Identifying, assessing and responding to the mental health and wellbeing needs of young people who experience sexual abuse in adolescence

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Key messages

1) There is very limited research on the effective identification and assessment of, and responses to, the mental health and wellbeing needs of young people who experience sexual abuse in adolescence.
2) The literature indicates considerable barriers to the identification of such abuse in the first place, which in turn is an obvious barrier to responding to associated mental health and wellbeing needs.
3) Cognitive behavioural therapy (CBT) remains the best-evaluated psychosocial intervention for adverse mental health outcomes of child sexual abuse. While there are promising findings that emerge from evaluations of CBT, it is not necessarily suitable for all young people. More research is needed to expand the evidence base on appropriate and effective interventions following adolescent sexual abuse.
4) The literature on direct work with adolescents who have experienced child sexual exploitation provides broad core principles for working with young people who have experienced such abuse, but it does not yet explicitly address effective assessment of, or support for, mental health and wellbeing needs specifically.

1. Background

1.1 *Learning from the Experts* is a participatory research study on adolescent sexual abuse[1] being undertaken by a research team at the International Centre: Researching child sexual exploitation, trafficking and violence at the University of Bedfordshire. The research explores the mental health and wellbeing needs of those who experience sexual abuse in adolescence. Whilst we recognise that young people who have experienced sexual abuse in adolescence may also have experienced other forms of abuse and/or neglect, we have focused this project on sexual abuse as a common experience for inclusion in the study. By doing so, we are able to explore the mental health needs of adolescents who have experienced sexual abuse, whilst taking account of the intersection of these experiences with other forms of victimisation and adversity. Our guiding definition of child sexual abuse was taken from *Working Together to Safeguard Children* (Department for Education, 2015, p. 93),[2] which covers a wide range of types of child sexual abuse (CSA) and can refer to single incidents of sexual abuse,

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[1] The Learning from the Experts research is focused on understanding mental health and wellbeing needs and support following abuse that occurs in adolescence. We call this 'adolescent sexual abuse'.

[2] Since the inception of the project in 2017, the Working Together to Safeguard Children Guidance has been updated to a 2018 version. However, the definition of child sexual abuse remains the same as the 2015 version.

multiple separate incidents and multiple related patterns of abuse over time. You can read more about the research and research questions **here**.

1.2 The research began with a narrative literature review. This briefing, on *identifying, assessing and responding to the mental health and wellbeing needs of young people who experience adolescent sexual abuse*, is accompanied by two further briefings covering:

- concepts and frameworks for thinking about the mental health and wellbeing of young people following sexual abuse in adolescence; and
- impacts of adolescent sexual abuse.

1.3 A detailed methodology is published **here** for interested readers.

2. Brief overview of methodology and summary of relevant papers

2.1 Appendix A lists 32 papers or reports published since 2007 that were selected for inclusion in this review. The table indicates which dimensions (identification, assessment or response) were addressed by each item.

2.2 The literature on identification and assessment of, and response to, the mental health and wellbeing needs of young people sexually abused in adolescence is limited. We therefore drew on three related bodies of literature. The first of these was literature around the identification of abuse itself, as opposed to the identification of associated mental health and wellbeing needs. As argued below, the evidenced difficulties around identification of abuse holds clear implications for identifying and responding to mental health and wellbeing difficulties emanating from these experiences.

2.3 The second body of literature reviewed was the evaluation and research literature on effective mental health/wellbeing interventions following CSA[3], though not specifically that experienced in adolescence. This literature relates primarily to the effectiveness of psychosocial interventions, but does not tell us much about professionals' or young people's views and experiences of mental health/wellbeing support outside of these interventions.

2.4 The third body of literature reviewed was that of responses to child sexual exploitation (CSE), a form of CSA primarily experienced in adolescence. While we found no specific studies on the mental health and wellbeing needs of young people within this, we found a body of evidence around principles and practice for supporting young people who have experienced this form of abuse. These

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[3] We use the Department for Education (2015) *Working Together to Safeguard Children* definition of child sexual abuse. We also recognise child sexual exploitation to be a form of child sexual abuse.

principles and practices relate to the whole journey of a young person across the support spectrum, and as such, are highly relevant to identifying and meeting their mental health and wellbeing needs. Although few robust evaluations were found within this body of literature, significant attention has been paid to children's and young people's articulation of their needs and wishes, which is of particular relevance to this work.

3. Barriers to identification of abuse and associated needs

3.1 'Identification' of young people's mental health and wellbeing needs following sexual abuse in adolescence does not appear as a distinct topic in the literature and is not well defined or conceptualised as a separate process or stage. In the CSA literature, 'identification' and/or 'assessment' more often relate to identifying and assessing the abuse itself, rather than its mental health and wellbeing impacts. Whilst this literature contains learning related to the barriers to identification and assessment of young people who experience CSA, including those who experience it in adolescence, these barriers are also relevant for identifying and responding to the mental health and wellbeing needs arising from these abusive experiences and, as such, are briefly summarised here.

3.2 Some of the barriers to identifying sexual abuse (and subsequent needs) are associated with children's own contexts and experiences, which are known to affect their willingness or capacity to talk openly with professionals. This is not to suggest the onus for help-seeking is on children and young people, but to recognise the multi-faceted barriers they may experience in relation to this. Some young people, for example, may not recognise that they are being abused and therefore not see a need for support (Allnock and Miller, 2013; Beckett, 2011; Beckett et al., 2016; Cossar et al., 2013; Palmer, 2015). Some may have communication difficulties or expectations of self (related to, for example, gender) that make it harder for them to discuss their experiences and needs (Franklin et al., 2015; Pearce et al., 2009; Stanley et al., 2016). The responses of those around them, including parents/carers and peers, can also help or hinder the identification of, and responses to, sexual abuse and associated mental health and wellbeing needs (Allnock and Miller 2013; Carpenter et al., 2016; Shuker and Ackerley, 2017).

3.3 There is a considerable body of evidence demonstrating how the nature of professional understanding, competence and/or attitudes around adolescent sexual abuse also positively or negatively influences the identification and assessment of need, even after young people have come to the attention of services (Beckett and Warrington, 2015; Hamilton-Giachritsis et al., 2017; Kirtley, 2013; Palmer, 2015; Pearce et al., 2009; Stanley et al., 2016). System and organisational barriers such as resources, short-term funding, high social care thresholds, inconsistent support and poor information sharing are also critical, and consistently appear as frustrations for professionals trying to identify and
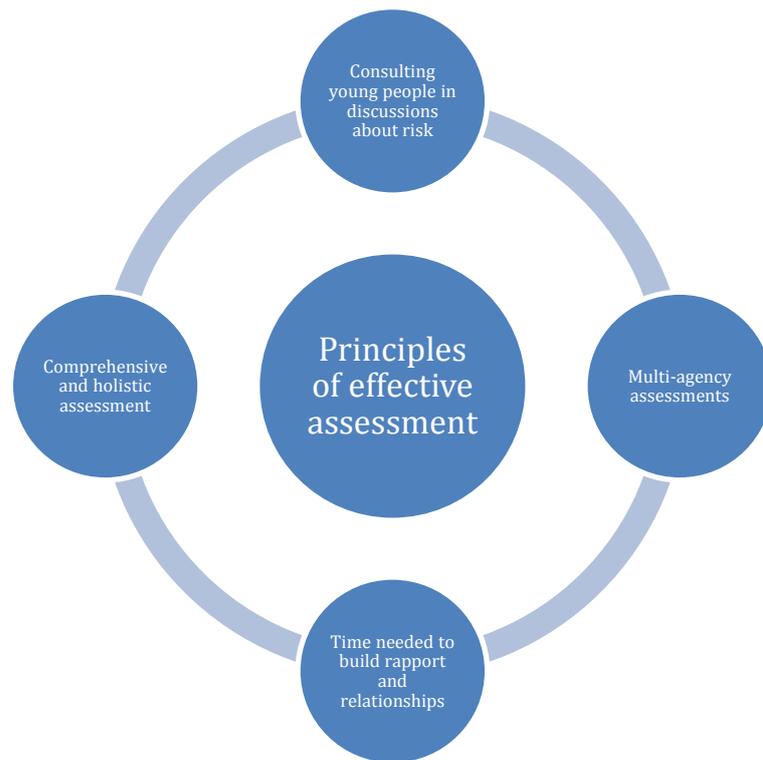
respond to young people's needs (Allnock et al., 2015; Beckett et al., 2013; Smeaton, 2013). Effective support strategies are rooted in the development of trusting relationships with young people that can take time to establish. It is through the development of these kinds of relationships that young people's mental health and broader wellbeing and safety needs may emerge (Bovarnick et al., 2017).

3.4 Finally, wider social barriers have been identified that prevent identification and concomitant support for young people. Gohir (2013), for instance, highlights stigma as a key barrier to victims from black and minority ethnic communities accessing services (Gohir, 2013), whilst McNaughton et al (2014) identify similar stigma for young males. These, and other, authors also highlight how societal perceptions can similarly impact professionals' identification of abuse within particular groups (Palmer, 2015; Berelowitz et al. 2013).

4. Assessment of need

4.1 Assessment is considered to be a critical part of an effective response to CSE and other forms of CSA (Carpenter et al., 2016). The *Assessment of Children in Need and their Families* provides the assessment framework for identifying children and young people's needs within the social care context (Department of Health, 2000). However, we found no empirical research on the Assessment Framework that helps us to understand the specific usefulness or relevance to adolescent sexual abuse. We also found no evaluative studies of specific assessment processes or tools in relation to the mental health and wellbeing needs of young people following sexual abuse in adolescence. However, certain principles and approaches were evident in research and evaluation on direct work with victims of CSE; we have distilled these into **Figure 1** below.

Figure 1: Principles of assessment

The diagram shows "Principles of effective assessment" at the centre, surrounded by four circles:
- Consulting young people in discussions about risk
- Multi-agency assessments
- Time needed to build rapport and relationships
- Comprehensive and holistic assessment

5 Professional responses to needs

5.1 As with the identification of mental health and wellbeing needs post adolescent sexual abuse, there is no specific literature that explicitly examines professional responses to these needs. Again, we therefore draw on associated bodies of literature. This includes wider literature on psychosocial interventions for children and young people who have experienced CSA which is not specific to abuse experienced in adolescence. Moreover, this literature is limited in terms of:

- the types of interventions that are evaluated;
- the types of outcomes that are of interest and measured;
- the relevance of learning for those who experience CSA at different developmental stages;
- evidence regarding the effective engagement of children and young people.

5.2 There is also emerging literature on CSE that offers learning in relation to good practice in support work post abuse. However, whilst this primarily considers those who experienced adolescent sexual abuse, it does so only with reference to CSE (and not other forms of sexual abuse), and does not explicitly address mental health and wellbeing needs.

Learning from the broader CSA literature

5.3 Guidance produced by the National Institute for Clinical Excellence (NICE) (2017) states that evidence-based interventions should always be used in therapeutic work on child maltreatment. Despite this, studies reveal that a range of interventions are in use that are not well-evidenced (Allnock et al., 2009: Macdonald et al. 2016). Studies of individual counselling, psychotherapy and arts-based therapies, for example, were observed in Macdonald et al's (2016) systematic review of psychosocial interventions for maltreated children and young people to include highly variable and/or low quality methodologies. Studies on intensive service models or peer mentoring schemes with those who experience adolescent sexual abuse were entirely absent from their review. This is not to say they do not work, only that they form the subject of evaluative inquiry much less frequently – if at all – in comparison with other interventions.

5.4 In terms of recommended treatments for maltreated children, NICE recommend only three possible options for adolescents with mental health needs: Trauma-focused cognitive behavioural therapy (TF-CBT), a 'therapeutic programme' such as Letting the Future In, or individual/group psychoanalytic therapy (for girls only). Macdonald et al.'s (2016) systematic review of psychosocial interventions for maltreated children and young people was consulted by the authors of this briefing to identify approaches whose use is evidenced in relation to the mental health needs of adolescents who have experienced sexual abuse (at some point in their life). These are summarised below.

Cognitive behavioural therapy

5.5 Macdonald et al. (2016) report that CBT is the most commonly evaluated psychosocial intervention in the literature. CBT is built on an understanding that how we think, feel and act are connected; the intervention then proceeds to alter cognition in order to influence feeling and behaviour. CBT has been adapted for children and young people affected by CSA, with this version referred to as Trauma-focused CBT. This has been found to be appropriate for use with children and adolescents between the ages of 3 and 18, but less appropriate for children who may be suicidal or who abuse substances as the therapy temporarily worsens symptoms before they improve. As our review of impacts shows, this is of particular relevance to adolescents who have experienced sexual abuse.

5.6 Macdonald et al's (2016) review found that for children who have been sexually abused, CBT (in particular TF-CBT) was of some benefit in reducing post-traumatic stress disorder, depression and anxiety, however no similar improvements were found in relation to other impacts such as sexualised or externalising behaviours. The authors concluded that CBT/TF-CBT may be

beneficial compared with non-directive supportive therapies but note that the evidence base remains limited.

Systemic interventions

5.7 Systems theory states that the problems affecting an individual are a function of the relationships and patterns of interaction that surround him or her, with the resulting implication that effective interventions necessitate locating individual problems within their context and – in many circumstances – directing intervention at the family, rather than simply the individual.

5.8 Only a small evidence base exists around use of systemic interventions with adolescents who have experienced sexual abuse; and this does not differentiate between abuse that occurs at younger and older ages. Macdonald et al. (2016) identified only two studies of systemic interventions that reported findings for adolescent samples. The findings were mixed. One study showed no effect. The other showed improvements in depression and self-esteem among the intervention group versus the control group, as well as a reduction in behaviour problems (measured as delinquency, aggression in school, school dropout, suicidal behaviour, running away or problem sexual behaviour). The results are, therefore, not sufficient to say this intervention is effective for young people following abuse in adolescence.

Psychoeducation

5.9 Psychoeducation is often one aspect of multi-faceted interventions, although some services focus specifically on this as their primary intervention. Often delivered in group format, psychoeducation draws on social learning and cognitive theory to conceptualise and address problematic behaviour and beliefs that develop as a result of exposure to abuse or neglect. Macdonald et al. (2016) reviewed three randomised control Trials on the use of psychoeducation with adolescent populations (ages 13-15). All reported improvements in symptoms of trauma, although the authors note a high risk of bias in two of the studies. The results were much more mixed for behavioural problems, therefore caution is warranted in interpreting the findings.

Group work

5.10 Macdonald et al. (2016) reviewed five studies which investigated the effectiveness of group work (without a psychoeducational element) with sexually abused children or young people. Only one observational study (Verleur, 1986) focused on adolescents (aged 13-17) (n=30), although the age at which they experienced abuse was unspecified. The author found marked improvement in sexual awareness as well as an increase in self-esteem among participants in the experimental group compared with the control group. This is only one small study however, and more studies would be needed to build this evidence further.

Learning from the CSE literature

5.11 Though not specific to mental health and wellbeing, there is an emerging evidence base in relation to effective support for young people who have experienced CSE in adolescence. This evidence has typically emerged from research exploring the perspectives and experiences of young people, and those of professionals working with, them as opposed to systematic and rigorous evaluation studies of any particular model of response.

Core elements of direct work with young people

5.12 Bovarnick et al's (2017) rapid evidence review of learning on 'direct work with sexually exploited or at risk children and young people' offers a useful framework for thinking about the core elements underpinning direct work with young people. Bovarnick and colleagues note that evaluated programmes in relation to CSE are sparse and therefore they draw more widely on practice evidence from the fields of child sexual abuse, child and adolescent mental health problems and youth offending. The framework, therefore, offers parallel learning across a number of fields of practice. These core elements are presented in Figure 2, although it is important to note that they do not necessarily occur in a neat, linear fashion.

Figure 2: Core elements of direct work with young people exploited or at risk

- Engaging and building a relationship
- Increasing support and stability
- Providing advocacy
- Reducing risk and increasing resilience
- Addressing underlying issues
- Enabling growth and moving on

Engaging and building a relationship

5.13 The broad literature on working with young people commonly identifies that providing effective support is dependent on young people engaging with service providers and the professionals working with them (Bovarnick, Scott and Pearce, 2017; Palmer, 2015). Macdonald et al. (2016) note in their review of psychosocial interventions following child maltreatment that developing relationships is important in all therapeutic work as not all young people are 'there by choice' or easily accept therapeutic support, and abuse can often result in difficulties trusting others.

5.14 The time taken to establish this relationship can vary, but it is so significant that some services purposefully build in sufficient assessment time to foster the relationship before engaging in direct work or therapeutic support (Carpenter et al., 2016; Macdonald et al., 2016; Scott and Botcherby, 2016).

Increasing support and stability

5.15 A second key component of direct work with young people emphasises the need for support and stability, which is defined by Bovarnick, et al. (2017) as a relationship with a key, consistent professional. This is a point repeated throughout the CSE literature, with reference to a range of professional disciplines and emphasis on persistence and demonstration of commitment and care (Beckett and Warrington, 2015; Beckett et al., 2016; Coy, 2011; Shuker,

2013; Smeaton, 2013; Stanley et al., 2016; Warrington et al., 2017).[4] This is particularly important in supporting the mental health and wellbeing needs of young people, which may change over time. A consistent professional who knows the young person is likely to be better placed to respond to these needs.

Providing advocacy

5.16 Advocacy forms another core component of direct work, and is likely to be crucial in advocating for the mental health and wellbeing needs of young people following sexual abuse in adolescence. Advocacy generally involves support from a trusted worker to broker service provision and help young people understand and manage the different agencies, relationships and appointments in their lives (Bovarnick, Scott and Pearce, 2017; Stanley et al., 2016). It can also help them access appropriate support to deal with the emotional impact of going through post-abuse processes and procedures, for example, to alleviate the distress of going through the criminal justice system (Beckett and Warrington, 2015) or statutory responses to trafficking (Pearce, Hynes and Bovarnick, 2009; Sawrikar and Katz, 2017).

Reducing risk and increasing resilience

5.17 A particularly relevant core element of direct work concerns the reduction of risk while simultaneously increasing the resilience of young people (Bovarnick et al., 2017; Hickle & Hallett, 2016). Bovarnick et al. (2017) emphasise the need to involve young people in discussions about risks so that strategies around this are individually tailored to the young person's needs, but also stress that this needs to be part of a wider understanding of risk. As Beckett et al. (2016) argue, a young person's vulnerability is only relevant because there is a perpetrator willing to exploit this and inadequate protective structures in place to mediate this risk. All of these interconnected conditions must be addressed if risk is to be reduced.

5.18 While various research studies and inspection reports point towards the benefits of a strengths-based resilience approach and recognise that these are increasingly used in practice (Bovarnick, Scott and Pearce, 2017; Ofsted, 2014), broader evaluative evidence is still lacking (Pattoni, 2012; Woods et al., 2011). Hickle and Hallett (2016), for example, highlight the potential benefits of a harm reduction approach[5] to working with sexually exploited young people as a way of

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[4] Sawrikar and Katz's (2017) review of the treatment needs of victims/survivors of CSA from ethnic minority communities also points to continuity with a worker who is 'culturally competent' in order to provide the best response and support to these children and young people.
[5] Harm reduction involves methods such as outreach, peer support and group work to promote feelings of empowerment and self-esteem and can support the development of a chain of protective factors that promote resilience.

supporting their wellbeing needs, but the evidence base on the effectiveness of such an approach is currently lacking.

Addressing underlying issues

5.19 A fifth core element of direct work with young people is addressing 'underlying issues' or unmet needs (Beckett, 2011; Berelowitz et al., 2013; Bovarnick et al. 2017; Hallett, 2015; Shuker, 2013). In relation to CSE, the reasons why young people are vulnerable are complex. They can relate to developmental deficiencies that inhibit a young person's ability to recognise risk, to feelings of isolation or difference and also stem from previous life experiences that leave them with unmet foundational needs (Beckett 2011; Berelowitz et al 2013; Hallett 2015; Shuker 2013). Young people who have experienced abuse or neglect or other adversities in childhood may also have unmet needs to address. Ensuring the provision of, or relevant referrals to, services that can provide an evidence-based approach to supporting young people's mental health needs is an essential part of support.

Enabling growth and moving on

5.20 Bovarnick et al. (2017) note that the sixth core element of direct work is *enabling growth and moving on*. This is particularly relevant to addressing the broader and long-term wellbeing needs of young people who have experienced adolescent sexual abuse. Direct work typically involves fostering the young person's self-reliance and self-efficacy, emphasising achievements, strengthening their support system and facilitating realisation of goals and aspirations.

5.21 This area of work is, however, underdeveloped in the literature. Bovarnick et al.'s (2017) scoping work found that this aspect of work is acknowledged to only be possible following the establishment of a trusting relationship and work to ensure that the young person is safe. Hagell (2013) and Hallett (2015) found that young people's feeling of control over aspects of their lives was essential to 'moving on' following abuse. For young people, gaining control was found to be associated with relational stability; someone to acknowledge, listen to and understand them; emotional stability; a sense of their own agency; and a feeling of self-worth.

5.22 There is emerging evidence of the positive and protective impact of participation, particularly on young people affected by CSE (Brodie et al., 2016; Cody, 2015; Warrington, 2010, 2013, 2016). As a young person engaged in AYPH participative work reflected:

"I feel like my experiences give me something to bring to a group and I see my experiences as a strength now. Before I saw what I had been through as a

weakness – a horrible part of my life. Well it is still a horrible part but now I can use my experiences for good… I've gone from the person who is coming here to ask for help for me, to someone who's coming to help other young people."
Maisy, 18 (Hagell 2013; p. 20)

6 Conclusion

6.1 While the evidence identified for this review broadly informs our research on the mental health and wellbeing needs of young people who have experienced sexual abuse in adolescence, we still lack research which directly addresses this topic for our target group of young people. *Learning from the Experts* offers the chance to address this gap, from the critical perspectives of those with first-hand experience of the issues.

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Appendix A: Papers selected for inclusion for Question 2 (identification, assessment and response) and which dimension of the Question these papers informed

Authors	Topic of paper/report	Impact	Identification	Assessment	Response
Allnock and Miller (2013)	Disclosure of CSA		x	x	
Beckett (2011)	CSE in Northern Ireland				x
Beckett et al. (2013)	CSE in gang contexts		x	x	x
Beckett and Warrington (2015)	Experiences of young people in the criminal justice system		x	x	x
Beckett et al. (2016)	Children and young people's views of the police's role in safeguarding				x
Berelowitz et al. (2013)	CSE in gang and group contexts			x	x
Bovarnick, Scott and Pearce (2017)	Rapid evidence review of direct work with sexually exploited young people		x	x	x
Brodie et al. (2016)	The participation of young people in child sexual exploitation services				x
Carpenter et al. (2016)	Randomised-control trial of a CSE therapeutic intervention		x	x	x
Coy et al. (2011)	Evaluation of a CSE prevention programme				x
Franklin et al. (2015)	The needs of young people with learning disabilities who have been affected by CSE		x		x
Gohir (2013)	The sexual exploitation of Asian girls and young women.		x		x
Hagell (2013)	Evaluation of AYPH Be Healthy Project				x
Hallett (2015)	Child protection and CSE				x
Hamilton-Giachritsis et al. (2017)	The impact of online and offline CSA		x	x	x
Hickle et al. (2017)	Evaluation of the 'See Me, Hear Me' framework				x

Hickle and Hallett (2016)	Considering harm reduction principles in work with sexually exploited young people				x
Kirtley (2013)	Health professionals' experiences of CSE		x	x	
Macdonald et al. (2016)	Systematic review of psychosocial interventions			x	x
McNaughton Nicholls, Harvey and Paskell (2014)	CSE among boys and young men		x	x	x
Palmer (2015)	Online CSE		x	x	
Pearce, Hynes and Bovarnick (2009)	Trafficking (including for the purposes of CSE)		x	x	x
Sacks et al (2008)	Referral of young people to mental health services			x	
Sawrikar and Katz (2017)	Treatment needs of victims/survivors of CSA from ethnic minority communities				x
Scott and Botcherby (2017)	Evaluation of innovation project.		x	x	x
Shuker (2013)	Evaluation of Barnardo's safe accommodation project for sexually exploited and trafficked young people				x
Shuker and Ackerley (2017)	Supporting parents after CSE			x	x
Smeaton (2013)	The relationship between running away and CSE				x
Stanley et al. (2016)	Trafficking (including for the purposes of CSE)		x	x	x
Warrington (2010)	The role of children and young people's participation in relation to sexual abuse				x
Warrington (2013)	Sexually exploited young people's inclusion and exclusion from decision making about safeguarding				x
Warrington	Young person centred				x

	approaches in CSE, promoting participation and building self-efficacy				
(2016)					