Action for Children

briefing

Preparing for the future:
supporting children and young people who have been sexually abused

Action for Children provides services across England and Wales to support and treat children, young people and their families who have been affected by sexual abuse.

Through our experience of working with survivors of child sexual abuse, we believe that:

- Every child has the right to be safe and that it is the responsibility of all of us to ensure that this happens.
- Too often the support needs of children who have been sexually abused go unmet. Demand for therapeutic services far outstrips supply. The Government must improve the availability of therapeutic support to children and young people who have been sexually abused.
- Work is needed to co-ordinate specialist training and advice for health, education and social care professionals to help them improve their responses to children and young people who have been sexually abused.

Action for Children’s child sexual abuse services are currently the subject of an external evaluation by Canterbury Christchurch University. The results of this research should help develop our understanding of the effectiveness of interventions with survivors of child sexual abuse. This is important, particularly as existing evidence on effective interventions within the UK remains patchy.

‘All the time I have come to Action for Children, I have felt safe and helped. Even when I have been at my worst and couldn’t see a light at the end of the tunnel, I knew you would always be there for me! I am going to keep climbing that mountain!’

A 12-year-old survivor of sexual abuse

1 All comments were made to Action to Children by our service users and are used with their permission.
Background

Estimates of the prevalence of child sexual abuse range from 3% to 36% of females and from 3% to 29% of males. According to a study by the NSPCC, nearly three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time, and 27% told someone later. Around a third (31%) still had not told anyone about their experience(s) by early adulthood.2

The impact of child sexual abuse can manifest itself in a variety of behavioural and psychological problems. Research shows that experiencing child sexual abuse can be associated with poor psychological functioning, depression and low self-esteem, sexualised behaviour, eating disorders, suicide and substance misuse.

Services for sexually abused children most commonly aim to address fear, anxiety, low mood and sexually inappropriate behaviour. There is no one obvious syndrome displayed by all children who have been sexually abused, rather children display a variety of symptoms.3

It should be remembered that significant numbers of children survive child sexual abuse without appearing to experience short-term psychological consequences. It is possible that these children are less affected than others, but also that for some survivors the consequences of the abuse may only become apparent later, especially given that child sexual abuse has been linked to an increased risk of a variety of psychological problems in adulthood.4

Action for Children’s services for children affected by sexual abuse:

- Children and Families Project – North Lincolnshire
- Longfields – Wrexham
- Neath Port Talbot Family Support Service
- New Beginnings – Ipswich
- North Downs Project – Kent
- Number 28 – Nottingham
- The Kite – Sunderland
- The Oak Tree Centre – Kent

Action for Children runs eight projects across England and Wales that specialise in supporting and treating children, young people and their families who have been affected by sexual abuse. In 2007, 553 children/young people were provided with a service across the eight projects. The projects accepted 585 new referrals during the same year (although there is a high degree of overlap between these two figures). Yet we know that supply does not meet demand – currently children are left with a postcode lottery as to whether they receive a service or not. Our service managers share a general awareness that the demand for services far outweighs what they are able to offer, with most projects struggling to manage waiting lists.

‘Project staff are consistently committed to providing the best-quality services possible for children/young people and families in the aftermath of child sexual abuse. Staff convey a great sense of pride and belief in the work they do.’

Canterbury Christchurch University evaluation5

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2  NSPCC inform: www.nspcc.org.uk/Inform/resourcesforprofessionals/Statistics/KeyCPStats/6_wda48742.html
Different intervention models have been developed to meet the diverse needs of the children and families referred – there is not a ‘one size fits all’ approach to service provision.

The services offered include direct work with parents (including foster carers and adoptive parents), group work, specific services for minority ethnic groups, and work with children and young people displaying sexually harmful behaviours. There is also a range of more traditional individual therapeutic treatment models.

Projects offer a variety of therapeutic treatments, including counselling, play therapy, art therapy, cognitive behaviour therapy (CBT) and psychotherapy.

The projects ensure that the children and young people they are in contact with have a trusted individual available who they can talk to about (or express to in other ways) the abuse they have experienced in the knowledge that they will be listened to and believed. A common view expressed by children and young people is that no one wants to hear when they tell adults about abuse. Most projects also provide a consultation service to local professionals.

An important element of the service Action for Children provides is to ensure children/young people are ready for therapeutic treatment. A flexible approach is essential as some young people need a bridge to prepare them for therapy. This can include play, art or sporting activities that act as a mediator into a more traditional talking therapy.

Social services departments are the main source of referrals for all our projects, with some referrals also received from Health and Education, and, in four projects, directly from children/young people and parents/carers.

### The Oak Tree Centre

Action for Children's Oak Tree Centre offers services to sexually abused children and their families living in the Thanet, Canterbury and Faversham areas of Kent. The project becomes involved after social services have completed child protection enquiries. It is provided by Action for Children in partnership with Eastern and Kent Coastal PCT and Kent County Council.

The Oak Tree Centre offers therapeutic support to children and adults to help children recover and move on from the abuse they have encountered, thereby minimising the long-term effects of childhood sexual abuse on children, young people and family members.

The centre offers the following range of services:

- therapeutic play with children
- individual counselling for children and young people
- individual counselling for adults
- specific work with children and young people with regard to body safety and appropriate behaviour
- practical and task-orientated work to support parents and carers

Our eight child sexual abuse projects are spread throughout England and Wales. They vary both in terms of their size and the range of services they offer. Some offer services in relation to child sexual abuse only, while others have broader remits, including domestic violence, trauma and group programmes. All share best practice through the national Action for Children ‘Safe and Secure’ network.
Action for Children’s Safe and Secure network

Funded by the Department of Children, Schools and Families’ (DCSF) Children, Young People and Families Grant Programme, Action for Children’s Safe and Secure network was set up to improve the accessibility of services for children, young people and their families who have been affected by sexual abuse.

Our services have each evolved in partnership with their local statutory agencies, along individual lines and are responsive to local needs. The Safe and Secure network has proved invaluable in sharing skills and experiences, evaluating working practices and developing shared training both for our staff and colleagues from other agencies such as Health and Education.

The Safe and Secure network focuses on:

- promoting strong networks and partnerships with other agencies and organisations
- developing specialist training
- sharing best practice
- looking at services for disabled and black minority ethnic (BME) children
- developing the evidence base (including commissioning small-scale studies of the impact of innovations within the projects)

Some of the funding from the DCSF grant programme is being used to conduct a formal evaluation of our eight services. It is hoped that this study will provide a valuable insight into what children and their families need to make a positive difference to their future lives. The research programme is being carried out by a research team based in the Social Work Department at Canterbury Christchurch University and has four components:

- a systematic meta-review of recent published literature reviews
- a general overview of the projects’ structure and operations
- a child outcomes-focused, two-year longitudinal evaluation
- a qualitative evaluation component to capture young people’s views
**Action for Children New Beginnings**

New Beginnings operates on the belief that children and young people who have been sexually abused or exploited should have the support they need to come to terms with what has happened to them and the opportunities they need to reach their full potential.

The project offers an assessment of individual needs, support for family and carers, work with other professionals to help support the young person, individual work, and group work for boys and girls of different ages. They also run carers’ groups for women, men and couples.

For example, last year they ran a group for five girls ranging in age from 9–14, all of whom had been sexually abused by a male in their family. After initial assessments, the work started by devising a group mascot, which helped to give the girls a sense of ownership of the group. Attendance at group meetings was very high and the interaction and support given among group members was good, with the girls feeling able to disclose how they had been affected.

Thoughts, feelings, actions and consequences were looked at, and distorted thinking unravelled. Feelings of blame and shame were gradually lessened and throughout the sessions the girls learned how to feel more positive about themselves. Understanding the way the body works and being given clear, honest answers helped them unravel confusion. They also learned about how they, and in many cases their families, were groomed and about how to keep safe in the future. Being in a group enabled them to realise that they were not alone, and that their thoughts and feelings were shared by others and were completely normal after their experiences.

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**Review of existing research evidence**

The literature review is still ongoing, with the final results not yet available. The aim is to summarise the findings from previous research into services for children, young people and families where there had been a disclosure of child sexual abuse, and to look at the effectiveness of relevant interventions.

The results of the review will be organised around those outcomes that were identified by our projects as being of the greatest importance to our service users.

Initial indications from the work being undertaken are surprising – they show that for a large number of the priority areas identified by our projects, there appears to be a lack of research evidence. It appears that researchers in this field have concentrated on mental health outcomes rather than addressing the success of interventions in tackling social issues and concerns.

We were interested to find out whether there is any evidence available on the impact of treatments on:

- school attendance/achievement (a performance priority for government as well as for children and young people)
- medication used by the service users (this has been observed within the projects to be an important priority in view of the types of medication that can be prescribed for the young people who use our services)
- the number of residential placements (it is our experience that these young people often experience frequent placement breakdowns)
Sexual abuse and disabled children

Disabled children are particularly vulnerable to all forms of abuse. Research suggests that they may be 3.1 times more likely to experience sexual abuse.6

There is a specific vulnerability in the learning disabled and deaf populations.7 Power inequalities, physical vulnerability, communication differences and denial are among contributory factors. It also appears that disabled children are less likely to receive therapeutic interventions.

Action for Children is working in partnership with the Royal Holloway College to look at the referral rates to and mechanisms of child sexual abuse services for children with disabilities. The aim is to identify how many children with disabilities are accessing Action for Children’s sexual abuse services, and whether this is representative of the prevalence of sexual abuse in this population. We also want to understand whether commissioners of Action for Children’s sexual abuse services refer children with disabilities to these services and, if not, why not.

This research will also examine service responses and seek to identify and share best practice. We hope that the research findings will be available later in 2009.

The evaluation

The two-year evaluation is focused on the outcomes being experienced by the children and young people who receive services from our projects. We are hoping that the final report (due in 2010–11) will address the existing gaps in research by providing positive, evidence-based outcomes for children and young people.

In designing the evaluation programme, the researchers worked with the project managers to identify child and family-focused outcomes that our practitioners’ experience tells them are the most important in promoting longer term recovery from trauma.

The evaluation has therefore concentrated on gathering evidence that includes social outcomes relating to children and young people’s social and behavioural stability.

An additional element of the research will consist of a short-term qualitative study to capture children and young people’s perspectives about the services they have received. This element is still being progressed through the university’s and national ethical approval processes.

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Holding the Space – The Kite

For the last 15 years, The Kite project in Sunderland has offered individual therapy to young people and their families or carers, as part of Action for Children’s sexual abuse initiative. The Kite provides a range of therapeutic services, individual counselling, play, art and creative arts therapies, and family and group work.

A large amount of the project’s work has been with children in care and it has tried many different methods to engage these young people, some of whom have been resistant to traditional therapeutic methods. There are many reasons for this, with some young people not wanting to feel stigmatised by coming for therapy, while others have chaotic lives and find it difficult to engage.

The Kite has developed considerable expertise in delivering interventions that are completely child-focused and effective in meeting the needs of children who may not be able to engage in more traditional individual talking therapies.

The project has also developed a training programme to assist staff working within residential children’s homes in Sunderland. The Holding the Space programme trains residential staff to therapeutically enable all the young people in residential homes to find an emotional language and a sense of identity and belonging. The Holding the Space training has been used to transform the residential units into an open and caring community. Following this work, incidents of restraint and bullying in these residential homes have decreased as The Kite has worked with staff to encourage a sense of community and belonging.

The Kite is currently delivering this training, which is being accredited, to all but one of the residential homes in Sunderland. It has also developed a new modular course so that residential workers from all over the UK are able to attend. The project is now working on a course with foster carers as well as training staff who would like to work therapeutically with children with learning disabilities.

Next steps

Action for Children is concerned that the support needs of children who have been abused often go unmet. Currently, the demand for these therapeutic services far outstrips supply.

We believe that:

- every child has the right to be safe and that it is the responsibility of all of us to ensure that this happens
- the Government must work to improve the availability of, and access to, therapeutic support services to children and young people who have been sexually abused
- the ongoing evaluation of our services will contribute significantly to an understanding of effective interventions for survivors of child sexual abuse, demonstrating the importance of providing sufficient, high-quality services
Action for Children is committed to helping the most vulnerable children and young people in the UK break through injustice, deprivation and inequality, so they can achieve their full potential.

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