

# **Exploring support within educational provisions for children and young people experiencing sexual exploitation**

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to the University of Exeter  
as a thesis for the degree of  
Doctor of Educational Psychology  
in Educational, Child and Community Psychology  
May 2022

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This thesis represents the end of 14 years of work and study, from starting my undergraduate degree in 2008, to finishing my doctoral training in 2022. The journey to becoming an educational psychologist was a difficult one, which tested my resilience and perseverance, (including learning how to cope with a pandemic). But this journey, especially the more challenging aspects, has led to new insights and enhanced my personal and professional development. It has been a difficult path, but not one I would change.

I would like to thank the participants in my study. To those who agreed to be interviewed and share their experiences with me; you have all been through so much and I'm amazed how you all continue to inspire and support others. I am honoured to have met you and truly grateful for your involvement in my research. I also want to thank the participants who took part in my survey, I know it is a difficult and busy time, so it means a lot that you participated.

I want to thank my amazing research supervisors Shirley Larkin and Caroline Gallagher. Their wealth of knowledge and experience, as well as their continued support has helped to shape and develop my ideas, keep me on track and maintain my motivation even through the more challenging times. I feel very lucky to have two incredible research supervisors like you.

Next, I want to give a big thank you to my placement supervisors over the three years; Sally Penna-Bray, Roosje Rautenbach, Hannah Fugill, Katy Neve, and Ruth Peck. I have learnt a lot from all of you and have valued your support. Also, to the wider Cornwall EP team who have always been supportive and always put wellbeing first. Thank you, Rebekah Hyde, for proof reading for me and your kind words and insights. I am looking forward to working with you all soon. I also want to thank my university supervisor Liz Hampton for her compassion, guidance, and humour.

Finally thank you to my wonderful friends and family. I couldn't do any of this without you. I'm grateful for the support and encouragement you have given to me throughout these three years, as well as supporting me in my journey getting on to the doctorate. Thank you for always being there for me, for believing in me, and for keeping me laughing. Also, I want to acknowledge all the doggies in my life who have given me unconditional love and happy walks; they are good role models for how to live life.

## **Abstract**

Child sexual exploitation (CSE) can have huge impacts on a child's physical and emotional wellbeing and have long-term consequences. Literature has found that professionals can have negative perceptions of children who are being sexually exploited, and this can affect the support they receive. To date, there has been little research exploring the education and support within educational provisions for children and young people experiencing sexual exploitation, suggesting the need for further research. This research aimed to fill this gap by exploring the perspectives from both school staff and from survivors of CSE. The following research questions were addressed; 1) what are Special Educational Needs Coordinators (SENCo) and Designated Safeguarding Leads' (DSL) abilities to respond to the needs of children who have experienced CSE whilst in secondary schools in the South West of England (including knowledge, perceptions, practical support, and challenges), 2) what are adult survivors of CSE's experiences of support within their secondary educational provision in the UK?

This research consisted of two phases. Phase one took the form of an online questionnaire which was completed by 30 SENCos and DSLs across the South West of England. This used vignettes to explore the school staff's perceptions, and open ended and closed questions to provide a mix of quantitative and qualitative results. Data have been analysed and is displayed in frequency tables and descriptive statistics. In phase two, four semi-structured interviews were conducted with adult survivors of CSE in the UK. The data were analysed using thematic analysis.

Phase 1 findings revealed that the staff have a good level of training in CSE, they have positive perceptions of the victims and have good systems of support in place within their schools. It was felt that pastoral support and supportive relationships, multi-agency working, and systemic level approaches (including parental engagement and training), were the main strategies to help support a child or young person experiencing CSE. Barriers included working with the parents, engagement difficulties with the young person, difficulties in accessing services, the demands of school, and negative attitudes of the staff. It was felt that to achieve this, schools needed further training, funding and access to

resources and the staff needed more support for their health and wellbeing when working within these populations.

Phase 2 findings revealed eight main themes. The findings showed that the survivors had many difficulties whilst being at school and there was a lack of support. Negative attitudes and unhelpful stereotypes were prominent from professionals, which led to their abuse being minimised, or them feeling blamed. There was a lack of education around sex and healthy relationships, and staff did not have adequate understanding of CSE and abuse. This meant that signs of CSE went unnoticed and the adults were out of their depth or limited in the support they offered. There were difficulties in communication, and the survivors felt a lack of agency and control. The importance of a supportive positive relationship within school was highlighted, as well as holistic support, with an emphasis on supporting the child's emotional wellbeing.

This research is relevant for schools in understanding how to support victims of CSE, including addressing negative attitudes from professionals, promoting child and family engagement, providing holistic support with a focus on wellbeing, having a multi-agency approach and ensuring there is a high level of training for professionals working with children. Implications for educational psychology practice are explored at various levels of working, and future research directions proposed.

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<b>List of Abbreviations</b>	
CSE	Child Sexual Exploitation
ACES	Adverse Childhood Experiences
ADHD	Attention Deficit and Hyperactive Disorder
ASD	Autism Spectrum Disorder
PTSD	Post-Traumatic Stress Disorder
LAC	Looked After Children
PSHE	Personal, Social, Health and Economic
SEND	Special Educational Needs and Disability
DSL	Designated Safeguarding Lead
SENCo	Special Educational Needs Coordinator
EP	Educational Psychologist
TEP	Trainee Educational Psychologist

## Chapter 1: Introduction

This research explores the topic of child sexual exploitation. The aim of this chapter is to outline a brief introduction to the research. First, I shall introduce the subject of the research; providing a definition of child sexual exploitation, looking at the terms used and exploring prevalence rates. I will then give an overview of the personal context of how the research idea developed and explore the contextual information to situate this research.

### 1.1. Introduction to CSE

#### 1.1.1. Definition

Child sexual exploitation (CSE) is a form of child sexual abuse (Beckett et al., 2017). Although there is no unified global definition of CSE, it is considered a sub-type of human trafficking (United Nations, 2017). A common definition of CSE was agreed in 2016 by HM Government to be used by practitioners across all sectors in the UK. It is important that a common definition of child sexual exploitation is agreed, to ensure there is effective identification, monitoring, and multi-agency response (Beckett et al., 2017). This is the following definition:

*Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*

(Department of Education [DfE], 2017)

This definition emphasises the importance of the coercion involved with CSE, and the child/young person's limited availability of a choice because of their social, economic, or emotional vulnerability (College of Policing, 2020). However, a problem with the DfE (2017) definition is that there is a lack of reference to the harm and trauma caused by CSE (Gladman & Heal, 2017), and

the concept of 'exchange' has been challenged due to suggestions of the child having agency and choice (Eaton, 2019). Survivors of CSE in Rotherham have argued that the notion of 'exchange' is offensive to victims and survivors as it reframes the violence and abuse as reciprocal and suggests they are getting something out of it (Woodhouse, 2017). For a more in-depth discussion of this, see Eaton (2019).

### **1.1.2. Terminology**

Both the terms 'victim' and 'survivor' are appropriate terms but serve different needs. The Rape, Abuse & Incest National Network (RAINN) (2022) described the term 'victim' as a term which is used within the criminal justice system and can refer to someone who has recently been affected by sexual violence. The victim discourse of child abuse developed in the 1960s and 1970s as feminists and systems theorists were arguing for sexual abuse to be recognised as a crime, emphasising the rights of the child and the suffering of victims (Hunter, 2010). A legal framework of language was adopted including words such as 'victim', 'offender', 'perpetrator', and 'child witness' (Hunter, 2010). This helped to encourage people to speak out about their abusive childhood experiences and report the perpetrators (Hunter, 2010), however a typical victim can be seen as female, trapped by powerlessness and passivity (Dunn, 2005), which can be stigmatising to the individual (Jenkins, 1998).

In the 1980s the discourse changed to a 'survivor' discourse which focused on the strength, courage and resilience of women and children who had overcome childhood adversity and were perceived to become stronger as a result (Hunter, 2010). This term can be considered empowering, giving the individual a sense of power, which was missing from the victim discourse (Hunter, 2010).

However, there are criticisms that this term labels individuals and defines their identity as linking to their previous abusive experiences (Shalini & Tushar, 2018). Many state the importance of asking individuals to decide what they want to be called or how they want to be identified (RAINN, 2022; Shalini & Tushar, 2018).

Due to these considerations, I have used both the terms 'victim' and 'survivor' throughout this research. When I have referred to 'victim', it is either in relation to the criminal justice system or when discussing recent child sexual abuse. I

have used the term 'survivor' when referring to the participants in this study and when discussing sexual abuse which occurred in the past. The term 'survivor' was used as it implies that they have moved on from these experiences and it is a term of empowerment. I was not able to ask participants which term they preferred prior to being interviewed and during the research planning process, but their preferences have been considered and reflected through the findings and analysis stage.

Further terminology that has been used within this research has been taken from the 'Appropriate Language in Relation to Child Exploitation' guidance for professionals, produced by The Children's Society (2022).

### **1.1.3. Prevalence**

The prevalence rates of CSE are difficult to assess due to the hidden nature of CSE and lack of central system to record cases (Beckett et al., 2017; Barnardo's, 2011). There are variable levels of awareness and understanding of CSE amongst professionals and the general public (Beckett & Schubotz, 2014), which lead to poor recognition, under-reporting and a lack of strategic investment in tackling CSE (Jago et al., 2011; Public Health England, 2019; Sen, 2017). Not only is it difficult for practitioners to recognise CSE, but young people themselves do not report their experiences due to stigma, feelings of shame and/or fear (Shepherd & Lewis, 2017), and many are not aware that they are being abused and do not identify their experience as exploitation (Barnardo's, 2011; Mason-Jones & Loggie, 2019). There are higher rates of reporting and prevalence in areas where professionals have more in-depth knowledge of CSE and seek to look for CSE (Ascent & Woman and Girls Network [WGN], 2020), which highlights the importance of awareness raising and training in this area.

It is estimated that CSE affects up to 5% of the general child and youth population worldwide (Ulloa et al., 2016; Panlilio et al., 2019). In 2016, the Office of the Children's Commissioner (OCC) led an inquiry and identified 2409 children who were known to be victims of CSE by gangs or groups, and a further 16,500 children at risk of CSE. These figures were from a 14-month period from August 2010 to October 2011 (Berlowitz et al., 2013). The Metropolitan Police Service provided data between November 2014 to

November 2015 and reported 333 CSE flagged offences and more than 1400 'at risk' reports. They found 95% were female, 48.5% of victims were white, and black victims were over-represented (28%). There was a strong connection with young people going missing (35%), looked after children (21%) and those not in school (21%) (The Mayor's Office for Policing and Crime [MOPAC] & National Health Service [NHS] England MBARC, 2016). It is important to note that these do not include online offences. In 2016, in the UK, over 360 children were trafficked for sexual exploitation, and there was an increase of 24% in the recording of contact child sexual offences by the police compared to the previous year (41,000 offences) (HM Government, 2017). Despite these high prevalence rates, most research state that their findings are underestimates of the scale of the problem (Shuker, 2013). Due to the difficulties in assessing prevalence rates outlined above, it is important to note that many of these statistics are over 5 years old, so they may not be reflective of the current CSE rates in the UK. No recent research has assessed prevalence rates.

## **1.2. Personal Context**

This research topic is grounded in personal and professional experiences. My interest in CSE has developed from working in a CSE service prior to undertaking doctoral study. This involved working within residential homes for looked after children and young people who had been sexually exploited. Prior to this, I worked within a voluntary service which supports children and young people at risk of sexual exploitation and provides support to adult sex workers. I have attended extensive training on CSE and trafficking, and followed the big case reviews across the UK, and it is a subject I am passionate about. My time in these roles helped me to explore my own perceptions and misconceptions of sexual exploitation. I was humbled by the stories I was privileged to hear, and I ended these roles with an acute awareness of the impact of sexual exploitation on an individual level, as well as the similarities seen with CSE and adult sex workers. When exploring what topic to investigate for my doctoral research, I was interested in combining my knowledge of psychology with the understanding of CSE I gained from working with victims.

I found in these roles that there were some professionals who had negative attitudes towards these individuals experiencing sexual exploitation, which affected the support they received and the view that individual had of themselves. I also found that many of the children who were in care had been moved from their home and placed into residential care within rural settings to ensure their safety and protect them from CSE, with a focus on moving the victim instead of the perpetrator. Having previously worked in care settings and now working in educational settings as a Trainee Educational Psychologist (TEP), I wanted to explore school experiences of CSE victims and what perceptions educational professionals had of them. I was also interested in the practical application of how schools can further support young people being sexually exploited. I found that, with researching CSE, I have been able to explore the field in greater depth and develop a wider understanding of practice across different professions.

As a result of my previous experiences, I have several beliefs about CSE which may influence the research. Researchers should be aware of their own assumptions and views and recognise the risk of bias which may occur because of these views, and take steps to mediate against this (Gabriel, 2015). I am aware that I have the following beliefs: I believe that there is not enough awareness and support for young people experiencing CSE, and there is a misunderstanding by the public and professionals which can lead to victim blaming. I believe that more support should be provided to a CSE victim going through the criminal justice system, and that school can be a good place of support for victims of CSE. I believe that training and awareness raising of CSE is vital to change misconceptions, and that EPs are well placed to support schools and young people experiencing CSE, which shall be an area I will explore further below.

### **1.3. Current Context**

This research was conducted between April 2020 and April 2022 (see appendix 1 for timeline). This was during the covid-19 pandemic, and as a result data were gathered through virtual means. The research was produced during an uncertain time, with school closures during lockdowns and added pressures on

schools to combine a blended learning approach (virtual and in person). There had been an increase in children and young people's vulnerability to child sexual exploitation due to the covid-19 pandemic, and a reduction in the safeguards in place to protect children and young people (Romanou & Belton, 2020). Therefore, research into CSE was well-timed to reflect these added difficulties, however it meant that data collection was difficult due to the added pressures and limited time school staff were able to offer to participate in research.

#### **1.4. Research Aims**

This research aims to explore CSE, specifically regarding the support available within educational provisions, seeking perspectives from both school staff and from survivors of CSE. Findings presented in this study will be of interest to school staff and educational psychologists (EPs) who are looking to support children or young people who are at risk of/experiencing CSE and their families. My research journey and findings may be of interest to other researchers who are working in the field of CSE, as well as those working within social care and virtual schools.



## **Chapter 2: Literature Review**

This chapter will outline the literature around child sexual exploitation (CSE) exploring the impact and risk factors, including early trauma, disability and looked after children, as well as exploring the psychological theories which underpin this. This is all within the context of Adverse Childhood Experiences (ACES) (Felitti et al, 1998). I shall explore the perceptions and misconceptions about CSE, and the challenges of engagement with this population. I shall then discuss the interventions (including awareness raising, systemic interventions and relational approaches), with reference to the contextual safeguarding framework. Finally, I shall explore the literature around education and CSE and present the significant 'gap' in the literature.

### **2.1. Literature Search Procedure**

A systematic search strategy was performed in order to identify relevant studies. A literature search with the term 'child sexual exploitation AND education' was used on the search engine Google Scholar which yielded 7,700 results. This reduced to 3,570 results when exploring literature since 2017.

Multiple databases (PubMed, EMBASE, ASSIA, SCOPUS, PsychINFO, MEDLINE, ProQuest, Cochrane Library) were searched using the terms below:

("child sexual exploitation" or "intrafamilial abuse" or "sexual abuse" or "adverse childhood experiences") and (education\* or SEN\* or "educational provision")

No restrictions were placed on age of participants, study type, language, or population type (e.g., general population or selected for a relevant characteristic). The search looked at studies between 1975 (lower limit of databases) and up to March 2022 (census point).

Further potentially relevant articles were searched using other sources such as manually searching through reference lists of retrieved papers and a 'google' search was conducted.

## 2.2. Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) refer to *“highly stressful, and potentially traumatic, events of situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust, or bodily integrity”* (Young Minds, 2018, pg. 1). This can include physical, sexual, or emotional abuse, physical or emotional neglect, living with someone who abuses drugs or alcohol, has gone to prison or suffers with serious mental health, exposure to domestic violence, and losing a parent through divorce, death, or abandonment (Manchester University NHS Foundation Trust, 2021). A study was conducted in the UK on prevalence of ACEs by Bellis et al. (2014) and they found that 47% of the population experienced at least one ACE and 9% experiencing four or more. A UK systematic review by Walsh et al. (2019) found a link between socio-economic status and ACEs, with the lower the child’s socio-economic position, the greater risk of ACEs and maltreatment.

The impact of ACEs may include difficulties in forming attachment relationships (including friendships), increased risk of health problems (e.g., cancer and heart disease), increase in risk of mental health problems (e.g., anxiety, depression, post-traumatic stress disorder), risk of violence and becoming a victim of violence, ability to recognise and manage emotions and ability to manage behaviour in school settings (Manchester University NHS Foundation Trust, 2021). The longer an individual experiences ACEs and the more ACEs they experience, the bigger the impact on their development and health (Manchester University NHS Foundation Trust, 2021; Hughes et al., 2017; Felitti et al., 1998). A USA based study (Schickendanz et al., 2018) found that parents who had a greater exposure to ACEs (four or more), were more likely to have children with behavioural difficulties (including hyperactivity and emotional disturbance) which highlights the impacts on future generations.

It is important to note that the relationship between ACEs and outcomes is associative, instead of deterministic. Therefore, just because someone has experienced multiple ACEs, does not mean they will experience poorer outcomes. People can experience adversity in different ways due to their individual circumstances, their personality and the resilience and support available to them (please refer to ‘resilience section below for more

information), and other factors can influence the outcomes. The methodology of the studies into ACEs is to focus on the population level, so results cannot be used to predict individual level outcomes. Research examining the protective factors with CSE is limited, as well as research exploring variables which indicate reduced risk (Brown et al., 2016), however, there is evidence to suggest that the impacts of ACEs can be mitigated by some forms of childhood support, such as having a “trusted adult” (Bellis et al., 2017, 2018). One criticism with the ACEs framework is that it fails to consider these other protective factors and does not include other areas of childhood adversity, such as structural and social inequalities, which are also associated with poorer outcomes (Welsh Government, 2021).

### **2.2.1. Developmental Trauma**

CSE is an adverse childhood experience and considered a traumatic event for the victim (Ascent & WGN, 2020), so theories of trauma can be applied here.

Developmental trauma was described by Van der Kolk (2005) as the consequence of early traumatic experiences such as abuse and neglect. There is a large amount of evidence to show that children who have experienced developmental trauma can have long term consequences, including behavioural, emotional, and cognitive difficulties (Spataro et al., 2004; Lyons et al., 2020). Exposure to childhood trauma has been found to link to childhood and adult psychopathology, including attention deficit and hyperactive disorder (ADHD), depression and anxiety and personality disorders (Cummings et al., 2012), as well substance misuse (Dye, 2018; Lyons et al., 2020), self-harm (Mind, 2021; Lyons et al., 2020) and incarceration (Dye, 2018). Early trauma can lead to difficulties with impulse control, displaying aggression, and having difficulties with interpersonal relationships (The National Child Traumatic Stress Network [NCTSN], 2010; Lyons et al., 2020). Children may also find it difficult to concentrate and their academic attainment may suffer because of this (Van der Kolk, 2005). Traumas have a cumulative effect with multiple traumas continuing to cause problems throughout childhood, adolescence, and adulthood (Van der Kolk, 2005).

Childhood trauma can cause several neurological effects, including impairments in self-regulation capacity, attention and memory processing, reasoning,

regulation of emotions, being able to select information and control impulses (Assogna et al., 2020; NCTSN, 2021; Van der Kolk, 2005; Lyons et al., 2020). Cabrera et al. (2020) reviewed neurological research on the impact of trauma and found that child maltreatment is linked to problems with the function and morphology of several brain structures including the amygdala, hippocampus, hypothalamic–pituitary–adrenal (HPA) axis and corpus callosum (Bernard et al., 2017; Teicher et al., 2004), which means there are implications for working memory, processing speed, language, visual-spatial areas, and motor skills. There is also evidence to suggest that childhood trauma can lead to the development of later-life neurological and neurodegenerative disorders such as dementia (Assogna et al., 2020). However, there are some limitations with research into neurological effects of trauma as some results are mixed and imprecise, and it is difficult to separate the effects between chronic stress and trauma, as these are often intertwined, which may reduce the ecological validity of these findings (Thomason & Marusak, 2017).

Although attachment style and social support can impact on the long-term impacts of trauma, it can also aid in developing post-traumatic growth and healing from post-traumatic stress disorder (PTSD) (Volgin & Bates, 2016). A healthy secure attachment can allow the individual to begin to trust that someone will be there to support them as they process their traumas (Volgin & Bates, 2016). This emphasises the importance of trauma-informed interventions for young people affected by CSE, with psychological support for the trauma symptoms (Laird et al., 2020).

Trauma bonding (also known as Stockholm syndrome) can also occur between a victim and their abuser and refers to a deep bond which forms between them. This means that victims of CSE can have a strong sense of loyalty towards their abuser, which may make it difficult for them to detach from their abuser (Parents Against Child Exploitation [PACE], 2021).

### **2.2.2. Attachment Theory**

Attachment theory was created by Bowlby (1969) and refers to the attachment infants have with their primary caregivers based on their early experiences. This early attachment shapes their experiences of interpersonal relationships throughout their life. Inconsistent or unavailable caregivers (Goodman et al.,

2010), as well as early life traumatic events can disrupt the formation of secure attachments and cause more trauma-related symptomology in adulthood (Ogle et al., 2015).

Attachment theory is a relationship-based theory of child development (Howe et al., 1999), moving away from within-child explanations of behaviour and exploring relationships and the environment (Slater, 2007). It can be useful in exploring the meaning behind behaviours (Geddes, 2005), making links between past and present experiences (Lopez, 1995). Bowlby (1969) suggested that early experiences build 'internal working models' which allow the individual to anticipate the future and affect their behaviour in the situation. There is a focus on a felt need for security (Cortina & Marrone, 2003) and meaningful relationships consisting of attention, care, and love (Smith et al., 2017). Interventions tend to focus on improving the existing caregiver relationships or introducing a new consistent and emotionally available caregiver (Cicchetti et al., 1995). Attachment theory is interdisciplinary and draws upon developmental psychology, neuroscience, cognitive psychology, social constructionism, and narrative psychology (Slater, 2007).

Attachment theory has been described as mechanistic and reductionist (Fonagy, 2001). It can be pessimistic in that a difficult attachment in childhood is predictive of negative outcomes in later life (Slater, 2007). However, Bowlby's later work was less deterministic and pessimistic, and emphasised risk and resilience factors within the child's social and emotional development (Bowlby, 1988). There have been criticisms of the role of the mother in attachment theory; in western society mothers are usually the primary attachment figure, which could mean blame is attached (Slater, 2007). There are also difficulties when diagnosing children with attachment disorders, as it is pathologising children who have had a disruptive start in life (Slater, 2007).

Bowlby later reframed his theory to explain child development as about understanding the interactions between internal and external factors, and the idea of developmental pathways instead of specific stages of development (Smith et al., 2017). Waddington (1957) developed this concept of developmental pathways. This views the child as going along a number of possible and discrete pathways, some of which are more helpful and promote resilience, and others which can be unhelpful and provide vulnerability. When a

child has been traumatised within their relationships, as may be the case with CSE, that child can move away from the optimal pathway, however they are still able to overcome difficulties and any positive experiences they have can push them more towards the more helpful path. This approach is optimistic about the outcomes of children who have had adverse childhood experiences. Rutter et al.'s (2007) studies of children adopted from Romanian orphanages showed how those who had early poor attachments can recover from their early deprivation when given warm and loving care and stimulation.

When using attachment theory within the context of CSE, it is important to explore the developmental pathways and individual factors. Research has found that individuals with insecure attachment styles are more likely to experience sexual exploitation (Senn et al., 2008). This is characterised by a need for approval, sensitivity to threats of abandonment, and fear of rejection, meaning they can become targets for abusers (Tremblett et al., 2018). Individuals who have experienced complex trauma (such as that associated with sexual exploitation) can struggle with attachment security (Cohen et al., 2012). However, individuals differ in how their past experiences affect their present self-concepts, which means there may be differences between children in how early relationships affect later ones (Main et al., 1985). The term 'fractured protective shield' refers to when individuals who experience trauma in childhood lose their confidence in the ability of other trusted adults to help protect them (Dittmann & Jensen, 2014). This is important to consider when working with children and young people who have been sexually exploited (Tremblett et al., 2018). Attachment theory and developmental pathways both highlight the importance of building positive and trusting relationships to support this population (Brown & Harris, 2012).

### **2.2.3. Resilience**

There is variability in impairment following from ACEs, which suggests that some young people may be more resilient (Afifi & MacMillan, 2011). A review conducted by Afifi and MacMillan (2011) found when exploring the protective factors of child maltreatment, that family-level factors of a stable family environment and supportive relationships were linked to resilience. They also found that individual factors, such as personality traits, also linked to resilience.

Factors which are associated with resilient outcomes in young people from high-risk environments include: individual factors, such as intelligence and problem-solving skills, hope and optimism, self-control, ability to plan and motivation to succeed; relationship factors, such as effective caregiving and parenting quality, close relationships with capable adults, and close friends and romantic partners; and social system factors, such as effective schools and communities which provide resources and protection (Masten, 2001).

A criticism of the ACEs model is the focus on deficits, and the assumption that children and young people from high-risk backgrounds are damaged in some way and need to be fixed (Ellis et al., 2017). The adaptation-based approach to resilience focuses on identifying the specific cognitive abilities that are enhanced when children and young people have grown up in harsh, unpredictable conditions (Ellis et al., 2017). This approach explores the strengths and abilities which develop in response to high-stress environments and takes on an evolutionary-developmental approach (Ellis et al., 2017).

Research with birds, rodents and humans suggests that having developmental exposures to stress can improve forms of attention, perception, learning, memory, and problem solving that are useful in surviving in harsh, unpredictable environments (Ellis et al., 2017).

### **2.3. Impact of CSE**

Sexually exploited young people are often psychologically controlled and manipulated by their abusers and can experience rape, extreme physical violence, and isolation (Flowers, 2001). This can have significant negative impacts on the child or young person's health and wellbeing, and have long-term effects (Segal, 2015).

Health impacts of CSE include physical injuries (Beckett et al., 2017), issues with diet (McClelland & Newell, 2013), sexually transmitted infections (Martin, 2016; Chang et al., 2015; Beckett et al., 2017), gynaecological consequences for females (Beckett et al., 2017), as well as becoming pregnant at a young age (National Society for the Prevention of Cruelty to Children [NSPCC], 2021).

Emotional trauma and mental health problems are common for victims of CSE, including depression (Beckett et al., 2017), suicidal ideation (Fedina et al.,

2019; Oram et al., 2015; Saewyc & Edinburg, 2010; NSPCC, 2021; Beckett et al., 2017), self-harm (Beckett et al., 2017; McClelland & Newell, 2013), drug and alcohol abuse (NSPCC, 2021; Beckett et al., 2017; Edwards et al., 2006; Kaestle, 2012; Hallett, Verbruggen et al., 2019; McClelland & Newell, 2013), and PTSD (Beckett et al., 2017).

A longitudinal quantitative study was conducted by Lanctôt et al. (2020) to compare post-traumatic stress symptoms in children who had experienced CSE and those who had not. This was a Canadian study, with female participants who were placed in a residential setting between the ages of 12 and 17. They found that those who had experienced CSE had higher levels of post-traumatic symptoms, anxious arousal, intrusive experiences, defensive avoidance, and dissociation. They concluded that CSE intensifies the existing vulnerabilities which are already present in this population. They also found that age was negatively associated with PTSD symptoms, with younger adolescents having higher levels of symptoms. The researchers, however, did not account for childhood traumatic experiences, which may have contributed to the PTSD symptoms, and not just CSE in isolation. Also, they did not look at the contextual factors around the CSE, e.g., when it occurred, what age they were, frequency and the duration, which may have impacted upon their symptoms.

CSE has also been associated with poorer outcomes in later life, including low educational attainment or dropping out of education (Beckett et al., 2017; NSPCC, 2021; Hallett, Verbruggen et al., 2019), engaging in criminal behaviour (Beckett et al., 2017; NSPCC, 2021; Hallett, Verbruggen et al., 2019), involvement in adult sex work (Beckett et al., 2017), difficulties in forming future relationships (Beckett et al., 2017; NSPCC, 2021), experiencing unemployment and homelessness (NSPCC, 2021; Hallett, Verbruggen et al., 2019), and an increased risk of experiencing violence or abuse (Beckett et al., 2017; Hallett, Deerfield et al., 2019).

## **2.4. Risk Factors**

### **2.4.1. Vulnerabilities**

Any child or young person can be exploited, with boys at risk as well as girls (Barnardo's, 2011). However, research has shown that a number of factors can



increase a young person's vulnerability to CSE (Scott, 2001; Cusick, 2002; Clutton & Coles, 2007; Reed et al., 2019). Perpetrators target more vulnerable groups, such as those who are in care (Beckett et al., 2017; Barnardo's, 2011), particularly residential care (Barnardo's, 2011; Jago et al., 2011), those who are disengaging or excluded from their school (Beckett et al., 2017; Clutton & Coles, 2007; Barnardo's, 2011; Ashby et al., 2015), and those with difficulties with drug or alcohol misuse (Barnardo's, 2011; Beckett et al., 2017; Clutton & Coles, 2007; Ashby et al., 2015). Other vulnerability factors include; having a physical or learning disability (Franklin & Smeaton, 2017), having experienced neglect, physical and/or sexual abuse (Clutton & Coles, 2007; Beckett et al., 2017; Barnardo's, 2011), lack of a stable or safe home environment (e.g. parental substance misuse, mental health issues or criminality) (Clutton & Coles, 2007; Beckett et al., 2017; Barnardo's, 2011; Ashby et al., 2015), gang association (Beckett et al., 2017), recent bereavement and loss (Beckett et al., 2017), social isolation or social difficulties (Beckett et al., 2017), lower economic status (Cusick, 2002), and going missing (Lerpiniere et al., 2013; Clutton & Cole, 2007; Beckett et al., 2017; Ashby et al., 2015). It is outside the scope of this literature review to go into the level of detail about these factors, but early trauma and abuse, disability, and looked after children shall be explored in more depth below.

Laird et al. (2020) conducted a meta-analysis to explore what risk factors are associated with CSE. They found that from 37 studies (67,453 participants), 52 factors were associated with child sexual exploitation. The strongest factors significantly associated with CSE were engagement in sexual risk behaviours, having more than five sexual partners, a diagnosis of post-traumatic stress disorder, historical exposure to child pornography and a history of child sexual abuse. Using a meta-analysis research design allows results from individual studies to be combined and identify consistent patterns which can produce a more reliable estimate of effect (Fagard et al., 1996). However, most of the data in this study came from criminal records and child protection records, so it may bias generalisability to the wider population. On the other hand, Brown et al. (2016) argues that there is very little evidence that any 'vulnerabilities' are linked to a higher chance of being sexually exploited.

The term 'toxic trio' has been used to describe a combination of three vulnerability factors which are identified as indicators of increased risk of harm to children and young people. These factors include domestic violence, parental mental health issues and/or learning disability and parental alcohol or drug misuse (Brandon, 2009). This term has become dominant in children's social care in England, and within the family justice system, child protection assessment processes and national data collection (Skinner et al., 2020). Research has shown an increased risk to CSE with an unstable family environment or having suffered neglect (Clutton & Coles, 2007; Beckett et al., 2017; Barnardo's, 2011; Ashby et al., 2015), but no research to date has specifically looked at the combination of these three factors in relation to CSE. It is worth noting that research by Skinner et al. (2020) found in their systematic review of 20 studies that there was little evidence of the incidence of the three factors in combination with regards to child maltreatment. They found that these studies did not take contextual factors into account, such as socioeconomic circumstances or the ethnicity of the families, or children's ages. They argue that the 'toxic trio' is oversimplifying the factors involved in child maltreatment, and more attention should be given to other significant factors. This is in line with research which suggests the risk factors associated with CSE is multi-factorial (Mason-Jones, & Loggie, 2019; Brown et al., 2016), and showing the importance of individual contextual factors (Reed et al., 2019).

#### **2.4.2. Early Trauma**

Literature suggests there is a link between previous trauma and CSE, with victims of sexual abuse being five times more likely to experience CSE (Hallett, Deerfield et al., 2019). A meta-analysis conducted by Laird et al. (2020) found that the strongest factors associated with CSE are having experienced trauma and violence prior to exploitation and consequently suffering from psychological symptoms. They also found that signs and symptoms associated with trauma such, aggression or hostility towards others, anxiety, emotional dysregulation, and psychological distress are also associated with an increase in the likelihood of CSE, as is having a diagnosis of PTSD. Furthermore, their findings showed that early, risky, and abusive sexual behaviours such as sexual risk-taking behaviours, multiple sexual partners, and exposure to child pornography,

increases the likelihood of CSE six times more than if a child did not have these experiences.

Research has found that early experiences of sexual violence may mean that the child or young person has a distorted view of interpersonal relationships (Read & Mayne, 2017; Green, 1993), sexual risk is normalised (Homma et al., 2012), they have strong stereotypes about sex and violence (Semahegn et al., 2019), and it perpetuates the ongoing repeated exposure to violence and/or abuse (Wyatt et al., 1992). Cecchet and Thoburn (2014) interviewed six females who had experienced CSE in the USA and found that those who lacked safe and secure childhood attachments, and felt unloved, were more vulnerable to exploitation. However, this is a small sample size and had no comparison group so there are issues with generalisability.

Hallett, Deerfield et al. (2019) did a quantitative comparative study to explore the differences between children who had experienced CSE and children who were displaying harmful sexual behaviour. This study included 1550 children (1319 experienced CSE, 231 displaying harmful sexual behaviour) from two services across Wales. They compared demographic characteristics and abuse histories and found similar patterns of having experienced prior abuse and having a family history of domestic abuse. They did, however, find clear differences in terms of gender, with more females having experienced CSE, and more males displaying harmful sexual behaviour. This suggests that when having suffered previous abuse, gender may be an important factor in the trajectories of these young people. Other research has also found that CSE and harmful sexual behaviour are both associated with high levels of prior trauma and abuse experiences (O'Neill, 2001; Hackett et al., 2013; Almond et al., 2006).

### **2.4.3. Disability**

Studies have shown that young people with disabilities are at particular risk of CSE, particularly those with intellectual or learning disabilities (Franklin & Smeaton, 2017; Jones et al., 2012; Brown et al., 2016). A retrospective study was conducted by Roberts et al. (2015) to explore the link between Autistic Spectrum Disorder (ASD) and abuse in a sample of 1,247 mothers. They found associations between autistic traits and experiences of abuse, trauma, and

PTSD, with those who had the highest levels of autistic traits having 1.5 times the prevalence rate of sexual abuse. This study encompasses both CSE and child sexual abuse, so it is not possible to distinguish whether the association is with CSE specifically. Franklin et al. (2015) stated that young people with ASD may have a limited understanding of social cues and social interaction, which can make some young people more socially isolated and thus more at risk of grooming and exploitation.

Franklin and Smeaton (2017) completed a mixed methods study to examine the identification of, and support for sexually exploited young people with learning disabilities. This included Questionnaires to all local authorities in the UK and some services supporting vulnerable or disabled children, and interviews with young people with learning disabilities who were at risk of, or had experienced CSE, and professional stakeholders. They found that young people with learning disabilities were at particular risk of CSE due to several multi-layered factors, but mostly due to the entrenched way that society views and treats young people with learning disabilities. Their findings showed that there were more barriers to protection, the young people did not receive enough information or education of sex, relationships and how to keep safe, and professionals failed to recognise CSE within this group. They concluded that little is known by professionals about how to protect, identify or support these young people with learning disabilities experiencing CSE, and there is a need to tackle social isolation, disempowerment, and the invisibility of young people with learning disabilities.

Other research has shown that adults can fail to take reports of CSE from young people with learning disabilities seriously due to their disability (Franklin & Smeaton, 2017; Franklin et al., 2020). There is evidence that young people with disabilities are often seen as asexual and denied access to education (Alexander & Taylor Gomez, 2017; Eastgate, 2008). This lack of education about healthy sexual relationships can lead young people with disabilities to run away from home and engage in risky sexual behaviours, putting them at risk of exploitation (Franklin & Smeaton, 2017, 2018; Reid, 2018).

#### **2.4.4. Looked After Children**

Looked After Children (LAC) are at a significant risk of CSE (Beckett et al., 2017), with residential provisions increasing that vulnerability (Jago et al., 2011). There is an over-representation of LAC girls in cases of CSE, due to the pre-existing vulnerabilities, often because of trauma in their childhood (Cooney & Regowski, 2017). Children residing in care are more likely to have experienced prior adverse childhood events, have difficult relationships and attachment, and more likely to have experienced traumatic events (La Valle et al., 2016).

Hallett (2016) conducted a qualitative study whereby children and young people in care with experiences of CSE were interviewed to see how they made sense of the problem of CSE. She found that the young people experienced being in care or involved with social services as part of the problem. They felt unwanted and unacknowledged and therefore looked for care, relationships, and attention elsewhere, which made them vulnerable to CSE. The author found that some of the needs of the children and young people were being met by the exploiters. This shows how CSE needs to be understood in the context of the young people's lived experiences of authority and power relations with the adults around them.

There is evidence to suggest LAC experiencing CSE have more negative educational outcomes. Hallett, Verbruggen et al. (2019) found with children experiencing CSE, that placement moves and regularly running away were risk factors for poor educational outcomes, with the more placement moves a young person experienced, the more likely they were to not be in education or employment. Similarly, Coy (2009) found that frequent placement breakdowns limited the young people's capacity to develop trusting relationships by others and led them to be vulnerable to exploitation. This supports research by Sebba et al. (2015) who found with LAC that school changes and placement changes are both risk factors for educational outcomes, with the longer the placement, the better the outcomes. There is an assumption that moving children who have been sexually exploited from their community and placing them in remote areas keeps them safe, but there is no evidence to support this (La Valle et al., 2016).

## **2.5. Perceptions and Misconceptions**

Despite the guidance in 2000 (Department of Health et al., 2000), which aimed to start treating children and young people involved in CSE as victims of abuse and as children in need, instead of being criminalised, research has still found that there are judgemental attitudes from professionals (Capous Desyllas, 2013; Warrington, 2013; Pearce, 2013), and children and young people are being stigmatised (Orchard et al., 2013; Taylor-Browne et al., 2002; Brown, 2006). There has been a culture of disbelief, with children and young people affected by CSE not being taken seriously, often being misunderstood and negatively viewed from services and the wider community (Cody, 2015). Parents can also be blamed for the exploitation (Cooney & Rogowski, 2017).

Ascent and WGN (2020) have highlighted some of the practice-based issues around CSE, which have come from serious case reviews. This includes staff failure to recognise CSE, being in denial about the issues, having negative professional attitudes, labelling the young people and victim-blaming.

Professionals have been found to fail to engage the young person, and tend to work in isolation, forgetting the importance of the child at the centre (Ascent & WGN, 2020).

Professionals can sometimes identify behaviours of the young people being exploited as “being a teenager” or making an active lifestyle choice, which prevents them from using their professional curiosity and instead dismissing the young peoples’ problems (Beckett et al., 2017). Professionals can see the young people as consenting to their abuse, with false assumptions being made about experimental sexual activity, instead of seeing it as abuse, exploitation, and violence (Jago et al., 2011; Cody, 2015; Cooney & Rogowski, 2017). Some professionals are unable to see the context around the abuse and that the young person being exploited is implementing survival strategies or has a constrained choice (making that choice from a position of vulnerability, fear or need) (Beckett et al., 2017). Some research has shown that professionals can have a lack of awareness, display stigma, or be in denial about CSE (Goldblatt et al., 2012), and sometimes have a reluctance to engage with these young people (Beckett & Schubotz, 2014). Research by Rawden (2019) found that there have been incidences of blaming, excluding, and misunderstanding young women who have experienced CSE, by educational professionals. On the other

hand, La Valle et al. (2016) found that attitudes and awareness of CSE had improved, with wider recognition of the systematic targeting and abuse of these young people, which led to an improvement in interagency work. However, this was a case study design, with interviews from 10 managers in residential care homes, so it may not be reflective of the wider national picture.

Buller et al. (2020) conducted a systematic review to explore the social norms, attitudes, and beliefs about CSE in different countries. They assessed these across different levels (the individual, social and structural). They concluded that interventions were needed to address harmful norms, negative attitudes, and factual beliefs which they found to be underpinning CSE. Some ways to address this include; a) on an individual level; to hold critical reflection groups to help young people identify and achieve long term aspirations, and to make informed sexual decisions, b) on a social level; to challenge the norms about male entitlement to sex, to increase awareness about girls not being to blame for CSE and that boys and disabled young people can be exploited, and c) on the structural level; to support areas suffering from poverty as there is a lack of access to resources, young people face peer pressure to obtain status goods and families expect them to contribute financially.

### **2.5.1. Young People and Family Views**

Hallett (2016) conducted interviews with nine young people (between ages of 14 and 17) who been sexually exploited, and all were involved with statutory services. Eight of the participants were, or had previously been looked after children, and all participants had experienced placement moves. Their findings showed that the young people felt shame, powerlessness and intimidation by their carers and social workers, and had a fear of exposure (of their information) and being judged. This study uses a very small sample with identified cases, so there may be issues with generalisability.

Similarly, Brown (2004) found when talking to young people affected by CSE, they felt stigmatised, isolated, and marginalised: *“People look down their noses, call you names like walking disease, junkie, easy lay and some people think it’s ok to rape us”* (Brown, 2004, p.6). It can make it difficult for children and young people being exploited to escape exploitation and seek help if they are seen as

“problematic” or “putting themselves at risk” (D’Arcy & Brodie, 2015; Josenhans et al., 2020).

Parents of young people who have been sexually exploited can be seen as partially to blame. This is due to the ‘default position’ of seeing most abuse occurring within the family and seeing parents as part of the problem, and with focusing on the young person as an individual, not a family-based approach (Scott & McNeish, 2017). Some parents can blame themselves for not realising sooner what was happening or feeling guilty about what they could have done differently to help their child (Palmer & Jenkins, 2013).

There is evidence that parents and carers of children and young people being sexually exploited want to support their child through the experience and aftermath, and could be powerful allies for schools (Rawden, 2019). Scott and McNeish (2017) conducted a systematic review to explore the support parents receive with regards to CSE, and what support they would need. They found that some parents encountered negative, blaming attitudes from professionals within statutory services. When asked, parents want respectful, honest relationships with supportive professionals who have some understanding of what they are experiencing. They want to be seen as part of the solution, not blamed as causing the problem. The authors state the importance of services supporting parents in tandem with support for the child. This includes support for their relationship with their child, to improve their knowledge around teenage culture and behaviour, as well as CSE, and how parenting approaches can help; to support their emotional needs including dealing with the trauma of CSE; support with dealing with systems (such as police, safeguarding and/or legal systems); and building their resilience, including building social networks within the wider family network and community. This systematic review includes only parents, so it may have been useful to include carer views. Also, it is focusing on parents who want to support and safeguard their child, so will not be reflective of all parents who have a child experiencing CSE.

These negative attitudes about CSE can lead to stigma. Stigma is described by Erving Goffman (1963) as an individual who is not socially accepted due to an attribute which is discrediting. Stigma can separate individuals from another based on a socially constructed judgment that some people or groups are ‘less than’ others (Pescosolido et al., 2008), which can lead to negative beliefs and



stereotypes (Jones et al., 1984). Goffman (1963) described stigma as affecting macro-level interactions, with those being stigmatised wary of engaging with those who do not share their stigma, and those without the stigma either belittling, ignoring, or attempting to over-compensate for in their interactions with the stigmatised individual. This could explain why some children and young people being sexually exploited have little engagement in services and support. Research has documented the negative implications of stigma on self-esteem, mental health, physical well-being, academic achievement, low social status, poverty and reduced access to housing, education, and jobs (Allison, 1998; Braddock & McPartland, 1987; Clark et al., 1999; Yinger, 1994).

### **2.5.2. Professional Views**

Research has explored the views of different professionals. A USA study explored school nurses' role in identifying CSE within schools and found that although they were well-placed to do this, there was a lack of awareness, stigma, or denial about the problem. The authors stated that more education was needed to increase their awareness so that they can support young people (Goldblatt et al., 2012).

Jago et al. (2011) collected questionnaire data from 104 practitioners within local authorities in England. They wanted to explore the success of implementation of the government guidance on safeguarding children and young people being sexually exploited. Not only were three quarters of the safeguarding children's boards in England not implementing the guidance and failing to safeguard the children and young people, but the authors were also concerned about the views that practitioners had regarding the young person's apparent consent to abuse. This was especially the case in young people over the age of 16, or with cases of boys and young men when false assumptions of experimental sexual activity can conceal the abuse, violence, and exploitation. As the researchers included all local authorities in England, it provides a national snapshot of CSE, however does not show what CSE is like in the devolved nations. The data were also triangulated with findings from previous research which added to the validity of the findings.

Beckett and Schubotz (2014) interviewed 110 professionals to explore professionals' views on how statutory services can better respond to incidences

of known or suspected CSE. They found that there were varying levels of awareness and understanding amongst professionals about indicators of risk and being able to identify young people being sexually exploited. Some professionals were reluctant to engage with the young people due to the complexities of sexuality and associated risks in adolescence. The authors highlighted a need for specialist training on CSE and sexual violence for all professionals working with young people.

## **2.6. Challenges of Engagement**

There are low levels of disclosure and engagement with young people who have been sexually exploited. There are a number of factors for this including; not realising what they are experiencing is abusive, having emotional ties or loyalties to the perpetrator, feelings of guilt or shame, being threatened or blackmailed, not knowing where or who to go to for help, lack of confidence in services abilities to help them, worried of being judged or not believed, not wanting to lose what they are gaining from the abuse (e.g. money, alcohol, perceived affection, etc.), and the fear of the reactions they may get from their family or community (Beckett et al., 2017). However, research by Rawden (2019) found that some young people wanted and asked for help in school but felt let down by professionals.

It can take a long time for a young person to disclose their abuse, and this is dependent on having a good rapport and trust with the professional (La Valle et al., 2017; Ahern et al., 2017). McLeod (2007) found in their qualitative research that unsuccessful interactions between young people and social workers were due to power plays and the young person resisting the adult's agenda and trying to impose their own. The author argued that the adult needs to accept that their agenda may be flawed and be willing to consider alternative possibilities to make the interaction more successful. This shows the importance of challenging pre-conceptions of individual workers.

Cody and D'Arcy (2019) looked at the value and challenges of youth participation. They argued that children and young people who have been affected by CSE have an important role to play in shaping practice and policy. However, this can be complex as the practitioners need to have the training,

resources, and support so they have the confidence and skills to engage young people ethically and meaningfully. Similarly, research by Lefevre et al. (2019) found when interviewing young people experiencing CSE that they either felt they were not protected, felt ignored by practitioners, the professionals breached their confidentiality, had their social lives constrained, and felt their sexual lives were policed. The authors argue there is a conflict between protecting children and ensuring their liberty and wishes. There is a bigger focus on protection than the children having a right to a voice about how they are protected and what factors will help them with that. This can alienate the young people whereby they become more secretive about their activities, disengage from interventions, run away more, and can become further drawn into exploitative situations. This highlights the need of balancing protection and voice/participation with the young person.

## **2.7. Interventions**

### **2.7.1. Educational / Awareness Raising Interventions**

Many researchers argue for the importance of awareness raising, training and guidance with professionals, young people, families, and the wider community (Jago & Pearce, 2008; Barnardo's, 2011; Beckett et al., 2017), with the need for schools to play a part in this (Jago et al., 2011). Some argue that there should be mandatory training for all professionals (Beckett & Schubotz, 2014), which would help to address misconceptions and myths, and challenge victim blaming, as well as provide information on where and how to report concerns and access support (Beckett et al., 2017).

Beckett et al. (2017) identified the importance of educating children and young people about the nature and risks of grooming, CSE, and other forms of harm, stating that this should start at primary school level and expand with their increasing age and developmental understanding. They state the critical role that education settings have in this, and can be achieved through personal, social, health and economic (PSHE) lessons, in a non-judgemental environment. Parents can also be supported to educate their children, to be aware of potential indicators of abuse and know how to access support. The authors also state that community education and awareness raising is

important, especially to encourage social change and reduce unhelpful stereotyping, harmful messages around blame and responsibility, and removing barriers to disclosure (such as community reputation, shame, or stigma).

There are educational programmes which are designed to reduce the risk of victimisation by raising awareness and teaching children practical skills of what to do in dangerous situations (Brown et al., 2016). A meta-analysis by Walsh et al. (2015) found that children of all ages who had participated in an educational programme in CSE were more likely to demonstrate protective behaviour in simulated situations than children who had not taken the educational programme. However, there is limited evidence of the long-term impacts of these educational programmes (Brown et al., 2016), and little evidence to suggest these school-based interventions reduce sexual violence (Bovarnick & Scott, 2016). Therefore, it seems that increased knowledge does not correlate with reduced victimisation by sex offenders (Eaton & Holmes, 2017), but can help to empower children with information, opinions, and attitudes about different topics (sex, porn, abuse, relationships, and consent) (Pearce, 2009b). Hallett, Verbruggen et al. (2019) found that relationship work is not successful unless done through a supportive relationship.

On the other hand, Eaton (2019) argues that these preventative approaches attempt to stop children from taking risks and reducing the vulnerabilities of children, focusing on changing the risk level of the child. This frames these young people as being the risk takers, instead of the perpetrators as the risk, so instead focus should be on stopping the perpetrator. Additionally, the researcher argues that the prevention techniques are using a deficit model of children, rather than a strengths-based approach. They focus on the vulnerabilities and experiences of the child, instead of focusing on their strengths, desires, skills, and talents. Once again, the perpetrator is ignored from this narrative, with the author arguing that although a child may experience multiple harms or vulnerabilities, they will not be sexually exploited unless they are targeted by a sex offender, therefore vulnerabilities do not lead to sexual exploitation, a sex offender does. The author argues this is victim blaming in practice. Therefore, any educational initiatives should take on a strengths-based approach which focuses on young people's capabilities (Bovarnick & Scott, 2016).

Weston and Mythen (2021) conducted a qualitative study to explore the efficacy and effects of a CSE awareness raising intervention, by interviewing professionals from a multi-agency team (within a police service). They found that the professionals' personal and experiential perceptions, as well as policy guidelines, affected the way in which this intervention was developed and delivered. They found that underlying moral and cultural assumptions influenced this intervention (such as viewing the young people as somehow responsible for lax decisions), and professionals' anxieties about childhood sexuality influenced their understanding about the nature of risk, who is at risk and the context in which risk manifests. Again, this shows the problems with negative perceptions on the part of professionals, and how this can impact upon the intervention aimed at supporting children and young people experiencing CSE.

Eaton (2018) campaigned to end using CSE films used in educational practices due to the harm they cause. These films which are used to show young people the dangers of CSE can be very graphic and show children being raped and murdered, and had never been ethically approved, tested, or evaluated. Although this was a campaign and not designed for research, the author was able to collect a vast amount of evidence from survivors of abuse, parents, and professionals about the harm they are likely to cause.

Therefore, it seems there are some discrepancies about the success of preventative educational interventions. Although awareness raising is important, and children and young people should be kept informed and educated about matters relating to them, the focus should not be solely on upskilling the young person so they can reduce their harm, but on the actions of the offender, and recognise the associated power dynamics (Eaton 2019). Allnock and Miller (2013) state that even the most 'educated' child can be sexually exploited and abused, and still feel too isolated and scared to disclose this to anyone.

### **2.7.2. Importance of Relationships**

It has been consistent within literature that positive, trusting, persistent professional relationships are needed to support children and young people experiencing or at risk of CSE (Beckett et al., 2017; Pearce, 2009a; Eaton & Holmes 2017; D'Arcy et al., 2015; CSE Principles Comics Project, 2017). For

example, in Gilligan's (2016) qualitative study with victims of CSE, the researcher explored what helps them to move on from CSE. The participants said that they need professionals who are friendly, flexible, persevering, reliable and non-judgemental. They also said that they would be unlikely to engage effectively with statutory services unless the services demonstrated that they would listen to them, protect, and respect them. A qualitative study explored the effects of counselling for young people and families affected by CSE, and they found that there were affective and relational improvements due to being able to talk openly in a caring, non-judgemental, and unpressurised environment, as well as receiving techniques and advice, using a holistic approach (Farr et al., 2021).

Hallett, Verbruggen et al. (2019) conducted a mixed methods study to assess risk factors, outcomes, and provisions in place for young people who have been sexually exploited within Wales. They found that the most positive outcomes were linked to those who had a supportive adult, highlighting the importance of having successful relationships. Similarly, Shuker (2015) found when exploring CSE in foster placements, that good relationships in foster homes were linked to reduced missing incidences and increased awareness of exploitation. This shows the importance of stable relationships in child protection.

Beckett et al. (2017) state that safe and consistent relationships are vital to promote resilience in an individual. This includes having trusting relationships with key adults to encourage their self-esteem and emotional awareness, as well as increasing self-efficacy. This involves working in partnership with children and young people, respecting their views, and empowering them to have their own agency to keep themselves safe. It is important to identify and support settings which have these healthy and safe relationships, such as schools and colleges. Similarly, Frost (2019) found from their qualitative study that building trust and good relationships is vital to support the needs of young people who have been sexually exploited and addressing their therapeutic needs with a person-centred relationship-based approach.

Peer mentoring has also shown to be effective in reducing the individual's isolation. Buck et al. (2017) collected qualitative data from 11 adolescents and young people (between ages of 12 and 18) who had experienced CSE and had peer mentors (young adults who had previously been victim to CSE). This

approach was successful as the young people felt they had a protective point of contact which made them feel valued, supported, and visible. The mentoring involved a relaxed, non-pressured, social approach, and the mentors are from their area and understand the problems they face. There was an investment of time and individualised support which helped to reduce the individual's isolation.

Kaestle (2012) found in their questionnaire completed by 20,000 adolescents, that school connectedness (being happy at school and feeling part of school) was a protective factor against adolescents going into the sex trade as young adults. This study does not specifically look at CSE though. La Valle et al. (2016) also found that education was a key protective factor for children and young people experiencing CSE who resided in residential care.

### **2.7.3. Systemic Level Interventions**

Many researchers agree that a person-centred approach is necessary when addressing CSE, which is strengths based (promoting resilience and protective factors), as well as accounting for the young person's wider needs and vulnerabilities (Beckett et al., 2017; Ascent & WGN, 2020; D'Arcy et al., 2015). There is a need to balance the needs of young people in terms of their freedom, self-determination, and sexual experimentation, whilst protecting them from harm (Beckett & Schubotz, 2014). Therefore, when looking at safety focused outcomes, approaches should focus on their physical, relational, and psychological safety (Shuker, 2013).

This involves collaborative working with different professionals across health care providers, schools, and social services to support the needs of the child (Beckett et al., 2017; Bruhns et al., 2018; Pearce, 2009a; Gatwiri et al., 2020). Others argue for an improvement in statutory responses and provision of services (Barnardo's, 2011).

A systemic approach recognises the socioeconomic and familial vulnerabilities (Pearce, 2009a), provides more targeted work with groups of vulnerable young people (such as those in care) and encourages parents and carers to seek support should they have any concerns (Beckett et al., 2017). This involves meaningful involvement of children and their families (La Valle et al., 2016). It is also important to recognise that the young person has a right to autonomy and freedom of choice (Pearce, 2009a).

For school settings, a 'whole school' approach is needed, which involves active parent engagement and multi-agency working (Beckett et al., 2013; Rawden, 2015; Humphreys et al., 2008). This includes reviewing school policies, having clear referral and support pathways, addressing sexual violence and bullying, ensuring staff have appropriate training in child protection and safeguarding, challenging attitudes around gender and relationships which underpin harmful behaviour, involving all members of the school community (pupils, teachers, school support staff, parents/carers, governors), and using collaborative approaches when delivering interventions which is tailored based on the needs of the audience and context (Bovarnick & Scott, 2016).

La Valle et al. (2016) found when assessing care homes, that they used different frameworks when working with the young people who had experienced CSE. Interviews were conducted with registered managers and other relevant staff (e.g., the CSE lead and psychologists) in ten English children's care homes. They found that the participants who had a model to follow found it helped them to understand their complex needs and behaviours in a context. These include a trauma-based approach, strengths-based approach, and behavioural approaches. The researchers stated that a framework was essential to the placement working for the young person and guiding practice and did not matter which framework they used.

Qualitative research conducted in the USA by Helpingstine et al. (2021) has found that professionals who work with CSE survivors can experience vicarious trauma and burnout. They interviewed 12 professionals who provided direct services to CSE survivors and found that almost all reported instances of burnout and vicarious trauma, and self-care strategies and peer support is essential in tackling the negative experiences. This highlights the importance of supporting the staff who are working with children and young people who have been sexually exploited.

## **2.8. Contextual Safeguarding Framework**

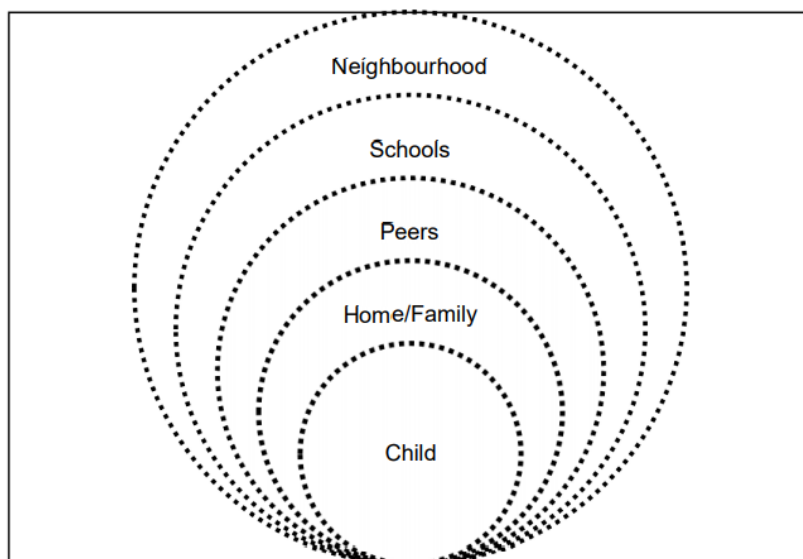
One framework for CSE which explores systemic factors is the contextual safeguarding framework which was coined by Firmin in 2015. This was introduced as an approach to understand and respond to incidences of abuse



that children and young people are exposed to in extra-familial settings. Through a series of case reviews (Firmin, 2017a) and action research in 14 local authorities in England (Firmin, Eastman, et al., 2019), it was decided that a framework was needed which saw the child/young person's behaviour in context. Professionals need to work together and ensure that any assessments or interventions work within these contexts when addressing abuse (Firmin, 2017b). Previously, work has involved relocating children or adolescents away from their schools and communities and doing 1:1 intervention to change their behaviours or build resilience (Firmin, 2017a; Hanson & Holmes, 2015; Sidebotham, et al., 2016). The contextual safeguarding framework hopes to move away from this within-child approach and to instead recognise the wider influencing factors and context (see figure 1) which shapes the behaviours of young people, and the impact that extra-familial settings could have on the ability of the parents and carers to be protective (Firmin & Lloyd, 2020). Similarly, Bronfenbrenner's (1977) ecological systems theory explores child development in terms of the different systems (microsystem, mesosystem, exosystem, macrosystem and chronosystem) which are interrelated and impact upon a child (see Figure 22).

**Figure 1.**

*Contexts of Adolescent Safety and Vulnerability*



*Note.* From “Contextual safeguarding: an overview of the operational, strategic and conceptual framework” by C. Firmin. 2017. *University of Bedfordshire*, p. 2. (<https://www.csnetwork.org.uk/assets/documents/Contextual-Safeguarding-Briefing.pdf>). Copyright 2017 by C. Firmin.

## 2.9. Education

Research has shown that children experiencing CSE have many difficulties with their education (Dillane et al., 2005), and that succeeding in education and having career aspirations are a protective factor for CSE in looked after children (La Valle et al., 2016). Research by Rawden (2019) found that there are high levels of school exclusion and referrals to pupil referral units for young women experiencing CSE. Other research by Firmin, Lloyd, et al. (2019) has found incidences of sexual harm occurring within schools. The researchers found that sexual harm was normalised within schools, with students stating sexual harassment happens daily. The students and educators had either witnessed or experienced a range of forms of harm within school, including sexual name-calling, abusive relationships, online harassment, unwanted touching, non-consensual sharing of sexual imagery, and sexual assault and rape.

Children with Special Educational Needs and Disability (SEND) have more vulnerability to CSE (Allen & Bond, 2020). This can be due to over-protection, disempowerment, social isolation, and a lack of appropriate sex and relationship education (Franklin & Smeaton, 2017), as well as professionals lacking awareness of CSE and SEND, and failing to recognise it when it occurs (Allen & Bond, 2020).

Many researchers have argued that schools and education staff are well placed to address attitudes in the school environment, and promote healthy, equal, and respectful relationships (Bovarnick & Scott, 2016; Eaton & Holmes, 2017; End Violence Against Women [EVAW], 2011; Womankind Worldwide, 2010).

However, teachers often have competing priorities due to curriculum demands (Baginsky & Macpherson, 2005), some do not address CSE due to reputational damage (London Assembly, 2015), and some teachers lack the specialist knowledge or confidence to deliver sexual violence prevention programmes (Fox et al., 2016; Barter et al., 2015). Although they may not have the experience and knowledge of discussing sensitive issues with their students, teachers have more in-depth knowledge of their students and their personal circumstances (Fox et al., 2014), and can have the closest and longest contact with a child (Lloyd, 2018). Due to the importance of relationships with teachers for a child's development (Bergin & Bergin, 2009), and young people having too many professionals in their life (Hallett, Verbruggen et al., 2019), it may be that

schools and education staff play a vital role in supporting pupils at risk of, and victim to CSE.

One study by Lloyd et al. (2020) explores the strengths and challenges that schools have in addressing harmful sexual behaviour, as well as what is required in terms of policies, resources, and interventions to prevent harm. This study included 16 schools across England, and a total of 160 students, 64 educators, 83 parents and two multi-agency professionals, using a mixed methods approach. Their findings showed that there were different types of sexual harm occurring in schools, and this was most likely to happen in unsupervised locations within school. They found several strengths, such as good structure and systems in place regarding school safeguarding procedures, adequately staffed and resourced designated safeguarding lead (DSL) provision (with protected time for this role), clear referral pathways, and a good understanding and awareness of the current and emerging issues affecting students locally. They found some barriers to addressing harmful behaviour. The students reported many reasons for not disclosing, including lack of discretion by staff, concerns of over-reaction by staff, fear of ruining a relationship with a teacher, predicted inaction by staff, worry about parents being informed and fear of other students' responses (e.g., culture of 'snitching'). Students reported what would help them to disclose; having a trusted relationship with a staff member, previous positive experiences of school responses, teachers showing respect to students, and they would be likely to go to staff who have a specialist role not linked to teaching or behaviour. It was found that schools which utilised a 'zero tolerance' approaches to school policies, with the use of sanctions in the school's behaviour policy, had a particular number of challenges. This review specifically looked at harmful sexual behaviour occurring within schools, so it would be useful to look at extra-familial abuse more broadly.

## **2.10. Identifying the Gap in the Literature**

Much of the research in CSE is based within social care and policing. There is limited research within the field of education, however some research has highlighted how schools can support children and young people experiencing

CSE. For example, Sharp-Jeffs et al. (2017) have stated that all educational settings should assume that CSE is an issue that needs to be addressed, and should apply whole school approaches to do this, including preventative education which delivers knowledge and challenges attitudes. They highlight the importance of staff training, so they can spot the warning signs and be a part of multi-agency working. Although this research has shown what schools should be doing to support these young people, there is only one piece of research to date (see Lloyd et al. 2020) which explores how successful this is in practice, and what challenges are encountered within an educational setting. Research by Rawden (2019) argued that it is not clear how well CSE is managed within secondary schools, including the levels of training, policy, and procedures, due to a lack of research. However, the researcher did find that some schools are knowledgeable and provide good support to sexually exploited young women, but this may be due to the involvement of specialist CSE services with the school. There is no research to date which explores the perceptions and views of educational professionals in how confident they are in identifying and supporting those who are at risk of, or victim to CSE, and what they feel works and does not work in practice.

The views of school staff are often not a key area of research in CSE. School staff spend a significant amount of time with their students and can gain insight into their lives, which others may not have. Education staff are therefore well placed to offer regular support to these children and young people. The shortage of peer-reviewed research on CSE in relation to education provisions suggests it is necessary to explore education staff views and perceptions about CSE and their experiences of engaging and supporting children.

Similarly, it is important to gather the views of survivors who have first-hand experience of what support would be helpful. Some research has explored the views of survivors of CSE (for example, see Reed et al., 2019; Gilligan, 2016; Kloess et al., 2017; Beckett & Schubotz, 2014; McClelland & Newell, 2013; Rawden, 2019), however only one of these studies (Rawden, 2019) has explored their views and experiences in relation to educational provisions and the author argued that there is a lack of research and professional curiosity in this area. Rawden (2019) found when interviewing young women who had been

sexually exploited that they found it difficult to be heard and feel understood by education professionals.

Research by Hurst (2021) explored the prevention of child sexual exploitation from the perspectives of adult survivors. This was a qualitative study based in the USA, including 17 female participants. Results found that one theme was around CSE awareness and academic settings. Within this theme, the author found that some of the participants referred to teachers as supportive and kind role models, yet many teachers did not ask them about their safety or provide help or resources. The author stated that this could be due to teachers lacking in their professional development and not recognising the need and/or feeling unable to provide support for these young people. The participants stated that they would like professionals in their lives, including school staff, to be more aware of child sexual exploitation and resources available. This research explores the views of survivors, and although does not specifically ask about educational provisions, it has been one of the main themes. Therefore, it is necessary to gain an understanding from the perspectives of survivors as to their experiences of education, to add to this evidence-base, and to conduct a UK based study. Researchers recommend further qualitative research to be carried out with survivors of CSE as they are more knowledgeable about their own lives (Rawden, 2019).

## Chapter 3: Overall Methodology

This chapter presents an overview of the methodology, and the research aims. I shall then explore the philosophical assumptions underpinning the research, ethical considerations and discuss the reliability and credibility of the research.

### 3.1. Overview of Methodology

This research is split into two phases, using a mixed method design. Both phases complement each other and provide different perspectives to the same phenomena; the support provisions in place in educational settings for children experiencing sexual exploitation. The first phase explored the perspectives from school staff and the second phase explored the perspectives from adult survivors.

The aims of the research are as follows:

#### Table 1.

##### *Aims of the Research*

<b>Phase 1 Aim</b>	<b>Phase 2 Aim</b>
To explore the views of education staff (SENCOs and DSLs) about child sexual exploitation and support provisions within schools.	To explore the experiences of adult survivors of child sexual exploitation with regard to their educational provisions.

Both phases ran in parallel to each other. The first phase used a mixed methods design, using a questionnaire, and the second phase used a qualitative design, using semi-structured interviews and thematic analysis. Overall, there were 30 participants who responded to the questionnaire in phase 1, all from secondary schools in the South West of England. Four adult survivors were interviewed in phase 2, two female and two males, all from the UK and varying in ages (between the age ranges of 22 - 60). The following two chapters (4 and 5) will provide more detail of the methods used in each phase, including detail of the sample, procedures, analysis, and tools used.

### **3.2. Philosophical Assumptions Underpinning the Research**

Every researcher has their own view of the world and what they feel constitutes truth and knowledge (Chilisa & Kawulich, 2012). It is important for researchers to consider their philosophical stance as it can influence their practice (Kelly, 2017). Ontology can be defined as the study of reality and existence, considering what is real and what constitutes truth (Thomas, 2009).

Epistemology explores how truth and existence can be discovered through research, and which methodologies may be best suited (Schwandt, 2015).

My philosophical assumptions were that of pragmatism whilst at the same time adopting an epistemologically social constructionist stance. These positions have meant that the way the research has been conducted, as well as how it has been reported and the claims made, have been affected by these stances. This research is not intended to be objective and generalisable, and there is an important role for reflexivity within the research which I shall explore below. The aim of this research is not to discover a truth, due to the multiple truths which are assumed in constructionism, but to generate further interest and share the stories of those I have worked with. I aim to create an ongoing dialogue about CSE within education, which I hope other researchers and professionals will want to engage in.

#### **3.2.1. Pragmatism**

Dewey was considered a key founder of pragmatism (Briggs, 2019). Dewey (1938) believed that there is no permanence and no constant truths (Briggs, 2019). Pragmatists are not committed to a specific system of beliefs or philosophy (Mackenzie & Knipe, 2006), and are instead guided by their own values as to what they think is important to study (Tashakkori & Teddlie, 1998). Knowledge is seen as provisional, dependent on the era and cultural context (Denscombe, 2007); therefore, knowledge is not seen as truth and instead comes from human interests and related to action. Pragmatism focuses on the practical outcomes of the research, with the emphasis on the usefulness when applied to a practical problem (Denscombe, 2007), therefore researchers need to focus on action, practice, and the effects on future outcomes (Hassanli & Metcalfe, 2014). I would argue that educational psychology in practice aligns to a pragmatist philosophy as it is a *“professional activity rooted in practice. It is a*

*scientific approach applied locally. Its findings are time and context dependent”* (Ormerod, 2006, p.908), and involves taking action to make a positive difference (Burnham, 2013).

Pragmatism promotes methodological flexibility and enables the researcher to combine approaches if they deem it the most appropriate way to answer the research questions (Johnson & Onwuegbuzie, 2004; Patton, 2002; Tashakkori & Teddlie, 2003). Johnson and Onwuegbuzie (2004) argued that methodological pluralism in educational research should be promoted, which refers to the range of methods in one single research study (Dow, 2012). Therefore, a mixed method approach was selected as an appropriate approach, allowing for the use of both quantitative and qualitative methods (Taylor & Lindlof, 2011). A mixed methods approach is useful as it allows for exploratory and confirmatory questions and enables the exploration of the depth and breadth of the social phenomena (Tashakkori & Teddlie, 2003). This approach uses the strengths of both methods and allows a multi-level analysis which improves the validity from reaching multiple participants (Dörnyie, 2007).

Another factor to consider is whether quantitative or qualitative components of a study are given equal status or not (Morgan, 1998; Morse, 1991). There was equal status given to both components in this research, which was important due to the limited literature and exploratory nature of the study. Both phases of the study were collected at the same time, with the findings integrated to form the overall discussion.

### **3.2.2. Epistemology**

The epistemological perspective for this research is social constructionism. This is the view that individuals seek understanding of the world and construct subjective meanings of their experiences (Burr, 2003). It is my belief that there are multiple realities and multiple truths which are based on individual constructs and beliefs, rather than there being a truth existing externally to the individual. Within social constructionism, knowledge is seen as socially constructed; a product of human practices which are historically and culturally constituted (Braun & Clark, 2022; Crotty, 1998). Constructionism is concerned with exploring what or how reality has been made and there is a central focus on language, acknowledging that subjective meanings and realities are formed



through interactions with others (Braun & Clark, 2022). This assumes that research practice produces evidence, instead of revealing evidence (Willig, 2010); *“knowledge is constructed rather than discovered”* (Stake & Kerr, 1995, p.99).

This epistemological perspective aligns well to the theoretical perspective of pragmatism as both view discourse about the world as an artefact of communal interchange, as opposed to a reflection of the world as a whole (Gergen, 1985).

### **3.2.3. Researcher Role**

As a researcher, I have my own construction about the world, and this influences my way of working. In line with the social constructionist perspective, I am a creative interpreter of events and make interpretations to make sense of the world (Denscombe, 2007), therefore there is an active role of the researcher. Robson (2002) stated that having preconceptions about issues and/or solutions can be problematic in research, however, this could also be seen as advantageous due to having a pre-existing knowledge and experience base about the situation (Robson, 2002).

Reflexivity is an important aspect to this research. Reflexivity is defined as; *“turning of the researcher lens back onto oneself to recognise and take responsibility for one’s own situatedness within the research and the effect that it may have on the setting and people being studied, questions being asked, data being collected and its interpretation”* (Berger, 2015, pg. 220).

Therefore, I am active in the research process and my values shape my research and the knowledge produced. Throughout the research process, I have kept a reflexive journal to reflect upon my assumptions, expectations, choices, and actions (Finlay & Gough, 2003).

### **3.3. Ethical Considerations**

Ethical approval was received from the University of Exeter ethics committee on 18<sup>th</sup> March 2021 (see appendices 2 and 3 for ethical approval certificates and appendices 4 and 5 for the complete application form).

The following ethical considerations will be addressed:

- Consent
- Right to withdraw
- Confidentiality and anonymity
- Possible harm and distress

### **3.3.1. Consent and Right to Withdraw**

All participants gave fully informed consent prior to data collection. Participants were informed about the nature of the research via an information sheet (see appendix 6 and 7) which included a statement of the purpose and use of the data and an explanation of why the research was being conducted. The information sheet included the participants right to not take part or withdraw at a later date. Consent for the questionnaire used an 'opt-in' system; participants could not progress to the Questionnaire questions until they had read and accepted the terms of participation. For the interviews in phase 2, participants were required to read the information sheet and return a completed consent form via email (see appendix 7).

### **3.3.2. Confidentiality and Anonymity**

For phase 1, no identifying information was collected; there was no requirement for participants to give their name or contact details, only their age, gender, job role and years in the role. For phase 2, the interview transcripts were kept anonymous and any personal identifying details that were discussed were redacted to ensure their anonymity. Confidentiality and anonymity were maintained by storing a separate list of participants' email addresses in a password-protected folder on a password-protected laptop. No paper copies of the questionnaire were collected.

### **3.3.3. Possible Harm and Distress**

I followed the BPS code of ethics and conduct (BPS, 2018), ensuring there was respect (respect for the dignity of the participant), competence (to practice in the limits of my competence), responsibility (to ensure the trust of others is not abused), and integrity (being honest, truthful, accurate and consistent in my actions, words, decisions, methods, and outcomes).

Due to the difficult nature of the topic, there was a danger that the process could cause distress or negative outcomes in participants. *“Through this process, I am being forced, for a lack of a better word, to take a look at it and to relive part of it”* (Barlow & Hurlock, 2013, p. 143). It can be difficult to relive events which may have been traumatic. I attempted to reduce this by not asking questions relating to the exploitation itself and asking questions solely about their educational experiences; what support they received and what would have been helpful. I made it clear to participants prior to the interview to only share what they are comfortable to share, and that I would not ask any questions about the abuse.

Due to the nature of online interviews, it was possible for participants to choose to have their camera off, for the interviewer to have their camera off, or for someone else to be with them during the interview for support for their wellbeing.

Participants were chosen based on those who appeared to have gained an acceptance of their previous experiences, for example, if they were part of a charity or support network or had previously spoken to other professionals about their experiences. This was with the aim that they are in a psychological safe and calm place to discuss their experiences. Participants were recruited through support networks to ensure they already have support in place.

Consideration was given to minimising harm whilst interpreting data. Representational ethics explores how to analyse and interpret people’s stories without harm (Braun & Clarke, 2022). This means it is important to remain true to the participant’s story, whilst also bringing my own interpretation to the data. It is also the wider communities which the participants are members of which may be impacted by the interpretations of this research data. To minimise harm, I ensured that participants understood the purpose of the research and took care when writing that the research did not reinforce any existing negative stereotypes of communities or groups (Braun & Clarke, 2022). I have considered the language and terminology used throughout this research and reflected upon my positionality as a researcher to minimise any potential harm. Furthermore, I provided a debrief one week after the interview to check their wellbeing, and to answer any further questions. All participants were asked how they would like to be contacted at the end of the interview (all chose email), and

all were emailed one week after the interview to ask how they were following the interview and if they had any other questions.

### **3.4. Reliability and Credibility**

#### **Phase 1:**

Questionnaires tend to be more reliable than interviews, due to the anonymity which can encourage honesty, and they can be more economical in terms of time and money (Cohen et al., 2007). However, there can be some difficulties if there are a low number of returns, if there are any misunderstandings of the questions, if the participant has limited literacy or if the questionnaires are filled in too hurriedly (Cohen et al., 2007). To combat these difficulties, I piloted the questionnaire (see section 4.1.5. piloting the questionnaire). This was to refine the contents, wording, and length to ensure it was appropriate for the sample participants (Cohen et al., 2007).

Another issue in considering the reliability and validity of questionnaire surveys is that of sampling (Cohen et al., 2007). I aimed to get a large representative sample to ensure the reliability and validity of data.

#### **Phase 2:**

To ensure quality and validity within the qualitative aspects of the research, I have referred to the principles set out by Yardley (2000) which include; sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

*Sensitivity to context:* I have ensured that I have a good understanding of the context of theory related to child sexual exploitation, and the psychological principles underpinning the literature. As part of this I have critically analysed the assumptions being made and explored the historical and societal aspects of CSE. Due to the sensitive nature of CSE, I have ensured that the participants perspectives are at the forefront, and minimised harm where possible (see section on ethics).

*Commitment and rigour:* I have ensured that there has been thoroughness in my data collection, analysis and in the reporting of the data. I have had an in-

depth engagement in the topic and been fully immersed in the relevant data. The use of thematic analysis and the stages of analysis has aided the rigour of this research, as well as having used different methods and gathering perspectives from different people, has meant I was able to achieve a rounded, multilayered understanding of the research topic (Yardley, 2000).

*Transparency and Coherence:* The research questions aligned well with the philosophical perspective which I adopted, which ensures coherence. Transparency has been provided by clearly detailing every aspect of the data collection process and data analysis. Reflexivity was an important aspect of my research which aided this transparency (see 3.2.3. researcher role).

*Impact and importance:* This research has linked research and practice together, to ensure there is a socio-cultural impact, with practical outcomes from the research findings. It is important research due to the new understandings of CSE from different perspectives.

## **Chapter 4: Phase 1**

The aim of phase 1 was to explore the views of education staff (SENCOs and DSLs) about child sexual exploitation and support provisions within schools. The method of this phase is outlined below, discussing the sample and recruitment process, the development, construction and piloting of the questionnaire, and the analysis undertaken. A findings and discussion section outlines the analysis of information and links the findings to the wider literature.

### **4.1. Methods**

#### **4.1.1. Research Question**

The research questions were developed following a review of the literature as shown in the previous chapter and based on the aims of the research.

*Phase 1 research question:*

1. What are SENCOs' and DSLs' abilities to respond to the needs of children who have experienced CSE whilst in secondary schools in the South West of England.
  - 1.1. What knowledge do SENCOs and DSLs have about child sexual exploitation (training, understanding and experience)?
  - 1.2. What perceptions do SENCOs and DSLs have of children who are being sexually exploited?
  - 1.3. What practical support is available to children at risk of, or being sexually exploited and what challenges are there to delivering this?
  - 1.4. What further support do SENCOs and DSLs think would be helpful for these children and the staff working with them?

#### **4.1.2. Participant Sample**

The sample consisted of DSLs and SENCOs from secondary schools in the South West of England. Participants were invited to take part in the questionnaire via email. All participants were provided with information regarding the nature of the research and gave their consent prior to starting the

questionnaire (appendix 6). A reminder email was sent out which has been shown to enhance the response rate (Dillman, 2007).

Participants were sought through the following methods:

- 1) A generic recruitment email (see appendix 8) was sent to SENCOs, head teachers and/or admin staff at all secondary schools in the South West of England (including state funded, private and specialist provisions). This email was sent again two months later to remind them of participation.
- 2) Requests were made to the Principal Educational Psychologists within the South West of England (Cornwall, Torbay, Plymouth, Somerset, Babcock, Gloucester, South Gloucester, Dorset and Bath and North East Somerset) to share the questionnaire link with their secondary schools.
- 3) Personal contacts were approached and asked to share the link with more potential participants by utilising their own contacts.
- 4) An advert was placed on 'The Educational Psychologists' newsletter which goes out to school staff and educational psychologists (see appendix 9 for advert).
- 5) An advert was placed on Twitter seeking participants (see appendix 10 for advert). However, no further participants were recruited this way.

Purposive sampling techniques were used which is a method which involves choosing a particular sample (Cohen et al., 2007). This is with the aim of accessing 'knowledgeable people' who have an in-depth knowledge about particular issues due to their professional role (Ball, 1990). In this case, DSLs and SENCOs were chosen due to the following reasons:

1. DSLs have been chosen in this sample due to their role within schools as the lead for child protection. They are involved in making referrals to the local authority children's social care, in receiving training, and raising awareness within school. They are primely located to know what procedures are in place and how staff respond to these.
2. SENCOs have been chosen due to their role of supporting children with special educational needs and liaising with other providers (such as EPs and external agencies) regarding children's support. SENCOs are well placed in school to receive concerns from students or school staff about CSE.

#### **4.1.3. Development of the Questionnaire**

The questionnaire was created specifically for the purpose of this research and presented online using Qualtrics (<https://www.qualtrics.com/>). It was a mixed methods questionnaire, designed to gather both quantitative and qualitative data. Information was provided prior to starting the questionnaire about the purpose of the questionnaire and how the results would be used, and guidance for the participant should they have any questions (see appendix 6). The questionnaire was piloted in May 2021 and amendments made following feedback (please see page 58 for further detail). The questionnaire was then launched in June 2021, remaining open for 10 months. A reminder email was sent in September 2021.

I used a web-based Questionnaire due to the many benefits. It is cost efficient, fast and has wide reaching coverage giving a breadth of view (Denscombe, 2007). It also provides a snapshot of how things are at the time of being collected, so it will enable a snapshot of what the current context of what CSE is like in schools (Denscombe, 2007). Furthermore, due to Covid-19 and government guidance, it was felt better to reduce contact as much as possible to reduce the spread of the virus.

#### **4.1.4. Construction of the Questionnaire**

A copy of the questionnaire is provided in appendix 11.

The questionnaire included 6 demographic information questions which asked about the participants gender, age, role/s, the type of school they worked in and how many years they had been in that role at their current school.

The next section of the questionnaire was about the participants knowledge and understanding of CSE, linking to the research question 1.1. This consisted of 9 items, 3 of which included Likert scale response options which asked the participants to rate the extent to which they agree or disagree with a given statement. Likert scales are one of the most widely used scaling techniques (Polit & Beck, 2004), and are considered a reliable and valid data collection method (Hasson & Arnetz, 2005). These questions were developed based upon research by Lefevre et al. (2019), who included questions around self-efficacy



regarding recognition of CSE. The RAG (red-amber-green) table created by Firmin et al. (2020) was also used as a reference when creating these questions. This is also known as traffic lighting, whereby the colours are used to summarise indicator values, where green denotes a 'favourable' value, red an 'unfavourable' and amber a 'neutral' value (Public Health England, 2017).

The next section explored the research question 1.2; the participants' perceptions of CSE. A vignette was used, and seven statements were given about this vignette which participants were asked to rate using a Likert scale. A vignette was used to assess the participant's perceptions of children and young people suffering from sexual exploitation. A vignette can provide a greater realism due to contextual factors, it increases internal validity as it is standardised stimulus for all participants, and it reduces the social convenience bias, as the participant is more likely to be projected into the position of the character if the vignettes are written in third person (Wason et al., 2002). Research has found that those responding to third person situations may show similar responses to that which they themselves would take (Rahman, 1996). The vignette included a 16-year-old girl. This age was chosen since 16- and 17-year-olds (who can legally consent to have sex) can still be affected by CSE (see DfE [2022]). This was intended to explore how the participants perceived consent and responsibility within this age group, and to reflect some of the complexities of CSE. The vignette was created using example scenarios provided by Beckett et al. (2017), and an example vignette used in Reisel (2017). Although the questionnaire was piloted, the vignette was not piloted on its own, which may have been beneficial to do to receive specific feedback on the vignette. The Likert scale questions were based upon the following research; Lashbaugh-Barney (2020) who used questions to explore judgements of vignettes about sexual abuse; Buller et al. (2020) who explored the associated norms, attitudes and factual beliefs about CSE; Beckett et al. (2017), who explored the constrained choice and victim blaming language with CSE; McLeod (2007), who explored the misconceptions professionals have about looked-after children; and Scott and McNeish (2017) who explored the blame and stigmatisation parents can receive.

The final section (27 items) explored the support available within their school and the barriers, which linked to research questions 1.3 and 1.4. This included a

mixture of Likert scale response questions, open questions, and multiple-choice questions. This was based on the following research; Smeaton (2013), which showed the importance of meeting the educational needs of young people affected by CSE, as well as recommendations that young people feel cared for and listened to, and that education providers implement awareness raising and preventative strategies with young people; Firmin et al. (2020), who created a RAG table for addressing harmful sexual behaviour; Lefevre et al. (2019), who explored questions around self-efficacy, as well as commitment to gaining child's voice. Questions around parental engagement were based upon Scott and McNeish's (2017) research exploring parental blame; and questions relating to school systems and procedures in place were based upon the questionnaire questions used in Jago et al. (2011).

I decided not to include a 'don't know' response as there was a neutral response included within the Likert scales, and it was made clear at the start of the questionnaire that participants could choose not to answer any questions.

Appendix 12 provides further information regarding the development of the questionnaire questions in relation to the literature sources.

#### **4.1.5. Piloting the questionnaire**

The questionnaire was piloted with a colleague and with my research supervisors, which helped ascertain whether the questions were clear and eliciting relevant data to the research questions (Rabionet, 2011), as well as finding out how long the questionnaire took to complete and seeking views on layout (Jack & Clarke, 1998). Other purposes of piloting include checking the clarity of the questionnaire items, instructions, and layout; eliminating ambiguities or difficulties with wording; gaining feedback on readability levels; receiving feedback on the type of question and its format (e.g., rating scale, closed, etc), and to identify omissions, redundant and irrelevant items (Cohen et al., 2007). The implications of not piloting a questionnaire are that the participant may not understand the questionnaire, they may struggle to complete it, get bored, be offended by it, or not like how it looks (Boynton, 2004). This may impact upon the response rate, as well as the reliability and validity to the Questionnaire (Williams, 2003; Jack & Clarke, 1998; Marshall, 2005). Following the feedback from the piloting, I changed the participant

information section to make it shorter and more succinct, I added in more clarification in some questions (e.g., 8.4 changed from 'comments' to 'any comments about the training', provided distinct age categories). I changed the ordering of some questions and adjusted the formatting to make it more user friendly (e.g., adding in a 'back' option). The questionnaire was piloted on the 23<sup>rd</sup> May 2021 and launched on the 11<sup>th</sup> June 2021, remaining open until the 30<sup>th</sup> March 2022.

#### **4.1.6. Data Analysis**

The findings are reported in the form of descriptive statistics and frequency tables as they provide a clear, visual representation of the data that have been collected. Descriptive statistics and graphs for all questions can be found in the appendix 13 (pages 253 to 260). I have included visual representations of questions that I considered significant to answering my research question.

The open-ended questions within the questionnaire provided qualitative data which were analysed using content analysis. Content analysis defines a strict and systematic set of procedures for the analysis, examination, and verification of the contents of written data (Flick, 1998; Mayring, 2004). There are many advantages of using content analysis, including the focus on language and linguistic features, analysing meaning in context, it is systematic and verifiable, and the rules for analysis are explicit, transparent, and public (Cohen et al., 2007). Content analysis can be a useful way to analyse and code open-ended questions in surveys (Weber, 1990), and allows for information to be reduced to pre-existing categories (Cohen et al., 2007).

When analysing the content, I used the following five stages set out by Cohen et al. (2007):

Stage 1: Extract the interpretive comments that have been written on the data – all qualitative information was transferred to a separate Excel Spreadsheet.

Stage 2: Sort data into key headings/areas – data were sorted into the four levers identified by Firmin et al. (2020) which included structures and systems, prevention, identification and response and intervention.

Stage 3: List the topics within each key area/heading and put frequencies in which items are mentioned – Data were categorised into different topics and could be categorised into more than one topic. Frequencies were then counted.

Stage 4: Go through the list generated in stage 3 and put the issues into groups (avoiding category overlap).

Stage 5: Comment on the groups or results in stage 4 and review their messages.

An example is shown in Appendix 28.

## **4.2. Findings**

This chapter presents the findings for phase 1 of the research in relation to the research question of ‘What are SENCOs’ and DSLs’ abilities to respond to the needs of children who have experienced CSE whilst in secondary schools in the South West of England?’ It is presented as follows:

- Demographic information
- Research question 1.1: What knowledge do SENCOs and DSLs have about child sexual exploitation (training, understanding and experience)?
- Research question 1.2: What perceptions do SENCOs and DSLs have of children who are being sexually exploited?
- Research question 1.3: What practical support is available to children at risk of, or being sexually exploited and what challenges are there to delivering this?
- Research question 1.4: What further support do SENCOs and DSLs think would be helpful for these children and the staff working with them?

The findings from each relevant questionnaire item will be explored within each section of the research question. Table 2 shows how the parts of the research question for phase 1 of the research relate to each questionnaire item. All values presented in the findings are rounded to two decimal places and corrected to whole percentages.

**Table 2.***Relationship Between Research Question Subparts and Questionnaire Items*

<b>Phase 1</b>				
<b>Research Question</b>	What are SENCo and DSLs abilities to respond to the needs of children who have experienced CSE whilst in secondary schools in the South West of England?			
<b>Research Question Parts</b>	1.1. What knowledge do SENCOs and DSLs have about child sexual exploitation (training, understanding and experience)?	1.2. What perceptions do SENCOs and DSLs have of children who are being sexually exploited?	1.3. What practical support is available to children at risk of, or being sexually exploited and what challenges are there to delivering this?	1.4. What further support do SENCOs and DSLs think would be helpful for these children and the staff working with them?
<b>Relevant questionnaire questions</b>	7 - 11	12 - 18	19 - 43	44 - 45

**Demographic Information**

In total 30 participants responded to the questionnaire for this research (N=30). Participants included both SENCOs (n=18) and DSLs (n=18), working across a broad range educational setting (part of a large multi-academy trust (n=10), local authority maintained school (n=7), part of a small multi-academy trust (n=5), a converter academy (n=5), independent special school (n=3), a sponsored academy (n=1) and an independent provision (n=1). 70% of the participants were female, there was a mix of ages and of years in post and there was a broad range of other roles of responsibilities the participants had (see table 3), the largest of which were teacher (18%), designated teacher for looked after children (18%) and within the senior leadership team (16%).

**Table 3.***Other Roles and Responsibilities in School in Addition to DSL/SENCo*

<b>Role/Responsibility</b>	<b>Frequency</b>	<b>Percentage</b>
None	2	3%
Senior leadership team	10	16%
Head teacher	1	2%
Deputy head teacher	2	3%
Assistant head	9	15%
Teacher	11	18%
Class/form tutor	1	2%
Pastoral role	7	11%
Designated teacher for looked after children	11	18%
Designated mental health lead	3	5%
Head of year	0	0
Other (including head of school, Deputy DSL, head of education, inclusion lead and head of care)	5	8%

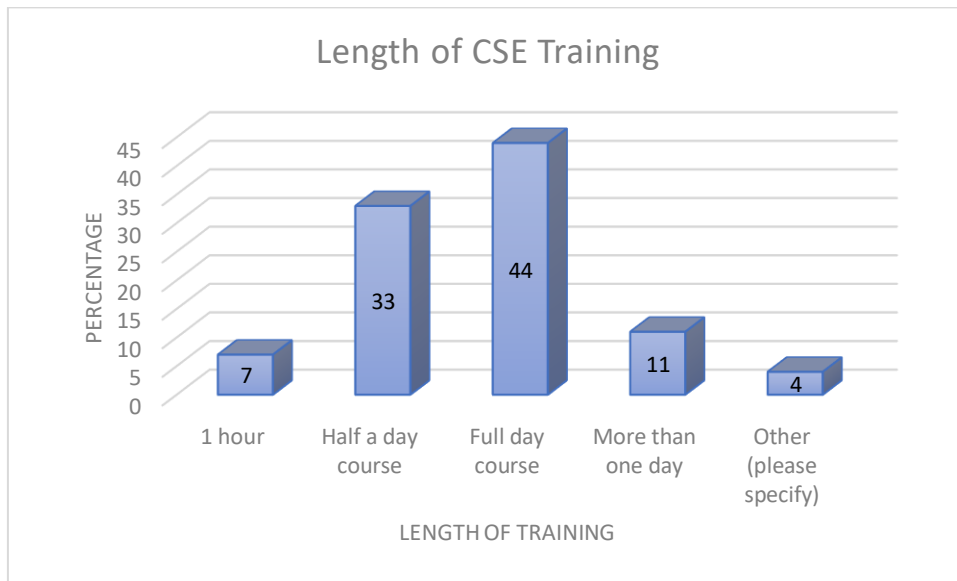
**Research question 1.1: What knowledge do SENCOs and DSLs have about child sexual exploitation (training, understanding and experience)?**

Participants were asked whether they had worked with a child or young person within their school who had been sexually exploited, 67% (n=20) said they had and 33% (n=10) said they had not.

Participants were asked whether they had received training on CSE. 90% of participants (n=27) had received training and 10% had not (n=3). Of those who had received training, 48% said it was part of a general safeguarding course. Participants were asked how long the training was (see figure 2). Only 2 participants (7%) attended an hour training, and the rest of the participants attended half a day course or longer.

**Figure 2.**

*Length of Training*



When asked whether they found the training helpful in their understanding of CSE, 78% replied ‘yes’ and 22% felt it was ‘somewhat’ helpful. No one said it was not helpful, suggesting the training aided their understanding of CSE.

**Table 4.**

*Content Analysis of the Categories Arising from Analysis of Participants Comments on Training*

<b>Category</b>	<b>Frequency of responses</b>	<b>Example quotation</b>
Completed extensive / multiple training	5	<i>“I have done training on multiple occasions both as part of more general training and as standalone courses”</i>
Inadequate training	2	<i>“It was quite basic and only seemed to cover common sense”</i>
Needing to organise own training	3	<i>“DSL have to find and book this training”</i>

**Figure 3.**

*Perceived Confidence in Recognising and Supporting CSE Within School*

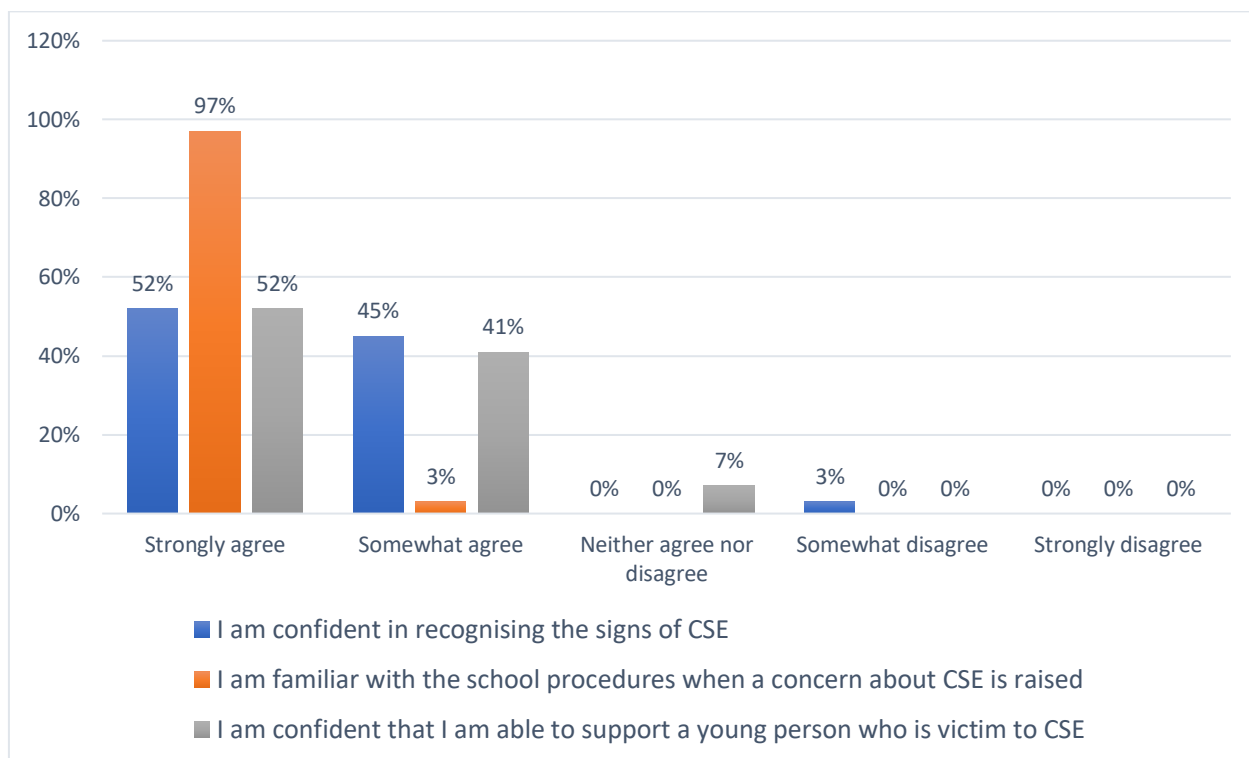


Figure 3 highlights how confident the participants felt in recognising the signs of CSE, being familiar with the school procedures when a concern about CSE is raised, and if they could support a young person who is victim to CSE. The analysis indicates that the majority felt confident in these areas, however it is still interesting to note that 3% said they somewhat disagreed that they could confidently recognise the signs of CSE.

**Research question 1.2: What perceptions do SENCOs and DSLs have of children who are being sexually exploited?**

A vignette (see figure 4) was used to explore the perceptions the participant has about the young person within the vignette who was being sexually exploited.

26 participants responded to this question.



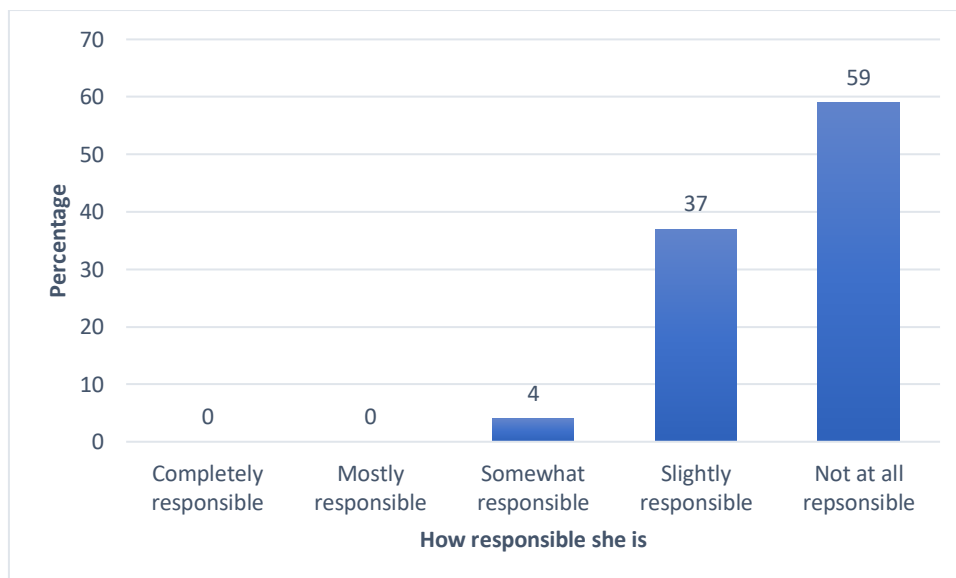
## Figure 4.

### *Vignette Used Within the Questionnaire*

*Jodie is a 16-year-old girl. She has started to have some difficulties at school, her grades have started to slip, she's been answering back to teachers and missing some lessons. You've noticed that Jodie always seems to wear new clothes, and have new phones and gadgets, but know that her family don't have much money. You have seen Jodie getting picked up from school by an older man. When speaking to Jodie's mum, she has said that Jodie often goes out in the evenings, but she doesn't know where she goes but sometimes smells of alcohol afterwards. Jodie's mum thinks she might have a boyfriend, but Jodie has been very secretive about it. Jodie's mum didn't seem worried, stating "this is what teenagers do". One of Jodie's friends comes to see you in school and says they are worried that Jodie is being forced to have sex with older men.*

## Figure 5.

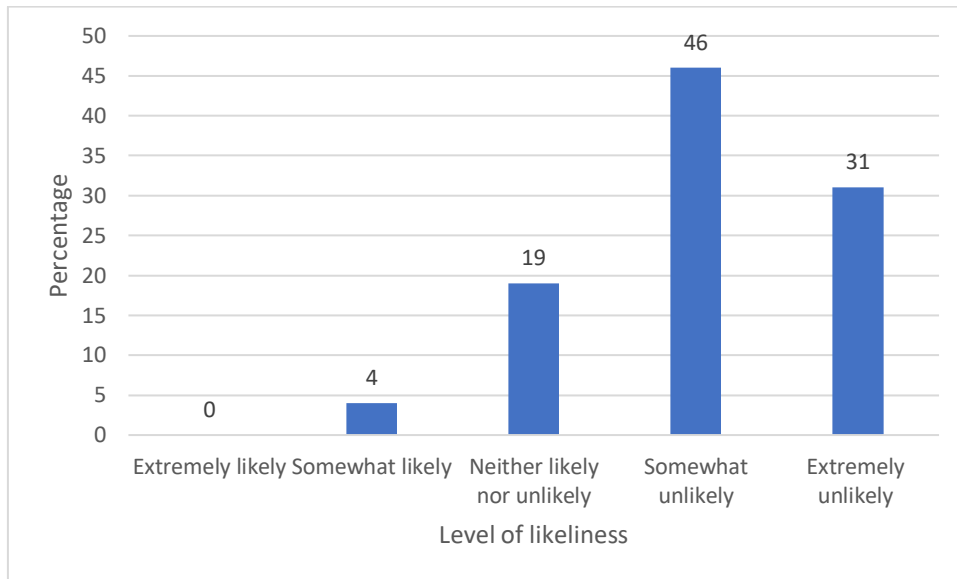
### *How Responsible the Participants Felt the Young Person to Be for Their Situation*



The findings indicate that most participants felt the young person was not responsible for their situation (figure 5).

**Figure 6.**

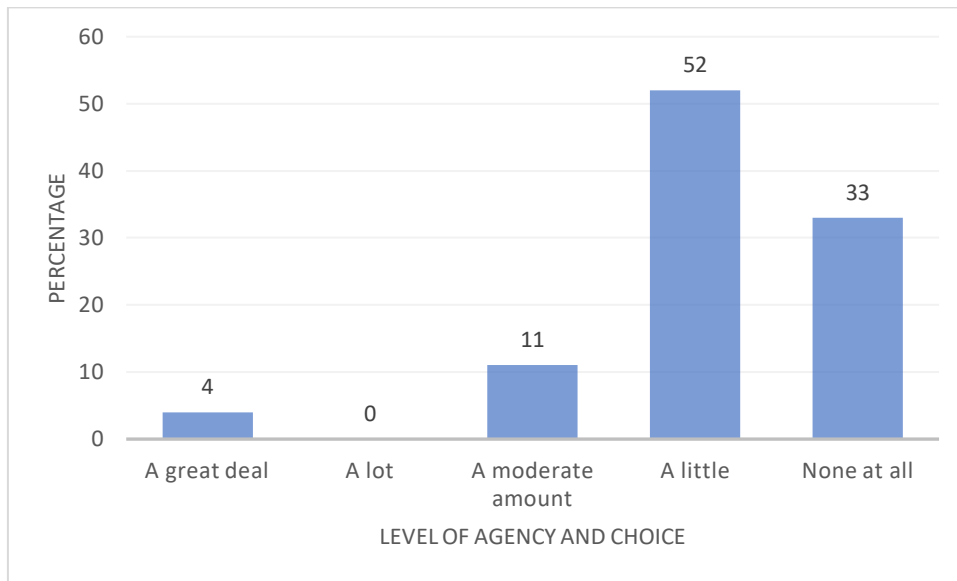
*How Likely Participants Felt the Young Person Could Have Avoided or Prevented the Events*



When asked how likely the young person could have avoided or prevented the events, the majority said that it could not be avoided or prevented (see figure 6), suggesting again, that they do not perceive the young person to be responsible for their situation, or have agency and control over the situation. However, 4% said that it was somewhat likely that the young person could have avoided or prevented the situation, and 4% said that the young person was somewhat responsible (see figure 5), suggesting that there is some blame attached to the young person for being in their situation.

**Figure 7.**

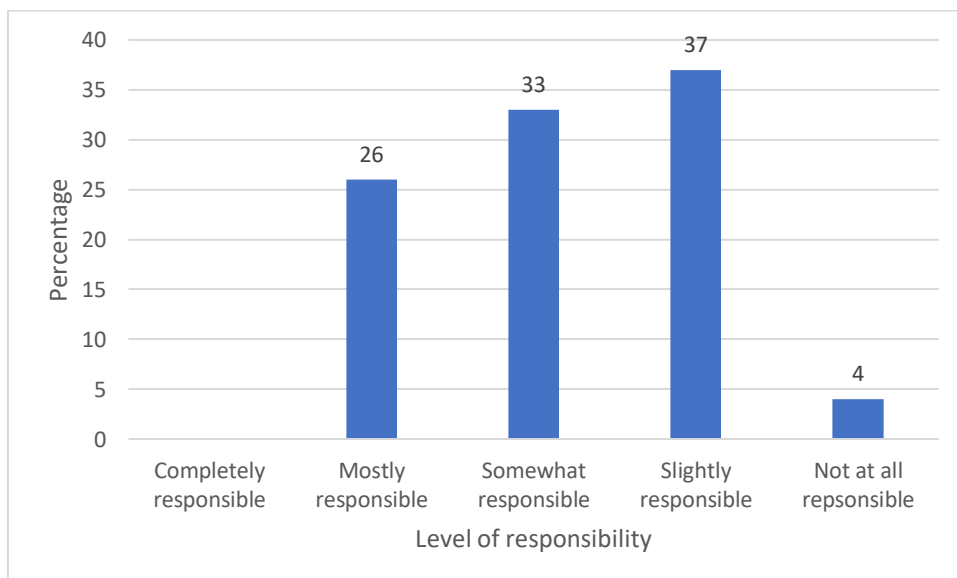
*How Much Agency and Choice the Participants Felt the Young Person Had*



Participants were asked, based on the scenario and her age, how much agency and choice the young person has in her situation. There was a mixed response with this question (see figure 7), suggesting that although the majority felt she did not have agency and control, there were still some participants who felt she did have this, thus would be able to remove herself from the situation or be somewhat responsible for her situation.

**Figure 8.**

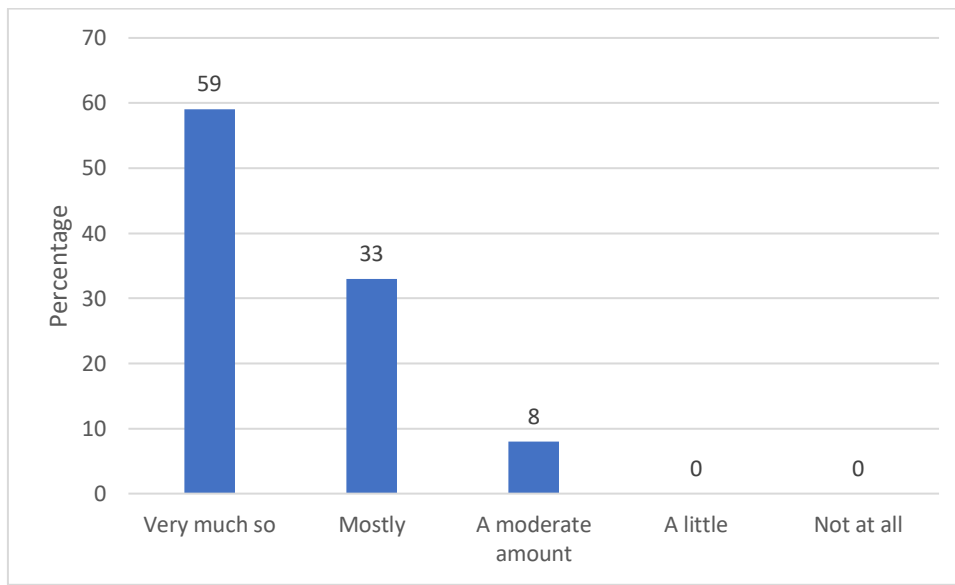
*How Responsible the Participants Thought the Mother Was for the Events*



A question was asked about how responsible the young person's mother was for the events. Findings imply that some felt the mother was responsible (see figure 8), suggesting there may be some blame attached to the parent for her child's situation.

**Figure 9.**

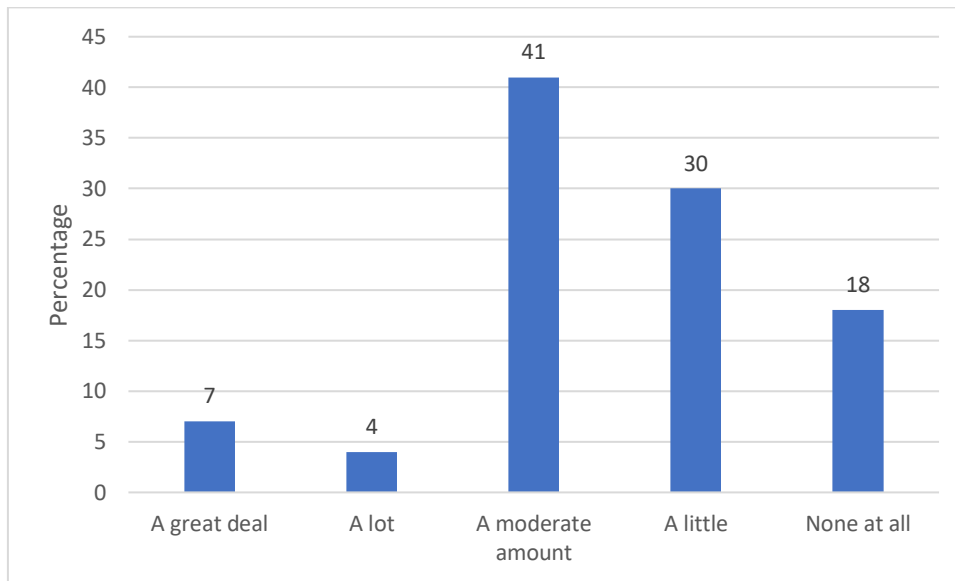
*How Much the Scenario Describes an Incidence of CSE*



The results indicated that participants were able to identify that the scenario described an incidence of CSE (see figure 9). This is interesting, as although participants recognise that the scenario is an incidence of CSE, there are still those who feel the young person and/or the mother is responsible for the events, suggesting that there may be a lack of understanding about CSE and the complexities involved, i.e., the constrained choice and power dynamics.

**Figure 10.**

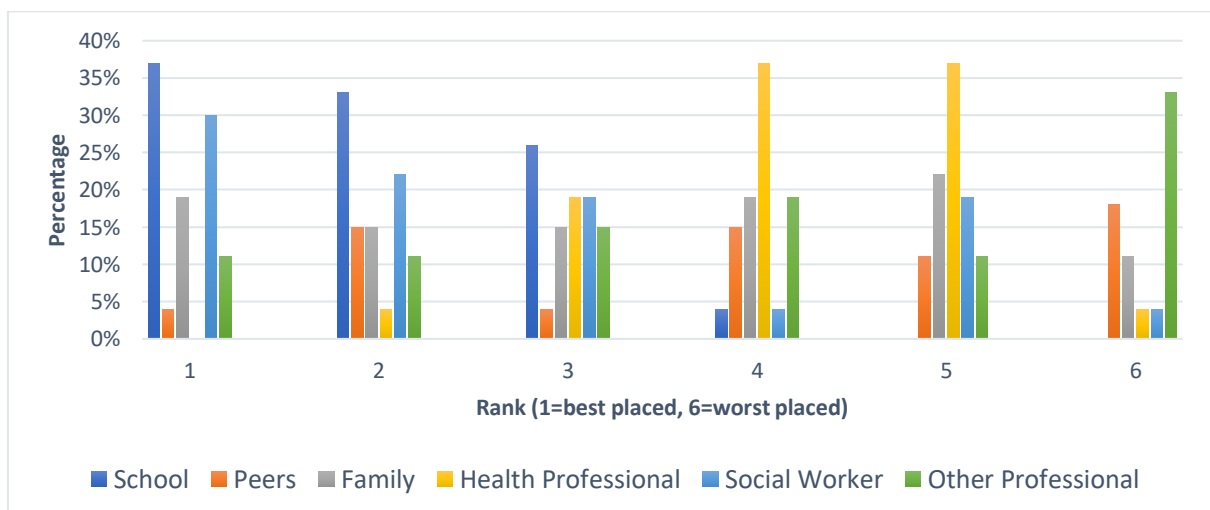
*How Much Participants Felt the Situation is Typical of Teenage Behaviours*



Finally, participants were asked how reflective the situation is of typical teenage behaviours. The results indicate that there were mixed responses as to whether the participants felt the scenario was ‘typical teenage behaviour’ or not (see figure 10). This suggests that some of the abuse or exploitation may get missed or overlooked due to instead recognising it as ‘typical’ of that age.

**Figure 11.**

*Who Participants Felt Were Best Placed to Support the Young Person*



A question was asked about who would be best placed to support the young person, and participants were asked to rank the options from 1-6 (1 being best placed). Figure 11 indicates that overall, the participants felt that school was the

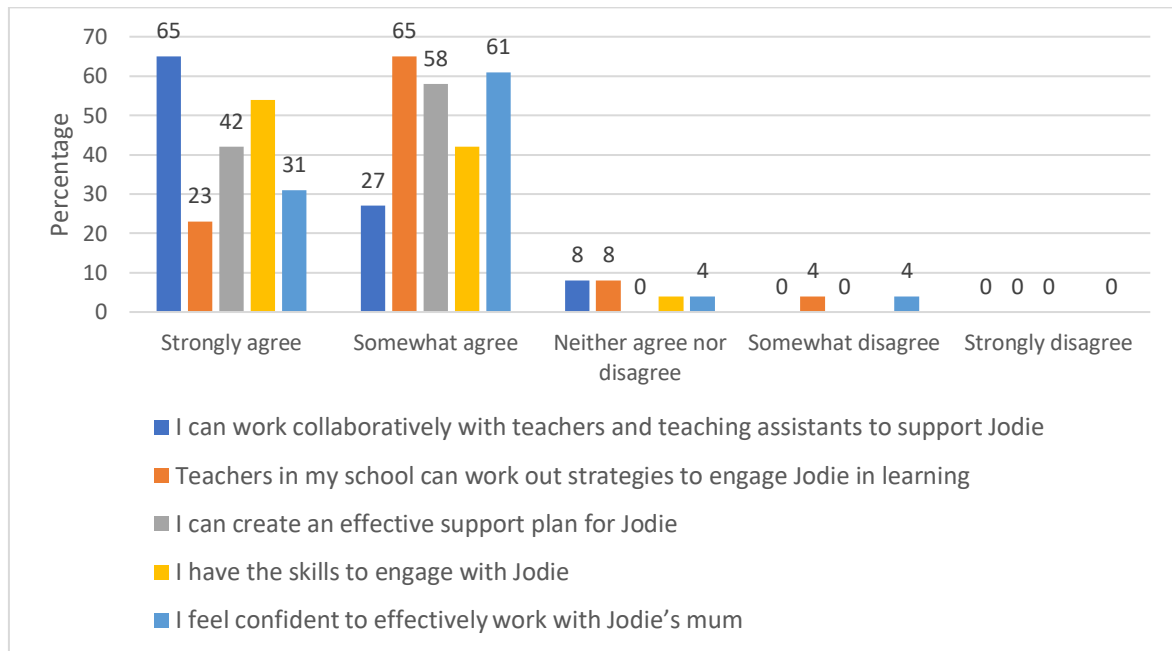
best placed to support the young person. It was also felt that the social worker is best placed to support the young person. There were mixed findings about the family supporting the young person, and most people felt that peers and other professionals were worst placed to support the young person. The majority of participants (74%) ranked health professionals at 4 or 5, suggesting they do not feel they are highly placed in supporting the young person.

**Research question part 3: What practical support is available to children at risk of, or being sexually exploited and what challenges are there to delivering this?**

Using the scenario within the vignette, participants were asked several questions around practical support. Findings indicate that most participants felt strongly that they could work collaboratively with teachers and teaching assistants to support the young person, that they can engage the young person in learning and create an effective support plan for the young person. They felt they had the skills to engage with the young person and most felt they could engage with the young person's mother. Figure 12 below shows these results. These results indicate that the SENCOs and DSLs feel confident in being able to engage and support the young person within their schools.

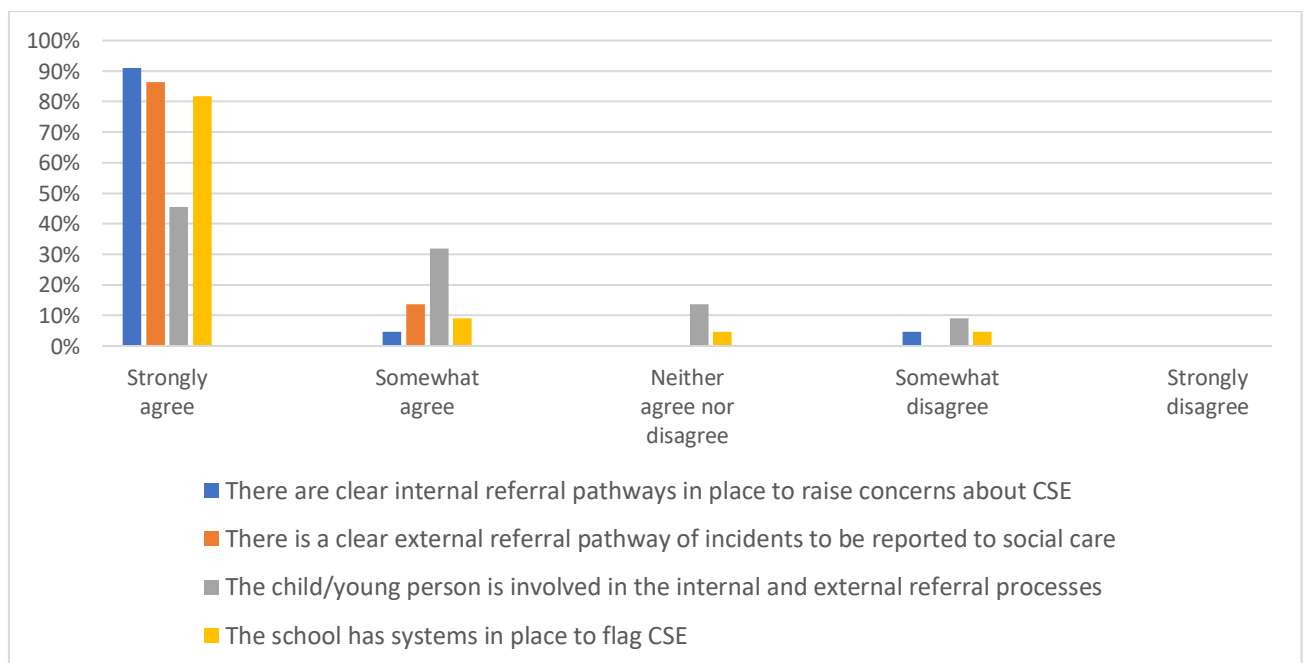
**Figure 12.**

*Perceived Effectiveness in Providing Support in Relation to the Vignette*



**Figure 13.**

*Participant's Agreement in Statements Relating to Referral Procedures Within the School*

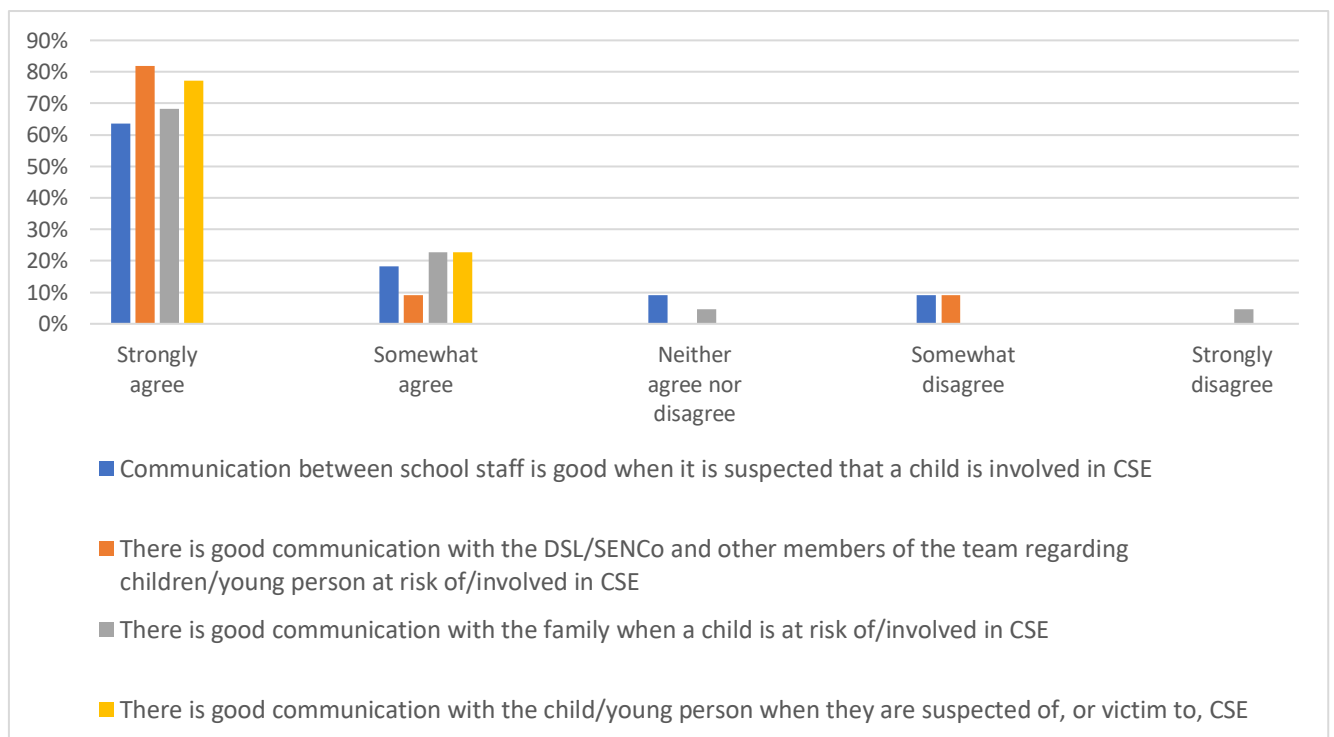


Questions were asked about what school procedures and policies are in place around CSE. 22 participants responded to these questions. First there were four questions around the referral pathways, and participants were asked to rate

how much they agreed with the statements (see figure 13). Overall, there was a positive response to the support in place for CSE. However, there were a few responses where participants somewhat disagreed with the statements, specifically with involving the child and young person, suggesting the referral process and inclusion of the child in this process may not be clear in all schools.

**Figure 14.**

*Participant’s Agreement in Statements Relating to Communication in Place at School*

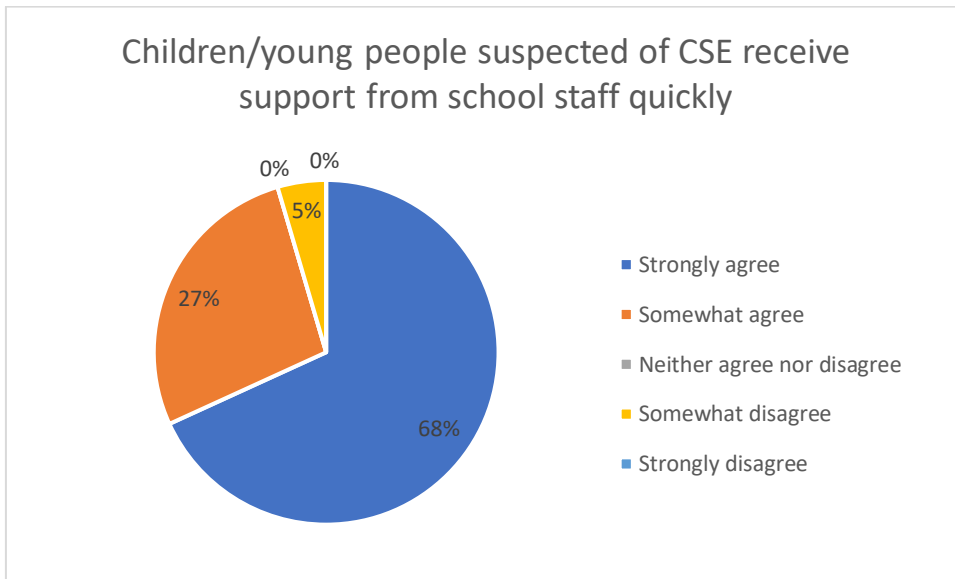


The next four questions in the questionnaire related to the communication in place at school. Most participants felt there is good communication between school staff, the child/young person, and their family when there is suspected CSE (see figure 14).



**Figure 15.**

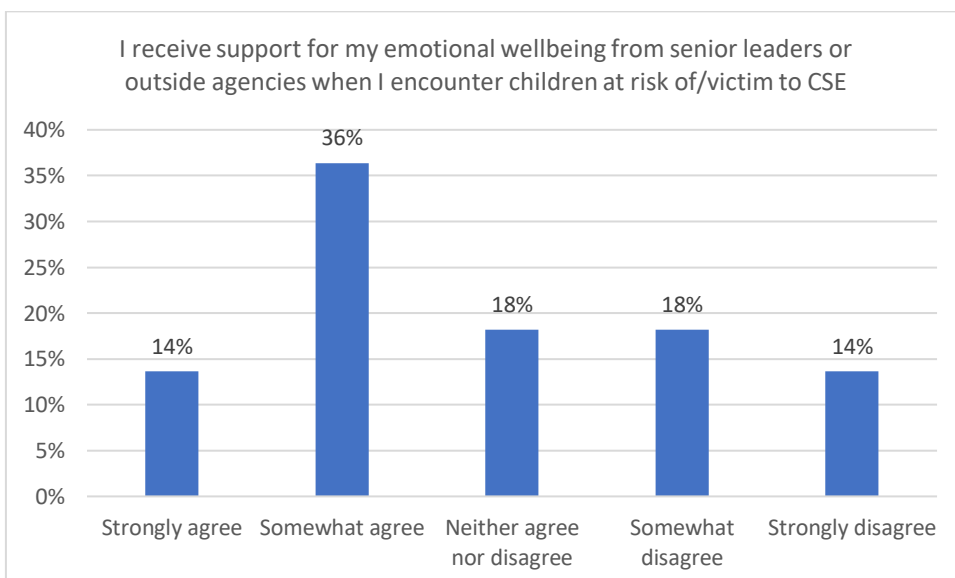
*Participant's Agreement in How Quick Support to the Child/Young Person is Received*



The results indicate that participants felt that children and young people suspected of CSE receive support from school staff quickly (see figure 15). This may be linked to the findings which indicated good communication between staff, which could aid the speed of support.

**Figure 16.**

*Participant's Agreement in How Much Emotional Support They Receive*

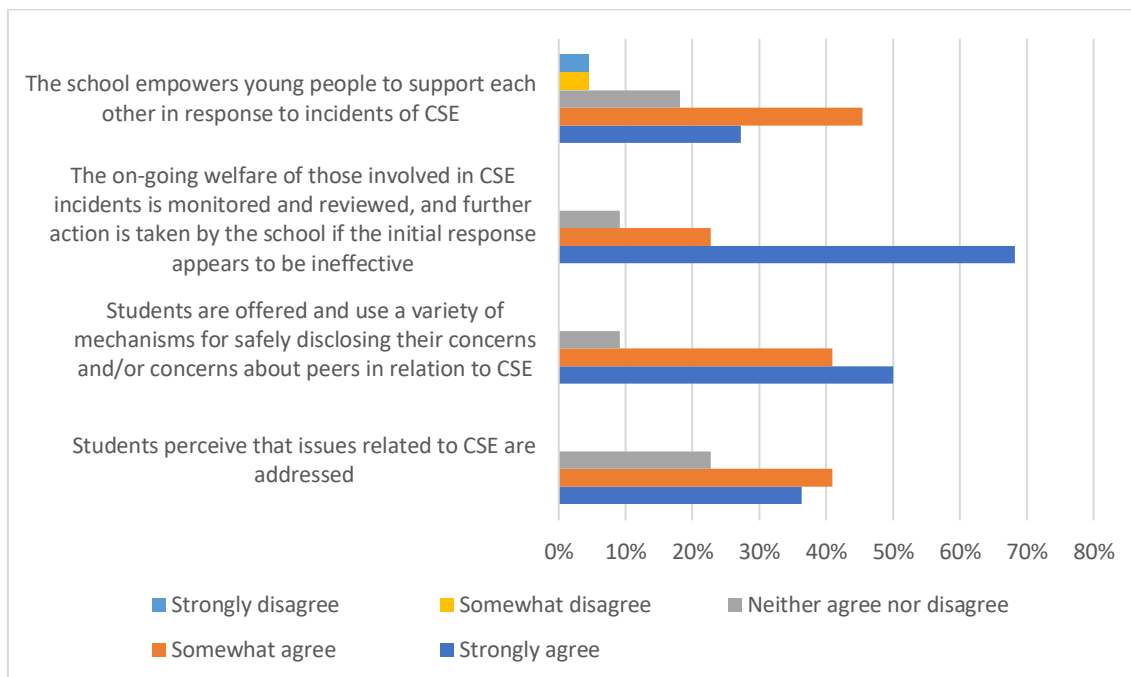


A question was asked whether they agreed that they (the participant) received support for their emotional wellbeing from senior leaders or outside agencies

when they encounter children at risk of or experiencing CSE. Findings imply that this differs between participants (see figure 16), and this support may be lacking in some schools.

**Figure 17.**

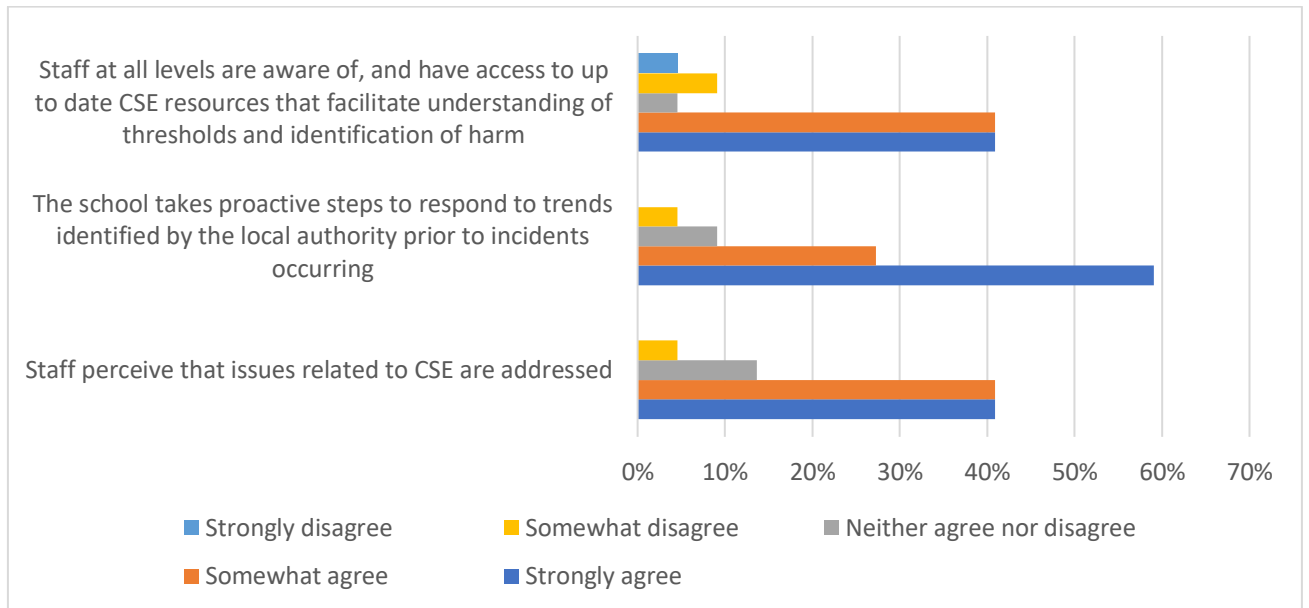
*Participant's Agreement to the Support for Students and Their Perception of It*



Questions were asked about the student's perception of the support they receive and questions about the procedures in place for the students when facing CSE (see figure 17). Many felt that students perceive issues related to CSE as being addressed, that there are a variety of mechanisms for disclosing concerns, and the young person's on-going welfare is monitored and reviewed. However, some felt that the school does not always empower young people to support each other, suggesting some schools may be lacking in having an open communication with young people and students about the issues of CSE and avenues of support.

**Figure 18.**

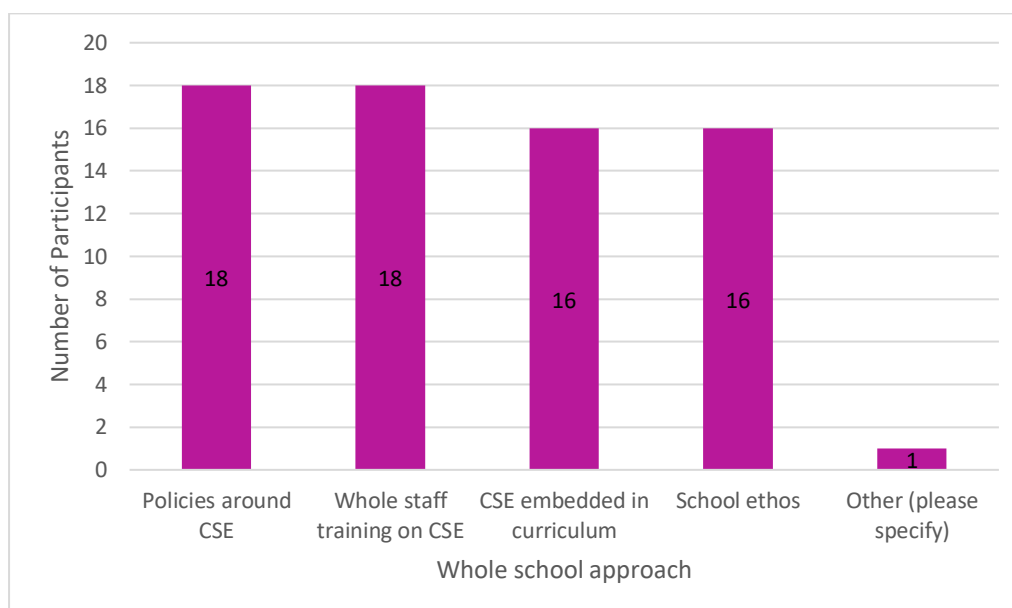
*Participant's Agreement in Addressing Issues, Responding to Trends and Access to Resources*



Most participants felt issues related to CSE are addressed, and that the school is proactive in responding to trends identified by the local authority. Findings indicate that staff at all levels are aware of and have access to up-to-date CSE resources, however some participants disagreed with this statement suggesting there may need to be more awareness raising and education about CSE amongst school staff. See figure 18 for findings.

**Figure 19.**

*Whole School Approaches Used to Prevent CSE in School*



Participants were asked what whole school approaches were used to prevent CSE within their school. Findings indicated that there were school policies around CSE, staff training, CSE embedded in the curriculum and within the school ethos. One participant also stated that multi-agency working also took place. See figure 19. This implies that there are many systemic ways in which CSE is being addressed within schools.

**Table 5.**

*Content Analysis of The Categories Arising from Analysis of Participants Comments on Interventions/Approaches Used to Support Child at Risk of/Experiencing CSE*

Category	Sub-category	Frequency of responses	Example quotation
Structures and Systems	Holistic safeguarding response	3	<i>“Concerns raised with larger safeguarding team”</i> <i>“Monitoring of app usage”</i>
	Curriculum	4	<i>“Education within the curriculum”</i> <i>“ICT/E-Safety lessons”</i>
	Pastoral support	4	<i>“Keyworkers, tutor time to check in with students”</i> <i>“Pastoral coordinator”</i>

Prevention	Training	5	<i>“Training for students/parents/staff” “A trained member of staff talks to child and parents”</i>
	Risk assessments	1	<i>“Risk assessments”</i>
	Relationship and sex education	1	<i>“Honest and open discussions about balance of power and healthy relationships”</i>
	SEND	1	<i>“Graduated response”</i>
	Relationship building	1	<i>“Students having a key adult that often they identify”</i>
Identification	Attendance	1	<i>“Attendance monitoring”</i>
	Spotting signs	3	<i>“Knowledge of our students so we can spot any changes or signs” “Staff cued up to be vigilant for signs and symptoms”</i>
Response and intervention	Pastoral support	13	<i>“Positive mentoring to establish relationships” “Offering students support and system of ‘checking in’ from time to time so that they know we are there/care” “Mentoring, key worker, ELSA, Counselling, Thrive”</i>
	Multi-agency working	11	<i>“Referrals to specialist services” “Safeguarding interventions addressed through a multi-agency approach” “Team around the family”</i>
	Parental engagement	5	<i>“Parental/family meetings” “Good communication with parents and carers” “Close links with home – tutor phones home several times a week”</i>
	Assessment	1	<i>“Needs assessment for strategy and additional provision”</i>
	Intervention	2	<i>“Reasonable adjustments, bespoke and personalised curriculum/ timetabling/ attendance” “Interventions offered e.g., mentoring, training in recognising CSE and sources of support”</i>
	Review	2	<i>“Ongoing safeguarding review with efficient response action and communication and multi-agency meeting”</i>

			<i>“Escalation if school feels parents or other agencies are responding inadequately. REACH team. REDS team support etc.”</i>
	Information sharing	2	<i>“Info shared with staff and possible supportive strategies also shared”</i>

Content analysis was completed of the qualitative comments regarding what interventions and approaches are used in their school to support a child at risk of or victim to CSE (see table 5). This was structured and analysed using the four levers set out by Firmin, Lloyd, et al. (2019) in addressing harmful sexual behaviours between students at school. When exploring the structures and systems in place, there were discussions about the holistic safeguarding response that is in place within the school, the pastoral support available and work within the curriculum to support the young people. In terms of prevention, training, risk assessments, relationship building, relationship and sex education and the graduated response for SEND was recorded. For identification, the importance of spotting signs of CSE and attendance monitoring as a form of identification were recorded. When looking at the response and interventions used, pastoral support, multi-agency working, and parental engagement were recorded. Other areas included the importance of information sharing, assessment, intervention, and review. Findings imply that a number of approaches are used preventatively, and holistically when support a young person experiencing CSE.

**Table 6.**

*Content Analysis of The Categories Arising from Analysis of Participants Comments on Barriers to Supporting Children or Young People at Risk of Or Victim To CSE*

<b>Category</b>	<b>Frequency of responses</b>	<b>Example quotation</b>
Parents	8	<i>“Parent's mental health, parent's substance misuse” “Poor parental involvement/parenting” “Family may also find it hard to work with the school for a variety of reasons and unless it is escalated beyond Early Help, we cannot force</i>

		<i>them to engage with us if they do not choose to do so."</i>
Young people unaware of the abuse	6	<i>"When young people are oblivious to what is happening. When they do not realise that they are being groomed. This person is deemed as their friend, and they do not see it as CSE" "Can result in the child also not recognising the dangers or wanting to leave/move away from the imbalanced relationship"</i>
Engagement difficulties	6	<i>"The young person becoming defensive about the relationship and therefore not want to talk to staff creating a potential risk" "When the young person does not want to listen" "Students sometimes don't want to give us information as they are aware of our statutory responsibilities"</i>
Accessing services	5	<i>"Not meeting threshold for social services involvement to address difficulties in the home" "Stretched services" "Long waiting lists for support"</i>
School demands	4	<i>"Staffing/resources" "More students needing support than we have staffing and hours available"</i>
Negative attitudes	4	<i>"Teachers seeing the signs as a 'rebellious teenager" "Culture of disbelief in school, prejudicial views about poverty and expectations" "Cultural attitudes towards young women. Prejudice against sexualised underage women even among school staff at times. Some prevailing attitudes about poorer or deprived children and their sexualised behaviours."</i>
Identification difficulties	3	<i>"Using risk matrix which often show lower levels of concern/thresholds than professional judgement" "Getting enough hard evidence to ensure that the correct support and degree of intervention is applied"</i>
Communication	2	<i>"Not talked about enough in schools in my experience." "Communication / language"</i>
Disclosure difficulties	2	<i>"YP feeling like no one will believe/listen to them"</i>

		<i>"A number of our students are non-verbal and have significant educational needs"</i>
Attendance / lack of contact	2	<i>"Covid has been a barrier lately as less contact with young people"</i> <i>"Often attendance at school drops and it becomes harder to offer support"</i>
Peers	2	<i>"Peer pressure. Worry about how peers will talk about them, worry about peers asking why they are seeing staff"</i>
Lack of training or experience	2	<i>"Lack of awareness regarding sexual traumas and abuse"</i> <i>"Experience"</i>
Access to support	2	<i>"Lack of support for children who have experienced DV (domestic violence)"</i> <i>"Feeling that school is for different things rather than support"</i>
Finding support	1	<i>"Finding specific support once we have identified a specialist need"</i>
Power dynamics	1	<i>"The pull or power of the other parties can mean our work has limited impact"</i>

Content analysis was completed of the qualitative comments regarding what barriers there are to supporting children/young people at risk of or victim to CSE (see table 6). Most responses about barriers were regarding parents, whether that was due to parenting, a lack of support from parents, a difficulty to engage with them or wider familial difficulties (e.g., parental mental health or substance misuse). It was discussed how a barrier would be the young person in not being aware of the abuse or CSE, and that there are challenges with engaging with the young person due to this. Some participants discussed the difficulties with accessing services due to stretched services and long waiting lists, and similarly there were demands on school such as a lack of resources or staffing, which also added to challenges to supporting young people. Some participants stated the difficulties in negative attitudes, with one participant stating, *"feeling that they (are) often told off / sanctioned for negative behaviours which are a result of their CSE"* suggesting there may be some victim blaming occurring. Results implied that there were difficulties in identification due to a lack of information, and that there were communication difficulties, difficulties with disclosures and sometimes a lack of contact or attendance which made it difficult. Participants felt that a lack of training or experience could be a barrier, as well as having



access to or finding support. Peers were seen as a barrier in terms of peer pressure and worrying about how their peers will perceive them. Finally, one participant stated that the power dynamics between a young person and the perpetrator can mean there are limited effects of their intervention. The findings imply that there are several barriers to support children and young people at risk of or experiencing CSE.

**Research question 1.4: What further support do SENCOs and DSLs think would be helpful for these children and the staff working with them?**

Content analysis was completed of the qualitative comments regarding what is the most effective support for children/young people at risk of or victim to CSE (see table 7).

**Table 7.**

*Content Analysis of The Categories Arising from Analysis of Participants Comments on Most Effective Support for Children or Young People at Risk of Or Victim to CSE*

<b>Category</b>	<b>Frequency of responses</b>	<b>Example quotation</b>
Systemic Level	7	<p><i>“Education from an early age with trained staff such as youth workers”</i></p> <p><i>“Safe spaces in school”</i></p> <p><i>“More whole school awareness. Break down the prejudices against young female sexualised behaviour so that young women feel more empowered to report abuse and to stand up to mostly male, but also some females too, who perpetuate sexually abusive behaviour and who bully other children into having sex”</i></p>
Supportive relationship	6	<p><i>“1:1 expert mentoring through the whole process”</i></p> <p><i>“Being there and listening”</i></p>
Multi-agency work	6	<p><i>“Dedicated social worker assigned to each school”</i></p> <p><i>“External specialist professional support”</i></p>

		<i>"I think a team around the child approach involving school, social care, youth workers, police would be most effective. Also, some way of engaging families who are hard to reach and who don't want to engage in Early Help"</i>
Funding / resources	3	<i>"Increased funding for mentoring support" "Outside agencies meeting their deadlines to build confidence for young person"</i>
Early intervention	3	<i>"Proactive early intervention" "Well structured school and external professional support strategy tailored to support the child and able to mobilize support immediately"</i>
Specific interventions / education	3	<i>"Role play" "Support from others who have gone through it. Girl's workshop"</i>
Training	2	<i>"Specialist training for staff"</i>
Communication	1	<i>"Clear understanding of what processes will take place after disclosure"</i>

Most participants discussed systemic level interventions as most effective, including the importance of prevention through education at an early age, raising awareness across the whole school and making school a safe place to be. Findings indicate that having supportive relationships are the most effective way to support young people, implying they valued the importance of relationship building and providing pastoral support. Multi-agency working and involvement from a wide range of services was also important. Some participants shared the importance of funding and having available resources to provide support, in providing early proactive intervention and some specific interventions were suggested including specialist workshops and role play interventions. Training for staff was considered important and having a good communication with the young people regarding what to expect after making disclosures. Findings imply that SENCOs and DSLs have a good understanding of how to effectively support children and young people experiencing CSE, especially with the use of systemic and multi-agency approaches.

**Table 8.**

*Content Analysis of The Categories Arising from Analysis of Participants Comments on What Would Be Helpful to Further Support Staff Working with Children or Young People at Risk of Or Experiencing CSE*

<b>Category</b>	<b>Frequency of responses</b>	<b>Example quotation</b>
Training	8	<p><i>“A better understanding of addressing CSE with individuals and a better knowledge of how the young person might feel so that we can support them through the process”</i></p> <p><i>“More case studies covering a wider range of students, in particular those with disabilities”</i></p> <p><i>“Whole school training. Increase training for whole of senior leadership team, not just safeguarding leads”</i></p>
Funding / access to services	4	<p><i>“More in the way of funding for charities set up to work in and with students / parents / communities / professionals”</i></p> <p><i>“More access to other services and agencies”</i></p>
Support for wellbeing / mental health	3	<p><i>“Support for adults mental health / counselling / debriefing”</i></p> <p><i>“A proper system of supervision in education. We are often the first line for disclosures and mental health issues, yet we have no formal supervision system to support us”</i></p>
Resources / tools	1	<i>“Traffic light systems like the Brook Tool”</i>
Involvement of SLT	1	<i>“More emphasis on SLTs to support work with students who struggle with CSE behaviours - who would prioritise it as part of the SIP, something Ofsted would be interested in seeing, as evidence of a whole school approach to maintaining healthy ethos”</i>
Supporting families	1	<i>“More help and support for parents and 'vulnerable families' before the signs of CSE are even present”</i>

Content analysis was completed of the qualitative comments regarding what would be helpful to further support staff working with children at risk of or experiencing CSE (see table 8). Many participants shared that training would

help support the staff, including understanding better how a young person may feel and covering a wide range of scenarios. It was felt that training should be for the whole school and the senior leadership team, not just the safeguarding leads. Participants felt that more funding or better access to services would be helpful, including charities which could work with students, parents, professionals, and communities. Some participants thought there should be more support for the staff in terms of their emotional wellbeing and mental health, either with clinical supervision, debriefing, or counselling. Other suggestions for supporting staff included better resources and tools to spot signs of CSE, more involvement from the senior leadership team and more preventative work to support vulnerable families and parents.

### **4.3. Discussion**

This chapter discusses the findings from phase 1 in relation to the literature and the research question of ‘what are SENCo and DSLs abilities to respond to the needs of children who have experienced CSE whilst in secondary schools in the South West of England?’ It is presented as follows:

- Research question 1.1: What knowledge do SENCOS and DSLs have about child sexual exploitation (training, understanding and experience)?
- Research question 1.2: What perceptions do SENCOS and DSLs have of children who are being sexually exploited?
- Research question 1.3: What practical support is available to children at risk of, or being sexually exploited and what challenges are there to delivering this?
- Research question 1.4: What further support do SENCOS and DSLs think would be helpful for these children and the staff working with them?
- Conclusion

The main findings of these four parts of the research question are summarised within each section.

### **Research question 1.1: What knowledge do SENCOs and DSLs have about child sexual exploitation (training, understanding and experience)?**

Main findings:

- 67% of respondents in this study (DSLs/SENCOs) have had experience of working with a child or young person who had been sexually exploited.
- 90% of participants had received training on CSE. Of these, 52% received specific CSE training (as opposed to a general safeguarding course), and the majority (93%) attended at least a half a day training, if not more. Out of the participants who attended training on CSE, 78% found it helpful to aid their understanding, however some commented that the training was not good enough and did not cover the complexities of CSE. Some participants had to organise their own training.
- The majority (96%) of participants agreed they were confident in recognising the signs of CSE, all participants agreed they were familiar with the school procedures when a concern about CSE is raised and 93% agreed they felt confident to support a young person who is victim to CSE.

The findings indicate that most of the participants have received training on CSE, and despite some not having had experience of working with children and young people who had been sexually exploited, most felt confident in their ability to be able to recognise the signs, follow the school procedures in place and support the children and young people who were experiencing it. Sharp-Jeffs et al. (2017) highlighted the importance of staff training to spot the warning signs. There was only specific training on CSE (separate to general safeguarding) for over half the respondents, suggesting there may be a need for all professionals working with young people to have more specific and specialised training, training that explores the complexities of CSE (Beckett & Schubotz, 2014).

### **Research question 1.2: What perceptions do SENCOs and DSLs have of children who are being sexually exploited?**

Main findings:

- All participants were able to recognise the vignette as an incidence of CSE to some extent.
- 59% of participants stated the young person (within the vignette) was not at all responsible for their situation, 37% said she was slightly responsible and 4% said she was somewhat responsible.
- Only 31% said it was extremely unlikely the young person could have avoided or prevented the events, 46% said it was somewhat unlikely and 4% said it was somewhat likely.
- 33% of participants felt the young person had no agency and choice, 52% said a little, 11% said a moderate amount and 1% said she had a great deal.
- 26% of participants felt the mother was mostly responsible, 33% said somewhat responsible and 37% said slightly responsible compared to only 4% who said not at all responsible.
- Only 18% of participants felt the scenario was not reflective of typical teenage behaviours, compared to 7% who said a great deal, 4% who said a lot and 41% who said it reflected it a moderate amount.
- Most participants felt school were best placed to support a young person going through CSE, followed by social care.

When exploring the perceptions of professionals in relation to young people being sexually exploited, the findings indicate that most of the participants did not put the responsibility on the victim for their situation. Buller et al. (2020) stated the importance of increasing awareness about girls not being to blame for CSE, and Beckett et al. (2017) shared that it is important to raise awareness and education to reduce unhelpful stereotyping and harmful messages around blame and responsibility. Most participants felt that it was either extremely unlikely or somewhat unlikely for the young person to avoid or prevent the events of CSE which implies how they do not seem to blame the young person for their situation and are not putting the ownership on them to remove themselves from it.

Research has found that some professionals are unable to see the constrained choice and survival strategies which the young person is using, instead see them as consenting to their abuse (Beckett et al., 2017). The findings imply that many of the participants do not see this as the case, however there are still

some participants who have deemed the young person to have agency and choice in their situation. Previous literature has found that professionals can victim-blame (Ascent & WGN, 2020), which may be partly evident here through their perceptions of choice and agency. Although young people over the age of 16 can legally consent to having sex, there can still be abuse even if the sexual activity appears consensual and is typified by some form of power imbalance in favour of those perpetrating the abuse (DfE, 2017) suggesting that agency and choice is limited for these young people.

Research has found that parents of children and young people experiencing CSE can feel blamed by professionals (Cooney & Rogowski, 2017; Scott & McNeish, 2017). This seems to be the case for some participants within this research as only 4% of the participants said that the mother was not responsible in the vignette, and 26% stated they were mostly responsible. Also, many of the participants shared that the main barrier to supporting children and young people were the parents (explored more in research question part 3). This suggests that it is important to build relationships between the school and home, and support parental engagement, as research has shown that parents want to support their child (Scott & McNeish, 2017), and they can be supported to help educate their children about potential indicators of abuse and how to access support (Beckett et al., 2017). Researchers have argued for the use of a systemic approach which recognises socioeconomic and familial vulnerability (Pearce, 2009a), encourages services to support parents in tandem with the child (Scott & McNeish, 2017), and encourages parents and carers to seek support if they have concerns (Beckett et al., 2017) which may be beneficial here.

Some of the participants identified the young person's exploitative situation in the vignette as 'typical teenage behaviour'. The findings link to research by Beckett et al. (2017) who found that professionals can sometimes identify behaviours of the young person being exploited as "being a teenager" or making an active lifestyle choice. Similarly, research has found that there are false assumptions made about experimental sexual activity and not seeing it as abuse and exploitation (Jago et al., 2011; Cody, 2015; Cooney & Rogowski, 2017) which may be the case with these findings.

Overall, it seems that most participants felt school were best placed to support the young person. This may be due to having more in-depth knowledge of their students and their personal circumstances (Fox et al., 2014) or because they can have the closest and longest contact with a child (Lloyd, 2018).

**Research question 1.3: What practical support is available to children at risk of, or being sexually exploited and what challenges are there to delivering this?**

Main findings:

- 92% said they were able to work collaboratively with teachers and teaching assistants to support the young person.
- 88% agreed that they could work out strategies to engage the young person in learning, with 4% disagreeing.
- All participants felt they could create an effective support plan for a young person at risk of or being sexually exploited.
- 96% felt they had the skills to engage with the young person.
- 92% felt confident in being able to work effectively with the young person's mother.
- 90% felt that the school has systems in place to flag CSE. 96% agreed there were clear internal referral pathways in place to raise concerns about CSE, all agreed there were clear external referral pathways to be reported to social care, and 72% said that the child or young person is involved in these referrals, however 9% felt the child was not involved.
- 82% of staff felt there was good communication between school staff when CSE is suspected, 91% felt there was good communication between the SENCo/DSL and other members of the team, but 9% disagreed with both statements. 81% felt there was good communication with the family, but 5% strongly disagreed with this. All participants felt there is good communication with the child/young person.
- 95% of participants felt children and young people suspected of CSE receive support from school staff quickly.
- Only 50% of participants felt they received support for their emotional wellbeing and 32% disagreed.



- 77% of participants agreed that students perceive issues related to CSE are addressed, 91% agreed that students are offered a variety of mechanisms to safely disclose their concerns, 91% agreed that the ongoing welfare of the students is monitored and reviewed and 72% felt the school empowers young people to support each other in response to incidents of CSE, however 10% disagreed.
- 82% agreed that staff perceive issues related to CSE are addressed, but 5% disagreed. 86% felt that the school takes steps to respond to local trends and 82% felt staff are aware of and have up to date CSE resources, however 14% disagreed with this statement.
- The whole school approaches used include policies around CSE, whole staff training on CSE, CSE embedded in the curriculum and school ethos.
- The main interventions and approaches used in schools included pastoral support, multi-agency working, parental engagement, training, the curriculum, and a holistic safeguarding response.
- Participants felt the main barriers to support were the parents, the young people being unaware of their abuse, difficulties in engaging with the young person, problems accessing services, school demands, and the negative attitudes of the young person from staff and wider society.

The findings indicate that the participants have a lot of confidence in their ability to support young people experiencing CSE and can work together with other members of staff and the parent to support them. These findings are in line with the suggestions of Sharp-Jeffs et al. (2017) who highlighted the importance of multi-agency working when supporting young people experiencing CSE, and Cody and D'Arcy (2019) who said that it is important the practitioners working with young people who have been affected by CSE have the training, resources, and support so that they have the confidence and skills to engage with young people. Although, it is worth noting that one person did not feel that teachers in the school could work out strategies to engage the young person in learning. This may be due to the difficulties found with educational outcomes that the young people experiencing CSE can have (Beckett et al., 2017; NSPCC, 2021; Hallett, Verbruggen et al., 2019). One person stated they did not feel confident in engaging with the parent, which links to research by Scott and

McNeish (2017) who noted the importance of supporting parents alongside supporting the child.

Research has shown that reviewing school policies and having clear referral and support pathways as a 'whole school' approach can support children and young people experiencing CSE (Bovarnick & Scott, 2016). The findings have implied that the participants felt the schools they worked in provided this. Similarly, Lloyd et al. (2020) found schools with good structure and systems in place regarding school safeguarding procedures and clear referral pathways were more effective in addressing harmful sexual behaviour. However, findings implied that there may not be youth participation in this process. Cody and D'Arcy (2019) argue that children and young people who have been affected by CSE have an important role to play in shaping practice and policy and there is value in youth participation. Some communication difficulties were reported within the findings. It is important to involve all members of the school community when supporting children and young people with CSE including the pupil, teacher, school support staff, parent/carer, and governor, and using collaborative approaches (Bovarnick & Scott, 2016).

There were mixed findings regarding the DSL or SENCo being supported in their role when working with young people experiencing CSE. Secondary traumatic stress has been found in workers who work with traumatised populations, and this has been found in social workers who work in child abuse (Bride, 2007). Research by Ahern et al. (2016) found when exploring police officers and social workers experiences of CSE cases, that they rarely used stress-management techniques or coping strategies. The practitioners focused more on the needs of the young people than they did their own and did not consider the negative emotional impact on their wellbeing. Similarly, Helpingstine et al. (2021) found that professionals who work with CSE survivors can experience vicarious trauma and burnout. Therefore, it is important that these workers are offered supervision or emotional support when working with this population to support their wellbeing and mental health, which it seems they may not be getting.

Children and young people can feel too isolated and scared to disclose to others about their CSE (Allnock & Miller, 2013), and it is suggested that adults respond appropriately to disclosures to ensure the young people feel cared for

and listened to (Smeaton, 2013). This highlights the importance of having a variety of mechanisms in place for them to disclose or for their peers to disclose. The findings imply that this is the case within the schools the participants work in.

Buller et al. (2020) found that for some countries, there is a lack of access to resources for CSE. Lloyd et al. (2020) stated the importance of DSLs having adequate resources and a good understanding and awareness of the current and emerging issues affecting students locally. The findings indicated that many participants felt they had access to up-to-date resources and respond to local trends, however some disagreed with this. Hurst (2021) found when interviewing survivors, that many teachers did not ask them about their safety or provide help or resources, emphasising the importance of professionals being more aware of CSE and the resources available.

The findings indicated that multiple systemic approaches are used in school to support young people at risk of or victim to CSE. Research has shown the importance of providing a holistic response to preventing CSE (McKibbin, 2017), emphasising the importance of whole school approaches (Sharp-Jeffs et al., 2017; Bovarnick & Scott, 2016). Finkelhor (2014) highlighted the importance of generic education about life skills (such as conflict management, empathy promotion, emotional regulation, refusal techniques, bystander motivation and help seeking) instead of specialist training.

Many of the schools are using and have identified the importance of a multi-agency approach. They are accessing specialist services, and engaging with parents and social services, which have found to be an effective method for supporting young people experiencing CSE (Beckett et al., 2013; Rawden, 2015; Humphreys et al., 2008).

The participants emphasised the importance of training, which is in line with research which considers awareness raising, training, and providing guidance as high importance (Jago & Pearce, 2008), especially in relation to preventing CSE (Bovarnick & Scott, 2016). Some have argued for mandatory training to be implemented (Beckett & Schubotz, 2014).

When discussing barriers to provide support, the main barrier addressed by the participants was the parent. Research has shown that parental substance

abuse, mental health issues or criminality can be a risk factor for developing CSE (Clutton & Coles, 2007; Beckett et al., 2017; Barnardo's, 2011; Ashby et al., 2015), however some responses imply that this is seen as a barrier to also supporting the young person. Parents can be blamed for the child's exploitation (Cooney & Regowski, 2017) and there is a danger that the participants could blame the parent if they see them as a barrier to the success of the support e.g., one participant said a barrier was '*parenting*'. Parents of children being sexually exploited have shared how they would want to be seen as part of the solution, not blamed as causing the problem (Scott & McNeish, 2017), and they can be allies to the school in supporting their child through the experience (Rawden, 2019), but it seems the participants may have different experiences with parents.

Many participants shared that they have difficulties engaging the young people, especially as many are not aware they are being abused or exploited. This supports previous literature (Beckett et al., 2017), and again highlights the importance of a supportive relationship so the young person can develop trust with the professional (La Valle et al., 2017; Ahern et al., 2017).

Negative attitudes were deemed a barrier to providing support, including victim blaming and unhelpful stereotypes. Research has found that there can be judgemental attitudes from professionals (Capous-Desyllas, 2013; Warrington, 2013; Pearce, 2013) which can lead to young people being stigmatised (Orchard et al., 2013; Taylor-Browne et al., 2002; Brown, 2006). The findings suggest that these negative attitudes are a barrier to support and is still an ongoing problem for some within their schools and the community. La Valle et al. (2016) argued that good practice can depend on staff skills, consistency, attitudes, and their level of training, as well as working with families and children's meaningful involvement. These findings indicate that some of the biggest barriers to supporting children can depend on some of these factors.

**Research question 1.4: What further support do SENCOs and DSLs think would be helpful for these children and the staff working with them?**

Main findings:

- Participants felt that the most effective support for children and young people at risk of or victim to CSE were using a systems-level approach, having supportive relationships and multi-agency work. It was also felt that funding and early intervention is important too.
- Participants felt that training, funding and access to resources, and support for staff for their mental health and wellbeing would be helpful to further support staff working with children or young people at risk of or victim to CSE.

The findings indicated that participants felt it is important that young people have pastoral support and have supportive relationships with staff in school, which is in line with previous literature (Hallett, 2016; Hallett, Verbruggen et al., 2019; Beckett et al., 2017; Pearce, 2009a; Eaton & Holmes 2017; D'Arcy et al., 2015). Research has found that young people would prefer somewhere calm and quiet within the school (Rawden, 2012) which would also support the feeling of safety.

The findings indicated the need for specialist training for school staff and funding for schools to help with training costs and resources. This supports Beckett and Schubotz (2014) who highlighted a need for specialist training on CSE and sexual violence for all professionals working with young people. Previous research has addressed the difficulties on a structural level with supporting young people victim to CSE, including areas suffering from poverty having a lack of access to resources (Buller et al., 2020), suggesting the importance of funding to support services.

The findings indicated that further support was needed to help the professionals access emotional and well-being support when working with young people experiencing CSE, as previous research has found it can lead to stress and burn out in professionals (Helpingstine et al., 2021).

#### **4.4. Conclusion of Phase 1 Findings**

Overall, it seems that most of the DSLs and SENCOs who participated in this Questionnaire have received training on CSE and are confident in spotting the

signs and responding appropriately to a child or young person who is being sexually exploited, or at risk of.

Most of the participants had positive perceptions of the young person (within the vignette) and the majority felt that the young person was not to blame for their situation, however there were some responses which suggested that the parent was partly responsible, that the young person had some agency and choice in their situation, and that it could be reflective of typical teenage behaviour. Despite this, most of the participants felt that the school were best placed to support them.

In terms of practical support, most participants felt they could work collaboratively with other members of staff, with the young person and the parent, and put an effective support plan in place. Participants felt there were effective referral pathways and good communication in place. Young people receive support quickly and their ongoing welfare is monitored and reviewed. Many whole school approaches are used to support children and young people, and it was felt that pastoral support, multi-agency working, parental engagement and training were the main forms of approach used. Barriers to offering support included working with the parents, engagement difficulties with the young person, difficulties in accessing service, the demands of school, and negative attitudes of the staff. Finally, some participants felt that they were not supported when working with these young people, suggesting the importance of support for the staff's emotional wellbeing and mental health.

When exploring what further support the participants feel would be helpful, they felt that a systemic level approach is beneficial, having supportive relationships and ensuring there is multi-agency working. It was felt that to achieve this, schools needed further training, funding and access to resources, and the staff needed more support for their health and wellbeing when working within these populations.

This chapter presented the methods and a discussion of the findings from phase 1 of the research. Chapter 5 will present the method and findings from phase 2.

## **Chapter 5: Phase 2**

Phase 2 aimed to explore the lived experience of adult survivors of CSE. Semi-structured interviews were conducted to elicit their views about their school experiences. The method of this phase is outlined below, discussing the recruitment process, the development and piloting of the interview schedule and the analysis undertaken. A findings and discussion section outlines the analysis of information and links the study to the wider literature.

### **5.1. Methods**

#### **5.1.1. Research Question**

The research question for phase 2 is:

2. What are adult survivors of CSE's experiences of support within their secondary educational provision in the UK?

#### **5.1.2. Participant Sample**

Participants were recruited using an opportunity sample. Adverts were sent to national charities supporting victims of CSE, asking for voluntary participants and using snowballing techniques to reach more participants (see appendix 14). An advert was also placed on Twitter on the 24<sup>th</sup> of September 2021 (see appendix 15 for advert).

The charities which were contacted included Barnardo's, PACE (Parents Against Child Exploitation), The Survivors Trust, NWG Network (National Women and Girls Network), ECPAT (Every Child Protected Against Trafficking), NAPAC (National Association for People Abused in Childhood), The Truth Project, The Survivor Pathway, HAVOCA (Help for Adult Victims of Child Abuse), Aurora Foundation, Fresh Start Foundation, SPACE (Stop & Prevent Adolescent Criminal Exploitation), Birmingham Children's Trust and ISurvive.

An advert was placed on 'The Educational Psychologists' newsletter which goes out to school staff and EPs (see appendix 9).

Adult survivors of child sexual exploitation took part in an individual interview via virtual means (Zoom or Teams). Participants were provided with an information

sheet (appendix 7) and completed a consent form (appendix 16) which was returned via email prior to interview.

The sample consisted of four participants: two male and two female. There was a mix of ages (between 22 and 60), and all from the UK.

### **5.1.3. Development of the Interview Schedule**

Semi-structured interviews aligned to the social constructionism epistemology and enabled an in-depth exploration of opinions and experiences, as well as being able to discuss sensitive issues using a careful and considerate approach (Denscombe, 2007). The interviews were semi-structured as it is a more flexible approach than fully structured; it allows for rapport building, for pursuing of topics as they arise (Smith & Shinebourne, 2012) and allowing the participant to develop ideas and speak more widely on the issues raised (Denscombe, 2007).

I was aware of interviewer effects which can impact on the responses received (Denscombe, 2007). This can include my personal identity and characteristics, as well as my self-presentation which I made sure was neutral and non-judgemental. I did this by using active listening skills, asking open ended questions, and not sharing any views or opinions. Due to the nature of sexual exploitation, it was important to ensure there was not a reserved style of interviewing as this can reinforce a gulf between the researcher and participant (Denscombe, 2007). Instead, it was important to express empathy and compassion.

The interview schedule was developed for this research. The interview schedule (appendix 19) consisted of 11 open-ended questions, designed to explore participants experiences of when they were in an educational provision and being sexually exploited. Questions focused on what support they received in their school (emotional, academic, social, partnerships between school and home, and school-wide support), what challenges there were for them (if they had anyone to talk to, academic achievement, attitudes of others, communication between home and school), and what improvements could have been made (what would have been helpful and what recommendations they have to schools and colleges supporting pupils who have been/are being sexually exploited). These questions were based upon previous literature by Smeaton (2013), Firmin et al. (2020), Buller et al. (2020), Beckett et al. (2017)



and Scott and McNeish (2017). Appendix 20 provides further information about the literature sources from which the interview questions were developed. Individual semi-structured interviews were carried out between 29<sup>th</sup> July 2021 and 22<sup>nd</sup> October 2021. All interviews were conducted online and recorded using the platforms used (Zoom or Teams) which provided an audio transcript.

#### **5.1.4. Piloting the Interview Schedule**

Piloting the interview schedule was important in order to ensure there was quality and validity, by addressing Yardley (2000)'s principles; sensitivity to context, a commitment and rigour, transparency and coherence, and impact and importance (see page 52 for further information). Piloting involved checking the clarity of the questions and gaining feedback on the validity of the interview questions (Cohen et al., 2007). Piloting aimed to eliminate any ambiguities or difficulties with the wording, and to remove any redundant or irrelevant questions (Cohen et al., 2007). I wanted to receive feedback on any leading questions and identify how sensitive the questions were to ensure no harm was caused. The interview questions were piloted on 20<sup>th</sup> July 2021 with a colleague. This person was not included in the main data collection phase. The interview schedule was sent to my supervisors who suggested changes. The interview schedule was subsequently refined (changes were made to the wording of some of the questions to ensure more clarity) and finalised for use. See appendix 17 for original interview script prior to changes, and appendix 18 for amended and final interview script.

#### **5.1.5. Data Analysis**

The transcribed interview data were analysed using Braun and Clarke's (2006) six stage thematic analysis framework (appendix 21), which I shall explore further below.

Thematic analysis allows the identification and analysis of patterns of themes within and across the entire dataset and for the investigation of the underlying ideas and assumptions being made, going beyond what is said and relating it to the broader social context (Braun & Clarke, 2006). Reflexive thematic analysis was suitable for the analysis of this dataset as the flexibility of the approach meant that I was able to complete an inductively developed analysis, which included both semantic and latent meanings, and offers both descriptive and

interpretative accounts of the data. This approach meant that I could 'give a voice' to the lived experiences of survivors of child sexual exploitation, but also locate these experiences within wider sociocultural discourses. Braun and Clarke (2006) outline several limitations with using thematic analysis which I attempted to avoid; 1) the analysis did not just include a collection of extracts from the interviews, but instead was used to illustrate an analytic point; 2) themes were identified which were consistent with the whole dataset and highlighted similarities and differences across the dataset.

I used a mixture of electronic and hard copies to complete the six steps. I used NVIVO (data analysis software) and Microsoft Word, as well as handwritten notes and cut out physical copies to complete my analysis. I found that moving between different methods helped to prompt new reflections, insights, and interpretations. The first step of analysis involved becoming familiar with the content of the transcripts. I watched the video recordings and transcribed the interviews myself to help with this process. Transcripts were read and re-read with initial thoughts noted by hand and in Microsoft word (see appendix 22 for an example). For the second step I used a mixture of highlighting/note taking and NVIVO to record initial codes across the datasets (appendix 23 shows examples of a coded transcript, appendix 24 shows the frequency of codes). This was completed multiple times in different orders. I then explored potential themes across the codes and grouped them in different ways (see appendix 25). The next step involved developing these themes which I did via Microsoft Word. The fifth step involved refining and defining the themes. I completed this step by taking each theme in turn and exploring the following questions: *what is the theme about? What is the boundary of the theme? What is unique and specific to that theme? What does it contribute to the overall analysis?* (Questions taken from Braun & Clarke, 2022). An example of this is seen in appendix 26. I then moved on to the sixth and final step which involved considering which extracts to use to explore different points across the themes and writing up the analysis. Appendix 27 shows an example of how extracts, codes and themes link together.

Some of the approaches I used to ensure quality within my data analysis included using a reflexive journal to ensure I was thoughtful and reflexively aware during the analysis, allowing plenty of time for my analysis, and speaking

to others (peers and supervisors) to gain insights. I took time to name and refine my themes and referred to examples of thematic analysis to support this process. I also kept an audit trail to ensure clarity with each step. I referred to a 15 point checklist on ensuring quality in thematic analysis (see Braun & Clarke, 2022) and took measures such as; ensuring transcripts were checked against the original recordings for accuracy; ensuring the coding process is thorough, inclusive and comprehensive; themes are internally coherent, consistent and distinctive; ensuring an appropriate balance between data extracts and analysis; the analysis tells a well-organised story about the data and topic, and addresses the research questions; and ensuring I am active in the research process.

It was important to remain reflexive in this process. Reflexivity involves the critical reflection on my role as a researcher, my research practice, and the process (Braun & Clarke, 2022). I kept a reflexive journal throughout the research to ensure I was critically interrogating what I was doing, how I was doing it, why I was doing it, and the impacts and influences of this on my research. Many of my reflections included my thought process about my developing analysis, as well as conversations I had with others about it. For example, some reflections included: reflections from my interviews (e.g., see appendix 29); reflection from supervision with my research supervisors; reflection on coding. Many of these reflections were discussed during my supervision sessions with my research supervisors. I found with the process of reflexive journalling that I was able to question myself and gain new insights, as well as reflect upon my prior assumptions and knowledge.

## **5.2. Findings and Discussion**

This chapter explores the findings for phase 2 of the research. Eight main themes and five subthemes were identified from the thematic analysis. I shall now explore them in relation to the research question and previous literature. They are presented as follows:

- Theme 1: Survival mode: how they were presenting at school and the impact of this
- Theme 2: "You're making too much of it": the negative attitudes of others

- Subtheme: Victim blaming
- Theme 3: “I felt like I was a problem”: how the perceptions of others impacted upon them
- Theme 4: Professionals being “out of their depth”: a lack of support
- Theme 5: Lack of education and understanding within school
  - Subtheme: Sex and relationships
  - Subtheme: CSE/child abuse
- Theme 6: Not looking holistically
- Theme 7: Communication and liaison difficulties
  - Subtheme: Child voice and agency
- Theme 8: The importance of supportive relationships

### **Theme 1: Survival mode: how they were presenting at school and the impact of this**

One prominent theme was the difficulties the participants encountered in being in school whilst going through their abusive experiences. There were difficulties in concentration:

*“I couldn’t take in the information, it was like they were teaching me maths, English, Science, whatever it may be, and I could hear what they were saying, but in my mind all I could think about was the police interview, or the court case, or how my family were doing, or even just being alone (...) so dealing with all of them thoughts and trying to take in any information, it was just too much.” (Participant 4)*

*“That was what I think was dramatically changed, was my ability to concentrate. If you’re having extreme child abuse, and someone says, ‘can you write an essay on this’ you think ‘why?’, ‘what meaning has this got to me when I’ve got this, when I’m carrying this kind of burden, what does writing an essay on Jane Eyre, for example, mean to me?’” (Participant 3)*

Here it shows how there were difficulties not only in concentrating within lessons, but also within the content of what they were being taught and the irrelevance of that topic to them. It seems that in relation to the wider context of what they are going through, these topics taught within school may seem unimportant or trivial. Another quote highlights this, as well as emphasises how they were in a survival mode:

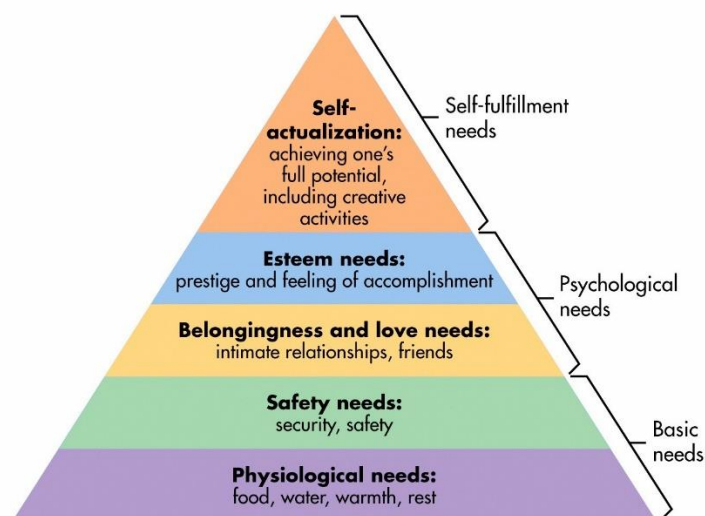
*“I was with depression and anxiety, and all that jazz that comes with being abused, I wasn't really able to focus or care about myself or my studies as much as I feel like I have the potential to. And I was also sick an awful lot, like physically ill because of the abuse, and that impacted on my ability to concentrate and because I was just focused on daily survival, I wasn't thinking about my future.” (Participant 2)*

These quotes suggest that concentrating within lessons was difficult due to the other difficulties they had going on for them, such as the physical and mental health difficulties, and on keeping themselves safe. A “hyper-vigilance” was discussed that they had within school, and as a result meant that it was difficult to engage and remain focused within the lessons.

These findings link to research which has emphasised the importance of feeling safe within school (Rawden, 2019), which relates to Maslow's (1943) hierarchy of needs (see figure 20). This theory suggests that basic needs are required (such as needing physiological needs met and feeling safe and secure), before being able to meet self-fulfillment needs (such as achieving one's potential). According to this theory, if the basic needs are not met then this will inhibit the learning process as the individual will instead be focused on these primary needs. Therefore, learning and self-development become a secondary priority (Mittelman, 1991). However, there are some criticisms with this theory in that the model has been criticised as too simplistic (Cianci & Gambrel, 2003), as the ranking of needs can vary with age and is not the same across all age groups (Tay & Diener, 2011). Also, the model has been criticised as having ethnocentric bias as it is focused on a Western culture, which tends to be more individualistic, and does not consider communities where there is more emphasis on community, selflessness, and contribution (Fallatah & Syed, 2018). Wahba and Bridwell (1976) reviewed studies based on Maslow's theory and found that there was little clear or consistent support from the research findings, suggesting there is little empirical evidence for his theory. Therefore, Maslow's hierarchy of needs can be useful to use in this context of CSE, as the young person demonstrates they are focusing on their survival instead of their lessons, however it is important to be aware of the complexities and individual differences which may not be accounted for in the model.

**Figure 20.**

*Maslow's Hierarchy of Needs (1943)*



Note. From *Simply Psychology: Maslow's Hierarchy of Needs*. By S. McLeod. 2007. (<https://www.simplypsychology.org/maslow.html>). Copyright 2007 by S. McLeod.

Physically there were difficulties in being at school due to the complexities of their situations:

*“So, when it came to my final high school in my final year, pregnant and addicted to drugs, and I was still turning up, but not as regularly as I should have been. And then, in the final two months, when I should have been sitting to take my GCSEs, I’d actually been locked up, and I was in a pop up brothel at the time, so there was no way that I could have actually turned up to go to school and I never went back after that, because obviously I aged out of school, it was impossible to attend. (Participant 2)*

*“I think I missed a lot of school. I think dealing with police interviews and going to... you know, dealing with the whole side of the criminal justice system, I wasn’t in school a lot, which meant that my grades started to fall massively.” (Participant 4)*

These quotes show the difficulties the participants encountered with physically being able to attend school, and the impact that had upon their education. Many had difficulties with their mental health and emotional difficulties with the abuse:

*“The trauma then escalated into mental health issues for me, like I was suffering really badly with depression and anxiety. And I think when you feel depressed, you don’t see a future.” (Participant 3)*

*“Going to school, it's meant to help you achieve a future that you want, and that was just so difficult because I didn't want to be there anymore, I didn't want to live. So how could I work hard to get into a good college or uni if I didn't feel like I wanted to be here.” (Participant 1)*

There seemed to be many negative impacts of CSE, and these quotes not only show the impact upon their mental health, but also their ability to view their future positively. This links to research which explores the impacts of trauma associated with CSE, particularly research which has found difficulties in concentration (Van der Kolk, 2005), mental health difficulties (Beckett et al., 2017) and suicidal ideation (e.g., Fedina et al., 2019).

Many participants did not disclose their abuse, and reflected upon how their behaviour was a form of communication for them:

*“I was self-harming, obviously injecting heroin, so I had track marks and then obviously became pregnant, so there was very physical signs that I wasn't okay.” (Participant 2)*

*“Because I found it really difficult to verbally communicate that I was being abused, I would use my behaviour as a way of showing it, so I would scream, I would shout, I would cry.” (Participant 4)*

Others also spoke of how they masked their difficulties and presented a different picture to what was going on for them:

*“Because I wasn't a gibbering wreck and crying, and when I was self-harming, and it was hidden anyway. Because on the surface I was just happy cheeky chappy, I think that's what they wanted to see. Because that was easier to see, than them to kind of dig a little bit deeper.” (Participant 3)*

This shows how there were more internalised behaviours than outward displays, which made it difficult to detect the abuse. Although there are clear signs which suggested there may be some difficulties, there was a common theme that their abuse was undetected, and professionals were not picking up on those signs or acting upon them. There are also suggestions that the participants were masking their difficulties to the point of acting very differently to how they felt. For example, a participant stated, *“survivors learn how to present a really false picture” (participant 3)*, which suggests they are going to extreme lengths so the abuse will not be discovered, yet also on a deeper level wanting it to be discovered and dealt with by the professionals. It seems that the

positive image school staff had of the young person meant that they did not see that there was anything else going on and would not investigate further.

One reason why masking of difficulties occurred could be due to having school as a form of escape and not wanting to jeopardise that:

*“I think I wanted an escape and maybe that was what I used school for, as a way to escape what I was going through” (Participant 4)*

*“Just having that place where I could be someone that wasn't just an abuse victim had a huge positive impact on me in later life.” (Participant 2)*

On one hand it seems that school can be a place to escape and not think about the difficulties these young people were going through, a place to be themselves, but on the other hand there were difficulties in terms of concentrating and being able to remain in school, which meant it was not always seen as a form of escape; *“I think the trauma then, obviously it didn't escape much; it still was very much present and then affected my education.” (Participant 4).*

This theme explored the difficulties that the survivors experienced in school, including being able to concentrate in lessons, finding the content of the lessons meaningless in comparison to the difficulties they were experiencing, and having difficulties in physically being able to attend lessons. There were emotional and mental health difficulties that the participants faced which led to them finding it hard to view their future positively. There was a sense that the behaviour the participants displayed was a form of communication, and quite often they would mask how they were feeling, so they could use school as an 'escape' from their abusive experiences.

## **Theme 2: “You’re making too much of it”: The negative attitudes of others**

This theme explores the negative attitudes that others had within school which made it difficult for the young people. It was felt from the participants that their abuse was dismissed or minimised:

*“(the teacher) was sympathetic, but there was no real acknowledgement about the actual abuse. There was no real acknowledgement about the*



*abuse, it was much more about ‘well, what can we do to help you get academically?’” (Participant 3)*

*“I think I just felt as though nobody wanted to take me seriously”  
(Participant 4)*

This suggests that the young people did not feel supported, and even when they did disclose their abuse, it was minimised and not properly addressed, leaving them to feel like they were not being listened to or taken seriously. This supports research by Cody (2015) who found there is a culture of disbelief with children and young people affected by CSE not being taken seriously or being misunderstood.

Other views were held around needing to move on or get over their abuse:

*“That was the moment where I needed support the most, like police had gone, social services had left, and the school really didn't want to deal with it anymore. I think they had dealt with it for a few years at that point, and to them it was just, you know, ‘you just gotta get on with it now’, and I just couldn't” (Participant 4)*

*“It was like well get over it, who cares, whatever, it's how it is” (Participant 1)*

*“I went to speak to quite a senior church leader, and he said, “you're just making excuses from it, you really need to get a grip basically”.”  
(Participant 3)*

This implies a lack of understanding about the long-term impact of abuse and effects of the attitude's others have. This then leads to a lack of support for the young people and feeling like it was up to them to get over it, and that they were making too much of their experiences.

These negative attitudes can lead to stigma, and feeling like they were viewed differently due to their life experiences (e.g., being sexually exploited or being in care):

*“Once I had disclosed that I had been a victim of child sexual exploitation and abuse it was... I was seen differently, I was seen as broken or fragile or damaged really, by my family, my mum, and professionals.”  
(Participant 4)*

*“A lot of children that get the CSE label or in care or whatnot, get brushed off as a lost cause and it's just assumed that we'll fall into this life of either crime or prostitution, or will be pregnant at 16 and on*

*benefits and have baby after baby after baby and that will be our contribution to society; just won't exist.” (Participant 2)*

*“We kind of like had a reputation for being ‘those type of girls’ and the other kids would call us ‘Paki fuckers’ and things like that, because it was Asian men that were doing it” (Participant 2)*

Here they felt that they are seen differently because of their CSE and things that are outside of their control. The negative stereotypes of CSE or being in care affect how much support they received, and how others treated them. It shows in the third quote that peers responded negatively to the young person because of their exploitation and the stigma of being “*that type of girl*”, suggesting that it would be expected of them to have those experiences. This is reflective of Pescosolido et al. (2008)’s definition of stigma as separating individuals from one another based on a socially constructed judgement that some groups are ‘less than’ others. Here their peers were grouping all the children from the care home in a category whereby they would be expected to be having sex with older men. The findings also support previous research which found that children and young people are being stigmatised for CSE (Orchard et al., 2013; Taylor-Browne et al., 2002; Brown, 2006).

Linked to the stigma is the feeling of being labelled by others, and having little aspirations for them:

*“Teachers need to stop making children believe that they can't do anything in life, and if you're giving them predictive grades that's so low; (it) makes them think that they're not worthwhile. And I think teachers really need to support kids, especially that have gone through trauma and CSE, to help them believe that they're not damaged, and they're not broken, and the world really is out there for them to achieve whatever they want.” (Participant 2)*

*“When my predicted grades came out for my GCSEs, I was predicted Ds, Es and Fs, and I think getting that piece of paper, it really just shattered me, because I thought; I have gone through so much over these three years of high school and I had tried so hard to attend and be there and I just physically couldn't. And then to be given a piece of paper and told by teachers that, in a way, I wasn't going to amount to anything, that was a real kick in the teeth, because I didn't ask to be abused and now my whole education was being turned upside down because of it.” (Participant 4)*

These participants felt that the school staff had little aspirations for them due to the abuse they had suffered. As a result of this, they felt that there was not a lot of hope and optimism, and it was up to their own determination to have a bright future. It was as if the school staff had given up on them once they knew about their abusive experiences and felt there was no recovery for them from an educational or career standpoint. This links to the criticisms of the ACEs model, in that it focused on deficits, and the assumption that children and young people who have experienced adverse experiences are damaged in some way (Ellis et al., 2017). Here it seems that it would have been beneficial for these young people to have someone who believed in them and what they could achieve and are able to help them to meet their goals and aspirations (Rawden, 2019), or support based upon the adaptation-based approach to resilience, focusing on the strengths and abilities which develop in response to high-stress environments (Ellis et al., 2017). This also links to research which explores the negative implications of stigma on academic achievement, self-esteem, and mental health (Allison, 1998; Braddock & McPartland, 1987; Clark et al., 1999; Yinger, 1994).

### **Subtheme: Victim blaming**

A subtheme within this second theme is that of victim blaming. It was felt by participants that they were being blamed for their sexual exploitation or for things outside of their control:

*“Just blaming me a lot for not attending when I should have been there and blaming my mum as well, which puts a lot of pressure on a young person when trying to deal with what they already are going through.”*  
(Participant 4)

*“There was nothing at all that implicated or criminalised the abusers, it was always the focus on the girl shouldn't let this happen. And it was the same when I was pregnant, it was very much ‘oh teenage girls having sex when they shouldn't be having sex’ rather than ‘oh adult men are raping these teenage girls’ (...) so, the approach that they take is always about trying to get the girl to change her behaviours, rather than looking at who is behind it, controlling her, abusing her, impregnating her, putting her on drugs.”* (Participant 2)

The first quote shows how the mother was also blamed for her non-attendance, which shows little empathy and understanding about the difficulties the young person was facing and the wider family implications. This supports research by

Scott and McNeish (2017) who found that parents of children who had experienced CSE had encountered negative, blaming attitudes from professionals. The role of the mother has been emphasised within attachment theory, as in Western societies they are usually the primary attachment figure, so this could mean more blame is attached to the mother when applying this theory (Slater, 2007).

It seems that professionals blamed the young people for being exploited and for the impacts that had on them (e.g., not being able to attend school, or getting pregnant) instead of looking at them as victims of abuse. They expected the young people to change their behaviours instead of penalising or focusing on the abusers. This is similar to the views expressed by Eaton (2019) who said the focus should be on stopping the perpetrator instead of viewing young people as risk takers. Due to these negative attitudes, there was little support for these young people, and they felt like they were to blame for their experiences. This supports research which found that children and young people being sexually exploited are seen as 'problematic' or 'putting themselves at risk' (D'Arcy & Brodie, 2015; Josenhans et al., 2020), as well as research by Beckett et al. (2017) who found professionals are unable to see the survival strategies that young people are using, or their 'constrained choice', and they dismiss their exploitation as an active lifestyle choice.

Furthermore, it was explored how it is not just individuals who blame the victim, but there are wider implications with society's attitude as a whole:

*"Society's attitude made it difficult (...) it's a massive taboo. Like, you hear people say 'Oh, you should come forward' or 'you should talk about what's going on and get help', but as soon as you do that, it seems as though everything's thrown back at you, that you're looked at as the person who's done something wrong, and you're viewed as broken and not able to rebuild from it (...). I think, within society, they forget that they're still children; they don't see us that way." (Participant 2)*

Not only does this show how there are difficulties with the attitudes or assumptions displayed across society, but also how there is a disparity between encouraging survivors to come forward to seek help, but still blaming them for what happened. Interestingly, the point made about society viewing children not as children is important in showing how a child can be judged as an adult, therefore seeing them to have informed consent, despite legally not being able

to. This links to research by Jago et al. (2011) who found that practitioners within local authorities had concerning views around the young person's apparent consent to abuse, which was especially the case with young people over the age of 16 or with boys and young men.

There are suggestions that victim blaming is a collective attitude within society, but also that it is entrenched within an individual level, even to those who are victims themselves:

*“it's hard to shift people's attitudes and it's not even educating people, because they know that you shouldn't victim blame, but then they still do in their heads, and I do in my own head, you know I will think, ‘why did I even get in that car, I should have done this, I should have done that’, (...) it's not really an instinct, but almost natural inclination to blame the victim. (...) So as much as we can tell them to not victim blame, they're still going to do it subconsciously, and that's still going to impact how they view victims and how they then treat victims.” (Participant 2)*

This quote explores the difficulties with victim blaming, how it exists within our own beliefs and attitudes on a subconscious level, despite having education or knowing logically that this is not the case. This highlights the difficulties in changing people's attitudes and being able to change the mentality of society, as it is so entrenched. Another point of interest is how this participant was blaming themselves for what happened, despite knowing that they were a victim in this situation and are an advocate for other survivors. This emphasises how these victim blaming attitudes can be internalised by survivors themselves, and links to research by Hallett (2016) who found that young people felt a sense of shame for their exploitation. Finally, there is also a point made about how this victim blaming attitude within society will affect how victims are viewed and treated, meaning they may not have the support that they need from others, and will be facing further challenges.

This second theme and subtheme show the difficulties that young people faced with negative attitudes from others, including negative stereotypes and stigma faced because of the abuse, and victim blaming. This meant the abuse was sometimes minimised and there was a lack of support in place. Also, the participants felt that there was not much hope or optimism instilled in them due to these negative stereotypes the adults had of them being 'broken or fragile'.

### **Theme 3: “I felt like I was a problem”:** How the perceptions of others impacted upon them

Another theme prominent within the data was the negative impact that other people’s perceptions had on them. There was a feeling like no one else cared about them:

*“Teachers were supportive, but most just didn’t care” (Participant 1)*

*“It’s a shame that there was a opportunity there to have more of a close relationship or more of a pastoral type relationship from the PE teachers, because of the whole, you know, physical education, all girls put together, you get undressed, these kind of things, and so that’s really where I feel like it could have been noticed, but it wasn’t, and I do put that down to the fact that I wasn’t good at sport, therefore I wasn’t... the PE teacher didn’t care about me basically.” (Participant 2)*

The second quote explores how opportunities for detection of the abuse were missed due to a lack of care from the teacher. Here it explores how physical education is a good place to pick up on physical signs (such as self-harming, track marks or physical signs of pregnancy) but due to a lack of care for that individual child, it was not seen. It was felt that if the young person was good at the lesson, then that would make the teacher care about them, suggesting they would not care about the person themselves as an individual, only in relation to their ability in the subject they teach.

Due to the experiences the young people had, there was a feeling of being alone and isolated:

*“Child sexual exploitation makes you extremely lonely because nobody can understand what you’ve gone through, and nobody can understand how much it really can rip your world apart. People just see what they see on the outside, they can’t see what’s going on mentally.” (Participant 4)*

*“Most of my “lessons” or teaching for a good few months was in a room on my own, well in the corner of the room on my own” (Participant 1)*

Here there is a feeling like other people do not understand how they feel, and the things they put in place can add to that feeling of isolation. For example, participant 1 was removed from lessons and put into a room on their own for their own safety from bullying, however this resulted in them feeling more alone and isolated. This links to research by Lefevre et al. (2019) who found that

young people experiencing CSE felt professionals ignored them or did not protect them. Interventions linked to attachment theory suggest that they should focus on improving the existing caregiver relationships or introducing a new consistent and emotionally available caregiver (Cicchetti et al., 1995), which may have been beneficial here.

There were themes of feeling let down by teachers and professionals:

*“I wouldn't go up and say, “please help me”, because I tried many times in my childhood to say, “please help me”, through other things that were going on, for like the reasons why I was moved into care in the first place, and it was just constantly ignored, so I never learned to ask for help, I kind of just learnt how to just put up with everything.” (Participant 2)*

*“Sometimes you feel angry about the people who haven't looked after you or haven't picked up on the signs.” (Participant 3)*

*“For four years my abuse went undetected, and I was in school. I was around professionals who are meant to help children, and nobody noticed it, even though there were red flags.” (Participant 4)*

*“When I was off school for six or seven weeks when I'd had enough of the bullying, no one at school seemed to care, you know, to the best of my knowledge, no one at school phoned, no one knocked on the door, there was no social worker allocated, nothing like that, no professional ever at any point in that time sat me down and said ‘tell us what's going on, can we speak to you’.” (Participant 1)*

All participants felt that adults could have done more to support them, whether that was support when they were not in school because of bullying, or whether it was around appropriately managing disclosures, or due to not picking up on the signs that they were abused. There is a general feeling that the adults around them did not look after them properly, and as a result they felt let down. The first quote shows how this led to long-term implications, such as not asking for help again and feeling like they are unable to get out of the situation.

Due to this, a reluctance or difficulty to disclose their abuse was found within the data:

*“I couldn't just trust that these teachers or police or whoever, I might have decided to go to to disclose to, would actually be able to help me, because they'd never helped me before, and these were serious criminals that I was, not really involved with, but imprisoned by.” (Participant 2)*

Here it seems there is a reluctance to disclose due to not believing the professionals are able to help, because of past experiences, but also because they did not have the power to. This is an example of the 'fractured protective shield' which is a term coined by Dittmann and Jensen (2014) and refers to when individuals experience trauma in childhood and then lose their ability of other trusted adults to help protect them. These findings support research by Beckett et al. (2017) who found there is a reluctance to disclose or engage with professionals due to a lack of confidence in their ability to help them. Research has found that it can take a long time to disclose abuse and is dependent on a good rapport and trust with a professional (La Valle et al., 2017; Ahern et al., 2017), which it seems this was not the case here.

*"I chose not to tell anybody, because the abuse that I faced was within my family. And that probably was really difficult because I didn't want my friends, I think, to think 'oh my God' like 'what has her family done to her? why has her family done this?' And I didn't really want them to see me any differently" (Participant 4)*

Here, this shows that the reason they did not want to disclose was because they did not want to be judged or seen differently. This is similar to research findings by Beckett et al. (2017) who found that young people did not disclose due to worries of being judged and fear of the reactions they would get from others. It also supports research by Lloyd et al. (2020) who found that one of the reasons students did not disclose abuse was due to fear of other students' responses.

*"I told my dad and he said, "are you sure?" and it was just that split second, and it was just a split second, that was devastating I think for me because I was really close to my dad before the abuse, and the abuser told me that no one would believe me, and they'd say you were making too much of it anyway, and then when dad said, "are you sure?", like the bottom of my world fell out to be honest." (Participant 3)*

This quote shows the effects of not being believed when they choose to disclose to someone. There are implications for the young person's mental health and starting to believe the messages which had been given by the abuser, that no one would believe them. This raises questions about the importance of knowing how to respond to disclosures and ensuring the first responses are positive ones for the young person.



There were reports of feeling different to other people:

*“I remember vividly a couple of times both in junior school and then more as the abuse kind of escalated, just feeling so different from other children.” (Participant 3)*

*“Feel as though I wasn't allowed to leave a class with everybody else not staring at me” (Participant 4)*

Again, this links to how they felt like no one else understood what they were going through and feeling alone and isolated as they were different to other people.

A result of some of the negative attitudes of others was that the young people were internalising and believing those messages being conveyed:

*“It was like it didn't matter, people are allowed to do awful shitty things to me, in front of teachers, and it was just ignored, so that taught me that nothing, that people hurting me was okay, and nothing I did could stop it.” (Participant 2)*

*“You kind of get these messages, ‘well maybe I am making too much of it’ and that's exactly what my abuser told me that people would say. So again, because what he said there was coming true, it made the other things perhaps true; that I did deserve it, that this was how people showed love. If he's right about that, and then other people are confirming what he's saying, that's a kind of a double whammy” (Participant 3)*

This shows the mindset which can occur from these negative messages of others, and when others minimise their abuse. It gives a sense that the young people felt there was nothing they could do to change their situation and that no one else felt it was a big enough problem to address. This can lead to a distorted view of relationships and a lack of agency in their situation. This supports research which has found that early sexual violence can give the young person a distorted view of interpersonal relationships (Read & Mayne, 2017; Green, 1993). This could demonstrate an example of Bowlby's (1969) theory of 'internal working models' whereby the individual's early experiences can affect how they anticipate the future and affect their behaviour in the situation.

Overall, the negative attitudes of adults have impacted upon the young people and led to them feeling like no one care about them, feeling let down, alone and

isolated, and this has led to internalising those messages and having difficulties in disclosing, as well as believing professionals would be unable to help them.

#### **Theme 4: Professionals being “out of their depth”: A lack of support**

The fourth theme explores how there was a lack of support for the young people within school, and the effect of that.

Firstly, it seemed that most adults were not aware of the abuse:

*“I was on heroin in my final year of school when I was 15, and I also became pregnant, and the school didn't really notice that.” (Participant 2)*

*“Everyone just thought I was a naughty kid, when actually it was my way of being able to say something's not right, please look.” (Participant 4)*

These quotes highlight the difficulties that the young people had and were displaying in physical ways, but still the abuse was not recognised or addressed. Some of these signs (such as being on heroin or being pregnant) would be considered obvious red flags yet were not noticed.

There was also a lack of support that the participants felt from professionals within school:

*“When it came to high school, it was... there wasn't really any emphasis on pastoral care or support” (Participant 2)*

*“It was more like you know ‘what do you need to catch up?’ or ‘If you're struggling, let us know’, I mean that was it, I mean it was next to useless really.” (Participant 3)*

There was a feeling that the professionals were out of their depth, and not able to help despite some attempting to:

*“I think most of the teachers were nice people, but I don't think they were equipped, and they knew how to... I mean it was the 70s, so there wasn't much awareness around child abuse, very, very few prosecutions and I just think they had to minimise it because they didn't know what to do with it.” (Participant 3)*

*“They were there for me, and they did probably everything in their power that they could, but it didn't ever feel as though it was a welcome thing to talk about” (Participant 4)*

These quotes reflect the good intentions of staff and how they tried to help as much as they could but were unable to fully support them for several reasons, whether it is because they had limited knowledge and understanding about child sexual exploitation, or whether they felt uncomfortable to talk about it. This supports research by Goldblatt et al. (2012) who found that school professionals had a lack of awareness and/ or denial about CSE, and that more education is needed to increase their awareness and support young people going through this.

This lack of awareness and education around CSE meant that professionals were limited in the amount of support they could offer:

*“There was nothing, whilst some were definitely not actively unsupportive, they also perhaps weren't actively supportive” (Participant 1)*

*“Teachers haven't got enough time to do it properly, and I don't mean that they don't want to do it, they physically haven't got the time to do it.” (Participant 2)*

*“I think just not leaving a child when, you think that just because the abuse has stopped, that everything will be fine, like that's probably when they need you the most.” (Participant 4)*

Support in this sense can be seen on a continuum, with one end being very supportive and the other end actively unsupportive. It seems that the staff were in the middle of this scale or felt they wanted to be supportive but could only deliver on a certain amount. This was similar to the findings by Rawden (2019) who found that some young women experiencing CSE were able to identify a person who they had a supportive relationship with, but these were usually lone figures, and they were not supported from other teaching colleagues. It also seems that teachers have good intentions but there are bigger demands which affects the amount of support they can provide. Baginsky and Macpherson (2005) found that teachers have different priorities due to curriculum demands, and Kidger et al. (2010) reported that teachers can feel a burden due to their responsibilities to support their pupils' emotional and mental health difficulties. Attachment theory suggests that young people with insecure attachment styles are more likely to experience sexual exploitation (Senn et al., 2008) due to a need for approval, sensitivity to threats of abandonment and fear of rejection, which may be evident here by the school staffs' reactions to the young person.

This raises questions about the role of the teacher and whether it is within their role to provide emotional or mental health support:

*“There was one particular teacher who was like my drama teacher, she was occasionally supportive, but you know she was a teacher, so it wasn't really her job, I guess.” (Participant 1)*

*“But I don't think it's fair to ask teachers to be mental health advocates and mental health support workers, they're teachers. And I think by asking them to be mental health support workers they're kind of diluting both sides of it. Because one is; if you're trying to emotionally support a child and teach them academically, sometimes they're going to be at loggerheads.” (Participant 3)*

This reflects one view that teachers are not responsible for supporting the mental health of their students, and it may not be their job to be supportive. The first quote suggests that their teacher was occasionally supportive, which is going above what she should be doing as a teacher. The second quote highlights the difficulties with providing mental health support and seeing that as conflicting with the academic support. This supports research which found that students were more likely to disclose to school staff who had a specialist role not linked to teaching or behaviour (Lloyd et al., 2020). Similarly, research by Hurst (2021) found that young people said their teachers were supportive and kind but were not able to provide help or resources. This was due to lacking in their professional development and not recognising the need and/or feeling unable to provide support to these young people, which could be evident in the current research.

Finally, due to having a lack of, or limited support and feeling that professionals were out of their depth or limited in what they could provide, there was a sense that the ownership was on the young person to support themselves:

*“If I don't want to turn up to take my GCSEs exams, that's on me, rather than anybody thinking, ‘why is this girl completely vanished, let's see if she's okay’, because I wasn't okay, I was being held prisoner, and nobody came to try and find out where I was.” (Participant 2)*

*“It's this whole concept of ‘I had to get myself out of the hole that I was in’, and that was really hard to do” (Participant 4)*

Here it seems that the young people were feeling alone in their situation and as no one else could help them, it was left to them to help themselves. There is a sense of desperation in their situations when referring to a ‘hole’ they were in or

being 'held prisoner'. This gives a bleak view of not being able to escape or get out without support, but not having any. It shows the isolation these young people felt at the time, and a failing on the part of professionals in supporting them. On the other hand, research into resilience has found that individual factors such as personality traits are linked to resilience (Afifi & MacMillan, 2011), including intelligence and problem-solving, hope and optimism, self-control, ability to play and motivation to succeed (Masten, 2001). This suggests the participants had several individual factors to promote their resilience, despite not having the relational support.

This theme explored how there was a lack of support from professionals and many adults were unaware of the signs that they were being abused. Some did offer some support, but this was either limited in what they could do, or it was felt that the adults were out of their depth. It was felt that the ownership was on the young person to support themselves, and questions were raised around whether it is the job of a teacher to support the young person's emotional wellbeing and mental health.

### **Theme 5: Lack of education and understanding within school**

The fifth theme relates to education and understanding within the school and is split into two subthemes. This includes the pupils having a lack of understanding and awareness of sex and relationships, and a lack of education about abuse and CSE both for the pupils and the staff.

#### **Subtheme: Sex and relationships**

Firstly, there seemed to be a lack of relationships and sex education within school for pupils:

*"There was absolutely no education around CSE, sexual, health, I remember once where there was a cucumber and a banana and all of that, but again, there was no context around it that I remember, I just really don't remember anything. Definitely nothing around grooming, safe relationships, sexual exploitation, nothing like that, nothing." (Participant 1)*

*"I think we saw kittens being born; I think that was the level of our sex education. (...) it was like, men have erections, women have periods, here's some kittens." (Participant 3)*

Not only was there a lack of sex and relationship education provided in school, but the education that was provided seemed to be out of context with their actual experiences, e.g., seeing kittens being born or using a banana or cucumber to explain concepts.

It was found that when there was sex and relationships education, that this did not relate to their own experiences:

*“We had our sex health class, whatever they call them, but that again it didn't focus on people hurting you or not; like they shouldn't do this to you, it focused more on having safe sex. And that again just made me feel a bit like, ‘well this isn't something that I'm consenting to, this isn't something I'm choosing, so what else is on the other side of things, like what does that look like? what does that mean?’” (Participant 4)*

*“Zero, absolutely nothing. I mean at juniors, we had the stranger danger film, that was it. And, of course, as we know, the majority of abuse isn't stranger danger, it's people that are in your social network, so again it didn't fit” (Participant 3)*

This shows that even when there was sex and relationships education, it was lacking in exploring all areas, and focused instead on either practising safe sex, or warning about the dangers of strangers. It seemed that due to the education not reflecting their own experiences, they were left either being unaware about the abuse they were suffering or left wondering about what else there was. Researchers have argued about education staff being well placed to promote healthy, equal, and respectful relationships (Bovarnick & Scott, 2016; Eaton & Holmes, 2017; EVAW, 2011; Womankind Worldwide, 2010) which could be communicated through appropriate sex and relationships education. The findings from this study support this.

When discussing what could have helped, the participants shared the following:

*“If there was some form of education within primary school, maybe towards later years, like years five and six, I would have been able to realise sooner that it wasn't OK.” (Participant 4)*

*“I have spoken at schools about child abuse and people go “oh no, they're too young to hear it”, well I mean to me that's really ridiculous, because a lot of those... not a lot, but a significant number of them will be experiencing it, so how can they be too young to hear it. The quicker we can educate and inform youngsters, the more likely they are to speak out and stop the abuse and get the help they need.” (Participant 3)*

It seems that educating children about the dangers of abuse is important to do from a young age, for them to be able to recognise that what they may be experiencing is abusive, and to feel able to tell someone else. The quote from participant 3 looks at the attitudes of society, and how people may feel that children are too young to hear about child abuse, potentially due to wanting to maintain their childhood innocence. This finding supports Beckett et al. (2017) who identified the importance of educating children and young people about the nature and risks of grooming, CSE and other forms of harm, and stated that it should start in primary school and tailored to their age and developmental understanding, and then continued and expanded upon as they move into secondary school.

### **Subtheme: CSE/Child Abuse**

The next subtheme explores the education around CSE and child abuse generally. It was found that young people were not able to recognise their abuse as abusive due to a lack of education:

*“When I was a younger teenager, the reason why I didn't talk about it was because I didn't recognise it as wrong or bad, because worse things had happened to me in my birth family and no one had told me that it was wrong or bad, and when I had disclosed about it, it was just dismissed and pushed under the carpet and things like that, and then to be sexually exploited by these other men in less extreme ways, or ways that made me feel like I had more control over it, I didn't see it as abuse.”  
(Participant 2)*

*“I was groomed over a long period, so I wasn't equipped with the knowledge and information and the skill set to actually recognise what he was doing. To me, what I was told is, this is how an adult shows they love someone, so the stranger danger is always ‘do you want a sweetie?’ and they've got a long rain mack and a car, and that didn't fit what I was facing, so I didn't see it as abuse until it became quite extreme.”  
(Participant 3)*

This highlights how abuse can start from a young age and can distort what the young people see as normal, or right or wrong. This supports research by Pearce (2009b) who states that giving young people information about different topics such as sex, porn, abuse, relationships, and consent can empower them to make their own informed opinions and attitudes. It was felt by the participants that having education around these aspects at an early age would help to

support them from with their own experiences. Also here, it shows that if the children had known sooner, or been given education from an earlier age, then they would have realised it was abusive sooner.

Not only was there a lack of education for the young people around CSE, but it was found that there was a lack of understanding or education from professionals as well:

*“The majority of training on CSE and training on safeguarding is ‘this is what CSE is, these are the signs of CSE and if you notice it, you should report to this person’, there’s no training that actually helps people understand why children act the way they do and what it’s like to actually experience it, so you... if you can’t empathise, then you can’t understand. And that’s the problem I reckon.” (Participant 2)*

*“I didn’t ever feel as though the pastoral teachers ever made me feel as though I was to blame. But then also I didn’t really feel as though they ‘got’ the situation entirely, it never felt as though they understood it” (Participant 4)*

*“First of all, they would need to know that they’ve been sexually exploited. That because they might not know, so again, so first of all get training, know about sexual exploitation, know the signs, know the warning signs. Know about the gender bias, you know, so actually if a girl displays this warning sign and a boy displays it, would you think; ‘CSE, girl, I’m worried’, ‘boy, oh it’s nothing’. Check your gender bias is what I would say.” (Participant 1)*

Although there may be some education and training on CSE, there are clear messages from the survivors that training is not adequate and does not explore the lived experience of what it is like from a victim’s perspective. The quote from participant 4 shows that although the teachers did not blame her, there was still a lack of understanding about what she was going through and that limited the support they could offer. The education does not explore the complexities of CSE as well, with different assumptions around gender affecting whether CSE is spotted or not.

The data showed that there were unhelpful stereotypes being communicated to the young people:

*“CSE wasn’t even a thing, didn’t know what it was, didn’t know what CSE was, didn’t know what grooming was. For me and many other people, it was like, you know, it’s; we know that rape is when a big strong man pushes a woman down and forces her to have sex when she does want*



*to and it's violent horrible and terrible, that was as black and white as we saw it.” (Participant 1)*

This explores a lack of education around CSE for adults and professionals, but also how stereotypes about male dominance and rape can lead to inaccurate views of CSE for a victim, especially a male victim. Here, it highlights how no one knew what CSE was, which suggests a shift in understanding in recent years in terms of knowing what grooming is, showing more research has added to the evidence base and aided understanding.

*“I think also when we look at child sexual exploitation, a lot of people think it's just teenage girls, and I think it's really important that we change the mindset of what we think a victim is, and actually see that it can happen to any gender, of any age, through so many forms of ways, it's not just, you know, physical abuse, it could even be just technology. And I think we just need to be able to see that child sexual exploitation is bigger than actually what we think it is and that not all victims fit the stereotype that I think the media has led us to believe.” (Participant 4)*

Similarly, this quote explores the unhelpful stereotypes about males and females, and seeing CSE victims as female, and overlooking the males. This is communicated and sensationalised through the media. The complexities of CSE are overlooked, in terms of type of victim and how it happens.

*“That's when you get kids that will slip under the radar because some of the big signs of a child being sexually exploited is that they will dress provocatively, I'm like... I was not dressing provocatively. I was the least sexual child you'll ever meet. But there's multiple ways in which those risk assessments are based purely on inaccurate stereotypes.” (Participant 2)*

These unhelpful stereotypes seem to be affecting the detection of young people being sexually exploited. One of the stereotypes is that a child experiencing CSE will dress provocatively, which is not necessarily the case. Also, there are concerns raised about risk assessments, stating that they are based on unhelpful stereotypes instead of looking at the complexities and individual signs the person is displaying. Beckett et al. (2017) stated that community education and awareness raising is important, to encourage social change and reduce unhelpful stereotyping and harmful messages about blame and responsibility. The findings from this study support this view. Resilience research has shown that social system factors, such as effective schools and communities which provide resources and protection, support resilience in young people from high-

risk environments (Masten, 2001), suggesting education and resources within school would support these young people and promote their resilience.

Overall, it seems that there was a lack of education around sex and relationships, and abuse and CSE. This meant that the young people were unable to relate their own experiences as abusive and led to barriers to disclosures. There is a general view that pupils and staff need to have more education around CSE, and specifically what it is like for a child or young person going through it, and by challenging unhelpful stereotypes.

### **Theme 6: Not looking holistically**

Another prominent theme from the data was that of looking holistically at the child and seeing all the complexities of their experiences.

There were multiple difficulties which the participants experienced outside of CSE, or because of it. These included living with domestic violence, parental mental health difficulties and being a young carer, experiencing early trauma, being a child in care and having multiple placements, being a victim of bullying, and mental health difficulties including self-harm, obsessive compulsive disorder, anxiety and depression, and low self-esteem.

*“Multiple other things that were going on, so there's the CSE, there's the being in care, there's also I later as an adult got an autism diagnosis, so I recognize that being a little Asperger kid was definitely compounding the bullying that I was experiencing and the inability to fit in and all of that, and just my personality, and then trauma from previous abuse before going into care.” (Participant 2)*

This shows the multiple difficulties this young person was facing, and how one difficulty led to another, e.g., being in care led to more incidences of being bullied. This supports research which found that the longer an individual experiences ACEs and the more ACEs they experience, the bigger the impact on their development and health (Manchester University NHS Foundation Trust, 2021; Hughes et al., 2017; Felitti et al., 1998), and supports research which shows that ACES can lead to an increase of mental health problems (Manchester University NHS Foundation Trust, 2021).

Another factor which was prominent in the data was difficulties with negative attitudes from their peers and bullying:

*“The attitudes, maybe they hate ... some of these kids hated gay people, maybe they thought it was wrong and disgusting, maybe they were scared, you know, there's all of these different sort of ways of looking at it. But their attitudes was one thing, it was just the behaviour that was more, you know, being pushed downstairs, having glass chucked at you, being punched in the face, all the name calling and all of these different things, it was that.” (Participant 1)*

*“All of these challenges that I had, all had an impact on the way that other people treated me, so I can't really separate it and say this was because of the CSE and that was because of being in care and whatnot. It was all just people didn't like me or that was my perception of it, it was fun for them to bully and harass me, so they did it.” (Participant 2)*

Here the participants reflect that it was not necessarily the CSE which caused their peers to have negative attitudes towards them, but due to different reasons such as their sexuality or being in care. This highlights the complexities of their situations and the multiple difficulties which were going on in their lives. It could be that there were factors (such as social isolation or social difficulties) which led to these participants being vulnerable to CSE, but the difficulties they had with peers could also be a result of the CSE. This links to research by Beckett et al. (2017) who found social isolation or social difficulties were a vulnerability factor for CSE. This links to the development pathways concept outlined by Waddington (1957), in that the child or young person is going along a number of possible and discrete pathways, those of which in this example have been unhelpful, and can provide vulnerability instead of more helpful pathways which promote resilience.

The impact of bullying was extreme in some cases, and they felt like it was not addressed properly:

*“Bullying was just rife, it's how it was and sometimes they dealt with it by telling you off and you know “don't do that, that's naughty, you shouldn't do it”, that's not going to deter this person from chucking me down the stairs again.” (Participant 1)*

*“Adults and children have different priorities. and looking back even now as an adult and realising that these men were sexually abusing children and ‘oh that's horrific’ and I can still with honesty say that the bullying was worse.” (Participant 2)*

These quotes highlight how extreme and traumatic the bullying was for the young people, to the extent that it seemed worse than the sexual exploitation. Here there is a suggestion that there is not a lot to address bullying; *“school bullying continues and continues and continues, like it’s part of the institution, accept it’s a fact of life, it’s going to happen”* (Participant 2). This suggests that there needs to be more done to stop bullying within schools, as well as addressing CSE. This links to Bronfenbrenner’s (1977) ecological systems theory, whereby it is important to look at all systems affecting the individual, including individual factors, bullying and other systemic issues occurring within the school.

Other difficulties the young people had were the pressures of being at school:

*“I don’t think to ask children to deal with trauma and to deal with education, your formal education with the idea of passing exams, is the right answer.”* (Participant 3)

There was a view that school puts on extra demands and pressures, due to the exam system in place, which wasn’t always helpful for the young people, and added to their difficulties. As mentioned previously, there were difficulties with concentration and the young people were only able to focus on their survival or their current situation, so having exams to face would add to these difficulties.

There were feelings from the survivors that they had missed out on opportunities, or had later difficulties in life due to their experiences of abuse and not receiving the correct support in school:

*“I left school with no qualifications and traumatised; neither had been addressed, you kind of set me up for the next eight to 10 years of absolute mayhem, to be honest. I left school with no qualifications, didn’t get a job, didn’t get any mental health support, drifted into addiction, drifted into criminal activity.”* (Participant 3)

*“I often wonder if I hadn’t been abused, what would I have achieved and just how much I did lose because of the abuse.”* (Participant 4)

These show the long-term impacts of their abusive experiences and the difficulties faced by others in their situation. This links to the importance of instilling hope for these young people and supports the research which argues for a strengths-based approach to focus on the young people’s capabilities (Eaton, 2019; Bovarnick & Scott, 2016). For example, the adaptation-based

approach to resilience would be beneficial to see the strengths and abilities which can develop from developmental exposures to stress, including an improvement in attention, perception, learning, memory, and problem-solving which are useful in surviving harsh, unpredictable environments (Ellis et al., 2017).

It was felt by participants that professionals should look at the child holistically and address all the difficulties and problems that they face as a whole:

*“I think it's more about taking a holistic approach to their life, so don't just focus on the CSE, focus on helping them with everything, if you're going to help them at all, because you're going to end up doing more damage if you just focus on the one thing, so definitely focus on everything, which is a tall order.” (Participant 2)*

It was felt here that dealing with just one issue, such as the CSE, would cause more harm than good, and it is important to look at the context around the child, exploring all their difficulties, in order to support them. This was found within the literature, of the importance of a person-centred approach which accounts for the young person's wider needs and vulnerabilities (Beckett et al., 2017; Ascent & WGN, 2020; D'Arcy et al., 2015). Again, Bronfenbrenner's (1977) ecological systems theory can be applied here to explore the multiple systems and context which influences the child or young person.

Another participant discussed the difficulties when health and education are seen as separate entities:

*“Education is here, and child abuse and health here, but you can't separate the two, because if you have been abused or if you've got poor mental health, that's going to immediately affect your education and your ability to... But again, it's that education seems to sit on its own (...) and health seems to sit on its own, and then you got social care that sits on its own, but actually all these things are joined up. The more we separate them, the more I think we disenfranchise people and so there's so much BS about 'we're going to look at the person holistically' but we don't.” (Participant 3)*

This discusses the issues around looking at a person holistically, it seems that professionals say they will do this and aim to do it, but there are systemic difficulties in doing so, due to a lack of a joined-up approach across different systems. Other researchers have argued for the need to improve statutory responses and provision of services (Barnardo's, 2011).

This theme links to the contextual safeguarding framework (Firmin, 2015), and emphasises the importance of recognising the wider influencing factors and context which affects the child or young person. The findings from this research support the use of this framework due to the experiences of multiple difficulties that the participants faced (ACEs, bullying and school pressures) and their preference to support the child in all those areas, instead of just tackling the CSE alone.

### **Theme 7: Communication and liaison difficulties**

Another theme was around the lack of communication and liaison between professionals. It was found that there were difficulties with communicating between the school and home:

*“No one came around, no one spoke to us, no one phoned, nothing”  
(Participant 1)*

*“There was obviously a failure to communicate between the school and the children's home and the taxi service in between. I'm guessing the taxi service span lies” (Participant 2)*

*“So when the school was trying to contact my mum, my mum wouldn't answer, my mum wasn't present because even medication was, you know, knocking her out, or she just wasn't able to be a mum. So it meant that I had to care for myself really, so if they were trying to communicate anything to her, really it was going through me to then pass on, but even if I passed it on, she wasn't going to do anything about it, she just... she weren't well enough to.” (Participant 4)*

Some experiences were around a lack of attempt to communicate with the home or care home, or about believing adults version of events over children. Also, this reflects difficulties with communication when a parent is suffering from mental illness and how the ownership again is on the young person to forward on that communication. Other accounts showed how the ownership was on the participants to be the communicator between home and school, and the flaws with this system.

In some cases, there were multi-agency meetings and liaison with professionals:

*“I think it was good that they had them multi-agency meetings, because professionals can then talk to one another, know exactly where we were all up to” (Participant 4)*

However, the participant goes on to express; *“the issue was that the professionals didn’t agree with one another”* which suggests that there were not always productive or helpful meetings.

Others had experiences of poor liaison between professionals, or none at all:

*“At no point was there anybody there to put all the pieces together and notice that, okay, I’m in school at these hours, but I’m not in school those hours, let’s communicate with each other and figure out what’s going on, why is this kid not turning up” (Participant 2)*

And there were suggestions for improvements in this area:

*“It’s not just about safeguarding, as in the legal aspect, it’s about the support network. So, I think they need to have clear care pathways that they can direct children to, because again, I don’t think it’s that clear for teachers. They’re reporting to the safeguarding team, and then their jobs done. I think again, there needs to be something else in place, another kind of support network that they can signpost to” (Participant 3)*

This suggests that the procedures in place for liaising between professionals needs to be clearer, and there needs to be a joined-up approach for ensuring the safety and wellbeing of young people.

There were discussions around responsibility of care:

*“You don’t get one to ones as a school child (...) where you can actually talk about your studies or any troubles that you have, (...) you don’t really get linked up with someone you can actually talk to, or someone that will actually take responsibility for your care. Because it assumes that your parents will do that for you, and if your parents aren’t doing it for you, then it’s assumed that your foster parents will or your social worker will, of course your social worker doesn’t because your social worker’s busy” (Participant 2)*

This quote suggests that some children are falling through the gaps as there is no one taking responsibility for their care if the parents are not doing it. It raises points about the difficulties social workers have with their demands and pressures of the job and affecting the parental responsibility they may have for the child, as well as the difficulties in not having a key person to go to within school. This supports previous research which suggests that a ‘whole school’

approach is needed for CSE, which involves active parent engagement and multi-agency working (Beckett et al., 2013; Rawden, 2015; Humphreys et al., 2008). Resilience research suggests that family-level factors of a stable family environment and supportive relationships are linked to resilience and protective factors of child maltreatment (Afifi & MacMillan, 2011), suggesting promoting these factors would be beneficial to the young people.

Overall, it seems there were a lot of difficulties with the communication between professionals and home, which the participants felt was a failure on the school's part. This also links to the subtheme of seeking child voice and giving the child agency.

### **Subtheme: Child voice and agency**

Some of the issues raised when discussing communication issues, was that the professionals did not attempt to seek the child's voice; find out their views and opinions and being able to have a say in their own care:

*"I think it would have just been nice if more teachers would have come up to me and just said, 'are you alright?', 'how you getting on?', 'you make sure you tell us if anything happens, you've done nout wrong, it's not fair'. Something like, just a bit of empathy, a bit of acknowledgment, validation" (Participant 1)*

*"Being a child sitting through the meetings and hearing professionals argue, I think that was difficult because I was feeling a bit like, I'm the one that's gone through this and nobody's listening to me, you are all just arguing with one another." (Participant 4)*

It was felt here that the survivors would have liked more communication with school staff and professionals, to ask how they were and to ask their opinion. The last quote gives a sense of feeling unheard and not listened to, despite the meeting being all about them. This shows the importance of being person centred, and seeking the child's voice, which supports previous research showing the importance of a person-centred relationship-based approach (Frost, 2019). This would encourage the young person's hope and optimism, their self-control, ability to plan and their motivation to succeed, as well as supporting their intelligence and problem-solving skills which are all factors



linked to resilient outcomes for young people from high-risk environments (Masten, 2001).

The importance of an open communication was discussed:

*“We have to make it okay to talk about it openly, on an open forum. if we have these discussions with children in a way that makes them feel like they can come to you whenever they want, that would have made me feel more like I could actually approach somebody in the time of need that I needed them.” (Participant 3)*

This highlights the importance of seeking child voice and making CSE and abuse a welcome thing to talk about, so that children and young people can discuss their concerns to others. This links to the idea of CSE and abuse as a taboo subject which people are unwilling to talk about. This supports research by Goldschmidt-Gjerløw (2019) who found when interviewing secondary school teachers in Norway, that many teachers do not address the topic of child sexual abuse due to cultural taboos regarding talking about abuse, and emotional concerns about re-traumatising or stigmatising students.

There were experiences of a power imbalance between the young person and the school and/or professionals:

*“Because I had got so mature above my years I think, and what it is to be spoken at like a person, not like a child, and I think because they still saw me as a kid, they didn't want to explain things, they didn't want to ask my opinion, they didn't want to, I guess, support me, there was a massive, just imbalance of power and that just really was difficult” (Participant 4)*

*“You can't de-condition someone who is being groomed by being another voice of authority and trying to force them into your way of life instead, because that always feels like you're just trapped between two groups of adults who are telling you what to do, and on one hand you have men who are raping you and threatening you and all that, and on the other hand, you just have some teachers and social workers, so obviously you're going to do what these scary threatening criminal men are telling you to do, rather than what these teachers are telling you to do, who are going to give you a d merit or put you in detention or something. They don't have any power, they don't have power over the perpetrators any more than the victim has power over these perpetrators, and by making life even harder for the victim, all they're doing is closing off that avenue of support that they could actually be. So, they need to do the opposite.” (Participant 2)*

These show the difficulties that the young person faced, namely a lack of respect and understanding about their situations. This supports research by Lloyd et al. (2020) who found that schools which used sanctions in their behaviour policy had several challenges in addressing harmful sexual behaviour. These quotes show how the professionals made their lives more difficult by trying to force their agenda on to them and not seeing the complexities of their lives. It raises questions about the approach they took and how this was unhelpful for the young person and made things harder for them. This shows an imbalance of power between the victims and perpetrators, between the professionals and young people, and between the professionals and the perpetrators, showing a sense that the participants did not feel they could follow what the professionals wanted as they were not able to stop the power of the perpetrators. This links to research by Hallett (2016) who stated the importance of understanding the context of young people's lived experiences of authority and power relations with the adults around them. Similarly, research by McLeod (2007) also found that there were difficulties in interactions with young people due to power plays and professionals not accepting their own agenda may be flawed, which also supports this.

Linked to this power imbalance, it is important that children and young people are given agency and control. These participants shared experiences of a lack of control and agency with regards to their exploitative experiences:

*“Given the choice I'd have rather have not gone, I felt like I still had to go, but that's being a child, you have to do things you don't want to do. you have to do PE lessons when you don't want to do PE lessons and you have to give this man a blow job when you don't want to give a blow job. It's just the way that children are conditioned into doing whatever adults tell them to do” (Participant 2)*

This quote highlights how the participant felt they had no control over their situation, and it was normal to 'do as your told'. It shows the lack of agency and control in young people's lives and how this can lead to further exploitation as they are used to doing what they have been told to do by adults. Again, this could be reflective of Bowlby's (1969) internal working model whereby the individual anticipates the future based on their previous experiences and acts accordingly to this. It is argued that young people who are being sexually

exploited need to be treated as individuals and encouraged to share their own knowledge and experience (Melrose, 2013).

There are accounts of how professionals put the agency on the young person and expect them to be able to get out of their exploitative situation:

*“People don't take the threat seriously enough. They seem to believe that it's a bad relationship, rather than thinking that this child is being controlled by this gang of violent rapist criminals, and they minimise the power that the perpetrators have and the very real threat the perpetrators make and act out on the victims and they think it's simple just to choose not to go out and meet them when they tell you to go out and meet them, you just decide 'actually no, I'm not going to be your prostitute anymore, I'm going to stay home and do my homework', like it's that easy, just going to decide that you want to have a nice life, instead of having a life of rape, because in reality, they have done horrible, violent things to you and the best way to not suffer as much again, is to do exactly what you're told when you told to do it, and you kind of just accept that that's your life” (Participant 2)*

The element of control is seen clearly in this situation and a lack of understanding from professionals about the danger and risk which the young person was in. There were discussions how important it is that the child is *“able to feel properly supported and given control and choice and guided towards being able to recognise the abuse is wrong” (Participant 2)*, instead of just told to stop. This supports research by Beckett et al. (2017) who highlighted the importance of working in partnership with children and young people, respecting their views and empowering them to have their own agency and keep themselves safe. Research by Lefevre et al. (2019) found that there is a conflict between protecting children and ensuring their liberty and wishes, with a bigger emphasis on protection than giving children and young people a right to a voice about how they are protected and what will help them. The authors argue that the young people can feel alienated and disengage from interventions when this happens, which seems to be the case within this quotation.

This subtheme suggests that there is a lack of communication with the child or young person, and they are not given agency and control by professionals, which adds to the lack of control they feel in their exploitative situations. This highlights the importance of seeking the child voice and empowering them, as well as having supportive relationships which links to the next and final theme.

## **Theme 8: The importance of supportive relationships**

Some participants shared that the pastoral support which they received (although limited), they found helpful. There were some school counsellors provided which was seen as a positive thing for the participants to be able to share their feelings and have someone to talk to:

*“When I was a young lad, all I wanted to do was talk and get things off my chest and go bleurgh and have someone listen to me.” (Participant 1)*

There were also pastoral teachers within the school where the participants had positive experiences:

*“The thing that I can remember the most was, it was like the pastoral team, the support pastorals, sort of teachers, that really just took me under their wing and some things that they would do, is they would be like, if I ever needed to come out of class, they would allow me to. If I ever needed someone to talk to, they would. We would do like regular once a week meeting, just to see how I was getting on.” (Participant 4)*

There is clearly a positive impact of the pastoral support here and in providing regular check ins. The participant shares this as the thing they remember the most which highlights the impact of this support on her wellbeing and memories of school. This supports other research which has found how trusting, long term relationships are important to young people (CSE Principles Comic Project, 2017; Rawden, 2019). This also supports research which suggests supportive relationships are linked to resilience (Afifi & MacMillan, 2011), including close relationships with capable adults (Masten, 2001).

Others shared the importance of having positive relationships and the impact that had on them, even though they had not disclosed their abuse:

*“I still feel like the positive relationships that I had with a couple of teachers has been incredibly valuable, even though they weren't able to stop the abuse, because I didn't make them aware of it, just having that place where I could be someone that wasn't just an abuse victim had a huge positive impact on me in later life.” (Participant 2)*

Here it seems that having someone they could go to where they could just be themselves was very important to them, and again, has had lasting impacts on the participant.

There were discussions about what would have helped them in that time, which included the importance of building children up emotionally:

*“To be and create the space where that child can feel safe and happy and loved and respected and valued in that moment” (Participant 2)*

*“The aim is about building resilience and self-esteem and educational achievement is secondary.” (Participant 3)*

This shows that the emotional wellbeing of the child and young person is more important to support than the educational side of school. Another participant noted that; *“If I got the emotional support, my academic side would have improved by itself” (Participant 4)*, suggesting the academic progress would come after emotional support, which again links to Maslow’s hierarchy of needs (1943) (see figure 20).

When exploring what else would have helped, the theme of supportive relationships was key:

*“Just to know that I had someone to turn to and just to do things with me that could rebuild my confidence and my self-esteem and my self-worth.” (Participant 4)*

*“Clearer pastoral support that was well advertised and maybe regular check ins.” (Participant 2)*

It seems that pastoral support and check ins would be beneficial, as well as building emotional wellbeing such as increasing self-esteem and confidence, which are factors associated with resilient outcomes in young people from high-risk environments (Masten, 2001).

*“If I hadn't had been moved so much, in an attempt to remove me from the gangs of exploiters, then I would have been able to remain in the school and settled more and build stronger relationships with other students and other teachers and not had a disruptive education.” (Participant 2)*

This quote shows the difficulties of being in care and being moved due to an attempt to keep them safe against CSE. This supports research by Coy (2009) who found that frequent placements led to difficulties in the young person’s capacity to develop trusting relationships, and La Valle et al. (2016) who commented that there is no evidence to support the theory that moving children who have been sexually exploited to other areas keeps them safe.

The role and responsibilities of the teacher were prominent:

*“Social services and police officers or whoever it may be, aren't there always for the child, but the teachers are in a way, you've got them through the five years or however long it is (...) I think teachers need to realise that they have a responsibility, just like social services and police, on child sexual exploitation. (...) Know the gravity of your role, know the power that you hold and what you can actually do, because I think teachers just think they're there for the educational support, and actually fundamentally you could actually help somebody emotionally more than anything.” (Participant 4)*

This suggests that teachers have an important role in supporting children emotionally and being able to support children at risk of or experiencing exploitation. There is a discrepancy between accounts of those who felt that it is not the teacher's role to support children's mental health and wellbeing, and those who felt that they are sometimes the stable person in a child's life and it is more important to support the children and young people emotionally than just to teach a subject. This supports Lloyd (2018) who stated that teachers can have the closest and longest contact with a child, and Bergin and Bergin (2009) who highlighted the importance of relationships with teachers for a child's development. The concept of 'developmental pathways' (Waddington, 1957) derived from attachment theory, suggest that the child having positive experiences can help to push them towards a more helpful path, and provides optimism about their future outcomes.

In conclusion, it seems that there were some incidences of pastoral support given to the young people, however this was limited. It was felt by all that support for their emotional wellbeing, and a positive relationship with an adult was fundamental to supporting them with their CSE and other difficulties which they encountered.

### **5.3. Conclusion of Phase 2 Findings**

Research question 2. was addressed within this phase: 'What are adult survivors of CSE's experiences of support within their secondary educational provision in the UK?' and eight themes were found within the data which answered this question.

The findings showed that there were many difficulties the CSE survivors experienced with being at school, including problems with being able to concentrate, finding what they are being taught as meaningless to them, and having difficulties with physically being in school, and with their mental health and wellbeing. There was a discussion about behaviour being a form of communication, in masking their difficulties, and in seeing school as a form of escapism.

There was a lack of support that these survivors experienced at school. Negative attitudes and uninformed views were displayed to these young people, and unhelpful stereotypes of CSE communicated. This meant that the abuse was minimised or there was a lack of support, and the individuals felt they were blamed for their abuse. As a result of this, the participants felt that they were alone, isolated and that no one else cared about them. There was a sense of feeling different to others and feeling let down by professionals.

There seemed to be a lack of sex and relationship education for the young people which meant they were unable to relate it to their own experiences and were unable to recognise their experiences as abusive. Also, it was felt that the professionals did not have a good understanding of CSE and abuse, which meant that they were unable to recognise obvious signs of abuse, and were out of their depth or limited in their support they offered. As a result, the participants felt that there was a lack of support, and the ownership was on the young people to help themselves. There was agreement that better education around CSE is needed, and for this to incorporate the victim's perspective and the complexities of CSE (including the gender bias), as well as ensuring no victim blaming is taking place. There were multiple difficulties that the young people had whilst being at school (including ACEs, bullying and school pressures) and it was felt that the child needs to be supported holistically, considering all those factors.

There were difficulties in communication between home and school, between professionals and with the young person. Questions were raised around the responsibility of care, and the power imbalance that young people can feel. Overall, there was a strong view that it is important to capture the child voice and give them as much agency and control as possible. The importance of a supportive relationship was highlighted here, with some having positive

experiences of pastoral support within school. Finally, the role and responsibility of the teacher was discussed, how they may be best placed in supporting a child's emotional wellbeing.

Now that the findings from both phases of the current research have been outlined, overall critical discussions of the results will be explored in the next chapter.



## **Chapter 6: Overall Discussion**

This chapter outlines the key findings from each phase of the research and explores the integration between them in relation to the wider literature and relevant theory. This is followed by a critique of the research, including a critical review of the methodology.

### **6.1. Phase 1 Findings**

Overall, the findings from phase 1 showed that there is good practice within schools to support children and young people experiencing CSE. The staff who responded to the survey felt confident in detecting CSE, felt positively towards the young person and did not blame or hold the young person responsible for their situation. They felt they had good communication between staff, the family, and the young person, and they could provide effective practical support. Findings indicated that staff considered systemic level approaches to be most effective, especially in terms of training, multi-agency working and promoting supportive relationships within school. The barriers to supporting the young person were around perceived difficulties in engaging parents or the young person, the demands of school and negative attitudes of staff. Overall, it was felt that school is the best place to support the young person, with pastoral care a key element of that support.

### **6.2. Phase 2 Findings**

The findings from phase 2 revealed the difficulties that children and young people experiencing CSE can face, and the isolation they feel. These survivors were let down by professionals and their abuse was minimised or dismissed. There was a lack of education about CSE, and very little support to help the young people with their CSE or other areas of difficulty they were having. The survivors regarded positive, supportive relationships with staff as one of the most important factors to their support. They felt it is important to gain the views of the child or young person to fully understand their situation and provide them with as much agency as possible.

### **6.3. Integration Between Phase 1 and Phase 2 Findings**

This research has explored the support systems in place at school for children and young people being sexually exploited, and produced findings showing the different perspectives, both from survivors and school staff (SENCOs and DSLs). Overall, it seems that there are several differences between the findings of the two phases. Phase 2 findings indicate the difficulties faced by young people experiencing CSE within schools, the lack of care and support which was available in school, and the negative attitudes faced from staff. Phase 1 findings, however, indicate a positive view of the support available in schools regarding CSE. Findings imply that there are processes and systems in place to support young people experiencing CSE, and that staff hold positive regard for these young people. These results may be reflective of the different time periods, with more positive steps to support being taken in the present day than what was previously given.

Several commonalities arose within both phase 1 and phase 2 findings which I shall explore in greater depth. These include:

- Negative attitudes from professionals
- Child and family engagement
- Holistic support with a focus on wellbeing
- Multi-agency approach
- Importance of training

#### **6.3.1. Negative Attitudes from Professionals**

The findings from both phases 1 and 2 of this research showed that there were some negative attitudes shown by professionals towards children and young people experiencing sexual exploitation, as well as negative stereotypes reported through the media.

Individuals may hold inaccurate perceptions of victims of child sexual abuse and perpetrators due to a reliance on stereotypes, including gender stereotypes (O'Connor, 2008). Stereotypes can be seen as a way to conserve cognitive resources (Hilton & von Hippel, 1996), and are defined as beliefs about people based on a group membership (O'Connor, 2008). Men are often stereotyped as sexually aggressive and women as sexually passive, and male perpetrators of

sexual abuse often portrayed in the media (O'Connor, 2008). These stereotypes may lead to how an individual attributes causality and responsibility regarding child sexual abuse (O'Connor, 2008). Research has shown that the less knowledge of child abuse, the more stereotypical people are about potential child sexual offenders (Sanghara & Wilson, 2010), suggesting the need for a focus on education.

Some of these stereotypes can reinforce the idea of the victim as broken and fragile, and emphasis the child's youth and passivity (Kitzinger, 1988), for example child sexual abuse has been referred to as "*the theft or violation of childhood*" (Kitzinger, 1988, pg. 78). There are difficulties when children are not seen as innocent, as it allows for blame or responsibility and agency on the victim (Kitzinger, 1988). This was highlighted within the results of the current study with reference to the children not being seen as children. Innocence relates to denying children of knowledge and power (Jackson, 1982) which again is problematic. Results from the current study found that some of the children and young people were treated as broken and vulnerable following their sexual abuse, and treated differently afterwards, with little aspirations for them.

It has been found that believing stereotypes or myths about child abuse can lead others to not believe the victim (Cromer & Freyd, 2007, 2009), and lead to negative outcomes (Ullman & Filipas, 2005), such as influencing perceptions of victims and affecting responses to disclosure and public policy (Cromer & Goldsmith, 2010). Research has found some myths with child sexual abuse including a minimisation or exaggeration of the extent of harm child sexual abuse has, a denial of the existence of child abuse, myths which blame the individuals instead of the perpetrator (e.g., implying the child is responsible), myths around perpetrator stereotypes (e.g., as male, strangers, lower socio-economic status), and stereotypes about abuse (e.g. where it take places, how the child would present or react) (Cromer & Goldsmith, 2010).

These negative stereotypes and attitudes to CSE can lead to victim blaming which has been evident within the literature (Shepherd & Lewis, 2017; Ascent & WGN, 2020; Buller et al., 2020; Beckett et al., 2017; Eaton, 2019). This has been shown in the current research; from professionals working with children, within societal attitudes, and it has found to be internalised with the victims

themselves. Therefore, it is important that these negative stereotypes and gaps in knowledge be addressed, for professionals and the wider population. Efforts should be on education around CSE, in terms of the nature of the abuse, the characteristics of victims and perpetrators, the impact on victims, and difficulties with disclosure, as well as increasing the awareness of professionals' biases and assumptions (including false assumptions about 'typical teenage behaviour' (Beckett et al., 2017; Jago et al., 2011; Cody, 2015; Cooney & Rogowski et al., 2017) which may impact upon how they perceive and support a victim of CSE (e.g. Weston & Mythen, 2021; Rawden, 2019). Finally, it is important to instil hope and aspirations and empower children and young people who have experienced CSE.

### **6.3.2. Child and Family Engagement**

The findings from this research highlighted the difficulties with engagement with the young person and their family. This was from both the perspectives of the educational professionals and the adult survivors.

Partly due to the negative attitudes of professionals, young people can feel like they are not listened to or not taken seriously. The findings showed that young people can feel let down by professionals and have a lack of voice and agency. Findings from serious case reviews have found a failure on professionals' part to engage with young people and forgetting the importance of the young person at the centre (Ascent & WGN, 2020). There needs to be meaningful involvement with the young person and their family (Cody & D'Arcy, 2019; La Valle et al., 2016) and reduce the feelings of shame, powerlessness, and intimidation, which some young people can feel when working with professionals (Hallett, 2016).

It is widely recognised that it is important to seek child voice and participation (Stafford et al., 2021). Not allowing children to be heard can increase the risks of new harm emerging (Carnevale et al., 2015; Kosher & Ben-Arieh, 2020), and it means they are less likely to be able to challenge violence and abuse against them (Lansdown, 2011). There are many systemic barriers to prevent children having a voice and leads them to feel unheard and isolated (Ferguson, 2017). Children can be seen as experts in their own experiences and should be empowered by supportive adults to help make decisions about their own lives

(Fargas-Malet et al., 2010). Including children in this way can help to build up their self-esteem and sense of belonging, as well as leading to improvements in the quality and responsiveness of the service provision (Salveron et al., 2013; Woodman et al., 2018).

The findings showed there can be difficulties with engaging and working with parents. This links to previous literature which has found there can be a blame put upon the parents (Scott & McNeish, 2017). Parents can also blame themselves for the CSE (Palmer & Jenkins, 2013). However, parenting approaches can help to support the young person experiencing CSE (Rawden, 2019) and build upon social networks within the community (Scott & McNeish, 2017), so is important to include and engage with the family. This leads to questions about children and young people in care who have a corporate parent, and whether these are still considered barriers, or whether there are differences in engaging and working with the adults with parental responsibility.

Findings have highlighted the difficulties of engaging with children and young people who have been sexually exploited, partly due to the young people not recognising the abuse they are experiencing. This emphasises the importance of education about CSE and healthy relationships, but also in having a relationship-based approach, both of which shall be explored further below.

Therefore, there is a need for a respectful relationship between professionals and young people and their families. Young people need to feel listened to and supported, and professionals should acknowledge the imbalance of power and provide as much agency and choice to the young person as possible and encourage active participation.

### **6.3.3. Holistic Support with a Focus on Wellbeing**

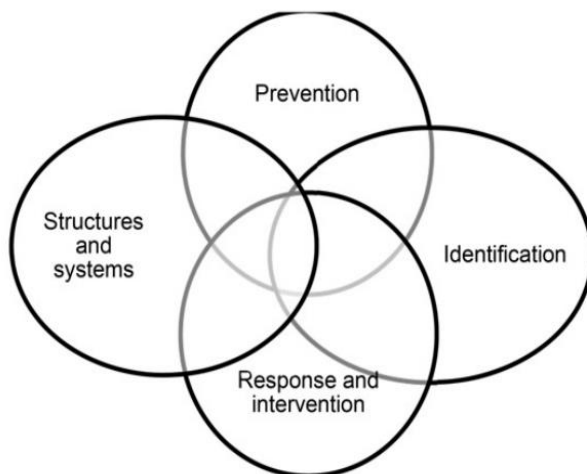
The results of this study and previous literature (e.g., Beckett et al., 2017; NSPCC, 2021; Lanctôt et al., 2020) suggest there are multiple difficulties which young people experiencing CSE may encounter, these include difficulties within the home, previous childhood adverse experiences, being a looked after child, mental health difficulties, physical health complications, and difficulties at school such as being able to concentrate and engage in lessons, and facing bullying. Therefore, it seems the risk factors for CSE, and the complications following it are multi-factorial (Mason-Jones, & Loggie, 2019; Brown et al., 2016), and it is

important to understand the individual context (Reed et al., 2019). This links with trauma and attachment theory suggesting that children who suffer from early and multiple traumatic experiences can have problems throughout childhood, adolescence, and adulthood (Van der Kolk, 2005).

When thinking about the multi-factorial nature of difficulties associated with CSE and other adverse experiences, it is important to think about a holistic approach when supporting a child or young person (Farr et al, 2021). The results from this study showed that both the school staff and the survivors felt that a holistic approach to support was needed, with a focus on supporting emotional wellbeing. Firmin et al's (2015) contextual safeguarding framework is a useful tool for exploring the child's behaviours in context and understanding the wider influencing factors such as extra-familial factors. A holistic approach would explore the four levers addressed by the authors including structures and systems, prevention, identification and response and intervention (see figure 21) and ensure a whole-school approach is used (Beckett et al., 2013; Rawden, 2015; Humphreys et al., 2008; Sharp-Jeffs et al., 2017).

**Figure 21.**

*Levers For Addressing Harmful Sexual Behaviour in Schools*



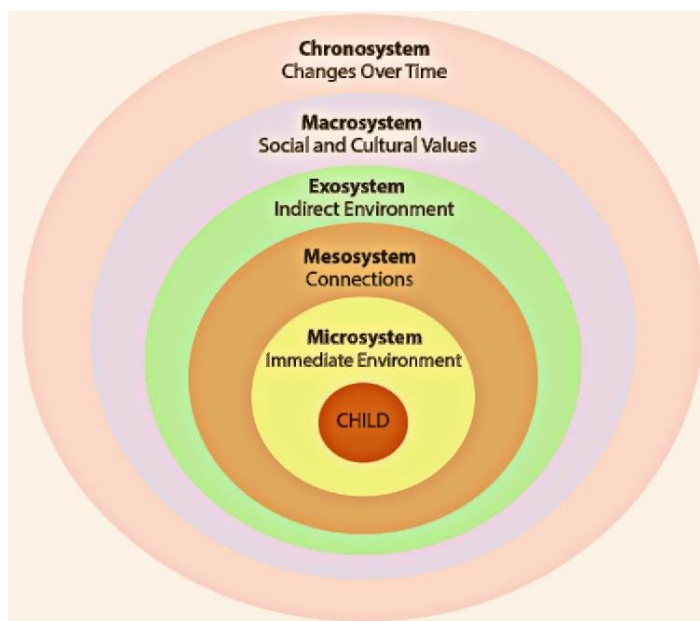
*Note.* From “Beyond referrals: Levers for addressing harmful sexual behaviours between students at school in England” by C. Firmin., J. Lloyd., & J. Walker. 2019. *International Journal of Qualitative Studies in Education*, 32 (10), p. 1236. (<https://doi.org/10.1080/09518398.2019.1659442>). Copyright 2019 by C. Firmin., J. Lloyd., & J. Walker.

When exploring the preventative aspects, education around sex and relationships and child abuse/CSE are important aspects to consider. The survivors within this research emphasised the importance of having education around these topics from an earlier age and more relevant to their experiences so that they could recognise their experiences as abusive earlier. Although research has found that an increased knowledge of CSE does not reduce victimisation by sex offenders, it can empower children and young people and provide them with information about how to access support, as well as removing barriers to disclosure (Beckett et al., 2017; Pearce, 2009b).

The results from this study highlight the importance of having supportive relationships within school, and the young person feeling they have someone to talk to and somewhere safe to go. This also includes positive relationships with peers and tackling any bullying which is taking place. Increasing this school connectedness (being happy at school and feeling part of school) can be a protective factor for these young people (Kaestle, 2012). This research has supported previous findings which have shown the importance of supportive relationships (Beckett et al., 2017; Pearce, 2009a; Eaton & Holmes 2017; D'Arcy et al., 2015). Therefore, a person-centred relationship-based approach is vital for supporting a young person experiencing CSE within school, and vital for being able to develop an understanding of the child and the context in which they sit (Hallett, Verbruggen et al., 2019; Frost, 2019). Bronfenbrenner's (1977) ecological systems theory (figure 22) can be useful to apply to children and the wider contexts in which they sit, with an emphasis of the child at the centre.

**Figure 22.**

*Bronfenbrenner's (1977) Ecological Systems Theory Framework*



*Note.* From *What is Bronfenbrenner's Ecological Systems Theory?* By The Psychology Notes Headquarters. 2022.  
(<https://www.psychologynoteshq.com/bronfenbrenner-ecological-theory/>).  
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Within these supportive relationships, it is important that the professional instils hope and optimism to the young person. This research has explored the negative stereotypes which can be associated with a child or young person who has been sexually exploited; being seen as broken or damaged, which can damage that young person's outlook on life, and make them feel isolated and alone. Therefore, a strength-based approach is vital, supporting the arguments made by Eaton (2019) who stated a focus should be on their strengths, desires, skills, and talents instead of their vulnerabilities.

#### **6.3.4. Multi-Agency Approach**

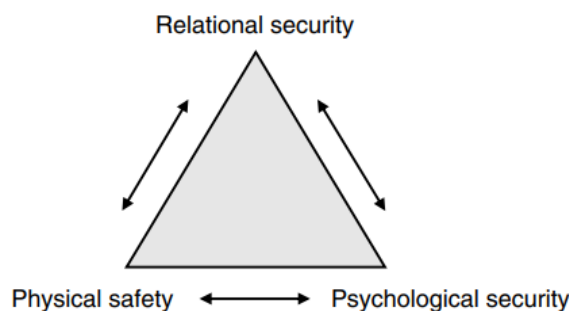
Another way to ensure a holistic approach is to liaise with multiple agencies and professionals to ensure there is a joined-up approach to support the child or young person, which was one of the main findings of this study. Some of the practice-based issues that were found within serious case reviews of CSE included professionals working in isolation (Ascent & WGN, 2020), which highlights the importance of liaising with different professionals. This includes



collaborative working with education, social care, and health services (Beckett et al., 2017; Bruhns et al., 2018; Pearce, 2009a; Gatwiri et al., 2020). There are arguments that professionals should not be focusing on changing the risks associated with the young people, but on the actions of the offender as it is victim blaming in practice (Eaton, 2019). There needs to be an equal balance between protection and ensuring young people's liberty and wishes (Lefevre et al., 2019). However, when considering a young person's safety, it can be useful to refer to the model of multidimensional safety (Shuker, 2013) which explores the physical, relational, and psychological safety of the child (see figure 23), especially when working with children in care.

**Figure 23.**

*Model Of Safety for Young People in Care Affected by Sexual Exploitation*



*Note. From: Constructs of Safety for Children in Care Affected by Sexual Exploitation. (p. 129), by L. E. Shuker, 2013. In Critical Perspectives on Child Sexual Exploitation and Related Trafficking by M. Melrose & J. Pearce. Palgrave Macmillan. Copyright 2013 by L. E. Shuker.*

Young people can have a lack of confidence in services abilities to help and support them (Beckett et al., 2017) which was found in the results in this study. A multi-agency approach, with an emphasis on child participation and active parent engagement will help to increase this. It is important to consider the long-term support that will be needed, as well as addressing the barriers to receiving support, such as demands on schools and other services.

### **6.3.5. Importance of Training**

Finally, another important factor which was found in the results was the emphasis on staff training and awareness. Both the school professionals and

the adult survivors highlighted the importance of training in child sexual exploitation, which covers the complexities of CSE and incorporates elements such as gender bias, and the victim's perspective. This would aid the professionals in being able to successfully pick up on signs that the child/young person is having difficulties, have more understanding about typical teenage behaviour and the differences with CSE, and reduce any negative stereotypes or negative attitudes which may be present. It will lead to a greater understanding of power dynamics and constrained choice, how to engage with young people and manage disclosures, and provide the professionals with more confidence in their ability to support a child or young person experiencing CSE. This would be beneficial for all professionals who work with children and young people, not just those who are involved with safeguarding (Beckett & Schubotz, 2014).

The role of the teacher was explored within the findings. Positive teacher-student relationships are considered important for learning and behaviour (Hattie, 2009; Roorda et al., 2011). Teachers are considered well placed to identify concerns about students' mental health and wellbeing and provide support (Kidger et al., 2009; Bovarnick & Scott, 2016; Eaton & Holmes, 2017; EAW, 2011; Womankind Worldwide, 2010), yet some may feel that they are not equipped to do this. When thinking about how to improve emotional support within schools, it is important to consider how the whole school environment can be supportive of emotional health (Kidger et al., 2009), and within that provide emotional support to the teachers working with children victim to CSE.

#### **6.4. Critique of the Research**

I shall now explore the strengths and limitations of the current research and provide a critical review of the methodology.

This research explored the support within educational provisions for children and young people being sexually exploited, both from the perspectives of educational professionals and adult survivors. This is an area of research which has not been previously explored, thus providing an opportunity to fill the gap within this field and develop a further understanding. Research into CSE has become more prominent of recent years, with more awareness being raised

since the high-profile cases that have appeared in the media (e.g., Rochdale, Rotherham), therefore it is a good time to research and advance this field. As research into CSE is firmly situated within the social care sector, this research helps to expand and strengthen the evidence base within the education sector and educational psychology. My research generated a lot of interest from other professionals and researchers in the field, and I have been able to join a CSE research networking group, which includes researchers of CSE from across the globe. Similarly, some participants have shared their views and support about the importance of this research in exploring the educational challenges and support within CSE.

Some limitations included the difficulties in recruitment, which could be due to the extra pressures on schools during the covid-19 pandemic (school closures, staff and student absences, extra safety measures needing to be implemented in schools) which would have affected their workload and availability.

Finally, another limitation is that there were many areas of CSE which were rich in psychological theory but were larger than the scope of this research. I would have liked to have explored the influences of gender and gender bias, which was referred to by one participant, as well as going into more depth around the links between SEND and CSE given more space to do so.

#### **6.4.1. Critical Review of the Methodology**

This study used a mixed methods approach, which meant there were detailed data (Onwuegbuzie & Leech, 2005), as well as enabling an in-depth exploration of the views and support in place for CSE. There are several strengths with this approach, in that it improves accuracy, as findings from one method can be compared with findings from another method (Denscombe, 2007). This approach can also provide a more complete picture of the area of study and provide different perspectives to give a fuller account of the situation (Denscombe, 2007). Another strength of a mixed methods approach is that it can reduce intrinsic bias and has the benefit of strengths from each method (Denscombe). The weakness or bias which can occur when using one method can be compensated for when using another method alongside it (Denscombe, 2007). Finally, a mixed methods approach can also help aid and develop the analysis, as the results from different approaches can build on one another

(Denscombe, 2007). However, there are several limitations with using a mixed methods approach, including the skills needed from the researcher to have in more than one method (Denzin, 2010), the tendency to oversimplify the quantitative and qualitative distinction, the misinterpretation that can occur with mixed methods approaches and pragmatism (e.g., regarding the approach as 'anything goes'), and there can be problems if the findings from different methods do not corroborate with each other (Denscombe, 2007). See Denzin (2010) for further debate about mixed method approaches.

### **Phase 1:**

The biggest limitation within this research was the sample size. The small sample in phase 1 of the research (N=30) meant that it is not representative of all secondary schools. Multiple attempts were made to invite participants to complete the questionnaire, including reminder emails, which were unsuccessful in gaining more responses. This may have been due to the added pressures that Covid-19 has brought to school staff, which meant they were reluctant to agree to additional work. Some members of school staff responded to the email invite for the questionnaire to state that they did not have any time to complete the questionnaire. Therefore, it may have been beneficial to complete some follow up interviews with some participants from the first phase to provide greater depth into their responses. The questionnaire was designed to allow the participants to choose whether they wanted to answer all questions or not. This was with the intention of encouraging them to continue with the questionnaire to the next question if they chose to. However, this meant that there was a non-response for some of the questions. This could be due to participants finding the questionnaire lengthy, or potentially feeling like they were unable to answer some of the questions. I attempted to pre-empt this by informing participants of how long the questionnaire will take to complete and allowing them the option to return to it at a later time.

An opportunistic sample was used, which could mean that participants who responded to the questionnaire already had an interest or knowledge in CSE, which may have affected the results and cause sampling bias. Similarly with phase 2, although emphasis was on gaining the individual experience instead of quantity of responses, it may be that those who were willing to take part in the study were people who had more challenges with school or had an interest in

sharing their views on their school experiences, causing respondent bias (DeCarlo, 2018).

A vignette was used within the survey. A 16-year-old was chosen (reasons outlined in section 4.1.4. page 57), which may have caused some ambiguity for the participants due to 16 being the legal age for consent. As discussed on page 58, the vignette was not piloted on its own, only in relation to the whole questionnaire. It may have been beneficial to do this to receive specific feedback on the vignette, or to produce multiple vignettes for people to choose between when piloting the survey.

Self-report was used throughout the research, in both the interviews and questionnaire. This means that the questions asked are open to interpretation and participants may have interpreted questions differently to what was intended. Likert scales were used with the questionnaire, and the responses could be open to subjectivity, e.g., 'a lot' could mean different things to different people (Williamson, 2007). Some of the wording of the questions may have been open to interpretation, e.g., the question which asked whether the participant had 'worked with' a child. Although wording to the questions were thought through and changes made from piloting the survey, there may have still been questions which were ambiguous or interpreted differently. It would have been beneficial to have some follow up interviews to clarify some of the responses from the participants.

The questionnaire in phase 1 used both open ended and closed questions to allow for statistical analysis, but also to provide participants with space to provide their views. Content analysis was used within the surveys to analyse the open questions, which can have some limitations for reliability. Firstly, some words may be ambiguous or meaning unclear, the coding and categorising process can lose the nuanced richness of specific words and their connotations, the category definitions and themes can be ambiguous as they have been inferred, the weighting of words can be unreliable (e.g. some may have less significance), the categories may reflect the researchers agenda or inference of meaning instead of the respondents, and the document may deliberately exclude, overstate or understate an issue (Cohen et al., 2007). When completing the content analysis, there were some difficulties when the participants wrote a single word, and I found there was a level of inference

which needed to be made on my part, to understand the meaning of what was being said. The majority of the comments made within the survey were extensions of the questions and did not generate new theory. I used reflexivity and transparency with this process to ensure reliability.

Participants consisted of SENCOs and DSLs (reasons outlined on page 55) and the responses were combined when analysing the results. There may have been limitations with combining the responses as there may be differences in responses between the roles. However, a decision was made to combine the results from the two roles for a number of reasons: there was a small sample size, there was an equal number of responses from both groups (so there was not one group with more participants skewing the results), and many participants had both roles within their school, thus making it difficult to separate the results between roles.

## **Phase 2:**

This research was participant-led, which can allow for a rich and detailed picture to emerge (Sutcliffe, 2016). Participants were given the space to share their views and thoughts around this topic and I was able to capture their voice. This can be especially fulfilling for survivors as they are able to reflect upon, share and express their experiences, as well as contribute to research which could support other young people going through similar experiences. The experience of sharing one's story of trauma has been found to promote healing and empowerment, contributing to growth and development (Ali, 2014). Survivors are experts in their own experiences and needs (Kulkarni, 2015), and their voice can help to challenge societal views and structures which perpetuate CSE, and encourage advocacy and social change (Davis, 2002; Solinger et al., 2010).

There are benefits of selecting adult survivors instead of children currently experiencing CSE, in that harm can be minimised due to the survivors having a level of distance from the abuse (due to time lapsed) and may have more reflection of their experiences. The findings showed that children and young people experiencing sexual exploitation often are not aware of the abuse they are experiencing, which may make it difficult to gain their views around it. Care and attention were taken to support the survivor's emotional wellbeing (see ethics section within overall methodology), to ensure they were not re-

traumatised and felt emotionally safe following the experience (Anyikwa, 2016). It was important that the participants had a positive interview experience so were given as much time as they needed, and check ins were completed a week afterwards. The survivors in phase 2 were a mix of genders and ages, which meant there was a varied mix of responses and it allowed for an exploration of the similarities and differences within accounts across different time periods.

The second phase of the research was retrospective, in that participants were asked to recall their experiences from their childhood. This could be problematic due to the bias that could occur. Participants may remember more negative experiences or struggle to remember accurate events. However, research has found that significant experiences in childhood can be recalled accurately (Brewin et al., 1993). Furthermore, it does not mean that all self-report data is invalid (Ericsson & Simon, 1993). Interviews using self-report were important to the research to ensure the thoughts and feelings of the participants were gathered, so their experiences can be interpreted, and explanations provided for human behaviour within the context (Austin & Sutton, 2014).

Attitudes and views of survivors were explored in phase 2 of the research, but this meant that there was no directly observed behaviours, so it is difficult to see the behaviours in practice. When gaining access to the voice and experiences of a survivor, there is a concern that the interpretation will not be reflective of what they have shared. I attempted to analyse and interpret people's stories without causing harm (Braun & Clarke, 2022), by ensuring the participants were aware of the purpose of the study and were aware of how their data would be used. My reflexive journal also helped to log my reflections and keep a detailed account of the research journey (Finlay & Gough, 2003).

Due to Covid-19, many people were familiar with the use of communicating via virtual means, therefore holding interviews virtually was easy to achieve. It also allowed for more flexibility of when to hold the interviews and meant there was a wider reach of participants from all parts of the country. The interviews were recorded, and transcribed, and reflexive notes were recorded in a journal, which was useful for gaining familiarity of the data, as well as being aware of my own thoughts and reflections (Braun & Clarke, 2022; Finlay & Gough, 2003).

The participants experienced abuse at different periods of time which means their experiences may be reflective of the cultural and societal position of CSE at the time, and not necessarily be as accurate today. Therefore, they may have had different school experiences. However, phase 1 explores views from school staff currently working in schools so can give an accurate presentation of CSE in the current climate, which can be compared to the findings from survivors who experienced abuse previously.



## **Chapter 7: Conclusion**

This chapter explores the implications of this research for EP practice and provides suggestions for future research. Final thoughts and conclusions from the research will then be summarised.

### **7.1. Implications for Educational Psychology Practice**

This research has provided some implications for educational psychology practice. I shall explore these by looking at the three levels in which EPs work: individual, group and systems (Cameron, 2006).

#### **Individual**

One theme which has been prominent is the inclusion of the child. It is important to gain child voice and ensuring all approaches are person-centred. EPs are trained to listen to the needs of the child and can use several different tools and methods to gain their views, as well as help them to understand their experiences (Davie et al., 1996). EPs can be an advocate for the child and the family, and it is important that the child has time to share their own perspectives. Using creative approaches can help with this, e.g., the use of personal construct psychology techniques (Kelly, 1955). It is important that the young persons' views inform the support and provision planning (Kelly & Gray, 2000), and they can participate as much as possible (Cody & D'Arcy, 2019; Lefevre et al., 2019).

The EP can help schools to understand the needs of the child at an individual level, including identifying those children who may be experiencing CSE. However, it may be that EPs do not have a sufficient level of training in this area to be able to recognise and identify these children. Research by Allen and Bond (2020) found when interviewing EPs about CSE, that they felt it was not part of their role and that they did not have the specific training to be able to safely deal with CSE. This meant they resorted to a reliance on developmental psychology to understand CSE and using a vulnerability management approach, which can be problematic (Melrose & Pearce, 2013). It may be that EPs need training on CSE, and how to effectively support a young person experiencing this. EP

support could involve suggesting relevant provision, using specific evidence-based interventions, and ensuring there is an effective monitoring and evaluation system. It is important the focus is on the needs of the child, referring to psychological theories to aid understanding such as attachment theory (Bowlby, 1969), and ensuring the interventions are trauma-informed (Laird et al., 2020) and relational based to help the child to feel safe (Shuker, 2013).

EPs can utilise positive psychology and provide a strengths-based approach when working with children, families, and school. For example, solution-focused practice can help to see the strengths and protective factors of the child, as well as guide others to exploring the positives (Gillingham, 2006; Grant, 2012; Keys, 2009). The research findings have shown the importance of using holistic methods when supporting a child (Dodsworth, 2013), and a strengths-based approach will ensure they are not viewed as broken or damaged (Eaton, 2019; Beckett et al., 2017; Ascent & WGN, 2020). Similarly, the use of the adaptation-based approach to resilience (Ellis et al., 2017) would be beneficial in recognising the strengths in their cognitive abilities due to these experiences.

The findings revealed that there may be a lack of support for teachers' emotional wellbeing. This is important as research has found working with children who have been sexually exploited can lead to vicarious trauma and burnout (Helpingstine et al., 2021). EPs can provide supervision for staff who are working with children being sexually exploited to support their wellbeing (Dunsmuir & Leadbetter, 2010). Again, it is important that EPs have appropriate training in CSE and understand the full impact on the teachers supporting them, so they can support the teachers' well-being effectively.

Similarly, it is important that parents feel supported. It may be useful for parents to have some time to discuss their experiences or concerns in a safe environment with an EP. A non-judgmental approach will help to support them and potentially alleviate any blame they may be experiencing (by themselves or others) (Cooney & Rogowski, 2017; Palmer & Jenkins, 2013). If the parent is a corporate parent, then it may be that more joint work between social care and psychology would be useful, potentially with EPs situated within social care teams.

## Group

In terms of group support for children who have experienced sexual exploitation, early intervention is vital (Dodsworth, 2013) and it is important to consider a systemic approach (Pearce, 2009a). The use of Bronfenbrenner's ecological systems model (1977) is appropriate to use to look at the whole context and systems which influence the child, and tailor interventions and outcomes according to these. The survivors within this study reflected on a lack of support and inclusion within their schools, having difficult relationships with both staff and peers. Therefore, it will be important that there is access to groups or clubs within school so children can build friendships and feel a sense of belonging in school (Bergin & Bergin, 2009). Other specific group work for young people could be more targeted towards healthy relationships, building emotional literacy and regulation, supporting emotional resilience and confidence e.g., assertiveness skills.

In relation to support for parents, it is important that parents are included in their child's support and the relationship between the child and the parent is supported (Beckett et al., 2013, 2017; Scott & McNeish, 2017). It may be that interventions could include both the child and family which the EPs can facilitate. Research has shown that parents need support with their relationship with their child, their own emotional needs, dealing with systems and building their resilience (Scott & McNeish, 2017). Therefore, parenting groups may be appropriate, so support around these areas can be given to groups of parents within the community or within schools. A group for parents may also be beneficial to create a supportive network of peers to help build their resilience (Scott & McNeish, 2017). Woods-Jaeger et al, (2018) interviewed parents of children who had experienced ACEs to explore the protective factors which buffer ACEs potential negative impact, including supports and services. They found that parent aspirations to make children's lives better and parent nurturance and support are all protective factors and build resilience. The findings from this study showed that schools can have difficulties in engaging with parents, and EPs are primely placed to support and enhance the relationship between parents and school, mainly by using consultative approaches which is found to be a positive and effective service delivery technique (Farrell & Woods, 2015; Kennedy et al., 2009).

## Systems

EPs can support schools with whole-school approaches, which are recommended for addressing CSE (Beckett et al., 2013; Rawden, 2015; Humphreys et al., 2008). This can include reviewing school policies (e.g., incorporating a relational policy instead of a behavioural policy, as it has been found that strict behavioural policies with the use of sanctions have led to the most challenges in addressing harmful sexual behaviour in schools (Lloyd et al., 2020). They can also support the school with knowing how to handle disclosures and making the environment a safe and supportive place where children and young people feel comfortable to disclose. The importance of a supportive relationship was a key finding to this research. EPs can support schools to provide nurture, predictability, and security in the school environment (Myers & Pianta, 2008). The use of the contextual safeguarding framework (Firmin et al., 2020) can help with assessing what whole-school approaches can be implemented, with adaptations made to suit the school, and adapted to include other forms of harmful sexual behaviour.

EPs can support with preventative approaches such as raising awareness of CSE and disseminate information about the impact of CSE and the appropriate provision. EPs can be involved in training for staff and providing resources to recognise the signs or support a child victim to CSE (provided they are adequately trained in this themselves) or provide training into other relevant areas such as trauma and attachment theory. This will also aim to address removing the stigma around CSE and increase support to the children and their families. Bullying was a difficulty for some of the participants and is important to be addressed to encompass a whole school reduction in abuse. EPs can support schools with preventative measures to tackle bullying (Venter, 2017).

Some of the school staff in this research discussed the external agencies which they use to support children and young people experiencing CSE. EPs are well-placed to signpost schools and families to external agencies and relevant organisations which specialise in supporting people affected by CSE. They can also be involved within multi-agency meetings. EPs can also be involved in community awareness raising and delivering training or interventions at a community level, which has been found to encourage social change, reduce unhelpful stereotyping and harmful messages around blame and responsibility,

and remove barriers to disclosure (including community reputation, shame, or stigma) (Beckett et al., 2017). Mackay (2006) argues for the increasing need for community psychology due to the rise in mental health problems and related issues among children and young people, and due to the increase in poverty.

EPs have relational skills and can use these to help build relationships between school, home, and other professionals. The use of consultative methods can support this and help to empower other people and encourage joint problem-solving (Wagner, 2000; Watkins & Hill, 2000).

Finally, through discussion with EP colleagues, many are not aware of the complexities of CSE or have experience of working with victims. More awareness and professional development would be beneficial for EPs on this area, specifically in evidence-based interventions and knowing the signs of CSE. EPs are also well placed to carry out more research expanding on the literature around CSE and education. One piece of research (Allen & Bond, 2020) has explored EPs practice in relation to CSE and highlighted the structural barriers to gaining access to the young people experiencing CSE. However, EPs can offer a distinctive approach and complement the work completed by other professionals (Woods et al., 2011). Allen and Bond (2020) recommend EPs use a contextual safeguarding approach to support schools and can contribute to a robust multi-agency response to ensure the safety and wellbeing of children and young people experiencing CSE.

## **7.2. Future Research**

As discussed below in the implications for EP practice, it may be beneficial for more guidance and clarification about the role of the EP with regards to supporting children and schools with CSE. The development of a framework for practice may be useful, or further research to explore the views that EPs have around this area of work, and their level of experience.

This research explored the views of DSLs and SENCOs, but further research could explore the views of all teachers and other school staff (e.g., designated teachers for LAC) to see if there are differences in the results. Phase one of the

study could be replicated within primary school settings to see what the findings and recommendations for support are with children of a younger age.

This research has explored the views of survivors, which has been helpful as they have been able to reflect upon their past experiences, but future research could explore the views of children and young people currently experiencing sexual exploitation and see if the views differ when the abuse is present.

Finally, there has been little research exploring the views of parents (Scott & McNeish, 2017), especially regarding CSE and the educational provision. It would be useful to explore their views to find out what support they have received from schools, if any, and what attitudes they feel other people have had towards them, and their level of inclusion in their child's support. It would be interesting to explore from their perspective what difficulties their child has had with education, and what support has worked or been less successful.

### **7.3. Concluding Comments**

This research has addressed the gap in the literature and made a unique contribution to the field of CSE and education. The research explored the perspectives of school professionals and adult survivors of CSE, to provide an insight into the support provisions within schools and the challenges that are faced. The research findings suggest there are many challenges young people being sexually exploited face within schools, and challenges for the staff supporting them. Negative attitudes around CSE and victim blaming can exist, and this can affect the level of support received. Findings suggest several ways schools can support victims of CSE, including taking a holistic, person-centred approach; liaising with other agencies; gaining child voice and family engagement; and most importantly, promoting supportive relationships between the young person and adults in school.

Regarding my own professional practice, I aim to use my experience and findings from this research to more effectively support children who are victim to CSE. This research has complimented the way in which I like to practice as a trainee EP; emphasis was on person-centred and strength-based approaches, which is holistic in nature, and using systems level approaches (e.g., whole

school preventative measures). These approaches are not only how I would work with children and young people being sexually exploited, but also within my wider practice. Supporting the school to support the child is something I am passionate about, and this is important when considering a relational-based approach. It is hoped that this research will support schools in knowing what provision for children experiencing CSE need, and for EPs to know what support they can provide within this area.

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## Appendix 1. Timeline of Research

	2020			2021												2022					
	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	
Submission of research plan	■																				
Submission of ethical approval				■																	
Submission of literature review	■																				
Design Questionnaire				■																	
Data collection: Phase 1									■												
Data analysis: Phase 1																■					
Data collection: Phase 2									■												
Data analysis: Phase 2																■					
Write up																■					
Submission of draft thesis																	■				
Submission of thesis																			■		

## Appendix 2. Phase 1 Ethical Approval Certificate



GRADUATE SCHOOL OF EDUCATION

St Luke's Campus  
Heavitree Road  
Exeter UK EX1 2LU

<http://socialsciences.exeter.ac.uk/education/>

### CERTIFICATE OF ETHICAL APPROVAL

Title of Project:

Exploring child sexual exploitation within educational provisions. Pt 1

Researcher(s) name: Charlotte Burrell

Co-Investigators:

Supervisor(s): Shirley Larkin, Caroline Gallagher

This project has been approved for the period

From: 19/04/2021

To: 31/08/2022

Ethics Committee approval reference: D2021-124

Signature: 

Date: 17/03/2021

(Professor Justin Dillon, Professor of Science and Environmental Education, Ethics Officer)

## Appendix 3. Phase 2 Ethical Approval Certificate



GRADUATE SCHOOL OF EDUCATION

St Luke's Campus  
Heavitree Road  
Exeter UK EX1 2LU

<http://socialsciences.exeter.ac.uk/education/>

### CERTIFICATE OF ETHICAL APPROVAL

Title of Project:

Exploring child sexual exploitation within educational provisions. Pt 2

Researcher(s) name: Charlotte Burrell

Co-Investigators:

Supervisor(s): Shirley Larkin, Caroline Gallagher

This project has been approved for the period

From: 19/04/2021

To: 31/08/2022

Ethics Committee approval reference: D2021-125

Signature:

A handwritten signature in black ink that reads 'Justin Dillon'.

Date: 17/03/2021

(Professor Justin Dillon, Professor of Science and Environmental Education, Ethics Officer)

## Appendix 4. Phase 1 Ethics Application Form

### COLLEGE OF SOCIAL SCIENCES AND INTERNATIONAL STUDIES

All staff and students within SSIS should use this form; those in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology should return it to [ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk). Staff and students in the **Graduate School of Education** should use [ssis-gseethics@exeter.ac.uk](mailto:ssis-gseethics@exeter.ac.uk).

**Before completing this form please read the Guidance document**

which can be found at <http://intranet.exeter.ac.uk/socialsciences/ethics/>

Applicant details		
Name	Charlotte Burrell	
Department	Education	
UoE email address	CB915@exeter.ac.uk	
Duration for which permission is required		
Please check the meeting dates and decision information online before completing this form; your start date should be at least one month after the Committee meeting date at which your application will be considered. You should request approval for the entire period of your research activity. Students should use the anticipated date of completion of their course as the end date of their work. Please note that <u>retrospective ethical approval will never be given.</u>		
Start date:19/04/2021	End date: 31/08/2022	Date submitted:12/03/2021
Students only		
All students must discuss (face to face or via email) their research intentions with their supervisor/tutor prior to submitting an application for ethical approval. <b>Your application must be approved by your first or second supervisor (or dissertation supervisor/tutor) prior to submission and you <u>MUST</u> submit evidence of their approval with your application, e.g. a copy of an email stating their approval.</b>		
Student number	580022415	
Programme of study	<b>Doctor of Educational Psychology (DEdPsych)</b> If you selected 'other' from the list above please name your programme here	
Name of Supervisor(s) or Dissertation Tutor	Shirley Larkin and Caroline Gallagher	
Have you attended any ethics training that is available to students?	Yes, I have taken part in ethics training at the University of Exeter	

	<p>EG the Research Integrity Ethics and Governance: <a href="http://as.exeter.ac.uk/rdp/postgraduateresearchers">http://as.exeter.ac.uk/rdp/postgraduateresearchers</a></p> <p>OR Ethics training received on Masters courses.</p> <p>If yes, please specify and give the date of the training:</p> <p><b>Research ethics by Chris Boyle</b></p> <p>01/11/2020</p>
--	--

**Certification for all submissions**

**I hereby certify that I will abide by the details given in this application and that I undertake in my research to respect the dignity and privacy of those participating in this research.**

I confirm that if my research should change significantly I will seek advice, request approval of an amendment or complete a new ethics proposal. Any document translations used have been provided by a competent person with no significant changes to the original meaning.

**Charlotte Burrell**

Double click this box to confirm certification

**I confirm that if I travel outside the UK to conduct research I will:**

(a) Obtain [International Travel Insurance](#) from the University of Exeter. (b) Monitor Travel Advice from [Worldaware](#) and the [Foreign & Commonwealth Office \(FCO\)](#) and (c) Complete an [International Travel Risk Assessment](#)

*Submission of this ethics proposal form confirms your acceptance of the above.*

**TITLE OF YOUR PROJECT**

**Exploring child sexual exploitation within educational provisions.**

**ETHICAL REVIEW BY AN EXTERNAL COMMITTEE**

*No, my research is not funded by, or doesn't use data from, either the NHS or Ministry of Defence.*

If you selected yes from the list above you should apply for ethics approval from the appropriate organisation (the NHS Health Research Authority or the Ministry of Defence Research Ethics Committee). You do not need to complete this form, but you must inform the [Ethics Secretary](#) of your project and your submission to an external committee.

**MENTAL CAPACITY ACT 2005**

No, my project does not involve participants aged 16 or over who are unable to give informed consent (e.g. people with learning disabilities)

If you selected yes from the list above you should apply for ethics approval from the NHS Health Research Authority. You do not need to complete this form, but you must inform the [Ethics Secretary](#) of your project and your submission to an external committee.



## SYNOPSIS OF THE RESEARCH PROJECT

*Maximum of 750 words.*

My research is exploring child sexual exploitation (CSE) within educational settings. CSE has profound and long-term impacts on children and young people's physical, emotional and mental health. There are many risk factors for CSE, with looked-after-children, children with special educational needs, and those who have experienced sexual abuse having more vulnerabilities to sexual exploitation. This links to psychological theories around trauma and attachment. There are difficulties with disclosure and engagement of young people who are being sexually exploited, partly due to a lack of awareness from professionals which can lead to victim-blaming. Negative attitudes about CSE can lead to stigma which has more negative implications for the young people involved.

When exploring the literature related to CSE and education, there is limited research, with the majority coming from a policing or social care lens. Recent research has highlighted the underexplored nature of CSE in relation to educational psychology, and schools have reported that they do not feel confident and skilled regarding CSE. Although research has shown what is needed within education and educational provisions, there has been little research which shows what support for children and young people is currently in place. It would be useful to know about the current context of CSE within educational provisions; what they are doing to identify and support those who are victim to CSE, and what the school staffs' perspectives are around this.

### **Aims:**

Using a contextual safeguarding framework approach, this study aims to fill the gap in the literature by exploring the issue of CSE within educational provisions, in terms of what procedures and support is in place within educational provisions for children at risk of, or experiencing sexual exploitation, and if there is anything which can be improved.

### **Research Questions:**

What are SENCo and the Designated Safeguarding Lead's (DSL) ability to respond to the needs of children who have experienced CSE in secondary schools in the SW of England.

- What knowledge do they have about child sexual exploitation (training, understanding and experience)?
- What attitudes do professionals have of children who are being sexually exploited?
- What practical support is available to children at risk of, or being sexually exploited and what challenges are there to receiving this?
- What further support do they think would be helpful for these children and the staff working with them?

**Please note there is a supplementary ethics application for the second phase of the research.**

## INTERNATIONAL RESEARCH

N/A

The following sections require an assessment of possible ethical consideration in your research project. If particular sections do not seem relevant to your project please indicate this and clarify why.

## RESEARCH METHODS

SENCOs and DSLs from state funded secondary schools in the south west of England will complete a specially designed e-questionnaire that will cover these areas:

- a. Background information about the participants (their role, how much time they take in a week to fulfil their role, other responsibilities, type of school, etc.).
- b. Questions aiming to assess the participants understanding of CSE (whether they have received specific training, how helpful that was, their confidence in the area, etc.).
- c. Questions to assess the participant's perceptions of child and young people suffering from sexual exploitation, using vignettes.
- d. Questions relating to the support structures in their school, e.g., what systems are in place and if they believe them to be effective, the communication and referral pathways, the involvement of the young person, support that is offered and further support which would be helpful, as well as any barriers.

Quantitative and qualitative data shall be collected from the Questionnaire, using a mixture of scaled questions (with options from a 1-5 scale of strongly agree to strongly disagree), and open questions.

Data from the questionnaires will be analysed using SPSS, providing a range of descriptive statistics.

The ethical considerations for these methods include participants receiving informed consent, having the right to withdraw, data collection and storage methods, and the risk of harm due to the discussion of sensitive topics (child sexual exploitation). These are discussed below.

## PARTICIPANTS

The sample will consist of 100 Designated Safeguarding Leads (DSL) and SENCOs from state-funded secondary schools in the South West of England. Purposive sampling techniques will be used, and participants will be invited to participate in the study via email. All secondary schools in the South West of England will be contacted, with the Questionnaire link attached for DSLs and SENCOs to complete.

Some ethical considerations include the participants being informed in writing about the project and providing informed consent to participate. As the participants will all be adults and educational professionals, they are unlikely to experience any harm, however they will be able to withdraw from the study should they wish with their data destroyed.

## THE VOLUNTARY NATURE OF PARTICIPATION

All participating SENCOs and Designated Safeguarding Leads (DSL) will be informed in writing (see information sheets below) that their participation is voluntary and that they have the right to withdraw from the study at any time up until they have submitted their

Questionnaire responses. SENCOs and DSLs who take part will sign a consent form (see below).

### **SPECIAL ARRANGEMENTS**

N/A

### **THE INFORMED NATURE OF PARTICIPATION**

There are ethical considerations about the online nature of this research. To ensure that the participants are informed of the research methods and provide consent, written information about the study will be sent to the schools and all participants prior to the study. This will include the research aim, purpose, and process of the research. For more information, please see the information sheet below. This will also be repeated on the first page of the online Questionnaire. This information will provide transparency about the nature of the study, that participation is confidential, the voluntary nature of participation and the way that data will be stored and how the results will be used. The participants will be asked to provide informed consent and click a button of agreement indicating consent before starting the Questionnaire. There will be an option that will allow the respondent to withdraw from the Questionnaire at any point.

One ethical consideration here is that participants will be kept anonymous, no names or school names will be given, and each participant will instead have an identifying number. Any personal details such as people's names or place names may be changed to ensure anonymity if it appears that these may aid identification of participants. Participants have the right to withdraw from the study without providing a reason. They can withdraw up until they have submitted their questionnaire responses, as after this point, it will not be possible to withdraw participation as the data submitted will be anonymous and hence it will not be possible to identify their individual responses in order to delete them. This is communicated in the information sheet.

Another ethical consideration is that the data will be stored securely in password protected files. More information about data storage and protection is given below.

### **ASSESSMENT OF POSSIBLE HARM**

As the participants will all be adults and educational professionals, they are unlikely to experience any harm, however they will be able to withdraw from the project should they experience any harm.

The Questionnaires will have questions relating to the background information about the participants (their role, how much time they take in a week to fulfil their role, other responsibilities, type of school, etc.). There will be questions aiming to assess the participants understanding of CSE (whether they have received specific training, how helpful that was, their confidence in the area, etc.). Vignettes will be used with related questions to assess the participant's perceptions of child and young people suffering from sexual exploitation. Finally, there will be questions relating to the support structures in their school, e.g., what systems are in place and if they believe them to be effective, the

communication and referral pathways, the involvement of the young person, support that is offered and further support which would be helpful, as well as any barriers. There is a possible risk that the content of these questionnaires will evoke some emotional distress for participants, however participants will currently be working within this area within their roles, so support structures will already be in place within their organisation. I will attempt to minimise this risk by providing an information sheet to all participants at the start of the questionnaire which will give a health warning and will also be designed to direct them to any relevant organisations or documents should they become affected by the subject area. I will provide my contact details should they wish to discuss anything further and contact details of the course director at the University of Exeter will be provided for them should they wish to make a complaint.

The researcher has an enhanced DBS clearance through the university. The research adheres to the BERA ethical guidelines for educational research and BPS Code of Human Research Ethics.

**DATA PROTECTION AND STORAGE**

**Information Gathering**

Information gathered in the study includes online questionnaires completed by SENCOs and DSLs. This will appear by electronic questionnaire data. To ensure additional anonymity, a Questionnaire platform (Microsoft Forms or Qualtrics) will be used so participants do not need to email myself directly to return the questionnaire. Data will be recorded through this platform. The Questionnaire platform used will comply with GDPR regulations and protect jurisdictional legal rights. A further ethical consideration when working with online questionnaires is that of excessive data collection. I will ensure that all data collected is necessary to the research and linked to the research questions.

**Information Storage**

Questionnaire data will be anonymous because questionnaires will not require participants' names. To ensure anonymity, participants will be specifically asked not to insert their names, schools or identifying features. Any identifying data will be deleted. All data from the Questionnaire platform will be uploaded and protected in password protected files on my laptop. Two years after the end of the research, the data will be permanently destroyed.

**Data Distribution**

Following the collection and analysis of the data, a summary report will be available on request to schools who took part in the project.

**DECLARATION OF INTERESTS**

No commercial interests

**USER ENGAGEMENT AND FEEDBACK**

N/A

## INFORMATION SHEET

### Participant Information Sheet

#### Exploring child sexual exploitation within educational provisions.

#### Overview of the research project

Thank you for expressing an interest in this research and for volunteering your time to participate. Please consider the information below carefully and discuss it with anyone if you wish to do so. The researcher is happy to be contacted using the details below to answer any questions you may have.

I am a Trainee Educational Psychologist, and this research is being completed as part of the Educational, Child and Community Psychology doctorate at the University of Exeter. This research is being carried out to gain a better understanding of what support is in place in educational provisions for children who are sexually exploited. The study has 2 phases: the first will explore the views of education professionals about child sexual exploitation, and the support which is in place; and the second will explore the experiences of adult survivors of child sexual exploitation about their educational experiences. You are being invited to take part in phase one.

#### Why have you been approached?

You have been approached as you are a Special Education Needs Coordinator (SENCo) or Designated Safeguarding Lead (DLS) in the South West, and as such you may have contact with young people at risk of sexual exploitation, as well as specific training regarding sexual exploitation. The research aims to gain an understanding of the procedures and support which is in place in educational settings, and what can be improved, as well as understanding what knowledge and perceptions educational staff have around child sexual exploitation. It is hoped that this research will allow for a better understanding of how best to support these young people within schools.

#### What will taking part involve?

Taking part will involve completing an online questionnaire consisting of multiple choice and open-ended questions about your knowledge, perceptions, and the supports which are in place for child sexual exploitation. The questionnaire will involve vignettes about young people experiencing child sexual exploitation, with related questions. The questionnaire can be completed at a time that is convenient for you and should take around 30 minutes to complete.

Participation is voluntary and you may answer as many or as few questions as you like. All information collected will be anonymous. You have the right to withdraw at any point during the completion of the questionnaire without providing a reason. Once you have submitted your questionnaire responses, it will not be possible to withdraw participation as the data submitted will be anonymous and hence it will not be possible to identify your individual responses in order to delete them.

Child sexual exploitation is a sensitive area of study, so could potentially cause distress to some people. If you become distressed at any stage during the research you may decide to stop completing the questionnaire or return to this at a later stage. You may also wish to seek support through the professional channels already in place in your organisation or seek

more information or support through [www.nspcc.org.uk](http://www.nspcc.org.uk), [www.nwgnetwork.org](http://www.nwgnetwork.org) or [www.barnardos.org.uk/cse](http://www.barnardos.org.uk/cse)

#### **How will my information be kept confidential?**

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. If you have any queries about the University's processing of your personal data then please ask me, or further information is available from the University's Data Protection Officer by emailing [informationgovernance@exeter.ac.uk](mailto:informationgovernance@exeter.ac.uk), or at <http://www.exeter.ac.uk/ig/>

Once the questionnaire has closed, data will be exported and stored securely on the university One Drive. All information will be kept in accordance with GDPR guidelines. The data will be confidential and kept securely until the research project has been completed and written-up (this could be up to 2 years).

#### **What will happen to the results of this study?**

The findings of this research will be written up as part of my doctoral thesis. It is possible the results may also be published in chapters or journals or presented at relevant conferences. If you would like to receive a brief report with findings from the study once it is completed, please contact me via the details below to request this.

#### **Further information and contact details**

The research adheres to the BERA (2018) ethical guidelines for educational research and BPS Code of Human Research Ethics. This project has been approved by the Graduate School of Education Research Ethics Committee at the University of Exeter.

For further information or if you have any questions, please contact:

Charlotte Burrell [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk)

If you have any concerns about this project or my conduct, please contact one of my research supervisors:

Dr Shirley Larkin [s.larkin@exeter.ac.uk](mailto:s.larkin@exeter.ac.uk)

Dr Caroline Gallagher [c.gallagher@exeter.ac.uk](mailto:c.gallagher@exeter.ac.uk)

You may also contact the College of Social Sciences and International Studies Research Ethics Committee: [ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk)

Thank you for your interest in this project

#### **CONSENT FORM**

I confirm I have read the above information about the research project, have had the opportunity to consider this information and ask any questions. Yes/No

I understand that my participation is voluntary and that I am free to withdraw at any time up until submission of my responses, without giving any reason and without my legal rights being affected. Yes/No

I understand that relevant sections of the data collected during the study may be looked at by members of the research team, where it is relevant to my taking part in this research.

Yes/No

I understand that taking part involves anonymous e-questionnaire responses to be used for the purposes of:

- a) A doctoral thesis
- b) Possible publication of research articles or chapters in academic books
- c) Possible presentations of professional conferences
- d) Archiving of questionnaire responses until the research is completed

Yes/No

I agree to take part in the above project. Yes/No

### **SUBMISSION PROCEDURE**

Staff and students should follow the procedure below.

**Post Graduate Taught Students (Graduate School of Education):** Please submit your completed application to your first supervisor.

**All other students** should discuss their application with their supervisor(s) / dissertation tutor / tutor and gain their approval prior to submission. Students should submit evidence of approval with their application, e.g. a copy of the supervisors email approval.

**All staff** should submit their application to the appropriate email address below.

This application form and examples of your consent form, information sheet and translations of any documents which are not written in English should be submitted by email to the SSIS Ethics Secretary via one of the following email addresses:

[ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk) This email should be used by staff and students in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology.

[ssis-gseethics@exeter.ac.uk](mailto:ssis-gseethics@exeter.ac.uk) This email should be used by staff and students in the Graduate School of Education.

Please note that applicants will be required to submit a new application if ethics approval has not been granted within 1 year of first submission.

## Appendix 5. Phase 2 Ethics Application Form

### COLLEGE OF SOCIAL SCIENCES AND INTERNATIONAL STUDIES

All staff and students within SSIS should use this form; those in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology should return it to [ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk). Staff and students in the **Graduate School of Education** should use [ssis-gseethics@exeter.ac.uk](mailto:ssis-gseethics@exeter.ac.uk).

**Before completing this form please read the Guidance document**

which can be found at <http://intranet.exeter.ac.uk/socialsciences/ethics/>

Applicant details		
Name	Charlotte Burrell	
Department	Education	
UoE email address	CB915@exeter.ac.uk	
Duration for which permission is required		
Please check the meeting dates and decision information online before completing this form; your start date should be at least one month after the Committee meeting date at which your application will be considered. You should request approval for the entire period of your research activity. Students should use the anticipated date of completion of their course as the end date of their work. Please note that <u>retrospective ethical approval will never be given.</u>		
Start date:19/04/2021	End date: 31/08/2022	Date submitted:12/03/2021
Students only		
All students must discuss (face to face or via email) their research intentions with their supervisor/tutor prior to submitting an application for ethical approval. <b>Your application must be approved by your first or second supervisor (or dissertation supervisor/tutor) prior to submission and you <u>MUST</u> submit evidence of their approval with your application, e.g. a copy of an email stating their approval.</b>		
Student number	580022415	
Programme of study	Doctor of Educational Psychology (DEdPsych)  If you selected 'other' from the list above please name your programme here	
Name of Supervisor(s) or Dissertation Tutor	Shirley Larkin and Caroline Gallagher	
Have you attended any ethics training that is available to students?	Yes, I have taken part in ethics training at the University of Exeter	



	<p>EG the Research Integrity Ethics and Governance: <a href="http://as.exeter.ac.uk/rdp/postgraduateresearchers">http://as.exeter.ac.uk/rdp/postgraduateresearchers</a></p> <p>OR Ethics training received on Masters courses.</p> <p>If yes, please specify and give the date of the training:</p> <p><b>Research ethics by Chris Boyle</b></p> <p>01/11/2020</p>
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**Certification for all submissions**

**I hereby certify that I will abide by the details given in this application and that I undertake in my research to respect the dignity and privacy of those participating in this research.**

I confirm that if my research should change significantly I will seek advice, request approval of an amendment or complete a new ethics proposal. Any document translations used have been provided by a competent person with no significant changes to the original meaning.

**Charlotte Burrell**

Double click this box to confirm certification

**I confirm that if I travel outside the UK to conduct research I will:**

(b) Obtain [International Travel Insurance](#) from the University of Exeter. (b) Monitor Travel Advice from [Worldaware](#) and the [Foreign & Commonwealth Office \(FCO\)](#) and (c) Complete an [International Travel Risk Assessment](#)

*Submission of this ethics proposal form confirms your acceptance of the above.*

**TITLE OF YOUR PROJECT**

**Exploring child sexual exploitation within educational provisions.**

**ETHICAL REVIEW BY AN EXTERNAL COMMITTEE**

No, my research is not funded by, or doesn't use data from, either the NHS or Ministry of Defence.

**MENTAL CAPACITY ACT 2005**

No, my project does not involve participants aged 16 or over who are unable to give informed consent (e.g. people with learning disabilities)

**SYNOPSIS OF THE RESEARCH PROJECT**

*Maximum of 750 words.*

My research is exploring child sexual exploitation (CSE) within educational settings. CSE has profound and long-term impacts on children and young people’s physical, emotional and mental health. There are many risk factors for CSE, with looked-after-children, children with special educational needs, and those who have experienced sexual abuse having more vulnerabilities to sexual exploitation. This links to psychological theories around trauma and

attachment. There are difficulties with disclosure and engagement of young people who are being sexually exploited, partly due to a lack of awareness from professionals which can lead to victim-blaming. Negative attitudes about CSE can lead to stigma which has more negative implications for the young people involved.

When exploring the literature related to CSE and education, there is limited research, with the majority coming from a policing or social care lens. Recent research has highlighted the underexplored nature of CSE in relation to educational psychology, and schools have reported that they do not feel confident and skilled regarding CSE. Although research has shown what is needed within education and educational provisions, there has been little research which shows what support for children and young people is currently in place. It would be useful to know about the current context of CSE within educational provisions; what they are doing to identify and support those who are victim to CSE, and what can be improved.

**Aims:**

Using a contextual safeguarding framework approach, this study aims to fill the gap in the literature by exploring the issue of CSE within educational provisions, in terms of what procedures and support is in place within educational provisions for children at risk of, or experiencing sexual exploitation, and if there is anything which can be improved.

**Research Questions:**

What are adult survivors of CSE's experiences of support within their secondary educational provision in the UK?

- What worked well?
- What challenges did they face?
- What would have been helpful?

**Please note a supplementary ethics application form has been submitted for the first phase of the research.**

**INTERNATIONAL RESEARCH**

N/A

The following sections require an assessment of possible ethical consideration in your research project. If particular sections do not seem relevant to your project please indicate this and clarify why.

**RESEARCH METHODS**

Individual online interviews will be conducted with 5-7 adult survivors of CSE (over the age of 18). This research will use opportunity sampling to gain participants, reaching out to CSE national charities for voluntary participants. Once these participants have been recruited, I will use snowballing techniques and ask participants to recommend others who may be interested in taking part and approach them. These semi-structured interviews will be carried out through virtual means (Zoom or Microsoft Teams), with considerations given to the challenges of virtual interviewing (see below). The interview questions will explore the

participants' past experiences of support provided to them by educational institutions when they were suffering sexual exploitation. I will explore what support they were given at the time from their educational provision, what challenges there were, and what they would consider to be helpful. One ethical consideration is the risk of harm, to reduce the potential for distress, questions will not be asked about their exploitative experiences, and it is not relevant to the research questions. This study involves discussion of sensitive topics (child sexual exploitation) which will be discussed further in the risk of harm section below. I will ask in the information sheet whether they participants have any learning needs. If they do then these will be supported, whether through the use of prompts or guided questions, or have the questions written down if needed.

All the interviews will be audio recorded to ensure accuracy. These recordings will then be transcribed and analysed qualitatively along with the notes. The programme NVIVO will be used to assist the thematic analysis of the data.

Other ethical considerations here include; participants given information about the project, having the right to withdraw throughout the project, ensuring anonymity and ensuring data is kept in a safe and secure place. This will be discussed below.

## **PARTICIPANTS**

Between 5-7 participants over the age of 18 will be recruited to participate in semi-structured interviews. The participants will have previously experienced sexual exploitation whilst at a secondary educational setting. This research will use opportunity sampling to gain participants, reaching out to CSE national charities (including Barnardo's and NWG) for voluntary participants, and using snowballing techniques to reach more participants.

Participants will be recruited from national charities due to the assumption that they are already part of a support network and may have gained some acceptance of their previous experiences, for example, have previously spoken to other professionals about them. This will ensure that they are in a psychological safe and calm place to discuss their experiences of support.

## **THE VOLUNTARY NATURE OF PARTICIPATION**

At least a week prior to interviews, all participants will be informed in writing (see information sheets below) that their participation is voluntary and that they have the right to withdraw from the study at any time up until the point of data analysis. This will be verbally reconfirmed before the start of the interview, and the participant and researcher will agree with options of how to end the interview should they wish (e.g., to put up their hand, leave the meeting, or give an agreed sign). Participants who take part will sign a consent form (see below).

## **SPECIAL ARRANGEMENTS**

N/A

## THE INFORMED NATURE OF PARTICIPATION

Written information about the study will be sent to all participants at least one week before the online interview. My contact details will be provided should the participants wish to discuss this in more length before the interview. Both written and verbal information will provide transparency about the nature of the study, that participation is confidential, the voluntary nature of participation and the way that data will be stored and how the results will be used. Participants will be required to reply by email with written confirmation of their consent. This will be reconfirmed at the start of the interview, and once again they will be reminded that the interview will be recorded. Following the interview, I will assign participants aliases. Participants' family members will be referred to in transcripts as 'spouse' or 'son, daughter, child'. Further, details such as place names or professions may be changed to ensure anonymity if it appears that these may aid identification of participants.

## ASSESSMENT OF POSSIBLE HARM

Due to the difficult nature of the topic, there is a danger that the process could cause distress or negative outcomes in participants. *"Through this process, I am being forced, for a lack of a better word, to take a look at it and to relive part of it"* (Barlow & Hurlock, 2013, p. 143). It can be difficult to relive events which may have been traumatic. I will attempt to reduce this by not asking questions relating to the exploitation itself and asking questions solely about their educational experiences and what support they received or what would have been helpful. I will make it clear to them prior to the interview to only share what they are comfortable to share, and that I will not ask any questions about the abuse. I will also ensure they are aware of the right to withdraw at any point during the interview, or any time before data analysis, and reiterate the confidentiality and anonymity agreement. This will be done verbally at the start of the interview, and written in the information which they will receive prior to the interview.

Due to the nature of online interviews, it is possible for participants to choose to have their camera off, for the interviewer to have their camera off, or for someone else to be with them during the interview for support for their wellbeing. These options will all be given in the consent form (please see below). It may be that it is easier to leave the interview when in their own home or safe place. The participant and researcher will agree before the start of the interview how they can end the interview should they wish (e.g., to put up their hand, leave the meeting, or give an agreed sign). A difficulty may be that there is not a safe place for the participant to do the interview, in which case alternative arrangements will be made so they are able to go somewhere private to conduct the interview, or somewhere they feel safe. Again, this will be asked in the consent form.

Participants are recruited from national charities due to the assumption that they are already part of a support network and may have gained some acceptance of their previous experiences, for example, have previously spoken to other professionals about them. This will ensure that they are in a psychological safe and calm place to discuss their experiences.

Due to the nature of semi-structured interviews, it may be that the participant chooses to talk about their abuse or difficult or upsetting experiences. I shall support them if this occurs using techniques learnt through my educational psychology training. I shall use my supervision and consultation skills to be sensitive to the needs of the participant and support them should they wish to divulge personal and traumatic information. I will display

empathy and compassion, I will allow them to talk about their experiences and use my consultation skills (reflecting, active listening, etc.) to support them.

Participants will be given my contact details, and the details of support and advice charities upon completion as well as prior to starting the interview. I will follow up with participants via email or telephone a week after the interview to ensure they are not suffering from harm or distress due to the interview and offer further support should they require it. The participants will also be able to make a complaint if they felt I acted inappropriately during data collection and contact details of the course director at the University of Exeter will be provided for them to do this.

The potential harm to myself as a researcher is low, although there may be emotional harm caused from the experiences of the survivors. To reduce this, I will have frequent supervision with my research supervisors to discuss any concerns I have and continue to engage in self-care activities to maintain a good mental health.

The researcher has an enhanced DBS clearance through the university. The research adheres to the BERA ethical guidelines for educational research and BPS Code of Human Research Ethics.

## **DATA PROTECTION AND STORAGE**

### **Information Gathering**

Information gathered in this phase of the study will be individual online interviews with participants. Participants will be informed and consent in advance to audio recording. The online interview will be conducted through Microsoft Teams, Zoom or Skype due to the compliance with University of Exeter information governance policies and GDPR. Consent will be reconfirmed at the start of the interview, and participants will be reminded that the interview is being recorded. Once recorded, the recording will be downloaded straight after the interview and saved in my University OneDrive and then deleted from the platform. The participant will be invited to use a pseudonym when signing in to participate to take extra precautions of their identity. The chat function will be disabled. The interviews will collect audio data and will be transcribed on a word document. All the participants will be kept anonymous when writing up the research and this will be communicated to the participants prior to data collection. Any personal identifying details that are discussed will be redacted to ensure their anonymity. This is especially important as the participants will be a small sample of eligible participants.

### **Information Storage**

All data (recordings from online interviews, transcripts, written documents) will be protected in password protected files on my laptop. Once the interviews have been transcribed, the audio recordings will be deleted. Two years after the end of the research, all transcriptions and any other data will be permanently destroyed.

### **Data Distribution**

Following the collection and analysis of the data, it will be written up as part of a doctoral thesis. The data may be used as possible publication of research articles or chapters in academic books, or for possible presentations of professional conferences. A general report will be distributed to the participants upon request.

## DECLARATION OF INTERESTS

No commercial interests

## USER ENGAGEMENT AND FEEDBACK

N/A

## INFORMATION SHEET

### Participant Information Sheet

#### Exploring child sexual exploitation within educational provisions.

#### Overview of the research project

Thank you for expressing an interest in this research and for volunteering your time to participate. Please consider the information below carefully and discuss it with anyone if you wish to do so. I am happy to be contacted using the details below to answer any questions you may have.

I am a Trainee Educational Psychologist, and this research is being completed as part of the Educational, Child and Community Psychology doctorate at the University of Exeter. This research is being carried out to gain a better understanding of what support is in place in secondary schools for children who are sexually exploited. The study has 2 phases: the first will explore the views of education professionals (SENCOs, designated safeguarding leads) about child sexual exploitation, and the support which is in place; and the second phase will explore the experiences of adult survivors of child sexual exploitation about what it was like being at school during this time. You are being invited to take part in phase two.

#### Why have you been approached?

In my research, I want to find out what it was like in secondary school. I'm interested to hear what help and support you received, what you found difficult at school, and how you think things could be improved. It is hoped that this research will allow for a better understanding of how best to support young people going through similar difficulties within schools. You have been given this letter as you are a survivor of CSE and in contact with a charity that helps survivors of CSE.

#### What will taking part involve?

Taking part will involve an interview with myself which can be done through Microsoft teams or Zoom. Questions will be related to your experiences of when you were in an educational provision and being sexually exploited. This will include questions around what support you were given at the time, what challenges there were, and what you would consider to be helpful. There will be no questions relating to any abuse that you suffered. The interview should last no more than 1 hour.

Participation is voluntary and you may answer as many or as few questions as you like. All information collected will be anonymous, and any personal identifying details discussed will be redacted to ensure anonymity. You have the right to withdraw at any point during the

interview without providing a reason. You have the right to withdraw from the study after interview, up to the point of data analysis. Contact details are given at the bottom of the page should you wish to withdraw.

I understand that this is a sensitive issue to discuss and that it may cause you distress. If at any point during the interview you become upset, you may decide to have a break from the interview or end the interview. I want to ensure that your wellbeing is supported, so you can choose whether you would prefer your camera to be on or off during the interview, for the interviewer's camera to be on or off, or whether you would like someone to be with you during the interview. If you do not have a suitable safe place to participate in the interview at your home, then alternative arrangements can be made to go somewhere private to complete the interview. All these details can be confirmed in the consent form.

You may also wish to seek support through charity organisations:

Help for Adult Victims of Child Abuse (HAVOCA) - 0808 802 0808 (freephone)

The National Association for People Abused in Childhood (NAPAC) – 0808 801 0331

The Survivors Trust – 0808 801 0818

I will phone or email you a week after the interview to check how you are, and whether you need any further support.

#### **How will my information be kept confidential?**

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing [informationgovernance@exeter.ac.uk](mailto:informationgovernance@exeter.ac.uk) or at <http://www.exeter.ac.uk/ig/>

The interview will be recorded, and then transcribed onto a word document. All data will be exported and stored securely on the university One Drive. All information will be kept in accordance with GDPR guidelines. The data will be confidential and kept securely until the research project has been completed and written-up (this could be up to 2 years).

#### **What will happen to the results of this study?**

The findings of this research will be written up as part of my doctoral thesis. It is possible the results may also be published in chapters or journals or presented at relevant conferences. If you would like to receive a brief report with findings from the study once it is completed then let me know via the details below.

#### **Further information and contact details**

The research adheres to the BERA ethical guidelines for educational research and BPS Code of Human Research Ethics. This project has been approved by the Graduate School of Education Research Ethics Committee at the University of Exeter.

For further information, any questions or to request a copy of this information sheet, please contact:

Charlotte Burrell [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk)

If you have any concerns about this project or my conduct, please contact one of the research supervisors:

Dr Shirley Larkin [s.larkin@exeter.ac.uk](mailto:s.larkin@exeter.ac.uk)

Dr Caroline Gallagher [c.gallagher@exeter.ac.uk](mailto:c.gallagher@exeter.ac.uk)

You may also contact the College of Social Sciences and International Studies Research Ethics Committee: [ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk)

Thank you for your interest in this project

## CONSENT FORM

I confirm I have read the information sheet, have had the opportunity to consider this information and ask any questions. Yes/No

I understand that my participation is voluntary and that I am free to withdraw at any time up until data analysis, without giving any reason and without my legal rights being affected. Yes/No

I understand that relevant sections of the data collected during the study may be looked at by members of the research team or individuals from the University of Exeter, where it is relevant to my taking part in this research. Yes/No

I understand that taking part involves interview responses to be used for the purposes of:

- e) A doctoral thesis
- f) Possible publication of research articles or chapters in academic books
- g) Possible presentations of professional conferences
- h) Archiving of interview data until the research is completed

Yes/No

I agree to take part in the above project. Yes/No

### **Specific questions related to interviewing preferences:**

Would you like your camera on or off during the interview? On/Off

Would you like the interviewer's camera on or off during the interview? On/Off

Do you wish to have another person present with you during the interview? Yes/No

Do you have a suitable safe place to participate in the interview? Yes/No

If no: please contact the researcher so a suitable place can be arranged.

Do you have any learning needs? Yes/no. If yes, what would be beneficial for you

You will be contacted by the interviewer one week after the interview. Do you wish this to be by email or telephone? Email/Telephone



## SUBMISSION PROCEDURE

Staff and students should follow the procedure below.

**Post Graduate Taught Students (Graduate School of Education):** Please submit your completed application to your first supervisor.

**All other students** should discuss their application with their supervisor(s) / dissertation tutor / tutor and gain their approval prior to submission. Students should submit evidence of approval with their application, e.g. a copy of the supervisors email approval.

**All staff** should submit their application to the appropriate email address below.

This application form and examples of your consent form, information sheet and translations of any documents which are not written in English should be submitted by email to the SSIS Ethics Secretary via one of the following email addresses:

[ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk) This email should be used by staff and students in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology.

[ssis-gseethics@exeter.ac.uk](mailto:ssis-gseethics@exeter.ac.uk) This email should be used by staff and students in the Graduate School of Education.

Please note that applicants will be required to submit a new application if ethics approval has not been granted within 1 year of first submission.

## **Appendix 6. Participant Information Sheet for Questionnaires**

### **Exploring support within educational provisions for children and young people experiencing sexual exploitation**

#### **Overview of the research project**

Thank you for expressing an interest in this research and for volunteering your time to participate. Please consider the information below carefully and discuss it with anyone if you wish to do so. I am happy to be contacted using the details below to answer any questions you may have.

I am a Trainee Educational Psychologist, and this research is being completed as part of the Educational, Child and Community Psychology doctorate at the University of Exeter. This research is being carried out to gain a better understanding of what support is in place in educational provisions for children who are sexually exploited. The study has 2 phases: the first will explore the views of education professionals about child sexual exploitation, and the support which is in place; and the second will explore the experiences of adult survivors of child sexual exploitation about their educational experiences. You are being invited to take part in phase one.

#### **Why have you been approached?**

You have been approached as you are a Special Education Needs Coordinator (SENCo) or Designated Safeguarding Lead (DSL), and as such you may have contact with young people at risk of sexual exploitation, as well as have specific training regarding sexual exploitation. This research aims to gain an understanding of the procedures and support which are in place in educational settings, and what can be improved, as well as understanding what knowledge and perceptions educational staff have around child sexual exploitation. It is hoped that this research will allow for a better understanding of how best to support these young people within schools.

#### **What will taking part involve?**

Taking part will involve completing an online questionnaire consisting of multiple choice and open-ended questions about your knowledge, perceptions, and the support which is in place for child sexual exploitation. The questionnaire will involve a vignette about a young person experiencing child sexual exploitation, with related questions. The questionnaire can be completed at a time that is convenient for you and should take around 25 minutes to complete. Participation is voluntary and you may answer as many or as few questions as you like. All information collected will be anonymous. You have the right to withdraw at any point during the completion of the questionnaire without providing a reason. Once you have submitted your questionnaire responses, it will not be possible to withdraw participation as the data submitted will be anonymous

and hence it will not be possible to identify your individual responses in order to delete them.

Child sexual exploitation is a sensitive area of study, so could potentially cause distress to some people. If you become distressed at any stage during the research you may decide to stop completing the questionnaire or return to this at a later stage. You may also wish to seek support through the professional channels already in place in your organisation or seek more information or support through [www.nspcc.org.uk](http://www.nspcc.org.uk), [www.nwgnetwork.org](http://www.nwgnetwork.org) or [www.barnardos.org.uk/cse](http://www.barnardos.org.uk/cse)

### **How will my information be kept confidential?**

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. If you have any queries about the University's processing of your personal data then please ask me, or further information is available from the University's Data Protection Officer by emailing [informationgovernance@exeter.ac.uk](mailto:informationgovernance@exeter.ac.uk). or at <http://www.exeter.ac.uk/ig/>

Once the questionnaire has closed, data will be exported and stored securely on the university One Drive. All information will be kept in accordance with GDPR guidelines. The data will be confidential and kept securely until the research project has been completed and written-up (this could be up to 2 years).

### **What will happen to the results of this study?**

The findings of this research will be written up as part of my doctoral thesis. It is possible the results may also be published in chapters or journals or presented at relevant conferences. If you would like to receive a brief report with findings from the study once it is completed, please contact me via the details below to request this.

### **Further information and contact details**

The research adheres to the BERA (2018) ethical guidelines for educational research and BPS Code of Human Research Ethics. This project has been approved by the Graduate School of Education Research Ethics Committee at the University of Exeter.

For further information or if you have any questions, please contact: Charlotte Burrell [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk)

If you have any concerns about this project, please contact one of my research supervisors: Dr Shirley Larkin [s.larkin@exeter.ac.uk](mailto:s.larkin@exeter.ac.uk) Dr Caroline Gallagher [c.gallagher@exeter.ac.uk](mailto:c.gallagher@exeter.ac.uk)

You may also contact the College of Social Sciences and International Studies Research Ethics Committee: [ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk)

Thank you for your interest in this project

### **Consent:**

**I confirm I have read the above information about the research project, have had the opportunity to consider this information and ask any questions.**

Yes (1)

No (2)

**I understand that my participation is voluntary and that I am free to withdraw at any time up until submission of my responses, without giving any reason and without my legal rights being affected.**

Yes (1)

No (2)

**I understand that relevant sections of the data collected during the study may be looked at by members of the research team, where it is relevant to my taking part in this research.**

Yes (1)

No (2)

**I understand that taking part involves anonymous e-questionnaire responses to be used for the purposes of: a) A doctoral thesis b) Possible publication of research articles or chapters in academic books c) Possible presentations of professional conferences d) Archiving of questionnaire responses until the research is completed**

Yes (1)

No (2)

**I agree to take part in the above project.**

Yes (1)

No (2)

## **Appendix 7. Participant Information Sheet for Interviews**

### **Participant Information Sheet**

#### **Overview of the research project**

Thank you for expressing an interest in this research and for volunteering your time to participate. Please consider the information below carefully and discuss it with anyone if you wish to do so. I am happy to be contacted using the details below to answer any questions you may have.

I am a Trainee Educational Psychologist, and this research is being completed as part of the Educational, Child and Community Psychology doctorate at the University of Exeter. This research is being carried out to gain a better understanding of what support is in place in secondary schools for children who are sexually exploited. The study has 2 phases: the first will explore the views of education professionals (SENCOs, designated safeguarding leads) about child sexual exploitation, and the support which is in place; and the second phase will explore the experiences of adult survivors of child sexual exploitation about what it was like being at school during this time. You are being invited to take part in phase two.

#### **Why have you been approached?**

In my research, I want to find out what it was like in secondary school. I'm interested to hear what help and support you received, what you found difficult at school, and how you think things could be improved. It is hoped that this research will allow for a better understanding of how best to support young people going through similar difficulties within schools. You have been given this letter as you are a survivor of CSE and in contact with a charity that helps survivors of CSE.

#### **What will taking part involve?**

Taking part will involve an interview with myself which can be done through Microsoft teams or Zoom. Questions will be related to your experiences of when you were in an educational provision and being sexually exploited. This will include questions around what support you were given at the time, what challenges there were, and what you would consider to be helpful. There will be no questions relating to any abuse that you suffered. The interview should last no more than 1 hour.

Participation is voluntary and you may answer as many or as few questions as you like. All information collected will be anonymous, and any personal identifying details discussed will be redacted to ensure anonymity. You have the right to withdraw at any point during the interview without providing a reason. You have the right to withdraw

from the study after interview, up to the point of data analysis. Contact details are given at the bottom of the page should you wish to withdraw.

I understand that this is a sensitive issue to discuss and that it may cause you distress. If at any point during the interview you become upset, you may decide to have a break from the interview or end the interview. I want to ensure that your wellbeing is supported, so you can choose whether you would prefer your camera to be on or off during the interview, for the interviewer's camera to be on or off, or whether you would like someone to be with you during the interview. If you do not have a suitable safe place to participate in the interview at your home, then alternative arrangements can be made to go somewhere private to complete the interview. All these details can be confirmed in the consent form.

You may also wish to seek support through charity organisations:

Help for Adult Victims of Child Abuse (HAVOCA) - 0808 802 0808 (freephone)

The National Association for People Abused in Childhood (NAPAC) – 0808 801 0331

The Survivors Trust – 0808 801 0818

I will phone or email you a week after the interview to check how you are, and whether you need any further support.

### **How will my information be kept confidential?**

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing [informationgovernance@exeter.ac.uk](mailto:informationgovernance@exeter.ac.uk). or at <http://www.exeter.ac.uk/ig/>

The interview will be recorded, and then transcribed onto a word document. All data will be exported and stored securely on the university One Drive. All information will be kept in accordance with GDPR guidelines. The data will be confidential and kept securely until the research project has been completed and written-up (this could be up to 2 years).

### **What will happen to the results of this study?**

The findings of this research will be written up as part of my doctoral thesis. It is possible the results may also be published in chapters or journals or presented at relevant conferences. If you would like to receive a brief report with findings from the study once it is completed then let me know via the details below.

### **Further information and contact details**

The research adheres to the BERA ethical guidelines for educational research and BPS Code of Human Research Ethics. This project has been approved by the Graduate School of Education Research Ethics Committee at the University of Exeter.

For further information, any questions or to request a copy of this information sheet, please contact:

Charlotte Burrell [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk)

If you have any concerns about this project or my conduct, please contact one of the research supervisors:

Dr Shirley Larkin [s.larkin@exeter.ac.uk](mailto:s.larkin@exeter.ac.uk)

Dr Caroline Gallagher [c.gallagher@exeter.ac.uk](mailto:c.gallagher@exeter.ac.uk)

You may also contact the College of Social Sciences and International Studies Research Ethics Committee: [ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk)

Thank you for your interest in this project

## Appendix 8. Questionnaire Recruitment Advert/Email

### Research exploring child sexual exploitation and the support within educational provisions

I am a Trainee Educational Psychologist at the University of Exeter and am conducting research into child sexual exploitation and the support within educational provisions. This research is being carried out as part of my doctoral thesis to gain a better understanding of what procedures and support is in place in educational provisions for children who are sexually exploited, and what can be improved. It is hoped this research will allow for a better understanding of how best to support these young people within schools.

The research involves **SENCo's** and **Designated Safeguarding Leads** completing an online Questionnaire, which takes about 25 minutes to complete.

Should you wish to participate please click on the link below:

[https://exeterssis.eu.qualtrics.com/jfe/form/SV\\_08GLQeJD95fr7Mi](https://exeterssis.eu.qualtrics.com/jfe/form/SV_08GLQeJD95fr7Mi)

All responses are anonymous, and you have the right to withdraw at any point. Further information is provided at the start of the Questionnaire.

If you have any questions, please contact me on [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk)

Thank you

Charlotte Burrell



## **Appendix 9. Advert for ‘The Educational Psychologists’ Newsletter**

### **Research Project: Exploring support within educational provisions for children and young people experiencing sexual exploitation**

*By Charlotte Burrell, Trainee Educational Psychologist, at the University of Exeter, currently undertaking research into child sexual exploitation.*

#### **Overview**

My interest in child sexual exploitation (CSE) started when I worked within a sexual exploitation service, and was able to see the challenges the young people faced, including a disrupted education. This research is being completed as part of the Educational, Child and Community Psychology doctorate at the University of Exeter and is being carried out to gain a better understanding of what procedures and support is in place within educational provisions for children at risk of, or experiencing sexual exploitation, and what can be improved. Using a contextual safeguarding framework approach, this study aims to fill the gap in the literature by exploring the issue of child sexual exploitation (CSE) within the context of education.

Research has shown that CSE is associated with poorer outcomes in later life, including low educational attainment or dropping out of education, engaging in criminal behaviour, involvement in adult sex work, difficulties in forming future relationships, experiencing unemployment and homelessness, and an increased risk of experiencing violence or abuse (Beckett et al, 2017; Hallett et al, 2019; NSPCC, 2021).

Despite the guidance in 2000 (Department of Health et al., 2000), which aimed to start treating children and young people involved in CSE as victims of abuse and as children in need, instead of being criminalised, research has still found that there are judgemental attitudes from professionals (Capous-Desyllas, 2013; Warrington, 2013; Pearce, 2013), and children and young people are being stigmatised (Orchard et al., 2013; Taylor-Browne et al., 2002; Brown, 2006). There has been a culture of disbelief, with children and young people affected by CSE not being taken seriously, often being misunderstood and negatively viewed from services and the wider community (Cody, 2015). It can make it difficult for children and young people being exploited to escape exploitation and seek help if they are seen as “problematic” or “putting themselves at risk” (D’Arcy & Brodie, 2015; Josenhans et al., 2020).

Many researchers have argued that schools and education staff are well placed to address attitudes in the school environment, and promote healthy, equal, and respectful relationships (Bovarnick & Scott, 2016; Eaton & Holmes, 2017; EVAW, 2011; Womankind Worldwide, 2010). However, some teachers lack the specialist knowledge or confidence to deliver sexual violence prevention programmes (Fox et al, 2016; Barter et al, 2015). Although they may not have the experience and knowledge of discussing sensitive issues with their students, teachers have more in-depth knowledge of their students and their personal circumstances (Fox et al., 2014), and can have the closest and longest contact with a child (Lloyd, 2018). Due to the importance of

relationships with teachers for a child's development (Bergin & Bergin, 2009), and young people having too many professionals in their life (Hallet et al, 2019), it may be that schools and education staff play a vital role in supporting pupils at risk of, and victim to CSE.

The views of school staff are often not a key area of research in CSE. The shortage of peer-reviewed research on CSE in relation to education provisions suggests it is necessary to explore education staff views and perceptions about CSE and their experiences of engaging and supporting children. Similarly, it is important to gather the views of survivors who have first-hand experience of what support would be helpful.


The study has 2 phases: the first phase aims to explore SENCo and Designated Safeguarding Lead's (DSL) ability to respond to the needs of children who have experienced CSE (their knowledge, attitudes, practical support available and what further support they think would be helpful). The second phase is exploring what adult survivors of CSE's experiences are of support within their educational provision within the UK (what worked well, what challenges there were, recommendations).

Please see the adverts below for more information about how to get involved.

#### Phase 1:

**Secondary school SENCos and Designated Safeguarding Leads needed for research into child sexual exploitation**

My name is Charlotte Burrell, and I am a Trainee Educational Psychologist. I'm carrying out research to explore what procedures and support is in place in secondary schools for children and young people who have been sexually exploited, and what can be improved.



**What will taking part involve?**  
Taking part will involve completing an online survey, which takes about 25 minutes to complete.

Should you wish to participate, please click on the link below:  
[https://exeterssis.eu.qualtrics.com/jfe/form/SV\\_08GLQeJD95fr7Mi](https://exeterssis.eu.qualtrics.com/jfe/form/SV_08GLQeJD95fr7Mi)

All responses are anonymous, and you have the right to withdraw at any point. Further information is provided at the start of the survey.

If you have any questions, then please contact me on [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk) or 07874006663

Thank you

#### Phase 2:

## Participants needed for research into child sexual exploitation

### Who can get involved?

I'm looking for adult survivors of child sexual exploitation who would be happy to discuss their experiences about what it was like being at school at this time.

I'm interested to hear what help and support you received, what you found difficult at school, and how you think things could be improved. It is hoped that this research will allow for a better understanding of how best to support young people going through similar difficulties within schools.

My name is Charlotte Burrell, and I am a Trainee Educational Psychologist. I'm carrying out research to explore what support is in place in secondary schools for children who have been sexually exploited, and what challenges there are.



### What will taking part involve?

Taking part will involve an interview with myself which can be done through Microsoft teams or Zoom. Questions will be related to your experiences of when you were in an educational provision and being sexually exploited. This will include questions around what support you were given at the time, what challenges there were, and what you would consider to be helpful. There will be no questions relating to any abuse that you suffered. The interview should last no more than 1 hour, and you can choose to answer as many or as few questions as you like. All information collected will be anonymous and you have the right to withdraw at any time.


### How do I get involved?

If you are interested in taking part or have any questions, then please contact me on [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk) or 07874006663

## Appendix 10. Questionnaire Recruitment Advert for Twitter

**Secondary school SENCOs and Designated Safeguarding Leads needed for research into child sexual exploitation**

My name is Charlotte Burrell, and I am a Trainee Educational Psychologist. I'm carrying out research to explore what procedures and support is in place in secondary schools for children and young people who have been sexually exploited, and what can be improved.



**What will taking part involve?**

Taking part will involve completing an online survey, which takes about 25 minutes to complete.

Should you wish to participate, please click on the link below:

[https://exeterssis.eu.qualtrics.com/jfe/form/SV\\_08GLQeJD95fr7Mi](https://exeterssis.eu.qualtrics.com/jfe/form/SV_08GLQeJD95fr7Mi)

All responses are anonymous, and you have the right to withdraw at any point. Further information is provided at the start of the survey.

If you have any questions, then please contact me on [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk) or 07874006663

Thank you

# Exploring Child Sexual Exploitation Within Educational Provisions

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### Start of Block: Default Question Block

Exploring support within educational provisions for children and young people experiencing sexual exploitation

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#### Participant Information

##### **Overview of the research project**

Thank you for expressing an interest in this research and for volunteering your time to participate. Please consider the information below carefully and discuss it with anyone if you wish to do so. I am happy to be contacted using the details below to answer any questions you may have.

I am a Trainee Educational Psychologist, and this research is being completed as part of the Educational, Child and Community Psychology doctorate at the University of Exeter. This research is being carried out to gain a better understanding of what support is in place in educational provisions for children who are sexually exploited. The study has 2 phases: the first will explore the views of education professionals about child sexual exploitation, and the support which is in place; and the second will explore the experiences of adult survivors of child sexual exploitation about their educational experiences. You are being invited to take part in phase one.

##### **Why have you been approached?**

You have been approached as you are a Special Education Needs Coordinator (SENCo) or Designated Safeguarding Lead (DSL), and as such you may have contact with young people at risk of sexual exploitation, as well as have specific training regarding sexual exploitation. This research aims to gain an understanding of the procedures and support which are in place in educational settings, and what can be improved, as well as understanding what knowledge and perceptions educational staff have around child sexual exploitation. It is hoped that this research will allow for a better understanding of how best to support these young people within schools.

##### **What will taking part involve?**

Taking part will involve completing an online questionnaire consisting of multiple choice and open-ended questions about your knowledge, perceptions, and the support which is in place for child sexual exploitation. The questionnaire will involve a vignette about a young person experiencing child sexual exploitation, with related questions. The questionnaire can be completed at a time that is convenient for you and should take around 25 minutes to complete. Participation is voluntary and you may answer as many or as few questions as you like. All information collected will be anonymous. You have the right to withdraw at any point during the completion of the questionnaire without providing a reason. Once you have

submitted your questionnaire responses, it will not be possible to withdraw participation as the data submitted will be anonymous and hence it will not be possible to identify your individual responses in order to delete them.

Child sexual exploitation is a sensitive area of study, so could potentially cause distress to some people. If you become distressed at any stage during the research you may decide to stop completing the questionnaire or return to this at a later stage. You may also wish to seek support through the professional channels already in place in your organisation or seek more information or support through [www.nspcc.org.uk](http://www.nspcc.org.uk), [www.nwgnetwork.org](http://www.nwgnetwork.org) or [www.barnardos.org.uk/cse](http://www.barnardos.org.uk/cse)

#### **How will my information be kept confidential?**

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. If you have any queries about the University's processing of your personal data then please ask me, or further information is available from the University's Data Protection Officer by emailing [informationgovernance@exeter.ac.uk](mailto:informationgovernance@exeter.ac.uk). or at <http://www.exeter.ac.uk/ig/>

Once the questionnaire has closed, data will be exported and stored securely on the university One Drive. All information will be kept in accordance with GDPR guidelines. The data will be confidential and kept securely until the research project has been completed and written-up (this could be up to 2 years).

#### **What will happen to the results of this study?**

The findings of this research will be written up as part of my doctoral thesis. It is possible the results may also be published in chapters or journals or presented at relevant conferences. If you would like to receive a brief report with findings from the study once it is completed, please contact me via the details below to request this.

#### **Further information and contact details**

The research adheres to the BERA (2018) ethical guidelines for educational research and BPS Code of Human Research Ethics. This project has been approved by the Graduate School of Education Research Ethics Committee at the University of Exeter.

For further information or if you have any questions, please contact: Charlotte Burrell [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk)

If you have any concerns about this project, please contact one of my research supervisors: Dr Shirley Larkin [s.larkin@exeter.ac.uk](mailto:s.larkin@exeter.ac.uk) Dr Caroline Gallagher [c.gallagher@exeter.ac.uk](mailto:c.gallagher@exeter.ac.uk)

You may also contact the College of Social Sciences and International Studies Research Ethics Committee: [ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk)

Thank you for your interest in this project

---



**Consent:**

**I confirm I have read the above information about the research project, have had the opportunity to consider this information and ask any questions.**

Yes (1)

No (2)

---



**I understand that my participation is voluntary and that I am free to withdraw at any time up until submission of my responses, without giving any reason and without my legal rights being affected.**

Yes (1)

No (2)

---



**I understand that relevant sections of the data collected during the study may be looked at by members of the research team, where it is relevant to my taking part in this research.**

Yes (1)

No (2)

---



**I understand that taking part involves anonymous e-questionnaire responses to be used for the purposes of: a) A doctoral thesis b) Possible publication of research articles or chapters in academic books c) Possible presentations of professional conferences d) Archiving of questionnaire responses until the research is completed**

Yes (1)

No (2)

---



**I agree to take part in the above project.**

Yes (1)

No (2)

End of Block: Default Question Block

---

Start of Block: Block 1

**Participant Information**

Please give some background information about your school and yourself.

---

Q1 Gender:

Male (1)

Female (2)

Other (3)

Prefer not to say (4)

---

Q2 Age:

under 24 (1)

25-34 (2)

35-44 (3)

45-54 (4)

55-64 (5)

65 and over (6)

Prefer not to say (7)

---



Q3 Role:

Designated Safeguarding Lead (1)

SENCo (2)

---

Q4 What other formal roles or responsibilities in your school do you have in addition to DSL/SENCo? Choose as many as applicable.

None (1)

Senior Leadership Team (2)

Head Teacher (3)

Deputy Head Teacher (4)

Assistant Head (5)

Teacher (6)

Class Teacher (7)

Class/Form Tutor (8)

Pastoral Role (9)

Designated Teacher for Looked After Children (10)

Designated Mental Health Lead (11)

Head of Year (12)

Other (please specify) (13)

---

Q5 What type of school do you work in? (you can select more than one)

- Local authority maintained (1)
  - Sponsored academy (2)
  - Converter academy (3)
  - Free school (4)
  - Part of small multi-academy trust (5)
  - Part of large multi-academy trust (6)
  - Faith school (7)
  - Grammar school (8)
  - Other (please specify) (9)
- 

Q6 Years in role at current school:

---

End of Block: Block 1

---

Start of Block: Block 2

### **Knowledge and Understanding about CSE**

The next section will ask you questions about your understanding and knowledge about CSE.

The following is a definition of Child Sexual Exploitation (CSE):

*Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*

(DfE, 2017)

---

Q7 Have you worked with any child/young person within your school who has been sexually exploited?

Yes (1)

No (2)

---

Q8 Have you received training on CSE?

Yes (1)

No (2)

---

*Display This Question:*

*If Have you received training on CSE? = Yes*

Q8.1 How long was this training?

1 hour (1)

Half a day course (2)

Full day course (3)

More than one day (4)

Other (please specify) (5) \_\_\_\_\_

---

*Display This Question:*

*If Have you received training on CSE? = Yes*

Q8.2 Was this training part of a general safeguarding course?

Yes (1)

No (2)

---

*Display This Question:*

*If Have you received training on CSE? = Yes*

Q8.3 Did you find this training helpful in your understanding of CSE?

- Yes (1)
- Somewhat (2)
- No (3)

---

*Display This Question:*

*If Have you received training on CSE? = Yes*

Q8.4 Any comments about the training:

---

---

---

---

---

---

Page Break

To what extent do you agree with the following statements:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
I am confident in recognising the signs of CSE (Q9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am familiar with the school procedures when a concern about CSE is raised (Q10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I am able to support a young person who is victim to CSE (Q11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block 2

Start of Block: Block 3

### Perceptions of CSE

The next section will explore your views around CSE

#### **Vignette**

*Jodie is a 16 year old girl. She has started to have some difficulties at school, her grades have started to slip, she's been answering back to teachers and missing some lessons. You've noticed that Jodie always seems to wear new clothes, and have new phones and gadgets, but know that her family don't have much money. You have seen Jodie getting picked up from school by an older man. When speaking to Jodie's mum, she has said that Jodie often goes out in the evenings, but she doesn't know where she goes but sometimes smells of alcohol afterwards. Jodie's mum thinks she might have a boyfriend, but Jodie has been very secretive about it. Jodie's mum didn't seem worried, stating "this is what teenagers do". One of Jodie's friends comes to see you in school and says they are worried that Jodie is being forced to have sex with older men.*

**You will now read a series of statements in relation to the pupil in the vignette you have just read. You will be asked to indicate your views about this pupil.**

**Please answer as best as you can from your perspective by selecting one of the provided options.**

Q12 Based on the scenario, how responsible would you say Jodie was for the events?

- 1 - Completely responsible (1)
  - 2 - Mostly responsible (2)
  - 3 - Somewhat responsible (3)
  - 4 - Slightly responsible (4)
  - 5 - Not at all responsible (5)
- 

Q13 Based on the scenario, how likely would you say it is that Jodie could have avoided or prevented the events?

- 1 - Extremely likely (1)
  - 2 - Somewhat likely (2)
  - 3 - Neither likely nor unlikely (3)
  - 4 - Somewhat unlikely (4)
  - 5 - Extremely unlikely (5)
- 

Q14 Based on the scenario, and Jodie's age, how much agency and choice do you think Jodie has in her situation?

- 1 - A great deal (1)
  - 2 - A lot (2)
  - 3 - A moderate amount (3)
  - 4 - A little (4)
  - 5 - None at all (5)
-

Q15 Based on the scenario, how responsible would you say Jodie's mother was for the events?

- 1 - Completely responsible (1)
  - 2 - Mostly responsible (2)
  - 3 - Somewhat responsible (3)
  - 4 - Slightly responsible (4)
  - 5 - Not at all responsible (5)
- 

Q16 Do you believe the described scenario describes an incidence of CSE?

- 1 - Very much so (1)
  - 2 - Mostly (2)
  - 3 - A moderate amount (3)
  - 4 - A little (4)
  - 5 - Not at all (5)
- 

Q17 Based on the scenario, how reflective do you think this situation is of typical teenage behaviours?

- 1 - A great deal (1)
  - 2 - A lot (2)
  - 3 - A moderate amount (3)
  - 4 - A little (4)
  - 5 - None at all (5)
- 



Q18 Based on the scenario, order from 1-6 who would be best placed to support Jodie? (1 = best placed)

- \_\_\_\_\_ School (1)
- \_\_\_\_\_ Peers (2)
- \_\_\_\_\_ Family (3)
- \_\_\_\_\_ Health Professional (4)
- \_\_\_\_\_ Social Worker (5)
- \_\_\_\_\_ Other Professional (6)

End of Block: Block 3

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Start of Block: Block 4

### Support

The next questions will ask you about direct individual support for Jodie.

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To what extent do you agree or disagree with the following statements:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
I can work collaboratively with teachers and teaching assistants to support Jodie (Q19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers in my school can work out strategies to engage Jodie in learning (Q20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can create an effective support plan for Jodie (Q21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the skills to engage with Jodie (Q22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident to effectively work with Jodie's mum (Q23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**The next section will ask you questions about the whole-school procedures and policies in place regarding CSE**

To what extent do you agree with the following statements:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
There are clear internal referral pathways in place to raise concerns about CSE (Q24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clear external referral pathway of incidents to be reported to social care (Q25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The child/young person is involved in the internal and external referral processes (Q26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school has systems in place to flag CSE (Q27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication between school staff is good when it is suspected that a child is involved in CSE (Q28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is good communication with the DSL/SENCo and other members of the team regarding children/young person at risk of/involved in CSE (Q29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is good communication with the family when a child is at risk of/involved in CSE (Q30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

There is good communication with the child/young person when they are suspected of, or victim to, CSE (Q31)

Children/young people suspected of CSE receive support from school staff quickly (Q32)

I receive support for my emotional wellbeing from senior leaders or outside agencies when I encounter children at risk of/involved in CSE (Q33)

Staff perceive that issues related to CSE are addressed (Q34)

Students perceive that issues related to CSE are addressed (Q35)

The school takes proactive steps to respond to trends identified by the local authority prior to incidents occurring (Q36)

Staff at all levels are aware of, and have access to up to date CSE resources that facilitate understanding of thresholds and identification of harm (Q37)

Students are offered and use a variety of mechanisms for safely disclosing their concerns and/or concerns about peers in relation to CSE (Q38)

The on-going welfare of those involved in CSE incidents is monitored and reviewed, and further action is taken by the school if the initial response appears to be ineffective (Q39)

The school empowers young people to support each other in response to incidents of CSE (Q40)

Q41 What whole school approaches are used to prevent CSE in your school?  
Please tick all that apply

- Policies around CSE (1)
- Whole staff training on CSE (2)
- CSE embedded in curriculum (3)
- School ethos (4)
- Other (please specify) (5)

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Q42 What interventions/approaches are used in your school to support a child at risk of /involved in CSE?

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Q43 What are the barriers to supporting children/young people at risk of/involved in CSE?

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Q44 What do you think would be the most effective support for children at risk of/involved in CSE?

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Q45 What would be helpful to further support staff working with children at risk of/involved in CSE?

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End of Block: Block 4

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Start of Block: Block 5

Thank you for taking the time to complete this Questionnaire.

For further information or if you have any questions, please contact: Charlotte Burrell  
cb915@exeter.ac.uk

If you have any concerns about this project, please contact one of my research supervisors:  
Dr Shirley Larkin s.larkin@exeter.ac.uk Dr Caroline Gallagher c.gallagher@exeter.ac.uk

You may also contact the College of Social Sciences and International Studies Research Ethics  
Committee: ssis-ethics@exeter.ac.uk

End of Block: Block 5

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## Appendix 12. Table of Rationale for Questionnaire Questions.

### Knowledge and awareness

Question	Rationale
Have you worked with any child/young person within your school who has been sexually exploited?	Linked to research question 1.1
Have you received training on CSE?	Linked to research question 1.1  Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.  Linked to Questionnaire questions in Jago et al (2011).
How long was this training?	Linked to research question 1.1
Was this training part of a general safeguarding course?	Linked to research question 1.1
Did you find this training helpful in your understanding of CSE?	Linked to research question 1.1
To what extent do you agree with the following statements: I am confident in recognising the signs of CSE	Linked to research question 1.1  Linked to research by Lefevre, Hickie & Luckock (2019) which included questions around self-efficacy regarding recognition of CSE.
I am familiar with the school procedures when a concern about CSE is raised	Linked to research question 1.1  Linked to research by Lefevre, Hickie & Luckock (2019) which included questions around self-efficacy regarding recognition of CSE.  Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.
I am confident that I am able to support a young person who is victim to CSE	Linked to research question 1.1  Linked to research by Lefevre, Hickie & Luckock (2019) which included questions around self-efficacy regarding recognition of CSE.

### Perceptions

Question	Rationale
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<p>Vignette</p>	<p>Based on NWG and NSPCC websites of survivors' accounts of their CSE experiences.</p> <p>Included educational experiences.</p> <p>Example vignette used in Reisel (2017).</p> <p>Beckett, Holmes &amp; Walker (2017) provide example scenarios.</p>
<p>Based on the scenario, how responsible would you say Jodie was for the events? Completely responsible - Not at all responsible 1 - 5</p>	<p>Similar to questions asked in Lashbaugh-Barney, B. (2020). Perceived credibility of child sexual abuse reporting. <i>Electronic Theses and Dissertations</i>. The questions they used explored judgements on vignettes about sexual abuse.</p> <p>Linked to research question 1.2.</p> <p>Linked to research by Buller et al (2020) which explores the associated norms, attitudes and factual beliefs identified in the literature around CSE.</p> <p>Linked to research by Beckett, Holmes &amp; Walker (2017) which explores the constrained choice involved with CSE and victim-blaming language which occurs.</p> <p>Linked to research by McLeod (2007) exploring misconceptions professionals have about looked-after children.</p>
<p>Based on the scenario, how likely would you say it is that Jodie could have avoided or prevented the events? Very likely 1 – 5 extremely unlikely</p>	<p>Similar to questions asked in Lashbaugh-Barney, B. (2020). Perceived credibility of child sexual abuse reporting. <i>Electronic Theses and Dissertations</i>. The questions they used explored judgements on vignettes about sexual abuse.</p> <p>Linked to research question 1.2.</p> <p>Linked to research by Buller et al (2020) which explores the associated norms, attitudes and factual beliefs identified in the literature around CSE.</p>



	<p>Linked to research by Beckett, Holmes &amp; Walker (2017) which explores the constrained choice involved with CSE and victim-blaming language which occurs.</p> <p>Linked to research by McLeod (2007) exploring misconceptions professionals have about looked-after children.</p>
<p>Based on the scenario, and Jodie's age, how much agency and choice do you think Jodie has in her situation? a great deal – not at all 1-5</p>	<p>Similar to questions asked in Lashbaugh-Barney, B. (2020). Perceived credibility of child sexual abuse reporting. <i>Electronic Theses and Dissertations</i>. The questions they used explored judgements on vignettes about sexual abuse.</p> <p>Linked to research question 1.2.</p> <p>Linked to research by Buller et al (2020) which explores the associated norms, attitudes and factual beliefs identified in the literature around CSE.</p> <p>Linked to research by Beckett, Holmes &amp; Walker (2017) which explores the constrained choice involved with CSE and victim-blaming language which occurs.</p> <p>Linked to research by McLeod (2007) exploring misconceptions professionals have about looked-after children.</p>
<p>Based on the scenario, how responsible would you say Jodie's mother was for the events? 1-5 completely responsible, not at all responsible</p>	<p>Similar to questions asked in Lashbaugh-Barney, B. (2020). Perceived credibility of child sexual abuse reporting. <i>Electronic Theses and Dissertations</i>. The questions they used explored judgements on vignettes about sexual abuse.</p> <p>Based on research by Scott, S. &amp; McNeish, D. (2017), who explore how parents are often blamed and stigmatised too.</p> <p>Linked to research question 1.2.</p>

	<p>Linked to research by Beckett, Holmes &amp; Walker (2017) which explores the constrained choice involved with CSE and victim-blaming language which occurs.</p> <p>Linked to research by McLeod (2007) exploring misconceptions professionals have about looked-after children.</p>
<p>Do you believe the described scenario describes an incidence of CSE? 1 very much so – 5 not at all</p>	<p>Similar to questions asked in Lashbaugh-Barney, B. (2020). Perceived credibility of child sexual abuse reporting. <i>Electronic Theses and Dissertations</i>. The questions they used explored judgements on vignettes about sexual abuse.</p> <p>Linked to research question 1.2.</p> <p>Linked to research by Buller et al (2020) which explores the associated norms, attitudes and factual beliefs identified in the literature around CSE.</p> <p>Linked to research by McLeod (2007) exploring misconceptions professionals have about looked-after children.</p>
<p>Based on the scenario, how reflective do you think this situation is of typical teenage behaviours? 1 a great deal – 5 not at all</p>	<p>Linked to research question 1.2.</p> <p>Linked to research by Buller et al (2020) which explores the associated norms, attitudes and factual beliefs identified in the literature around CSE.</p> <p>Linked to research by Beckett, Holmes &amp; Walker (2017) which explores the constrained choice involved with CSE and victim-blaming language which occurs.</p> <p>Linked to research by McLeod (2007) exploring misconceptions professionals have about looked-after children.</p>
<p>Based on the scenario, order from 1-6 who would be best placed to support Jodie? (1 = best placed)</p>	<p>Linked to research question 1.2.</p> <p>Based on research by Scott, S. &amp; McNeish, D. (2017), who explore how</p>

<p>School, peers, family, health professional, social worker, other professional</p>	<p>parents are often blamed and stigmatised too.</p> <p>Linked to research by Buller et al (2020) which explores the associated norms, attitudes and factual beliefs identified in the literature around CSE.</p> <p>Linked to research by McLeod (2007) exploring misconceptions professionals have about looked-after children.</p>
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## Support

Question	Rationale
<p>To what extent do you agree or disagree with the following statements:</p>	
<p>I can work collaboratively with teachers and teaching assistants to support Jodie</p>	<p>Linked to research question 1.3.</p> <p>Linked to Smeaton (2013) – research showing the importance of meeting the educational needs of young people affected by CSE.</p>
<p>Teachers in my school can work out strategies to engage Jodie in learning</p>	<p>Linked to research question 1.3.</p> <p>Linked to Smeaton (2013) – research showing the importance of meeting the educational needs of young people affected by CSE.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p>
<p>I can create an effective support plan for Jodie</p>	<p>Linked to research question 1.3.</p> <p>Linked to research by Lefevre, Hickle &amp; Luckock (2019) which included questions around self-efficacy regarding recognition of CSE.</p>
<p>I have the skills to engage with Jodie</p>	<p>Linked to research question 1.3.</p> <p>Linked to research by Lefevre, Hickle &amp; Luckock (2019) which included questions around self-efficacy regarding recognition of CSE, as well</p>

	as commitment to gaining child's voice.
I feel confident to effectively work with Jodie's mum	<p>Linked to research question 1.3.</p> <p>Linked to Smeaton (2013) – research recommending the importance of supporting parents and carers.</p> <p>Based on research by Scott &amp; McNeish (2017), who explore how parents are often blamed and stigmatised too.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p>
There are clear internal referral pathways in place to raise concerns about CSE	<p>Linked to research question 1.3.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p> <p>Linked to Questionnaire questions in Jago et al (2011).</p>
There is a clear external referral pathway of incidents to be reported to social care	<p>Linked to research question 1.3.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p> <p>Linked to Questionnaire questions in Jago et al (2011).</p>
The child/young person is involved in the internal and external referral processes	<p>Linked to research question 1.3.</p> <p>Linked to Smeaton (2013) – research recommending that the young people feel cared for and listened to.</p> <p>Linked to research by Lefevre, Hickie &amp; Luckock (2019) which included questions around commitment to gaining child's voice.</p>
The school has systems in place to flag CSE	<p>Linked to research question 1.3.</p> <p>Linked to research by Lefevre, Hickie &amp; Luckock (2019) which included</p>

	<p>questions around self-efficacy regarding recognition of CSE.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p> <p>Linked to Questionnaire questions in Jago et al (2011).</p>
Communication between school staff is good when it is suspected that a child is involved in CSE	<p>Linked to research question 1.3.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p>
There is good communication with the DSL/SENCo and other members of the team regarding children/young person at risk of/involved in CSE	<p>Linked to research question 1.3.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p>
There is good communication with the family when a child is at risk of/involved in CSE	<p>Linked to research question 1.3.</p> <p>Based on research by Scott &amp; McNeish (2017), who explore how parents are often blamed and stigmatised too.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p>
There is good communication with the child/young person when they are suspected of, or victim to, CSE	<p>Linked to research question 1.3.</p> <p>Linked to research by Lefevre, Hickle &amp; Luckock (2019) which included questions around commitment to gaining child's voice.</p>
Children/young people suspected of CSE receive support from school staff quickly	<p>Linked to research question 1.3.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p>
I receive support for my emotional wellbeing from senior leaders or outside agencies when I encounter children at risk of/involved in CSE	<p>Linked to research question 1.3.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG</p>

	table for addressing harmful sexual behaviour in schools.
Staff perceive that issues related to CSE are addressed	Linked to research question 1.3.
Students perceive that issues related to CSE are addressed	Linked to research question 1.3.  Linked to Smeaton (2013) – research recommending that the young people feel cared for and listened to.
The school takes proactive steps to respond to trends identified by the local authority prior to incidents occurring	Linked to research question 1.3.  Linked to Smeaton (2013) – research recommending that education providers implement awareness raising and preventative strategies with young people.  Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.
Staff at all levels are aware of, and have access to up to date CSE resources that facilitate understanding of thresholds and identification of harm	Linked to research question 1.3.  Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.
Students are offered and use a variety of mechanisms for safely disclosing their concerns and/or concerns about peers in relation to CSE	Linked to research question 1.3.  Linked to Smeaton (2013) – research recommending that education providers implement awareness raising and preventative strategies with young people.  Linked to research by Lefevre, Hickle & Luckock (2019) which included questions around commitment to gaining child's voice.
The on-going welfare of those involved in CSE incidents is monitored and reviewed, and further action is taken by the school if the initial response appears to be ineffective	Linked to research question 1.3.  Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.  Linked to Questionnaire questions in Jago et al (2011).
The school empowers young people to support each other in response to incidents of CSE	Linked to research question 1.3.

	<p>Linked to Smeaton (2013) – research recommending that education providers implement awareness raising and preventative strategies with young people. Also recommending that the young people feel cared for and listened to.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.</p>
<p>What whole school approaches are used to prevent CSE in your school? Please tick all that apply</p> <p>Policies around CSE Whole staff training on CSE CSE embedded in curriculum School ethos Other</p>	<p>Linked to research question 1.3.</p> <p>Linked to Smeaton (2013) – research recommending that education providers implement awareness raising and preventative strategies with young people.</p> <p>Linked to research by Firmin, Lloyd &amp; Walker (2019) who created a RAG table for addressing harmful sexual behaviour in schools.</p>
<p>What interventions/approaches are used in your school to support a child at risk of /involved in CSE?</p>	<p>Linked to research question 1.3.</p> <p>Linked to Smeaton (2013) – research recommending that education providers implement awareness raising and preventative strategies with young people.</p>
<p>What are the barriers to supporting children/young people at risk of/involved in CSE?</p>	<p>Linked to research question 1.3.</p>
<p>What do you think would be the most effective support for children at risk of/involved in CSE?</p>	<p>Linked to research question 1.4.</p>
<p>What would be helpful to further support staff working with children at risk of/involved in CSE?</p>	<p>Linked to research question 1.4.</p>

## Appendix 13. Phase 1 Data Analysis: Statistical Outputs

### Frequency statistics

#### Q1. Gender

Answer	%	Count
Male	30.00%	9
Female	70.00%	21
Other	0.00%	0
Prefer not to say	0.00%	0
Total	100%	30

#### Q2. Age

Answer	%	Count
under 24	0.00%	0
25-34	13.33%	4
35-44	30.00%	9
45-54	36.67%	11
55-64	20.00%	6
65 and over	0.00%	0
Prefer not to say	0.00%	0
Total	100%	30

#### Q3. Role

#	Answer	%	Count
1	Designated Safeguarding Lead	50.00%	18
2	SENCo	50.00%	18
	Total	100%	36

#### Q4. Other roles and responsibilities

#	Answer	%	Count
1	None	1.59%	1
2	Senior Leadership Team	15.87%	10
3	Head Teacher	1.59%	1
4	Deputy Head Teacher	3.17%	2
5	Assistant Head	14.29%	9
6	Teacher	14.29%	9
7	Class Teacher	3.17%	2
8	Class/Form Tutor	1.59%	1
9	Pastoral Role	11.11%	7



10	Designated Teacher for Looked After Children	17.46%	11
11	Designated Mental Health Lead	4.76%	3
12	Head of Year	0.00%	0
13	Other (please specify)	11.11%	7
	Total	100%	63

Other (please specify) - Text

None

Head of School

SENCO

Deputy DSL

Head of Education

Inclusion Lead

head of care

### Q5. Type of school

#	Answer	%	Count
1	Local authority maintained	21.88%	7
2	Sponsored academy	3.13%	1
3	Converter academy	15.63%	5
4	Free school	0.00%	0
5	Part of small multi-academy trust	15.63%	5
6	Part of large multi-academy trust	28.13%	9
7	Faith school	0.00%	0
8	Grammar school	0.00%	0
9	Other (please specify)	15.63%	5
	Total	100%	32

Other (please specify) - Text

Independent non maintained special school

Academy

Independent Special (LA funded places)

independent

independent non maintained special school

### Q7. Have you worked with a child/young person who has been sexually exploited?

#	Answer	%	Count
1	Yes	66.67%	20
2	No	33.33%	10
	Total	100%	30

### Q8. Have you received training on CSE?

#	Answer	%	Count
1	Yes	90.00%	27
2	No	10.00%	3
	Total	100%	30

### Q8.1. How long was the training?

#	Answer	%	Count
1	1 hour	7.41%	2
2	Half a day course	33.33%	9
3	Full day course	44.44%	12
4	More than one day	11.11%	3
5	Other (please specify)	3.70%	1
	Total	100%	27

Other (please specify) - Text

regular training

### Q8.2. Was the training part of a general safeguarding course?

#	Answer	%	Count
1	Yes	48.15%	13
2	No	51.85%	14
	Total	100%	27

### Q8.3. Was the training helpful?

#	Answer	%	Count
1	Yes	77.78%	21
2	Somewhat	22.22%	6
3	No	0.00%	0
	Total	100%	27

### Q9-Q11. Confidence in providing support

#	Question	Strongly agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Strongly disagree		Total
Q9	I am confident in recognising the signs of CSE	51.72%	15	44.83%	13	0.00%	0	3.45%	1	0.00%	0	29
Q10	I am familiar with the school procedures when a concern about CSE is raised	96.55%	28	3.45%	1	0.00%	0	0.00%	0	0.00%	0	29

Q11	I am confident that I am able to support a young person who is victim to CSE	51.72%	15	41.38%	12	6.90%	2	0.00%	0	0.00%	0	29
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### Q12. Responsibility for events

#	Answer	%	Count
1	1 - Completely responsible	0.00%	0
2	2 - Mostly responsible	0.00%	0
3	3 - Somewhat responsible	3.70%	1
4	4 - Slightly responsible	37.04%	10
5	5 - Not at all responsible	59.26%	16
	Total	100%	27

### Q13. How likely the child can avoid or prevent the events

#	Answer	%	Count
1	1 - Extremely likely	0.00%	0
2	2 - Somewhat likely	3.85%	1
3	3 - Neither likely nor unlikely	19.23%	5
4	4 - Somewhat unlikely	46.15%	12
5	5 - Extremely unlikely	30.77%	8
	Total	100%	26

### Q14. Agency and choice the child has

#	Answer	%	Count
1	1 - A great deal	3.70%	1
2	2 - A lot	0.00%	0
3	3 - A moderate amount	11.11%	3
4	4 - A little	51.85%	14
5	5 - None at all	33.33%	9
	Total	100%	27

### Q15. Mothers' responsibility

#	Answer	%	Count
1	1 - Completely responsible	0.00%	0
2	2 - Mostly responsible	25.93%	7
3	3 - Somewhat responsible	33.33%	9
4	4 - Slightly responsible	37.04%	10
5	5 - Not at all responsible	3.70%	1
	Total	100%	27

**Q16. Does it describe an incidence of CSE**

#	Answer	%	Count
1	1 - Very much so	59.26%	16
2	2 - Mostly	33.33%	9
3	3 - A moderate amount	7.41%	2
4	4 - A little	0.00%	0
5	5 - Not at all	0.00%	0
	Total	100%	27

**Q17. Reflective of typical teenage behaviours**

#	Answer	%	Count
1	1 - A great deal	7.41%	2
2	2 - A lot	3.70%	1
3	3 - A moderate amount	40.74%	11
4	4 - A little	29.63%	8
5	5 - None at all	18.52%	5
	Total	100%	27

**Q18. Who is best placed to support**

#	Question	1	2	3	4	5	6	Total
1	School	37.04% 10	33.33% 9	25.93% 7	3.70% 1	0.00% 0	0.00% 0	27
2	Peers	3.70% 1	14.81% 4	7.41% 2	14.81% 4	11.11% 3	48.15% 13	27
3	Family	18.52% 5	14.81% 4	14.81% 4	18.52% 5	22.22% 6	11.11% 3	27
4	Health Professional	0.00% 0	3.70% 1	18.52% 5	37.04% 10	37.04% 10	3.70% 1	27
5	Social Worker	29.63% 8	22.22% 6	18.52% 5	7.41% 2	18.52% 5	3.70% 1	27
6	Other Professional	11.11% 3	11.11% 3	14.81% 4	18.52% 5	11.11% 3	33.33% 9	27

**Q19-Q23. Direct individual support**

#	Question	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Total
Q19	I can work collaboratively with teachers and teaching assistants to support Jodie	65.38% 17	26.92% 7	7.69% 2	0.00% 0	0.00% 0	26

Q20	Teachers in my school can work out strategies to engage Jodie in learning	23.08%	6	65.38%	17	7.69%	2	3.85%	1	0.00%	0	26
Q21	I can create an effective support plan for Jodie	42.31%	11	57.69%	15	0.00%	0	0.00%	0	0.00%	0	26
Q22	I have the skills to engage with Jodie	53.85%	14	42.31%	11	3.85%	1	0.00%	0	0.00%	0	26
Q23	I feel confident to effectively work with Jodie's mum	30.77%	8	61.54%	16	3.85%	1	3.85%	1	0.00%	0	26

### Q24-Q40. Whole school procedures and policies

#	Question	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Total					
Q24	There are clear internal referral pathways in place to raise concerns about CSE	90.91%	20	4.55%	1	0.00%	0	4.55%	1	0.00%	0	22
Q25	There is a clear external referral pathway of incidents to be reported to social care	86.36%	19	13.64%	3	0.00%	0	0.00%	0	0.00%	0	22
Q26	The child/young person is involved in the internal and external referral processes	45.45%	10	31.82%	7	13.64%	3	9.09%	2	0.00%	0	22
Q27	The school has systems in place to flag CSE	81.82%	18	9.09%	2	4.55%	1	4.55%	1	0.00%	0	22
Q28	Communication between school staff is good when it is suspected that a child is involved in CSE	63.64%	14	18.18%	4	9.09%	2	9.09%	2	0.00%	0	22
Q29	There is good communication with the DSL/SENCo and other members of the	81.82%	18	9.09%	2	0.00%	0	9.09%	2	0.00%	0	22

	team regarding children/young person at risk of/involved in CSE											
Q30	There is good communication with the family when a child is at risk of/involved in CSE	68.18%	15	22.73%	5	4.55%	1	0.00%	0	4.55%	1	22
Q31	There is good communication with the child/young person when they are suspected of, or victim to, CSE	77.27%	17	22.73%	5	0.00%	0	0.00%	0	0.00%	0	22
Q32	Children/young people suspected of CSE receive support from school staff quickly	68.18%	15	27.27%	6	0.00%	0	4.55%	1	0.00%	0	22
Q33	I receive support for my emotional wellbeing from senior leaders or outside agencies when I encounter children at risk of/involved in CSE	13.64%	3	36.36%	8	18.18%	4	18.18%	4	13.64%	3	22
Q34	Staff perceive that issues related to CSE are addressed	40.91%	9	40.91%	9	13.64%	3	4.55%	1	0.00%	0	22
Q35	Students perceive that issues related to CSE are addressed	36.36%	8	40.91%	9	22.73%	5	0.00%	0	0.00%	0	22
Q36	The school takes proactive steps to respond to trends identified by the local authority prior to incidents occurring	59.09%	13	27.27%	6	9.09%	2	4.55%	1	0.00%	0	22
Q37	Staff at all levels are aware of, and have access to up to date CSE resources that facilitate understanding of thresholds and	40.91%	9	40.91%	9	4.55%	1	9.09%	2	4.55%	1	22

	identification of harm											
Q38	Students are offered and use a variety of mechanisms for safely disclosing their concerns and/or concerns about peers in relation to CSE	50.00%	11	40.91%	9	9.09%	2	0.00%	0	0.00%	0	22
Q39	The on-going welfare of those involved in CSE incidents is monitored and reviewed, and further action is taken by the school if the initial response appears to be ineffective	68.18%	15	22.73%	5	9.09%	2	0.00%	0	0.00%	0	22
Q40	The school empowers young people to support each other in response to incidents of CSE	27.27%	6	45.45%	10	18.18%	4	4.55%	1	4.55%	1	22

#### Q41. Whole school approaches used

#	Answer	%	Count
1	Policies around CSE	26.09%	18
2	Whole staff training on CSE	26.09%	18
3	CSE embedded in curriculum	23.19%	16
4	School ethos	23.19%	16
5	Other (please specify)	1.45%	1
	Total	100%	69

Other (please specify) - Text  
working with other agencies

## **Appendix 14. Interview Recruitment Advert**

### **Participants Needed for Research into Child Sexual Exploitation**

#### **Overview**

My name is Charlotte Burrell, and I am a Trainee Educational Psychologist. I'm carrying out research to explore what support is in place in secondary schools for children who have been sexually exploited, and what challenges there are.

#### **Who can get involved?**

I'm looking for adult survivors of child sexual exploitation who would be happy to discuss their experiences about what it was like being at school at this time.

I'm interested to hear what help and support you received, what you found difficult at school, and how you think things could be improved. It is hoped that this research will allow for a better understanding of how best to support young people going through similar difficulties within schools.

#### **What will taking part involve?**

Taking part will involve an interview with myself which can be done through Microsoft teams. Questions will be related to your experiences of when you were in an educational provision and being sexually exploited. This will include questions around what support you were given at the time, what challenges there were, and what you would consider to be helpful. There will be no questions relating to any abuse that you suffered. The interview should last no more than 1 hour, and you can choose to answer as many or as few questions as you like. All information collected will be anonymous and you have the right to withdraw at any time.

#### **How do I get involved?**

If you are interested in taking part or have any questions, then please contact me on [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk) or 07874006663

Thank you, I look forward to hearing from you.

Charlotte



## Appendix 15. Interview Recruitment Advert for Twitter

### Participants needed for research into child sexual exploitation

#### Who can get involved?

I'm looking for adult survivors of child sexual exploitation who would be happy to discuss their experiences about what it was like being at school at this time.

I'm interested to hear what help and support you received, what you found difficult at school, and how you think things could be improved. It is hoped that this research will allow for a better understanding of how best to support young people going through similar difficulties within schools.

My name is Charlotte Burrell, and I am a Trainee Educational Psychologist. I'm carrying out research to explore what support is in place in secondary schools for children who have been sexually exploited, and what challenges there are.



#### What will taking part involve?

Taking part will involve an interview with myself which can be done through Microsoft teams or Zoom. Questions will be related to your experiences of when you were in an educational provision and being sexually exploited. This will include questions around what support you were given at the time, what challenges there were, and what you would consider to be helpful. There will be no questions relating to any abuse that you suffered. The interview should last no more than 1 hour, and you can choose to answer as many or as few questions as you like. All information collected will be anonymous and you have the right to withdraw at any time.

#### How do I get involved?

If you are interested in taking part or have any questions, then please contact me on [cb915@exeter.ac.uk](mailto:cb915@exeter.ac.uk) or 07874006663

#twitterEPs I need your help. I'm looking for participants for my thesis research on child sexual exploitation. I'm looking to talk to adult survivors about their educational experiences. If you know anyone who can help, please get in touch. Please also share/RT. Thank you! #edutwitter #thesis

## Appendix 16. Consent Form for Interviews

I confirm I have read the information sheet, have had the opportunity to consider this information and ask any questions. **Yes/No**

I understand that my participation is voluntary and that I am free to withdraw at any time up until data analysis, without giving any reason and without my legal rights being affected. **Yes/No**

I understand that relevant sections of the data collected during the study may be looked at by members of the research team or individuals from the University of Exeter, where it is relevant to my taking part in this research. **Yes/No**

I understand that taking part involves interview responses to be used for the purposes of:

- a) A doctoral thesis
- b) Possible publication of research articles or chapters in academic books
- c) Possible presentations of professional conferences
- d) Archiving of interview data until the research is completed

**Yes/No**

I agree to take part in the above project. **Yes/No**

### **Specific questions related to interviewing preferences:**

Would you like your camera on or off during the interview? **On/Off**

Would you like the interviewer's camera on or off during the interview? **On/Off**

Do you wish to have another person present with you during the interview? **Yes/No**

Do you have a suitable safe place to participate in the interview? **Yes/No**

If no please contact the researcher so a suitable place can be arranged.

You will be contacted by the interviewer one week after the interview. Do you wish this to be by email or telephone? **Email/Telephone**

## Appendix 17. Interview Script First Draft

Hi, how are you? I'm Charlotte, it's nice to meet you. Thank you for agreeing to meet with me today.

Did you have a chance to look through the information I sent you before and the questions which I'm going to ask?

Do you have any questions about it before we start?

I want to make sure you are as comfortable as possible throughout this so are you ok with having the camera on or would you rather have it off? And are you happy for my camera to be on as well?

Are you in a safe place to talk about your school experiences?

In terms of if you want to end the interview, you can do so at any time. You can do whatever you feel comfortable to do, whether that's to say to stop or that you need a minute, or you can just put your hand up to stop, you can physically walk away or click to leave the meeting. I'll leave that to you. If you do decide to end the conversation, then I will get in touch about an hour or two later just to check that you are okay.

So are you happy if we start? I'm going to record the meeting now. **PRESS RECORD.**

First off, I just want to know a bit about the kind of secondary school you went to, what was it like?

*Prompts: school culture, how big the school was, how long ago it was, what was that like for you?*

I'm interested in the support systems within secondary schools that you received or didn't receive. When I say 'support systems', what is it that comes to your mind, how would you define that?

In terms of support, what emotional support did you receive in school?

And what about academic support, did you receive any of this?

Was there any social support for you?

What was the support like in terms of the partnerships between yourself, school and home?

In terms of school wide support, did your school do anything to help all students as a whole, like awareness raising or having access to counsellors?

I want to think about the challenges you faced now in school. Were there any difficulties with regards to being able to talk to someone about what was going on for you?

What about in terms of academic achievement and being able to stay focused in lessons, were there challenges there?

Did you have any challenges with regards to other people's attitudes or perceptions?

What about any challenges with the communication between home and school, was there an open communication there?

So what would have been helpful for you at the time, what did you need from school and school staff?

If you had to give some recommendations to secondary schools and colleges about how best to help a pupil in their school who is being sexually exploited, what advice would you give?

That's all the questions I have, is there anything else you want to share that you think is important for others to know?

Thank you very much for sharing your experiences, it's really helpful. I hope that through this research, schools can find better ways to support students who are going through similar experiences.

Is it ok if I contact you in a week or so just to check that you are ok? Would you rather I did this by email, phone or text?

Also, I wondered whether you know of anyone else who has been sexually exploited who would be happy to talk to me about their school experiences? How is it best to do this? Would you like to share my details with them?

Thank you, it was lovely meeting you. Take care.

## Appendix 18. Interview Script Final Version

Hi, I'm Charlotte, it's nice to meet you. Thank you for agreeing to meet with me today.

Did you have a chance to look through the information I sent you before and the sort of questions which I'm going to ask about the support you received within your educational provision and what challenges there were?

Do you have any questions about it before we start?

I want to make sure you are as comfortable as possible throughout this so are you ok with having the camera on or would you rather have it off? And are you happy for my camera to be on as well?

I just want to check that where you are now is a physically safe place to talk about your school experiences?

I just wanted to remind you that this is anonymous, and you can withdraw at any time or choose not to answer any of the questions. It will be recorded but it is just the transcripts that I need so the video recording will be deleted once I have transcribed the interview. If you want to end the interview, you can do so at any time. You can do whatever you feel comfortable to do, whether that's to say to stop or that you need a minute, or you can just put your hand up to stop, you can physically walk away or click to leave the meeting. I'll leave that to you. If you do decide to end the conversation, then I will get in touch about an hour or two later just to check that you are okay.

So are you happy if we start? I'm going to record the meeting now. **PRESS RECORD.**

**First off, I just want to know a bit about the kind of secondary school and post 16 provision you went to, what was it like?**

*Prompts: school culture, how big the school was, how long ago it was, their experience.*

### Support

I'm interested in the support systems in place within secondary schools.

**In terms of support, what emotional support did you receive in school?**

**And what about help with academic work such as your school work or help in lessons, did you receive any of this?**

**Was there any social support for you from your peer group?**

**What was the support like in terms of the partnerships between yourself, school and home?**

**In terms of school wide support, did your school do anything to help all students as a whole, like awareness raising about CSE or sexually harmful behaviour or having access to counsellors?**

## Challenges

**I want to think about the challenges you faced now in school. Did you have anyone you could talk to?**

**What about in terms of academic achievement and being able to stay focused in lessons, were there challenges there?**

**Did other people's attitudes make it hard for you?**

**What about any challenges with the communication between home and school, was there an open communication there?**

## Improvements

**So what would have been helpful for you at the time, what did you need from school and school staff?**

**If you had to give some recommendations to secondary schools and colleges about how best to help a pupil in their school who is being sexually exploited, what advice would you give?**

That's all the questions I have, **is there anything else you want to share that you think is important for others to know?**

Thank you very much for sharing your experiences, it's really helpful. I hope that through this research, schools can find better ways to support students who are going through similar experiences.

Is it ok if I contact you in a week or so just to check that you are ok? Would you rather I did this by email, phone or text?

Also, I wondered whether you know of anyone else who has been sexually exploited who would be happy to talk to me about their school experiences? If so, would you be able to pass my contact details on to them?

Thank you, it was lovely meeting you. Take care.

## Appendix 19. Interview Schedule

1	<b>I just want to know a bit about the kind of secondary school and post 16 provision you went to, what was it like?</b>		
		School culture	
		How big the school was	
		How long ago	
			What is your experience of that?
2.	<b>What emotional support did you receive in school?</b>		
		Can you please provide an example?	
			How useful did you find that?
3.	<b>What about help with academic work such as your school work or help in lessons, did you receive any of this?</b>		
		Can you talk more about that?	
			What was your experience of that?
4.	<b>Was there any social support for you from your peer group?</b>		
		Did you find this helpful?	
5.	<b>What was the support like in terms of the partnerships between yourself, school and home?</b>		
		Could you give me an example	
			What was the impact of that?
6.	<b>In terms of school wide support, did your school do anything to help all students as a whole, like awareness raising about CSE</b>		

	<b>or sexually harmful behaviour or having access to counsellors?</b>		
		Did you find this useful?	
			What was the impact of this?
7.	<b>I want to think about the challenges you faced now in school. Did you have anyone you could talk to?</b>		
		What was your experience of that?	
8.	<b>What about in terms of academic achievement and being able to stay focused in lessons, were there challenges there?</b>		
		Can you give me an example of that?	
9.	<b>Did other people's attitudes make it hard for you?</b>		
		What was your experience of that?	
10.	<b>What about any challenges with the communication between home and school, was there an open communication there?</b>		
		Can you give me some examples of this?	
			What was the impact of this?
11.	<b>What would have been helpful for you at the time, what did you need from school and school staff?</b>		
		Can you expand on that?	



			What would the impact of that have been?
12.	<b>If you had to give some recommendations to secondary schools and colleges about how best to help a pupil in their school who is being sexually exploited, what advice would you give?</b>		
		What would be the impact of this?	
			Can you give any more information about that?
13.	<b>Is there anything else you want to share that you think is important for others to know?</b>		

## Appendix 20. Table of Rationale for Interview Questions

### *Support systems:*

<b>Interview Question</b>	<b>Rationale</b>
What emotional support did you receive in school?	Linked to research question 2.  Linked to Smeaton (2013) – research recommending that the young people feel cared for and listened to.
What support with academic work did you receive?	Linked to research question 2.  Linked to Smeaton (2013) – research showing the importance of meeting the educational needs of young people affected by CSE.
Was there any social support for you from your peer group?	Linked to research question 2.  Linked to Smeaton (2013) – research recommending that the young people feel cared for and listened to.
What was the support like in terms of the partnerships between yourself, school and home?	Linked to research question 2.  Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.  Linked to Smeaton (2013) – research recommending the importance of supporting parents and carers.
In terms of school wide support, did your school do anything to help all students as a whole, like awareness raising about CSE or sexually harmful behaviour or having access to counsellors?	Linked to research question 2.  Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.

### *Challenges:*

<b>Interview Question</b>	<b>Rationale</b>
Did you have anyone you could talk to?	Linked to research question 2.  Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools.

	Linked to Smeaton (2013) – research recommending that the young people feel cared for and listened to.
What challenges were there in terms of academic achievement and being able to stay focused in lessons?	Linked to research question 2. Linked to Smeaton (2013) – research showing the importance of meeting the educational needs of young people affected by CSE.
Did other people’s attitudes make it hard for you?	Linked to research question 2. Linked to research by Buller et al (2020) which explores the associated norms, attitudes and factual beliefs identified in the literature around CSE. Linked to research by Beckett, Holmes & Walker (2017) which explores the constrained choice involved with CSE and victim-blaming language which occurs.
What about any challenges with the communication between home and school, was there an open communication there?	Linked to research question 2. Linked to research by Firmin, Lloyd & Walker (2020) who created a RAG table for addressing harmful sexual behaviour in schools. Based on research by Scott & McNeish (2017), who explore how parents are often blamed and stigmatised too.

*Improvements:*

<b>Interview Question</b>	<b>Rationale</b>
What would have been helpful for you at the time, what did you need from school and school staff?	Linked to research question 2.
If you had to give some recommendations to secondary schools and colleges about how best to help a pupil in their school who is being sexually exploited, what advice would you give?	Linked to research question 2.

## Appendix 21. Braun and Clarke's (2006) Six Stage Thematic Framework

<b>Stage 1</b>	
Familiarisation with data	Researcher conducted and transcribed all interviews. Transcripts were read and re-read with initial thoughts noted.
<b>Stage 2</b>	
Generation of initial codes	Each dataset was individually coded using a mixture of highlighting/note taking and NVIVO software.
<b>Stage 3</b>	
Identification of themes	Codes were grouped into initial themes.
<b>Stage 4</b>	
Review of themes	Identified themes were reviewed to ensure fidelity to the coding groups identified. Some themes merged into subthemes.
<b>Stage 5</b>	
Defining and naming themes	All the themes were reviewed and redefined as necessary, using the following questions: <i>what is the theme about? What is the boundary of the theme? What is unique and specific to that theme? What does it contribute to the overall analysis?</i> (Taken from Braun & Clarke, 2022).
<b>Stage 6</b>	
Producing the report	Analysis of themes were reported, and which extracts to use were considered.

## Appendix 22. Example of a Transcript with Notes (Phase 1)

Interviewer: so, it is there, but maybe limited people who can access it and limited of what they can offer?

Participant 4: yeah, and I think the issue with the school counsellors, and even the pastoral team, is when you go in through this; yes, you can walk in and talk to them or the counsellor, but then you're walking out and going back into lesson with all of that, and then it's just in your mind. And then that disrupts your learning and I think that was probably something that they could see; that their help wasn't probably working and that I needed probably outside intervention away from the school grounds.

Interviewer: OK, so now to think about challenges that you faced in school. Did you have anyone that you could talk to?

Participant 4: I did have some amazing teachers and like Miss XXX, she was a part of the pastoral support team. And then I had my dyslexia teacher that I even still speak to now, who knew about the situation, so I did have really great relationships with them. And I really do think them two women in particular really did help me a lot, I think it was just the level of the trauma was probably just a lot higher than anybody had realised, but they were great at what they could do.

Interviewer: And you said before that school was an escapism for you. But obviously there was some teachers that knew about it, so can you just expand on that a little bit around what you mean by this sort of escape.

Participant 4: So I think, obviously with me going through family abuse, if I go home or if I'm at home, then I'm dealing with all the consequences of me exposing what was happening, me disclosing it. So my family basically cut me and my mum off, they didn't want anything to do with us anymore, just didn't believe what I was saying, that sort of thing. So if I was at school, then I didn't have to deal with how it affected my mum, or I didn't have to just see how me disclosing abuse, just crumbled my whole family unit, and I was able to just get away and be around people that didn't know anything. I think once I had disclosed that I had been a victim of child sexual exploitation and abuse it was... I was seen differently, I was seen as broken or fragile or damaged really by my family, my mum and professionals. But at school, because nobody of my peers knew, I didn't have to deal with what their thoughts were, or wonder what they were thinking about me, I could just be myself in a way.

Interviewer: And what about in terms of academic achievement and being able to stay focused in lessons, were their challenges there?

Participant 4: yeah like... so I was 12, so I was in year 8 when I disclosed my abuse, and I think... yeah I would have been just going into year 8, and I remember being in the bottom

**Commented [BC22]:** Keeping school/education and the trauma separate – appropriate time and space to deal with it, not when you then have to go in a classroom situation. Again need to think about being child-centred and what is best for them.

**Commented [BC23]:** Ongoing support and care shown

**Commented [BC24]:** Importance of positive relationships with school staff

**Commented [BC25]:** Escapism. School as a safe place

**Commented [BC26]:** Negative perceptions of her as a victim – did not help her. Treated her differently because of it. With good intentions but not helpful.

**Commented [BC27]:** Identity

Interviewer: Okay, so the first question I've got is about... Just to know roughly what kind of school you went to when the abuse was occurring. Whether that was secondary school, primary school, post 16 provision, just give me a bit of information about what it was like.

Participant 4: So my abuse actually went from the ages of eight until I was 12, so I was in primary school and high school at the time and I guess the way it was in school, I would, I would really say that nothing really happened in primary school, it was more towards high school where sort of interventions sort of came about. Primary school everything just really went undetected, nothing was picked up on, and then in high school, sort of when I disclosed the abuse; then they helped me through that.

Interviewer: are these mainstream schools that you went to?

Participant 4: yeah they were, they were mainstream school, nothing like private or anything.

Interviewer: And so I'm interested in the support systems in place, in terms of support what emotional support did you receive the school?

Participant 4: So when I disclosed the abuse at 12 years old, obviously, like police and social services were involved, and I think social services were the ones that would, sort of spoke with my high school about what I had faced. And the thing that I can remember the most was, it was like the pastoral team, the support pastorals, sort of teachers, that really just took me under their wing and some things that they would do, is they would be like, if I ever needed to come out of class, they would allow me to. If I ever needed someone to talk to, they would. We would do like regular once a week meetings, just to see how I was getting on. And then, when I went to have a video link interview, one of the school support staff actually came with me to the police station before I actually had my interview, just to like get me used to the building, to see what it would look like, to see what the type of police would ask me and just really made me prepared for, I guess, what was going to come.

Interviewer: It sounds like they were quite supportive.

Participant 4: yeah I would say, they were quite supportive with actually handling the abuse, I think when I didn't feel supported was.... because of the trauma that I was facing after disclosing the CSE and my attendance dropped massively, and it was almost as though I was blamed for not attending school, even though I was going through some things. So just difficult really.

Interviewer: And what about help with academic work. Was there any help in lessons or did you receive anything around that?

*I'm assuming CSE was in secondary school but actually started much earlier.*

Commented [BC1]: Difference in approach between primary and secondary school – is this because no one is looking for it or expecting it within primary school?

Commented [BC2]: A lot of emotional support from the school once she had disclosed – communicated through the police or social services

Commented [BC3]: Impact on education following the abuse

Commented [BC4]: Not understanding impact or expecting her to be over it. Blaming

## Appendix 23. Examples of Transcripts with Codes (Phase 2).

Handwritten codes:

Interview 4 – 22.10.2021

one another, know exactly where we were all up to, but then the issue was that them professionals didn't agree with one another. So, for example, the school said that I needed additional support in certain areas, and my mums... and that my mom needed to be more present in my life to help me deal with what I was going through, and then my mum's mental health team didn't agree with what the school was saying. And I think being a child sitting through the meetings and hearing professionals argue, I think that was difficult because I was feeling a bit like, I'm the one that's gone through this and nobody's listening to me, you are all just arguing with one another.

Interviewer: All making a decision about what's best for you and not asking you.

Participant 4: Yeah that's exactly right.

Interviewer: And in terms of school wide support, did your school do anything to help all students as a whole, like awareness raising or having access to counsellors?

Participant 4: So I think that's a really interesting point, I think in primary school, there was no, obviously, education on sex, your body or what's right and what's wrong, so when the abuse first started for me, that was a massive issue because I didn't realise what was going on wasn't right, I just knew that I didn't like what was happening. And I think if there was some form of education within primary school, maybe towards later years, like years five and six, I would have been able to realise sooner that it wasn't OK. Then in high school, of course in year seven we had our sex health class, whatever they call them, but that again it didn't focus on people hurting you or not; like, they shouldn't do this to you, it focused more on having safe sex. And that again just made me feel a bit like, 'well this isn't something that I'm consenting to, this isn't something I'm choosing, so what else is on the other side of things, like what does that look like? what does that mean?', and I think if it was just a bit more of an educational point of, you know, 'this is what can happen, this is abuse, this shouldn't happen and this is what you can do', that would have really helped me come

Communicational attempts or difficulties

Child Voice Agency

Lack of understanding / educational awareness





## Appendix 24. Frequency of Codes

Codes	Frequency of Quotes	Number of Files
“you’re making too much of it”, “you need to get over it”	12	3
Abuse is undetected	27	3
Abuse minimised, overlooked or dismissed	24	4
Academic support	5	2
Access to counsellors or someone for emotional support	18	4
Being believed	1	1
Better awareness from a teacher to spot when a child is not ok	6	3
Better communication between home and school	1	1
Better liaison between professionals	2	1
Blaming parents	4	2
Breaking down stereotypes	4	3
Building children up emotionally	7	3
Child voice and agency	12	3
Deprived schools adding to difficulties	14	3
Difficulties in communication between home and school	17	4
Don’t victim blame	3	2
Education about sex and relationships or CSE was not relevant to their own experiences	6	3
Educational impacts of CSE	40	4
Effect my behaviour had on others	3	3
Feeling alone	27	3
Feeling different to others	11	3
Feeling let down by adults	21	4
Feeling safe	9	2
Feeling that others are doing what is best for you	2	1
Feeling that others don’t care “the teachers took no notice”	19	3
Giving the child agency, control and choice	8	2
Having open conversations about CSE or sexual abuse	4	1
Having social services involved	7	3
Holistic approaches	15	3
How good the school was affecting the level of support they could offer	7	2
How I see myself as a student	6	4
How the abuse was presenting in school	19	3
Imbalance of power	8	3
Impact of negative responses from adults	10	3
Importance of a positive supportive relationship	15	4
Instilling hope and aspirations for these children	4	2
Internalising the negative messages I got from others	9	3
It is not teacher's role to provide mental health and emotional support	3	3
Lack of agency and control	11	2

Lack of education for pupils around CSE or sex education at school	6	3
Less pressure and less demands	7	2
Liaison between professionals	14	3
Limitations in how much they could support	18	4
Little aspirations for you; "you're seen as broken and not able to rebuild from it"	11	3
Long term impacts of CSE	18	3
Long term support	3	2
Mandatory training in how to handle disclosures and talk to a child	5	1
Masking or internalising difficulties	14	2
More and better training for school staff about CSE, from the perspective of a victim	11	4
Multiple difficulties	39	4
Needing clear care pathways to support the child	2	2
Needing to be away from school to deal with the trauma	7	2
Negative attitudes from peers	18	2
Negative views of myself	6	3
No or little support for the abuse or trauma	17	3
Not able to recognise it as abuse	11	3
Not able to tell others about the abuse	9	3
Not being able to concentrate and having too much on your mind	10	4
Not being believed and the impact of this	6	3
Not looking holistically and supporting the child as a whole	15	3
Not minimising risk	2	1
Not wanting to jeopardise the positive relationship or be seen differently	4	2
Ownership was on me; "I had to get myself out of the hole I was in"	16	3
Pastoral support given in school and having someone to talk to	22	4
Practical support given	9	3
Professionals being 'out of their depth'	9	4
Responsibility of care	6	1
School as an escape	7	2
Schools trying to shelter children instead of raise awareness	2	1
Seeking child voice	6	2
Sex education from an earlier age so you can realise sooner that it isn't OK	3	2
Small classes	3	2
Somewhere safe for the child to go or stability	9	4
Stigma and assumptions of being in care	7	1
Support not within my best interests	10	4
Survival instincts	15	3
Tackling bullying	8	2

Teachers do have a role in providing mental health and emotional support	5	3
Teaching the students about emotional wellbeing and more holistic approaches	4	2
The adults had a lack of understanding about abuse and the complexities of CSE	31	4
The impact of bullying	19	2
The impact of victim blaming; "I felt like I was a problem"	8	3
The positive reputation and image school had of me	6	2
The role of teachers within mental health and emotional support	8	4
There was a lack of understanding about mental health difficulties	1	1
Too much pressure at school	5	3
Undetected because the teachers saw me in a certain way	10	2
Unhelpful approaches to support	28	4
Unhelpful attitudes from adults	27	4
Unhelpful stereotypes of CSE being communicated	14	4
Victim blaming for CSE or for things outside their control	21	2
Whole school education about CSE for students – without victim blaming	3	2
Wider issues of abuse and oppression	4	2

## Appendix 25. Photo of Exploring Themes (Phase 3)



## **Appendix 26. Example of Refining and Defining Themes (Phase 5)**

### **1. Survival mode: how they were presenting at school and the impact of this**

This theme is about how the abuse experienced by the participants affected their day-to-day school life. This includes all the behavioural presentations and impact of these on others, the difficulties they had in participating in school, including concentration difficulties and truancy, as well as seeing school as an escape or a place of safety.

What is unique is understanding how the abuse presents within a school context and how what others can see may be different to what is going on. Behaviours representing underlying difficulties.

What this contributes to the overall analysis is that their experiences of school were difficult and similar to that of needing to survive. Some presented internally or external behaviours as they were unable to tell someone about the abuse. Behaviour as a communication.

### **2. “You’re making too much of it”: the negative attitudes of others - Victim blaming (subtheme)**

This theme is about the negative perceptions other people had of them during their time of school. This includes how their abuse or experiences were minimised or dismissed by professionals, and the unhelpful stereotypes/assumptions that were made. There is a subtheme of victim blaming which occurs within this.

What is unique to this theme is exploring all the negative attitudes that professionals had towards the young person who was going through these difficulties, or the perceptions the young person had of that.

Overall analysis – the scope of how many negative attitudes were communicated to the young people through what they said or did/did not do. This shows what their experiences were like of how the abuse was dealt with or not dealt with and the response the adults and peers gave to their abusive experiences.

## Appendix 27. Example of How Extracts, Codes and Themes Link Together (Phase 6)

Theme	Subtheme	Codes	Extracts
You're making too much of it: the negative attitudes of others		"you're making too much of it", "you need to get over it"	<ul style="list-style-type: none"> <li>• <i>that was the moment where I needed support the most, like police had gone, social services had left, and the school really didn't want to deal with it anymore. I think they had dealt with it for a few years at that point, and to them it was just, you know, 'you just gotta get on with it now', and I just couldn't</i></li> <li>• <i>it was like well get over it, who cares, whatever, it's how it is</i></li> <li>• <i>I went to speak to quite a senior church leader and he said, "you're just making excuses from it, you really need to get a grip basically".</i></li> <li>• <i>when I was 16, I went to get help and the Doctor said, "this happened in your childhood, pull your socks up, get on with your life", and again it's only now I think '16, I'm still a child'. The abuse had only finished when I was 13, so here he was saying that at 16, you're no longer a child.</i></li> </ul>
		Abuse minimised, overlooked or dismissed	<ul style="list-style-type: none"> <li>• <i>I feel that kids say all sorts of shit to each other and being able to pick up that one insult calling us paki fuckers, it's like you'd be more likely to pick up and say, "oi you don't be racist" rather than hang on a moment, 'why they calling these girls that? let's look into it'.</i></li> <li>• <i>going back to the 70s, it's cultural as well. Yeah, I mean he was sympathetic, but there was no real acknowledgement about the actual abuse. There was no real acknowledgement about the abuse, it was much more about 'well, what can we do to help you get academically?', which again, and I think culturally, you know that's part of... we've changed there.</i></li> <li>• <i>it was as though once I've done my video link interview, once social services had left, it was sort of just like brushed under the carpet, sort of thing.</i></li> </ul>
		Negative attitudes from peers	<ul style="list-style-type: none"> <li>• <i>we kind of like had a reputation for being 'those type of girls' and the other kids would call us 'Paki fuckers' and things like that, because it was Asian men that were doing it,</i></li> <li>• <i>it was just that I was bullied anyway for being a geek and being in care and all that kind of business,</i></li> <li>• <i>being in a classroom with 30 other kids, thinking right, most of them don't know, some of them don't know me, they don't care about me, they ignore me, or the others are like, going to be horrible to me; violently or verbally, what am I going to do? how do I deal with that? whereas I didn't have to think about that, i'm in a room, so I was calmer, I was happier, and I think, as I sit here now, yes, from an educational point of view, that wasn't the best thing, but i'm not sure what would have been the best thing</i></li> </ul>
		Unhelpful attitudes from adults	<ul style="list-style-type: none"> <li>• <i>you're also working with staff, who perhaps aren't going to be able to recognize it or just have the wrong attitude and can't see a child that is perhaps being very difficult and challenging, and be able to think, well perhaps they've</i></li> </ul>

		<p><i>got these horrible things going on and we need to support and help them.</i></p> <ul style="list-style-type: none"> <li><i>I went to speak to quite a senior church leader and he said, "you're just making excuses from it, you really need to get a grip basically".</i></li> <li><i>I think they assumed that, of course the taxi drivers won't be doing anything wrong because we mustn't blame adults, it's probably down to the kids, these kids in care, of course they're going to cause trouble.</i></li> </ul>
	Little aspirations for you; "you're seen as broken and not able to rebuild from it"	<ul style="list-style-type: none"> <li><i>once I had disclosed that I had been a victim of child sexual exploitation and abuse it was... I was seen differently, I was seen as broken or fragile or damaged really by my family, my mum and professionals.</i></li> <li><i>you're viewed as broken and not able to rebuild from it</i></li> <li><i>when you label a child, like they did with me with my grades, I think in a way you're causing more harm than good.</i></li> </ul>
	Stigma and assumptions of being in care	<ul style="list-style-type: none"> <li><i>even though we would fight like sisters, there was still that 'we're in this together sense', because we all have that reputation of coming from the children's home and we all experienced the same stigma</i></li> <li><i>a lot of children that get the CSE label or in care or whatnot, get brushed off as a lost cause and it's just assumed that we'll fall into this life of either crime or prostitution, or will be pregnant at 16 and on benefits and have baby after baby after baby and that will be our contribution to society; just won't exist.</i></li> </ul>
	Instilling hope and aspirations for these children	<ul style="list-style-type: none"> <li><i>they need to stop putting kids into categories of damned, and one group of kids who are just damned, and one that are going to go far, because you get the ones that look like they're going to go far, turns out that they have burnt themselves out before they finish university and then crumble, because they've been living their life as a perfectionist and hiding all the things that they're struggling with, whereas you then can get someone who has a really awful time at school, doesn't pay attention, blah blah blah, who then goes off to be a fabulous entrepreneur or something. So, it's the putting kids into boxes that they should stop doing.</i></li> <li><i>being solution focused</i></li> </ul>
Victim blaming	Negative views of myself	<ul style="list-style-type: none"> <li><i>after the seven weeks I've been off, they said 'we can't suspend everybody who was bullying him because we'd hardly have any kids left in school'. Which was, I get it again, but that teenage me is saying 'well I'm just a problem, i'm just an inconvenience' so let's chuck him in a room on his own, that was the solution which at the time, as I say, great, but maybe there could have been something better.</i></li> <li><i>I would be quite dangerous behaviours really, because I didn't care about myself, and then I internalise those kind of messages myself, that I wasn't really worth anything.</i></li> </ul>
	Don't victim blame	<ul style="list-style-type: none"> <li><i>it was like they knew we shouldn't be doing this thing and they thought we were doing this thing, by going off with these men and then it would be... I would get asked 'why are you letting these other girls have a bad influence on you?' and 'you shouldn't be running away', and things like... it was always, 'you're doing this wrong', 'you</i></li> </ul>

			<p><i>shouldn't be doing that', rather than, 'these people shouldn't be doing this to you, let us help you so you don't feel like you have to let them', or something like that. So it was the wrong approach by the children's home and I should imagine that, if the school was aware of it as well, they would have taken that same approach, because that was just the attitude at the time and the way that people treat kids, and it seems like such the bare minimum to ask for, don't victim blame.</i></p>
		<p>Victim blaming for CSE or for things outside their control</p>	<ul style="list-style-type: none"> <li>• <i>quite often victims will go along with it because of threats or other sanctions that might be put in place by the perpetrators if they don't, and there seems to be no understanding of that, it's always 'this stupid girl, she thinks that she's in this romantic relationship with this person and that she's just a silly teenager'</i></li> <li>• <i>it's hard to shift people's attitudes and it's not even educating people, because they know that you shouldn't victim blame, but then they still do in their heads, and I do in my own head, you know I will think, 'why did I even get in that car, I should have done this, I should have done that', and i'm a feminist advocate blah blah blah, and i'm still doing it so... and believe it on an emotional level, but then on a logical level I don't, and I know that you don't say those things, and I try and talk myself out of it, and all that, because I know that's what you're supposed to do, however, when you haven't lived through it and you haven't educated yourself to that degree of fighting past that, it's not really an instinct, but almost natural inclination to blame the victim, it's a tall order and I reckon that the majority of average people would struggle to do that, and that includes people working in schools. So as much as we can tell them to not victim blame, they're still going to do it subconsciously, and that's still going to impact how they view victims and how they then treat victims.</i></li> <li>• <i>I don't think it would be fair for me to assume that they would victim blame or see me now as this damaged thing or something like that. But, as a young teenager, I couldn't really think that through, I don't think.</i></li> </ul>
		<p>Blaming parents</p>	<ul style="list-style-type: none"> <li>• <i>I realised that I did have those feelings towards mum and dad that they hadn't picked up on it.</i></li> <li>• <i>just blaming me a lot for not attending when I should have been there and blaming my mum as well, which puts a lot of pressure I guess on a young person when trying to deal with what they already are going through.</i></li> <li>• <i>Everyone just thought, my mum either wasn't taking me to school, or I was just a difficult child.</i></li> </ul>



## Appendix 28. Example of content analysis

Key headings/areas	Topics within	Data
Response and intervention	Pastoral support	Mentoring team, school counsellor
		Mentoring, key worker, ELSA, Counselling, Thrive
		Mentoring, key worker, Thrive inclusion space
		Wellbeing team
		Student mentoring
		Positive mentoring to establish relationships
		Identified staff to support, SEMH support
		Offering students support and system of 'checking in' from time to time so that they know we are there/care
		Counselling, ELSA
		Student welfare
		Mentoring if appropriate.
		access to therapeutic staff, access to a youth worker
		Mentoring and support
	Multi-agency working	Referrals to outside agencies, social services and health professionals
		Multi-agency meeting
		Outside agency support YOI, CLEAR
		Safeguarding interventions addressed through a multi-agency approach
		External agency support Early Help, Police, Social care
		Referrals to specialist services
		Good communication with other agencies such as youth workers
		Team around the family
		Referrals made to MASH if appropriate and relevant meetings attend/actions taken e.g. TAFS, Early help, Strats.
		support strategies we would employ (in conjunction with appropriate external agencies) to manage the case
		Community police support PFSA Fiss
		Parental engagement
	parental/family meetings	
	Good communication with parents and carers	
	A trained member of staff talks to child and parents	
	Close links with home - tutor phones home several times a week	
	Assessment	Needs assessment for strategy and additional provision
	Review	Ongoing safeguarding review with efficient response action and communication an multi-agency meeting
		Escalation if school feels parents or other agencies are responding inadequately. REACH team. REDS team support etc.

## **Appendix 29. Example of a Reflection**

### *Reflection on Conducting Interviews*

*8<sup>th</sup> October 2021*

I've conducted two interviews for my research this week and it has been a brilliant experience. I felt really lucky and humbled to have two people speak to me about their traumatic experiences and be really positive about the future and about my research. I find it amazing to hear about people's experiences and hardships and be able to overcome them. But I found more than anything that these people don't think of themselves as exceptional or inspirational (which they said people tell them all the time), they just see themselves as surviving and doing what they need to do to get by in life. I felt like they were incredible people, and I am so grateful for them being so willing to talk to me. This has reminded me why I started doing my research topic and it has brought it all home to me about how important this research is, and how I did it as I wanted to make a difference. These interviews and my research tutorial have helped to motivate me. I've got a newfound enthusiasm for my research again, and a long list of things I can be getting on with now I have some data.