respondents who thought a character would tell someone about their experience of abuse again highlighted key themes present in the qualitative interviews: accessing physical safety; reaching an emotional breaking point and the presence of a close and trusting relationships which enabled this. However additionally they also highlighted the need for redress and a strong sense of justice.

Example survey responses

Table 9: Why a child would not disclose – findings from survey

Rationale for why character wouldn't disclose or would be unlikely to disclose	Example answers given
Because they would not be believed	<p><i>[The perpetrator] said that no one would believe him. So he may feel ashamed to tell someone.</i></p> <p><i>Because it's a family member so there is the worry that her family won't believe her.</i></p>
Shame/stigma	<p><i>He probably considers [the perpetrator] to be a role model as he is older and also does sports, so would not want to tell anyone, and is especially scared of having rumours spread about him.</i></p> <p><i>He may feel embarrassed himself because he was touched, he also wouldn't want to have rumours spread around school, [but] he may need to speak to someone.</i></p>
Fear of consequences	<p><i>She would be scared of anyone finding out as it would either ruin [the perpetrator]'s life, or nobody would believe her. She might also be scared of being accused that it was her fault.</i></p> <p><i>[She] would be scared and frightened of what would happen.</i></p>
Threats from the perpetrator	<p><i>She will be scared that [the perpetrator] might do something to her.</i></p>
Lack of understanding that it is abuse	<p><i>Because she might not understand what's happened.</i></p>
Desire to protect family	<p><i>It'll tear their family apart.</i></p> <p><i>Close family, she wouldn't want to ruin.</i></p> <p><i>It depends because she will know it's wrong but she might not want to get [the perpetrator] into trouble, she might also be scared.</i></p>
Communication difficulties (*only noted in response to vignette with character with communication impairment)	<p><i>Because they cannot communicate with anyone.</i></p> <p><i>She won't because she can't talk.</i></p>
Lack of confidence	<p><i>She's a teenager and quite a few teenagers will keep stuff to themselves. I think she'll soon gain confidence but not anything soon.</i></p>

Table 10: Why a child would disclose/ would be likely to disclose – findings from survey

Rationale for why character would disclose/ would be likely to disclose	Example answers given
Because what has happened represents a significant abuse/wrong-doing/ is unacceptable ²⁹	<p><i>I think this because this is not acceptable for someone to do this to them, even though she may find it difficult, no one should have to go through this at such a young age.'</i></p> <p><i>'Because he needs to tell, it's illegal and [the perpetrator] should be prosecuted for his actions'</i></p>
To access safety	<p><i>'She needs to tell someone so they can stop it from happening again'</i></p>
Because character reaches a 'breaking point'	<p><i>'He will cry and be scared so he will tell his parent what happened'</i></p>
Because character seems to have a close and/or trusting relationship in which they would be believed	<p><i>'Depends on if [the character] has anyone he trusts ... If he has any friends or adults that will believe and trust him no matter what.'</i></p>

29 This group of responses generally appeared to be expressions of reasons why the character should tell someone as opposed to an explanation of why they actually would.

3.7 Specific barriers to disclosure for particular groups of children

Insights from focus groups and survey

As evidenced in the rapid evidence assessment (Horvath et al., 2014), little existing research explores the variable experiences of different groups of children and young people in relation to CSA in the family environment, disclosure and subsequent professional responses. This absence includes the experiences of disabled children and young people, those from Black and minority ethnic communities and boys and young men (among others).³⁰ Where research does exist in relation to wider forms of CSA it highlights failures to identify and respond to evidence of abuse, compounded by children's additional adversities and/or cultural factors; multiple and intersecting barriers to children and young people accessing support; and a lack of cultural specific services and/or expertise (Gohir, 2013; McNaughton-Nichols et al., 2014; Miller and Brown, 2014; Franklin et al., 2015; Taylor et al., 2015).

As noted in section 2.2 the research process for Making Noise, with some exceptions,³¹ found a parallel gap in specialist services, funding or individual posts which addressed the needs of specific groups. Among the 35 services with which we met to discuss participation in the research, all identified a significant under-representation of physically disabled children and children from Black and minority ethnic communities among their service users, and most identified an under representation of boys and young men and children with more profound learning disabilities.

Given the significance of these gaps, it is the belief of the research team that developing a fuller understanding of any specific and additional needs of children and young people from these communities and groups requires dedicated research, initially focused on single issues (though taking account of intersecting forms of adversity and oppression).

Within this study, information about particular challenges faced by different groups who experienced child sexual abuse in the family environment was limited within the interview data – partly a reflection of the sample and partly the result of the child-led interview approach. For this reason, additional targeted focus groups were arranged (see section 2.3 for a full outline of the methodology). As noted earlier, the samples for these focus groups differed from interviews in that potential participants were not required to have disclosed an experience of sexual abuse and were therefore invited to talk hypothetically about issues for other children from their communities. The following findings are therefore presented as initial insights, suggestive of areas for further more focused and sustained study.

Barriers to disclosure for Black and minority ethnic children and young people

NOTE: Due to the location and focus of the organisations and communities who agreed to participate, all participants of these focus groups were of British South Asian heritage (British Pakistani; British Indian, British Sri Lankan or British Bangladeshi). Participants identified as Muslim, Hindu, Sikh and of no religion. The issues raised must therefore be considered within this context and cannot be assumed to be equally relevant for children and young people from different Black or minority ethnic backgrounds.

30 For a full list of groups identified in the rapid evidence assessment see Horvath M et al. (2014)

31 See for example specialist services working with children and young affected by sexual abuse with learning disabilities: RESPOND (www.respond.org.uk/), physical and learning disabilities: Triangle (<http://triangle.org.uk/>), and services working with Black and minority ethnic children and young people affected by sexual abuse: Apna Haq: www.apna-haq.co.uk/; Ashiana Sheffield: www.ashianasheffield.org/; Afruca: www.afruca.org/; Victoria Climbié Foundation: <http://vcf-uk.org/>

Disclosure and telling

There was a clear consensus across the focus groups that a character from their communities who had experienced sexual abuse in their family environment was unlikely to tell someone what had happened. However participants from one focus group (FG1³²) indicated a strong belief that the character *should* tell and that this would benefit them in the longer term. The process of disclosure was not, however, without its recognised difficulties and while many of the issues raised were noted to apply to all children and young people who experience familial CSA, there were also barriers which participants suggested were specific to their communities or else were amplified by religious or cultural³³ considerations or those related to racism.

These are summarised below:

Fear of not being believed: In common with many interviewees, focus group participants saw a fear of not being believed as a major barrier to disclosure. In two focus groups undertaken with females (FG1 and FG4) issues around the position of both women and children within their communities were specifically noted to reduce the potential of a female child being believed when disclosing sexual abuse. It was noted by some members of these focus groups that children's views were not taken as seriously as those of adults within their families and that there was a pervasive view that senior male members of their family were to be respected and believed over younger and/or female family members.

Family reputation and 'honour': Each focus group raised the issue that a child or their immediate family could risk being ostracised from the wider diaspora community if a disclosure of sexual abuse by another family or community member was made. The potential for widespread 'gossip' within their community or extended family was also noted, and participants discussed an associated risk of '*bringing shame on their family*' (FG1), damage to a family's '*honour*' and '*reputation*' (all groups), factors which in turn could make the whole situation '*worse*' (FG4).

I think sometimes the Asian community, people can be too judgy, that's why [young people] are too scared to come out.

(FG3)

While all the focus groups acknowledged difficulties for all children and young people disclosing sexual abuse (including children from white British families) members of all four focus groups expressed a belief that children and young people from their communities faced particular pressures related to family reputation.

Protecting already marginalised communities from further stigma:

In two of the focus groups (FG2 and 4) participants noted the racism that their communities already faced and suggested that a consideration when making a disclosure would be the potential of exposing families and communities to further attention or criticism which may exacerbate prejudices and discrimination. These groups expressed a strong desire to protect themselves, their families and communities from wider racial oppression.

Difficulties discussing relationships and sex:

Another issue raised in three focus groups (FG1, 2 and 4) was the lack of open discussion about relationships and sex within participants' families and how this made a disclosure of sexual abuse to a non-abusing family member even harder. Again, this dynamic was felt to be particularly pronounced in the communities participants were part of and in two focus groups comments suggested that a white British family was likely to be 'more open' and less shockable. Members of focus group 4 noted the lack of open discussion about issues of abuse within their communities and an associated tendency for victims of abuse to feel very isolated: as if they were the 'only one' and/or that they were to blame. Cultures of 'silence' around abuse were identified in all four focus groups, and participants highlighted valuing the unique opportunity the focus group itself presented to talk about these issues. While all four focus groups identified a need for further education and awareness raising, members of the male only focus group overlooked

32 FG1 4 female; FG2 4 male; FG3; 8 female; FG4 8 female

33 Issues of ethnicity, religion and culture were all discussed during these focus groups and while at times these were conflated, there were also comments that were distinct to different areas.

the relevance of sex and relationships education for boys and young men, suggesting a particular lack of recognition of male victimisation.

What would help?

Many of the suggestions about how to make it easier for children to disclose or for others to identify abuse mirrored findings from the interviews: the need for more sustained awareness raising and discussion in schools (rather than one off events); information about available services and helplines and opportunities to access peer support and understand that they weren't the only one affected.

In addition it was noted that there was a particular need for services and resources to reflect their cultures and/or demonstrate understanding about their cultures. Participants highlighted both advantages and disadvantages of having access to practitioners from a similar cultural or religious background to themselves, and the importance of 'choice' (FG3). In one focus group (FG1) it was noted that practitioners don't necessarily need to be from the same cultural background, but they do need to understand and be sensitive to differences. The importance of this was described as helping to let children and young people know that '*services are on their side*' (FG1) and to ensure children and young people recognised that these issues did affect others in their communities and they weren't the only one. As one young person poignantly explained '*what you really need to help young people [from our communities] come forward is a 'success story'*' (FG4). When asked what she meant by a success story, she explained she meant an example of someone from a similar cultural and religious background to hers (British Pakistani Muslim) who had made a disclosure of sexual abuse in the family environment and '*things turned out all right for her*'.

Barriers to disclosure for learning disabled children and young people and those with developmental disabilities.

Despite efforts to arrange focus groups with a number of different organisations working with disabled children and young people, it was only possible to arrange and deliver one focus group. The supplementary nature of this data collection activity and the paucity of services able or willing to engage service users in these discussions at

this time limited participation levels. In addition it should be noted that significant resources were required to enable the participation of a diverse group of young people with different physical and learning disabilities. This provided the research team with insight into some of the barriers to accessing services that these young people face. Although the group was not approached due to any specialism around issues of abuse, five of the six participants had either made past disclosures of sexual abuse, or made a disclosure on the day of the focus group, indicating particularly high levels of vulnerability to abuse experienced by the cohort and the relevance of these issues.

Child sexual abuse: would anyone notice?

The group spoke about some of the potential impacts of sexual abuse on a young person, and identified these as '*being stressed*', '*angry*', '*moody*', '*looking worried*' and '*crying a lot*'. There was also an acknowledgement of the severe impact that sexual abuse can have: '*You might go on a bridge and die – suicide*'.

One member of the group thought that someone who knows a young person well would pick up on these changes in behaviour, highlighting again the potential significance of close relationships. However others thought that people may think the young person was just having a bad day. It was suggested that difficulties for adults recognising and responding to potential signs of sexual abuse were often compounded by a young person having a disability such as autism due to associated communication needs: '*It's difficult with autism to express – the autism makes it harder*'. Equally the potential for adults to misinterpret signs of abuse or related distress in children or young people with a disability were also noted (sometimes referred to as 'diagnostic overshadowing'; Franklin et al. 2015): '*They could just think it was part of autism because children with autism can get angry and throw things*'.

Disclosure and telling

In many ways the barriers to disclosure identified by disabled young people closely mirrored findings from the qualitative interviews, however as outlined below they also described how these issues were compounded by difficulties in communication:

Not recognising abuse has taken place:

Specific disabilities were highlighted as impacting on young people's ability to identify what had

happened as abuse: *'Having autism makes it harder for her [the character] to understand what has happened and harder for her to tell'*. The lack of opportunities and resources to support learning or developmentally disabled young people and/or those with significant communication impairments to learn and talk about issues that would support this awareness (such as healthy relationships, consent and abuse) was highlighted by both staff and young people in the group, alongside an appetite and interest in doing so.³⁴

Communication difficulties

Fear of not being believed: Some focus group members felt that a fear of not being believed would increase for young people who had difficulties interpreting other people's non-verbal communication and therefore may be unable to assess whether people believed them or not: *'It's hard for [the character] to know if the person she tells believes her,' 'It will be harder because you don't know what they [person you disclose to] are thinking. Non-disabled people might not understand you.'*

Embarrassment and shame: In keeping with the interview findings there was broad agreement that sexual abuse is a difficult thing to talk openly about, described as *'not nice', 'personal', 'disorientating',* and making young people feel *'ashamed'*.

Fear of the consequences of telling: This included facing stigma from others and worries about the police blaming the young person (one participant spoke of worrying about being arrested). This was noted as having the potential to compound existing discrimination that the group would face due to their disabilities: *'Having autism does affect the way people think of you.'*

What would help?

All young people in the focus group agreed that more awareness of sexual abuse in society would help. Soaps and TV programmes were particularly highlighted as being helpful ways of bringing attention to the issue – reducing the fear of stigma (helping young people to know that they are not alone) and helping clarify what constitutes abuse.

Mirroring the interview data, the presence of a trusted individual: either a family member, friend, or trusted adult to confide in, was noted to be the most significant factor that would help with the identification or disclosure of abuse.

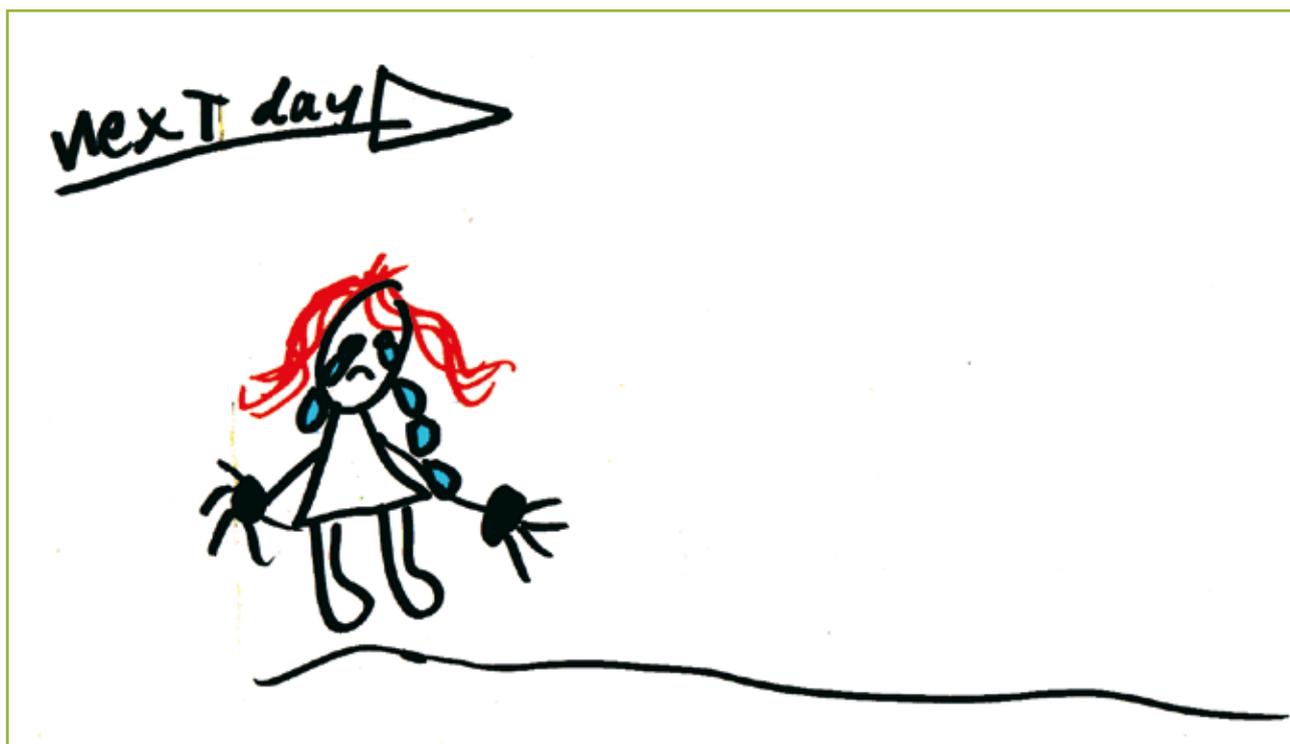
There was also a clear message that in order to disclose, young people would need to know that they are safe, that the abuse won't happen again, and that the abuser will stay away from them.

34 Tellingly, this was one of the reasons the lead professional for the group had agreed to take part. Similarly the number of disclosures made during the discussion highlighted the value of such discussions (if properly planned and supported) as a means of supporting disclosure and enabling young people to access support. At least one participant was able to access therapeutic support for experiences of sexual abuse as a result of the focus group.

Barriers to getting help for particular groups: findings from survey

Survey respondents were asked whether they thought all children would find it equally hard to tell someone about an experience of sexual abuse or whether any specific groups of children would face additional barriers. A significant majority of interviewees (n=62, 83%) stated that it would be harder for some groups of children to disclose an experience of sexual abuse.

The remainder stated it would be equally hard for all children (n=12, 16%) or did not respond (n=1, 1%). Respondents were then asked to choose (from a number of preselected options) which, if any, aspects of a young person's identity they felt may exacerbate difficulties with identification or disclosure of sexual abuse in the family environment and to explain their answers. Frequency of responses and a sample of the reasons given are presented below. They highlight that respondents identified having a disability (both physical and learning) as the factors likely to pose the most significant barrier, followed by experiences of being in care.



'the boys were being un-nice... she's got 1, 2, 3, 4, 5, 6, six tears.' IV15, Female 6 years

Table 11: Factors perceived to present additional barriers to children and young people disclosing

Factors perceived to present additional barriers to children and young people disclosing	Number of respondents who selected this option	Examples of reasons given
Being deaf or having a physical disability	51	<p><i>It will be hard for them to communicate</i></p> <p><i>People may not take them seriously</i></p> <p><i>Difficult to communicate</i></p> <p><i>Worried about the confidentiality of a 'signer'</i></p>
Having a learning or developmental disability	45	<p><i>Will be hard to prove and won't know how to explain themselves</i></p> <p><i>They might not fully understand the situation</i></p>
Being a child in care	45	<p><i>Someone in care may feel like they do not have access to a singular person they could trust and confide in</i></p> <p><i>Because they think they won't go home</i></p> <p><i>Not very close with foster parents'</i></p>
Being lesbian, gay or bisexual	30	<p><i>Because of the stigma still attached to this group</i></p> <p><i>People may not respect them as much because of the way they are, and they may not take them seriously</i></p>
Being religious or from a religious family/community	28	<p><i>Some people might judge them</i></p> <p><i>Because it might be looked down upon in their religion</i></p> <p><i>They may believe what has happened to them is against their religion and others may judge them</i></p>
Being male (boys and young men)	27	<p><i>They might think only women are victims</i></p> <p><i>Stereotype of sexual attack</i></p> <p><i>Expected to be able to 'fend for themselves' and may be scared of seeming 'weak'</i></p> <p><i>Males don't speak out like females</i></p> <p><i>Lads would be labelled as 'faggots' they'd be worried about people finding out</i></p>
Being Black or from a minority ethnic community	26	<p><i>In their ethnicity and culture the elders are always right, so they may not want to speak out</i></p> <p><i>Because many ethnic groups feel like there's a 'reputation' to uphold</i></p> <p><i>They are judged more, in the Asian community everybody knows everyone so it will get around, they may think they're a slut etc</i></p>
Being transgender	26	<p><i>Because people aren't willing to believe them or [will] think it's their fault</i></p>
Being female (girls and young women)	24	<p><i>Because women talk behind people's backs</i></p> <p><i>She might get threatened by the person if she told</i></p> <p><i>They become insecure and unsafe</i></p>

3.8 Recognition of abuse by others

Signs and symptoms

Given the delays and barriers to children deliberately telling someone about their sexual abuse indicated above, supporting adults to recognise or help identify signs of children's experiences of abuse is critical. The importance of others recognising potential signs was emphasised by around a third of interviewees (n=17), while recognising that signs varied in nature and visibility for individuals:

I had signs where I was the child where I was very isolated. I barely talked and I have very big problems of being happy and talking to people. I wouldn't talk to anyone... Signs will always be there no matter how small or big they can get, there could be big signs in crying yourself to sleep but even getting very emotional of things that you could learn in school or outside or your parents could tell you stories and you could just be very emotional, like a very emotional person. Self-harm as well, that can become one of those signs.

(IV46, Female 13 years)

It started happening when I was five. If somebody had known – I used to always go into school crying and they just used to think nothing about it and just having somebody that could recognise the signs maybe.

(IV29, Female 18 years)

A small number of examples were provided where others' recognition and response to potential signs of abuse effectively catalysed safeguarding interventions. In these examples those initially noticing and responding included school counsellors, college tutors, teachers, CAMHS workers, peers and family members. In some of these cases visible 'symptoms' such as self-harm, mental health difficulties or behaviour change formed an initial focus for professional interventions but subsequently led to further questions being raised and adults recognising that abuse had taken place:

I was overdosing pretty much every week, self-harming loads, just trying to find a way to cope kind of thing. CAMHS only found out because whenever I overdosed I'd go to hospital... One of the times they came to see me – I don't know how but they were interviewing me and then that evening when I went home... they had spoken to my mum and they'd said to my mum that they definitely feel that there's been a form of sexual abuse happened to me. I literally had no idea how they picked up on it at all...but they picked up on it.

(IV22, Female 17 years)

While these cases demonstrate children and young people being supported to disclose because someone noticed, paid attention to changes and raised questions of concern about them, others told contrasting stories in which they identified inadequate attention or inappropriate responses to potential concerns:

I feel angry because... sometimes, it's hard to explain – it would make you feel angry because when all this is happening and someone doesn't really take any notice and you should always make people feel like they're noticed. It makes me angry that they didn't notice this before.

(IV41, Female 12 years)

So basically I would see dead people and I would hear voices and stuff. I told my mum and she thought it was all paranormal stuff, so she had no idea that it was mental health and she just thought, 'Yeah it's paranormal'. So she got like this medium in to see me and he was telling me stuff like, 'Yeah you can see ghosts and you have this amazing gift.' So I grew up thinking, 'Oh wow I'm really special, I have this gift, I can talk and see dead people'. Then when I was 16 I'd become very unwell, when I went into hospital I told them and they were like, 'Yeah it's psychosis'... I saw this statistic about how many people who were sexually abused developed mental health difficulties and I can't remember what it was now – but it was quite high yeah.

(IV38, Female 19 years)

I went and met my grandad and a close family friend, I can't remember if it was before or after court... and she said that she knew my dad was sexually abusing me... She said 'I could see it in your eyes, I just knew the whole time'. It was like, why did you let me go in that house with both of those men?. Everyone that was in that house, why did you put me through that?. If someone had said to me, 'it's all right', 'we'll go tell someone now'. If someone would just of said something to me and said that they knew or at least asked?

(IV50, Female 15 years)

One young woman, who had significant social work contact from a young age, described multiple missed opportunities for identifying ongoing sexual abuse by her older brother. These included interactions with teachers, school counsellors and social workers in which she described trying to indicate her distress verbally or through her behaviour. In the quote below she describes an incident in secondary school, where her fairly explicit attempt at disclosure led to a friend raising concerns with a teacher. However her perception that the teacher interpreted the abuse as mutually initiated sexual behaviour 'closed her down' and compounded difficulties and delays to further disclosure while the abuse continued.

There was definitely at least one other opportunity for adults to find out what was happening. That was in high school – everyone talked about getting bum raped – it was like a joke that was going around school. One time when I was on Xbox Live and I was talking to my friend and I talked about my brother bum raping me – it was kind of like a joke – he never actually did that. The teacher questioned me about it but made me feel that if I'd admitted it I would be blamed for it. They made it seem like it was something that I wanted to happen – I couldn't have explained to them – they wouldn't have understood – they'd have took it as incest – it made me deny things even longer and prolonged what happened.

(IV12, Female, 18 years)

Two critical learning points emerge from this and her wider narrative. Firstly the need for professionals (teachers and social workers) to question whether visible signs of her vulnerability could have been caused by factors beyond the known domestic violence in her family. This illustrates how recognised forms of adversity may overshadow signs of sexual abuse in a professional's mind. Secondly it demonstrates the need for professionals to ask open questions and/or voice concern in response to these signs of vulnerability, while clearly communicating messages that a child is never to blame for abuse.

Creating opportunities for disclosure

There is more of a chance that somebody would admit to it if you asked them outright I think, rather than [waiting for] them coming forward to you... there would've have been more of a chance I would have if somebody had just been like, 'is this happening?'

(IV29, Female 18 years)

Interviewees noted that sensitive and open questions, communicating concern, were often a critical component of scenarios where adults noticed something was wrong and supported children to disclose. After the presence of a close and trusting relationship (see table 8), someone noting concerns and asking questions was the most commonly mentioned external factor that would support disclosure. Such questions signified that someone had noticed them, cared about their wellbeing and wanted to support them, and were described as building a pathway for a young person to disclose either then or at a later stage.

I was at college at the time and I actually eventually told my college tutor and he was absolutely amazing. He noticed something was wrong, I don't know how because he didn't really know me. ... Like I'd just started college, because obviously it all came out in September in 2012, that's when the whole Jimmy Savile thing like in the news stuff when it blew up. I don't know what I did, but the teacher must have noticed and he just took me to one side one day and just said, 'Is everything okay?' I just remember thinking, 'Oh my gosh how does he know?' I was so scared and I wanted to tell him really bad, but I just thought nobody would believe me... I eventually told him one day and I was just thinking, 'How do I tell them, what do I say?' I just came out with it and I just said, 'When I was younger my cousin sexually abused me.' So I just told him.

(IV38, Female 19 years)

My mum finally came up to me... and she said, like, 'What's going on?' Then she finally asked the question, 'Is things happening?' I just nodded. Then one thing led to another and then here I am now.

(IV46, Female 13 years)

On the whole, interviewees did not advise that adults asked them 'whether they were being abused', although in some cases this was suggested. Rather they were recommending questions which indicated broad concerns for their wellbeing and provided permission for children to talk more if they so wished. This echoes findings from previous research with children (McElvaney, 2008) which suggests that prompts and questions do not need to directly address sexual abuse, but acknowledge the child or young person's distress and wellbeing, and provide an opening and indication of permission for the young person to share more.

In the country around, we should have things reminding people if they notice something wrong with someone, ask. It doesn't even have to be like, 'Are you getting beat up or are you getting sexual abuse?' It could be 'is there anything wrong?' or something like that.

(IV24, Female 10 years)

3.9 The consequences of recognition and disclosure

Post disclosure: Things getting "worse before they get better"

While early identification of all forms of childhood sexual abuse is critical, it is also important to acknowledge that disclosure, and the consequences that follow, can represent new risks and challenges for children and young people, which must be actively considered and addressed.

While a minority of interviewees described the point of disclosure as a 'relief', 'unburdening' or the beginning of things getting better, there were also many children and young people for whom this was not the case or who described 'things getting worse before they got better'. Following disclosure, many children described significant levels of change and disruption to multiple aspects of their lives including family relationships, living circumstances, friendships, schooling and a familiar sentiment that 'nothing was the same ever again'. While aspects of these profound disruptions brought safety, care and support, others were experienced as damaging. And while the vast majority of interviewees acknowledged the longer term benefits of identification or disclosure of sexual abuse, and would encourage others to tell, the difficulties they faced in the short to medium term must also be fully acknowledged:

When I told my mum, I didn't have relief. It wasn't a relief to me. Now I know it's not – it's not healthy to hold onto those kinds of things, but it felt easier when nobody knew and [easier when] she didn't know than when she did... I felt like, really bad, wishing I'd never said anything. It felt like things were harder now that she did know.

(IV21, Female 18 years)

I know if I wouldn't have told I would have still had my family because they all left when I told and they didn't want to know me. I would probably be living in my own little bubble. It sounds weird, I know almost disgusting, but you kind of get used to the abuse. Even after you've told, you still end up in the cycle of abuse whether it's being within your friendship groups or it being in relationships or even with other family members. ... if you've seen someone else tell about something like that, that also puts you off because you've seen them go through it and it's like, 'right I'm signing up to this if I tell'.

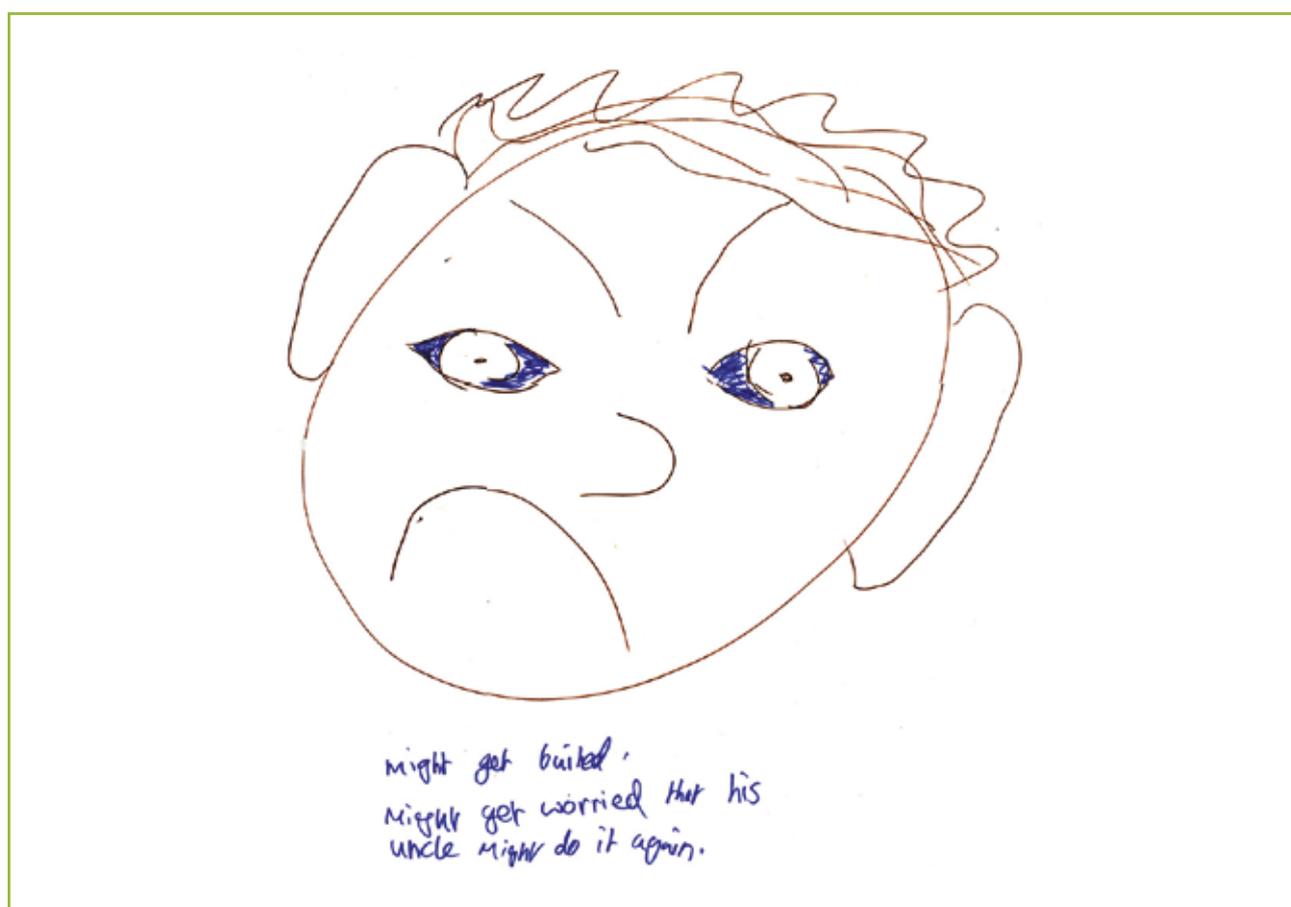
(IV50, Female 15 years)

Within many of these accounts, the familial nature of children's ties to the perpetrator presents a significant factor underpinning the change and disruption that follows disclosure or identification. An understanding of these often profound challenges is essential for both recognising children and young people's support needs after the identification of abuse and helping to them manage expectations about what the future holds.

Similarly, while the majority of examples suggested that disclosure or identification of sexual abuse led to an increased sense of physical safety from the perpetrator, there were also examples where the reverse was true and a child's or young person's fears of retribution from the perpetrator increased as a result of professionals finding out and responding to the abuse. In some of these examples, perpetrators continued to actively contact children or their families despite restraining orders, or professional interventions failed to provide children with confidence about their safety.

Before the court date, I assumed he was going to get charged, he was allowed to live across the road from us in his mate's house... after he got removed and he kept coming out to our window with a knife and holding it up. Just a lighter and gasoline and flicking the lighter. We kept telling [the police] this and they said, 'Well there's nothing we can do'.

(IV37, Female 17 years)



'[If the character] tells about his sexual assaults, his uncle might, I don't know, do it again....and he might get bullied'.
IV10, Male 14 years

3.10 Summary: supporting the early recognition of children's experiences of abuse

There are multiple and pervasive barriers to children and young people telling someone about experiences of CSA in their family networks and environments. Children's narratives reveal that secrecy and silence are maintained by a range of dynamics, contexts and relationships which create cultures of impunity that must be challenged. They also support existing evidence demonstrating the need to shift the onus from an expectation on children to report experiences of CSA (directly and unprompted), to an expectation on adults to recognise signs (whether consciously made or not) and foster conditions that support disclosure (such as through asking caring, sensitive questions).

Despite the acknowledgement of the difficulties of purposive, verbal disclosure, the overwhelming majority of children and young people we spoke to recognised benefits and value to others knowing about the abuse. While it should be noted again that responsibility should not be placed on children to ensure their abuse is identified it is also important to acknowledge messages about factors which could support children to disclose or maximize the chances of someone else noticing. These involved both creating contexts in which children felt more inclined to tell and factors which could be regarded as 'levers' which supported children's own internal motivations to tell someone about CSA in the family environment.

Levers to support identification of abuse

- Access to education and knowledge: making sure children understand what abuse is (including the language to talk about it) and have knowledge of available support
- Providing children with confidence that they will be believed and taken seriously by adults if they disclose (including through sharing examples of others experiences of telling and getting helped).
- Countering the stigma and shame associated with all forms of CSA, but specifically including CSA in the family environment, and clarifying that children are never to blame for their abuse.
- Equipping everyone in society (including children) to recognise non-verbal signs and know how to respond to disclosures, recognising that it is not a child's responsibility to ensure that their abuse is identified.
- Prioritising the need for all children to have access to at least one close trusting relationships with a safe and appropriate adult.
- Ensuring services are available to support children and keep them safe after abuse.
- Acknowledging children's fears about change and disruption and ensuring responses work with children and their families to minimise subsequent harm.

Making Noise: Children's voices for positive change after sexual abuse

Impact on, and role of,
family and safe carers

4. IMPACT ON, AND ROLE OF, FAMILY AND SAFE CARERS

Key findings

- Following identification of CSA in the family environment, children report diverse and far-reaching impacts on their family life. These include increased division and conflict; rejection and blame from family members; difficult family dynamics and/or negative impacts on the emotional wellbeing of non-abusing family members. Conversely, some interviewees reported increased physical safety, access to emotional support and strengthened relationships within their families following identification of abuse.
- Children's familial ties to the perpetrator had significant implications for the impacts on families, exacerbating levels of disruption, division and/or distress.
- Children and young people are acutely aware of, and hold a deep sense of responsibility for, changes to both family relationships and family members' wellbeing. This is catalysed by the identification of abuse. These concerns further prevent children from talking about abuse or expressing the impacts upon them.
- Support to non-abusing family members is critical for helping children and young people after experiences of CSA in the family environment. Its benefits are fourfold:
 - addressing parents' and carers' own support needs
 - helping parents and carers to better understand and respond to their children's needs
 - promoting family stability and safe positive relationships, and
 - reducing the additional burden on children and young people of the responsibility they feel for their families' wellbeing.
- Children who end up being removed from the family home after experiences of CSA carry additional burdens, including significant loss and a sense of dislocation. Even when children recognise and value the sense of physical safety such moves afford these emotional burdens are profound.
- The needs of older children (16/17 year olds) who are removed from the family home following identification of CSA in the family environment can be poorly responded to. In particular recognition of trauma, associated needs for psychological support and help to make transitions to adult services was found to be lacking.

4.1 Overview

As noted in the previous chapter, the impact of disclosure on family life and family members is a significant factor that children and young people considered when deciding whether to tell someone about their abuse. Anticipation of disruption to these central aspects of interviewees' lives evoked understandable fear. For many, disruptions to family life that followed identification or disclosure of CSA within the family environment led to a complex and multi-faceted sense of loss relating to relationships, home life and/or a sense of 'normality'.³⁵ Some level of change, conflict and/or division within families appeared to be inevitable for all the children and young people we interviewed. However some changes mentioned were positive, including the reduction or removal of risk and abuse, support and comfort from family members, and, in a few cases, closer relationships with certain non-abusing family members. The remainder of this chapter explores these variable impacts, including the experiences of children who became looked after as result of CSA. It also explores children's sense of responsibility for the impacts on family life, and considers the support needs of families after identification of abuse.

4.2 The impacts on family members and family life

The impacts on families were diverse, far reaching and could have both challenging and supportive components – often simultaneously. The degree to which individuals or families were able to respond in ways which children experienced as helpful or supportive appeared to vary enormously, both within and between families. At one extreme there were children who describe their non-abusing parents (or safe carers) as their primary source of support, while at the other end children report dealing with parental responses to disclosure that included violence, increased vulnerability, disbelief, rejection or blame. Variables determining how children's families reacted to and managed the news about sexual abuse included the nature

of children's relationship to the perpetrator (or perpetrators); whether perpetrators lived with the child or not; whether they were adults, siblings or peers; and the nature of children's relationships with non-abusing family members – both within immediate and extended families.

The following section summarises the variable impacts and responses to the identification of abuse reported within interviewees families. This section is divided into six sub-sections with the more difficult or challenging impacts presented first, followed by those which were experienced positively.

i) Division and conflict

When perpetrators of CSA are either family members or closely tied to children's family networks it appears that some level of loss, division and conflict within families is almost inevitable, after abuse had been identified.

A significant minority of children described experiences of family members 'taking sides', including their own parents and immediate carers, resulting in descriptions of '*families at war*'. The profound changes that could subsequently occur in families left children to deal with both the loss of separation and the burden of responsibility for potentially intractable divisions that affected not only them but also others they cared deeply for.

Interviewer: Is there anything that wouldn't be helpful about her telling, do you think? Or would get worse for her?

Possibly the family dynamic because obviously, it's not only going to have an effect on her, it's going to have an effect on all the family and depending on how much people loved her uncle, she might lose people... I had support from my half of the family, my dad's half and my stepmum's half but from my mum's half, there was nothing really. It's difficult because you could lose people potentially because of it.

(IV34, Female 15 years)

35 In a number of places throughout the report reference is made to young people talking about a desire for 'normality'. It should be noted that the report presents this language as a reflection of interviewees' expressions, without colluding with it, or suggesting that there is a clear definition or agreement of what constitutes 'normal'.

My family's disowned us – I've only got my mum and my stepdad and my siblings and it has also affected them – it has affected my little brother. And now because we don't have much family now because they've disowned us – I just think about my little brother because I love him so much and I have to be there for him. And it has affected him – more now because he knows what happened. My family have disowned us – my dad – because of what he's done he's in prison - he can sit there and rot. So we don't have a lot of family.

(IV45, Female 16 years)

Where individual family members displayed ongoing loyalty to perpetrators, this was portrayed as particularly difficult or painful for the child, undermining relationships with those they had been close to:

When I spoke to my gran... I asked her who she believed because at the time, she was still with him, still living in the same house, still under the same roof, everything, the same bed, all of it and I said, 'Who do you believe?'... and she went, 'Well sometimes I believe you, some days I believe him but I don't know', and with that I was gone, 'Don't talk to me, don't want nothing to do with you, you're meant to be my grandmum, my blood and you've still chosen him' and had a lot of anger... I think she now wears his ring, his wedding ring on a necklace and that drives me crazy, I just want to pull it off, throw it down the drain.

(IV33, Female 15 years)

A lot of my family don't know how to talk to me about it all and I didn't have contact with them for a whole year of him being gone, they cut contact with me.

(IV20, Female 16 years)

Family members' loyalty to perpetrators also resulted in children being subjected to blame and judgement:

[My stepdad] did stuff to my mum as well, he'd groomed my mum but I didn't know that until it came out about me and then I thought she was lying, she like accused me of lying so I don't speak to my mum no more because of it... I haven't spoke to her for four years.

(IV27, Female 17 years)

ii) Changing family dynamics and relationships

While many changes to interviewees family dynamics related to overt conflict and division, as explored above, other examples described more subtle disruptions such as being treated or perceived differently or the loss of trust.

A minority of children described a fear that even where family members' responses to them were well intentioned, caring or supportive, those same family members would inevitably see, or react to, them differently after disclosure. Throughout these narratives a strong theme arose about children's desire to avoid stigma and fear of disruption to the safety of family routines and familiar dynamics:

I didn't want to tell my sister or my mum because I didn't want them to feel sorry for me and I didn't want them to treat me differently.'

(IV18, Female, 17 years)

And it's horrible when your family find out – because you just don't want them to look at you like you're someone else, like... if you understand what I mean... you get worried 'cause you don't want them to look at you like you're, like they're disappointed in you.

(IV24, Female 10 years)

Just like the basic family routine would be completely changed. No one really likes that. Even though it is really important [to tell], people are scared that they'll just ruin everything.'

(IV14, Female 15 years)

So obviously my mum started drinking again, my sisters went into foster care and it was just – we knew it [this] was going to happen and it did happen.

(IV29, Female 18 years)

Things will change with the family and the way everyone will treat her. Dad or mum would probably move out and everyone would treat her differently – say being dead nice to her... There's a difference between being nice and being too nice – too nice where it's uncomfortable and everyone's being false. It's not a real happy that everyone's being – they just feel like they need to... Your family tiptoe around you.

(IV44, Female 17 years)

A number of interviewees also described the erosion of trust between them and their parents and the associated creation of 'distance'. This operated in two ways: firstly, parents struggling to accept that their child had not told them sooner about the abuse, or had chosen to tell someone outside the family, and, secondly, instances where the profound exploitation of trust inherent in experiences of abuse limited the child's ability to trust others, including their parents.

The mum might start to wonder, 'Why didn't my daughter tell me this?'... She [the daughter] could get maybe told off at the same time, like, 'Oh, you should have come to me [rather] than telling your head of year and now look at all this stuff that's happening to us?' 'You should have told me, I should have helped it'... Because if a child didn't tell the mum what's really going on and told someone else, let's say like a stranger, well that's what [the mum] would think, 'Oh, she told a stranger more than me,' it would be like, 'She doesn't really trust me and I don't even know what's going on with her because she doesn't really talk to me.'

(IV18, Female 17 years)

Interviewer: What would get worse [after disclosure]?

The way she feels about her family – and whether she can trust them.

(IV9, Female 13 years)

As well as recognising changes to family dynamics that were prompted by the identification of abuse, children also described changes resulting from their own responses to their abuse and related trauma. For example changes to children's emotional wellbeing and associated behaviour which could impact on family relationships, even prior to identification of the abuse:

I argued with my parents a lot through all this. It was a time where I was feeling very, very down.

(IV46, Female 13 years)

If at first, they [her parents] didn't know, she'd probably just self-destruct and do loads of naughty stuff and cause arguments with her family, and then she'll probably just lock herself in her room and exclude herself completely. Make herself alone.

(IV35, Female 13 years)

I know in my experience after what had happened, I did a lot of stupid things that I shouldn't have but for me, I knew that this is what was going to happen but my parents didn't so they sort of had to go through it all... Having a parent go, 'You shouldn't be doing this' – having an argument with you about it isn't productive – because at that point, the more you're told 'don't do this', the more you want to do it... having someone shout at you for doing something that you don't really know why you're doing it, just makes you feel worse about the whole situation.

(IV34, Female 15 years)

iii) The emotional impact on individual family members

Identification or disclosure of CSA in the family environment catalysed significant levels of distress and upset among close family members as well as the child who experienced the abuse. This distress included experiences of shock, guilt, self-blame, anger, hurt, desire for revenge, depression and confusion. How this manifested varied, but interviewees of all ages (including very young children) described an awareness of this distress, both in response to both the identification of abuse and subsequent processes such as social care interventions, investigations, and court. Understandably interviewees focused particularly on the impacts on those closest to them: non-abusing parents and siblings, but a number also acknowledged the emotional impacts on wider family members including grandparents and cousins:

Interviewer: You just said that's really hard when [family] find out...

Yeah... because it makes them really upset and it makes them really want to go and like... like hurt other people and then when, and then you don't want that to happen and then... it's like two families at war together.

(IV24, Female 10 years)

My dad was absolutely going through stages of anger [when he found out], not at us, at [the perpetrator, my stepdad], and probably a bit that we felt like we couldn't tell anyone. Just really upset... So I think he was just angry that we felt like we couldn't talk to him. It wasn't his fault that we couldn't talk to him, it was just thinking about the bigger picture, sort of thing.

(IV29, Female 18 years)

As the quote above also illustrates, delays to children's disclosure placed them in a 'double bind', facing the conflict between their own needs and those of other family members. Children were clearly conscious that their non-abusing parents or carers wished to have known about their abuse sooner. However telling someone about their abuse earlier was often described as too difficult – often in part because of their desire to protect those same family members from hurt.

Despite these challenging and distressing impacts on families there were also a number of more positive impacts described that often occurred alongside some of the difficult experiences described above. These can be summarised into three key themes: increasing physical safety within families (both for self and for others); access to the emotional or psychological support of families; and strengthening family relationships.



'She might be feeling a tiny bit relieved like from a scale of 1-10 about 4, and she might be really upset that her dad's gone.'
IV1, Female 7 years

iv) Increasing physical safety within families

While responses to disclosure varied, a significant majority of those interviewed indicated that their physical safety within their family environment increased after identification or disclosure. This is not necessarily to say that they felt wholly confident in the degree of physical safety experienced – given the previous absence of physical safety during abuse – but many recognised that this had, at least, improved post identification or disclosure. For all the participants we spoke to, direct and regular contact with their perpetrators ceased shortly following their disclosure or identification by professionals. For some of these children and young people a sense of physical safety within their families was afforded by a restraining order or custodial sentence. For others, improved physical safety relied on either a child or young person, or the perpetrator, moving away and ceasing contact, including through care proceedings. Yet even in the absence of an identified perpetrator, it is also important to acknowledge that risks to children may continue and assessments of 'safe' or 'protective' family members should not be without critical consideration.

Likewise, respondents' confidence in the degree of physical safety afforded by these different forms of separation appeared to vary and for a significant minority of interviewees, the anticipation of risk, or in three cases direct threats, from a perpetrator continued. This included interviewees whose perpetrators continued to live (or visit) in their communities, prompting ongoing anxieties about contact. In other cases, where perpetrators were in prison, concerns were less immediate, but focused on what would happen at the end of a sentence when perpetrators were released. For children in families where investigations ended with a 'no further action' decision ('NFA') the increase in physical safety was arguably most limited, particularly when perpetrators continued to have contact with other family members. Despite these caveats, there was however a broad consensus that the decrease in risk afforded by separation, in whatever form and for whatever duration, was welcome despite the associated disruption and in some cases challenging feelings of loss.

Interviewer: Would anything get better after [the character] has spoken to the police?

Yeah, much. Not in her head it wouldn't, but with everything that's gone on, they'll pick up evidence from everywhere. He could be taken away... she'd feel safer.

(IV23, Female 13 years)

Respondents also described their sense of physical safety being supported by verbal and physical reassurances from non-abusing parents and carers.

What I do is I tell my mum every single bad dream that I have and she always reassures me saying, 'That's okay, it's just a dream'. Another thing that I was constantly told is that, 'You are safe'... one time [when] I was very scared of one of my dreams my mum agreed just to sleep next to me to make sure I was fully asleep because even though, yes, I think I was a teenager, or even 12 when it happened, it's like I'm getting to be an older girl now, like I'm not a child any more, but I would still want my mum to do that if I was very scared and my mum would do that if I just asked, if you want a certain type of help, even if it is just a hug, like you want someone to sit next to you, you want someone just to hug you when you fall asleep. Never be afraid to ask for the help that you want.

(IV46, Female 13 years)

As these quotes suggest, children and young people's sense of safety extends beyond the removal of physical risk and could also mean access to an increasing sense of psychological and relational security that many children associated with their non-abusing carers (Shuker, 2013). These issues are discussed in more detail below.

v) Access to emotional support and advocacy

In a number of cases interviewees suggested a clear relationship between their sense of personal resilience and the existence of emotional support and advocacy from non-abusing family members. For those who received such support it was often framed as a foundation or 'base' which provided the stability to promote children and young people's own internal protective resources.

My family were very supportive. We all helped each other so we all had that strength, we all shared the energy to all get through this and of course I couldn't get all the power that I had from the inside.

(IV46, Female 13 years)

I think my mum were quite strong about it, we always said, 'You did the right thing and we'll have each other' and I was really happy about that.

(IV51, Female 15 years)

Interviewer: What sort of support does the young person need from their family?

Lots of emotional ... Because if you're feeling really guilty and all that and you don't know what's going to kick in after that. If you feel like you've got a good base you could go to your family and talk to them then [a child] might be a lot more okay with it.

(IV40, Female 17 years)

While it is important to acknowledge this potential role for family members, it should also be noted that the capacity of family members to provide this type of support appeared to be heavily contingent on individual circumstances and in particular their receipt of professional help – access to which is known to be limited and variable (further details of which are provided in section 4.5 below). The message here highlights the value of reassurance,

encouragement and unconditional love from close, non-abusive individuals, though the availability of this was far from universal within children's families.

Although most descriptions of this type of support highlighted the role of mothers, there were five interviews in which children specifically noted the role of their non-abusing fathers in supporting them emotionally. At least three of these five related to children whose relationships with their mothers had broken down after disclosure (all cases where the perpetrator was their mother's partner).

An additional protective factor described by children and young people was their care for, and responsibilities towards, other young members of their family. Five interviewees described how their responsibility for younger family members supported their own emotional wellbeing. They remarked on how younger children close to them motivated them to stay positive and hopeful: how they 'needed to be there for them' and this provided them with a protective role supporting others. One interviewee explained the role of her relationships with her daughter, nieces and nephews in helping 'pull [her] up'

I had [my baby girl]. She helped pull me up – stopped me cutting myself and I've got to be resilient for her. It almost pulled me out of it very quickly – getting pregnant. I still have bad dreams and flashbacks – but not as much and I have to deal with it... now with kids around – like if I cut my arm now – then the kids [nieces and nephews] they could say 'Aunty A – what's that?' And I'm not going to be saying those things to the kids.

(IV53, Female 19 years)

In two interviews, children also highlighted the role of pets within their families and the protective role they played in relation to their emotional wellbeing following abuse.

In addition to the emotional support described above, the opportunity for family members to provide practical support and advocacy was also highlighted as a benefit of the identification of abuse. In particular, children highlighted the value of parents and carers 'hand-holding' (attending meetings and appointments with them), liaising with services and professionals, and being a conduit for information sharing, particular in relation to complex legal processes.

If [the character] tells her mum then her mum tells the police... Because her mum has authority... If she tells her mum [they] might feel more respect for her mum... Then her mum might help her to tell the police.

(IV54, Female 11 years)

[In the lead up to court] I didn't really speak to anyone about it, I spoke to my mum. My mum got all the information and then told me, because I didn't really understand it.

(IV35, Female 13 years)

One 16-year-old young woman, abused by a male family friend, talked about the role of her mother when visiting or accessing services for the first time and how this diffused her anxieties: she said it 'really [took] the nerves away' and '[helped me] feel more comfortable' (IV4). Another young woman described her mother's support with health visits in which she anticipated needing to share details of her abuse. She explained, 'I got my mum to ask [the questions] even though I was in the room with her, I wanted to be there to know what's going on but I wanted her to say it [that I had been abused].'

(IV14, Female 15 years).

Given the particular sensitivities of conversations with professionals that children were asked to engage with after identification of abuse (and the fears associated with these), support from a parent or close family member was often described as critical, 'cushioning' children from some of the difficulties associated with these encounters and providing them with an informal advocate to communicate in situations that felt difficult.

vii) Strengthening family relationships

Finally, just as some children and young people described the erosion of trust between themselves and adults as a consequence of abuse, there were a small number of examples provided where children saw potential for trust to be built and relationships strengthened within families following disclosure. Common to these testimonies was an element of being able to share challenges and access a sense of collective or mutual support.

What happened with me and my mum and my sister, when that event happened, we actually went closer together. And we started to trust each other more.

(IV39, Male, 11 years)

Interviewer: Do you think anything would get better after the police got involved?

R: Eventually, yeah. Might take some time but then when everything gets sorted and like they'd be offered support and everything settled down a bit, then yeah definitely... The family as a whole, they'd probably become closer after it or whatever. More trusting of each other.

(IV14, Female 15 years)

These examples, and the wider narratives from which they stem, describe scenarios in which parents and other family members' reactions to the identification of CSA catalysed greater openness within families and additional commitments to 'being there for' children both emotionally and practically. While these examples are heartening, what remains unclear are the specific circumstances and factors which enabled these outcomes in some families but not in others.

Children's advice for parents

This is a selection of the advice to parents given by interviewees:

Ask them when they need help so like just after things have happened, saying, 'I am here for you whenever you need me, if you want to talk about it now we can, you don't have to tell me everything, you tell me what you want to tell me, I will keep asking you every now and again whether or not you want to talk, if you don't, just say so and I'll back away and leave you alone'... So being there for them when they need to talk but also asking when they need to talk but if they say no, just to back away and leave it so you get that sort of balance between talking and letting them sort through their own emotions and what they're going through. (IV34, Female 15 years)

Just try and ride it out and one thing that parents always do, every parent does it, social media. Don't post anything on social media, don't go, 'oh I can't believe you scum, all this lot', because that makes it worse... and just get as much help as you possibly can. (IV50, Female 15 years)

Don't shout! Don't say 'no'. Talking it through with the young person, try to find out why they're doing what they're doing and help them understand their emotions because a lot of it is driven from emotion and... tell them more productive ways of helping them get out of the situation that they're in because drugs, drinking, is all about taking yourself out of that situation and putting yourself in a different one. (IV34, Female 15 years)

Never give up on your child and, just make sure that your child knows that you will be nothing without them. (IV46, Female 13 years)

My advice is to believe what your child is saying – because they're not just going to make it up. To believe your child and to give them support and to tell them, 'Right, we're on our way'. (IV48, Female 14 years)

4.3 Young people's sense of responsibility towards family

One of the most striking and moving findings from this research was children's profound sense of concern and responsibility for others in their family. Interviews revealed that even very young children³⁶ carried a significant sense of responsibility for the impact of their abuse on individual family members and wider family dynamics and living arrangements. The consequences of this are far reaching, not only in terms of increasing children's anxiety and distress but also further silencing children through their attempts to protect those they cared about. Such concerns extended to non-abusing parents, siblings; grandparents, cousins and in a significant minority of cases perpetrators. Respondents also recognised and described clear relationships between their own wellbeing and the wellbeing of other family members.

I think the majority, most parents who find out that their child's been abused – extreme guilt, even if it wasn't their fault, they didn't know about it. As a parent you're going to feel that. I know from my own experience, my mum carries a lot of guilt for stuff that happened to me. She wasn't there. She didn't know.. But definitely that's something that's hard for me, knowing that she feels so guilty and blames herself. So definitely [you need] support for the family as well, 100%, especially the parents.

(IV21, Female 18 years)

She [my mum] blames herself a lot because obviously she was pretty much drinking throughout the relationship on and off, so I think she feels as though she should've noticed something or she let it happen. She has a lot of guilt around it.

(IV29, Female 18 years)

Sometimes you can feel a bit guilty that if you hadn't have said anything, then she [my mum] wouldn't have had all this trouble and awkwardness around.

(IV51, Female 15 years)

The extent of interviewees' sensitivity to, and awareness of, the feelings of others often inhibited them from sharing more about their own feelings or experiences. While it was often clear that parental responses sprung from caring and protective intentions, the impact on children could be one of further silencing them from expressing their own needs:

I know for me, knowing how bad my mum beat herself up about it, I held back a lot of things. We'd never go into detail. It was much harder for me to talk to her because I knew she blamed herself.

(IV21, Female 18 years)

With stuff like this you don't want to hurt your parents – you want to protect them from being hurt more. When it comes to this a lot of people don't want their parents to be too involved – to stop them getting upset. Most kids won't tell their parents everything.

(IV32 (Female 14 years)

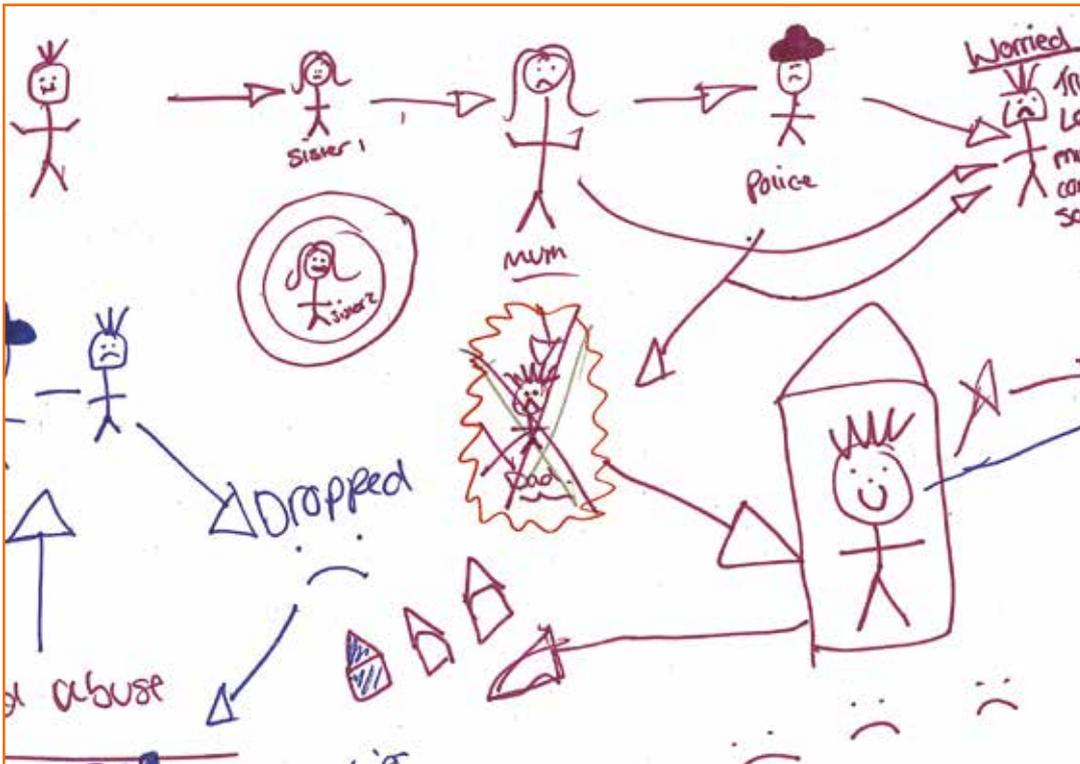
Sometimes you feel like you don't want to talk about it to your family because you don't want to upset them and stuff.

(IV30, Female 17 years)

One 14-year-old girl explained that if you have younger siblings 'you'd want to be the big one, strong and you'd want to try and not make your mum worry as much. That was what it was like for me'. When asked to explain what it might be like to show they were strong for a sibling, she said: 'It's hard to be strong. When you're strong people can't see how low you are because you're putting on a fake smile – a brave face.' (IV8)

Interviewees described a sense of responsibility not just for other people's feelings but also for the far reaching impacts on family relationships and particularly living arrangements:

36 Evidenced in interviews with children aged 7 years and above.



'Home is crap – sisters crying – she doesn't really understand – and her Mum's ignoring her – so she's looking after her sister.' IV44, Female 17 years

Interviewer: Do you think anything would get worse after [the character told someone]?

R: It might upset the family a bit and it would definitely affect her and everything. .. Or like she might blame herself for it, especially if like, the family broke apart. ... Just like the basic family routine would be completely changed. No one really likes that. Even though it is really important, people are scared that they'll just ruin everything. (IV14, Female 15 years)

Children identified the criminal justice system as an aspect of the process which held specific and significant consequences for families and for which they felt responsible. The intense stress of prosecution processes were noted to hold potential to profoundly damage family relationships, particularly if court verdicts did not rule in children's favour, placing an enormous burden of guilt on some children:

The court – I just feel like I destroyed practically all of my family doing this – for nothing.

(IV26, Female 17 years, perpetrator found not guilty)

Conflicting emotions

Interestingly, even where children felt betrayed or let down by parents and carers (for example if they were not believed or supported, or were blamed for the abuse) they still described ongoing feelings of love, responsibility and loyalty. In some way, this mirrors the conflicted feelings some interviewees held towards their perpetrators, as previously explored in chapter 3 One young person described a mixture of love and hate tied up with her ongoing self-blame for her abuse:

My mum – I love her to pieces but she's a cow – I do feel like I owe her something because she's dying – despite everything she's done to me – I don't see why I feel responsible but I do. I'm too kind and I – I blame myself [for the abuse] as much as him [my brother].

(IV12, Female 18 years)

4.4 Support to parents and families

Over half (57%; n=30) of interviewees highlighted the need for professional support for family members, an issue clearly linked to the high levels of awareness about the impacts of their abuse on their families. They identified that family members need support both in their own right and in order to enable them to better support their child. These needs were often framed as inter-related: children need to be able to talk to close family about what had happened supporting family members' need to understand and respond appropriately to children's own feelings and responses, and the need to reduce the burden children feel for the impact on their families.

One ten-year-old boy simply explained that 'a child's parents would need workers too', while an eight-year-old girl made sure to include 'help for her family' in the 'first aid kit' she designed for other victims, explaining, 'Cause they might have needed help and that might make [a child] feel a lot more safe'. (IV13).³⁷

I wish that my mum and my sister could come to places like this [counselling service] so that they could actually understand a bit more. Because obviously they deal with me at home when I was going through all that, but then they don't have anywhere to let off their steam from it, and they don't have anywhere to go to get help and understanding from it. So that was one thing that I did find hard.

(IV22, Female 17 years)

Interviewer: What about your family – did they get any help?

No they didn't get any help. For my dad – he felt responsible and that messed up our relationship a lot – and he knew he was downstairs while it was happening under his roof –and he should have had counselling too – not just kept it all in.

(IV53, Female 19 years)

Sometimes it feels like everything is centred on the young person [so] you might get Social Services to help the family as well... because they might not know what's going on as well. [They need] support and explaining.

(IV40, Female 17 years)

I think if my dad had come to one of the counselling sessions, maybe that would have helped him to – for him to understand that I kind of feel how he feels but it's in a different way. Like I don't know, it is a really hard subject I think... as stubborn as my dad is, if someone was like, 'this will help your daughter' and played the guilt trip then got him to sit down and them to say their experience of how it happened, [it] would really help him.

(IV27, Female 17 years)

The absence of support for family affected children and young people directly, both in terms of the guilt and responsibility they experienced and limiting the ability of family members to effectively support their children.

Interviewer: How does that feel for a young person, if their parents can't access counselling?

It obviously affects that person's mentality and that's going to have an effect on you because you can see that they're not coping with it and being in a household of people that aren't coping well, doesn't help you because that makes you feel like 'I've caused this'... Also, knowing that you're getting help but they're not makes you feel bad because you're like, 'I'm dealing with this, I'm fine but they aren't' and I know it isn't my fault I've put them in this situation but I want them to be able to get help because of something that's affected me and they can't access that. So it affects the dynamics in the household, it affects relationships and all in all, it just makes the young person feel worse about it all.

(IV34, Female 15 years)

The family support I think, parents or guardians should always have that, well someone to talk to about what they want to do and where they think they should go because it can be quite a lonely place, especially if you've got a single parent like my mum – she always says to me, 'I wish I knew more about what was going on and the routes I could have took and the best ones for us'.

(IV51 Female, 15 years)

³⁷ 11 of the 15 children who completed a 'first aid toolkit' mentioned support for families as a critical component of helping children after sexual abuse in the family environment.

Alongside accounts of unmet needs, there were also interviewees whose families had received support and who described the positive impacts of this. While detailed information about the nature of the support that children's families received was not available, respondents alluded to a range of interventions primarily for parents and, in some cases, also for siblings. These included individual counselling, group support with other parents, family counselling, and advocacy where workers facilitated communication between children and parents and/or supported parents through provision of information and signposting.

sister, I think that helped her because then it made me feel more relaxed. Because I felt bad when everything came out that my mum wasn't going to be able to cope, but having support for the rest of my family, like my sister has a social worker and a counsellor. So having support for the rest of my family helped me know that I'm not going to be a massive burden on everyone really.

(IV22, Female 17 years)

Say, [if a child's] having trouble with her family, sometimes, like [my counsellor's] had it with me, you get your family in the room with you and then they can talk to the mum and the dad and help them explain as well, and help them know how to deal with their kid. Because they're going to struggle, so if the counsellor can help them know how to deal with her, then it'll just kind of help.

(IV35, Female 13 years)

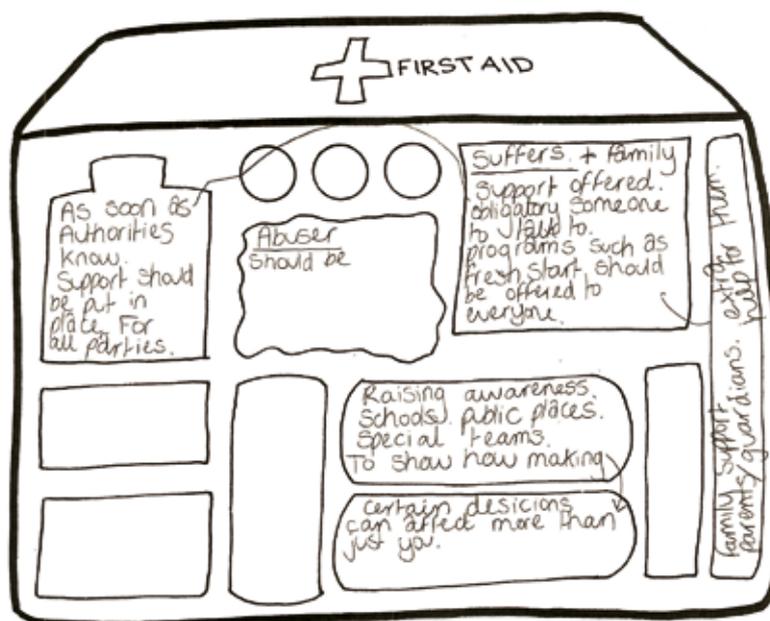
Yeah, she [the family support worker] helped my mum because my mum was suffering with depression and she helped my mum... like get through court because it was really hard for my mum 'cause she was worried 'cause she wasn't there and like she wasn't there for me and it made her like depressed. But then the family support worker helped her and [now] I'm going back to school.

(IV24, Female 10 years)

Because my mum had some help she didn't feel like she was on her own trying to help me. So because she had someone she could go to, someone that actually listened and was there for our whole family, it was just me, my mum and my

It's important that this is correct for parents to be aware of how you're feeling because sometimes you might not be able to tell your parents how you're feeling, but your worker can.

(IV30, Female 17 years)



'As soon as authorities know, support should be put in place for all parties, abuser, sufferer and then family as well'
IV51, Female 15 years

4.5 Children's involvement with care systems

For some of the interviewees, identification of CSA in the family environment had resulted in them being removed from their family homes and either looked after by local authorities or, in the case of some older children, being moved into supported accommodation. For these individuals, the impact on family relationships was arguably most profound, involving physically dislocation from immediate family and relationships with new carers. The following section explores key messages from this group of children.

While two-thirds (67%, n= 36) of the interviewees continued to live with at least one non-abusing parent following identification of CSA in the family environment, at least one third (33%, n=17) were known to have been moved out of their family home. 13 of these 17 became looked after (11 in foster care, one in residential care and one in kinship care), either under section 20 (n=4) or section 31 (n=9) of the Children Act.³⁸ Although not all of these children chose to reflect on this aspect of their lives within their interviews, those that did (n=12) described a range of ways, both favourable and unfavourable, that they experienced these changes to their living arrangements and those caring for them.

Firstly it is important to acknowledge that all those in foster care or residential care recognised and acknowledged some clear benefits of their removal from their family, in terms of their physical safety, improved care, and/or opportunities to distance themselves from difficult memories. Two children talked about feeling 'calmer' when removed from their homes or, in one young man's words 'not scared when he goes in the house, after school'.

Interviewer: What might get better for [the character], after she tells her teacher?

She might get fostered like I am right now and...

Interviewer: So what's good about being fostered?

Like you don't have any trouble there and you'll be safe... Maybe the foster carer might, might look after her properly more than she was looked after before.

(IV7, Female 9 years)

Maybe for a start, he might feel... upset and then when he's used to the things, he'll probably be safe, feel safe.

(IV10, Male 14 years)

[A child going into foster care] they might be nervous at first but you – you get to know people so – you need to get to know them first before you can trust people.

Interviewer: And then what do you think helped to build the trust?

Love, care, money! Proper food... Aye, I used to eat dog food. Aye. First real dinner was the best thing ever.

(IV11, Male 16 years)

The young man quoted above earlier described being moved as '*the best thing ever*', wishing he'd had the opportunity to go into foster care at a much earlier age, noting that this could have supported his mental health. It was clear that his foster carers provided a stable and supportive home for him and though he acknowledged some tensions, these were framed within the bounds of normal parent/carer child relationships. He also noted that he considered himself lucky for the relationship and rapport he had with his foster carers and appreciated that many other young people did not have such positive experiences, stressing the need for careful and thoughtful placement matching.

³⁸ The remaining four were moved out when aged 16 or over and were moved into informal kinship care arrangements or supported housing.

Ambivalence about placements

For several interviewees, acknowledgement of the value of safety afforded by the care system was conveyed alongside other more difficult feelings, such as loss and self-blame.

Because I'm in a care home now and away from my family it has helped – I've got more independent. I walked away from all the memories. Because obviously my whole family turned against us. [But] when I moved away from home there was still lots of self-harm – I missed everyone and I blamed myself.

(IV45, Female 16 years)

The sense of ambivalence, or conflicting emotions, about being in care conveyed here were present in most accounts of being looked after: recognising benefits alongside an acknowledgement of very difficult feelings.

It's hard to go in a new family that you don't know, but they will, in time they try and help you... it's a difficult time and they should listen to what the child said.

(IV5, Female 17 years)

While the young woman quoted above acknowledged that her foster carers were 'certainly trying to help you' she also explained that ultimately 'it's not your family, [and you] don't want to be with them.'

For this young woman, foster carers were valued when they 'stuck up for you' but they were also seen as a barrier to seeing her parents when she wanted to. All of this young woman's hopes and ideas for improvements to her situation related to her desire to have ongoing contact with her family – despite her acknowledgment of their role in her abuse. Her criticisms were not of her individual foster carers but rather of 'a system' and others (namely social workers) who she saw as preventing her ongoing contact with her abusive parents. In this case, the young woman did not appear to fully accept an assessment that it was against her best interests to see her parents, suggesting additional unmet support needs around this issue. Such challenging feelings towards the perpetrators of

abuse were reflected in a number of interviews, highlighting complex feelings relating to risk, love and loss that many children (not just those in care) experienced.

Similarly others highlighted the inability of foster carers to replace the role of parents. Secure placements and trusting relationships were described as taking a long time to develop, particularly in light of the abuses of trust that children had already experienced.

Because it's a family member [who abused her] and there might not be any trust any more, might be a good idea [to go into foster care], but obviously it's two new people, and she might not be able to build up the trust with them... it's quite scary, because she doesn't know these people, and you're asking her to live with them.

(IV23, Female 13 years)

I don't normally trust people. Like at the moment I don't sort of trust my foster carers because I haven't been there for that long.

(IV42, Female 17 years)

In two of the twelve interviews which discussed being 'looked after', interviewees were unequivocal about their dislike of being in care, highlighting the absence of unconditional love and a sense of belonging, and suggesting that their sense of stigma and related adversities were compounded by these experiences:

I hate being in foster care... I hate it, I absolutely hate it... Social workers, meetings, everything... There's so many rules and regulations that children don't feel normal. ... Yeah like me, I don't get treated like a normal person at all. You just want to feel like you're special and you just want to feel loved. But at the moment I don't feel like that. I sort of feel like I'm just another child in the system... It's just sort of a bit annoying because I've never really felt like I am part of a family.

(IV42, Female 17 years)

In another example, becoming looked after was compared with being further punished or 'losing' out:

[It] might be like [the perpetrators] won, because if she was happy before the abuse and she had a family, a home and the foster carers aren't like local, she might have to move school and it just changes everything.

(IV23, Female 13 years)

Alongside the evidence gathered from children who had become looked after, there were two other notable cases where children had contact with the care system as a result of identification of CSA in the family environment. These were children who continued to live with a non-abusing parent, or who lived independently, but for whom identification of their abuse had resulted in step siblings or half brothers and sisters being taken into care³⁹. For these children, their siblings' foster care arrangements could evoke similarly mixed feelings to those described above: relief for their siblings' safety and increased stability, alongside sadness for loss or changes to family arrangements:

Obviously it's good that we've taken my two sisters out of that situation of being with him, that was probably the best thing that could've happened, but them being in foster care probably... the foster carer is absolutely lovely but it's just sad. At one point I was even thinking about taking them on myself and then I was thinking, well I can't really, I'm 18 and I don't know whether they probably deserve to be with a proper foster carer rather than me... it's a bit of a difficult situation.

(IV29, Female 18 years)

Despite these difficulties, the young woman quoted above valued the placement and identified two aspects that were critical to her assessment of it. These were:

- flexible and relaxed contact arrangements which facilitated regular contact with her sisters and supported strong sibling relationships, and
- messages of support from her sister's foster carer to her mum, making clear their separate roles and helping her maintain a sense of their family's identity.

She [the foster carer] was like [to my mum], your girls are absolutely lovely but I really want my house and you need to get sober. So she's very supportive in giving them back. Obviously they're amazing girls and she admires them but she's still supporting my mum in getting them back, she's not, 'I want to keep them'.

(IV29, Female 18 years)

This mirrored wider messages about the ongoing value of any help to sustain safe familial relationships despite changes to living arrangements or other disruptions.

Children's advice for foster carers

A selection of the advice to carers given by interviewees:

Welcome them into the home... just let them know that they're only there to try and help them, not take their family off them.

(IV5, Female 17 years)

Be supportive. Belief. Caring. Always attend social workers' meetings. If [the child's] got something on her mind, know how to help... Just be supportive and make them one of the family from the start.

(IV23, Female 13 years)

Don't be a dick! That's my own words, don't be a dick, be nice, do your jobs right... food on the table, clothes on their backs, need to help 'em go to school. Keep them clean.

(IV11, Male 16 years)

Make them feel like a child... Make them feel normal ... [when] there's so many rules and regulations children don't feel normal... Treat them like their own child.

(IV42, Female 17 years)

Trust, love, care, and a room of their own

(IV11, Male 16 years)

39 In one of these cases, the young person was 18 years old and had left home so did not need to be accommodated and in the other case the child lived with a non-abusing parent but their step-siblings, who had been living with the perpetrator, were taken into care.

Shortcomings in provision for 16 and 17 year olds

For children and young people who are 16 or above when abuse within their family home is identified, willingness or opportunities to move them into foster care may be limited and care proceedings unlikely. Interviewees for whom this was the case described other arrangements such as kinship care, temporary or supported accommodation. For these young people, not only was the nature of care different but also the level of support they were eligible for both before and after turning 18⁴⁰. The interviews with three young women with experience of temporary and supported accommodation reflected strikingly similar themes. These themes included multiple moves, a lack of physical safety, limited support for their emotional wellbeing and the attribution of difficulties with their mental health to their living circumstances. Worryingly, in these accounts professionals charged with their care appeared to have limited recognition of the impact of abuse, associated trauma and the implications of this. For these young people, movement away from their perpetrators (in all three cases their brothers), facilitated by social care, failed to provide them with the security or sense of care and safety they so clearly needed, and which several others described experiencing with foster care placements.

It's horrible – I'm in a four bed cluster⁴¹ – it's less safe – it's always people moving in and out – and at one stage I was there with three other boys – constantly changing who lives there and it makes me anxious. There's loads of rules but they [workers] don't stick to them – but they're always threatening us with our tenancy – it's meant to feel like it's a place we can be and belong but it doesn't. I've got two support workers, a main one and a secondary support. My workers always seem to forget what I tell them – they need to start remembering what I tell them – it's important – My support worker forgets too much – I can't have someone forgetting. They always seem to forget what sort of life I've had. The foyer was told why I was moving in but they have never given me any specific support – at one point my brother got offered a place in the same foyer... I'm the girl that slams the doors – every time I walk in there I feel

angry – like they've pushed me – like I've been let down. They need to take account of people's need for support not just surveillance.

(IV12, Female 18 years)

After I disclosed to social service and police they moved me out into family care – with my sister. Then I moved back into the family house after [the perpetrator] moved out. Then my dad kicked me out – apparently my behaviour wasn't right – he didn't believe me – he made it clear he didn't believe me or my sister and wouldn't support us. Then I went into homeless accommodation for 16–25 year olds. There were too many people in there – men in there and male staff with keys to my room – they knew I was a high risk of self-harm and they knew about what happened. But then [my abuser] found out where I was living so I got kicked out. Then I moved into supported living. Out of the two it was the worst – there were two people in the house – there was one girl who threatened me and then she moved out – so it was just me and staff including male staff with keys. There were locks on the doors but they didn't lock and when I was showering in the house I felt really uneasy. I was kicked out of there for self-harming too much and overdosing it... So then I moved in with my sister.

(IV26, Female 17 years)

Although these experiences relate to just three individuals, the similarities between them, and the evidence that provision fell significantly short of meeting their needs, raise real cause for concern. They mirror other research highlighting how safeguarding responses for children aged 16 or 17 often fail to meet the standards of care provided for younger children, and demonstrate how older children's vulnerabilities may often be overlooked or misinterpreted (Raws, 2016). For those children who have experienced familial sexual abuse (and sometimes other forms of maltreatment) these shortcomings hold far-reaching impacts for health and wellbeing and coincide with other difficult transitions such as those to adult services.

40 For example, these children and young people were not entitled to provisions under the Children Leaving Care Act 2000, including entitlement to a personal advisor; priority for social housing when turning 18 years, or support with continuing education or training.

41 A 'four bed cluster' refers to a supported accommodation unit with capacity for four individuals.

4.6 Summary: recognising support to families and carers as critical

The impact on, and responses of, families and carers emerged as a critical aspect of children and young people's accounts of sexual abuse in the family environment. Families' own propensity or ability to respond in supportive and helpful ways varied enormously. Family responses ranged from rejection, blame, violence and stigma at one extreme to examples where non-abusing parents were described as the central provider of emotional safety, advocacy and practical support.

The levels of responsibility that even very young children felt for the impact on their family was striking and clearly compounded the number of issues children were left to deal with. For many interviewees, an awareness of the negative impact on family was described as a further silencing mechanism as they made efforts to protect their parents and siblings from further distress.

The data demonstrates that support to non-abusing families is a critical component of effective support for child and adolescent victims of sexual abuse in the family environment, supporting messages from existing research (Horvath et al., 2013; Carpenter et al., 2016). Evidence from children interviewed for this study suggests that such support should integrate four distinct though inter-related elements:

- Addressing individual support needs of family members that arise as a result of the identification of CSA in the family environment, providing them with a supported space to process and make sense of their own feelings and thoughts related to the child's abuse.
- Equipping non-abusing family members to better understand and respond to needs of children who have been sexually abused – bolstering the supportive and protective resources around the child.

- Promoting family stability and safe positive relationships among non-abusing family members at a time when disruption and change to family dynamics is likely to be intense and painful for those who have been abused.
- Reducing the responsibility (or burden) which children who have been sexually abused feel for their non-abusing family members, thereby avoiding further silencing the child and enabling them to focus on their own needs.

Meanwhile, where children and young people do not have the benefit of a safe carer or non-abusing parent, the looked after system can provide a vital means of providing physical safety for children and young people, with the potential to provide relational and psychological safety (Shuker, 2013). Evidence from young people interviewed for this study demonstrated that foster care placements⁴² have potential to provide positive supportive environments, which children welcomed. However it was also apparent that even for those children who valued the physical safety afforded by care, many children were also dealing with significant loss in relation to their family relationships, home lives and histories, regardless of the nature of risk from perpetrators. There is a clear need to support children and young people to address these issues, recognising that many of these needs are likely to require specialist interventions and skilled, professionally supported carers to respond to the specific vulnerabilities of victims of sexual abuse.

42 Given that data from children and young people with residential care experience was limited to one interview it is not possible to reflect on this within this report.

Making Noise: Children's voices for positive change after sexual abuse

Access to, and experiences of,
professional welfare support

5. ACCESS TO, AND EXPERIENCES OF, PROFESSIONAL WELFARE SUPPORT

Key findings

- The impacts of an experience of CSA in the family environment are complex and far reaching. There is no quick fix. Responding to these impacts requires a proactive welfare response that can span many different agencies (including health, social care and the third sector) and which prioritises consistency of support and the potential for long-term engagement.
- Professional responses to children and young people's experiences of CSA within the family environment can be experienced as both helpful and supportive (reducing the difficulties a child has to manage) and as subjecting children to further challenges, disruption and distress. Both these dynamics may occur simultaneously.
- Children recognise and self-report variable but significant mental health difficulties following CSA in the family environment, including self-harm, depression, anxiety, flashbacks, dissociation, low self-esteem, aggressive and/or anti-social behaviour, psychosis and suicide attempts. Many of these difficulties are identified by primary aged children as well as older young people.
- There is a critical role for appropriate therapeutic support that addresses children and young people's emotional wellbeing and mental health needs post abuse. Although all interviewees had access to this (due to our ethically informed sampling) this was not always provided at the point of need. Some children experience delays of months or even years for access to therapeutic support post disclosure.
- While the thought of accessing therapeutic support could be an intimidating one, interviewees highlighted the significant positive difference that such work had made to them. Within this, the quality of the therapeutic relationship emerges as more significant than the particular model or approach adopted.
- Key benefits identified in relation to therapeutic support include: a safe space in which to process what had happened; knowing others have comparable experiences; being believed; countering stigma, isolation and self-blame; the development of coping strategies and wider confidence and resilience building. While these benefits could be achieved in non-specialist settings, there was a clear message from some interviewees that specialist CSA services are particularly helpful in countering stigma and isolation and understanding the complexities of CSA in the family environment.
- Although difficulties are documented with regards to accessing CAMHS, a clear role is identified by several interviewees for such support alongside third sector therapeutic and welfare support.
- Interviewees report that social workers hold an important role in facilitating physical safety and signposting to other services, but express mixed feelings towards some aspects of social work interventions. Specifically a number of children report perceived undue levels of scrutiny on themselves and families, a lack of relationship-based support and, in some cases, feelings of being questioned or blamed by social care professionals.

- Interviewees identified ten key attributes of a good professional/service, applicable across all welfare services. These include safety, care and compassion, choice and control, advocacy, honesty and authenticity.
- The issue of transition to adult services emerged as a critical one for older interviewees – across CAMHS, social care and voluntary sector services. This was noted as a time in which good work could be undermined. It is essential that funding or bureaucratic requirements do not place the needs of the child as secondary to those of the system.

5.1 Overview

Effectively responding to CSA in the family environment requires recognition of, and responses to, far-reaching and multiple impacts on children's and others' lives. No single professional or service can hold responsibility for all of this and a comprehensive response requires the contribution of both specialist and mainstream services, across a range of disciplines. The next three chapters explore these different contributions, commencing with a focus on welfare support in this chapter (followed by criminal justice and schools).⁴³

In this context, welfare support includes both therapeutic interventions, provided through services in the third sector and child and adolescent mental health services (CAMHS),⁴⁴ and safeguarding interventions provided through statutory social care. While there is obvious overlap between these two sets of interventions (and there are aspects of children's experiences of services and professionals that are not specific to either), interviewees' narratives suggested that they generally conceived and experienced these two groups of interventions (and related professionals) quite distinctly. The structure of this chapter reflects this.

The chapter begins with a short overview of the range of welfare professionals encountered by

children and young people after CSA in the family environment before focusing on therapeutic services and then social care. The chapter concludes with a summary of the qualities interviewees valued and sought in the services and professionals they encountered.

5.2 Welfare professionals responding to CSA in the family environment

The range of services and interventions that interviewees had accessed after CSA in the family environment was extensive. It included third sector therapeutic support targeted at CSA (including CSA in the family environment), statutory social care, family support services, Independent Sexual Violence Advisors (ISVAs), child sexual exploitation services, primary care health services (GPs, school nurses), school counsellors, supported housing, statutory mental health services (through both CAMHS and adult mental health services),⁴⁵ and more generic youth services.⁴⁶

Interviewees identified both challenges and benefits of this multi-agency engagement. Benefits included the value of appropriate information sharing, holistic support and signposting to

43 A range of additional health services (including GPs, school nurses, sexual health services and accident and emergency services) are also critical to children and young following CSA in the family environment. The absence of a specific focus on them within this study simply reflects that this was an area where limited data was provided. Various references to health professionals are noted throughout the report but no one section focuses on them directly. Further research may be warranted in this area.

44 References to CAMHS in this report refer specifically to Tier 3 (specialist community support) and Tier 4 (specialist inpatient and some outpatient services).

45 This included Tier 2, 3, and 4 services.

46 60% (n=32) children were known to have accessed at least three of these services (in addition to contact with police), and in some cases many more.

other services. Challenges included building trusting relationships with multiple (or changing) professionals, a lack of clarity about professional roles and concerns about inappropriate information sharing. Unsurprisingly, consistent, relationship-based support from a single trusted professional was repeatedly highlighted as a hallmark of

effective professional intervention. Many interviewees also highlighted the importance of sustained support over the medium to long term, reflecting an observation that there was 'no quick fix' for the impact of abuse, and that 'recovery' was neither a short term nor linear process (discussed in more detail in chapter 8).

5.3 Referral and access to therapeutic services

Defining therapeutic support

For the purposes of this study, the term **therapeutic** is used to denote work that addresses the emotional wellbeing and mental health needs of children and young people affected by CSA in the family environment. It covers a broad range of approaches including interventions such as play therapy, cognitive behavioural therapy, psychodynamic work or person-centred counselling and includes both one-to-one and group interventions. It also includes a **'therapeutic relationship'** (sometimes referred to as a **'therapeutic alliance'**), a term used to describe a positive relationship between a welfare professional and a service user which itself provides a means of bringing about beneficial change for the service user (in this case from the impact of abuse).

Where the term **'specialist therapeutic' support or service** is used in this report it refers to provision with a specific remit to address the needs of children and young people affected by CSA, including that which takes place in the family environment.

There is a broad consensus that children and young people who have experienced sexual abuse need some form of therapeutic support (Carpenter et al., 2016). Yet existing evidence demonstrates that children's access to both third sector therapeutic support and statutory mental health provision remains highly variable across different localities (Allnock et al. 2015). Third sector specialist services for children and young people affected by CSA are only available in certain areas; funding is insecure and short term; and eligibility varies depending on capacity and organisational focus.⁴⁷ Similarly CAMHS services, though available in all localities, provide variable models of provision, have variable capacity and have thresholds that may screen out those not deemed to have a diagnosable mental health condition. (Children's Commissioner, 2015; Parkin, 2016). The findings in this section should be considered in this context, alongside recognition that our sampling approach is biased towards those who have successfully accessed such services and therefore is not representative of the wider population.



'She could be feeling annoyed. Embarrassed. Embarrassed to tell someone.' IV1, Female 7 years

47 For example, evidence from the service mapping activities undertaken in this study identified exclusion criteria in some services which included children under 13 years, boys and young men, and children with learning disabilities.

48 A selection of images produced by interviewees mapping their pathways are used as illustrations throughout this report.

Accessibility of services

In a significant majority of cases, interviewees' access to therapeutic support stemmed from signposting or direct referrals by police or statutory social care.⁴⁸ In a small number of cases, referrals were made by GPs, school nurses, school counsellors, teaching staff or family.

There was evidence that the timing of access to therapeutic support (and information sharing about

it) varied significantly, with some referred shortly after initial disclosures and others signposted months or years after statutory services became aware of their abuse. Table 12 below shows the length of time between identification of abuse and first receipt of support for the 34 interviewees for whom this information was provided (via background data forms):

Table 12: Time between identification of abuse and first receipt of support

Time between identification of abuse and first receipt of support		
	No. of respondents	%
Less than 1 year	20	37.7
1-3 years	10	18.9
3-5 years	2	3.8
5-10 years	2	3.8
unknown ⁴⁹	19	35.9
Total	53	100.0

Referrals to therapeutic support appeared to be dependent on recognition of children and young people's emotional needs – as opposed to automatically considered – with a small minority of interviewees describing getting to a 'breaking point', including serious self-harm and suicide attempts, before referrals were made, regardless of professionals' prior knowledge of their experiences of abuse.

disclosed – providing reassurance that there were precedents for their needs, and provision to respond. This knowledge was also associated with supporting children's broader understanding of abuse, knowing that '*these things happened to other people*' and increasing the likelihood of disclosure. There was a clear message that increased education about sexual abuse should link with information about provision:

I still do bottle my feelings up. When I did release everything I almost had a nervous breakdown and they said we'll get you into counselling. The counsellor at school said 'would you like to go to [specialist counselling project]?' and I said 'yes'.

(IV19 Male 15 years)

I'd say the huge problem is after it, you're not really given much information about what the next steps are so I'd say it would be a huge help if the police gave you a leaflet saying, 'This is what you've gone through', 'this is who you can contact', 'this is what support you can have', all of that sort of stuff rather than just going, 'we'll refer you to this' and then you not knowing what else there could be... I think it is mainly just knowing that there is the support there and that you're not alone in this and possibly saying what would happen after because before all of this, I had no idea other than the police, what would go on after so you're more reluctant to talk about it because you don't know what there is afterwards.

(IV34, Female 15 years)

Several interviewees expressed frustration that they did not know about the availability of specialist support earlier. It was noted that this knowledge would be helpful to children and young people even prior to the abuse being identified or

49 In this context 'unknown' refers to cases where this information was not provided to the research team.

Increasing knowledge about services was also identified as a means of ensuring access to support as early as possible. Delays to accessing all types of therapeutic services were commonly identified in interviews, and quantified in the background data presented in Table 9 above. Many interviewees described the time between referral and access to therapeutic support or advocacy as particularly difficult, often exacerbating their mental health needs. These were times, usually after initial contact with the police or social care, when children and young people described needing opportunities to talk about their complex feelings – both regarding the abuse itself and the impact of disclosure and professional interventions. One young woman who waited nine months for access to therapeutic support (following a referral by the police) described this time as *‘horrible, because you don’t know what to do with any feelings that you’re getting or thoughts that you’re getting or anything.’* (IV4, Female 16 years). Others stressed that *‘once you’ve told someone [about the abuse] you need emotional support as soon as possible’.* (IV45, Female 16 years).

In keeping with findings from recent wider research (CQC, 2015; AYPH, 2016; Children’s Commissioner, 2016), a number of particular concerns were raised about waiting times and access to CAMHS. Three young people, from different areas, discussed receiving referrals to CAMHS but questioned the value of support due to actual or suggested waiting times:

With CAMHS, there’s a really long waiting list, so they would help if they got there eventually because I was offered CAMHS and it was a year waiting list – so they would, [give] support eventually but it would take a long time and that might cause more upset than it was worth.
(IV14, Female 15 years)

CAMHS – they’re really bad and the waiting list is horrendous. It’s about two years’ waiting list. So my abuser would already be out [of prison] by the time I got it.
(IV20, Female 16 years)

Assessment and initial contact

Among the 27 interviewees who discussed initial contact with therapeutic services, this was almost unanimously described as ‘scary’. One young woman, describing her initial contact with CAMHS, explained:

It’s so scary. I thought I was going to pass out. My mum was with me and the room was spinning, it was going black. I was like, ‘Mum I’m going to pass out’. I was incredibly scared, it’s very, very scary. You’re new to it and you don’t know, ‘Well what do I do, what do I say?’ I just remember feeling so scared.
(IV38, Female 19 years)

The absence of trust, ‘having to tell a stranger what’s happened’, and stigma associated with using services were all particular challenges associated with initial service contact. In one example, a girl revealed running away after someone first suggested her seeing a counsellor, due to fears about the process. Many other interviewees felt unprepared for what they were engaging with, lacked understanding about the nature of support and, in some cases, described strong initial resistance to engagement:

It’s all the questions – Are they going to ask me what really happened? Are they going to judge me? Are they going to ask me all these questions? What am I going to say next? Because that’s what was going on in my head as well when I first had my session of counselling because I never really knew what counseling was. No one ever gave me any information. I was only 13, I didn’t really know anything. Then it’s just the questions that are going, like, ‘are they going to feel sorry for me?’ ‘Are they going to treat me differently?’
(IV18, Female 17 years)

Some people are even afraid of the idea of counselling because they’re afraid of talking to someone they don’t know or they’re afraid to go into a room on their own where, like, the parents are not with them, and of course that can be very nerve-racking for anyone.

(IV46, Female 13 years)

There was a clear need for better information and communication with children and young people about the services they were referred into, to manage their expectations and reduce anxiety. At the point of initial contact, interviewees highlighted the need for:

- clear explanations
- rapport and trust building
- reassurance, and
- the avoidance of pressure.

As one young woman said *'just explain it more, because counselling comes in different ways. So just explain more what the term 'counselling' is because we may all not know what it is'* (IV20, Female 16 years). Others highlighted the importance of having someone to accompany you to initial meetings and the need for professionals to anticipate and respond to children and young people's fears:

[A child's] not going to want to go at first. It's going to be hard for her walking through that door. Because they'll probably speak, they'll do an assessment, so in the assessment they [should] say to her 'look, you're not going to want to come'. They're going to have to be up front about that... and say to her 'but as soon as you get in here, we're going to help you. We are here for you. We're not going to do anything to hurt you. All we're trying to do is support you'. And reassure her, and make her know that it's going to be hard, but they will get through it at the end of the day.

(IV35, Female 13 years)

Models of support

Naturally, therapeutic models of services differed across and within the 15 separate services that interviewees accessed and any additional services through which they received support. They varied according to the organisation who provided support, the individual worker, and the age and needs of the individual child or young person. As with other aspects of this study, the aim was not to assess or compare specific models of intervention but rather to capture how children and young people experienced support more broadly, identify

what aspects of these services they valued (and those they didn't), and explore ideas for how these services should be delivered for others facing similar circumstances.

While some interviewees did use the language of therapy, most referred to their workers as counsellors and the therapeutic support they received as *'counselling'* or *'support'*. Regardless of language, the vast majority of children identified this as the single most important type of intervention needed after experiencing CSA within the family environment. This is not to undermine the critical role of statutory safeguarding professionals, such as social workers or police, in keeping children safe and stopping the abuse, but rather to acknowledge that for children and young people themselves, these may not have been experienced so positively due to the nature of those professionals' responsibilities and roles. Equally it is important to note that a number of respondents shared criticisms of some experiences or aspects of therapeutic input, as explored at the end of this section.

Role of therapeutic input

Four-fifths (41 of 53) of interviewees talked about therapeutic support. Reflecting on how they experienced this, six key strengths of therapeutic support emerged as clear themes across the sample. These are presented below, and explored in greater depth in the text that follows:

- Talking and being listened to:** space to express feelings
- Validation and understanding:** experiencing a sense of being believed and countering isolation
- Support to make sense of what has happened (looking back):** including answering questions about abuse and countering self-blame
- Support to make sense of feelings and responses (help going forward):** including development of coping strategies and healthy responses to trauma
- Challenging stigma and isolation:** knowing you're not 'the only one'
- Building confidence and resilience:** help to address wider aspects of life – school, family relationships and self confidence

i) **Talking and listening:
space to express feelings**

Counsellors are there to talk to you and listen, just to help you I think.

(IV5, Female 17 years)

Over two-thirds (28 of 41) of those who talked about the role of therapeutic support highlighted the importance, in its own right, of having someone to talk to and a space to express themselves and release thoughts and feelings. As a number of interviewees noted, without these opportunities there were significant impacts on children's mental and emotional wellbeing:

The number one thing you can't do is bottle things up because no matter how helpful you think it may be bottling it up, it doesn't help. It's like if you shake that can of soda it's going to end up exploding at one point or another.

(IV46, Female 13 years)

While on the whole interviewees related opportunities to express these feelings with verbal communication, a small number highlighted the role of other creative communication tasks (poetry, writing, art, and worksheets). Irrespective of the means, such opportunities to communicate with a therapeutic professional were regularly associated with providing a sense of relief, with descriptors of this evoking images of physical release: 'letting go', 'getting it off your chest', 'getting it out of your head', 'letting your feelings out', and 'space to vent'. The provision of encouragement, space and permission to talk, alongside the use of questions and techniques which actively helped children and young people to share their feelings. were highly valued. This was recognised and acknowledged by children of all ages:

It's good because she can get thoughts out of her head and she doesn't need to go through all that trouble, keeping it in your head for the rest of your life.

(IV13, Female 8 years)

The funnest [sic] thing out of all of these [professionals] is having a counsellor... Because then he could talk to someone... and have a little fun.

(IV16, Male 7 years)

Interviewer: Do you think anything would get better for her if she's going to counselling?

Yeah, everything that's going round in her head would just unravel.

Interviewer: Right. In a good way?

Yeah... like she felt this relief.

(IV23, Female 13 years)

[You're] happy because you've got somebody to speak to; free because all of the stuff you've wanted, you've kept bottled up inside can be gone; and peaceful because you've not got the worry any more, you've got the worry lifted off your shoulders.

(IV41, Female 12 years)

The opportunity to express yourself to someone who is not a family member or friend was noted to be particularly important for the sense of distance and associated safety it created. The nature of children and young people's familial ties to the perpetrator make this distance particularly significant:

It's a lot easier to talk to someone that you don't know personally.

(IV4, Female 16 years).

It's nice to talk to someone who's outside the family because they're not in the midst of it – they wouldn't feel it emotionally in the same way – they see it emotionally but they're not having to live it. 'Cause they don't tiptoe around you – but they do go gently – they tell you it straight – such as such is going to happen and it's going to be hard but we're going to help you get through this and it will be difficult to deal with and it will be difficult with everybody.

(IV44, Female 17 years)

Strong listening skills, and an absence of pressure or inquisitorial questioning styles were identified as critical to creating a space in which interviewees felt able to open up. Flexibility about topics for discussion was also highly valued, with some interviewees reflecting that they didn't always want or need to talk directly about their experiences of abuse and that it could be equally valuable to talk about a range of things with a counsellor.

Perceptions of high thresholds of confidentiality were also noted to be important in supporting children and young people to feel able to open up and express themselves. Interestingly a number of interviewees identified higher confidentiality thresholds within their independent counselling service, compared to other professionals they might confide in, such as teachers, school counselling services or social care. In part this may have been due to the fact that referrals to therapeutic services often resulted from initial disclosures to others and therefore information that may need passing on was already known.

We [me and my counsellor] don't even really talk much about the abuse, we just spoke about everything else and it just relieved everything, just my relationships with people, my family and how it's affected me.

(IV29, Female 18 years)

A note about the role of play, creative approaches and child-friendly environments

Many interviewees highlighted the value of aspects of their support that involved games, creative tasks, recreational reading or toys. Although it was clear that many of these activities were tools used by practitioners to enhance communication or reflection and address the impacts of abuse, they were often discussed in their own right as aspects of support that interviewees particularly valued.

These messages were particularly prevalent in younger children's narratives but also mentioned in a number of older children's accounts too. They were described as providing children with a sense of 'fun' and 'normality', helping to build rapport, and countering the intensity of other aspects of therapeutic input. For many children these aspects had a clear role in maintaining their willingness to engage. Sand tray toys, drawing, poetry, puppets, worksheets and games were all mentioned in multiple interviews, alongside the value of spaces that were child-friendly and themselves filled with sensory objects, toys and creative resources. Many interviewees' recommendations for other professionals (such as police or social workers) included the need for them to create child-friendly environments and use sensory toys to help children feel calm. While it is easy to dismiss the significance of such elements of support as auxiliary, these approaches appeared to be central to many children's descriptions of what they valued in their services and were associated with maximising children's sense of choice and control. One older interviewee described this style of working as providing her with space and permission to 'be a child again'.

Interviewer: What sort of things should they have in their project?

Toys.

(IV6, Male 10 years)

At first, for me it was difficult. But like when I actually got in a session with [name] and we were doing all this fun stuff like drawing and playing with the sand box and all that, it actually made us feel happy.

(IV47, Female 11 years)

There is nothing on the walls or anything like that that relates to sexual abuse. It looks like a nursery – it looks almost like a classroom. Look – there are musical instruments and games. It just looks normal, something that a normal kid should be experiencing... There is so much stuff you can do. [My worker] will go, 'So do you want to do art or do you want to go in the sandpit or do you just want to talk, do you want to do this, do you want to do that?'. There are just so many different options you can do and you can do anything you want, absolutely anything. There are no limits to how you can talk and how you want to do your session and there is no judgment in it.

(IV50, Female 15 years)

ii) Validation and understanding: experiencing a sense of being believed and countering isolation

Good counselling is understanding people's feelings.

(IV1, Female 8 years)

The second key theme to emerge from interviewees' narratives about therapeutic support was the value of feeling believed and understood by professionals and the validation this offered:

They [counsellors] show a good understanding about everything. They understand what you've been through. They show they understand. They give you choices. They let you figure out what's going to happen... They show you they understand – basically they do show it in their body language because they know other people like me have been through the same situation.

(IV19 Male 15 years)

As indicated by the quote above, a sense of feeling understood and validated was supported by knowledge of a professional's specialist focus and their prior work with others who had experienced comparable abuse. A related point was the ability of positive therapeutic relationships to counter children and young people's sense of isolation and difference – where being understood was described as challenging their sense of being alone or different, permeating emotional boundaries created by the experiences of abuse or trauma.

Within this, several interviewees made links between feeling understood, or talking to someone with a wider understanding of the issues they faced, and feeling less alone, sometimes describing the professional as someone who 'held' their worries or 'shared' their burdens:

I think that's important having a support network. I had my family, but I think you need something like [this counselling service] to help you because they understand everything. But I didn't have that and I just remember I just felt so alone.

(IV38, Female 19 years)

They [counsellors] would help her not to be scared and not feel alone.

(IV13, Female 8 years)

Interviewer: Is it a good thing? Do you think it is important for young people like [the character] to see a counsellor?

I would say. Cause they should have someone – to talk to somebody and not have to be on their own about it – not have to think that they have to be on their own with it.

(IV9, Female 13 years)

Because then the [service] can sort it out and he doesn't have to be as worried.

(V6, Male 10 years)

iii) Support to make sense of what has happened (looking back): answering questions about abuse and countering self-blame

Although a small number of interviewees specifically stated that they didn't want opportunities to talk over what had happened to them, or did not feel ready for it, many others highlighted the value of doing so. This involved help to make sense of what had happened and countering the sense of self-blame that was common to so many accounts. Approximately two-fifths (38%) of those we interviewed mentioned experiencing guilt or self-blame for the abuse and/or acknowledged that this was likely to be how other children felt. Interviewees noted that counsellors and therapists played an important role in challenging these messages and helping them understand more about the dynamics of abuse:

If I'm honest I couldn't have been able to talk like this before this place – this place has made me feel more able to talk. I know now that it [the abuse] was not my fault – because of this place I know that. I've still yet to actually believe that but I am starting to accept it. Also I know that I'm not the only person who it happens to.

(IV12, Female 18 years)

Like, [the character] felt this was her fault and the counsellor would help her to understand that it wasn't, so she'd stop blaming herself... It might help her understand what actually happened with the abuse. Obviously, they wouldn't know why he did it, but they help her to understand why she thinks he did it.

(IV23, Female 13 years)

As the quote above illustrates, several interviewees described their experiences of abuse leaving them with feelings of confusion about what had happened to them. They noted the value of professionals with the skills and expertise to be able to respond to related questions and help them make sense of these experiences:

They help you learn to live and accept with what's happened to you but they do it in a way of educating you. Instead of sitting you down and going 'what happened to you, do you know why it happened, why do you think it happened?' Instead of doing that they kind of teach you why these things can happen. They teach you how grooming starts and that kind of thing. That's what they taught me.

(IV22, Female 17 years)

[Counsellors] help her to understand things... [they] tell her what it actually means and like ... help her to understand that you shouldn't do it [sexual abuse] and if you don't want to tell anybody, you don't have to and you shouldn't think you should because if you say, my brother said 'Do you want to do something?' and I didn't want to and I said 'No', well he should have respected my thoughts and he should just leave me alone.

(IV13, Female 8 years)

iv) Support to make sense of your feelings and responses (help going forward): including development of coping strategies and healthy responses to trauma

There were also a significant minority of interviewees who talked about the role of counselling or therapeutic support in helping them to deal with their emotional and behavioural responses (or 'symptoms') to abuse and trauma. This included support to develop healthy coping mechanisms or modify responses that might be considered unhealthy or maladaptive, such as self-harm or substance misuse. It also included help to address triggers, flashbacks or difficulties with sleep. Many of the accounts describing this type of support highlighted the value of help which normalised these responses or provided context planations:

Scientifically when something tragic happens – tragic – yeah I think that's the right word – memories get triggered and then other stuff that's happened in the past that made you feel the same way – like your dog dying – they come back – so it's not just this that you've got to worry about – you've got to feel and think about everything that's ever happened that made you sad or upset – it's like it opens little memory blocks.

(IV44, Female 17 years)

Counselling it is important for [the character] he won't realise how much that [abuse] would have affected him – it would have affected him a lot - It's stupid things – like things that... it depends – it's different for everyone – maybe the fear of certain things – things like sounds – people or something that reminds him. Things he will think are stupid but he won't when he realises it's like how other people react – it's like it a normal reaction. When he knows there's a logical reason why that makes me feel that way – counselling will help him to get over them things... That person will always tell you that you're safe and they're qualified in listening and talking and know how to act in certain situations.

(IV32, Female 14 years)

Interviewer: And can you explain what it was she did, that you think made a difference?

By just telling me, making me understand why I was doing it [self-harming] and stuff like that and then she was making me realise that I was just letting it get to me and that really like, it's not worth it really 'cause it's not like and you shouldn't really let it get to you.

(IV24, Female 10 years)

In several cases, this type of therapeutic intervention (dealing with the 'symptoms' of abuse) was accessed through CAMHS and further details about these specific experiences are described below.

v) Challenging stigma and isolation: knowing you're not 'the only one'

Interviewees' knowledge and awareness that services existed to support wider groups of children and young people who had suffered CSA in the family environment was noted to play an important role in communicating to them that 'they weren't the only one'. Just under half of the interviewees (n=24) highlighted the significance of this in reducing their sense of difference and isolation, normalising their experiences and countering stigma – even when they didn't have opportunities to meet or see these other children or young people.

[If a child comes here] she'll realise that she's not alone and there are other people... even though you don't meet the other people you know that your worker is not just going to be just for you and there are other people that are on the same kind of projects as you who've gone through it and they've survived it.

(IV30, Female 17 years)

Similarly this knowledge was noted to increase children's confidence in services and the professionals who worked there, minimising their fears about 'being judged'

I just think it's good to have somewhere that's specifically for sexual abuse, because I think some people might look at it and go 'I don't want to go there, it's just about that one thing, it's quite daunting and scary because everyone's going to look at me and know why I'm there'. But in another way it's very much like they know why I'm here so they deal with it every day. They're not going to be judging you and thinking you're different because you're there because this is their job, they work in the centre, they know what you're here for.

(IV22, Female 17 years)

I think that helped a lot, just knowing that they are specialists, even though we don't really talk about it or anything, just knowing that they have experience in it. Not even themselves but just chatting to other people that have been through it as well. That helped.

(IV29, Female 18 years)

Social services are more about children's wellbeing and safety – they're based around families; your home; getting the support you need – social are exposed to all different things in their jobs – they deal with so much different stuff. Whereas ISVAs – they focus more on the sexual violence side of it – they are more understanding of the detail of sexual violence and how hard it is... With ISVAs it is so much easier to talk to them than the social – they know in a way what's going on – I can't describe it – more understanding – they are seeing this on a daily basis whereas social don't – ISVA's don't pressure you into talking either.

(IV26, Female 17 years)

Opportunities to challenge stigma and help children and young people to recognise they are not 'the only one' affected by CSA in the family environment are clearly critical aspects of support. Although there is evidence that professionals in a range of settings can play a role in this and communicate messages which counter children's shame, interviewees in this study indicated clear advantages of access to support that was characterised as specialist around CSA. This means that where therapeutic support (after experiences of abuse in the family environment) is delivered by non-specialist providers, professionals need to consider how best to counter isolation and stigma and deliver the same messages effectively.

vi) Building confidence and resilience: help to address wider aspects of life – school, family relationships and self confidence

Interviewees drew attention to a number of additional positive impacts of therapeutic interventions which were less specific to CSA but addressed potential protective factors for children and young people, such as improved self-confidence, improved relationships with non-abusing family members, and an ability to manage their wider lives, including school and peers.

Just makes you feel safe and makes you feel like there is nothing to be worried about at all... [my worker] didn't make me feel uncomfortable like most men... He'll tell me why something is happening and stuff like that. He just puts things into perspective for me and just made me feel better and made me feel important and made me feel like I was worth something and I was able to make a change and I wasn't this angry teenager that wanted to bloody kill everyone. He just made me feel calm.

(IV50, Female 15 years)

As alluded to above, workers in specialist therapeutic services supported children and young people to feel more confident, develop more positive self-worth and positive identities:

What people don't know about counselling is that you get to be a better person after it because you've placed your views and it's someone who's listening to you and they're going to give you advice on what to do. I think it just give you more confidence in yourself as well, but when you first start going to it you don't know what you're really getting out of it.

(IV18, Female 17 years)

Recognition of the positive impact of therapeutic support often contrasted with children and young people's initial expectations and they were keen to convey their learning to others who may feel apprehensive about starting counselling:

It's helped a lot. It's really helped me so much. Because when I first came here I never thought I'd be able to sit here and do this with you. To be honest, I just thought I'd be better off dead because I just didn't see the point in anything. I genuinely didn't think it was going to help. Everything that they said to me, like they said about the group and how it will seem like you're going to struggle when you first go, but it genuinely will pick up, I didn't really believe, I just thought okay I'll just do it because I'm here now. But it really has helped.

(IV22, Female 17 years)

When you go to a counselling service like this you are scared and nervous at first but when you get there its welcoming and after going a few times you feel comfortable. Your mum can come down with you and go in the waiting room and help herself to tea. No men are allowed in there which is good. People ask your opinion and you can say no if you don't want to do something. The workers make you feel important. They go at your pace and don't rush you. It's good because you can work on all your problems – like your self-esteem. Coming to a service like helps you to feel some closure.

(IV14, Female 15 years)

Importance of choice about what type of support and when to access

Despite the widespread support among the sample for access to counselling and therapeutic support, a small minority of interviewees also raised important caveats or criticisms about what, how and when therapeutic support should be provided.

Firstly, there were a number of clear messages that not everyone wanted, or felt ready for, counselling or therapeutic support at the time when it was initially offered. Conversely there were a number of young people who expressed regret that they hadn't been able to access it earlier 'when I really needed it'.

(IV12, Female 18 years).

Don't rush children in any steps of the process and let them get help when they are ready. This might be years later like me. I was abused when I was four years old but didn't get help until I was much older. I had time for what happened to settle down in my mind, then I could ask for help when I was ready.

(IV14, Female 15 years)

After the court case. I didn't come here straight away or anything. My sister went straight to counselling and I was very much, I'm okay. I just didn't want counselling, I had a bit at school and it just didn't help and I was just like, there is no point, what is talking to someone going to achieve. Then I came here and it was so much easier.

(IV29, Female 18 years)

These messages highlight the need for professionals to consider children and young people's opportunities to exercise choice when accessing services and to recognise and accept their diverse needs, avoiding assumptions about what is appropriate for who and when.

Secondly, a number of older interviewees expressed recognition of different types of therapeutic input and in some cases highlighted preferences. These individuals differentiated therapeutic input in a number of ways:

- between support which targeted their symptoms and responses and that which supported them to process what had happened
- between support that asked you to revisit or process memories of abuse and that which focused on coping in the future
- between support using play and that which was solely based on talking, and
- between intensive support to address more severe psychiatric difficulties and that which was characterised as 'regular counselling'.

Among those who recognised different potential therapeutic approaches, there were individuals who expressed the value of receiving different types of support simultaneously and those who were clear that certain approaches were more or less desirable to them at different times:

I didn't want to access therapy that takes me back as I think it could impact on my relationship with my baby daughter – but I did want therapy – I thought about the different types of counselling and its more the safety of [my daughter] that I think about – making sure that I can support her to stay safe.

(IV53, Female 19 years)

The counsellor and the therapist are completely different – they talk differently – about different things – so the counsellor talks about how you get through and how you deal with dad and the therapist tells you coping skills and techniques. Overall your counsellors between them manage to get everything okay.

(IV44, Female 17 years)

I had the play therapist, it was like going back to preschool because I used to play and talk to her and she used to come join in with me. Okay, I felt a bit of a child then but that was my moment to be a child, that moment to not be this person that had to stand in front of the police... you had times where you used to sit and you used to talk and other times when you used to do drawing or they had sand or the wet and dry sand, then they had dolls and you could role play what had happened and role play how you were feeling and things like that, which I thought was quite cool.

(IV33, Female 15 years)

CAMHS

Although the text above includes interviewees' reflections on Tier 3 and 4 CAMHS, as part of broader discussion on therapeutic support, there was additional, specific commentary provided on experiences of mental health support that merits distinct consideration. This is explored briefly below.

While comprehensive data about diagnosable mental health details was not provided for all interviewees, the data collected indicates high levels of need among the sample. For example:

- i. **At least 20 of the 53 (38%; 3 males and 17 females) had accessed CAMHS services** for issues relating to the impact of abuse, including three who had been sectioned or hospitalised⁵⁰.

I had like varied diagnoses from complex PTSD to schizoaffective disorder... since then really I've been in and out of hospitals and I've taken overdoses, I've ran away, I've self-harmed. I've been sectioned a couple of times and I've had some really horrible experiences in hospital.

(IV38, Female 19 years)

- ii. **34 respondents (64%)⁵¹ described (or were known to have) specific and ongoing mental health difficulties** that they related to their experience of CSA and subsequent responses (these included self-harm, suicidal thoughts or attempts, depression, anxiety, psychotic episodes, flashbacks and nightmares, substance misuse and panic attacks):

Because of all the abuse I'd had my mental health suffered so much obviously, and it only kind of showed a year or two after the abuse kind of thing. I was overdosing pretty much every week, self-harming loads, just trying to find a way to cope kind of thing.

(IV22, Female 17 years)

- iii. **9 respondents (17%) discussed suicide attempts or suicidal feelings resulting from their experiences of CSA and subsequent responses – including a description of attempting suicide aged seven.**

Interviewer: How would the character feel?
Be unhappy, like I did. Try to kill himself, like I did.

Interviewer: Just like you, that's what happened to you?

Aye, I was seven... tried to commit suicide and things.

(IV11, Male 15 years)

Fourteen of these interviewees specifically discussed experiences of Tier 3 (specialist community support) and Tier 4 (inpatient services) CAMHS. Although equal numbers of these interviewees highlighted benefits and shortcomings of CAMHS, overall those who described receiving input from CAMHS services valued this input highly. Several interviewees described CAMHS support as critical to their ability to cope and manage their mental health difficulties. In these examples, formal psychiatric support, including inpatient care in two examples, was distinguished from other counselling or therapeutic services and identified as supporting specific mental health needs:

I don't see how someone is supposed to get over this without a mental health team... I got a doctor's referral for CAMHS and they were brilliant. I had loads of different workers. I had an IST worker [intensive support team] – that is for young people with high levels of suicide risk. They were really good – they were there for me the day before court and the day of court and the result day when I got back from court. They was making sure I was feeling mentally, emotionally, physically okay... My CAMHS worker helped me a lot – they helped me get into a psychiatric ward 'cause I needed to go in one and they helped with the self-harm.

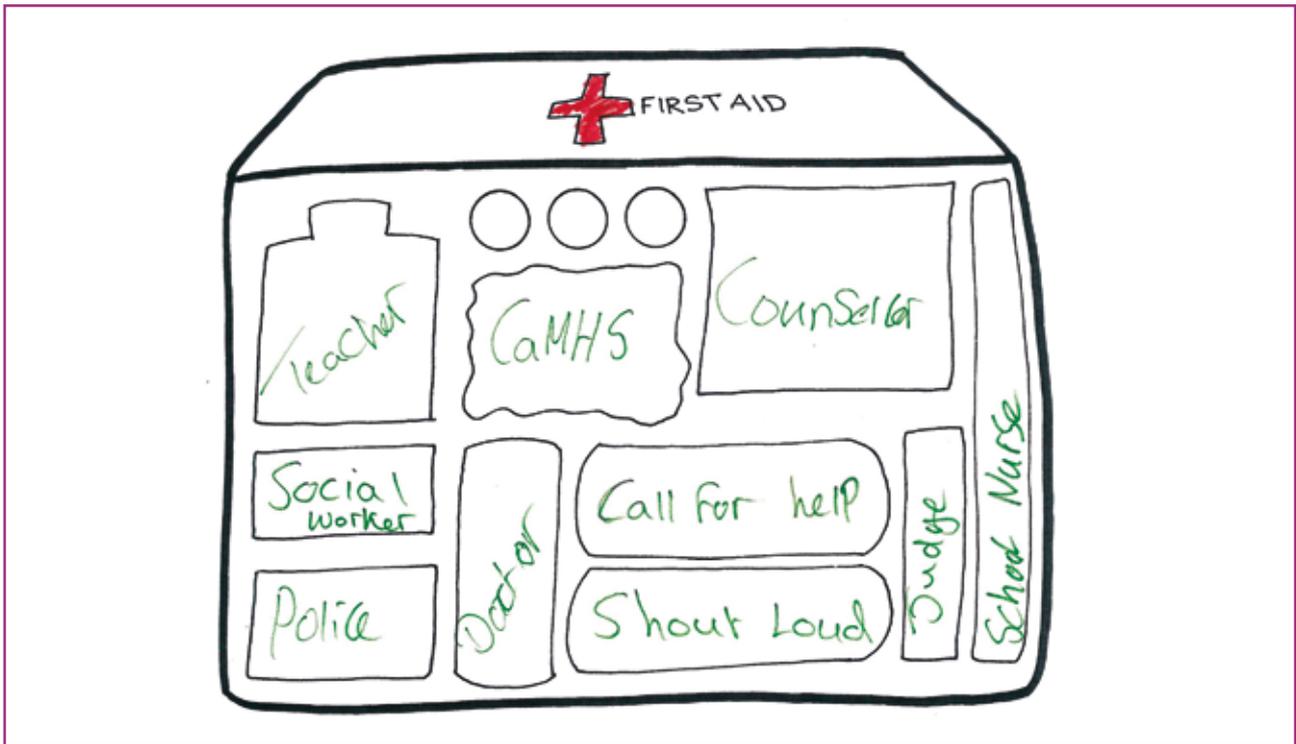
(IV26, Female 17 years)

I didn't realise it at the time, I wanted to be out of hospital, but looking back, reflecting back I can see wow that really did help. I'm glad there's services like that for people, it's so important.

(IV38, Female 19 years)

50 It should be noted that this level of access to CAMHS is extremely high in relation to the wider population (Children's Commissioner, 2016) and likely to reflect the particular nature of the sample and its representation of children and young people whose needs have been recognised and responded to.

51 This includes the 20 interviewees who were known to have accessed CAMHS.



*'Interviewer: if you could put anything at all in this box, what would you like to put in there for other young people?
Young person: Call for help. Shout as loud as you can...' IV10, Male 14 years*

There was a clear sense that CAMHS was particularly valued for supporting interviewees to deal with the mental health symptoms that emerged as a result of CSA, with many particularly noting the value of support around self-harm:

She [my mental health nurse] didn't know what had happened to me, so it's not like they went and told everyone what had happened to me, which in a way I did quite like. She just helped me work on all my symptoms, so the overdosing and how to control the urges to do it and why I was doing it, and the self-harming, and how to reduce and relieve the symptoms of doing them things. They worked with me on that and that really helped me.
(IV22, Female 17 years)

It's mainly for the self-harming and the mental health sides of things. They help you to find additional services as well that you might need.
(IV30, Female 17 years)

Yeah I went to CAMHS. They helped me with a bit of the emotional stuff but mostly with the self-harm thing – because sometimes you might be hurting

[yourself] in the places that the person has touched [you]. They helped me to think about how I can deal with my anger in different ways because I was punching walls and also with being too happy because that can be a problem too because when I'm too happy I get chairs and just smash it up because I like it like that when they're all broken – but they gave me different ways to deal with it.
(IV45, Female 16 years)

If she's self-harming obviously her mental health's not that good. But [CAMHS] are there to help and to support her and give counselling and anything that she needs so that she get better. But she probably would be like 'they won't help'. But once she's been she's met someone there she'll probably feel a lot better.
(IV36, Female 17 years)

Unsurprisingly, the qualities and approaches that children and young people valued in other forms of therapeutic support applied equally to specialist community CAMHS staff and inpatient provision: a lack of pressure, being offered choices, work to counter stigma and blame, and support to make sense of feeling and responses.

They [CAMHS staff] let you talk about what you want to talk about, don't push you to do anything that you don't want to do, that kind of thing... they're just always there for you. And they help you, as I said like, you don't really understand why you're [feeling] like that, so they help you understand that. They help, they support you a lot and don't make you feel like you're weird like other people may do if you tell them. It's a very different kind of counselling, because they're more of why you're like that.

(IV35, Female 13 years)

Challenges of access to CAMHS

A small number of interviewees described feeling deterred from using CAMHS services due to the stigma associated with accessing formal mental health support.

The first time is always a bit scary because it's the assessment and stuff, psychiatric assessment. It's always a bit, they try and diagnose you with stuff, that's a bit scary but for me... You could feel, because it's like a mental health service, like you're being stereotyped as something, as somebody who was mental or something...

Interviewer: Do you want to say anything else about CAMHS, about what happens there, anything they could do better?

Probably not label things as early as soon as you go through the door.

(IV30, Female 17 years)

Other barriers to access included the location of appointments (and difficulty travelling there) and the rigidity and formality of CAMHS appointment slot'.

I really, really wasn't well at all and I'd be going to an appointment for the time that I needed to be there and then I'd be waiting there for 45 minutes and I'd be there on time, and then I'd have about a 20 minute session. It's quite a way out, a long, long way out.

(IV50, Female 15 years)

For two other young people the style of support offered to them by their CAMHS worker was noted to feel less accessible or welcoming than their experiences of third sector therapeutic support. They described a lack of flexibility, a limited number of sessions and less opportunities to build rapport as problematic.

5.4 Children and young people's experiences of social work

Following identification of CSA in the family network there was evidence that the majority of interviewees came to the attention of statutory social care. However it would appear (and be expected) that the nature of social care involvement varied depending on the nature of interviewees' relationships and contact with their abusers, whether the abuse was historical or ongoing, and, above all else, the ability of the child's or young person's primary carers to keep them safe. Similarly there was evidence that the outcomes of children's contact with social care varied significantly – from minimal, short-term contact to children being accommodated or placed on full care orders.

Overall, 34 interviewees (64%) chose to discuss social work interventions during their interviews.⁵² Perhaps more than any other group of 'helping' professionals, social workers were described with deep ambivalence, with interviewees identifying both positive and negative aspects of practice simultaneously, noting variable practice across different social workers and/or recognising good intentions on the part of an individual while expressing frustrations with the systems and processes involved:

Social services are always involved but their role varies – they can be dodgy but you can also get some good ones. If you get the right person social services are quite a good support network – if you get the right person then they'll be accompanying you to [police] interviews; appointments; going back home to pick stuff up – practical help. Or even if you just need to talk to someone they are there as well.

(IV26, Female 17 years)

⁵² While it should be noted that a small number of children's accounts revealed a lack of clarity about which professionals were 'social workers', on the whole children could identify specific experiences of dealing with social workers which clearly corresponded to their expected roles. Any interviews where it is not clear who a child is referring to have been excluded from this number.

Some social workers make it harder – by keep coming around and trying to get more information – but in a way they’re all trying to help you in one way.

(IV43, Male 15 years)

Interviewer: You’ve chosen [the feelings] ‘angry’, ‘upset’ and ‘comfortable’ for the social worker. Do you want to explain why you’ve chosen those?

Angry because you have somebody watching over your life 24/7, upset because if it didn’t happen, you wouldn’t have them and comfortable because you know they’re there to make you feel better. Because at first when you’re getting somebody you don’t know come into your life watching over you and you can’t do this, you can’t do that, it will make you angry because you’re not used to it. But then you got comfortable because it would make you realise that they’re not there to have a go at you, they’re there doing it for your safety.

(IV41, Female, 12 years)

As alluded to in the above reflections, interviewees recognised that aspects of practice they found to be difficult could also be potentially helpful. There was evidence that many interviewees strongly associated social workers’ roles with keeping them physically safe: ‘They would be to make sure the kid is safe and it won’t happen again’ (IV41, Female 12 years). The promotion of safety included referring children on to criminal justice procedures (and often facilitating this contact), and holding responsibility and authority for ‘getting things sorted’, which in this context referred to help with practical matters and wider help for families and carers. Two of the young people living in foster care specifically highlighted the positive role of social workers in removing them from their families and supporting them to access physical safety:

Interviewer: Do you think [the character] would like the social worker?

I think she would because I liked my social worker.

Interviewer: If you had to pick the best thing about what a social worker does, what would that be?

I think it’s ‘cause they will help you and then they will put you into a new family or look after you properly.

(IV7, Female 9 years)

Interviewer: So you’ve told me some of the bad bits of having a social worker?

Aye, but a good thing, I got moved...

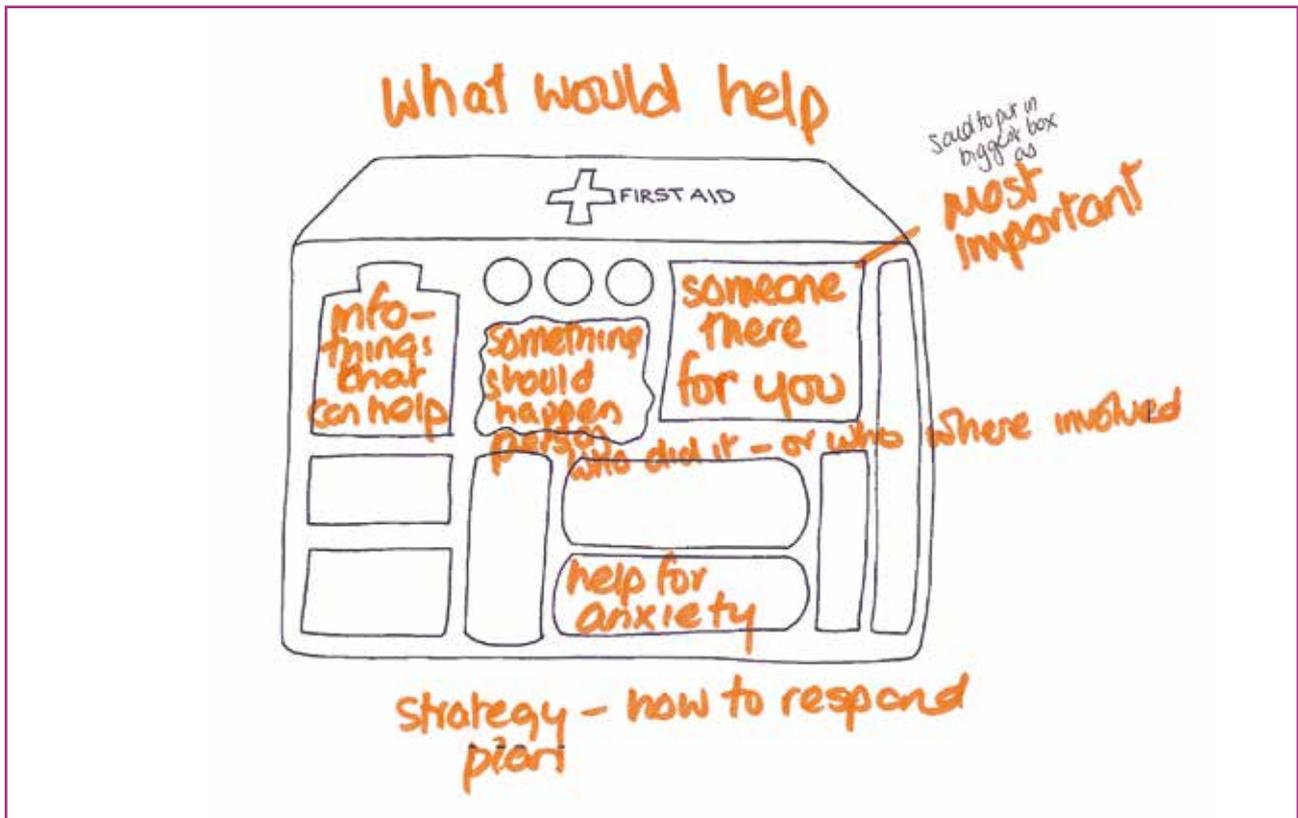
Best thing ever.

(IV11, Male 16 years)

Overall children’s accounts of social work practice described experiences that appeared to be highly dependent on individual practice and qualities, closely mirroring findings from previous research (Oliver, 2010; Cossar et al., 2011). Unsurprisingly, what children wanted in a social worker and characterised as good practice was the same as what they hoped for in other professionals – to be listened to, feel cared for, offered choices, supported, and not subjected to additional pressure.

A good social worker will not put pressure on you – they will try and make it as easy as they can for you. They just like do everything they can to help you and just focus on help and so they don’t give you more pressure than what you need and more stress they help you in the best way possible. [They] try and take the stress away – they know how NOT to put pressure on. They also give practical support – some of them try and get you counselling more quickly and also trying to help the police get information and stuff.

(IV43, Male 15 years)



First aid toolkit –IV27, Female 17 years

I had a social worker called [name] who was very, very nice and he come out to see how much it's affected me personally and my family and then they go off and they like try and think, they help you as much as you can while he's there and then when you don't need them any more because you're happy and you're okay, they go. So they help you, really they help you realise how like you can help sort it out.

(IV24, Female 10 years)

Similarly many children also associated social workers with help accessing other supportive or more therapeutic services, signposting or referring children on and/or effectively supporting children to access further help:

They [social workers] 're helpful in the way you get referred to here [a therapeutic service] but nothing else.

(IV32, Female 14 years)

On the other hand, more negative accounts described interactions that were driven by process and procedure rather than young people's needs,

leaving little space for what we might describe as relationship-based practice:

I didn't say half the stuff [to my social worker]... I wish I did but at the time I didn't feel capable to because I felt like [she had] just heard it all and shrugged it off. When I said it [my statement about the abuse], it was like as if it was just the norm to her – it probably was with her job but it was like... it was as if I'd asked her if she wanted a cup of tea. So I think if your heart's not in your job then you shouldn't be doing it.

(IV27, Female 17 years)

One thing I do notice about social workers is that they seem to do everything like they've read it in a text book. It's like they've gone back to read a text book – they should be able to act like a human – just like act how feels right and real with you. With social workers when it suits them to treat me as an adult they do and other times they treat me like a child – they just chopped and changed when it suited them.

(IV12, Female 18 years)

Another familiar criticism was of regularly changing personnel, inhibiting children and young people's abilities to develop trust and understanding with their social worker:

It might just be from my experience because I don't know how they work, but just because I know a lot of workers and sometimes they come in and you're just getting used to them and it's like you're going to meet someone new next time. Hang on, I just got to know you. Even though the next person's really nice you don't get to know them as well. If you know one person all the way through they can explain things in a way that they know that you'll understand. You need to feel a lot more comfortable asking questions about what's going on. I feel like Social Services are like the gateway to everything else.

(IV40, Female 17 years)

The potential for the establishment of trusting relationships with social workers was clearly possible, however, as the quotes above and below indicate, high worker turnover often undermined this, despite the good practice of individual workers:

Social workers took us to the police evidence interview. The social worker sat in with us and it was really helpful. You build a bond with the social worker as well and you do trust them – she was very with it so she understood a lot of things. The social worker – the one we liked – left – and then another one got involved – but not too deeply involved. The new social worker she was more – it was like she weren't trained as a social worker – she was so forgetful – we'd have to keep repeating ourselves. She also weren't so understanding of our situation – or sympathetic – she made some blunt comments.

(IV53, Female 19 years)

Several interviewees' narratives also described feeling rushed, pressured or poorly listened to by some social workers. This was exacerbated in cases where interviewees noted that they had not been spoken to directly by the social worker. While these practices may in part reflect the well documented pressures on social workers' time, it also reflects elements of poor practice:

It's basically just rush in, rush out with social workers... That's how it comes across. That you don't necessarily feel like you're a priority you're just – something in their way.

(IV19, Male 15 years)

She basically just said, 'We're coming to check up on the household to see if it is a safe environment for [you],' but she was talking in third person like I wasn't there. She was talking to my parents while I was in the room but it wasn't to me – the person that had just been abused and that had just told people that she was abused.

(IV20, Female 16 years)

Another recurring theme expressed was the feeling that children and their families experienced undue scrutiny from social care. A number of interviewees perceived that an emphasis on the physical family environment (cleanliness and tidiness) took precedent over recognising and responding to their emotional and psychological needs. Similarly, a small number of interviewees voiced concern that social workers failed to recognise their non-abusing parents' needs and/or conveyed what they felt to be inappropriate blame on that parent. Interviewees reported high levels of anxiety associated with this scrutiny and judgement – including feeling they needed to prepare for social workers' visits.

Like mostly [social workers] are turning up and checking my room.

Interviewer: So what does that feel like?

I feel as like I'm being watched – my room always – and telling me to clean it!

Interviewer: If you could say to a social worker... what would you say?

Plan for meetings and warn foster carers first, don't just come around our houses [unannounced], making checks, seeing if its tidy – it's never good, don't make big deals out of small little things.

(IV11, Male 16 years)

In another example, a child described the potential for contact with social workers to make children feel blamed.

Sometimes, there are particular things [social workers]’ll say in the meeting, would be how [a child] could have done it or how [a child] could they have stopped it or how [a child] could they not have known it was happening and this would all be collapsing in on her, making her feel upset... sometimes, it would be like that, they wished that it never happened so they wouldn’t have the social workers on their case. That would be really confusing as well.

(IV41, Female 12 years)

Social workers – they’re the biggest enemies out of all of them. I think they wanted to show me up – they wouldn’t believe me unless I did a police interview – I didn’t want to go to the police but I had to otherwise they wouldn’t move me out [of home].

(IV12, Female 18 years)

The role of social workers, working alongside the police to undertake joint investigations, was also reflected on in a small number of interviews, specifically in relation to video recorded interviews. A small minority of interviewees expressed clear benefits in having a social worker present during such interviews but for others there was less clarity about the social worker’s role and contribution and they described it at times as feeling intrusive.

Sometimes it feels like there’s too many people getting involved [referring to the video recorded interview] – there’s one person recording – the police and then there’s a social worker sitting with you and then there’s someone checking after – they [social workers] just kind of linger – and don’t really do a lot. It’s just a lot of people – (pause) knowing a lot of things.

(IV32, Female 14 years)

5.5 Managing endings and transitions

Endings with services (including transitions to other services) were an inevitable aspect of children and young people’s experiences of welfare support – resulting from their needs reducing and/or them ‘ageing out’ of children and young people’s services.

Understandably, for those who chose to reflect on endings with services – either anticipating them in the future or recently having managed an ending, these were identified as a difficult part of the process. A number of interviewees questioned their ability to manage without support, voicing fears about the future, sometimes in relation to particular events and the risk of retriggering trauma responses:

I think with the counselling, that’s one of the only things, you offload and you get used to offloading to people and you get the help and obviously, when they go, ‘Right, see you later, I think you’re done,’ and I’m going, ‘How do you expect me to do this on my own?’

(IV33, Female 15 years)

I sit here and think where do I go when I’m 18? I’m going to be 18 in a year’s time so where am I going to go if I go bad again? I can’t come here any more. But this is where it feels comfortable to come.

(IV22, Female, 17 years)

The anticipation of the end of a perpetrators custodial sentence was noted by a small number of interviewees as a moment which raised particular concerns.

Just the worry of when he comes out [of prison] is probably the main thing. I don’t know whether we even get informed when he comes out... So I don’t even know really what’s going to happen when it does come out, whether we get notified or anything... if he tries to make contact, what will I do? I don’t know whether he’ll be angry, might try to blame it on us that he went in there or whether he’ll just be like, I should just stay away after that. Quite a lot of anxiety.

(IV29, Female, 18 years)

These comments highlight the importance of professionals and services recognising that the conviction and sentence of a perpetrator does not necessarily mark closure for a child or young person – something borne out in previous research about wider forms of CSA (Beckett and Warrington, 2015). In addition the impact of a perpetrator’s release from prison is likely to present a very traumatic and fearful time and there is evidence that services are not sufficiently geared up to ensure that support is in place for victims at this point (The Survivors Trust/ Rape Crisis England and Wales, 2016).⁵³

Five interviewees positively described transitional arrangements where they had permission to contact their counsellors or workers for an unspecified period after formal support had ended. While they differentiated this access and support from that which they’d previously received, it still was noted to provide some level of an ‘emotional safety net’:

[Since finishing support] I am allowed to contact [my counsellor] but I can’t obviously contact him like a friend... It’s going to be difficult not being able to message him when I’m feeling low, ‘please can we have a phone call while you’re obviously in work hours?’ ‘Can you give me a bit of a boost or can I see you some point this week for a session, I’m feeling really low?’ It’s going to be difficult... he’s seen me a lot longer than he should have done. But he’s honestly the best person that’s ever walked into my life... He’s never let me down and that’s one thing.

(IV50, Female 15 years)

It’s just nice to be able to [stay in touch] because sometimes when you go to counselling, it’s like ‘right you’re gone now that’s it’, ‘bye, you’re on your own’, sort of thing. Whereas to have ongoing support, ‘if you need to email me and I’ll come back to you’ or ‘if you want to call me, obviously within work hours’ or something like that... Just maybe having someone that is there for the future, sort of thing, rather than just going into counselling and leaving.

(IV29, Female 18 years)

For at least ten interviewees ongoing contact with their service was provided through involvement in consultation or participation groups. These groups were evident in at least 4 of the 14 services where we interviewed children and young people and were noted to provide some continuity of service after one-to-one work had ended. While these opportunities were welcome there was a stronger message about the need for services which provided opportunities for individuals to re-access individual support at a later time (including into adulthood), particularly in the event of future life events which may re-trigger trauma responses. This message supports findings from wider work with adult victim/survivors who have identified a specific unmet need for accessible, easy return, services which are responsive to the risk posed by future events (The Survivors Trust/Rape Crisis England and Wales, 2016)

53 The Victim Liaison Service, run by National Offender Management Services, currently holds responsibility for victims to be kept informed of parole hearings and release dates. Anecdotal evidence from services providing support to adult victim/survivors shared with the research team suggests that there are cases where individuals have not been kept informed and are then shocked to find the perpetrator has already been released.

5.6 Professional qualities and styles of support

Transition to adult services

Four interviewees highlighted the challenges of 'ageing out' of children and young people's services and facing uncertainty about comparable provision for them as adults, despite their ongoing needs for support. Though based on a small number of interviews, messages emerging from these narratives strongly correlate with the wider evidence base about difficult transitions between child to adult services that indicates different thresholds, styles of support and gaps in care (Parker et al., 2016). In addition they serve as a helpful reminder that considering support for children affected by CSA in the family environment must also consider the extension of children's support needs into adulthood.

I had obviously the transition from child care to adult care and I didn't have a really good one. I came out of hospital from being in hospital for six months having that really close support network. Obviously it's like a little bubble and then I came out of hospital and then I was just basically on my own.

(IV38, Female 19 years)

Two other young women explained they were now too old for their third sector support (aged 18 years) and there was no equivalent adult service in their area which they were aware of or felt able to access. A third young woman, who was entitled to continue working with her service but had to change to the 'adult specific' staff rather than her previous counsellor, also noted significant associated frustrations; reflecting on the fact that the person who knew her best and with whom she had developed trust was not allowed to provide her with ongoing support.

Interviewer: What do you think someone would be like if they were a good helper in this situation?

It would be someone to talk to. Good at understanding. Good ways of calming people down and helping them. Like [my worker]. Make sure he was safe – Making sure the person doesn't do it again and contacting the police if it is bad.

(IV52, Male 11 years)

Alongside a discussion of the specific focus and activities of welfare provision, interviewees also highlighted professional qualities or elements of support that were critical to effective engagement and supported their ability to form a trusting, potentially therapeutic relationship with a worker. Across the interviews there was a significant level of consistency in these messages and a number of clear themes emerged.

Many of the relational qualities mentioned in this research closely reflect components of effective services identified through other research and consultation with children and young people affected by wider forms of abuse and maltreatment (Carpenter et al., 2016; Warrington, 2016; Beckett et al., 2015, Cossar et al., 2013). As others have highlighted, there are indications that these qualities and professionals' ability to develop a 'bond' with children and young people may be more significant than the tasks or activities undertaken.

Drawing on the contributions presented throughout this chapter, and wider associated commentary, a summary of these inter-related professional qualities – applicable to all services and professionals involved in post-CSA support, is presented in Figure 12 and the box below.

Figure 10: Ten key interlinking aspects and qualities children value in services and professionals to address sexual abuse in the family environment



Ten key qualities valued in professionals

1. Active listening (and supporting children to express themselves and feel heard)

As noted above, the significance of good listening skills cannot be underestimated. Interviewees regularly differentiated between professionals who supported them to express themselves and appeared genuinely interested and those with whom they didn't feel that they were being heard. Young people identified a number of clear signifiers of 'good listening'. These related to open (non-inquisitorial) questioning styles, body language, eye contact, respecting children's perspectives and remembering personal or important information about them. Effective listening is at the heart of truly child-centred practice, enabling individual children's needs and perspectives to inform the care and support provided. Positive experiences of listening were also closely related to feelings of not being rushed or pressured – outlined in more detail below.

2. Demonstrating belief

Like good listening, the significance of being believed was a recurring theme throughout all the interviews. A sense of being believed by

professionals was described as a foundation upon which other aspects of support could build. It countered narratives of self-blame, encouraged children and young people to engage, and enabled the possibility of them feeling understood, accepted and supported. Although referral to a service could itself be an indicator of being believed, children also needed to feel that the professionals they met and worked with accepted absolutely their prior abusive experiences or feelings. Conversely, poor service experiences were often associated with professionals who children and young people felt questioned the veracity of their accounts.

3. Care and compassion

As with most service users, children and young people accessing support after CSA in the family environment described the importance of feeling a sense of genuine care from professionals they work with and associated this with warmth, comfort and compassion. Many of the other qualities that interviewees described looking for in professionals (e.g. good listening skills; non-judgemental practice and not being pushed or pressured) closely related to this and were themselves interpreted as signifiers of care. But equally a sense of care

and warmth were also talked about in their own right. When interviewees were asked what 'care' looked and felt like in practice, they highlighted instances where workers were visibly attentive, responsive and reliable and conveyed a sense to children that they sincerely mattered – both through talking and small but memorable acts of kindness. Such messages helped to build children and young people's sense of self-worth, so often noted to be badly damaged by experiences of CSA. Physical comfort (provided through the nature of the physical environment, provision of food and drink, and helpful sensory stimulus) also mattered and helped to communicate care, a sense of being looked after and spaces in which children and young people felt safe.

4. Facilitating choice and control (including the absence of pressure)

Like all forms of abuse, CSA within the family environment is characterised by disempowerment and a lack of control. Perhaps unsurprisingly, the importance of choice and opportunities to regain a sense of control figured significantly in discussions about desirable professional qualities and interventions. Interviewees characterised positive professional interventions – be those of social workers, police or third sector workers – as those which involved them in decision making. Choice was also about services being responsive to children and young people's needs and avoiding models of support that were overly prescriptive or based on assumptions. While it is important to acknowledge that at times interviewees felt avoiding decisions and ceding control to others was helpful, it was crucial that assumptions weren't made and they had options about if, how, and when to be involved in decision making. One of the strongest messages to emerge from interviewees' perspectives on positive and negative experiences of support was the importance of not being rushed or pressured to talk before they were ready to do so. Repeatedly, children and young people explained that in their eyes, effective therapeutic or safeguarding relationships weren't experienced as time pressured or strictly bounded by professional or organisational agendas. Similarly, caring professionals were characterised by an ability to give them the time and space required to share information about abuse on their own terms.

5. Subject expertise

There was a clear sense of the value of professionals who were informed about the

impact of CSA and trauma, to enable children to feel understood, normalise their responses and in turn help them to make sense of their feelings and behaviour. Over a quarter of those interviewed highlighted professionals' roles in helping them 'know you're not the only one' alongside giving support to counter the feelings of isolation and 'difference' which are common for victims of sexual abuse.

6. Facilitating safety

Understandably, a sense of safety was highly prioritised among interviewees. This related to professionals who supported children and young people to access physical safety from their abusers – through referrals to social care, the police and support through the criminal justice system. It also related to interviewees' sense of 'feeling safe' in the work they did with professionals. With regard to the latter, the value of secure environments and child-friendly working styles and spaces were emphasised. This included the use of toys, games, sensory objects and creative activities which helped children and young people to feel calm and present and could also create a sense of safe distance to help them talk about difficult things. Professionals who were valued by interviewees were often described as 'safe' or making them 'feel safe', containing or holding difficult feelings.

7. Optimism (reassurance and encouragement)

Optimism and a sense of hope were also important to the children and young people we interviewed. This included professionals communicating their belief in children and young people's capacities and competencies and providing them with evidence of their progress or movement towards positive change and goals. Words of reassurance, encouragement and hope were highly valued messages for children and young people to hear particularly when they felt 'stuck' or unable to see things positively.

8. Advocacy (providing practical support, signposting and advice)

When professionals were trusted by children and young people they also became a valuable source of advice and support with wider issues. The multi-agency context with which all the children and young people we spoke to were (or had been) involved meant that advocacy or help to navigate access to wider services was often invaluable. Likewise the limits to what one service could provide were also acknowledged and in this context

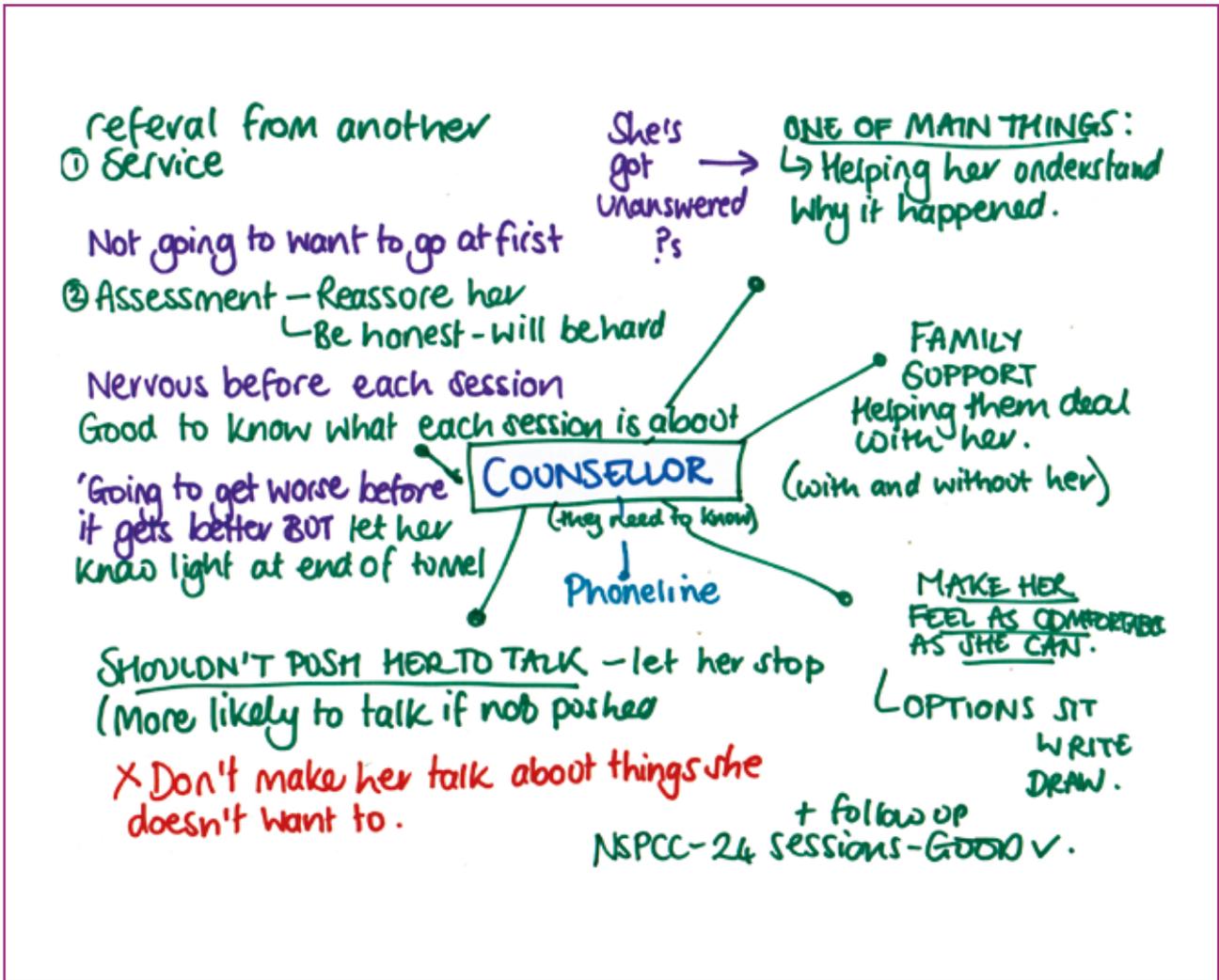
signposting to other services or accompanying children and young people to other meetings was also valued. These contributions helped interviewees to feel in control in complicated multi-professional contexts, and supported them to have their voices heard and considered by others.

9. Non-judgmental (and respectful practice)

Children and young people's experiences of CSA within the family environment were inevitably inflected with feelings of shame, self-blame and stigma. As noted in chapter 3 anticipation of being judged or blamed were significant barriers to disclosure. The importance of professionals actively countering these messages was apparent. As noted above, interviewees valued clear messages that they weren't to blame and support to internalise what was often a new narrative from that which had previously been offered by a perpetrator or negative responses to their disclosure. Descriptions of positive experiences of professional intervention are almost invariably characterised as free from communicating judgement and vice versa.

10. Trustworthy and authentic (engendering trust through honest, transparent and confidential practices)

As a number of interviewees explicitly highlighted, the betrayal of trust that was central to their experiences of abuse left them with ongoing difficulties learning to trust others in positions of authority or care. Interviewees associated a number of different qualities and approaches with creating trust, including professional honesty, reliability, clear communication and transparency (wherever possible) and clarity about the boundaries of confidentiality. Children and young people valued high thresholds of confidentiality which enabled them to share their experiences and feelings more freely.



'I don't know, they're just always there for you. And they help you, as I said like, you don't really understand why you're like that, so they help you understand that. They help, they support you a lot and don't make you feel like you're weird like other people may do if you tell them.' IV35, Female 13 years

5.7 Summary: valuing specialist therapeutic support and wider forms of care

The evidence from this study clearly demonstrates that access to appropriate therapeutic support – at the right time and for as long as is needed (be it through third sector services or CAMHS) is a fundamental element of a comprehensive response to CSA in the family environment. The high levels of mental health needs identified among the sample supported this, as did evidence that delays to accessing such support were harmful. There was strong evidence that many of the elements of support that children valued were particularly strongly supported by specialist practice: professionals with knowledge and awareness of symptoms of trauma, skills to address questions about abuse and an ability to share messages about working with others who had comparable experiences – de-stigmatising children’s experiences and challenging self-blame. However there was equally evidence that the most important aspects of support were workers’ relational qualities.

Alongside therapeutic work, interviewees also valued the advocacy and practice advice provided by social workers. Important contributions from statutory social care included help to secure physical safety, referral and signposting to other services, and demonstration of care and concern for children and young people and their families. However interviewees’ perceptions of statutory social work were variable. Social workers were often described as focusing on procedures rather than individual need, and many examples were provided of changing workers delivering inconsistent practice and inhibiting children’s abilities to develop trusting relationships.

Making Noise:
Children's voices for positive
change after sexual abuse

Criminal justice proceedings

6. CRIMINAL JUSTICE PROCEEDINGS

Key findings

- The key positive associated with police involvement is the potential for physical safety from a perpetrator. This input is highly valued by many interviewees, even where they had fears around what engaging with the police might mean for themselves, their wider family network and, in some cases, the perpetrator.
- Engagement in video recorded interviews (also referred to as 'Achieving Best Evidence' interviews) and other formal investigative processes post reporting of abuse were overwhelmingly described as difficult and distressing. Although examples of good practice were shared, these were not the norm and the need for significant improvement is identified for both the practical and welfare elements of these processes.
- Involvement in court processes was also noted to be a particularly distressing element of the criminal justice processes for children and young people and their wider families. Concerns particularly centred around the process of evidence giving and cross examination, with interviewee contributions indicating a clear need for better use of the full range of special measures available in CSA cases and greater judicial management of court processes.
- Children and young people's family ties to perpetrators exacerbated many of the challenges associated with court. This requires better recognition and consideration throughout all stages of the hearing and associated planning.
- There is a clear need for greater consideration to be given to the support needs of victims and witnesses both during and after engagement in criminal justice processes. Children and young people's support needs are diverse and individual and it is important that they are involved in discussions about how best to meet these.
- It is critical that current barriers to children accessing pre-trial therapy are addressed. Children report receiving highly inconsistent messages about their entitlement to support prior to court and may be blocked from receiving any therapeutic input at this time. As there are known delays associated with prosecution processes, pre-trial therapy can be badly needed. The current Crown Prosecution Service guidance is not consistently understood or being applied across the board.
- 'Justice' remains an important concept for the majority of participants. This is despite the many difficulties highlighted in relation to engagement in criminal justice processes – and despite potentially conflicting feelings towards the perpetrator. It is imperative that we find ways to support children and young people to safely engage in the criminal justice process and minimise the potential for further traumatisation that such engagement currently holds.

6.1 Overview

For many of those interviewed, engagement with criminal justice processes marked the single most difficult experience with professionals following the identification of their abuse. Criminal justice procedures (investigations and prosecutions), instigated post CSA in the family environment were often described as extremely difficult, stressful and sometimes traumatising experiences. Interviewees' contributions highlighted variable policing practice and inconsistent application of special measures, difficult experiences of video recorded interviews and harrowing court experiences.

These messages closely correlate with existing research into CSA and the criminal justice system which suggests significant shortcomings with responses to victim and witness welfare. This research points to a number of issues including: a failure to identify complainant vulnerability early and apply appropriate safeguards; poor communication; poor practice collecting video recorded evidence (both with regard to victim welfare and for evidential purposes); the variable application of wider special measures; and processes of cross examining vulnerable witnesses in court (Plotnikoff and Woolfson, 2009; Bunting, 2008; Beckett and Warrington, 2014; Allnock 2015; Beckett et al., 2015). Given these documented difficulties, and the potential impact on children and young people's emotional wellbeing, the inconsistent nature of related practical and therapeutic support described within this study was conspicuous. A similarly striking finding was the fact that, despite these shortcomings, the vast majority of interviewees recognised the importance of the role of the police to enable physical safety and were committed to accessing justice through formal means. Interestingly, this commitment was expressed even by many of those who described ambivalence and love for their perpetrators, and those who described regret for their involvement in a prosecution. The complexity of these experiences, and the feelings that accompany them, are explored in four distinct sections: children's initial contact with the police; investigative processes; court experiences, and justice; and welfare support through these processes.

6.2 Initial contact with the police: feeling safe and feeling scared

Of the 53 children interviewed, 50 had experienced police involvement. Information about the timing of police involvement was available for 23 interviewees. Four-fifths (78%, n= 18) of these, had police contact early after identification or disclosure of abuse (within the first month), prior to accessing specialist support. This appears to differ from the experiences of children who are sexually abused outside the family network, as in many cases of child sexual exploitation or gang associated sexual violence early police contact appears to be less likely (Beckett et al., 2013; Beckett et al., 2015).

Children's attitudes towards, and experiences of, early police contact tended to privilege one of two contrasting feelings (although both were sometimes present): safety or fear. While some accounts described the police as creating a sense of safety and helping to 'get things sorted', others expressed extensive fears both in anticipation of police contact and actual police contact. Both are outlined below.

Police contact: creating physical safety/removing risk

She'll feel safe at the police station because that's where they take people to justice, the police station.

(IV41, Female 12 years)

For a significant minority of children, the police were associated with the potential to create immediate physical safety. Interestingly, this was more apparent among younger (primary aged) children's narratives. Many of these respondents made strong associations between police contact and 'taking [the perpetrator] away'; making a child feel safe' and 'getting the man who did the bad things'. In these cases the police were associated with authority, power and justice.



'These are the bullies ... A week ago, the police came about it – what is that word called?... about the sexual abuse and the police came to speak about it.' IV15, Female 6 years

Even some interviewees who described fears about the police also recognised them as routes to help and associated them with feelings of relief:

“

Interviewer: How do you think [the character] would feel about his parents telling the police?

Scared a little bit – because he didn't want other people to know but – and then a good reason, so that... he can get it over and done with... it will get sorted and that he wouldn't, it'll be like... he wouldn't, he will still feel sad but he won't feel as sad as much.

(IV6, Male 10 years)

Other positive experiences of early police contact described children feeling listened to, believed and validated and individual officers demonstrating care and concern:

The police around here are really good, they still support me at the minute because my abuser got out two days before Valentine's Day, so he's not been out for very long, but because I'm facing some more backlash again, then they're helpful with that, they are always in touch and always helping out... The police officer that dealt with my case in the first place is still coming and finding out how I am and taking more evidence about

the backlash and stuff from me, which is really important, that you've got that police officer that you've put your trust into.

(IV30, Female 17 years)

As the quote above illustrates, characteristics of good welfare support such as continuity of personnel and longer term service involvement were equally valued in criminal justice processes.

Police contact: Increasing fear and anxiety

Meanwhile the sense of authority which some interviewees associated with the police's ability to create physical safety was also associated with others' fears or anxiety about police contact. The majority of interviewees (including those who spoke positively about the police) also described some level of fear or intimidation. Many of these fears preceded police contact and were described as being allayed by the experience itself, but in several other cases they were associated with actual experiences.

i) Fears about what might happen

For a significant minority of interviewees, the police's reputation for taking punitive action loomed large and became tied up with their own feelings of guilt and self-blame associated with the abuse. A number described a fear of 'getting into trouble', being punished or even arrested.

Interviewer: What do you think makes [the police] feel scary? Anything in particular?
'Cause like they arrest people and then... you feel a bit scared 'cause you don't know if you're, if part of your family is going to be arrested or not.

(IV7, Female 9 years)

In my head, like when I was 13 when that happened, all I was thinking is that maybe [the police] will say, 'Oh, you would have done this', or, 'You should have done this', basically judging me and telling me what I would have done if I had to relive that situation again.

(IV18, Female 17 years)

You feel like you're in trouble. Because they're made for people that were causing trouble and to get the people.

(IV19, Male 15 years)

Interviewer: I've got these cards here, these feelings cards, you might be able to tell me the feelings cards how [the character] would feel like when the police came?

Maybe she would feel... she might feel a little happy that her problem, no, no, she won't feel happy...

Interviewer: You've changed your mind about that?

...Sad that she might think that the police is going to arrest her.

(IV15, Female 6 years)

In other cases, children's fears of the police stemmed directly from the threats and manipulation from perpetrators: for example suggestions a child or their family would be hurt, or their family relationships severed, if they told the police:

I was scared because my rapist said never tell the police because I'll kill your family – so I was petrified for my family. But also I thought I need to tell – but I'm risking my life and my family's life. It took me a long time to realise that the police finding out was the best thing that could have happened.

(IV2, Female 16 years)

Fears about police involvement were also associated with the loss of control over sensitive information and potential for others to find out about the child's abuse without their permission or knowledge:

When she [the character] had to go and see the police she's worried – she's worried that they will be telling everybody and she doesn't want the whole world to know.

(IV9, Female 13 years)

ii) Fears based on experiences of police contact

While many of the fears outlined above relate to anticipation of meeting the police, there were also accounts where fears were based on contact with the police that was experienced as 'scary' or 'frightening'. Many of these accounts were associated with children feeling physically intimidated by the police, often due to gender, physicality or behaviour:

The police officer was like six foot tall two and really skinny, [and] the social worker was like really big and also six foot tall. So at the time I was 11, to an 11 year old that's kind of scary.

(IV37, Female 17 years)

When the police are involved – many people are scared of the police – you would feel a bit scared and intimidated – they show some sympathy but not enough.

(IV45, Female 16 years)

Then she [the police woman] put me in the car and then another man came over and this is when it started going wrong. A [police] man came over and obviously I prefer talking to women, I don't like talking to men. The man came over and obviously I tried hugging my sister to protect my sister, because in my mind it's this big bad man... personally because that policeman was a man, even though I know now he was trying to help me, you're sort of scared because in my eyes the men were the ones that was doing the most stuff to me sort of thing. Even to this day I still hate talking to men.

(IV42, Female 17 years – 4 years old at time of incident described)

Recognising and anticipating these possible fears provides a tangible opportunity to address them through providing clarity and reassurance that: i) children won't be blamed; ii) their personal information and experiences will be managed sensitively and confidentially; and iii) the risk to the child will be taken seriously and addressed. In addition, recognising how aspects of the police's gender, presentation and demeanour – alongside the environment in which they initially meet children and young people – affect children's levels of anxiety provides clear opportunities for more sensitive planning and minimising negative emotional impacts of police contact.

iii) Police contact: reducing children's sense of safety

Finally it is worth noting that for a small minority of interviewees, contact with the police was noted to have reduced their sense of physical safety. These included children and young people who felt that they had not initially been taken seriously by the police, cases where police actions had not significantly restricted potential contact with an abuser (while sometimes simultaneously alerting an abuser to their complaint), and/or cases where those responses were delayed.

Like with me, they came to me and told me the bail conditions and to me, I still felt quite endangered by them if you know what I mean, like they didn't really protect me kind of thing.

(IV4, Female 16 years)

A small number of children described periods of days or weeks between a disclosure of sexual abuse being reported to the police and initial witness statements and subsequent protective actions being taken. These periods were marked by considerable anxiety and strain – particularly in two examples where children were advised not to talk to their non-abusing family members about their disclosure. In another exceptional case a child described coming face to face with her perpetrator (who was answering bail conditions) in the police station while waiting to provide her statement.

Police
tell them about it.



'You should tell the police ..but I don't think any young people would be brave enough to tell the Police, because children are very insecure...They are built around obedience and respect, so that means that they might find it hard to oppose someone with more authority than them.' IV54, Female 11 years

6.3 Investigative practices

I had to do like the video evidence where they video record everything. I don't know, that was more traumatising than the actual abuse I went through. Like I said I was very alone and I only had my family. I really wish I knew [the therapeutic service] then... I didn't have the support network that really I should have had in place. .. It's literally like it's [the abuse] going on again, the whole thing's happening again.

(IV38, Female 19 years)

As described above, formal investigative processes which directly involved children and young people (witness statements, video recorded interviews and forensic medical examinations) were overwhelmingly described as difficult and distressing by interviewees who reflected on these experiences (n=37).

Interviews (witness statements and video recorded interviews⁵⁴)

Talking about experiences of sexual abuse to the police was understandably described as extremely hard for children and young people, even when they acknowledged the value and importance of doing so. Although the described levels of distress varied (from manageable to unbearable or re-traumatising), there was almost universal acknowledgement amongst the interviewees that these processes negatively affected their emotional wellbeing. Familiar themes included anger, embarrassment and shame (often linked to 'graphic questions'); reliving experiences of abuse; high levels of anxiety; and feeling disbelieved due to interrogatory styles of questioning.

It's very hard because you think like... they're asking you all these questions and they don't even know how it feels, like you just feel very angry and stuff like that... And they're asking lots of questions about him and it's making you even more angry.

(IV24, Female 10 years)

I don't know, the only way I can describe it [doing an interview] is you're at Alton Towers, you've never been on a ride before and you're waiting in the queue but you ain't even seen the rollercoaster track so you don't know what's going to happen, so you're getting sweaty palms, your heart's going faster, 'right, okay, what's going to happen', like ... anxious.

(IV27, Female 17 years)

Having to tell them everything – you can't miss out a detail and it dredges it all back.

(IV26, Female 17 years)

It's just it's so many questions, it's just like, 'obviously you have to ask these questions because you probably don't believe me right now'. So it just makes you feel like they don't believe me, but they ask all these questions.

(IV36, Female 17 years)

The hardest thing about that was having to go into a lot of detail, because you have to literally explain everything down to a tee and obviously being a teenager, it was a bit embarrassing talking to a random person about it.

(IV29, Female 18 years)

Interviewer: what it's like for [the character] to go and see the police?

Shy and nervous.

(IV16, Male 7 years)

54 Video recorded interviews are interchangeably referred to as Achieving Best Evidence Interviews or ABE's.

Another issue cited in a number of interviews as problematic was the environment in which interviews were conducted. A small number of children provided vivid accounts of these spaces, highlighting the significance of rooms and offices which were not conducive to making children feeling safe and comfortable:

It's like walking into somewhere they'd film a horror house. You'd want it to be colourful and happy and positive. There was no light in there at all, it was weird... there were cameras in every corner of the room. There was one staring in your face, you'd look over there, there would be one staring there and it's like, oh my god. Feel like you're under pressure a lot.

(IV50, Female 15 years)

We had to do another video statement, so we had to go to I think it was [name of police station], it was really weird. It was like a rundown prison and they had to type a code into the door and then the key dropped out and then they had to open it and there was nobody... it was really weird, but we had to sit in a room with plants and chairs and cameras and [they] had to ask questions.

(IV29, Female 18 years)

It was nasty – the fact that I was in this room I'd never been in before and they're just firing questions at you which makes you feel uncomfortable and then just 'okay, we're finished'. It would have been a lot better if it was in a room that I'd been into before.

(IV53, Female 19 years)

A small number of children specifically questioned why the rooms in which they were interviewed couldn't look and feel more like their counselling rooms and noted how this would support them to feel at ease and provide their 'best evidence'. Children also recommended other aspects of therapeutic support, such as the use of toys, calming objects or animals, as tools which could support them in these settings.

Despite these difficulties, several children acknowledged the value of undertaking a video recorded interview, particularly if it meant reducing the likelihood of having to attend court and/or could support their evidence in court.⁵⁵

It means you don't have to go to court and it's easier but say if you didn't say everything in that video then you would still have to go and say stuff in court.

(IV43, Male 15 years)

Yes it's hard but it's a lot easier in the future – if it goes to court – it means you don't have to say those things again. They see your emotions [on the video] on it – how nervous you are and that's important that they can see that.

(IV53, Female 19 years)

I think what's helpful about it is it means if it was to get taken to court the person doesn't have to go. I think that is quite important. I probably wouldn't be too bad if I was faced with the people that have abused me, but I know a lot of other people wouldn't be able to face that. So I think that's a good thing.

(IV22, Female 17 years)

Also significant were the small number of examples given where children and young people talked positively of their experiences of their video recorded interviews. Though exceptions, these crucially demonstrate the potential for practice to be different (within constraints of current policy) and for children and young people's welfare needs to be recognised and appropriately responded to within this setting. This evidence dispels the inevitability that children and young people's experiences of interviews should always be wholly negative:

⁵⁵ Among the sample, at least one of the 24 convictions known about was obtained on the basis of a video recorded interview only (without the child having to attend court).

[The police] make you feel dead welcome, try and make you not feel scared as you go in [to do your video recorded interview] and I think that's really important.

Interviewer: What do they do you to make you feel –

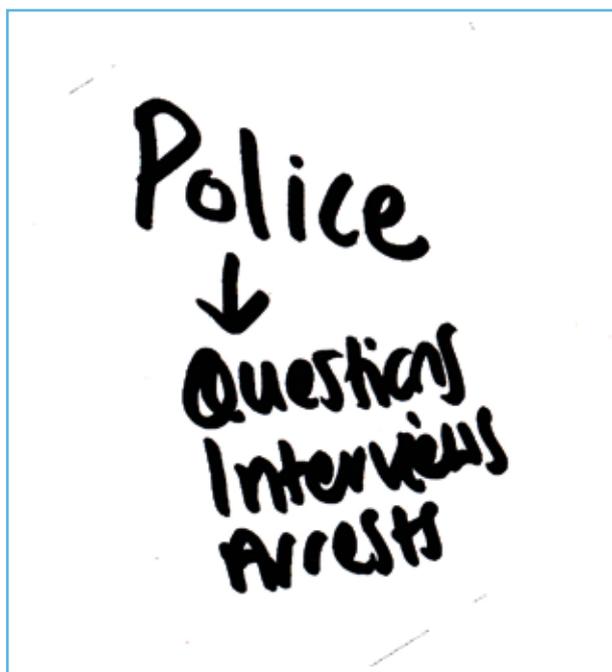
They ask you, 'Are you okay?' 'Do you feel okay to do it?' 'Do you want to reschedule?' and stuff like this. They offer you a drink and stuff, just try and make it as least scary as possible.

Interviewer: So it's taking that time to make sure that you're okay, or to at least hear how you're feeling?

Yes, telling you you're not obliged to say anything that you don't feel comfortable to say yet.

(IV30 Female 17 years)

As the quote above demonstrates, a number of modest actions by the police have the potential to have a significant impact on children's experiences. A summary of such messages from across the interviews is presented below.



IV2, Female 16 years

Summary of children's suggestions for improving video recorded interviews: taken from children and young people's interviews

i) Recognise the difficulty of the process for the child/young person

[A child's] not going to want to talk about it. She won't want to, but just let her know that it's okay and the police are good and it's a safe place. It's a safe place to talk, and she can say whatever she wants there. And say she gets angry, they need to not get angry at her. Say if she swears or something, I don't know, she might just lose her temper, and they need to let her [know] that she can have a break and that it's not bad if she does that kind of thing, because obviously she's going to be angry. (IV35, Female 13 years)

They always told me no matter – like every time they came and seen me saying, like, 'We are on your side. You are the victim here and we're just here to get some questions, we're not here to disturb you in any way, we just want to make sure that you're comfortable.' ... If you really don't want to say any information you don't have to tell them, but of course it's helpful that you tell them every single bit of information that happened to make sure that that abuser gets what they deserve.

(IV46, Female 13 years)

ii) Provide additional support before and after

They should put in place like before and after a little counselling service that you can use. So like before they could be, 'This is what's going to happen,' they'll ask very abrupt questions and stuff which they have to do. Maybe just give you a little build up to it and help you build up ready. Then after just a little grounding work and stuff. But yeah I think that's what they should put in place... and then after if just give you numbers and stuff of services that you can go to.

(IV38, Female 19 years)

iii) Offer choice in interviewing personnel and facilitate presence of supporters

She might not want a male police officer. She might not want to talk about it to him. If she doesn't, then she's not going to talk is she? So they're going to have to try and make her feel more comfortable and get a female police officer. Or maybe she might prefer talking to a man about it. It's whichever one she prefers really. (IV35, Female 13 years)

If when they interview a child, depending on the gender of the child or teenager, they should actually have a female or male officer in the room. You know they shouldn't be left alone with just them and the two that are interviewing. They should actually have someone there that they can trust... when I had the video interview with the female police officer I felt I could trust her because she was like really nice and she just looked friendly. When you're like interviewed by two like six foot men it's kind of like well do you want to trust them?... I think they should ask the question when they actually interview the person, 'Are you happy to talk to us or would you like a female in the room with you?' If they say, 'Well I want a female in the room with me,' they should actually get a female.

(IV37, Female 17 years)

iv) Consider the physical environment

Don't make it seem like I've actually come here for an ABE video, make it seem like I've come here to just talk to you. Maybe not make the camera so noticeable right in my face. (IV50, Female 15 years)

Put her in a room like this where she can play and she can feel comfortable. Because that's the main thing, you don't want someone to feel uncomfortable to the point that they don't want to talk... And I would say not to have them in their uniform. (IV42, Female 17 years)

v) Attend to practical and emotional needs

If ever you're doing video statement, making sure that if they need anything, say even if just some water, that they can get that for them. If they need to go hug someone, even though they did offer that already, just making sure that they can do that. If they need to pause at any moment they can. If they need to cry just let them. No matter how long the process would take, as long as they're comfortable to tell you the information... Even if there's just a puppy there that you can hug – if the police has a dog just let the dog come because you'd be surprised of how calming pets could be. Just someone, especially when they're feeling really down, if they hugged their pet they'd be right as rain again.

(IV46, Female 13 years)

vi) Be empathetic

Listen and realise that you need to be more kind and not blunt, with a child anyway.

(IV20, Female 16 years)

vii) Use elicitation techniques that help the child or young person to articulate their experiences in their own words

Interviewer: Do you think there's anything that could help Callum in the police station feel less worried?

Puppets – To help tell the story. (IV39, Male 11 years)

The other lady, was really relaxed about it. She never questioned me. Because you have to say what happened she asked openly about what happened and she said everything she had to say, like they have to ask you if you know what a lie is and all that. She didn't try and victim blame... She didn't try and justify what they had done or try and give a reason as to why they've done it. She accepted that what I was saying was the truth. She just listened to me and didn't try and question what I was saying. If something was a bit misunderstood or not as clear as it needed to be she would say, 'Do you mean this, or do you mean this?' but she wouldn't try and put words into my mouth kind of thing.

(IV22, Female 17 years)

viii) Keep them updated afterwards

It's kind of after, she's going to be worrying about what's going to happen after, and what they're going to do with it. Just whether [the perpetrator's] going to find out, or whether it's going to go to court or whether it's just going to be left. She's going to want to know what's going to happen... Do all that investigation stuff and put the interviews together, but let her know that in the meantime while they're sorting it out she's safe, she's in a safe place. And that they'll get back to her as soon as they can on all that's going to happen. (IV35, Female 13 years)

Forensic medical examinations

A number of children (n=10; all female) acknowledged the role of health services in gathering physical evidence, although very few children chose to reflect on the experiences of forensic medical examinations. For most that did, it was understandably described as a difficult and intrusive process. One 13 year old explained that the process made you feel 'nervous' and 'anxious' and noting that the process of being touched for the purposes of the examination 'would be like reliving it [the abuse] again' (IV23). Another explained:

I wouldn't recommend it [the forensic medical examination] – it's probably the worst thing about telling. There were just doctors everywhere – you need to give me all these details. My Dad was there too – it was a bit too much. Every question under the sun about my medical history – even from when I was little. Why I don't recommend it is because of the physical part – they have to check everything. Thank god I had a woman called [X] – from the centre near the police station [the SARC]. I just thought – I don't know these people – I don't trust them – I don't want them to look at me. Two doctors from Bristol came – there was one female doctor doing the bottom part – and the top part was another one.

(IV2, Female 16 years)

The importance of support is clear here and of individuals conveying care, sensitivity and reassurance. Furthermore another individual noted that informality could play an important role in reducing a child's anxiety and make them feel more comfortable.

Obviously they have to check you over just in case like there's any chance you could be pregnant and stuff. But obviously try and do that in a more like fun sort of way. Obviously the person is going to know that it's really serious and that but making it more fun.

(IV3, Female 13 years)

Another young person explained the need for doctors to 'be friendly or something like that because sometimes, most doctors, they won't even talk to you and that probably makes people feel uncomfortable' (IV41, female 12 years). While for another two children, the knowledge that that the evidence could help their court case supported their willingness to engage and encourage others to do so – again indicating how children's desire for justice acted as a clear motivating factor:

Also the police organise a health examination and sexual health screening – people think that's scary but people can go with you and it still is scary but that can be more helpful and for the court – they need that evidence – they're dependent on that evidence.

(IV26, Female 17 years)

Then doctors can do a rape kit and stuff like that. Which then leads [a child] to be believed.

(IV42, Female 17 years)

The association between forensic examinations and strengthening evidence was mentioned by four of the ten young people who discussed SARCs. Two other young people voiced frustration that in their cases that no forensic examinations were taken, which they perceived had weakened the cases against their perpetrators.⁵⁶

56 Detailed information about the actual relationship between forensic evidence and prosecution outcomes was not available in this research. Children's perceptions that increased collection of forensic evidence would improve prosecution outcomes was therefore difficult to verify but raises important questions worthy of further study.

6.4 Court

It's a vile place, it is such a vile, vile place, it's like there are no boundaries and they don't care what age you are, what has just gone on, they don't care and they will do as much as they can to let abusers get away with stuff.

(IV50, Female 15 years)

Court cases were brought against a perpetrator in 31 of the 50 cases in which the interviewee had known police involvement.⁵⁷ Seven of the cases which reached court were known to have ended in a 'not guilty' decision (all of which involved children or young people providing evidence) while 24 resulted in a guilty sentence. Of these 24 convictions it was noted that 10 were secured without a child having to testify. Whilst the reasons for this were not shared in five of these cases, in the other five these were noted to be: the use of a child's video recorded interview as primary evidence (one known case); the perpetrator pleading guilty prior to giving evidence (two known cases) and securing a conviction on the basis of other victims or witnesses (two known cases).

Table 13: Summary of interviewees criminal justice system involvement

Summary of criminal justice system involvement	No. of known children
Known police involvement	50
'No further action' prior to court (police or Crown Prosecution Service) ⁵⁸	17
Cases ended prior to court due to death of perpetrator or witness mental health	2
Cases brought to court	31
Conviction secured	24
Not guilty finding at court	7

At least 36 children (aged 7–19 years) mentioned court within their interviews (including those whose cases did not reach court) and, of these, 16 shared personal experiences of attending court cases. Unsurprisingly, in all cases court experiences were described as difficult, challenging and/or distressing. As noted elsewhere, both the nature of crimes relating to sexual abuse and the requirements of the justice system place considerable stress on victims and witnesses and those who support them (Hall 2009; CPS 2013a/b; MacDonald 2013; Barnardo's 2014; CPS 2015; Beckett and Warrington, 2015). In such cases, attendance at court has been widely acknowledged to be potentially re-traumatising for victims and witnesses, with the associated safeguarding needs reflected within recent prosecutorial and judicial guidance documents (CPS 2013a/b; Judicial College 2013). Understandably, children and young people's familial ties to the perpetrator(s) created particular challenges and the potential for divisions and conflict within families described in chapter 4 appeared to be greatly exacerbated by these experiences, including examples of familial conflict between supporters within the court room.

i) Anticipation of and preparation for court

The lead up to court was discussed by a small number of participants, who highlighted this as a period of particular anxiety and heightened emotions. Where opportunities for pre-trial court visits were mentioned they were valued, as were the options for children not to attend court

Well if it's like a couple of months before court you feel like it's going to take forever before you get there but then say like 2 weeks before it feels like it's moving at a thousand miles per hour. You get a bit panicky. I was terrified to go to court.

(IV8, Female 14 years)

⁵⁷ At least 17 had a 'no further action' decision made by the police or Crown Prosecution Services (CPS) prior to a court case being brought and two cases had ended prior to court due to the death of a perpetrator or the mental health of a child witness.

⁵⁸ Details of where a 'no further action' decision was made (police or courts) were not made available in most cases.

Leading up the court – it takes a long time – it’s scary ‘cause you think that they’ve thrown out the case because it takes months before there’s any contact while they’re trying to sort it out and get evidence.

(IV43, Male 15 years)

You sometimes get to go to the court empty, when it’s empty, so you know how it’s going to be when you go in there and it’s full – and they would tell you about what’s going to happen when you go into court. But sometimes, if you’re young and you don’t want to be in the court, they’ll just do a visual of you, asking the questions and that will be shown in court.

(IV41, Female 12 years)

As the first two quotes indicate, the anxiety associated with anticipation of court was exacerbated by the long delays between the onset of investigations and court dates. A third of the interviewees who discussed court (n=12) mentioned long waiting times or adjournments to court dates and the negative impacts of these – particularly in cases where access to therapeutic support was deferred until completion of prosecution processes (see section 6.6).

Despite the intense stress levels associated with court, a number of children and young people noted their desire to attend court, for the prosecution process and/or sentencing, highlighting the importance of appropriate choice around this where possible:

[You don’t] have to [go to court] – it depends how you feel – you might feel scared to go [to court] – worries – about opening it all up again – or you might decide to go. It should be up to you.

(IV9, Female 13 years)



IV16, Male 7 years

ii) Attendance at court

Attending court was described as challenging by all the interviewees who shared their direct experience of it. It was an experience that clearly compromised children and young people’s sense of safety and had the potential to exacerbate their existing sense of betrayal, powerlessness, stigma and self-blame (acknowledged as key impacts of sexual abuse itself – see Finkelhor and Browne, 1988). Particular aspects of the court experience that were highlighted as difficult included: seeing (and sometimes facing) the perpetrator again; re-watching a video recorded interview of yourself; cross examination by defence barristers; and the ‘court set up’ including the public nature of court and the formal and intimidating setting:

I don’t think anyone should be allowed in there [the public gallery at court]. If there is going to be someone there watching your life story there needs to be permission because it’s like putting your name in the newspaper or say if I’d gone to the papers and said, ‘I want this story about me in the paper’ and thought it was a good enough story. I’m not allowed to name my dad but they do it anyway. I can get done for that so why is someone allowed to sit back and watch my whole life story in a public gallery. It doesn’t make any sense, without permission from that person.

(IV50, Female 15 years)

iii) Giving evidence

The aspect of court that interviewees highlighted most regularly as difficult was that of providing evidence and cross examination. Accounts of these processes included intense reactions: one young woman running out of the court to vomit after a severe panic attack under cross examination and another young man describing difficulties managing intense feelings of wanting to kill his parents on seeing them while giving evidence. During one interview, a seven-year-old boy simply picked up the picture card of the judge, punched at it and threw it violently across the room explaining 'I don't want to talk about judges. I don't like judges.' (IV16)

Interviewees described a sense of fear and pressure associated with re-telling experiences of sexual abuse in the public setting of the court room:

You're nervous about seeing the person again and being put in court, like to tell them your side of the story in front of all these people you don't know and being pressured.

(IV41, Female 12 years)

Interviewees' accounts of the court process indicated that even young children (aged 10 or under) were subjected to detailed, often humiliating or undermining, lines of questioning by defence barristers:

I think the judge said that there was a barrister on my side and a barrister on his; the barrister on my side, he was really nice, he was nice and... but the barrister on the other side, he were trying to tell me that my mum was making me say it... not asking me, telling me and I thought and it made me upset 'cause he said that my mum were making me tell a lie.

(IV24, Female 10 years)

It's not a very nice situation – I mean they try and twist it round so you're the bad one and they're the innocent one... Barristers are snakes – they're not very nice people – the way they act – it's like a way that you've never experienced before.

(IV8, Female 14 years)

I was going on about him pulling my pants down and stuff, he [the Barrister] was like, 'did you like it? Did you like it?' It's like – because at seven, because he tried to rape me when I was seven and again when I was nine... I know they're trying to do their job but it's inhuman. If I said to someone, 'did you like being abused?' is that some kind of sick question? It is a really, really sick question. It just doesn't make any sense to me... obviously that was his barrister so he's trying to obviously stop my dad from getting sent down but as a kid, you don't ask a kid if they like being sexually assaulted. That's wrong... to save a criminal's arse. It doesn't make any sense.

(IV50, Female 15 years)

Although a small minority of children and young people remarked on the value of certain special measures, such as being able to provide evidence from a live link room, there was little indication that interviewees were being offered choice in their application, or that the full range of options were available to them. It was clear that further implementation of available options, such as clearing the public gallery when children gave evidence, better management of defence barrister questioning, and the use of remote live link rooms⁵⁹ or pre-recorded cross examination⁶⁰ could all reduce children's distress (and potential for re-traumatisation), yet there was no evidence that any of these options were used in cases discussed in this study. Furthermore, no mention was made of the use of intermediaries to support children to provide evidence in interviews and in court. While this may partly reflect the historical nature of investigative and prosecution experiences discussed, and/or a lack of clarity about different individuals' roles, it suggests that such measures are still implemented inconsistently.

59 Remote live link is one of a number of special measures potentially available to vulnerable witnesses which include the option of giving evidence from behind a screen, via video link from a different part of the court or, in some areas, via remote video link not within the court building. All applications for special measures must be agreed by the court in advance. Rooms for children and young people to provide evidence away from court are currently only available in a limited number of locations in England.

60 At the time of undertaking the research, pre-recorded cross examination was only available in three pilot areas in England (commonly referred to as the section 28 pilots). It was not available to any of the interviewees at the time of their prosecution. There are now plans to roll it out nationally.

6.5 Justice

The outcomes of court were understandably extremely significant to interviewees. For the small number of children whose cases reached court, but did not end with a guilty verdict (n=7) – or those whose cases didn't reach court due to a prior 'no further action' decision (n=19) the outcomes appeared most shocking, distressing and difficult to manage. Such outcomes were observed to counter their expectations, compromise their sense of safety and undermine their sense of justice. Such outcomes were often described as exacerbating feelings of betrayal and powerlessness, and further undermining a child's or young person's sense of being believed. These were times when children's need for emotional support appeared to be at its highest:

I was angry because they said he would get charged and they kept saying that he would get charged for it. Then when it turned out that he wasn't going to get charged for it, it was kind of like, 'Well you said to me and you said he would over and over again. So why is he still allowed to roam free?'...Yeah I felt angry, hurt, disappointed. But also at the same time I felt worried.

(IV 37, Female, 17 years)

It [court] was just horrible. I can't even go past it now without being a little bit sick in my mouth. It's horrible. When the verdict was given, I wasn't allowed in the room because I had to be 15 and I was either 14 or 13, I can't remember. I had to go and sit in this other room with my mum and we said to one of the men that are there who look after you, 'if it's not guilty just tell us to come this way and take us out please'. Then it comes back and he was like, 'come this way'. Me and my mum were just bawling our eyes out.

(IV50, Female 15 years)

It's devastating [when a case is dropped] because you know that you've gone through the most horrible thing and that that person can walk away free and can do it at any point again.

(IV34 Female, 15 years)

Court was the hardest – court is shit – the only way can describe it is fucking shit – nothing gets done – I wouldn't have done any of this shit if I had known the outcome... I don't think court's fair – the jury system needs changing – everyone in that jury they say is meant to be a mix of gender, age, race but the majority were men and older and they chose the verdict.

(IV26, Female 17 years)

I was in [the psychiatric unit], when the whole court proceedings were going on and I was told that I was too unwell to go ahead with it. So my psychiatrist went for me and I never knew any of this. They didn't tell me any of it because it just kept making me more unwell. The judge just said that it wouldn't be a fair trial so he got let off. So now I have to live with that every day knowing that I feel like it's my fault because I wasn't well enough to go ahead with it.

(IV 38, Female 17 years)

Interviewees whose perpetrators received custodial sentences described more mixed responses and a range of conflicting emotions. A number shared their sense of guilt for their role in 'locking [the perpetrator] up' and linked this to their familial relationships. For others, however, there was a sense of validation, partial 'closure' or relief:

Interviewer: When a case goes to court, does anything get better?

Yes, it feels like it's closure because it's coming to the end and stuff... [You might feel] some sort of sense of normality, whatever that is, again.

(IV30, Female 17 years)

I was in college when I found out that he pleaded guilty, so it was a massive relief, I started crying.

(IV21, Female 18 years)

Some expressed frustration with sentences they felt to be unduly short and/or anxiety about release dates.

His first parole date is in 2019 which obviously is a little while away but it goes so quickly. It's nearly been two years now since he actually went away, which is just scarily quick.

(IV29, Female 18 years)

Perhaps the most striking finding from this data was the degree to which children remained committed to the idea of formal justice, regardless of their personal circumstances and the high levels of ambivalence recorded in interviews about service intervention, criminal justice processes and, in some cases, consequences for perpetrators.

I would say it's always worth going through it – yes there may be no evidence – or the time gap may be too big but there's still a chance – a 50:50 chance they'll go down for it. I prepared myself for the worst – that's my motto and swo if he did walk out [free] I wouldn't be disappointed and if he went down it would be a bonus.

(IV53, Female 19 years – not guilty verdict)

Children and young people's commitment to justice was particularly apparent in two interviews where the perpetrators had received 'not guilty' verdicts in court and the young people involved regretted going through the prosecution process. However in both cases they noted they were keen to avoid sharing this message with other children and young people for fear it might 'put them off', demonstrating their ongoing belief in the value of formal criminal justice processes despite their own experiences.



'I think they would be to like call the Police on him to get rid of him and put him in jail' IV 54 Female, 11 years

6.6. Welfare support through criminal justice processes

Given the aforementioned difficulties and challenges around the criminal justice process, the need for children and young people's welfare needs to be both recognised and prioritised during such processes is clear. However interviewees indicated that their experiences of support at this time was inconsistently considered and provided.

It is also apparent that children and young people's support needs are diverse and individual and, as such, it is important that they are involved in discussions about how best to meet these. A good example of this is whether or not a child or young person has a supporter present during recording of video interviews. Some interviewees had wanted a supporter present, but this did not take place: *'either the foster carers or the social workers should be with them [in the interview] but mine wasn't allowed in'*. (IV11, Male 16 years). In other examples, children and young people described having a supporter present and valued this:

It was a difficult thing to do but I felt like it was done very well because I felt like the right questions were asked, they had not only the interviewer there but a social worker so if at any point if I felt too low to continue, I could go out and talk to a social worker. My family were in the waiting room.

(IV34, Female 15 years)

Finally, some children expressed a desire to minimise the numbers of professionals present.

There is nothing that makes it easier. In my situation I would have found it easier if no-one was there. My social worker came with me for support – she was trying to be supportive – I think she asked me if I wanted her there and at first it seemed like a good idea – but I wouldn't have said no even if I didn't want her. Whereas for others they might want someone there, I just wanted it over.

(IV26, Female 17 years)

Pre-trial therapy and practical support

Interviewees' variable experiences of support also applied in relation to access to, and experiences of, both practical and therapeutic support during criminal justice processes.

On a practical level, several interviewees highlighted the value of having professionals attend court with them and help them understand both the nature and significance of what was going on within that arena. Primarily this applied to ISVAs, although the attendance of other professionals at court (including CAMHS workers, counsellors and social workers) was also noted and appreciated by interviewees:

When it comes to court she would need someone from a support team – I had [counsellor] – she's a really calming person and also I had my mum – she was going to be there because she's a good person to cuddle up to when I'm upset and CAMHS they said to me that they would call me to ask me how I was doing while it was going on and also my teacher – they helped me with emotional support and they said that they would come with me to court and I needed all these people to be there because they gave me different things. If [a child] went to court – she'd need a professional from a support team or a friend or family to be there with her.

(IV45, Female 16 years)

ISVAs... They make a lot of unknowns seem less scary by helping you to understand it a bit more.

(IV30, Female 17 years)

Interviewees' emphasis on their practical needs during criminal justice processes were accompanied by considerable emphasis on their emotional and therapeutic support needs during the time. Worryingly, interviewees' contributions suggested that they received variable messages about their entitlement to this support and variable experiences of this when provided (contrary to existing guidance; see CPS, 2001). While for some, experiences of pre-trial therapeutic support appeared positive and without obvious restrictions, for a significant number of children this did not appear to be the case. Three distinct scenarios appeared to exist:

i) Children with access to pre-trial therapy

There were several examples where children described referral to specialist counselling services shortly following their initial statement or disclosure. In these cases, children and young people did not appear to differentiate between the therapeutic support they received before and after investigations and court, or note restrictions. They highlighted its value in supporting them prepare for and manage criminal justice processes:

Interviewer: When would the counsellor get involved – would it be before or after court?

Both before and after courts

Interviewer: Why would they be important?

They would be important because you're talking about it and it would help you to get through the court better.

(IV9, Female 13 years)

ii) Children with access to pre-trial support but with significant restrictions

Some interviewees reported accessing therapeutic support prior to court – either through ISVA's or counsellors – but felt severely restricted in terms of what they could discuss or reflect on until the investigation or court case ended. Many explained the strain this put on them and limitations on the value of provision they received:

It don't make much difference when you have an ISVA before the court – you're not allowed to discuss any details with an ISVA until after the court... I did it [counselling] at the wrong time – I should have had it after court – I did it before court – and I couldn't talk about anything – the counsellor can't tell you anything about what to expect in court – it puts me on edge.

(IV26, Female 17 years)

Well, then, counsellors aren't allowed to talk... well, they are allowed, but not in depth of what's happening with the police about the abuse, while the investigation's still going on. And that's hard, because she feels like they're all on one side and she's on another... All the thoughts just keep building.

(IV23, Female 13 years)

Well the police and counsellor say you can't talk before the court.

Interviewer: How does that feel?

Upset. Stressful. You think 'what's the point if you can't say anything?'

(IV8, Female 14 years)

iii) Children who were told they could not access any form of therapeutic support prior to an investigation finishing

Seven interviewees reported being denied access to counselling or therapeutic support until after an investigation was closed or a court case finished and informed that it wasn't allowed or appropriate. In these cases, there was evidence that the children and young people were unclear about their entitlements; the primacy of a 'child's best interests' was not upheld; current guidance was misinterpreted; and/or that services or professionals lacked confidence in how to provide appropriate support:

Yes, they say you're not allowed therapy as such really because it tampers with the evidence that you're going to be giving. So you can't really speak about anything at all.

(IV50, Female 15 years)

The main thing [that's difficult] is you're not able to have the [support] services until after everything's gone through with court.

(IV34, Female 15 years)

Yes, [ISVA's] they're the people you go through when you're in your court case and stuff because you can't really have a counsellor because you're not allowed to disclose explicit details... I think it's really difficult because you're not allowed to talk about it when sometimes [you] might want to, even if you want to you can't... [it] feels like more secrets which you don't really want after you've been keeping sexual abuse a secret.

(IV30, Female 17 years)

I'd say the main thing is you're not able to have the services until after everything's gone through with court... if your court date takes months to go through, then you're waiting to get the counselling that you need from the beginning because I'd say the most difficult time is coming out about it, that you can't access anything until after the court has gone through... And that does really affect your mentality because... having told about this and then just having to get on with life as if actually nothing had happened and not having access to anything that could potentially help, just puts you in a worst place because you've got time to sit there and think and you do overthink quite a lot of things.

(IV34, Female 15 years)

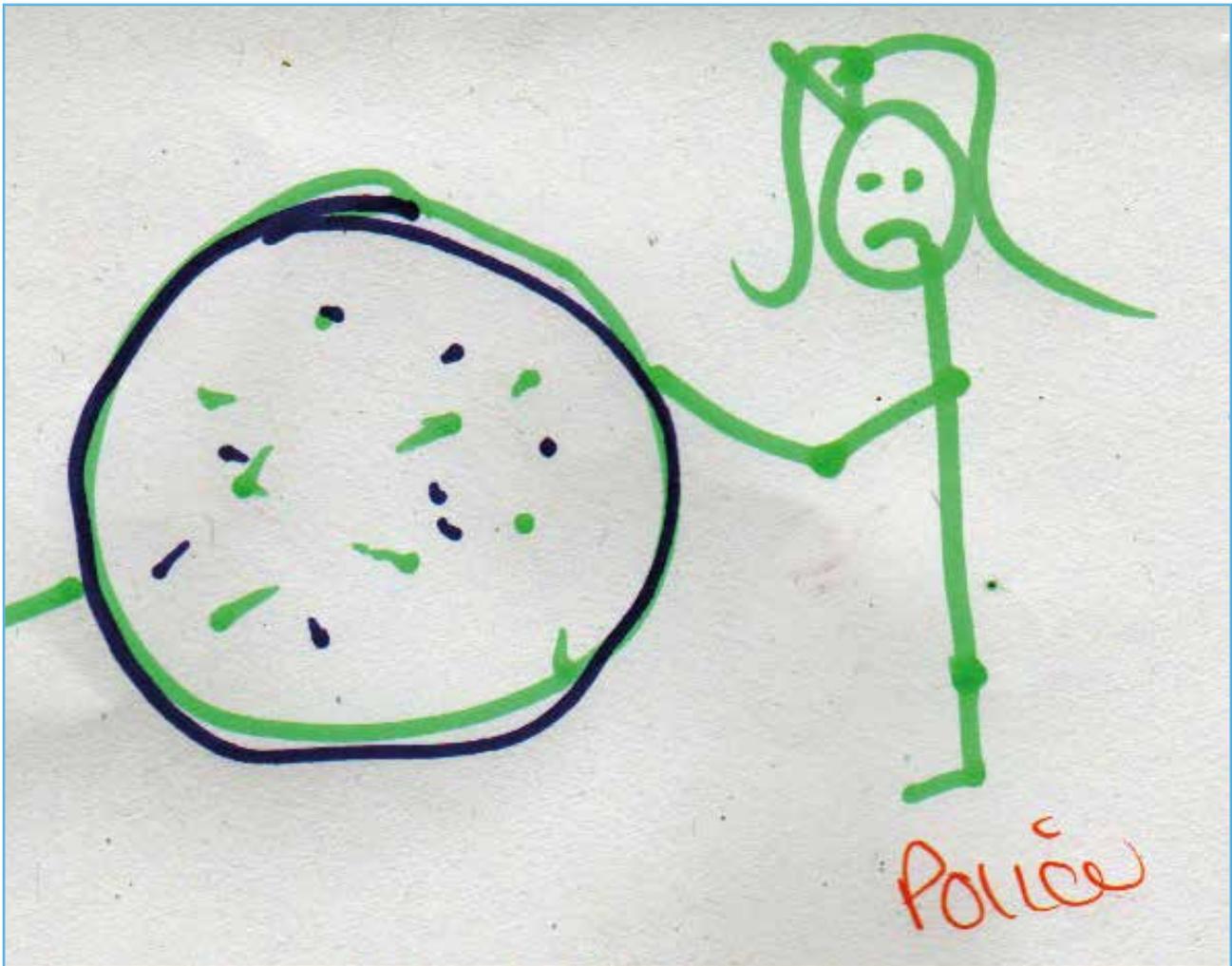
Such messages and approaches clearly failed to meet the significant needs that many interviewees themselves identified – both in relation to the impact of the abuse and the additional distress caused by involvement in criminal justice procedures:

Once you've told someone you need emotional support as soon as possible.

(IV45, Female 16 years)

I think deep down what I probably wanted was just someone to talk to about everything, how I felt about losing someone that was once really close to me, whereas they just wanted to deal with the legal side of things so I feel like that's probably what was missing in the process, was just having that extra support really that wasn't just always thinking about 'Have you done this with police?' and stuff like that. I think Mum would feel the same, she said that she always wished she'd had someone to speak to.

(IV51, Female 15 years)



'The police – they just give you this bubble of things to deal with then walk away.' IV44, Female 17 years

Overall the lack of consistency or clarity about entitlement and provision of pre-trial therapy appeared to create an additional silencing mechanism, compounding children and young people's sense of feeling repressed from talking about their abuse and delaying their recovery process. This holds significant implications for the child or young person, and heightens the existing impact of delays with investigations and prosecution processes. In one case, a young woman who had experienced multiple forms of adversity and described significant mental health issues described consciously sabotaging her video

recorded interview just so she didn't have to wait to get counselling (having been told by police that she could not access any therapeutic support while the case was live). Another young woman explained welcoming an NFA decision for the same reason:

I did a police interview but it was NFA'd and I was happy to see that because then I could get on with counselling – I was waiting for about a year while the police were investigating and I couldn't have counselling that whole time.

(IV12, Female 18 years).

6.7 Summary: prioritising victim welfare

As highlighted throughout this chapter, interviewees had variable experiences of engaging with the criminal justice system. Although an inherently difficult process, the actions of those they engaged with served either to alleviate or compound these difficulties, with the latter enhancing the traumatic nature of the process and exacerbating interviewees' sense of risk and vulnerability. As previously noted in other studies, there remains a clear need for more consistent implementation of existing guidance – which already allows for many of the 'improvements' interviewees requested – alongside a greater investment in the development of appropriate skills and aptitude. This was noted as particularly pertinent in relation to video recorded interviews and, for those cases that progressed through the system, the adversarial court process. Given the particular difficulties associated with court attendance, further efforts should be made to minimise the need for children and young people's presence in this setting.

Careful planning and consideration of complainants' welfare needs should be considered at every step of their involvement in the criminal justice system. Particular attention also needs to be paid to children and young people's therapeutic needs throughout – and beyond – their engagement in investigations and prosecutions. Specifically, more effective and consistent referrals to, pre-trial therapy provision must be realised as a matter of urgency, particularly in light of the distress criminal justice processes can cause for children and young people. Given so many children and young people expressed determination to access justice (in spite of the enormous challenges described) it is imperative that we find ways to better support children and young people to safely engage in these processes and minimise the potential for further traumatisation that such engagement currently holds.

Making Noise: Children's voices for positive change after sexual abuse

Impact on and role of wider
contexts (schooling and peers)

7. IMPACT ON AND ROLE OF WIDER CONTEXTS (SCHOOLING AND PEERS)

Key findings

- Experiences of CSA in the family environment and the ensuing processes have a significant impact on how children feel about school. Schools were variably described as operating as both a place of escape and somewhere that could feel difficult to be.
- Key difficulties that interviewees associated with school (or college) included: feeling unable to concentrate or cope with the pressure of schoolwork; anxiety about peers or staff finding out about the abuse; changes to peer dynamics; and managing symptoms of trauma during school time (such as flashbacks, disassociation and impact on memory).
- The familial nature of children's ties to perpetrators means that in some cases schools can offer a sense of sanctuary when proper support is provided. Supportive experiences of school or college were characterised by sensitive, appropriate information sharing with staff. Although some interviewees expressed anxiety and/or embarrassment about school staff knowing details of their abuse, the majority valued of at least one member of staff recognising their additional needs and taking responsibility for implementing practical support strategies in consultation with children themselves.
- While interviewees place greater significance on the positive contributions that friends could make to them after disclosures of CSA, there is substantial acknowledgement that friends and peer groups could also present additional difficulties and risks after disclosure. Potential difficulties for children who disclosed to peers included gossip and bullying, facing difficult questions, changes to friendship dynamics and parental anxieties about their children associating with victims of CSA.
- Although not invariably, friends of primary and secondary age can play a role in keeping children physically safe by passing information on to adults, or supporting a child to do so themselves.
- Almost half of interviewees describe specific ways in which friends had formed part of their central support network following experiences of sexual abuse in the family environment. The majority of these examples relate to young women and adolescent friendships and included demonstrations of insight, emotional support, mutual support and provision of distractions and humour. This support is often described as different from the supportive roles played by adults and suggests a distinct contribution that friends play.
- A significant minority of interviewees noted valuing opportunities to connect with peers who had similar experiences – both in relation to gaining and giving support. There was evidence that larger numbers of interviewees desired access to this type of support and that it could provide a role in countering isolation and self-blame and fostering optimism and self-efficacy.

7.1 Overview

While not underplaying the significance of specialist professional support in responding to CSA in the family environment, it is important to acknowledge that the majority of children's lives are lived outside this professional support network, within families, schools, peer groups and communities. Building on the significance of these environments in identification and disclosure (chapter 1), and post-identification family experiences (chapter 3), this chapter explores children and young people's experiences of the wider contexts of peers and schooling post identification of abuse.

Unsurprisingly, given their significance to children (both in terms of time spent and potential influence), many interviewees talked extensively about both schools and peer groups. Schools were discussed in 42 interviews (79%) and peer groups or friendships in 35 interviews (66%). Both were presented in contrasting ways: as challenging spaces to be in following CSA and disclosure, potentially exacerbating children's vulnerability; and as spaces with the potential to further children's sense of safety and wellbeing. It is important to note that to some degree the distinction between schools and peer groups is an artificial one given that much of children and young people's experience of schools is in fact determined by their experience of the peer groups there. For the purposes of clarity they have been separated here with data relating to school staff and the curriculum explored first, followed by a discussion of evidence on peer groups.

7.2 Schools

As identified in this study, experiences of CSA in the family environment and the ensuing processes have a significant impact on how children feel about school. Schools were variably described operating as both a place of escape ('School might be the only place that [you] can feel relaxed' (IV23, Female 13 years) and/or somewhere that could feel difficult to be in. These contrasting experiences mirror existing research.

Within the wider safeguarding literature, schools are well documented as having a potentially critical role to play in protecting children from abuse and are themselves subject to statutory duties to protect children in their care. Many children report

close and trusting relationships with individual school staff and subsequently school staff are noted to be in a particularly strong position to: identify concerns about sexual abuse, provide help and support, and raise awareness about issues relating to sexual abuse children (NSPCC: 2017)).

However it should not be assumed that schools are fully equipped to fulfil this potential – they have limited resources and expertise to respond to students' experiences of CSA and the related impacts of trauma on learning and development (Women and Equalities Commission, 2016). Finally there is also evidence that schools can present risks to children and young people's wellbeing particularly in relation to bullying, including sexual harassment (Ringrose and Renold, 2011; Women and Equalities Commission, 2016)

For those interviewees who mentioned school-related difficulties during or in the aftermath of abuse (n=24), the challenges mentioned related to being able to focus or concentrate (n=12); impacts on school work and attainment (n=12); anxiety about peers or staff finding out about the abuse (n=9); impact on attendance (n=6); peer dynamics (including bullying and harassment) (n=6); and challenges managing behaviour in school (n=4).

School was always difficult.

Interviewer: Can you say a little bit why [school] might have been difficult?

'Cause I knew that I could never focus properly like all the other people in the school or in the class.

(IV6, Male 10 years)

When I was going to court, I was getting distracted and I was going down on my levels at school and stuff like that.

(IV24, Female 10 years)

For me, when I walk into school, obviously I come in and there's people there and obviously it's natural to turn round and look who's coming in but for me, that feels like they're looking at me for that reason, I know they're not but that's how it feels instantly so you're constantly reminded, 'this has gone on, I'm different from everyone, no one knows how I feel, I'm alone in all of this'.

(IV34, Female 15 years)

I dropped out of college because I just couldn't cope... Yes because like all the students at college, like I was just in a room full of boys, there was only one other girl. They were just having a laugh about it [sex] and making jokes about it. It was really difficult and I just couldn't cope with it. So I dropped out and so I had no support network when the whole police thing was going on... I just remember I just felt so alone.

(IV38, Female 19 years)

If you're exhausted or angry or upset and if you're stuck in a classroom getting angry, it's going to turn over into the entire classroom, you're going to become disruptive to the entire class.

(IV30, Female 17 years)

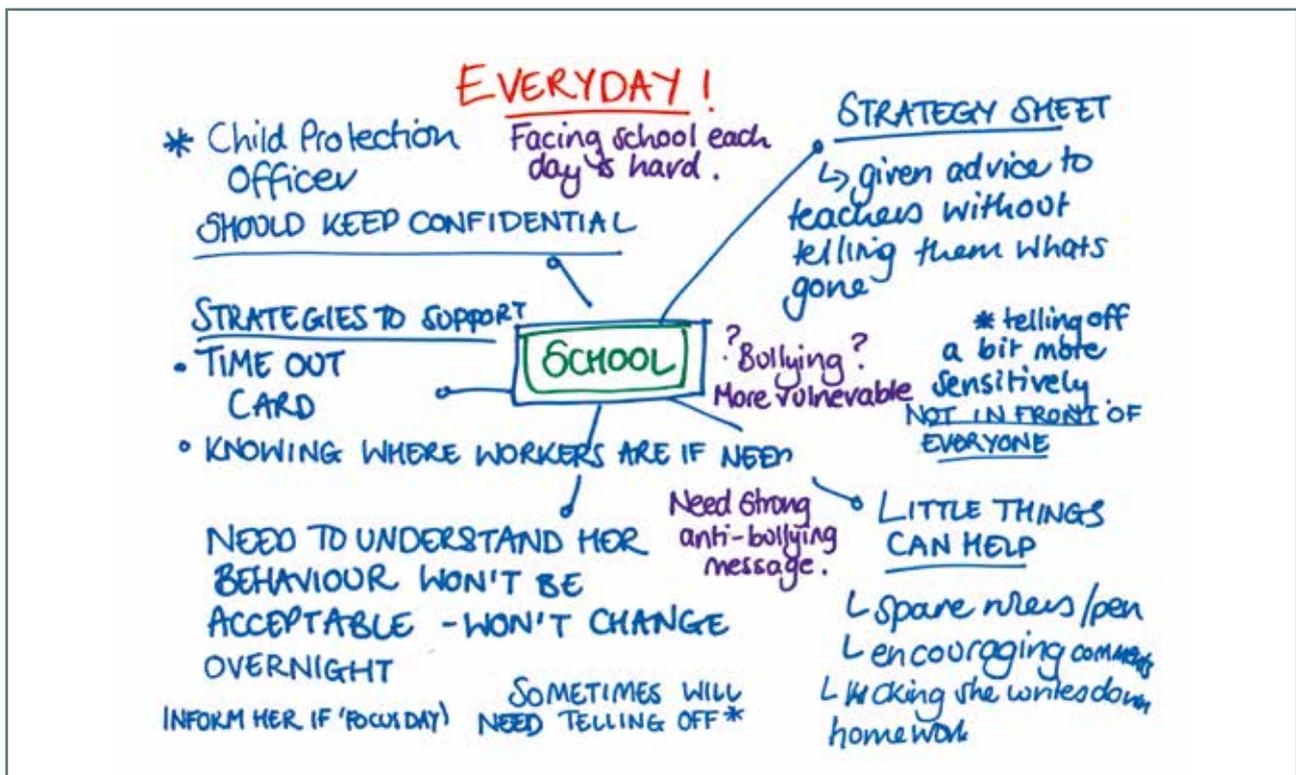
Additional difficulties mentioned by individual interviewees included feeling unable to cope with the pressure of schoolwork, having to manage flashbacks during school time, and not being able to remember things required of them during school.

Given these challenges and difficulties, it is perhaps unsurprising that the vast majority of

interviewees who talked about school highlighted the need for knowledge and support within the school environment. While some interviewees expressed anxieties and/or embarrassment about staff knowing details of their abuse, the majority who discussed school support explicitly mentioned the value of at least one member of staff in school having some recognition of their additional needs and being able to respond with practical support strategies (as explored below). What was important to interviewees was that information shared with school staff was shared on a 'need to know' basis and undertaken sensitively and transparently:

My school has been very, very helpful with me. There should be a child protection officer in every school, and obviously they'll find out, they'll be the main person. If she's close to any other teacher and tells them, then they'll find out. But that teacher, the child protection officer, should be the only one who knows if she doesn't want anyone else to know, he should keep that confidential unless anyone else actually needs to know. If she found that he'd told out any other teachers, then she'd probably feel quite bad.

(IV35, Female 13 years)



'It's going to be on her mind, she's not going to be able to concentrate in class. She'll find it hard to do simple tasks like I don't know, even getting up in the morning.' IV35, Female 13 years

As illustrated in the quote below, effective information sharing did not always require information about the specific nature of children's circumstances to be divulged:

I did actually have really good mentors in school. They didn't know what had happened to me, but they kind of accepted and understood that I needed time away and they supported me in that. They didn't really try and pressure me to come back to school. To be honest, at one point it was looking like I was actually going to leave school, and that was in Year 10. But then because they gave me the space and the time away that I needed and let me get the help I needed, I then went back and then when I went back they were all really supportive.

(IV22, Female 17 years)

A small number of secondary aged interviewees discussed their participation in multi-agency meetings that took place in school. In two cases interviewees framed these as helpful opportunities for their needs and associated strategies to be identified, and highlighted how opportunities to inform these discussions supported them to feel in control of the information that was shared:

Because of the abuse... because of all the symptoms, because I was overdosing at school. Then I'd have to have – I can't remember the name of the meetings – have to have meetings with my school and some people from my school and my mum and my mental health nurse... They would all basically discuss how I was doing in all these different areas... The first one I went to I was really worried because I was a bit like what are they going to think of me, what's going to be said? But it was actually really good, and they kind of involved me. As much as they spoke about me, they also spoke to me and said do you agree, and I could put my point of view across which I thought was quite nice. So I'd say they were pretty good. I think it was good that we had them meetings because then everyone was kept on top of where I was in my progression.

(IV22, Female 17 years)

One of the main reasons interviewees identified for letting teachers know about abuse was so that the changes in their behaviour, concentration and attainment levels could be understood in context. Interviewees reflected that when schools were aware of, understood and responded to children's additional needs appropriately, this could support children's ongoing attendance and help to create a sense of safety and broader care within the school environment:

It is important for [teachers] to know what has happened so they can keep children safe.

(IV9, Female, 13 years)

Children's existing relationships with staff often created ideal circumstances through which information and support could be offered (although this clearly relied upon individual relationships).

Like me and Miss 'B', because she's been there for me for so long, like a bond... She helped me quite a lot. She told me what was going to happen; she told me what was going on, so she showed me a good understanding of the situation that I was put in.

(IV19 Male 15 years)

The value of staff 'making allowances' was raised by a significant minority of interviewees, several of whom named particular strategies that helped them manage school attendance such as 'time out cards',⁶¹ allocated quiet spaces for them to use, and/or named individuals they could contact:

I think being at school, it can be difficult to concentrate so having a teacher to speak to is helpful.

(IV4, Female, 16 years)

61 'Time out cards' were explained by respondents as a card (or letter) that they could show to a teacher in order to be allowed to step out of a class without having to provide an explanation.

What's helpful is when people make special allowances – like I could have my phone out – for the police or social workers to contact me. Also I could get permission to literally just walk out of class if you were getting pissed off – an 'out of class pass'.

(IV26, Female 17 years)

Yes, it's important if the young person chooses to and they're in education, that there are people that are heads of years, heads of houses, form tutors, are aware of what's gone on so they can support you as best they can in school. I think without your support at school, you don't really feel safe. I personally didn't feel safe anywhere at first and still sometimes don't, it's important that they know you feel like that and they can offer you things. I've got a time out card which means if I need to, I can leave the lesson for five to 10 minutes and just go and calm down and they can put a support worker in place for you at school. It can really help you.

(IV30, Female 17 years)

While evidence of supportive responses from school staff is undoubtedly positive, it is clear that not all schools or professionals felt equipped or supported to respond appropriately and meet children's needs following experiences of CSA in the family environment. Where comparable levels of recognition of children's support needs were not forthcoming, interviewees' satisfaction with schools appeared noticeably lower or could lead to difficulties attending. As the quote below highlights, the ongoing nature of children's needs and vulnerabilities was often perceived to be overlooked and/or educational spaces did not provide an adequate sense of safety for those attending:

I don't know I just don't like school full stop... teachers because they've got so many other students to look after – they've got so many children to think about – when they hear that 'oh he's gone to prison – she's getting help' then they drop [the support] – they just expect you to be fine.

(IV8, Female 14 years)

School is the main problem, school's definitely one of the main things... And if the school is not supporting, then it's going to be even more hard to get up and go to school.

(IV35, Female 13 years)

Because like all the students at college, like I was just in a room full of boys, there was only one other girl. They were just having a laugh about it and making jokes about it [rape]. It was really difficult and I just couldn't cope with it. So I dropped out and so I had no support network

(IV38, Female 19 years)

As the final quote identifies, gendered peer group dynamics were often a particular challenge for children and young people within schools in the aftermath of abuse and there is a recognised need for schools to be supported to address this to ensure that they operate as safe and supportive spaces (Ringrose and Renold, 2011; Women and Equalities Commission, 2016).

Another particular challenge raised by a small number of interviewees was the difficulty of some of the content of Personal Social and Health Education (PSHE) post abuse. As noted in chapter 1, PSHE was highlighted as critical to supporting children's understanding of sexual abuse and supporting their confidence to disclose. It was, also, however, noted to be a particularly difficult experience for some interviewees to take part in after experiences of CSA, particularly when it addressed issues of abuse.

PSHE was really hard for me because it was about abuse and that – I just had to try and get through it – I just put my head down – like this [demonstrates putting head down on arms on desk and covering her face]. I just put my head down and was trying not to listen but then you get told off for not taking things in. Once I felt like just standing up and walking out. I had my friend in class and every time that talk about it she'd look up at me and whisper 'are you all right?' because she knew.

(IV8, Female 14 years)

We had a deep learning day which is basically you're out of lessons and you talk about specific things, it was about healthy relationships and I was in the lesson and I said to the teacher, 'I'm not going to tell you what's gone on but something has gone on and it means that I'm not coping very well with this lesson, would it be all right for me to pop out and see my support worker?' and the support worker takes you out of lessons, makes sure you're okay, talks to you and then sets you up with work to do that you can get on with. So it's just there for someone to talk to, to help you out when you're feeling a bit low.

(IV34, Female 15 years)

While recognising the importance of these experiences, and considering their implications, they do not detract from the strong message shared by the majority of participants for the need for good quality age appropriate education in both schools and wider society to address child sexual abuse.

I think because it's such a taboo subject in school, you never really talk about it... I think it should be spoke about more openly to children so they know where to get help if they need to because it's something like one in five people that never tell.

(IV30, Female 17 years)

7.3 Peers: challenges and sensitivities

As noted in chapter 3, peers and friends play a significant role as recipients of disclosures of CSA and are cited in this and other studies as among the individuals children are most likely to tell. In keeping with other studies, the significance of friends, and wider peer group relations,⁶² appeared to be particularly apparent for older children within this research, with much smaller numbers of primary

aged children (11 years and under) choosing to discuss the role of friends.⁶³ Significantly higher numbers of female than male interviewees identified peers and friends as significant.

There is also evidence that peers continue to play an important role post-disclosure, exhibiting both helpful and less helpful responses (Cossar et al 2013; Allnock 2015). While it is important to acknowledge that there was greater significance given to the positive contributions and roles that friends had (or potentially could have), there was still substantial acknowledgement that friends and peer groups could represent additional difficulties and risks to children and young people after CSA in the family environment. Of the 35 respondents who discussed peers and friends just under a third identified negative implications.

This section begins by outlining some of these more challenging situations and response,s followed by a discussion of the supportive roles that friends can play and the role of peer support on a more formal basis.

Friends, peers and challenging situations

Gossip and bullying

The most significant negative experience associated with peers was the potential for, or actual experience of, bullying or gossip. This was identified by a third of those who discussed the role of friends (n=12). For some, these were described as scenarios in which knowledge or suspicion of a child's or young person's experience of abuse became the source of rumour and discussion and often prompted multiple difficult questions. For others, it took the form of a breach of (anticipated) confidence after telling a friend about their experience:

Interviewer: Do you think there is anything that wouldn't be good about telling a friend?

They might tell other people before you have a chance to decide what you want to do.

(IV30, Female 17 years)

62 For the purposes of clarity, a distinction is made throughout this section between friends and wider peer networks, with both discussed here.

63 Of the 13 children aged 11 and under interviewed for this study, only 4 discussed friends as potential sources of support and all only briefly and hypothetically. This is compared with 31 of the remaining 40 respondents (aged 12 or above) who acknowledged friends' roles as a potential or actual source of support.

I told a friend at school and it was a big mistake because she told everyone – that was in Year 7... When I told [her], everyone came up to me and asked 'have I been raped?' and I said 'no' because of my safety. My auntie heard about it and she called my dad and she said she didn't believe me. I felt really bad.

(IV2, Female 16 years)

I didn't want to go to school, especially since that school – I got bullied in it. It was a big school as well and I was just so nervous thinking what if I cried in class? I knew for a fact they would make fun of me, no matter how little they knew, they would make fun of you because boys, even just like the boy that said the odd sneaky word just to annoy you, will still laugh.

(IV45, Female 13 years)

You've got to be selective about who you tell because if you tell someone and they spread it around the school or you tell someone and they don't accept it, you're then put in a worse state than what you were.

(IV34, Female 15 years)

You get friends and you trust them and then they also turn on you because they see your vulnerability and every friend I've had, like I say honestly, every friend I've had has always let me down in some kind of way. When people do see the mental illness come out in me and they see me having a panic attack or just not myself, they're very, very quick to run the other way.

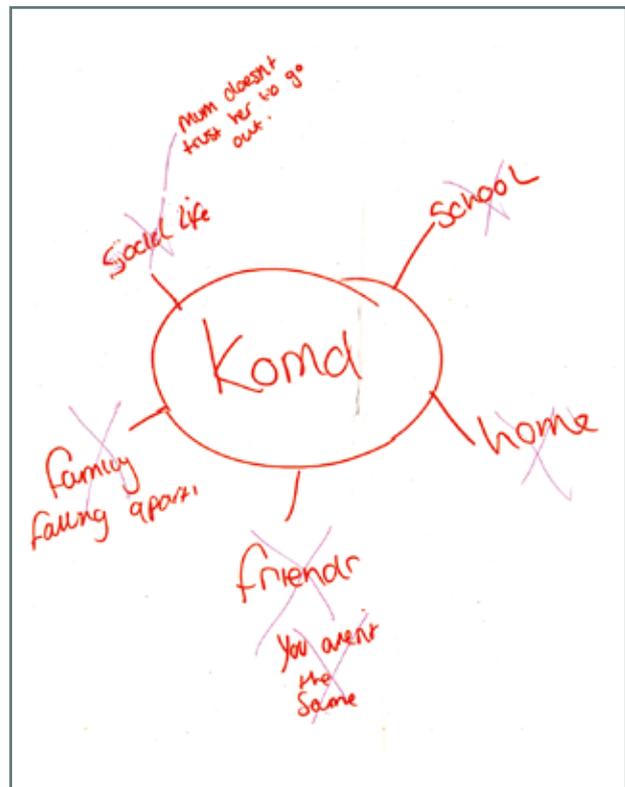
(IV50, Female 15 years)

The associated potential for judgement and stigma was also highlighted by interviewees, although this was mostly associated with peers beyond close and trusted friends finding out:

It sounds really weird but I don't like my generation. I hate it. Absolutely hate it because they're judgmental, they judge before they know the full facts and when they do know the full facts, they walk away because they judge so... I told my boyfriend I don't want the school finding out because they're so judgemental and they'd treat me differently – as 'not normal' as they would say and I hate it.

(IV33, Female 15 years)

Several interviewees highlighted that an associated consequence of abuse could also be that 'you might get bullied' (IV10, Male 14 years). This was identified as a risk by the youngest respondent (aged 6 years) who explained that after abuse 'the bullies [at school] would get worse'. In some cases bullying was associated with other peers finding out the abuse, but there was also acknowledgement that even when others did not know, the impact of abuse on children's confidence and emotional states could make them particularly vulnerable to bullying. This provided insight into how abuse can compound children and young people's vulnerability to other forms of maltreatment.



'Everything – everything is different. School is different since what happened. Home is different since what happened. Friends they're not different but you are. ...So basically nothing's the same and you have these ripple effects on everything'
IV44, Female 17 years

Difficult questions

Eight interviewees highlighted challenging questions from friends and peers following identification of abuse by professionals. Visits from police or social workers, and school staff's well-meaning responses, were noted to raise questions among friends and peers that could be difficult for interviewees to respond to.

Your friends would want to know what's up. If someone does know, like a higher up person [a teacher], and they keep asking you to go see them just to check that you're okay, that gets a bit awkward, people are like why are you seeing them?
(IV 40, Female 17 years)

At the time [the police came to interview me] I had like double technology and they took me out like the first five minutes of the first lesson. As I came back everyone just stared at me going, 'What happened, what happened, where did you go?' I just sat down and I went quiet and they were all like, 'Oh she's in trouble'... Then they kind of looked at me and said, 'Why did the head teacher want you?' I kind of went quiet and they all looked at me funny.

(IV37, Female 17 years)

While in some cases peers' reactions appeared to be well meaning or benign, in some cases interviewees felt that peers' interests were salacious and/or self-motivated.

One of the other people who I've known for a long time, she was very shocked. I think a lot of people are just interested in finding out the juicy information. I felt that a lot of people just didn't actually care.

(IV51, Female 15 years)

For young people who took extended periods of time off school after identification or disclosure of CSA in the family environment, a return to contact with friends or peers could feel intimidating. One young woman described the anticipation of questions or judgemental attitudes making the return to school feel daunting. However she also describes recognition that people's reactions were normal and managed to rationalise and cope with these issues:

I was a little bit worried about what people would think and if I was going to get questions. And I did, when I went back I got a lot of questions of 'why were you off?' from my friends and people that I knew. But I managed to handle it pretty well because it's as you'd expect if someone disappears for a couple of months and then comes back, you're going to be a bit like 'where were you?'
(IV22, Female 17 years)

Changes to friendships

Finally there were negative impacts that specifically related to children and young people's friendships. Just over a third of those who talked about peers and friends (n=13) raised this as an issue highlighting a range of ways in which experiences of abuse or disclosure could result in either difficult changes to friendships or the loss of friends. These include the risk of friends 'seeing and treating you differently' once they know what had happened, the potential to feel isolated from friends following experiences of abuse, and, in some cases, the loss of friends (including in cases where parents requested that their children did not associate with known victims of abuse).

As with family, a number of children described their fears about friends seeing them and treating them differently once they knew what had happened and making assumptions about them – and the associated loss of normality. Fears about being pitied or people 'tiptoeing around you' were highlighted:

Let's say like [a child] told a friend [about the abuse], like her best friend or something like that, and then if she told them they would react differently, so it's also that fear that, if I tell them this will they feel sorry for me? I think that's how it was for me as well... It's about that as well, like if you tell them, 'This is the experience,' people tend to treat you differently, like, 'Oh this happened to them, let's do this to them,' like being stereotypical.
(IV17, Female 18 years)

For at least one young person, this was an advantage of friends not knowing – ensuring that time spent with friends could retain a sense of normality when other aspects of their lives were changed and disrupted.

On a physical level, children's isolation from friends happened when children had to take

time off school or move school but it was also noted to happen on a more emotional level when experiences of abuse left children and young people feeling different and distant from those they had once felt close to, or struggling to form close and trusting relationships.

I was scared of what people were going to start saying to me, it was like I isolated myself and started to behave because I didn't know what to do, I didn't know what was happening with the police, I didn't know, I was still isolated, like my friends, they were there for me but it felt like they didn't know me no more.

(IV27, Female 17 years)

If I was going through my anxiety, it is hard to form meaningful relationships with people, I know that so I didn't really expect sort of a long term support from a friend because I didn't have that sort of relationship with a friend.

(IV51, Female 15 years)

I didn't want to go to school and of course I got transferred schools so that could happen and transferring schools – away from all your friends.

(IV47, Female 11 years)

I think it's like really important to have your friendship group close to you. Because I didn't have that, I lost all my friends – I isolated myself and I stopped going out. Looking back I think if I had my close friends there helping me get through it I think that would have helped a lot.

(IV38, Female 19 years)

It's hard to have any type of relationship with anyone. You know how to have one but you can't do it, you can't put yourself in that situation and you get to the point where you're like, I can't actually be around anyone or have friends or have boyfriends or girlfriends or anything. You won't and you can't allow yourself to let your walls down and just put yourself out there and allow yourself to love someone or let someone love you because it's like, they're going to let you down in the end. Someone else is going to leave you again; someone else is going to let you down. You're just constantly reliving what you went through before but in a different way and it's just not nice.

(IV50, Female 15 years)

As the quotes above indicate, the children's experience of abuse and the associated betrayal can significantly impact their abilities to form trusting relationships with friends.

7.4 Support from friends

Despite the difficulties that interviewees associated with peers after experiences of abuse, and to a lesser extent with friends, there was also a wealth of information shared about the very positive and supportive roles of friends and peers. There were examples (some of which are presented in Chapter 3) where friends played a role in keeping children physically safe by passing information on to adults. However the most regularly noted supportive role was one of informal emotional support, alongside companionship. For some this was described as different from the supportive roles played by adults in their lives and suggests a distinct contribution that friends could play.

Almost half (16 of the 35) of the interviewees who talked about peers described specific ways in which friends had formed part of their central support network following experiences of sexual abuse in the family environment.⁶⁴ Most of these experiences related to adolescent friendships. This included examples where children aged twelve and up responded with sensitivity and skills to the needs of their friends, demonstrating insight and providing emotional support.

64 This didn't include experiences of friends supporting them to disclose, which are dealt with in chapter 3.

They were really good, the friends that stuck by me. There was one girl – I don't know how she put up with me, one day I could scream at her, shout at her, cry at her, laugh at her and she'd still be there. She wouldn't say much but she'd sit there and she's listen to me, 'But he did this and he did that and he did this,' and she'd just sit there and listen and for a 13 year old to do... but yeah, I think you do need a good support network.

(IV27, Female 17 years)

I've got a best friend who knows that I'm here today [at the interview] and I text[ed] her just before I come in and she was like, 'good luck, tell me how it's gone once you get out,' so it's knowing that you've got that full support there – you know you've got your family but family have to – friends choose to, so it means something more to you, knowing that your friends are there for you.

(IV34, Female 15 years)

For some interviewees, family or professionals felt like the best people to turn to for help, and those with whom they could be most open, this wasn't always the case. For others, friends appeared to fulfil this role and, in contrast to other messages about bullying and stigma, some people experienced friends as less judgemental than adults:

Interviewer: Who is the best person you think for [the character] to talk to?

Probably easier to tell his mates – someone he trusts – 'cause he might not be embarrassed that much with them.

(IV43, Male 16 years)

I think it would be easier to talk to friends about it because if you've been friends for years, since, for instance you're in secondary school and you've been friends since nursery, you feel like you can tell your friend more of that stuff than you can tell an adult because the friend wouldn't judge you.

(IV41, Female 12 years)

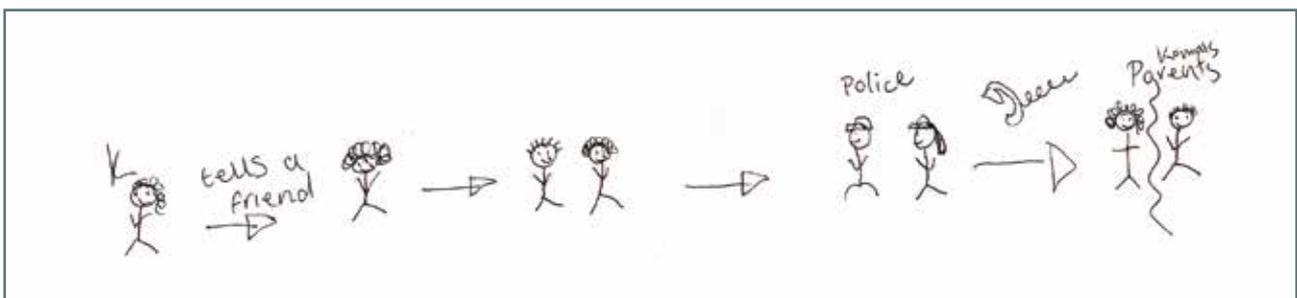
With professionals, you feel like they don't really know what you're going through and with family, obviously they know what you're going through but you don't want to tell them the details of it, you want to keep your family out of that. Whereas with friends, you know that you can tell them a bit more about it and that they're going to be understanding... friends know you, know the sort of person you are, are going to know how you're feeling... it's not going to affect them as much as it's affected other people so they can concentrate more on you as a person... whereas like a counsellor is going to do what they've got on their agenda, what's helped others, not what will help you individually.

(IV34, Female 15 years)

While many young people described the close confessional nature of their friendships as central to support, others indicated the role friends could play even without knowing the full details – reinforcing messages about children's need for stability, continuity and normality.

[Friends] don't need to know what happened, they just need to know that something happened, something didn't go right and that's why [you might be] feeling that way. But they don't need to know what.

(IV36, Female 17 years)



'you say nothing to no-one else but you could tell something to your friend. With my friend the way it works is that we both tell each other everything – so she hears my problems and I hear hers – so its equal. You worry about each other – but I think you worry more if you don't know what's going on.' IV8, Female 14 years

You don't have to tell them the whole story but tell them like something's up, and they might help you get through it. You can also say 'can we be chilled, can we just be us, like nothing's happened' and all that.

(IV40, Female 17 years)

As the quote above suggests, support from friends was not just limited to emotional support but included ways of staying grounded, continuing to have fun and 'feel human again', providing relief from more emotional and difficult processes.

If you're down and you tell your friends, then they make you laugh, that one smile that you have, it's just like another memory just being added to the books with that smile. That one smile, it just feels like that one smile and that feeling just lasts a lifetime. No matter how stupid that joke could be, you will still smile because it's like almost after all that happened, all those cries that you've done, all the pain that you've felt... and your mind shutting down because you feel so upset, and then that one joke, it's like that feeling of being alive again just shoots right through your body and it warms you up... Even just a little bit of, 'How are you?' That question really does make me feel good because it's like, Yeah, you're thinking about me. You want to make sure that I'm okay.

(IV46, Female 13 years)

They give you support and with [X], [X] is my best friend, she's absolutely amazing, they give you support and they make you feel happy. So when I'm feeling down, [X] will give me a nudge and then I'll give her a nudge and then she'll give me a nudge and I'll give her a nudge and then she'll nudge me when I almost hit the floor and then we just have that and it cheers me up, it makes me laugh.

(IV48, Female 14 years)

The concept of 'mutual support' was also reflected in children and young people's narratives about friends – arrangements where children engaged in reciprocal relationships of listening and emotional support, using their own experiences to inform their understanding about the needs of others.

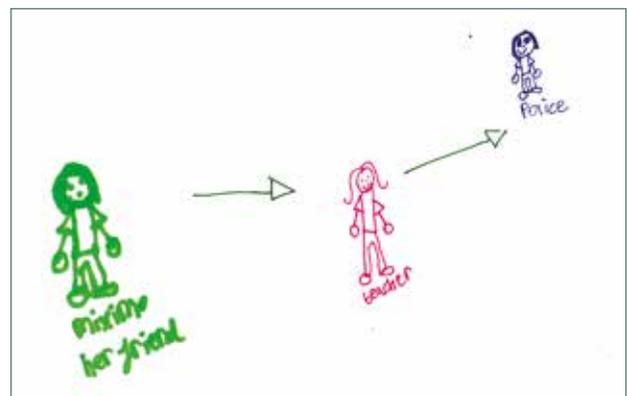
With my friend the way it works is that we both tell each other everything – so she hears my problems and I hear hers – so it's equal. You worry about each other – but I think you worry more if you don't know what's going on. I had my friend in class and every time they talk about [abuse] she'd look up at me and whisper 'are you all right?' because she knew... she knows everything about me.

(IV8, Female 14 years)

I know a couple of girls who have been through abuse and what they want is to talk and someone to listen – not to say anything about it at first – firstly not to say stuff just to give them time to talk and from that their confidence would grow – then a couple of weeks later you would want that person – maybe to start talking back to you and then you'd feel more confident talk to other services and other people – and then from there you might start to feel able to go out more.

(IV45, Female 16 years)

Alongside the distractions, humour, emotional and mutual support described above, a number of children and young people described more practical ways in which friends supported them. Some of this included types of 'morale support' (as defined by Allnock, 2015),⁶⁵ examples of which are provided in chapter 3. It also included two examples where friends gave witness statements or undertook video recorded interviews to support the testimonies of their friends (in both cases when they had been the recipient of an initial disclosure).



'when I told my friend, when I went to her breakfast club, they then told the teacher' IV47, Female 11 years

65 Allnock (2015) defines 'morale support' as involving accompanying the participants to legal proceedings, counselling sessions, doctor's appointments or to just 'be there' when the participant disclosed formally.

7.5 Formal peer support

The term 'peer support' is used here to describe support from others with similar or comparable experiences, usually facilitated by an organisation. It is distinct from support from friends or peers, which is not necessarily dependent on them having shared experiences. Peer support was discussed by 10 of the 35 young people who discussed peers and friends.

At least eight interviewees talked about experiences of being part of groups through which they met other young people who had experienced similar forms of abuse. All of those who referenced this type of intervention highlighted its value, and acknowledged the value of feeling you were helping others:

There's another group as well which – it's all people where we talk what we've been through and we try and help other people to cope with it and there's five or six in the group that all talk to each other. We do activities every week but it lasts for 10 weeks each time. You get friendship from it and then there's more, like, you get to help other kids, things like that. Because [the worker] does a lot of school things for people and we give advice to what things she should talk to them about, how to get across, like, certain things, like grooming, how to get across rape, and that like rape jokes aren't funny or sexual abuse jokes aren't funny because school has a lot of that.

(IV20, Female 16 years)

Even where children did not have direct experience of group work or peer support they identified it as something that felt would help counter their sense of isolation and difference and remind them they weren't 'the only one'.

I think what would help is if you could gather up people who've gone through the same things and tell each other – people who are the same-ish age – because they'd understand... They'd understand because they'd been through the same thing and also you'd make new friends because you'd gone through the same – well similar things.

(IV8, Female 14 years)

I reckon they should have someone within their range, like younger people. They should listen to more people, people that have been through that situation.

(IV19, Male 15 years)

This desire for peer support incorporated both face to face contact and opportunities to hear from other children and young people through resources such as leaflets, testimonies or online discussions – particularly in relation to difficult aspects of the process such as the criminal justice system:

I'd say [when you're about to start using a service] maybe like having a leaflet or something like about the place where you're going, what it's about. Maybe like hearing stories from other people who have used the service. Like on the leaflet something like a little paragraph or something from each person, like some people who have used the service saying, 'When I first started I felt this. But I've started feeling this after a while now I'm here. Now I'm in this sort of place and I'm doing this.' I think that would help a lot.

(IV38, Female 19 years)

The building is cheerful. It had stuff wrote by children about their experiences and all different ages. There was one my age which had a similar... I know I wasn't the only one.

(IV51, Male 11 years)

I read lots of stories of other people who've had similar things – if you see someone else's story you start to feel like you're not the only one going through it but also your story is completely different to everyone else's – it doesn't have to be a story exactly like yours. Before I thought I was the only person in the world – and its good and reassuring that other people have been through it.

(IV53, Female 19 years)

Where this type of support was managed through professionals' services it was described as being highly valued and contributing to children and young people's empowerment, reduction in self-blame and isolation. The evidence suggests that the role of peer support should be more widely considered, although there is still a need for a strengthened evidence base to support its wider implementation.

clear that children and young people do not hold responsibility for responding. Finally, further consideration should also be given to models of formal peer support and methods of enabling safe connection with others who have experienced CSA in the family environment. Such models are well documented in provision for adult survivors of CSA and would respond to children and young people's repeated requests for contact with others who share comparable experiences.

7.6 Summary: supporting children in wider contexts

It is critical that the provision of specialist professional help is not seen as the sole response to sexual abuse given the wider contexts in which children and young people spend time and form relationships. In this chapter the focus has been on school and peer groups – both of which are identified as hugely important following CSA in the family environment. For children whose experiences of CSA are perpetrated within the family environment, access to 'safe spaces' may feel particularly limited. Schools and peer groups which are not implicated in the abuse may therefore hold the potential to play a particularly critical role. The potential for both to contribute significantly to children and young people's wellbeing is clear – while failure to consider the role of these contexts overlooks important protective resources. Furthermore given the difficulties and challenges many interviewees associated with 'doing life' in these spaces, such investment may prevent harmful dynamics which exacerbate children's existing adversity and/or inhibit their access to learning and future life opportunities.

Resourcing and supporting all schools to create safe and supportive contexts for students who have experienced sexual abuse is therefore critical – in particular through staff training and support, implementation of effective strategies, and sensitive proportionate information sharing systems. Likewise finding ways to enhance and utilise peer support must also be prioritised, given the high levels of disclosure to friends and significance given to these relationships – both in positive and negative terms in interviewees' discourse. Education and support to help peers (both close friends and wider peer networks) to respond in helpful, supportive ways to those who have experienced sexual abuse and to manage the impact on themselves is vital, while remaining

Making Noise:
Children's voices for positive
change after sexual abuse

Recovery and moving on

8. RECOVERY AND MOVING ON

Key findings

- While a minority of interviewees' thoughts about the future appear to be characterised by fatalism and a lack of hope that things will get better, the majority acknowledged potential 'pathways' beyond experiences of CSA in the family environment towards the possibility of positive change and growth. However these trajectories were accompanied by enduring challenges to children's emotional wellbeing and were characterised as complex and dependent on significant professional support. It is also imperative that these findings are considered in relation to the nature of the sample and their relatively high levels of access to therapeutic support.
- Recognising evidence of positive change and growth after abuse is central to children and young people's narratives of 'recovery'; this was associated with both children's internal resources and external support. Professionals and family had a clear role in supporting children and young people to recognise these changes, no matter how small.
- Interviewees attributed positive change to a range of experiences. These included: being believed; developing self-efficacy, self-confidence and self-worth; recognising that others had comparable experiences; space and support to express feelings; support to manage symptoms of trauma and mental health difficulties; integrating difficult past experiences into their identity; and optimism for the future.
- Analysis of the 53 interviews demonstrates that children's hopes for the future focus on three recurring themes:
 - an identity that isn't dominated by victimhood
 - support through change and the minimisation of disruption, and
 - an entitlement to a safe multi-faceted life characterised not only by the absence of abuse but also the presence of diverse sources of fulfillment and safety.
- Those interviewed for this research expressed a strong desire to communicate a sense of hope to other children facing similar circumstances and the importance of optimism in professional interventions.

8.1 Overview

The concepts of recovery,⁶⁶ coping, growth and/or 'moving on' in relation to children and young people affected by CSA in their family environment must be considered as ongoing processes rather than a finite destination that we expect children and young people to reach. Interviewees in this study were diverse individuals, of mixed ages, at different points of engagement with services, and therefore the meaning and relevance of the concept varied significantly.⁶⁷

However that is not to overlook the fact that many children and young people interviewed for this project did express their sense of '*moving on*', '*feeling better*', '*becoming stronger*' and '*feeling more confident*'. Some interviewees talked about moments of '*closure*', or new-found abilities to cope with difficult feelings and conversely several expressed the absence of these experiences and enduring difficulties. Although subjective, these narratives provide important insights into what could catalyse or inhibit these feelings for children and young people. Therefore, while this does not attempt to provide an authoritative account of 'what works' to support children after identification of sexual abuse in the family network, it contributes to the wider knowledge base on both children and young people's resilience and protective interventions.

The chapter should however be read with the caveat that future difficulties and/or ongoing impacts of abuse and the potential of future life events to retrigger trauma responses lie outside the focus of this research, rooted as it is in children's perspectives. The focus from many interviewees on positive change and optimism, while itself representing a seldom heard perspective, should not underplay what we know from wider research about the potentially long-term and significant impacts of abuse (see chapter 1). Similarly the nature of the sample – their access to support and ability to participate in the research – should also be taken into account.

The chapter is split into two parts. The first considers the meaning of concepts of recovery, coping, growth and 'moving on' through children and young people's eyes. It explores how children identified and defined these concepts and the factors which they perceived supported them. Secondly it outlines children's aspirations and hopes for the future. This section is structured around the concepts of 'difference' and 'normality', recurring themes within the data and ones which were singled out by the project's young people's advisory group as meriting special attention.

Finally, it should be acknowledged that the language of 'recovery', 'survival', 'coping', and 'moving on' after sexual abuse is contentious and sensitive. Particular words and phrases evoke different reactions from those who have experienced sexual abuse. Terms that may be experienced as helpful or empowering by some can feel stigmatising or unrepresentative to others. This was as true for the children and young people interviewed in this study as it was for adult victims and survivors who have been affected by these issues. For example, at least one respondent explained her dislike for the term 'survivor' and the potential for it to be a 'trigger word', while a number of others highlighted similar reactions to the word 'victim'. The terms used in this chapter should be considered in this context. They are used here to provide a means of discussing these issues while recognising that no one term can adequately capture or reflect interviewees' subjective experiences.

66 It should be noted that the term 'recovery' in relation to the impact of sexual abuse is a particularly contentious one, though widely used. Its use here responds to the need for language to describe children's and young people's processes of managing, coping with and/or overcoming negative impacts of sexual abuse. See further note on page X relating to the use of language.

67 It should also be acknowledged that the impact of sexual abuse in the later lives of interviewees cannot be foreseen or predicted. Similarly attempts to assess the impact of professional interventions lay outside the scope of the study. See Carpenter et al., 2016 for example of a recent study addressing the impact of professional interventions to address child sexual abuse.

8.2 Recovery: 'there's no quick fix'

In keeping with wider research about the impact of sexual abuse, interviewees' testimonies described their journey through support as a long-term and gradual process:

I've used quite a lot of services and like I said it's been a very, very long journey and things are getting better. I mean it's been three, almost four, years now and I think this journey will go on for life. I mean it has been really crazy, it's a very rocky road, but eventually you'll get there and things will start to get better.

(IV38, Female 19 years)

I thought 'it will go, it will be easy,' you tell yourself, 'it will only be a few months you're feeling like this' but I felt like it for a good few years, I just never admitted it. Now I'm out of it, I'm like 'yeah, I was in a shit place for quite a few years but... I know what I want to do,' I'm just happy at the moment. It's been a long time waiting... not just on me though as well, seeing everyone else around me.

(IV27, Female 17 years)

For a few, the long-term and difficult nature of the 'recovery' process appeared to confound initial expectations or hopes that it would be a relatively short process, and they emphasised the need to explain this to others, to manage expectations and instil a sense of hope:

I think it takes a long time. I remember I used to be told all the time there's no quick fix, because I just used to say, 'Just make me better, I want to be better now. I've told you now, let's just get this better'. I'd just be told, 'there is no quick fix, it takes time'. I remember the college tutor he used to say, 'It's like a rollercoaster, you're going to have your ups and you're going to have your downs'. It really was true, it is like a rollercoaster.

(IV38, Female 19 years)

For a small number of interviewees, the psychological distress associated with dealing with their abuse was described as pervasive and sometimes feeling insurmountable. In some of

these responses there were elements of fatalism, with at least two young people describing expectations that the cycle of abuse would continue. Others described suicidal thoughts and dissociative responses, reflecting wider research on impacts of child sexual abuse and related trauma:

Because with me, I couldn't move on and I just... Every single night I was always thinking about it. And I couldn't stop thinking about it, I was having horrible dreams... and every single night I was always thinking about it because through the day I was always occupied and it wasn't going through my head because I was busy with things so I was like at school or playing with friends or playing on the Kinect or whatever. But it's just when it comes to the night time I just started thinking about it.

(IV47, Female 11 years)

The abuse, it sounds weird but it's nothing compared to what's going to come after because the mental and the emotional abuse and pain and everything that comes after, that's what proper eats you away. In your head, there is so much stuff going on and when so much happens after, you get to a point where you don't care anymore. Your body forces yourself to just cut your feelings off, then something small will happen a few months later and it opens out and you have a nervous breakdown, and it's literally like, that's just what abuse does to people, it eats away at you, whether it's in that moment or if it's after.

(IV50, Female 15 years)

While many others also reflected on the inherently challenging nature of their pathways towards recovery, they did so with a recognition that there was 'light at the end of the tunnel'. It was acknowledged that trajectories of recovery were rarely linear and several interviewees used metaphors of 'bumpy rides' or 'roller coasters' to evoke the ups and downs they'd experienced:

When you've got abuse, things never, ever, ever change and feel better [just] like 'that'... They take time. Just remember to think the positive, that there is a light at the end of the tunnel and you will get out of it.

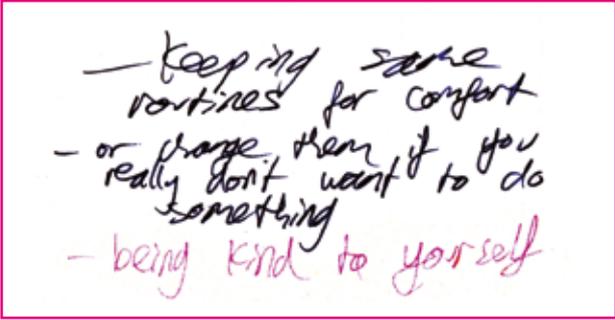
(IV48, Female 14 years)

It was sort of like a rollercoaster – up and down – I’d feel really sad. But then when I saw [my counsellor] it started going up and I started to feel up. Then when I found out the case was adjourned I started going down again. I didn’t understand – I was only 13 and I couldn’t understand – but then my dad said you can beat this and get through this. And then as soon as he [mum’s partner] got sentenced and I thought – that’s it – it’s not going to go down again... sometimes I’m surprised by how fast it was to see my confidence go up – First was a ‘4’ and then I was a 10. The journey is bumpy but better if you’re not doing it alone. If I had to give messages to other children and young people I would say, – ‘Speak out because you’re not alone – it’s going to be a bit of a bumpy road ahead – there’s going to be twists and turns’ – But make sure they believe in themselves.

(IV2, Female 16 years)

An ISVA knows you can’t get over it – you’ll get through it – but there’s no way you’ll ever get over it. It is more like – ‘get over’ makes it seem more minor than it is. If someone says ‘get through’ – it’s a life changing thing that you can get through with lots of help and support.

(IV53, Female 19 years)



— keeping some routines for comfort
— or change them if you really don't want to do something
— being kind to yourself

'keeping some routines for comfort or change them if you really don't want to do something. Being kind to yourself.'

IV40, Female 17 years

As alluded to in the quote above, many interviewees recognised that 'recovery' or movement towards a positive future was not necessarily about returning to an emotional state or life reflective of a time 'pre-abuse' (if indeed such a time was known). Indeed for many, this was not something that was desirable or feasible. Rather for many interviewees it appeared to be about 'getting beyond' a time when experiences of abuse defined an individual and, in some cases, recognition of the possibility for positive growth and

change after their experiences of abuse – in part reflecting recent literature on post-traumatic growth (Calhoun and Tedeschi, 2006; McElheran et al., 2012).

Recognising positive changes

Although the difficulties of the 'recovery' process (and the overwhelming nature of these for some individuals) are critical to acknowledge and reflect upon, it is important to note that the vast majority of interviewees were (with time and support) able to recognise positive changes in themselves or their lives. While this is likely to be biased by levels of access to therapeutic support among the sample, there are important messages in relation to children and young people's potential for resilience and growth. Signs of 'positive change' identified by interviewees included feelings of improved self-confidence; reduced levels of distress; improved relationships with family; an ability to cope with everyday life (for example attend school); improved assertiveness and reduced self-blame. Positive change appeared to be framed in relation to two different starting points. The first relates to positive changes compared to how interviewees felt at the onset of professional support or intervention and the second compared to interviewees' identity and trajectories as imagined or remembered prior to abuse or disclosure. In the former set of narratives change, was associated with both external support and young people's own internal resources and resilience:

Because when I first came here I never thought I'd be able to sit here and do this with you. To be honest, I just thought I'd be better off dead because I just didn't see the point in anything. I genuinely didn't think it was going to help. Everything that they said to me, like they said about the group and how it will seem like you're going to struggle when you first go, but it genuinely will pick up, I didn't really believe, I just thought okay I'll just do it because I'm here now. But it really has helped.

(IV22, Female 17 years)

I'm very strong willed – it takes a lot of strength, power and determination to get through this and you can fall apart if you don't have the support... I've got much more strength and will than people realise – I... If I'm honest I couldn't have been able to talk like this before this place – this place has made me feel more able to talk.

(IV12, Female 18 years)

Also just in yourself you feel stronger, because you're like battling on every day, you just get stronger as you go on. The more hard times you face the stronger you'll get... I think even when you're like having down points, things are still getting better because you're still moving forward, even though it feels like you're stuck. Because when you come out of that dark place you're in the light again and you're moving forward still. I remember I used to say it's like stuck in this tunnel and I can't see the light at the end. I think even though you don't realise it, but you're still moving forward. Because each day you're still breathing, you're still living, even though it feels like you're not and you just don't want to any more. You just want to totally give up, but you're just still fighting and you're still moving forward.

(IV38, Female 19 years)

In the second set of narratives, positive change was discussed in relation to interviewees' perception of themselves prior to abuse or disclosure – the idea that young people were 'better than I was before'. Here change was similarly associated with external support and internal resources but additionally incorporated some of their adverse experiences as critical catalysts in their narratives of positive change.

I actually want to help kids who've been through sexual abuse – because it has changed me so much – I've been through all this stuff and it has been so difficult but I think that it has made me stronger and I've learned from life and I've seen quite horrible things... so many children shut down – they need to realise that there is light at the end of the tunnel.

(IV45, Female 16 years)

I was very people pleasing. Just doing everything because everyone else wanted me to. Whereas now I'm like, 'no, I don't want to do that, I want to do this. I am going to do this', sort of thing. I've got to get on with my own life and do my own thing. My dad wanted me to go to the university so I was applying and getting all these offers I didn't really want to go ... Then I was like, I don't actually want to go to university... Now I've got a really good job... Before I was very much, 'okay because my dad wants me to', sort of thing... I feel like I've

grown a lot more as well. Just everything that's happened, I feel like I'm probably more grown up at this age than I would be if it hadn't happened, possibly.

(IV29, Female 18 years)

Alongside narratives which indicated interviewees' own recognition of these positive changes, several others acknowledged the difficulties of recognising gradual progress or movement in your own life. This observation was linked to recognition of the role of professional support and/or family to reflect back evidence of this progress:

I was just in this kind of bubble then – but after a few years of working with [my counsellor] – she said to me – 'you've been shining' and I said 'I think it's because of you'... every week I was either doing poem or a painting... At first – I don't know why but I was just thinking – I don't want to live. But then a few months after he pleaded guilty I thought 'I can beat it' and that feeling – it just keeps going up.

(IV2, Female 16 years)

Personally think if I was to go through it again I would write a diary and see how far that you have come – to see the dark place you were in and to see how far you've come. Sometimes it's hard to determine whether you've come so far

Interviewer: What do you think helps you come so far?

I'd say it's just support really... People need help to make them feel proud – you need to sit down with someone – to remember what you were like and think – now look at me.

(IV53, Female 19 years)

[The character's] not going to notice a difference in herself, but her family are going to notice a difference in her when she's getting better. My mum always says 'you're getting so much better', and I'm like 'no I'm not', but it's because I can't see it.

(IV35, Female 13 years)

Key experiences associated with 'moving on' or recovery identified by interviewees.

a) Being believed

I think just knowing... It's hard to explain. For me just knowing I've told somebody [and] people believe me. That's kind of like a bit of closure knowing that my family believe me and other people – like services I see. (IV38, Female 19 years)

b) Developing a sense of self efficacy

I know it's a hard thing to get out of your head, trust me I've tried. But it's like, "Right I'm not going to let this run my life, I'm going to run my own life, make my own choices. I'm still here let's just get on with the future, not dwell in the past. (IV37, Female 17 years)

c) Developing confidence and self esteem

Interviewer: Do you think there's anything else that could make it easier for children and young people in that process?

I think it would make such... a big difference to people is having self-worth, knowing your own self-worth as a human being. Not even just for sexual abuse – abuse of any kind, but particularly that, knowing you are a person, you are whole. Does that make sense? (IV21, Female 18 years)

d) 'Knowing you're not the only one'

[The character would be] feeling like he's not the only person that is going to the [counselling project].

Interviewer: Is that a helpful thing or an unhelpful thing? *Helpful. Because it's sort of like... he's not the only person, you're not the only person that it's happened to or like there's other people in this world that it's happened to, so it's a happy and a sad feeling sort of. [When he first saw the police] he's feeling about a 3 or 4 first⁶⁸ and then about 9 or 10 at the end. **Interviewer: What makes him change?** *Knowing that he isn't the only person. (IV6, Male 10 years)**

e) Help to talk about, process or make sense of what has happened

The number one thing you can't do is bottle things up because no matter how helpful you think it may be bottling it up, it doesn't help. It's like if you shake that can of soda it's going to end up exploding at one point or another. It doesn't help... after you've just rebuilt your ship to rise above the water it's just sunken back down again. (IV46, Female 13 years)

f) Integrating experiences into your identity

The past is the past – I can't do anything about it – I've been through some of the really hardest most horrible stuff but I feel stronger now. (IV45, Female 16 years)

You need to feel comfortable within yourself for you to tell other people and you need to learn to forgive and forget. I know it's quite a hard thing, like some people just do have that grudge, but it teaches you stuff in life... If this didn't happen you wouldn't be the person that you are right now, so it's all about accepting it and moving on because there's nothing you can really do. (IV18, Female 17 years)

g) Hope and optimism for the future

You just feel it's very unfair, but the thing is you've just got to try and look at it in a more positive way. So if I didn't go through all my experience with the services and stuff that I've gone through, I wouldn't want to be an OT [occupational therapist], I don't know what I would have done. So I could have probably just could have been working behind a desk, but I want to do something amazing and help give back and help other young people. (IV38, Female 19 years)

68 In this interview the boy refers to a scaling tool of number 1 – 10 to express how you're feeling – 1 represents 'not okay at all' and 10 represents 'feeling good'.

8.3 Children's hopes for the future: 'normality' and difference

Two inter-related and recurring themes which emerged repeatedly in the data were 'normality' and 'difference'. These appeared in interviews of children of all ages and both genders, and were also identified by the young people's advisory group as issues of particular significance and interest to them.

Interviewees regularly posited an internal sense of difference as a consequence of sexual abuse in the family environment and described it as one which stigmatised and isolated children.

Meanwhile the concept of 'normality' was used repeatedly to describe the counterpoint to difference and the disruption and change catalysed by abuse. Considering 'normality' as something to aspire to seems counterintuitive in many ways. Yet in this context it was repeatedly how children articulated their hopes (at least 15 young people explicitly used the term 'normality' in this way, while the majority of interviewees described a wish to minimise disruption and their sense of 'difference'). Further analysis of its meaning suggests it relates to three things, which are explored in more detail below:

- i. An identity that isn't dominated by victimhood
- ii. 'Anchor points': support through change and the minimisation of disruption
- iii. An entitlement to a safe multi-faceted life characterised not only by the absence of abuse but also by the presence of diverse sources of fulfillment.

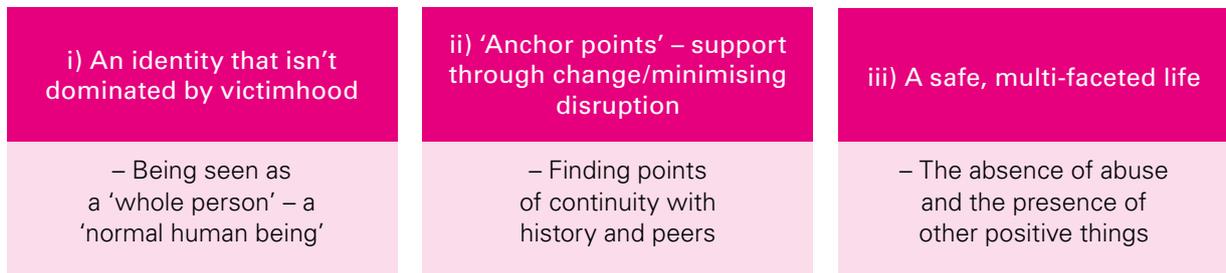
[Since the abuse and disclosure] everything – everything is different. School is different since what happened. Home is different since what happened. Friends they're not different but you are – so not necessarily friends that are different but [the child] is. Family – it's not the same – it's like it's falling apart. [Social] life isn't there because mum doesn't like [me] to go out because of what's happening. So basically nothing's the same and you have these ripple effects on everything.

(IV44, Female 17 years)

cell parts - not telling - normality (comfort)
- you can ask them to not tell anyone else
- also to be normal

'I think normality is like a comfort that we don't realise, and when everything changes you just want it back.' IV40, Female 17 years

Figure 11: Children's hopes for the future: making sense of 'normality' and difference



i) An identity that isn't dominated by victimhood

Yes, it's an over-looming [sic] feeling throughout the whole experience and from the beginning, you have this feeling of this sign being above your head saying, 'this has gone on', so you know that not everyone knows but you feel like there's this sign above your head flashing saying, 'victim of sexual abuse' or whatever, so you feel like everyone knows and you feel like you're singled out.

(IV34, Female 15 years)

Children's anticipation and experience of stigma has been a recurring theme throughout this research. It arose in discussions around disclosure, inhibiting children from telling others; in discussions about family, where children voiced fears of being 'seen differently' by those they cared about; in comments about effective services, where children spoke of the importance of not feeling judged and of being told you weren't the only one; and in aspects of the criminal justice system, which left some children feeling blamed and sometimes publicly humiliated.

In discussions about school and peer groups, these issues also repeatedly arose and highlighted how children and young people worried about (and sometimes experienced) bullying, gossip or stigma once others knew about their abuse. In eight of the interviews, respondents specifically expressed their dislike for the language of victimhood: how it felt negative and patronising, limiting their identity and unduly associating it with their abuse. The alternative to being seen as a victim was repeatedly framed as being seen as 'normal':

Normality – I'd say normality is important because nothing is ever normal again and it won't be normal because people will always look at you as a victim of something ... You shouldn't call a child a victim – or a survivor – I hate it. I don't like it at all – I don't like the terms 'victim' or 'survivor' – I'm a person.

(IV44, Female 17 years)

A nice person will be friendly or smiley and then just talk to the person like they're a friend and not like they're a suspect or a victim.

Interviewer: What's it like when somebody talks to somebody like they're a victim?

Because they'll find them very patronising. For instance, someone's been abused, they would talk to them like they were a baby and be like on their tiptoes around them but sometimes, they don't want to be classed as one, they'd want to be classed as a human being and all that.

(IV41, Female 12 years)

You don't want a child to not feel normal and just feel like another sexual abuse victim. You want them to feel like a normal human being.

(IV42, Female 17 years)

It was very clear that many interviewees didn't want to be pitied and that this was not about a rejection of care and compassion but rather, as one young woman eloquently explained, a desire to be seen as agentic and 'whole':

It seems like after things like this happen, and it's like 'oh that person's broken' or 'something awful's happened to that person'. It's like for that person to know they are whole, they are this person, they have all these things about them, they have their own personality. That's happened to them, yes, but that hasn't affected who they are as a person. You're still who you are. You can still be whoever you want to be after this has happened to you.

(IV21. Female 18 years)



IV15, Female 6 years

ii) 'Anchor points': support through change and the minimisation of disruption

As demonstrated throughout this report, disruption and change to children and young people's lives after the identification of sexual abuse within their family environment were inevitable – though varying in form and magnitude. Changes made were often highly protective, but that didn't mean that they weren't experienced as challenging or associated with loss. Prior to disclosure, many children described a fear of change and deep concerns about consequences for themselves and others. While accepting that change and disruption are to some degree unavoidable, listening to children talk about these issues also highlights the importance of taking these fears seriously. It highlights the importance of considering what can be done to manage transitions with sensitivity, compassion, and the minimisation of disruption. Opportunities to maximise children and young people's involvement in decision making, or chances for them to make choices, were highly valued and described as one way of helping them maintain some sense of control through periods of profound change.

Another strategy suggested by a number of children was the importance of identifying and maintaining 'anchor points' in children's lives – be those family relationships, daily routines, peer networks or even hobbies – aspects of life that provided continuity throughout the disruption that ensued.

With friends, you can feel like everything's still normal, and I think that's sort of important to someone. I just feel like normality... Because you have all these new people involved... and you really don't want your life to change... what is it, 16 years old or something?.. And especially if it's like 16 or so because you've got your GCSEs and all that and you need to focus on your exams... But if all these people come up and everything starts happening you feel really unbalanced, so it's like an anchor point is ... yeah.

(IV40, Female 17 years)

When this young woman was asked to explain more about what she meant by anchor points she explained:

If everything feels unbalanced they [anchor points] are something you can hold on to, you feel like a normal whatever-year-old. If your family knows then you can tell them that you need... not normal but while you can understand what's going on and you maybe act like usual because you're worried your family's going to treat you differently as well... Because I think normality is like a comfort that we don't realise, and when everything changes you just want it back.

(IV40, Female 17 years)

iii) An entitlement to a safe multi-faceted life

As outlined above, interviewees' aspirations for 'normality' were associated both with unstigmatising identities' and the minimisation of disruption. However the importance of safety in all its forms to children must not be overlooked or taken as so self-evident that it is not made explicit. The significance of safety to children was apparent not only in their motivations for disclosure (see table 7) and their desire to protect others, but also what they looked for in professionals and services: people and spaces where they felt 'safe'. It was within these contexts of safety (relationships and places) where they expressed that recovery, challenging messages of self-blame and stigma and 'feeling more normal again' became possible. It is also worth noting that safety and stigma were inextricably linked in children's messages about prevention and their repeated calls for an increased openness in society about sexual abuse to keep them and others safe.

Finally it is also important to say that the absence of risk alone (be that a risk of sexual abuse or the associated psychological impacts) is not an adequate hope for children and young people affected by sexual abuse. Just as in an earlier quote a young woman talked about the need to be seen as 'whole', so too must children's diverse needs be recognised in their entirety. There is no blueprint for what a child will need. As this study has demonstrated, the needs of children and young people affected by sexual abuse in the family environment are diverse and complex: they

are likely to include the therapeutic and criminal justice interventions discussed in detail here; but also new and enduring healthy relationships, with family, friends and later partners; learning, skills and ambitions; hobbies and recreation; opportunities to be part of and contribute to communities; and experiences of joy and fun.

8.4 Summary: supporting children to feel 'whole'

An important message from the research is that despite facing enormous challenges, difficulties and trauma, the majority of children and young people interviewed for this study self-identified varied ways in which they 'cope', 'move on', 'recover' and 'thrive' after child sexual abuse in the family environment. However again attention to drawn to the nature of the sample. Equally it is important to recognise that every individual's experience is different and trajectories of 'recovery' are known to be (and indeed were described here) as dynamic and non-linear. This means that many children's needs will continue into adulthood or reappear later in life – such responses are normal and highlight the need for ongoing access to support in the future. The message that there is 'no quick fix' was highlighted and the impact of the wider contexts of protection or adversity in children's lives on their journeys through help and support was also demonstrated.

However across diverse circumstances and vulnerabilities, those interviewed for this research expressed a strong desire to communicate a sense of hope to other children facing similar circumstances and the importance of optimism in professional interventions. A related point was also made that it was not just recovery from the hurt of abuse that mattered (ie, repairing the 'damage' or returning to 'zero') but also growth. Practitioners also need to be mindful that children experience, understand and conceptualise these processes differently and therefore children need the space to be able to frame and define their own experiences.

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Conclusion

9. CONCLUSION

It just affected so many people's lives, it's like putting a pebble in a pond and all the ripples going out...

(IV29, Female 16 years)



9.1 Recognising and responding to the 'ripple effect'

An experience of CSA in the family environment holds the potential to affect every aspect of children's lives. For the majority of those we spoke to, this was the reality. Consequently no one aspect of help-seeking and support can be or should be considered in isolation. When children and young people were asked to visually map the processes and experiences which followed identification of CSA their pictures were rarely simple or linear. Rather they depicted a sense of growing complexity as time went on with the need to navigate multiple impacts and associated interventions.

Supporting children and young people therefore requires a holistic perspective recognising that no one intervention (no matter how specialist or intensive) can adequately address the needs which emerge following CSA in the family environment.

Children's safe carers in particular emerge from this research as a critical helpful resource, provided that their own needs are responded to. Similarly the role of both informal and more formal peer support recurs as a theme in children and young people's narratives, primarily in relation to disclosure, emotional support and experiences of 'going on' after abuse. Despite this, friends and peer support – and the needs of safe carers – rarely appear to be fully considered by professional interventions. Interviewees also identified schools (and associated peer groups) as critically important spaces for children following CSA in the family environment – with potential to both protect and nurture, but also potentially exposing children to further harm .

While many of the statutory interventions that children and young people experienced after identification of CSA in the family environment were welcome and brought positive outcomes, they were nearly all described as also presenting new challenges, fears, and sometimes loss. The safeguarding and investigative functions of the police and social care, for example, are clearly critical (responding to interviewees' own prioritisation of safety from perpetrators and justice) – yet these processes can themselves be experienced as damaging and stigmatising.

Professional responses need to recognise their potential to both ameliorate and exacerbate the impact of abuse on children. They also need to recognise the long-term and complex nature of children's need for support. We must not limit our priorities to the promotion of short-term physical safety and justice. Rather, services need to recognise the inter-dependence of these important considerations with children's families, friendships, schooling, homes, and mental and physical health.

Throughout all these processes support for responding to children's associated mental health and emotional wellbeing needs must be paramount. Of particular concern is the inconsistency in how and when children access support and the length and type of intervention offered. There is evidence that access to support is often inappropriately stymied during investigative processes, despite clear evidence of need and a recognition of the importance of this work. While the evidence clearly demonstrates that therapeutic support cannot alone address the needs of children following CSA in the family environment, it clearly has a central and critical role.

9.2 Listening to children

Above all, the most significant message to emerge from this research is the feasibility and importance of listening to children's own voices and perspectives on this subject and incorporating these perspectives alongside existing professional and policy discourses. To our knowledge, this research represents the largest sample of children and young people interviewed about experiences of CSA in the family environment. It has clearly demonstrated many children and young people's own commitment and willingness to share their views and experiences for the benefit of others. It recognises the insight and reflective capacities of diverse children (including those with learning disabilities or difficulties and those under 10) and their ability to help us understand and respond to these issues better. Conversely, it demonstrates the dangers of underestimating children's capacity to support us to address them – overlooking critical resources in our efforts to prevent and respond to CSA in the family environment.

Recognising the relationship between listening to children, involving them in decision making (both at a personal and collective level), and protecting children is critical. Without this, efforts to address children's physical, psychological and relational safety will fall short. This highlights the importance of talking about children's rights in broader debates about CSA – demonstrating that addressing these issues must start with recognition of children's mutually reinforcing rights to protection, provision and participation.

Nowhere in this research is this more apparent than when considering the role of the young people's advisory group who continually helped to ground the process in the needs of those it sought to represent. They continually reminded us that the very act of talking openly to children about these issues is a preventative and political one – 'making noise' to challenge cultures of silence and impunity in which abuse flourishes.



9.3 Practice and policy implications

Disclosure and identification

1. **Improving professional curiosity and skills to effectively respond to signs of CSA:** Identification of CSA in the family environment continues to rely on children and young people's verbal disclosures. Evidence from this study demonstrates that such disclosures are enormously challenging for children. It is therefore imperative that professionals and other adults in contact with children and young people are supported to develop the knowledge and skills to recognise signs (including non-verbal, indirect or partial disclosures), ask appropriate questions and respond to enable children to access safety and support.
2. **Creating contexts in which children feel encouraged and supported to tell:** While responsibility for the identification of CSA must never be placed on children, children themselves identified the need for changes to make it easier for them to tell adults what has happened. Interviewees of all ages within this study engaged in highly complex decision-making processes when considering whether to tell someone about the abuse they experienced, weighing up extremely difficult consequences and expectations. Learning from these insights demonstrates a need to support children to:
 - i. recognise that abuse has taken place
 - ii. have confidence they will be believed
 - iii. know they will be supported following disclosure.

Family

3. **Effective support to children and young people requires direct specialist support to non-abusing family members and carers.** Interviewees of all ages revealed an enormous sense of awareness of, and responsibility for, the emotional impact of their sexual abuse on other non-abusing family members. This has significant consequences for both their propensity to disclose and their emotional wellbeing following identification of abuse. Supporting and responding to victims of CSA in the family environment should therefore always involve direct support to non-abusing family members and carers. The significance and benefits of such support must be recognised as threefold:
 - i. addressing parents' and carers' own support needs
 - ii. helping parents and carers to better understand and respond to their child's needs
 - iii. reducing the additional burden on children and young people for the responsibility they feel for their family's wellbeing.

Welfare support

4. **The option to access therapeutic support is critical for children and young people after sexual abuse in the family environment.** Participants in this study revealed high levels of emotional support needs and diagnosable mental health issues which require access to therapeutic support. This includes the need for therapeutic support during or prior to any criminal justice procedures (see point 9 below). While not all children and young people may feel ready to accept therapeutic support at a given time, ongoing access and choice are imperative. Current availability of therapeutic support remains highly variable in terms of: availability; type; access criteria; length of interventions; and whether specialist (targeting victims of sexual abuse) or more generic (addressing mental health needs more broadly). Children and young people are therefore subject to a 'postcode lottery' in terms of support. Wider evidence suggests the

third sector continues to deliver a large amount of this provision, through variable models, but is subject to short-term and insecure funding arrangements. Meanwhile current access to CAMHS services appears to be challenging and may not always respond to children's need for specialist support. Inconsistency in the provision and availability of therapeutic support nationally must therefore be addressed, ensuring no child is prevented from accessing adequate and appropriate professional support after CSA in the family environment.

5. **There are accessibility issues regarding therapeutic support, in relation to disability, gender, ethnicity, care history and other aspects of identity or biography.** Children with physical disabilities and more profound learning or developmental disabilities appear to be particularly poorly represented among current users of services for specialist support after sexual abuse, despite strong evidence of their additional vulnerabilities. Other groups that appear from this study to be under represented include boys and young men and children from Black and minority ethnic communities. Active steps to address these shortcomings must be addressed by both frontline practice and commissioners.
6. **The need for access to therapeutic support must reflect the long-term and non-linear nature of children and young people's 'recovery' after sexual abuse in the family environment.** This includes a consideration of supporting children's effective transitions into adult services that continue to recognise and meet their needs.
7. **Child-centred and needs-led statutory social work has a critical role to play in keeping children safe after sexual abuse in the family environment.** Currently children and young people report highly variable experiences of social work interventions, and suggest it is too often experienced as driven by (or limited to) procedures rather than their needs. Given the centrality of social workers' roles, it is imperative that provision promotes child-centred and relational practice.

Criminal justice

8. Existing provisions and guidance to support vulnerable victims and witnesses in the criminal justice system are not consistently implemented, despite the interdependence of victim welfare and prosecution aims. Children and young people identified highly variable experiences of support throughout the criminal justice process, including variable application of special measures.
9. **Access to pre-trial therapy is not regularly supported and facilitated by professionals with understanding, experience and confidence about the processes.** Children's needs for emotional support prior to and throughout criminal justice processes are significant. Current access to therapeutic support appears to be highly inconsistent with participants reporting:
 - i. being told they are not allowed to access services
 - ii. being unable to identify services that are confident to provide therapeutic support at this time
 - iii. receiving only very limited support which does not meet their emotional needs.
10. **Children and young people's own commitment to justice through legal processes is not consistently matched by a system that is fit for purpose and that does not further harm those who engage with it.** Despite many children reporting extremely distressing experiences of criminal justice processes following identification of sexual abuse in the family environment, a significant majority of those interviewed expressed a commitment to supporting and encouraging others to engage with investigations. This

related to children's strong sense of fairness and recognition of the role of legal processes in addressing these issues at a wider level. This commitment must be matched by a justice system that is able to keep them safe, respond to their associated psychological support needs and apply best practice in child friendly justice.

Given the well documented delays inherent in criminal justice processes, failure to meet these needs represents significant risks to children and young people's wellbeing. It is imperative that access to therapeutic support prior to trial is available in line with current CPS guidance, alongside wider concerted efforts to reduce delays and their impact.

School and peers

11. **Children’s understanding of sexual abuse is not consistently developed and supported through age appropriate educational programmes, undermining the possibility of recognition and disclosure.** Children identified early education as a critical factor in supporting them to recognise abuse, talk about it and seek help. Given that many children are abused in the family environment from infancy, it is imperative that such input is designed to equip children of all ages with knowledge. As well as supporting individual children, such interventions help to counter cultures of silence more widely. Education initiatives must however be properly designed and resourced and delivered by trained and supported individuals.
12. **Young people are more likely to disclose experiences of sexual abuse to peers than professionals and this appears to be particularly evident for girls and young women.** Given the evidence from this study and others that children and young people are likely to disclose experience of sexual abuse in the family environment to peers, consideration must be given to how we equip children to deal with this sensitive and challenging information. While being clear that children and young people are not responsible for responding, it is equally imperative to acknowledge a reality in which children themselves are more likely than professionals to receive a first disclosure. This has implications for both their own and a victim’s wellbeing and requires a thorough consideration of ongoing education and support needs.
13. **Supporting schools to become spaces of safeguarding and emotional support alongside their role in prevention.** Schools continue to remain an extremely significant space in children’s lives during and after experiences of sexual abuse in the family environment. They therefore have potential, if properly resourced, to play an important role in safeguarding and support.

Recovery

14. **Professionals working with children must respond to and recognise children’s own resources and resilience, communicate hope, and support children’s wider identities beyond that of ‘victim’.** One of the strongest messages to come from children and young people was a desire to access a sense of ‘normality’ in spite of dealing with experiences that were themselves far from normal; this means recognising children’s wider lives and needs, providing holistic support, connection (direct or otherwise) to others who have experienced sexual abuse in the family environment, and challenging stigma.

Listening to children and taking them seriously

15. Challenging the cultures of silence surrounding child sexual abuse in the family environment involves a society-wide shift in how we view and listen to children.

Throughout this study, children as young as six have demonstrated their interest and abilities in talking about these issues and using their experiences to benefit others. Participants have repeatedly challenged images of children as unknowing, passive or unable to reflect and communicate about these issues. They have also described wider cultures of silence and diverse mechanisms that repeatedly prevent them, and others, accessing support, in part because of underestimations of children's needs, insights and abilities.

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References

REFERENCES

- Allnock, D. (2015) 'Child maltreatment: How can friends contribute to safety?' in *Safer Communities*, 14(1), pp.27-36.
- Allnock, D. (2016) *Exploring the relationship between neglect and adult-perpetrated intra-familial child sexual abuse: Evidence Scope 2*. Totnes. Research in Practice/ NSPCC.
- Allnock, D. and Miller, P. (2013) *No one noticed, no one heard: a study of disclosures of childhood abuse*. London: NSPCC.
- Allnock, D., Sneddon, H with Ackerley, E (2015) *Mapping therapeutic services for sexual abuse in the UK in 2015*. London. NSPCC.
- Association for Young People's Health (2016) *Supporting young people with mental health problems: results of a survey of parents*. London: AYPH.
- Barnardo's (2014) *Report of the parliamentary inquiry into the effectiveness of legislation for tackling child sexual exploitation and trafficking within the UK*. Chaired by Sarah Champion MP, Barkingside: Barnardo's.
- Beckett, H, Brodie, I., Factor, F., Melrose, M., Pearce, J., Pitts, J., Shuker, L. and Warrington, C. (2013) *'It's wrong... but you get used to it' A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England*. Luton. University of Bedfordshire.
- Beckett, H. and Warrington, C. (2014) *Suffering in silence: Children and unreported crime*. Victim Support University of Bedfordshire.
- Beckett, H. and Warrington, C. (2015) *Making Justice Work: Experiences of criminal justice for children and young people affected by sexual exploitation as victims and witnesses* University of Bedfordshire.
- Beckett, H., Warrington, C., Ackerley, E. and Allnock, D. (2015) *Children's Voices Research Report: children and young people's perspectives on the police's role in safeguarding: a report for Her Majesty's Inspectorate of Constabulary* London. HMI.
- Bellis M., Hughes K., Leckenby N, Hardcastle, K, Perkins, C and Lowey, H (2015) 'Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey'. *Journal of Public Health* 37(3), pp.445-54.
- Berelowitz, S., Clifton, J., Firmin, C., Gulyurtlu, S. and Edwards, G. (2013) *"If only someone had listened" Office of the Children's Commissioner Inquiry into child sexual exploitation in gangs and groups. Final report*, London: Children's Commissioner.
- Bronfenbrenner, U. (1979) *The Ecology Of Human Development*. Cambridge, Mass. Harvard University Press.
- Brown, J. and Miller, D. (2014) *'We have the right to be safe': Protecting disabled children from abuse*. Prepared for the NSPCC.
- Bunting, L. (2008) 'Sexual offences against children: An exploration of attrition in the Northern Ireland criminal justice system' in *Child Abuse & Neglect*, 32(12), pp. 1109-1118.
- Calhoun, L and Tedeschi, U (Eds), 2006 *Handbook of Post Traumatic Growth: Research and Practice*. New York. Psychology Press.
- Care Quality Commission (2015) *Brief guide: waiting times for community child and adolescent mental health services*. Available at: http://www.cqc.org.uk/sites/default/files/20170120_briefguide-camhs-waitingtimes.pdf [Accessed on 07.02.2017]
- Carpenter, J, Hackett, S, Jessiman, T, Patsios, D and Phillips, J (2016) *Letting the Future In a therapeutic intervention for children affected by sexual abuse and their carers: An evaluation of impact and implementation*. London. NSPCC.
- Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N. et al. (2010). 'Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis' in *Mayo Clinic Proceedings*, 85(7), pp. 618–629.
- Child Welfare Information Gateway (2013) *Long-term consequences of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- Children's Commissioner for England (2015) *Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action*. London: Office of the Children's Commissioner for England.
- Children's Commissioner for England. (2016) *Lightning Review: Access to Child and Adolescent Mental Health Services May 2016* London: Office of the Children's Commissioner for England.
- Cossar, J., Brandon, M. and Jordan, P. (2011) *'Don't Make Assumptions' children and young people's Views of the Child Protection System*. London: Office of the Children's Commissioner.
- Cossar, J., Brandon M., Bailey S., Belderson P., Biggart L. and Sharpe D. (2013). *'It takes a lot to build trust' Recognition and telling: Developing earlier routes to help for children and young people*. London. Office of the Children's Commissioner.
- Crown Prosecution Service (2001) *Provision of Therapy for Child Witnesses Prior to a Criminal Trial: Practice Guidance*. London: CPS. Available at: www.cps.gov.uk/publications/prosecution/pretrialadult.html [Accessed on 07.02.2017]
- Crown Prosecution Service (2013a) *Safeguarding children as victims and witnesses*. London: CPS.
- Crown Prosecution Service (2013b) *Guidelines on prosecuting cases of child sexual abuse*. London: CPS.
- Crown Prosecution Service (2015) *Violence Against Women and Girls: Crime Report 2015 – 16*. Available at: http://www.cps.gov.uk/publications/docs/cps_vawg_report_2016.pdf [Accessed on 07.02.2017]
- Department for Education (2015) *Working Together to Safeguard Children*: March 2013. A guide to inter agency working to safeguard and promote the welfare of children. London, DfE: Available at: www.gov.uk/government/publications/working-together-to-safeguard-children-2 [Accessed on 07.02.2017].
- Domhardt, M., Munzer, A., Fegert, J. M., and Goldbeck, L. (2015). 'Resilience in survivors of child sexual abuse: A systematic review of the literature' in *Trauma, Violence, and Abuse*, 16, pp.476-493.
- Finkelhor, D. and Browne, A. (1988). 'Assessing the long-term impact of child sexual abuse: A review and conceptualization' in L.E.A. Walker (Ed.), *Handbook on Sexual Abuse of Children* (3rd ed., pp. 55-69). New York, NY. Springer Publishing.
- Fischer D. and McDonald W. (1998) 'Characteristics of intrafamilial and extrafamilial child sexual abuse' in *Child Abuse and Neglect* 22 (9) pp. 915-929.
- Franklin, A., Raws, P. and Smeaton, E. (2015) *Unprotected, Overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*. Barking: Barnardo's.
- Gallagher, B. (2009) 'Child Sexual abuse: Informed or in fear?' in *Criminal Justice Matters*, 77 (1), pp. 6-7.
- Goddard, A., Harewood, E., and Brennan, L. (2015) *Review of pathway following sexual assault for children and young people in London*. London: The Havens, Kings College Hospital. Available at: www.england.nhs.uk/london/wpcontent/uploads/sites/8/2015/03/review-pathway-cyp-london-summary.pdf [Accessed 31 August 2015].
- Gohir, S. (2013) *Unheard voices: The sexual exploitation of Asian girls and young women*. Birmingham: Muslim Women's Network UK.
- Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P. H., and Gordon, D. S. (2003). 'Why children tell: A model of children's disclosure of sexual abuse' in *Child Abuse & Neglect*, 27, pp.525-540.
- Hall, M. (2009) 'Children giving evidence through special measures in the criminal courts: progress and problems' *Child and Family Law Quarterly*, Vol 21 (1): 65-86.
- HM Government. (2004) *Children Act 2004*. London: HM Government.
- HM Government. (2015) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. London: HM Government.
- Horvath, M. (2010). Treatment of child victims of sexual abuse. In J. Brown and E. Campbell, *Handbook of Forensic Psychology*. Cambridge: Cambridge University Press, pp.345-353.

- Horvath, M.A.H., Alys, L., Massey, K., Pina, A., and Adler, J.R. (2013) "Basically... Porn is Everywhere" *A Rapid Evidence Assessment on the Effects that Access and Exposure to Pornography has on Children and Young People.* London: Office for the Children's Commissioner.
- Horvath M, Davidson J, Grove-Hills J, Gekosk, A, and Choak, C. (2014) *It's a lonely journey: a rapid evidence assessment on intrafamilial child sexual abuse. Project Report.* London: Middlesex University.
- Irish, L., Kobayashi, I., and Delahanty, D. L. (2010). Long-term physical health consequences of childhood sexual abuse: a meta-analytic review. *Journal of Pediatric Psychology*, 35(5), pp. 450–461.
- Judicial College (2013) *Equal Treatment Bench Book: Children and Vulnerable Adults* available at:
- Kogan, S. (2005) 'The role of disclosing child sexual abuse on adolescent adjustment and revictimisation' in *Journal of Child Sexual Abuse* 14(2), pp.25-47.
- Macdonald, M (2013) *The Kern Learning Review*, Derby: Derby SCB.
- Maniglio, R. (2009) 'The impact of child sexual abuse on health: A systematic review of reviews' in *Clinical psychology review* 29(7), pp. 647-57.
- McElheran M., Briscoe-Smith, A., Khaylisc, A., Westrup, D., Haywarde, C. and Gore-Felton, C. (2012) 'A conceptual model of post-traumatic growth among children and adolescents in the aftermath of sexual abuse' in *Journal of Counselling Psychology* 25 (1), pp.73-82.
- McElvaney R. 2008. *How children tell: containing the secret of child sexual abuse.* Unpublished doctoral dissertation, Trinity College, Dublin.
- McNaughton Nicholls C., Cockbain E., Brayley H., Harvey S., Fox C., Paskell C., Ashby., M, Gibson, K. and Jago, N. (2014) *Research on the sexual exploitation of boys and young men: A UK scoping study: Summary of findings.* Ilford: Barnardo's.
- Miller D and Brown J. (2014) *We have the right to be safe: protecting disabled children from abuse.* London: NSPCC.
- NSPCC 2017 *Safeguarding and child protection in schools.* Available at: <https://www.nspcc.org.uk/preventing-abuse/safeguarding/schools-protecting-children-abuse-neglect/> [Accessed on 07.02.2017]
- Oliver, C. (2010) *Children's views and experiences of their contact with social workers: A focused review of the evidence.* Leeds: Children's Workforce Development Council.
- Parker, C. with Clements, L., Harbour, A. and Honigmann, J. (2016) *Transitions in Mental Health Care A guide for health and social care professionals on the legal framework for the care, treatment and support of young people with emotional and psychological problems during their transition years* Available at: www.youngminds.org.uk/assets/0000/1331/YM_Prof_Transitions_Guide_email_version.pdf [Accessed on 07.02.2017]
- Parkin, E. (2016) *Children and young people's mental health – policy, services, funding and education. Briefing paper* No. 07196. London: House of Commons Library Available at: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7196#fullreport> [Accessed 6,2,17].
- Plotnikoff, J. and Woolfson, R. (2009) *Measuring up? Evaluating implementation of Government commitments to young witnesses in criminal proceedings.* London: NSPCC.
- Public Health Wales NHS Trust (2015) *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population.* Cardiff. Public Health Wales NHS Trust. Available at: <http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf> [Accessed 24/2/17].
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011). *Child Abuse And Neglect In The UK Today.* London: NSPCC.
- Raws, P (2016) *Understanding Adolescent Neglect: Troubled Teens A study of the links between parenting and adolescent neglect.* London. The Children's Society.
- Ringrose, J. and Renold, E. (2011). Boys, Girls and Performing Normative Violence in Schools: A Gendered Critique of Bully Discourses. In Barter, C. and Berridge, D. *Children Behaving Badly? Peer Violence Between Children and Young People* (pp. 181-196). West Sussex: John Riley & Sons Ltd.

- Salter, M. (2013). 'Grace's story: prolonged incestuous abuse from childhood into adulthood' in *Violence Against Women*, 19(2), 146-165.
- Schönbucher, V., Maier, T., Mohler-Kuo, M., Schnyer, U., and Landold, M. (2012). 'Disclosure of child sexual abuse by adolescents: A qualitative in-depth study' *Journal of Interpersonal Violence*, 27, pp. 3486–3513.
- Shelter (2012) *Defining homelessness: Who does the safety net help and how does it support them? Policy briefing*. London: Shelter
- Shuker, L. (2013) *Evaluation of Barnardo's safe accommodation project for sexually exploited and trafficked young people*. Luton. University of Bedfordshire
- Sneddon, H. Wager, N. Allnock, D. (2016) *Responding Sensitively To Survivors of Child Sexual Abuse*. London. Victim Support.
- Smith, N., Dogaru, C., and Ellis, F. (2015) *Hear me. Believe me. Respect me. A survey of adult survivors of child sexual abuse and their experiences of support services*. University Campus Suffolk.
- Stroebel, S. S., O'Keefe, S. L., Beard, K. W., Kuo, S. Y., Swindell, S. V., and Kommor, M. J. (2012). 'Father-daughter incest: data from an anonymous computerized survey' in *Journal of Child Sexual Abuse*, 21(2), 176-199.
- Taylor, J. et al (2015) *Deaf and disabled children talking about child protection*. London: NSPCC.
- The Survivors Trust/Rape Crisis England and Wales (2015) *Survivors' Journeys – Survivors' Voices: Including the voice of survivors in commissioning support services*. Rugby. The Survivors Trust/ Rape Crisis England and Wales.
- Ullman, S.E., (2007). 'Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors' *Journal of Child Sexual Abuse*, 16(1), pp. 19-36.
- United Nations. (1989) *United Nations Convention on the Rights of the Child (UNCRC)*. New York: United Nations.
- Warrington C (2016) *Young person centred approaches in CSE: promoting participation and building self-efficacy: Frontline Briefing*. Dartington: Research in Practice.
- Women and Equalities Commission (2016) *Sexual harassment and sexual violence in schools: Third Report of Session 2016–17*. London. House of Commons. Available at: <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmwomeq/91/91.pdf> [Accessed on 24/2/17].
- Yates, P., Allardyce, S. and MacQueen, S. (2012) 'Children who display harmful sexual behaviour: Assessing the risks of boys abusing at home, in the community or across both settings' in *Journal of Sexual Aggression*. 18 (1) pp.23-35

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Appendices

APPENDICES

Appendix 1: Alternative Vignettes

Vignettes should be chosen or developed on the basis that they do not too closely resemble a child's own experience but provide some points of reference that they can relate to. Please note that these are guides and can be adapted and changed to suit each interviewee.

Komal (female, 9 years)

Komal is 9 years old. She lives with her Mum, Dad and two younger sisters. Komal's Dad lost his job last year. Komal's Mum started a cleaning job in the evenings to help pay the bills.

One evening when Komal's Mum was at work, Komal's Dad made Komal touch his private parts. He said it must be their secret. He said if Komal told anyone, her Mum would lose her job and they would have no money and nowhere to live. Komal started to get lots of tummy aches and bad dreams.

Oliver (male, 8 years)

Oliver is 8 years old. His mum's good friend Darren looks after Oliver when his mum works nights.

At first Oliver liked Darren because he let Oliver stay up late to play computer games. But Oliver doesn't like Darren looking after him anymore because he started touching his private parts. Darren said that no-one will believe Oliver if he tells and his mum will be cross with him for telling lies.

Jake (male, 13 years)

Jake is thirteen. He loves watching wrestling on the T.V. Jake likes it when his older cousin Alex visits because he likes wrestling too. One day Alex was teaching Jake some new wrestling moves when he suddenly touched Jake's private parts. Alex said if Jake tells anybody he will say that Jake tried to touch his willy. Jake felt very alone with this secret and began to get into fights over small things which got him into trouble.

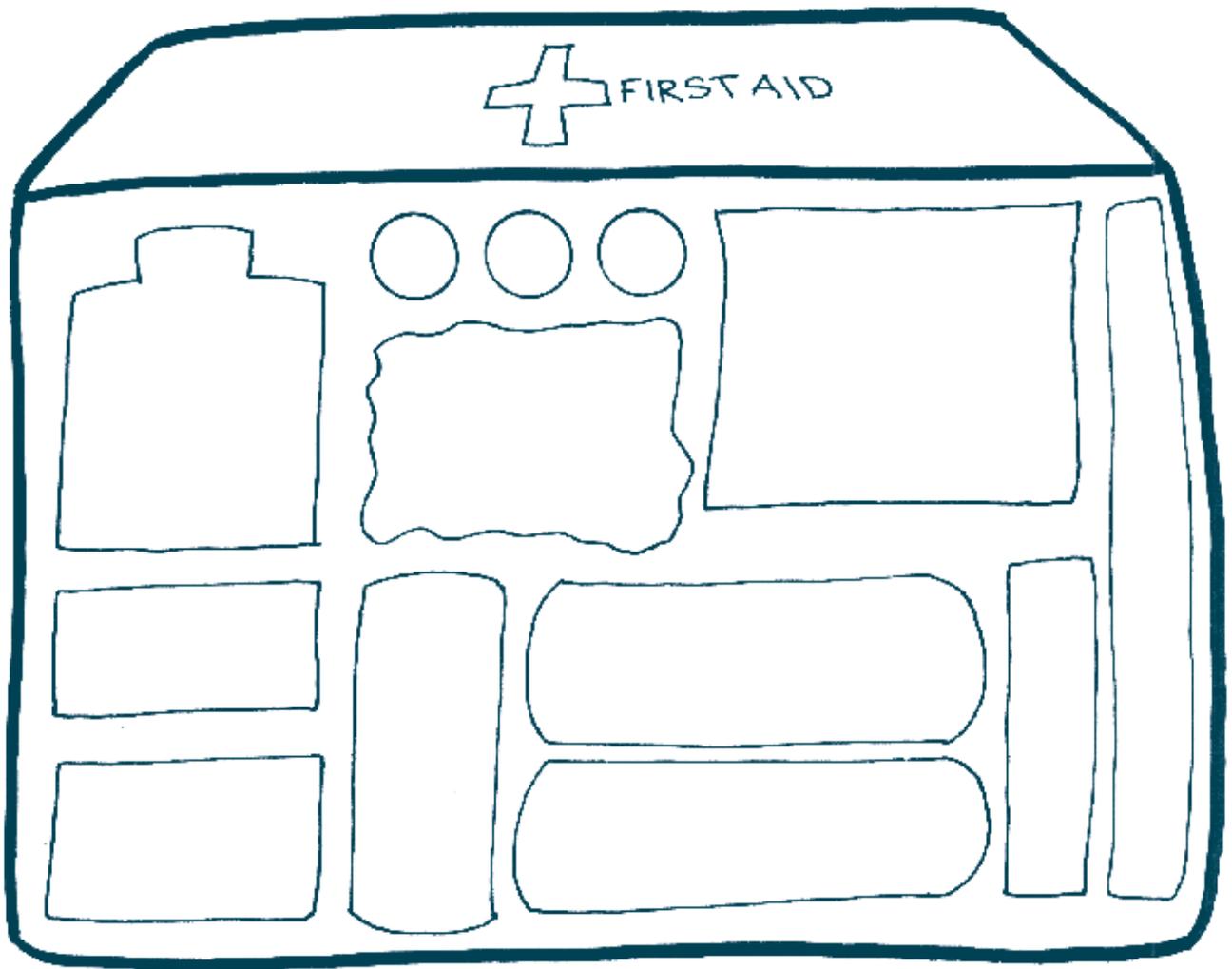
Sarah (female, 16 years)

Sarah is sixteen. She lives at home with her Mum, Step Dad and her Brother. It was Christmas time and Sarah's family were having a party. All their family and friends were invited. The party went on very late and Sarah went to bed before all the guests had gone. During the night Sarah woke to find her Uncle had got into her bed and was touching her bottom.

At first Sarah didn't tell anyone about what her Uncle had done. Sarah felt really bad inside and could not forget what had happened.

Appendix 2: First Aid Toolkit Activity

If there was a special First Aid Kit to support children and young people who have experienced sexual abuse by someone connected to their family, what would you like to put in it?



APPENDICES

Appendix 3: 'How are you feeling' scaling activity

Starting out

Not okay

Okay



Tick or cross any faces that show how you feel?



Happy



Scared



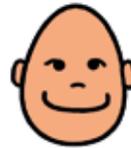
Worried



Embarrassed



Angry



Relaxed



Excited



Sad



Sleepy



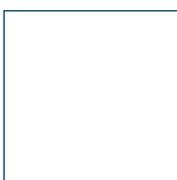
Nervous



Confident



Confused



Nothing



Something else



True Courage is when you aren't afraid to show the world who you really are...
"Although the truth might hurt us... it's what will save us in the end."
From our own experiences

Important to have someone to talk to who understood.
For as long as she needs

Stand against bad things and turn them into positives.
I participated to help with research
Don't be afraid speak up

One Love Nation

WE ARE NOT ALONE
WE ARE ONE AND THE SAME...
STAND STRONG TOGETHER

LIFE IS NO NINTENDO GAME

Important to have someone to talk to who understood.
For as long as she needs.
Listening.
Helping.

listen and show more empathy to victims of this abuse category
Treat us like we are not older or younger

Queen

STAY STRONG

ALL IN YOUTH!

Keep Improving with knowledge and determination with a hint of *reafed*.

NO MATTER HOW LONELY YOU FEEL, THERE IS ALWAYS SOMEONE THERE FOR YOU.

There's always someone to talk to
you are loved
Empathy is important
There's a light at the end of the tunnel
Don't give up
There's a wish

STAY STRONG

eah, just do



In partnership with

NSPCC

For more information please visit
www.beds.ac.uk/making-noise
and www.beds.ac.uk/ic

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