A report for the Office of the Children's Commissioner for England commissioned by Jenny Clifton

'It takes a lot to build trust'
Recognition and Telling: Developing earlier routes to help for children and young people

A report for the Office of the Children's Commissioner for England

October 2013

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Finally we would like to thank the children, young people, parents and practitioners who spoke to us so generously about their experiences. We hope that this report does justice to their views.

ABOUT THE OFFICE OF THE CHILDREN'S COMMISSIONER

The Office of the Children's Commissioner (OCC) is a national organisation led by the Children's Commissioner for England, Dr Maggie Atkinson. The post of Children's Commissioner for England was established by the Children Act 2004. The United Nations Convention on the Rights of the Child (UNCRC) underpins and frames all of our work.

The Children's Commissioner has a duty to promote the views and interests of all children in England, in particular those whose voices are least likely to be heard, to the people who make decisions about their lives. She also has a duty to speak on behalf of all children in the UK on non-devolved issues which include immigration, for the whole of the UK, and youth justice, for England and Wales. One of the Children's Commissioner's key functions is encouraging organisations that provide services for children always to operate from the child's perspective.

Under the Children Act 2004 the Children's Commissioner is required both to publish what she finds from talking and listening to children and young people, and to draw national policymakers' and agencies' attention to the particular circumstances of a child or small group of children which should inform both policy and practice.

The Office of the Children's Commissioner has a statutory duty to highlight where we believe vulnerable children are not being treated appropriately in accordance with duties established under international and domestic legislation.

Our vision

A society where children and young people's rights are realised, where their views shape decisions made about their lives and they respect the rights of others.

Our mission

We will promote and protect the rights of children in England. We will do this by involving children and young people in our work and ensuring their voices are heard. We will use our statutory powers to undertake inquiries, and our position to engage, advise and influence those making decisions that affect children and young people.

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FOREWORD FROM DR MAGGIE ATKINSON, CHILDREN'S COMMISSIONER FOR ENGLAND

I am delighted to present this valuable and timely report, commissioned from researchers, including a group of young people, on the issues they can face in reaching help when they are in need, or at risk of any kind of abuse or neglect.

Children have rights to protection, support and a voice, under the United Nations Convention on the Rights of the Child (UNCRC.) The Articles most pertinent to this report are:

Article 3: in all actions concerning children, the best interests of the child shall be a primary consideration.

Article 12: every child has the right to express their views in all matters affecting them, and to have their views taken seriously.

Article 19: the right to protection from violence, abuse, neglect and mistreatment

Article 34: the right to protection form sexual abuse and exploitation

Article 39: the right to help with recovery from abuse

This research is particularly timely as we consider the importance of really seeing children and understanding their experience. The tragedy of several recently reported deaths of young children at the hands of their parents or carers is very much on my mind as I write this foreword. Names have been added to the nation's list of tragic child deaths: Daniel Pelka, Keanu Williams, and Hamzah Khan − all killed by the adults who should have been caring for them. All suffered plights that seem not to have been noticed, or if noticed were not acted on, by too many highly trained professionals. We have of course been here before. It makes it no less troubling that we are here again in 2013.

The common thread of so many such deaths was the absence of a focus on the children, an absence of a dogged determination really to see them. Children can all too easily become invisible. They must be seen and spoken with when there are concerns for their welfare; we know this and have known for a long time. But that is not all there is to say. If children do not talk about abuse, their silence is not a reason to do nothing further. The onus cannot be on them to come forward. Adults working for and with them must always be aware of how much importance children place on those adults' vigilance and understanding, their active and determined caring about what happens in a young life.

Too often we concentrate our child safety and protection efforts on the youngest children in society. They very obviously, and equally clearly, need adults to step between them and any threats in their lives, acting to protect them from danger, threat and difficulty whatever their sources in that child's life. It is all too easy, in this work with the youngest, to see older children and young people as 'sorted.' They may present themselves as street wise and already able to handle the adult world. We assure ourselves they are resilient, and need our help far less. In fact, real resilience is very different from just coping with what life throws at you. It is also a reality that some of our young people's coping strategies will be harmful to them.

Alternatively, young people are often seen as ‘difficult’ and ‘hard to help’; with adolescents’ sometimes awkward behaviour taken at face value. It is adult professionals' job to tune in to what is really happening in vulnerable children's lives; to make the space available, and create the trust and support needed, to help a young person recognise the need, and then ask for help, advice, guidance, support and protection.

This research benefits greatly from the involvement of young people, with experience or knowledge of the topic, all of whom were trained and then worked as co-researchers with our colleagues from the UEA, commissioned by the OCC to lead this study They also worked with Anglia Ruskin University to become confident young researchers.

The young people who contributed to this report tell us their peers are often not as ‘sorted’ as we think. Some young people will still be struggling with problems from their early childhoods, others with things that have created negative pressures in their adolescence. All of them, who are still children, remain our concern. They are not adults. They still need encouragement, role models, protection, nurture, and trusting relationships with people to help them to recognise and work through their problems.

The framework for understanding about recognition, telling and help presented in this report is informed not only by a rich body of literature and research evidence, but the active involvement of children and young people. The young researchers passed on their wisdom and contributed vitally to the report that follows. I want to thank them sincerely for their commitment, and for the trust and the reflective intelligence they gave to this work. The voices of all the children and young people who contributed to the research enrich this report throughout and add significantly to the strength of what you will read in the pages that follow and I thank them all.

I commend this research, and the very practical help it should afford to workers directly engaged with children, their trainers and leaders, and young people themselves. They are today's citizens and tomorrow's adults. The strength they bring, matched − as it is in all of us − by the vulnerability of being human and making our way in the world mean we have much work to do together.

Dr Maggie Atkinson
Children’s Commissioner for England
October 2013

EXECUTIVE SUMMARY

INTRODUCTION

The research was prompted by a concern to improve access to protection and support for children and young people at risk of harm. The Munro Review of Child Protection (2011), commissioned by the government, argued that a child's journey from experiencing problems to getting effective help should be at the heart of the child protection system. It stressed the importance of an offer of early help for children and their families.

The arguments for the value of early help stem from two lines of evidence. Firstly, there is longstanding and widespread international agreement that readily available early help for children and families can stop problems escalating and prevent maltreatment before it occurs. Secondly and compellingly, we know that harm from maltreatment is common but often hidden from view and that most children in need and their families cannot easily access services. These two arguments point to the importance of early help because it can reach out *both* to children whose maltreatment has not been brought to the attention of services, *and* to those whose situation does not meet the threshold for statutory intervention.

There are some tensions in contemporary policy and practice in England with regard to offering early help and working collaboratively with children, especially when they might already be experiencing abuse and neglect. Claims for maximum effectiveness for early intervention can emphasise providing services at the earliest stages of life rather than for older children but there are powerful arguments for meeting the needs of older children at an earlier stage. Austerity measures and cuts to local authority and health budgets bring these areas of debate into sharp focus. The on-going challenges of retrenchment and reconfiguration of services to make the best use of resources make this study very timely.

The research was based on the premise that children's and young people's perspectives on the recognition of abuse, neglect and family problems, and their perspectives on telling, would assist in the identification of improved services to protect them. The research aims were as follows:

- To examine young people's perceptions of abuse and neglect, and to explore their experiences of telling and getting help from both informal and formal sources.
- To use this knowledge to make suggestions for practice that would improve access to support.

KEY FINDINGS AND MESSAGES FROM THE RESEARCH

- The ability of young people to recognise abuse and neglect was linked with increasing age. Recognition often starts with an emotional awareness that things are not right, before the child is able to articulate the problem to themselves or others.
- Young people most often came to the attention of services through their behaviour and demeanour rather than through explicitly disclosing abuse.
- It is important for professionals to notice signs and symptoms of children's and young people's distress at any age and not to rely unduly upon the child or young person to talk about their abuse. A significant risk of reliance on verbal telling is that a child's silence or denial means that abuse is not pursued.
- However, if a trusted professional responds sensitively and shows concern for the child they may then begin to talk about underlying problems. Young people described how conversations prompted recognition and relationships of trust promoted telling and help.
- Young people were often actively weighing up the risks of telling, though sometimes the emotional impact of the abuse overrode the rational process. There are many barriers to telling for young people, including their past negative experiences of help, and the immediate supportive response of adults matters greatly for both immediate help and longer term benefit.
- Although friends were valued as sources of emotional support, young people were careful to whom they talked, fearing that friends would gossip about them, that it might be too much responsibility for a friend to shoulder, or wanting to visit friends to distract themselves, rather than to confide in them.
- Young people value professionals they can trust, who are effective, knowledgeable and available. Teachers and youth workers were found to be particularly important as people to tell and they and social workers were valued as being able to provide holistic support.
- Recognition may come as an end result of receiving help and talking things through over time with a trusted professional, rather than being a necessary precursor to telling.

The findings were used to develop a framework for understanding recognition, telling and help from a child's perspective. The framework could help practitioners to be mindful of what may be going on for a child or young person who comes to their attention because of their behaviour, to understand how young people weigh up the advantages and disadvantages of telling, and to keep in mind the emotional aspects of talking about abuse.

Of central importance is the fact that young people's past experiences of professionals, as well as their experiences within the family and in the community, will influence how comfortable they feel about talking and their willingness to trust and talk to practitioners. In addition to drawing attention to the needs of young people who may be on the edge of services, the framework also highlights the needs of young people who may be well known to services, who may be in care, or have been in care in the past, and who may still need help to recognise and talk about what has happened to them.

STUDY DESIGN

The study used innovative and participative research methods and was conducted by a team of adult and young researchers. All the young researchers were aged 16-24 years old with experience or knowledge of the topic. The young researchers came from the two main research sites which gave the whole team partial insider knowledge of the sociocultural environments in which the study was being undertaken. The young researchers helped to refine the design of the research tools and materials, and were involved in data collection, analysis and dissemination of findings. They provided excellent ethical oversight at all stages and their insights have made a significant contribution to the analysis and development of the framework presented in this report.

The research consisted of a number of interrelated strands:

- A **structured literature review** about children's and young people's recognition and disclosure of abuse and about children's and young people's views of services.
- A **content analysis of an online peer support site** where young people post and respond to problems involving abuse and neglect (261 threads). The content analysis of the internet forum offered an opportunity to examine how young people understand and conceptualise abuse and neglect since much of the discussion concerned questions of whether or not particular experiences counted as abuse. The findings give an interesting insight into barriers surrounding recognition and telling, who young people turn to, and the ways in which young people can support each other in an online environment.
- An **interview study** with thirty vulnerable young people, aged between eleven and twenty. These activity based interviews allowed exploration of the complexities and interactions between recognition, telling and help over the course of each participant's childhood and adolescence. They generated insight into how experiences of telling and getting help can lead to an increased or reduced likelihood of recognition and telling in future, depending on the experience both of the telling process, and of the support received.
- Six **focus groups** were conducted with children and young people, parents and practitioners involved in working in different tiers of services for young people. The focus groups complemented the research with vulnerable young people in the website analysis and the interview study, by seeking the views of children and young people not known to be vulnerable. They focused on how this broader sample of children and young people conceptualise abuse and neglect and how friends might support each other with such issues. In addition the focus groups explored the views of family members and practitioners on the process of getting help.

FINDINGS

Recognition

Most of the studies in the literature review were concerned with disclosure of sexual abuse, rather than how children think about abuse and neglect. The few studies that examined how children conceptualise abuse found that children were least likely to recognise neglect and that abuse within the family by a child was rated as less severe than abuse within the family by an adult. Some research on disclosure discussed issues of recognition including children thinking that what they were going through happened to everyone, and confusion around what was normal due to sexualised messages in the media.

In the analysis of the internet forum 23 problem types emerged from the young people's descriptions. They were more likely to recognise sexual abuse and physical abuse than neglect or emotional abuse and the discussion focused on what to do about it. In contrast, there was more discussion about whether the problem was abuse or not when young people were discussing emotional abuse or neglect.

A number of factors could impede the young person from recognising that their experiences were abusive or neglectful. These included:

- The young person feeling that they deserved it;
- A difficulty in acknowledging that a parent could be abusive;
- A parent's unpredictability when abuse was episodic, and the relationship was sometimes good;
- Confusion as to the boundaries between discipline and physical abuse;
- Confusion around boundaries relating to touching with family members.

In the interview study a spectrum of recognition was identified ranging from lack of recognition, partial recognition and clear recognition. Several young people spoke in hindsight about a situation which was abusive but which they were not able to recognise or articulate as such at the time. Lack of recognition was linked with age. Partial recognition sometimes involved an emotional awareness that things were not right, before a child was able to articulate it to themselves or to others. The young people talked of a gradual understanding rather than a sudden epiphany. However, this growing realisation could be accompanied by a lack of awareness about ways of changing the situation, so the child remained vulnerable.

There were suggestions that children would have more sense that their family situation was not 'normal' at the age of around eleven or twelve as they were increasingly able to compare themselves with other families. On the other hand such norms could have a negative impact, compounding the effects of earlier childhood, and normalising violent or abusive relationships. In the focus groups, parents and practitioners likewise felt that a child might not recognise neglect or see it as harmful because it was part of everyday life.

A further issue which hindered recognition in the interview study was a sense of needing to be self-reliant or 'closing off' from what was happening. This was often mentioned as a barrier to telling but for several of the young people it had become so central to their way of coping that it seemed likely to act as a barrier to recognising that they were in a situation where they needed help, and to lead to minimisation of problems.

Young people's descriptions in the interview study often emphasised recognition as a product of talking with another person, whether this was family member, friend or professional. In this way, recognition was prompted through conversation rather than being a precursor to telling.

Telling

The literature review included a range of studies which examined disclosure rates, mostly concerning sexual abuse. Disclosure rates in the studies ranged from 11% - 42%. Disclosure rates increased with the child's age and girls were more likely to report abuse than boys. Younger children were more likely to tell a parent and older adolescents were more likely to tell friends or other family members. Disclosure was rarely made to professionals (less than 10% in any study). Barriers to disclosure in the literature review included failure to recognise abusive behaviour as unacceptable; feeling shame, blame or responsibility for the abuse; and fearing the consequences of telling for themselves, their family or the perpetrator, particularly if the perpetrator was a family member. Young people also feared loss of control over decisions if they disclosed.

Many of the same themes were found in the website analysis. The five main barriers to telling which the young people mentioned were, in order of their frequency:

- An emotional barrier, e.g. shame, embarrassment, not being able to face telling, finding it hard to find/say the words;
- Worry about the family knowing, loyalty to family and the impact on family members;
- Thinking their situation was not problematic enough to disclose to others;
- Threats from the abuser;
- Fear of not being believed if they were to tell.

In the website analysis, in marked contrast to previous research, professionals were more often mentioned amongst people the young person had told, followed by friends then family. Mothers were most often mentioned amongst family members.

Responses to the posts often recommended that the young person should tell someone. The main people whom it was suggested the young person told were: professionals (suggested 160 times), family (suggested 60 times) and friends (suggested 36 times). Teachers and school based support featured more than other professionals.

In the interview analysis young people discussed various motives for telling – these included stopping the abuse, getting information and advice, emotional support, medical help or acquiring

practical strategies to minimise harm. Some sources of help were considered to have a single role, for instance the police to stop the abuse or a doctor to provide medical support. Teachers, social workers, and youth workers were viewed in a more holistic way, featuring more often across the various categories of support.

Four themes around the process of telling emerged from the interview study; remaining **hidden**, exhibiting **signs and symptoms**, **prompted telling** and **purposeful telling**. The first two of these possibilities involve the young person not speaking out verbally about abuse. Being **hidden** might involve actively avoiding telling (hiding a situation from others or denying there is anything wrong) or passively not telling because the young person did not recognize there was a problem, or because no one asked. Hence it is possible to be on the spectrum of telling whether or not the young person recognizes there is a problem.

A young person may come to the attention of others through **signs and symptoms**, often the young person's own behaviour which can lead to them being labelled as a problem rather than a young person with problems. Signs and symptoms could involve externalising behaviours, such as violence to others or to property, or internalising behaviours, such as self-harm. Sometimes an incident such as police being called to a scene of domestic violence brought the young person to the attention of services.

The third possibility moves from a young person not telling verbally, although they may show signs that they are struggling, to the young person themselves telling verbally. **Prompted telling** could happen due to an initial sensitive response from a professional to the young person's sign or symptom, or it could be a result of the young person having built sufficient trust in a professional over time to begin to talk. Sometimes young people hinted at their situation to test out a professional's response and only gradually let them know more about their situation.

The fourth possibility is **purposeful telling**: this involves the young person recognizing the situation and deliberately approaching someone to tell. Within this category young people had differing strategies about choosing who and how to tell. Some approached a service with a remit for stopping abuse directly, such as the police. Others approached a professional knowing that they would pass on the information to other services. Purposeful telling could be extremely difficult emotionally and some people rehearsed strategies with helplines or by writing things down for themselves. Face to face telling could be difficult even with a trusted person in mind. One alternative strategy talked about by young people in both the website analysis and the interview study was handing over a letter to a trusted professional for them to read when the young person was not there.

In the focus groups practitioners echoed this analysis. They said that it was important for professionals to notice children's distress through their behaviour (signs and symptoms) and not to put the responsibility on a child of any age to tell about abuse. They noted that if children are asked questions sensitively they may then tell (prompted telling). Practitioners felt that a young person's choice to tell a professional would depend on the availability of someone they trusted, often in school.

Help

Overall research in the literature review suggested that the personal qualities of professional helpers were central for young people who conferred trust on individuals, rather than on agencies. Personal attributes in the helper linked with the helper's way of working were valued, and included reliability, privacy, continuity and power to act and change the situation. The main message from many articles was the importance of a trusted and consistent worker and of a trusting relationship. Other aspects valued by young people included: confidentiality, clear information, explanations and advice, being listened to, kindness, sympathy and caring, competence/experience and not being patronised. Young people disliked feeling intruded upon, and being interrogated as a source of evidence. Young people were also dissatisfied when they lacked information, when they did not understand the child protection process they were involved in or felt that their views had been misrepresented by social workers. Young people sought to have an influence on the child protection process and the chance to make decisions themselves. Services' being accessible was important both in terms of location, opening hours, and being able to access the service for as long as it was needed.

The interview study lends further support to existing research literature with trust emerging as a central issue. Young people highlighted aspects of professional relationships which were felt to promote trust and these included duration of the relationship, being believed, not being judged and closeness. Other qualities of helping people that were important were being knowledgeable, able to offer effective support and working in accessible and available services.

The initial response to telling could result in a number of types of help. For example a young person who came to the attention of services because of criminal damage might receive anger management relating to that presenting behaviour. Alternatively there might be a more holistic response which picked up on underlying issues of abuse or neglect. There were positive experiences of help where young people experienced emotional support, information and advice, and were helped to stop the abuse and/or given strategies to minimize the harm. There were also responses from services that were experienced as less helpful, where telling resulted in additional distress for the young person, for example they felt overwhelmed and out of control with too many professionals getting involved, or they were referred to a time-limited service or put on a waiting list. For some of the young people age limits for services were an issue. They lost support because they aged out of a service rather than the service coming to an end because the young person no longer needed it.

The research team specifically examined whether confidentiality could be a barrier to telling. Confidentiality of services was a valued attribute of services and young people in the interview study acknowledged that the thought that a professional might pass on information could be a barrier to talking. This was particularly likely where young people had previous negative experiences of information about them being passed on. However, most young people thought that in some circumstances it was right for professionals to pass on information without the consent of the young person. It was essential that this was done in a transparent way, and discussed openly

with the young person. The way in which that conversation was handled could make a real difference. Although breaching confidentiality could result in a loss of trust and a feeling of betrayal, there were equally cases where the sensitive handling of this issue led to a greater degree of trust in the relationship between the young person and professional because they appreciated that the worker cared enough about them to take action. Young people's views about breaching confidentiality were related both to how it was done and whether they had experienced positive help as a result.

Practitioners in the focus groups echoed young people's views in the interview study, arguing that it was essential to be open about the limitations of confidentiality with young people, and keep them informed and reassured about what would be happening. Practitioners thought that young people might talk to people in authority because they wanted responsibility taken out of their hands, even though they asked for confidentiality.

Risks to the practitioner were highlighted if information was not passed on to children's social care. There was a fear of being blamed if the professional had not passed on information and something terrible happened to the child. This fear meant that some practitioners felt they had limited discretion to exercise judgement about whether and when to pass on information.

The research explored how young people use friends and family as sources of support. The literature review suggested that young people are more likely to tell a friend or family member than a professional. By contrast our findings suggested considerable reticence about confiding in friends. The website analysis found that a large number of disclosures had been made by young people to professionals. Young people said that they were not always believed by friends and family when they did confide. In the interview analysis young people said they did confide in friends that they could trust but they were extremely careful about choosing who and what to tell. Many of the young people had no friends that they could confide in, and thought that peers were extremely likely to gossip. The young people in the school based focus group also suggested that the issue of telling friends was complex. Young people might want to distract themselves by visiting friends, rather than wanting to confide in them. Some young people (in both the interview study and focus group) did not want friends to worry about them and felt that it would be a big responsibility to place upon a friend's shoulders.

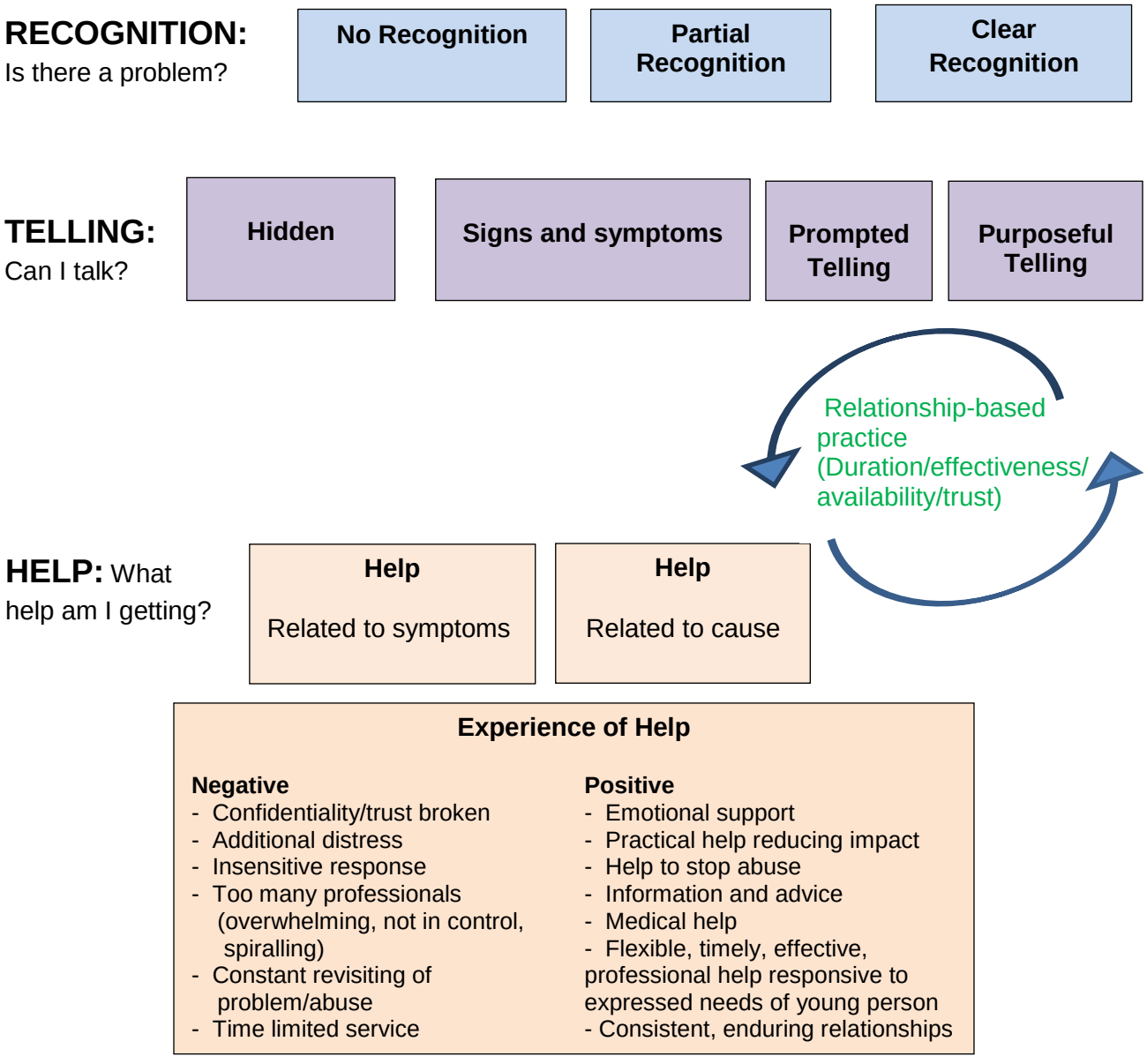
Friends are undoubtedly an important source of support for young people. Professionals in the community focus group noted that friends might first be alerted to a difficulty because the young person posted something on Facebook or other social media. In some cases friends were an important link in a chain of telling, which went from the young person to a friend to the friend's parent to a professional. The parents in the focus group said that the school would be their first choice of service to approach to get support for friends of their children.

Several barriers to help were identified by practitioners. These included practitioners' doubting whether all school staff had the skill, confidence or training to speak with children about abuse. Other barriers included a case being closed at the point of contact because children backed up their parents' assertions that things had improved. High thresholds presented challenges in getting early

help and meant that practitioners in universal services felt they had to wait for problems to mount up or get worse before a referral would be accepted by children's social care. Strategies to get referrals accepted included sending repeat referrals to children's social care, or using police or other referral routes. A child's age posed a barrier to getting help when they were deemed too young to get a service without parental agreement but too old to be considered at high risk of harm.

The findings from the study were used to generate a conceptual framework for understanding recognition, telling and help from the point of view of the child.

FRAMEWORK FOR UNDERSTANDING RECOGNITION, TELLING AND HELP



'It takes a lot to build trust'. Recognition and Telling: Developing Earlier Routes to Help for Children and Young People

The framework contains three distinct components which can make sense of children's and young people's experiences. Importantly it is non-linear so that a child's progress is not solely from the top level (recognition) towards the bottom (receiving help). Individual young people experiencing problems of abuse and neglect can follow different pathways. Crucially recognition often occurs as a result of conversations with others. Thus clear recognition does not always happen before telling or receiving help, but can sometimes be a result of help received.

One logical pathway would be that a young person **recognizes** the abusive situation, **purposefully tells** someone about it and then receives **help**. However, in the interview study this was a rare occurrence. In fact most of the young people in the interview study followed a pathway beginning either with **not recognizing** or **partially recognizing** their situation and first came to the attention of services though the '**signs and symptoms**' route for telling. Their pathways were complex and positive and negative feedback loops were possible. A young person who tried to tell might receive help relating to the abuse, or they could conceivably find that their case was closed and no service was offered. They might get help with the presenting problem that did not get to the heart of the underlying abusive situation.

Where young people experience repeated dead ends over a period of years they may become less likely to tell and less likely to recognize that they need help. Negative experience of support, including professional intervention earlier in childhood, had an effect on subsequent recognition and telling – a vicious circle which could encourage extreme self-reliance and compound the effects of abuse. Alternatively, young people might receive a sensitive initial response to the **sign or symptom** which could lead to **prompted telling** and then to receiving **help** about the underlying abuse. Sometimes **recognition** came last, a significant time after receiving help. A positive experience of services encouraged a virtuous circle leading to the young person becoming more likely to tell in the future and also being more likely to recognize and understand harmful situations.

Given the complexity of the young people's histories a young person might experience several journeys through the framework over the course of time. Even where help is received and effective that young person may continue to need help or come to need help again at a different time.

APPLICATION OF THE FRAMEWORK OF RECOGNITION, TELLING AND HELP

The framework could be used to help to understand the complexities of recognition, telling and help.

- The framework could be used in training to help practitioners and managers to be mindful of what might be going on for a particular child or young person who comes to their attention because of their behaviour, and consider the possibility that there is an underlying problem; to understand why a young person might not tell, might actively deny there is a problem, or might delay telling; to understand that their own responses may be crucial in allowing a child to recognise, tell and keep on talking.

- It could be used in working with young people, as a way to talk through what is going on and what might hinder them from getting help.
- The framework underlines the importance of understanding the child's past when making an assessment. This includes not just what is known about their experiences within the family, but the history of their involvement with services, what that has been like from the child's point of view, and how that will impact on their willingness to trust and talk to professionals.
- The framework draws attention to the needs of young people already getting help who may be well known to services, who may be in care, or have been in care in the past, and who may still need help to recognise and talk about what has happened to them.

IMPLICATIONS FOR POLICY AND PRACTICE

Practitioners and line managers working with children and young people:

- Be curious and concerned about young people who appear to be struggling, think about the meaning of their behaviour and demeanour, and provide help.
- Be aware of the reasons why children and young people might avoid telling or deny that there is a difficulty when directly asked. Practitioners should not rely unduly on children telling them verbally before providing help.
- Be aware of barriers to telling about abuse and be ready to support young people through the process of prompted telling. Practitioners should be mindful that telling may be emotionally difficult, delayed and tentative and that young people weigh up the advantages and disadvantages of speaking out.
- Young people may be encouraged by a sensitive but persistent response from a practitioner conveying care.
- Support practitioners to balance the following of procedures with the skilled use of professional judgement when making decisions about when and how to pass on information, and ensure they receive good quality supervision where these issues can be discussed and issues recorded.
- Include young people in discussions about when and how to pass on information. Practitioners may need support and training to develop confidence in discussing their concerns, and what might happen next, with young people and their families.
- Encourage young people to be part of a cultural debate about healthy relationships, so that they are empowered to discuss abuse (such as peer sexual abuse) which may not be high on the adult professional agenda, or which may be largely hidden. Schools, school nurses and sexual health provision, youth work and arts projects could engage young people in such discussion.

Schools and colleges:

- Value and promote a culture of safeguarding so that child protection is seen as everyone's responsibility.
- Include in the curriculum a range of ways to address relationship and sex education and encourage young people to debate healthy relationships, so that they feel more able to discuss abuse.
- Include discussion about abuse and neglect in the primary, secondary and further education curriculum. This could be taught as part of PSHE in secondary schools. Such teaching should involve discussion about the psychology of abuse and common feelings that children and young people might experience which act as barriers to recognition and telling.
- Provide clear information for children and young people about to whom they can talk and how they can get help.
- Provide clear information for children and young people about what might happen next if they tell about abuse and neglect.
- Provide information about how children and young people can support friends who disclose abuse, and how to manage the dilemmas that might arise for them if they think a friend is being abused.
- Make information available for parents about 'what to do if you think your child's friend is being abused'.

Children's and Youth Services:

- Consider the impact of cuts to pastoral support and youth services on the most vulnerable young people in the community, who may be thus denied an important avenue of support, encouragement to tell and early help.
- Provide information via websites and social media about how children and young people can get help for themselves, and/or support friends who disclose abuse.
- Consider ways in which children and young people could be encouraged to self-refer to children's social care and track the outcomes of these referrals.
- Consider having liaison social workers linked to specific schools.
- Support professionals to balance following procedures with the skilled use of professional judgement when making decisions about passing on information.
- Make young people's views of services a routine part of service evaluation, guided by their ideas as to how this can best be done.

Conclusion

The findings and the framework for understanding recognition, telling and help presented here have implications for a range of practice contexts. The study has provided an insight into young people's experiences of recognition and telling and highlighted the interplay of rational and emotional factors. Specific practice interventions are suggested by the findings and can be linked to specific areas of the framework, for example education to improve recognition, or providing services which facilitate trust to encourage prompted telling. Young people's experiences of the help provided are also of key importance since without an effective service response strategies to improve recognition and telling will ultimately prove of limited value.

The process of carrying out the study and its innovative design, involving young people as researchers, has helped us to understand more about why abuse and neglect can remain hidden. It has enabled us to challenge the current orthodoxy of young people preferring to tell friends rather than a professional about abuse. This should give practitioners a renewed sense of the value of building trusting relationships with children and young people and alert policy makers to the imperative of giving children access to adults they can trust at school, in the community and in specialist services.

RECOMMENDATIONS FROM THE CHILDREN'S COMMISSIONER

For Children's Services

1. Services should be structured to maximize the potential to build and sustain lasting trusting relationships between practitioners and young people.

2. The qualities which young people have identified and the good practice which will promote children and young people's access to help and support should be promoted and used in training and professional development for practitioners and managers.

3. Make young people's views of services a routine part of service evaluation, guided by their ideas as to how this can best be done.

For schools and colleges

1. Ensure all staff are trained and have continuing access to support, information and professional development, in the light of the significance of school staff for young people telling about abuse and the messages from this research.

2. Include in the curriculum a range of ways to address relationship and sex education and encourage young people to debate healthy relationships, so that they feel more able to discuss abuse.

For Health and Wellbeing boards

1. Identify and assess, as part of the Joint Strategic Needs Assessment, the level of need for children and young people to access advice and support to receive on-going support services to deal with the impact of abuse.

2. Ensure that effective services are commissioned as a matter of priority in the local area.

3. Insist upon good liaison between children's and adult's services so that there is effective management of the transition for young people beyond the age of 18 and in order for this cohort to be able to access post-abuse support and therapy.

For Local Children's Safeguarding Boards

1. Co-ordinate regular analysis about thresholds and referral practices and the implications of these for the safety and wellbeing of children and young people.

2. Address the implications for partner agencies of the messages from this research and incorporate these messages in local training programmes for practitioners, managers and supervisors.

3. Ensure consistent local provision of a) information to young people about what might happen if they tell about abuse and neglect; b) how young people can support friends who disclose abuse; c) information to parents via schools about 'what to do if you think your child's friend is being abused'.

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INTRODUCTION

The research was prompted by a concern to improve access to protection and support for children and young people at risk of harm. The government commissioned Munro Review of Child Protection (2011) argued that a child's journey from experiencing problems to getting effective help should be at the heart of the child protection system. It stressed the importance of an offer of early help for children and their families. The research was prompted by a concern to improve access to protection and support for children and young people at risk of harm.

The arguments for the value of early help stem from two lines of evidence. Firstly, there is longstanding and widespread international agreement that readily available early help for children and families can stop problems escalating and prevent maltreatment before it occurs (MacMillan 2010, Laming 2003, 2009). Secondly and compellingly, we know that harm from maltreatment is common but often hidden and that most children in need cannot easily access services (Harker et al 2013, Brandon et al 2012). An international review of population based surveys found an incidence of abuse and neglect in 4-16 per cent of children in high income countries (Gilbert et al 2009). These two arguments point to the importance of early help because it can reach out *both* to children whose maltreatment has not been brought to the attention of services, *and* to those whose situation does not meet the threshold for statutory intervention (Davies and Ward 2012:57 emphasis added).

The new guidance in England, Working Together to Safeguard Children (HM Government 2013) endorses the child centred approach recommended by the Munro review emphasising that services should be based on a clear understanding of the needs and views of children.

> Anyone working with children should see and speak to the child; listen to what they say; take their views seriously and work with them collaboratively when deciding how to support their needs (HM Government 2013:9).

This child centred approach is supported by UK legislation (for example the Children Acts 1989 and 2004, and the Equality Act 2010) and by the United Nations Convention on the Rights of the Child which recognises children's rights to expression and receiving information.

However, there are some tensions in contemporary policy and practice in England with regard to offering early help and working collaboratively with children, especially when they might already be experiencing abuse and neglect. The requirement (Working Together 2013:13) for any professional to make a referral immediately to children's social care if a child has suffered or is likely to suffer significant harm potentially limits children's opportunity to have a say and collaborate in this stage of the helping and protection process. Another tension is the issue of prioritising early help. Claims for maximum effectiveness for early intervention can emphasise providing services at the earliest stages of life rather than for older children (Allen 2011, Barlow and Scott 2010) but there are powerful arguments for meeting the hidden needs of older children at an earlier stage (Rees et al 2010). Austerity measures and cuts to local authority budgets bring these areas of debate into sharp focus. The on-going debate about retrenchment and reconfiguration of services to make the best use of resources makes this study very timely.

CHAPTER 1: METHODS

The research team

An essential part of the study was that the research team included a number of young researchers with experience or knowledge of the topic, aged between 16 and 24. As well as being intergenerational the research team as a whole were of differing age, sex, ethnicity, care experience and educational backgrounds. Initially ten young researchers were recruited through an open call. They each had different levels of experience and expectations of doing research. By the end of the project six remained active. They all received research skills training and were supported throughout the research process primarily by adult members of the team and secondly by statutory or voluntary agencies involved in their lives. This ensured that their welfare was protected and that they were able to contribute to the project throughout (see Sharpe, 2012, Cossar and Neil, 2013). The young researchers came from the two main research sites which gave the whole team partial insider knowledge of the sociocultural environments in which the study was being undertaken. The young researchers were able to use their own depth of experience, interest and skills to ensure internal validity in each stage of the research process. For instance, they helped to refine the design of the research tools and materials, and were heavily involved in data collection, analysis and dissemination of findings. They provided excellent ethical oversight at all stages and their insights have made a significant contribution to the analysis and development of the framework presented in this report and in the implementation. The intergenerational team worked together and overcame logistical and intellectual challenges to ensure that children's and young people's perspectives and voices were taken into account in all stages of the research process.

Research questions

The research was based on the premise that children's and young people's perspectives on the recognition of abuse, neglect and family problems, and their perspectives on telling, will assist in the identification of improved services to protect them. The research aims were as follows:

- To examine young people's perceptions of abuse and neglect, and to explore their experiences of telling and getting help from both informal and formal sources.
- To use this knowledge to make suggestions for practice that would improve access to support following abuse.

Research questions included the following:

- How do children and young people think about and classify their experiences as abuse and neglect?
- How do children and young people tell about the problems they are facing?

- Are there differences between intra- and extra-familial abuse in relation to children's and young people's recognition and disclosure of abuse and neglect?
- What do young people view as the main obstacles to telling about abuse and neglect?
- What services and approaches do young people think will make it more likely that children tell about abuse and neglect?
- How significant are young people's concerns about the management of confidentiality?
- What support do children and young people need if a friend tells them that they are suffering abuse?
- What are young people's views about support services?
- How do family members experience support services for children?
- What are family members' experiences of confidentiality when they use support services?
- How do practitioners at different levels of intervention provide support to young people with abuse and neglect?
- How do practitioners feel that access to support services could be improved for children and young people?
- What do practitioners feel are the strengths and weaknesses of existing policies and practices about managing confidentiality?

Study design

The study consisted of a number of different approaches including:

- A structured literature review about children's and young people's recognition and disclosure of abuse and neglect and on children's and young people's views of services.
- A content analysis of an online peer support site where young people post and respond to problems involving abuse and neglect.
- An interview study with thirty vulnerable young people, aged between eleven and twenty.
- Six focus groups conducted separately with children, young people, parents and practitioners involved in working in different tiers of service for young people.

A note on terminology

The term 'young people' is used throughout the report to refer to participants aged 11 to 20. The young people participating in the research spoke not only about what was happening to them currently but also referred to events earlier in childhood. Where the findings pertain specifically to adolescents and young adults we have used the term 'young people'. The broader terms 'child, children, and children and young people' are used where the findings would apply across the age range of childhood.

Ethics

NHS ethical approval for the study was granted and the study was also approved by the UEA School of Social Work Ethics Committee and by research governance procedures in the participating local authority. Ethical issues relating to the different parts of the study are discussed further below.

The literature review

Two structured literature reviews were undertaken that followed some aspects of systematic review criteria (Stein et al 2009, Daniel et al 2010, Biehal 2007). The advantage of systematic reviews are that they have clearly specified topics of interest, a search strategy to identify all relevant studies and clear criteria regarding study content and the appraisal of study quality. Explicit and transparent criteria for inclusion are specified in advance in a review protocol. The disadvantage is that they can exclude material that does not meet the stringent criteria for appraisal, which could provide helpful conceptual or other learning. For this reason the peer-reviewed articles were supplemented by a search of the grey literature, including some important reports carried out by major children's charities.

The first literature review related to what children classify as abuse or neglect; how they tell about the abuse; and how they seek help. This literature search yielded 71 peer-reviewed journal articles, which were included in the review; full details of the methodology employed in the literature search are given in Appendix 1. The second literature review concerned young people's views of professionals and support services, and this search yielded 97 articles and reports which were included in the review. Details of the methodology of this second literature review are given in Appendix 2.

The content analysis of the internet forum

The content analysis examined an online peer support website for young people focusing on topics about abuse and neglect. The website invites young people to post their problem under four headings of 'Emotional Abuse', 'Neglect', 'Physical Abuse', and 'Sexual Abuse'. Young people could also select other problem categories on this site including bullying. While bullying was by far the most popular subsection with more threads[1] than the next most popular category, sexual abuse, the analysis was restricted to the four key maltreatment categories recognised in national guidance and legislation.

The website is publicly available but young people must register to use it and choose a pseudonym for their online identity. Participants are anonymous. The forum is moderated by adults and each

[1] A thread consists of an initial post from a person and all the subsequent replies.

post is checked before being uploaded to the web, with efforts made to try to ensure that the site is used by young people rather than adults posing as children. It was assumed, in the absence of any indication to the contrary, that messages (and replies) were posted by young people and that their problems and queries were genuine. The moderators make a judgment as to the suitability of the content and occasionally they may redirect a post to a different area of the website if they think a young person will not get any replies because of where they have chosen to post their problem.

Ethical considerations

The organisation running the internet forum service gave their consent to, and approval of, the research study of the posts, and additionally the organisation provided access to relevant strategic staff who offered expertise and insight into the operation of the internet forum, and the safeguards they put in place. The study was a purely observational one, with the participants in the forum being unaware that posts were being observed, and thus unable to give explicit consent to participation in the study. The key ethical question raised by this use of 'internet mediated research' is the distinction between a public and private space, with those posting doing so in a private space, although they know that their messages will be posted in a public space to be read by strangers. Indeed they may have chosen this medium precisely because strangers (rather than family or friends) are being told information that they do not feel comfortable or safe revealing to people they know. The site contains a disclaimer that suggests that messages may be used for fundraising or promotion. Quotations used were carefully selected to ensure that they did not contain any potentially identifying information and checked to ensure they could not be traced to the source using a search engine. While the young people were not aware that posts were being analysed, no deception was involved. The researchers did not post any information or intervene in the site.

The sample

The sample data was accessed on a single day, and included 261 threads posted up to and including that day. The sample of threads should not reflect any significant recruitment bias. However, some caution should be exercised in making generalisations from this set of posts to the experiences and actions of other young people experiencing abuse. Those posting had chosen to use an internet forum to seek information and/or help and may not be representative of the wider population of young people experiencing abuse. Of those using the internet forum who identified their gender, the majority were girls, echoing previous research on the use of helplines and internet sites (Vincent et al, 2004, Franks et al, 2005). It was not possible to disaggregate the findings by gender, although where possible discrete themes affecting boys were identified. It was not possible to determine the age or ethnicity of those young people who had posted the messages, apart from in a small minority of posts where the young person chose to reveal this. No analysis by age or ethnicity could thus be undertaken. The website was open to all, but access to the internet, a degree of IT competence, and a certain degree of literacy were needed. Some young people, for

example disabled young people with specialist communication needs, might be less able to gain access.

The internet forum is a secondary data source - and the researchers were not therefore able to probe the data further, in a way that was possible during the interviews and group discussions. A strength of this source was that it offered researchers a form of online naturalistic observation, observing how young people communicate and support each other around questions of abuse. It was an excellent resource for examining how young people recognise abuse and neglect, since one important function of the site was discussions of exactly this issue. One limitation was that in quantifying the frequency of themes occurring, we know only what the person chose to mention; we could not infer that if, for example, the young person did not mention a particular barrier to telling, that it was not a factor for that individual. Despite these limitations, the large number of threads analysed and the richness of the discussion therein does permit us to draw a number of interesting messages from the data, and to triangulate the findings from the interview sample.

Analysis

A coding guide and datasheet were developed based on a preliminary analysis of a number of threads, and young researchers were consulted and involved in developing the datasheet. Each thread was coded by a researcher using the datasheet, and these datasheets were then entered onto SPSS for statistical analysis. Twenty-five per cent of the threads were double coded by two researchers to check for inter-rater reliability. In addition, 78 (30%) of the threads were double coded by adult and young researchers. A further qualitative analysis of the threads using thematic analysis was then undertaken to elucidate key themes. The young researcher group met twice to discuss the qualitative analysis of the threads, using several threads as the focus for discussion.

The Interview Study

Recruitment

Young people between the ages of eleven and twenty who were identified as vulnerable by a professional working with them were recruited to the study. The participating agencies were an integrated team in a shire county and a London based voluntary organization. The aim was to speak to young people who might be deemed to be at risk, but who were not currently involved with child protection services. We did not have access to case files or to any other professional account of involvement. Our interest was in the sense that the young people made of the problems they encountered and their experiences of talking and getting help.

Different recruitment strategies were used with the participating agencies. In the shire county participants were recruited through the integrated team, which is a multi-agency team working with

young people with identified needs who do not meet the threshold for children's social care involvement, although they may have done so in the past. Agency workers identified young people fitting the criteria for the study and the flyer and covering letter for the young person were sent in a letter addressed to the parent. Follow-up phone calls were made by local authority workers who passed on the names of young people who were willing to take part in the research to the research team. The follow-up phone call was crucial as the vast majority of participants were recruited at this stage. Young people were interviewed in their own homes at a time convenient to them.

In the urban voluntary organization young researchers who had been involved in designing the interview materials and fliers recruited young people who attended a post-16 educational and life skills centre, run by the organization. The centre is specifically designed to meet the needs of young people who reject or have been rejected from other educational facilities due to their complex emotional or behavioural needs. The young researchers used their own networks and contacts to identify young people who were interested and willing to take part. The young people using the project aged 16 and over were judged able to give consent to take part in the interviews without requiring parental consent. Young people were interviewed at the centre.

Data Collection

All the young people taking part completed a computer based questionnaire asking them to self-report problems associated with abuse and neglect. There were 17 questions on the questionnaire which was adapted from items used in the NSPCC prevalence study (Radford et al 2011, Finkelhor, 2005). The questionnaire was filled in by the young person and an audio version was available for young people who preferred to listen than to read. The purpose of the questionnaire was to get baseline self-report data about abuse and neglect.

Activity-based interviews were carried out by adult researchers (Cossar et al, 2011). The interviewer took a box to the interview which included a number of materials. Activities included:

- A set of problem cards (see Appendix 5). These problems were adapted from the content analysis data and hence were grounded in young people's experiences and expressed in young people's language. These problem cards were used as trigger materials for a discussion of risk and of sources of support.

- There was a set of 'helping people' cards, labelled picture cards of professionals that might visit young people or whom young people might go to visit. These included a social worker, teacher, doctor, school nurse, police, CAMH, friends, family members and boyfriend or girlfriend. Extra blank cards were provided for others a young person might see. These were used in conjunction with the problem cards and then to talk about the young person's own experiences. Each young person chose the cards relevant to them and then picked cards in the order they wanted to talk

about them. This allowed the young people to direct the interview to some extent and also provided a visual prompt as to how long was left.

- A set of 'worry people' was used to find out what worries the young person might have and how they managed their worries.

- The young people were given the chance to write a message to put in a 'really useful box' about what professionals should think about when they are trying to help young people.

All the young people filled out a consent form before the interview started and were interviewed on their own. Consent from young people was viewed as an on-going issue and interviewers were sensitive to body language and other suggestions that a young person might be bored, distressed or had had enough. In addition they were provided with a 'stop/go' card which they could use to show that they did not want to answer a particular question or wanted to stop completely. The researchers were clear from the outset that they might have to pass on information if they were concerned about the safety of the participant or another young person, but that this would be discussed with the young person if it were necessary. The young people were provided with details of support organisations and the interviewers checked at the end of the interview how the young person was feeling and if they wanted help linking up with further support. The young people were offered a set of worry people, a certificate and a store voucher to thank them for taking part.

Interview sample and analysis

Twenty nine interviews were transcribed for analysis. One participant requested that the interview was not recorded, and instead notes were taken following the interview.

An initial coding guide was developed after three members of the research team independently undertook line-by-line coding of two full interview transcripts and compared coding used. Codes were developed inductively working from the data (Braun and Clarke 2006). As further interviews were conducted and analysed, codes were refined to fit the data, and themes developed. All transcripts were analysed using NVivo qualitative data analysis software (QSR International Pty Ltd. Version 9, 2010). Detailed case summaries were also constructed to take a holistic view of a particular individual, examine how different conceptual nodes were interrelated and to explore individual pathways to help. These summaries followed a standard format, recording the background and contextual factors relevant to each young person, accompanied by an analysis of their 'pathway to help'. The pathways incorporated:

- A chronology of the events described by the young person (their story),
- Notes on aspects of recognition and help-seeking behaviour,
- Notes on mediating factors (for example motives and barriers to telling, or the qualities of helping relationships).

Meetings were held between researchers, including the young researchers, at regular intervals to discuss and refine emerging findings and, ultimately, to develop a framework for understanding recognition, telling and help.

The Focus Groups

Recruitment

Six focus groups were held separately with children, young people, parents and three groups of practitioners. Information about the study was provided to schools interested in taking part and a researcher visited two potential schools to provide further information. Both schools subsequently agreed to take part. Letters were sent by the school to parents informing them of the study and giving them the opportunity to opt out if they did not wish their child to take part. The primary school identified one child, whom they thought it inappropriate to take part. The researchers visited the school and the consent of the children was sought, making it clear that this was not a school activity and that they did not have to take part. Practitioners were recruited by the shire county who sent information to practitioners about the study. Practitioners then contacted researchers to express their interest in taking part. The Family Focus Group was recruited via an existing parenting group for parents of adolescents. The research was discussed by facilitators with the group and those interested could then opt in to attend the research session.

Data Collection

The same trigger materials were used for the focus groups as were used in the interview study. This trigger material was adapted from the internet forum, grounded in young people's experiences and language. The scenarios presented situations linked to neglect, physical assault, sexual abuse, witnessing domestic violence and intimate peer violence, and the groups were asked to respond to them. Presenting a brief vignette allowed the groups to discuss concrete situations which led to a discussion of broader issues. Particularly for the children's, young people's and parents' workshops, this was a safe way of introducing sensitive material. The participants could then choose to what extent they explicitly drew upon personal experiences in the discussion. The older young people discussed all five scenarios and were asked to rank each one according to its seriousness on a range from 0 (not at all serious) to 10 (the most serious) and then to explain why they had made those choices. The younger children were asked to respond to different, simplified examples of neglect, physical harm, parents arguing and young people feeling unsafe in the community or of a child feeling uncomfortable when her mother's partner watched her shower. The children's workshops and the parent group extended the hypothetical scenarios in the light of their own views and experiences. The practitioner groups similarly extrapolated from the three scenarios presented to them to talk about their own experiences in similar circumstances and more generally.

For the young people's workshop, in addition to the vignettes, a film depicting a young person living with domestic violence and physical abuse was also used as a prompt for discussion. For the younger children's workshop a different set of activities was designed in keeping with their developmental stage and being mindful not to present material that might cause unnecessary upset or worry. These included an exercise about a sack of worries, and an exercise concerning a practical and emotional 'first aid kit' for the younger children to think about what helps them[2]. All materials used in the schools workshops were checked as appropriate with the liaison teacher in the high school and with the head teacher in the junior school.

All participants gave signed, informed consent before participating in the focus groups and workshops, including consent to audio-recording and transcription, and were asked to adhere to ground rules including respecting others' confidentiality. The ground rules in the school-based workshops were co-constructed with the children and young people and the researchers. The focus groups were led by two adult researchers while the two workshops were each co-facilitated by two young researchers working with two adult researchers. Working with young researchers aimed to change the dynamics within the focus group to encourage debate between researchers and children and young people on a more equal footing.

Analysis

The focus groups were recorded and transcribed. All transcripts were analysed using NVivo qualitative data analysis software (QSR International Pty Ltd. Version 9, 2010). A thematic analysis of the focus groups was undertaken. The focus groups were coded using the guides developed for the interview study, further refining the codes to develop themes specific to the issues discussed in the groups.

[2] The researchers would like to acknowledge the support of ChildLine in developing the workshop materials for the children's workshop, which were adapted from those used in the ChildLine Schools Service. The principal difference was that the current research aimed to explore children's understandings of abuse and neglect rather than being aimed to educate them about abuse and neglect.

CHAPTER 2: LITERATURE REVIEW

INTRODUCTION

The first literature review related to what children and young people classify as abuse or neglect; how they tell about the abuse; and how they seek help. The second literature review concerned young people's views of professionals and support services. The findings are presented below.

2.1 RECOGNISING AND TELLING ABOUT ABUSE

The literature review sought to include articles relating to abusive behaviours of a physical, psychological, emotional, neglectful and sexual nature, but it became clear that most of the literature concerned child sexual abuse. While the search criteria included reference to these terms of 'abuse', 'neglect' and 'maltreatment', 59 of the set of 71 articles (83%) related to childhood sexual abuse, either solely (in the case of 46 articles) or with reference, on occasions very cursory, to other forms of maltreatment (the remaining 13 articles).

One article included in this review (Palmer et al 1999) was unusual in addressing the complexity and overlapping nature of childhood abuse. This Canadian study of 384 adults from a broad spectrum of the public, who defined themselves as having been abused before they reached 16 years of age, reported between them 562 perpetrators of their abuse. Most experienced a combination of different types of maltreatment; physical, emotional and sexual abuse (45%), physical and emotional abuse (21%) or sexual and emotional abuse (17%). Indeed only 11% reported only sexual abuse, and the remaining 6% only emotional abuse. Neglect is not mentioned.

A small number of references, comprising 5 articles, addressed children talking about domestic violence in their families, and parental drug and alcohol misuse, which often touched upon their own needs as children being neglected. A further four articles addressed the more general topic of listening to children when they disclosed information, responding appropriately, respecting confidentiality and issues of consent. Two of these specifically examined the role of telephone helplines in potentially enabling young people to seek advice and/or help, one being an analysis of calls to ChildLine in Scotland (Vincent et al, 2004), and the other the differential use by girls and boys of three U.K. helplines (Franks et al, 2005).

Type of research – methodology employed

There appeared to be eight main and distinct types of research being reported:

I. Retrospective recollections by known 'adult survivors' of childhood abuse; thus by definition 100% of those questioned/interviewed have been abused in their childhoods.

II. Population samples, often of college students, to ascertain what proportion were abused, and for what proportion this was the first time they had disclosed that abuse. This methodology relies on self-reported histories. These studies can be very large, for example a high school questionnaire of over 4,000 students (Priebe et al, 2008) and 3,200 telephone interviews – Smith et al (2000).

III. Secondary analysis of reports of forensic interviews with children and young people who had made a disclosure of abuse, in order to identify patterns in that abuse. (For example records of police interviews with 10 children - Sjoberg et al, 2002.)

IV. Interviews with children and young people, known to have been abused. These are often small scale qualitative designs; for example 38 children (Petronio et al, 1996), and 18 children (Haight et al, 2007).

V. Interviews with population samples of children and young people in order to estimate the incidence of abuse and views on disclosure. This research can involve large samples; for example, Hanson et al (2003) interviewed over 4,000 adolescents.

VI. Research on 'keeping secrets' – hypothetical scenarios of wrong-doing for example – to determine why children keep secrets and what influences them to 'tell'.

VII. Literature reviews without any empirical element.

Definitions – what is abuse, and what is meant by disclosure?

What is meant by the term 'abuse'?

As previously discussed in section 2.1, most discussion related to sexual abuse but, crucially, there were differences in the way that abuse is defined. Hyden et al (2005) argued that *'there is no objective 'given' regarding the definition of sexual abuse. To be involved in the process of understanding and establishing an act as sexual abuse means being involved in a process of social definition'* (Hyden et al, 2005:57). She argues that adopting the standpoint that definitions of sexual abuse are socially constructed can shift the focus to developing ways of listening to young people and allowing their narratives to provide a point of departure. Some studies are based on what children themselves define as sexual abuse (Schaeffer et al 2011, Chan et al 2011). A study, which explored children's perspectives on child abuse, prompted discussion with the use of five vignettes, covering physical abuse, neglect, emotional abuse and sexual abuse. It was found that children did not have homogeneous views as to what constituted abuse, and while some views were akin to how adults would have regarded the incidents, in other cases they differed from adult perspectives (Chan et al, 2011). Children were least likely to recognise the neglect situation as abusive, and the vignette of emotional abuse elicited a range of different responses. A further study compared students' perceptions of child-on-child with adult-on-child abuse, again using vignettes to prompt the discussion (Giglio, 2011). The participants rated the child-on-child intra-familial abuse vignette as

less likely to be abuse, to be less severe, and assigned less blame to the perpetrator than for the adult-on-child (also intra-familial) abuse vignette. Male participants saw child-on-child abuse as less severe than did female participants.

The vast majority of the studies employ adult led rather than young person led understandings of what constitutes abuse. Kogan (2004) referred to *'unwanted sexual experiences'* or 'USE', which ranged in the type and seriousness of the sexual behaviours involved, and included exhibition, molestation and rape. The term used most often in the literature is 'CSA' – child sexual abuse, although the definition varied across studies (for examples see Smith, 2000, Ullman, 2007). Such differences make comparison of findings complex.

A major distinction can be drawn between intra-familial abuse and non-familial abuse, with some research making a sub-divide within the latter category of abuse by acquaintances or abuse by strangers. A few articles make a distinction between an adult perpetrator and 'peer abuse', for example focusing on violence in interpersonal heterosexual relationships among adolescents (McCarry 2009, Jackson 2002, Wekerle et al 2001).

What is meant by the term 'disclosing'?

The term 'disclosure' was open to differing interpretations, referring to one person conveying their experience to another, either at the time of occurrence as a child or retrospectively, including as an adult. Alternatively, it could more formally mean the giving of a statement with sufficient substance to enable police or social care services to determine whether a child had been harmed, an offence committed and whether a formal investigation was warranted (Jones, 2000). In addition to these two uses of the term 'disclosure', Ullman (2003) identified 'disclosure work' in therapy as an additional means through which adults recall and address childhood abuse.

Three frequently used categories of disclosure are discussed by Alaggia (2004); namely accidental, purposeful, and prompted/elicited (the latter being through investigative interviewing). This definition was expanded to include behavioural (running away, anger, withdrawal etc.) and indirect verbal attempts, disclosures triggered by recovered memories, and disclosures intentionally withheld. A categorisation of strategies of disclosure was suggested by Ungar et al (2009); 1) not talking at all to prevent intrusive interventions by others; 2) using self-harming behaviours to signal the abuse to others; 3) seeking help from peers; 4) seeking informal adult support; 5) seeking help from mandated service providers.

The likelihood of disclosure

A significant body of the literature attempts to provide a statistical background on the likelihood of disclosure, and whether it is linked to the type of abuse suffered, whether the abuser was within the family, the age and gender of the child and, in a small number of articles, the race and cultural background of the child. The person to whom the child is most likely to confide is also addressed.

The proportion of children and young people disclosing the abuse they have suffered

The literature includes not only accounts given by children/young people, but also retrospective memories and accounts given by adults about their childhood experiences. In general the disclosures concern sexual abuse. The nature of the studies varies considerably, and details of the type of research and some key references are tabulated below.

Table 2.1: Disclosure rate identified in a number of research studies

Nature of abuse	Disclosure rate	Nature of study	Author
Sexual abuse	Less than 25% whether perpetrator were an adult or a peer n=707	Archive of student recollections	Sperry et al (2005)
Sexual abuse	11% (13 from n=116)	Initial forensic interview reports	Sorensen et al (1991)
Sexual abuse	33% - from adult recollections Average figure from 11 studies, ranging from n=41 to n=3,220	Literature review of existing studies	London et al (2005)
Sexual abuse	37-42% of children disclosed within 48 hours: Review finding of Goodman et al (1992) n=218	Literature review of existing studies	London et al (2005)
Sexual abuse	42% had disclosed during childhood n=40	Retrospective adults' accounts	Alaggia (2010)
Rape	18% disclosed within 24 hours A further 20% disclosed within one year. 28% never told anyone n=3,200	Adult retrospective study	Smith et al (2000)
Unwanted sexual experience	24% disclosed within 24 hours A further 31% disclosed within one year A further 19% after a year 26% had never disclosed n=263	Phone interviews with adolescents who had reported 'USE'	Kogan (2004)
Physical, sexual or emotional abuse	32% who were abused by family members had reported the abuse while it was occurring n=384	Interviews with adults	Palmer et al (1999)

A number of variables were discussed which might be associated with the propensity to disclose harm. These are discussed in the following sections.

Type of harm

Hershkowitz et al (2005), reporting on a database of over 26,000 abuse allegations from 1998-2002 in Israel, found that disclosure was more likely for sexual abuse than physical harm. Other research found that disclosure was least likely where the form of maltreatment was neglect (Vincent, 2004). Stein et al (2009) and Hicks and Stein (2010) concluded that more needed to be done to raise awareness amongst young people about the meaning of neglect and its potential consequences, enabling them to seek appropriate support, and professionals needed to be better able to recognise adolescent neglect, in order to promote more effective responses to the needs of this group.

Duration of abuse has been found to be a factor relating to disclosure, for example one study found that young people who had experienced a single CSA event were more likely to have reported it promptly within the first month (Smith et al, 2000).

Age

Most research which examined the link between the age of the victim at the time of abuse and willingness to disclose found that disclosure rates increased the older the child (Hershkowitz et al, 2005; Palmer et al, 1999; Lippert et al, 2009; Kogan, 2004; Smith et al, 2000). Goodman-Brown and colleagues were unusual in finding that disclosure was delayed the older the child (2003); while London and colleagues (2005) in an extensive overview of the literature reported no consistent association between disclosure and age.

Gender

Research looking at whether the gender of the victim was linked to willingness to disclose has found that girls were more likely than boys to report sexual and other types of abuse (Hanson et al, 2003, Priebe et al, 2008, Lippert et al, 2009). Two studies of helplines in the U.K. found that they were used predominantly by girls (Vincent et al, 2004, Franks et al, 2005). By contrast, Paine (2000) and Goodman-Brown et al (2003) found no gender difference in the ultimate rate of disclosure, with Paine in fact reporting that the delay in disclosing was twice as long for girls as it was for boys (this being a reflection of the fact that girls suffered more intra-familial abuse than did boys, which was an inhibiting factor in disclosure). One literature review concluded that few studies found any gender differences in willingness to disclose, although those that did suggested that boys might be more reluctant (London et al, 2005).

Perpetrator

One key association that all the studies agreed upon was that disclosure was less likely, or delayed, when it was the parent who was the suspected perpetrator (Paine, 2000, Smith et al, 2000, Goodman-Brown et al, 2003, Kogan, 2004, Hershkowitz et al, 2005, London et al, 2005, and Priebe

et al, 2008). The only study (Foynes et al, 2009) to specifically mention other forms of abuse also found a link between non-disclosure and intra-familial abuse.

Barriers to disclosing

Closely linked to a discussion of the likelihood of disclosure, is identification of the barriers the child may face when contemplating disclosure. These may differ with the age, gender and cultural background of the child, and barriers to disclosing to family members may be different from those which militate against disclosing to professionals.

Certain researchers have developed categorisations of barriers to disclosure in relation to sexual abuse. Schaeffer et al (2011) categorise barriers to disclosure of child sexual abuse into five groups: threats made by the perpetrator (the child was told s/he would get in trouble if s/he told); fears (the child was afraid something bad would happen if (s)he told); lack of opportunity (the child felt the opportunity to disclose never presented); lack of understanding (the child failed to recognize abusive behaviour as unacceptable) and relationship with the perpetrator (the child thought the perpetrator was a friend). A qualitative research study by Collin-Vezina et al (2013) grouped the findings about barriers to telling according to an ecological model starting with the child at the centre:

a. *Barriers within the child*: including emotional barriers, repression and psychological coping strategies, lack of recognition and immaturity.
b. *Barriers in relation to others*: including dysfunctional family context, threats from perpetrator, fear of consequences of telling.
c. *Barriers in relation to the social world*: including labelling and stigma, taboos around sexuality, lack of service, cultural norms.

Such a typology is a helpful way of understanding the complex systemic issues surrounding children telling about abuse and the following summary of the literature loosely follows this structure. Most of the research cited related to studies of sexual abuse.

Recognition

The failure to recognise abusive behaviour as unacceptable was one factor impeding disclosure mentioned by Alaggia (2010). Adult survivors of child sexual abuse mentioned sexualised messages on television and in advertising, causing uncertainty as to what was normal, acceptable, or expected of a girl entering her teenage years. Studies of dating relationships amongst adolescents found that young people were ambivalent regarding what constituted interpersonal violence (Crisma et al, 2004, McCarry, 2009). In relation to domestic violence in households, McGee (1997) found that some children did not disclose this violence in the belief that it happened to everyone. Some children may lack adequate concepts to understand and describe the sexual abuse they have suffered (Sjoberg, 2002).

Emotional Barriers

Disclosure was also delayed if the child perceived him or herself to be partially to blame or responsible for the abuse. Feeling shame and embarrassment could be a barrier to disclosure (Palmer et al, 1999, Jackson, 2002, Hershkowitz et al, 2007). Palmer et al (1999) found that 62% of the 262 adults surveyed who had not previously disclosed their abuse as children, had to some extent felt *'that they deserved the abuse'* (p.269).

Home circumstances

Disclosure of sexual abuse was found to be delayed if there was domestic violence in the home (Paine, 2000), and if the child had never lived with both parents (Kogan, 2004). Children living in violent environments reported fear and anxiety in relation to themselves, their siblings and their mothers (Buckley et al, 2007). In line with these findings, there was a greater likelihood of the child telling if a primary caregiver or the home circumstances were supportive (Lippert et al, 2009, Priebe et al, 2008). A retrospective study of forty adult survivors of child sexual abuse found that disclosure was impeded by certain family characteristics; fixed gender roles and dominating fathers, chaos and aggression, other forms of child abuse, domestic violence, dysfunctional communication and isolation (Alaggia, 2010). Where sexual abuse occurred in a context of physical or emotional abuse and neglect, the distress was magnified. These other forms of child maltreatment were likely to contribute to an overall feeling of lack of safety, and create fewer opportunities for refuge and support (Palesh et al, 2007).

Fear of consequences

Fear of the abuser was mentioned by 85% of the respondents in a study of adults who had never disclosed childhood sexual abuse (Palmer, 1999). In interviews with over 200 victims of sexual abuse in the UK and the USA, Malloy et al (2011) reported that children spontaneously mentioned consequences of disclosure which they expected to befall themselves, notably physical harm. The fear of these consequences led to delay in disclosing the abuse. Other studies found that disclosure was less likely to occur if a sibling was thought to be at risk, if the child expected a parent to react angrily or to lay the blame for the incident on the child (Goodman-Brown et al, 2003, Hershkowitz et al, 2007). In relation to disclosing domestic violence in the home, it has been argued that children can perceive secrecy as a safe strategy (McGee, 1997).

In addition to a fear of exacerbating the abuse children may be reticent to tell because they fear the consequences for the perpetrator (Goodman-Brown et al 2003). These may include concerns about the perpetrator facing legal proceedings or jail (Malloy et al, 2011). In a study of English children living with domestic violence, ambivalence towards the abusive man (generally the father) was noted by McGee (1997). Children may be sensitive to the needs of their caregivers, and fearful of the consequences of disclosure for the whole family including the offender (Jensen et al, 2005).

Children also feared that they or their families would be stigmatised and ostracised, and that they would be rejected by friends and neighbours – this concern was also cited by children suffering

physical abuse and neglect in homes where there was domestic violence, and/or parents had drug or alcohol problems (Christensen, 1997, Haight et al, 2007, Buckley et al, 2007, Alaggia, 2010).

The fear of negative consequences was further refined by Ungar et al (2009) who found that young people feared the potential loss of control over decisions which affected them if they told.

Lack of opportunity

Lack of opportunity to disclose was discussed in research involving interviews with 22 children suspected of having suffered child sexual abuse. Children found that it was difficult '*to find situations containing enough privacy and prompts that they could share their experiences'* (Jensen et al, 2005:1395).

Cultural Norms

Cultural norms could deter children from disclosing abuse, and address notions of shame, taboo, modesty, honour and respect. Fontes (2010) discussed these concepts in relation to child sexual abuse across a number of cultural settings. Interviews in Italy with adolescent child abuse victims revealed shame, and a fear of causing trouble to the family, to be strong barriers to telling (Crisma et al, 2004). 'Family shame' and 'courtesy and face' were important concepts in a study of Hong Kong Chinese children suffering from abuse and neglect (Chan, 2011). African American young people and Hispanic girls have been found to be less likely to disclose sexual abuse than their white American peers (Hanson et al, 2003, London et al, 2005).

The under reporting of child sexual abuse in Britain's Asian communities was compounded by notions of honour/respect (izzat), modesty (haya), and shame or embarrassment (sharam), (Gilligan et al, 2006). The authors concluded, however, that practice based on generalized assumptions about ethnicities, cultures or religions, was to be avoided. There was some evidence that children, and particularly black children, disclosed secrets more readily to an interviewer of the same race (Dunkerley, 2000).

The person to whom the disclosure was made

Studies have found that the person to whom the victim confided varied according to the age at which the disclosure took place (Roesler 1994). Younger children were more likely to disclose to a parent, while adolescents were more likely to disclose to friends or other family members, and those who delayed disclosing childhood abuse until they were an adult, were likely to reveal this information to a therapist. This same pattern was confirmed in other studies. By the time the victims of abuse were at high school, disclosures were being made primarily to friends, who also provided support (Smith et al, 2000, Jackson, 2002, Kogan, 2004, Priebe et al, 2008). Vincent's analysis of calls to ChildLine Scotland (2004), where the modal age of callers was 12-14 years, found that those who had revealed the abuse prior to the telephone call were twice as likely to have confided in a friend than a parent.

Several studies have considered whether disclosures are more likely to be made to family and friends or professionals. The ChildLine study (Vincent et al, 2004) showed that only 9% of the callers who had disclosed their abuse had done so to a professional or authority figure. A study of 384 adults recalling childhood familial abuse reported that of the minority (32%) who had disclosed at the time, 41% told the non-abusive parent, 32% told another family member, 16% revealed the abuse to a neighbour or friend, and only 8% to a professional (Palmer et al, 1999). Priebe (2008) likewise reported that 9% of girls disclosed sexual abuse to a professional, although only 3% of abused boys did. School-based awareness programmes have been found to provide a safe environment in which to promote disclosure (Palmer et al, 1999: Baron et al, 2010).

One UK based study specifically addressed why young people felt that they were not believed when they reported abuse and/or neglect to a professional (Tucker, 2011). Five factors emerged; negative attitudes by professionals to them such as feeling they were treated as a 'problem' or 'troublesome'; they felt their families were similarly judged; they felt that some professionals weighed up the probability or likelihood of their story being true, and had the power to close down any further discussion or disclosure; they felt judged by professionals as to how they acted or what they wore, for example if it were 'revealing'; and a reluctance by professionals to believe them if the alleged abuser were well known, respected, or in a lead position within an organisation, such as a school, church or club.

Models of disclosure

Models have been put forward in relation to the process of disclosure of child sexual abuse. An influential model from a study of patient records of 116 children and adolescents who had been sexually abused, formulated a progressive and sequential process of disclosure, arguing that children did not disclose readily and completely at the initial investigation. Instead it was postulated that most children, when confronted, denied the abuse, and that this would be followed by casual or intentional disclosure. Subsequently around 20% would withdraw or recant, and the final phase would be reaffirmation (Sorensen et al 1991, 2000). Subsequent research, however, found that denials and recantations were rare, and that children and young people who made a disclosure did not 'progress to any other stage' (Bradley, 1996:34). In an extensive overview of the literature on child sexual abuse disclosure, which included a study of courts' handling of testimony and the likelihood/frequency of denial and recantation, it was concluded that *'the evidence fails to support the notion that denials, tentative disclosures, and recantations characterize the disclosure patterns of children with validated histories of sexual abuse'* (London et al 2005:194).

Staller (2005) argued that Sorensen's model conceptualised the process from an adult's perspective, and put forward a rather different stage process which instead incorporates the child's perspective. Staller's first phase is 'self' when the victim accepts that abuse has occurred and considers what the options about telling or keeping the secret are, including the likelihood of being believed. The second phase is 'confidant selection' involving the choice of person to tell, and the timing and location of the disclosure. The last phase is that of 'consequences', which reflect the

reaction they received from the confidant. Consequences can be both positive and negative, and will further impact on the young person's on-going strategies for further disclosure, and their ability to gain a sense of control over what happens to them as a result of the abuse.

The concept of confidant selection was further developed by Petronio et al (1997) who argued that children were strategic and logical in how they disclosed very private information. They suggested that children selected confidants in accordance with five criteria: a) the credibility of the confidant, that is how much trust the discloser can place in them; b) the supportiveness they can expect; c) the confidant as an advocate, able and willing to relay the information to those who could stop the abuse; d) the strength of the confidant as someone who can deal with the knowledge of the abuse (the child might worry, for example, about the effect of the news on her mother); e) the ability of the confidant to offer protection and a shield from feeling guilt or distress.

An interesting model of family dynamics, derived from the literature on child sexual abuse and family functioning, was presented by Kellogg (2002) who considered maltreatment and family dysfunction. She proposed a four-stage model of family types, each impacting on the likelihood of abuse, the person the child is most likely to turn to, and the prognosis for the child's recovery from the abusive experience. The family can be deemed to be 'safe and secure', where the child does not suffer intra-familial abuse, and any extra-familial abuse is more likely to be of short duration and less severe. Disclosure is likely to be to the mother, who believes the child's disclosure and acts promptly to protect the child from further harm. In the 'safe but insecure' family the child is not suffering intra-familial abuse, but the parents are 'adult-centred' and concerned with their own problems (relationship, substance use, mental health for example) and are consequently less able to and willing to respond to their child appropriately when extra-familial abuse is disclosed. Disclosure is more likely to be to a person outside the family, but prognosis is 'fair' although less good than in the first family category. In the 'unsafe and enmeshed family' the child is at risk of maltreatment by family members, typically an abusive father. While the child looks to the mother for support the mother is dominated by, and likely to be in fear of, the father. The prognosis for the child depends on the mother's response, and whether she is able to effectively challenge his behaviour. Finally in the 'unsafe and insecure' family, the child is not only at risk of harm from family members, but the dysfunction of the family, and the adults' concern with their own problems, renders non-abusing family members unavailable to offer protection to the children. The child is more likely to disclose (if at all) to someone outside the family, and the prognosis for the child is less good than in any of the other family-type categories.

2.2 YOUNG PEOPLE'S VIEWS OF SERVICES AND PROFESSIONALS

What young people value in professionals

The personal qualities of professional helpers have been found to be the main criteria by which young people judged a service, and they tended to confer trust on individuals, rather than on agencies (Hill, 1999). It can therefore be entirely logical for an individual young person to trust an

individual worker, but to distrust children's social care services in general. Effectiveness was also found to be important (Farnfield and Kaszap, 1998). What mattered was that the professional had the confidence and ability to make things happen, and this quality was more important that the actual profession of the person.

In a literature review of what qualities young people deemed important in professionals, and to lead to the development of a responsive and valued service, the following characteristics and aspects of service provision were identified:

Desired personal qualities of professionals

- Professionals listen
- Professionals are warm, easy to talk to, welcoming and friendly
- Professionals are kind, caring, sympathetic, understanding
- Professionals are not dismissive or patronising, and do not trivialise the child's concerns
- Professionals are non-judgemental and respect the young person's views
- Professionals are trusted and have time to build a trusting relationship
- Professionals are competent, experienced and qualified
- Professionals treat the young person as an individual.

Desired aspects of the service offered

- The service is confidential
- The young person is seen alone and offered privacy
- The young person is given sufficient time, and does not feel rushed
- The service is reliable and professionals are punctual
- The young person sees the same professional in subsequent appointments/meetings
- The young person is given a choice about who to see
- The professional is able to act on what the young person says
- The professional is able to keep the young person safe
- The young person is given good information and advice
- The young person is offered real choices as to what services are available
- The young person can participate in decision-making, and to some extent be in charge
- The service is culturally sensitive
- The gender of the professionals may be important, and the young person has a choice.

Desired characteristics of the service venue

- A secure base/venue in which the young person feels welcome, safe and supported
- Privacy
- Accessible buildings
- Accessible locations, with good transport links (where applicable)
- Flexible opening times including, if applicable, outside school hours and/or weekends.

The factors above include a mix of personal attributes ascribed to individuals, for example warmth, trustworthiness, sympathy, and being non-judgemental, with qualities attached to their way of working, for example, reliability, privacy, continuity of staff member, and power to act and change the situation.

One literature review explored adolescents' own views of their interactions with professionals who were mainly from a health background, for example doctors, mental health workers and other health-care professionals, but also included to a lesser extent social workers/care assistants, counsellors and educational psychologists (Freake et al, 2007). The qualities that young people valued in helping professionals were ranked. The review looked at views of helping professionals generally, rather than specifically in relationship to abuse and neglect. Twelve themes emerged repeatedly in the literature covered, irrespective of the actual profession concerned. The most frequently occurring themes were: confidentiality, clear information, explanations and advice, being listened to and kindness, sympathy and caring. These were followed by trustworthiness; competence/experience; not being patronised; and gender of professional (important in a medical context).

The main message to emerge from many of the articles was the importance of a trusted and consistent worker (Bell, 2002, Sanders and Mace, 2006, Wright et al, 2006, Rees et al, 2010, Cossar et al, 2011, Harris and Allen, 2011, Jobe and Gorin, 2012, Gallagher et al, 2012). Research on children's involvement with social care services noted that young people felt frustration when being assigned to new social workers, and having to retell and relive their difficult experiences (Jobe and Gorin, 2012). The central importance of relationships for young people when seeking and receiving help was echoed by Bell (2002) in her study of 27 children and young people who were involved in a child protection investigation in northern England. She concluded that a trusting relationship was the best way to promote children's rights and interests and that children and their families valued a combination of practical and emotional support. A similar conclusion was reached by Gallagher et al (2012) who conducted a literature review on children's and parent's involvement in social work decision making in the UK, and found that good, long-term relationships with social workers were crucial, and that continuity allowed trust, respect and consistency to develop.

A number of the articles note that children value 'friendly' professionals (Buckley et al, 2011, Carroll et al, 2011). McLeod (2010) explores this concept further in her study of 75 looked after children in England, suggesting that *'this poses a dilemma for workers who have a professional role to play that is quite distinct from friendship'* (McLeod, 2010:776). Through questionnaires and interviews she was able to refine the idea of a friend, as someone who was sociable, offered emotional support, and was honest, trust-worthy, reliable and non-threatening. Being a friend meant treating the young person as a person, and according them respect, thereby supporting the young person's autonomy and agency. Equality could be defined as the young person feeling 'equally valued as a human being'.

Studies focusing more specifically on vulnerable children experiencing domestic violence emphasize the importance for children and young people to know that key agencies (police, schools, refuges, social workers/social care staff, and community based nurses) would recognise and respond to their need for personal safety (Buckley et al, 2007, Houghton, 2008).

The promotion of young people's autonomy and agency has been argued to be important. When arguing for child-centred services for young people at risk of sexual exploitation, the importance of encouraging young people to make decisions and take actions on their own behalf has been emphasized, with professional support to do so (Jago et al, 2011). Research with children of alcoholics found that the young people wanted to be part of the decision-making about the steps of action to take in order to get help (Tinnfalt et al, 2011). A recurring theme in the literature is the need for good information and clear communication to be available, presented in an appropriate child-friendly format that the child can understand and use, and in an environment in which they feel comfortable (Bell, 2002, Houghton, 2008, Woolfson, 2009, Gallagher et al, 2011, Jago et al, 2011).

To some extent the non-desirable aspects of service provision, or of an individual worker, can be seen as the converse of the above discussion of desired service characteristics. Studies of young people's views of child protection services in the UK and Ireland have found a combination of personal, attitudinal and professional factors which have been unhelpful to young people. Young people could feel intruded upon, interrogated and seen solely as a source of evidence. Some find child protection procedures stressful and coercive. Dissatisfaction could arise from a lack of information and understanding of the process they were involved in, and feeling that their views had been misrepresented by social workers. The young people in these studies also often felt powerless to affect what happened to them next, and sought to have an influence on the process, and an opportunity to make decisions themselves (Bell, 2002, Woolfson et al, 2009, Cossar et al, 2011, Buckley et al, 2011).

Availability and accessibility

A number of articles discussed service provision from the perspective of the physical space used by the school, agency or organisation. Accessible buildings and accessible locations were important (Wright et al, 2006, Ingram and Salmon, 2007, 2010, Houghton, 2008, Hutchinson and St John 2012), together with the safety of the venue and surrounding area (Frost et al, 2010). Access and safety were crucial in a study of service delivery for young people in the UK who had experienced bullying, had learning difficulties or disabilities, or were young carers (Hartas and Lindsay, 2011).

Discussions of school-based sexual health services both in the UK and the United States, found that the privacy of the location was important, particularly to girls, who reported embarrassment if they were seen using the service (Ingram and Salmon 2007, 2010, Carroll et al 2011, Hutchinson and St John 2012). One study found a stigma attached to accessing school counselling services, resulting in a fear of being teased by other pupils, which again had implications for ensuring privacy for the young people when they accessed help (Fox and Butler, 2007).

Not only the location of the service but also the opening times and duration of the service were important in ensuring services could be accessed easily. Fox and Butler (2007) cited the inflexibility of a school counselling service being in school only one day a week, and found that young people would value having more counsellors and an increase in the number of sessions offered. Flexible opening times were important including recognising the need for support out of school hours and at weekends (Wright et al 2006, Houghton 2008, Frost et al 2010, Carroll et al 2011). Flexible appointment times or a drop in service were viewed as desirable (Jago et al, 2011, Hutchinson and St John 2012), although Ingram and Salmon (2007) noted that if no appointment was necessary there could be a trade-off in so far as waiting-times were longer.

Web-based and helpline support

Studies encompassed helplines or access to web-based information in a number of countries, and across a range of problems. They included social networking sites in the United States for sexual health education (Selkie et al, 2011), computer programmes/information in Australia to assist with depression (Fleming et al, 2012), email support for children (and their mothers) who were experiencing domestic violence (Constantino et al, 2007), an Australian helpline to support children who were being bullied (Danby et al, 2011), an Israeli helpline for eating disordered callers (Latzer and Gilat, 2005), use of the internet by Israeli adolescents for personal and academic problems (Gilat et al, 2011), use of the 'Reach Out' website for adolescent in both Australia and the United States to promote help seeking (Nicholas et al, 2004, and Burns et al, 2009, respectively), and the use of message boards by adolescents in the United States to solicit and share information related to self-injurious behaviour (Whitlock et al, 2006). Latzer distinguished between callers seeking 'emotional support' (listening and empathy) or 'instrumental help' (practical advice and information). The messages across these studies were:

- Adolescents want information that is easily accessible
- Adolescents want information that is trustworthy
- Adolescents find email interaction feasible and acceptable as a way of receiving support
- Internet and computer use is non-stigmatising and the user/caller can remain anonymous
- Helpline callers have control over initiating, managing and terminating the session; they appreciate the autonomy and agency this gives
- Callers do not confine themselves to the original purpose of the service, and are likely to request help in many aspects of their lives
- There are no geographic barriers to using an online service
- Services are not necessarily limited to certain times, and may be available 24/7
- Websites can increase young people's understanding of the problems they are encountering, and their knowledge of how professionals may be able to help them
- Boys, who might shun traditional face-to-face support, value and use internet information
- However, helplines and message boards are more likely to be populated by girls than boys.

Supporting boys and young males

There may be additional barriers to boys accessing help. Echoing the findings about boys being less likely to tell about abuse and neglect, a study of a school-based counselling service for 11-17 year olds in the UK by Fox and Butler (2009) found that boys were far less likely than girls to self-refer to the service. One study addressed the sexual abuse of boys in sport (Parent and Bannon, 2012). The power relationships within sport, where the authority of the coach was rarely questioned by athletes, or their parents, made it particularly difficult for boys to disclose the abuse and seek help from parents, friends or adult professionals.

One study investigated why it might be the case that it was harder to engage boys with services (Hutchinson and St John, 2012). They found that boys tended to equate help-seeking with a perception of weakness, and that this lost them status and respect among their peers, with whom they wished to 'fit in'. Anger was the dominant and (among peers) the most socially accepted emotion for adolescent boys to display, and this could lead to their needs being hidden and thus overlooked. Staff therefore needed to actively and sensitively support boys through the referral process and facilitate their attendance.

Services for black and minority ethnicity young people

Surprisingly the search criteria resulted in only two studies which discussed the use of services from the perspective of black and minority ethnicity (BME) young people. One study, that by Kurtz and Street (2006), addressed the perceptions and use of mental health services from the viewpoint of black and minority ethnicity young people aged 12 to 25 in England and Wales, and examined initiatives designed to improve the access to, and acceptability of, services for these young people. Barriers which impeded their access to services were identified and explored, and concerns related to racism and discrimination, confidentiality, family and community pressures, uncertainty about any help they might receive, and significant fears of the perceived stigma surrounding mental health difficulties.

Alizadeh and colleagues (2011) interviewed 10 school nurses/counsellors in Sweden who were counselling young women about problems related to protection of family honour, and honour-related violence. Counsellors and nurses reported a number of professional dilemmas, and felt constrained in the help they could offer. They found it difficult to include families in the helping strategies, and professional help often had to be hidden from the teenage girls' families.

Excluded and marginalised young people

Of concern were those groups of young people who, for a number of reasons, were already particularly marginalised, including those excluded from mainstream education, and young people who had run away. Rees (2011) in his third national survey of young runaways found that very few young people who ran away (around 1 in 20 or 5%) approached agencies for help while away from

home. He identified a need to reduce known barriers to help-seeking, including lack of knowledge and lack of confidence in professionals being able to help. By contrast, the report found that around 45% of runaways were known to informal sources of support – for example to friends (numerically the most important), friends' parents, relatives and neighbours – and that there was potential for these people to help young people gain access to the services they needed.

Particular barriers to inclusion for marginalised children have been identified in extended services, which arose from their being out of or excluded from school, living in families with notably complex needs and who were isolated within their communities, and living in locations where there were poor facilities and concerns about the safety of public areas (Frost et al 2010). Young people who are already marginalized and less likely to access services may be further excluded from the evaluation of services, and deprived of an opportunity to influence service development. Participation in policy and practice development can often be restricted to those young people who professionals have assessed as having the maturity and ability to engage easily (Horwath et al, 2012).

Chapter Summary

Two structured literature reviews were conducted. The first was concerned with how children classify abuse or neglect; how they tell about the abuse; and how they seek help. The second review considered studies of young people's views of professionals and support services.

Recognition

Most of the studies in the literature review were concerned with disclosure, rather than how children think about abuse and neglect. The few studies that examined how children conceptualise abuse found that children are least likely to recognise neglect and that abuse within the family by a child was rated less severe than abuse within the family by an adult. Some research on disclosure discussed issues of recognition including children thinking that what they were going through happened to everyone, and confusion around what was normal due to sexualised messages in the media.

Disclosure and telling

Disclosure rates in the studies ranged from 11% - 42% and disclosure was more likely to occur for sexual abuse than physical harm, and was least likely to happen with neglect. Disclosure rates increased with the child's age and girls were more likely to report abuse than boys. Younger children were more likely to tell a parent and older adolescents were more likely to tell friends or other family members. Disclosure was rarely made to professionals (less than 10% in any study). Disclosure was less likely if the perpetrator was a parent but children were more likely to disclose if their home circumstances were supportive. Barriers to the child disclosing included failure to

recognise abusive behaviour as unacceptable; feeling shame, blame or responsibility for the abuse and fearing the consequences of telling for yourself, your family or the perpetrator, particularly if the perpetrator is a family member. Young people also feared loss of control over decisions if they disclosed.

Helping services

Studies show overall that the personal qualities of professional helpers are central for young people who confer trust on individuals, rather than on agencies. Personal attributes in the helper link with qualities attached to the helper's way of working, for example, reliability, privacy, continuity and power to act and change the situation. The main message from many articles was the importance of a trusted and consistent worker and of a trusting relationship. Other aspects valued by young people included: confidentiality, clear information, explanations and advice, being listened to, kindness, sympathy and caring, competence/experience and not being patronised. Young people dislike feeling intruded upon, and being interrogated as a source of evidence. Young people are also dissatisfied when they lack information, lack understanding of the child protection process they are involved in and feel that their views have been misrepresented by social workers. Young people seek to have an influence on the child protection process and the chance to make decisions themselves.

CHAPTER 3: CONTENT ANALYSIS OF A PEER SUPPORT INTERNET FORUM

The content analysis of the internet forum offered an opportunity to examine how young people conceptualise abuse and neglect since much of the discussion concerned questions of whether or not particular experiences counted as abuse. The question of how young people themselves conceptualise abuse is rarely examined in research. The analysis gives an interesting insight into what young people themselves think counts as abuse and how they offer each other support in a virtual environment. The analysis identified barriers to telling and the consequences of seeking help. Many of the young people expressed the dilemma of feeling that the situation could not continue as it is, whilst not knowing what to do. For some the online community offered a stage for their first attempt at telling.

3.1 METHODS AND SAMPLE

Research questions

- How do children and young people think about and classify their experiences as abuse and neglect?
- How do children and young people make decisions about telling someone about the problems they are facing?
- Are there differences between intra- and extra-familial abuse in relation to young people's recognition and disclosure of abuse and neglect?
- How do young people use peer support on an online internet forum regarding experiences of abuse and neglect?

In total, 261 threads were analysed. One hundred and sixty two (62%) posters identified themselves as female, and 25 (10%) as male, while the remaining 74 people (28%) did not state their gender. The topic of sexual abuse had the highest number of posts (nearly half) and had the highest response rate. Neglect was the topic with the fewest number of posts. The number of threads posted to each category can be seen in Table 3.1.

Table 3.1: Type of abuse – and percentage of threads in each category

	Number of threads	% all threads	Mean number of people responding to the original post
Physical abuse	63	24%	2.1
Sexual abuse	125	48%	2.8
Emotional abuse	50	19%	2.1
Neglect	23	9%	2.7
Total	**261**	**100%**	**2.5**

3.2 RECOGNITION OF ABUSE

What problems were described?

A wide range of problems were posted under the different categories, varying in severity and duration. Some posts reported one off incidents, whilst others were seeking advice about enduring situations. For some the abuse was in the past, whilst in other posts it was on-going. Some young people posting their concerns seemed particularly vulnerable and described being isolated both at home and within the community.

The site was set up with pre-existing categories of abuse to choose from, but once a young person had selected a category their individual post could cover multiple problems spanning a number of types of abuse and neglect. For example cases of sexual abuse might also involve threats and intimidation, and hitting.

A coding guide (see Appendix 3) which included 23 items was developed by a preliminary analysis of 20 threads by two researchers, to reflect the range of problems. The remainder of the threads were then coded (two raters achieved 92% agreement independently coding).

The problems varied in severity and some problems posted would be unlikely to meet the criteria that would prompt professional help with abuse and neglect at any level of intervention (see Appendix 4). For example a minority of posts under 'Sexual Abuse' might arguably be thought of as adolescent sexual exploration between peers. Some posts within the 'Neglect' category described perceived favouritism by parents towards a sibling, providing relatively minor examples such as a sibling having better trainers (however, in only 4 cases was this the only problem mentioned). No posts were excluded from the sample as all had been posted as they were viewed as problematic by a young person.

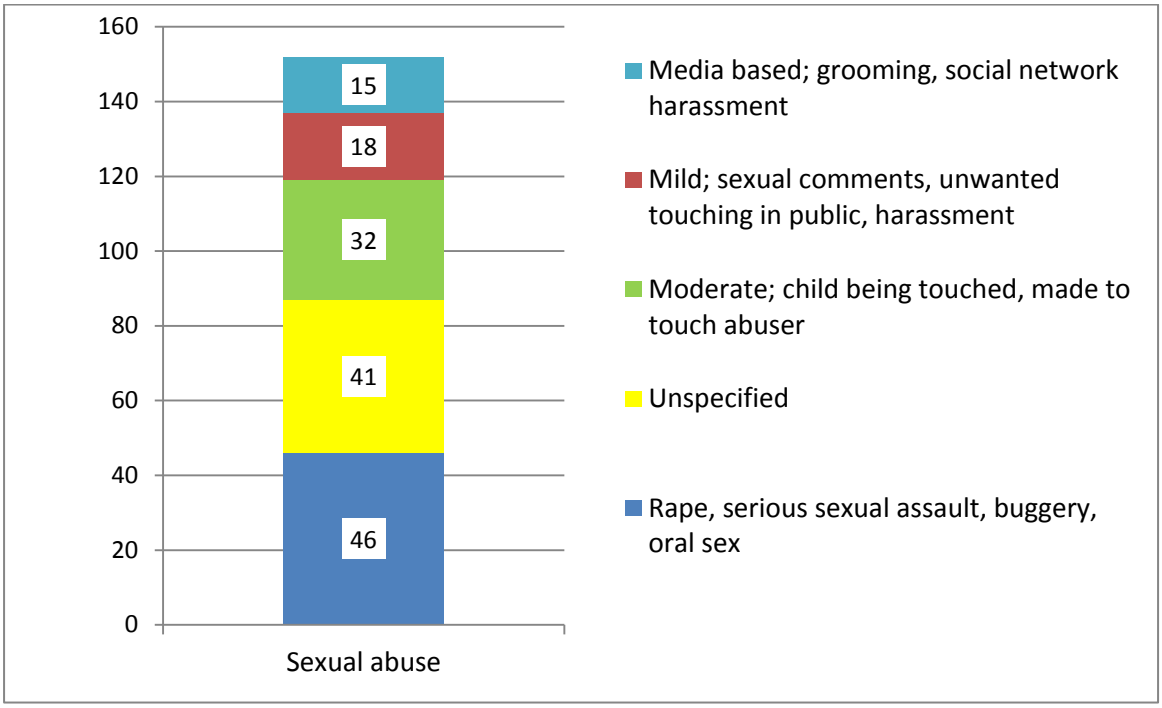
The problems have been grouped according to the four professionally recognized categories of abuse. Since almost half of the posts mention more than one problem the total number of problems is more than the total number of posts. In fact the 261 young people mentioned, in aggregate, 502 problems between them. A single problem was identified in 140 threads (54% - just over half). Two problems were mentioned in a further 53 posts (another 20%). Three or more problems were identified in the remaining 68 posts.

Sexual abuse

The type of problem varied in severity and the coding was designed to reflect this variation, including mild, moderate and severe sexual abuse. The categorisation 'mild' sexual abuse should not be taken to suggest that such problems are not concerning, or be taken to imply that a more 'minor' incident would necessarily have less impact on a particular child.

The frequency with which each sexual problem occurred is indicated by the number in each stripe of the bar.

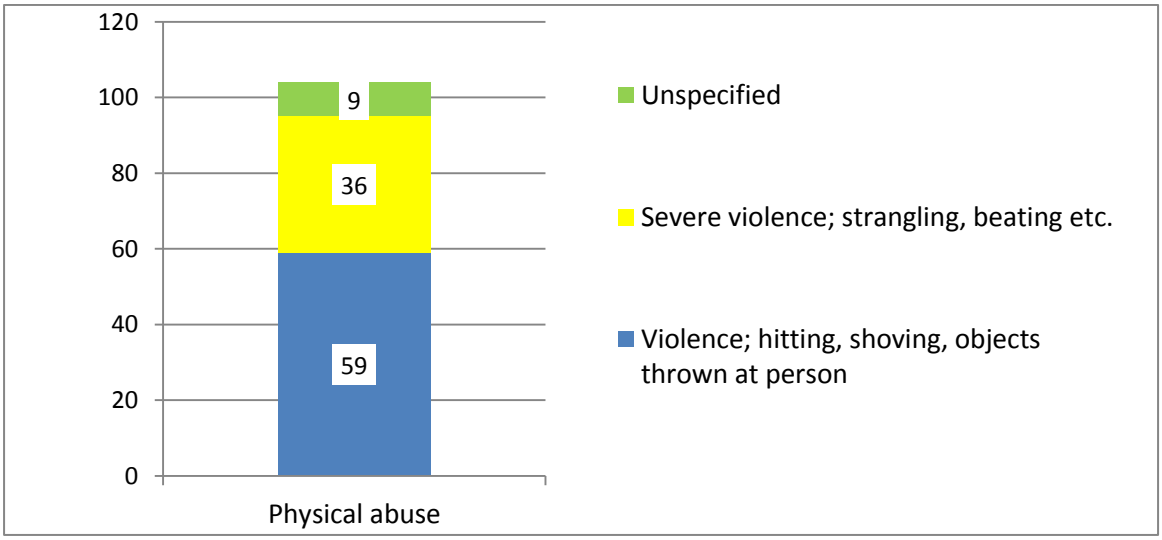
Figure 3.1: Frequency of sexual abuse problems cited (152 problems in total)



Physical abuse

This category included two ratings that related to the severity evident in the post. 'Hitting' was sometimes difficult to rate and might cover a range of severity. However, to be rated as severe the poster had to explicitly state that they were bruised or otherwise injured as a result.

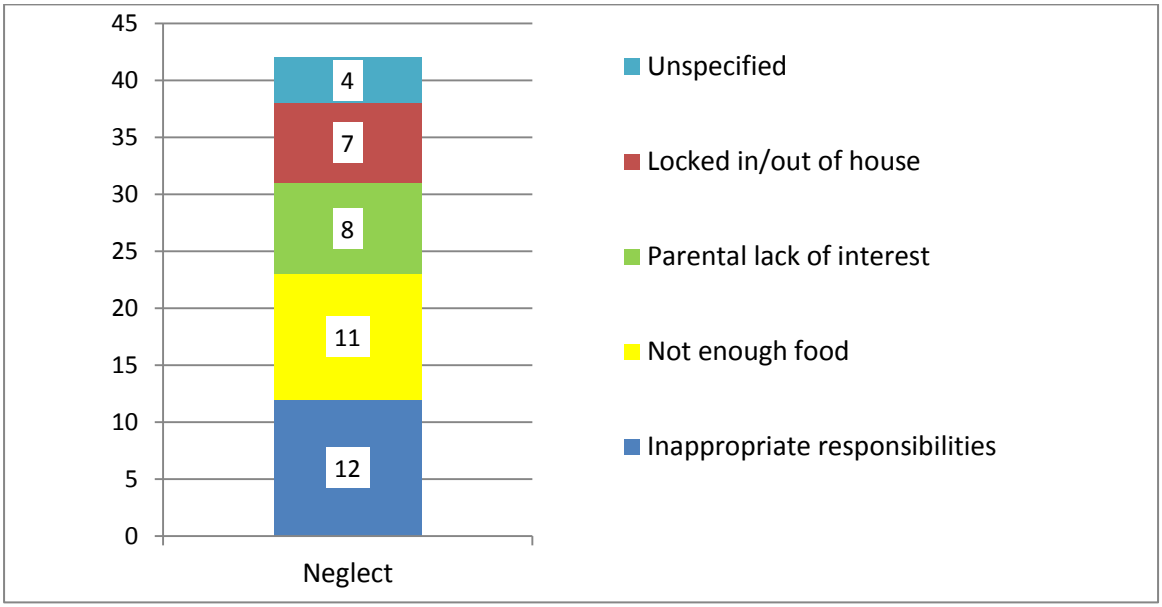
Figure 3.2: Frequency of physical abuse problems cited (104 problems in total)



Neglect

A number of experiences young people described were categorised as neglect. These included experiencing food deprivation, being shut out of the house, left alone for extended periods, and having to take responsibility for caring for siblings. Some posts referred to parents' difficulties such as alcohol use, physical and mental health issues which they linked to the neglect.

Figure 3.3: Frequency of neglect problems cited (42 problems in total)

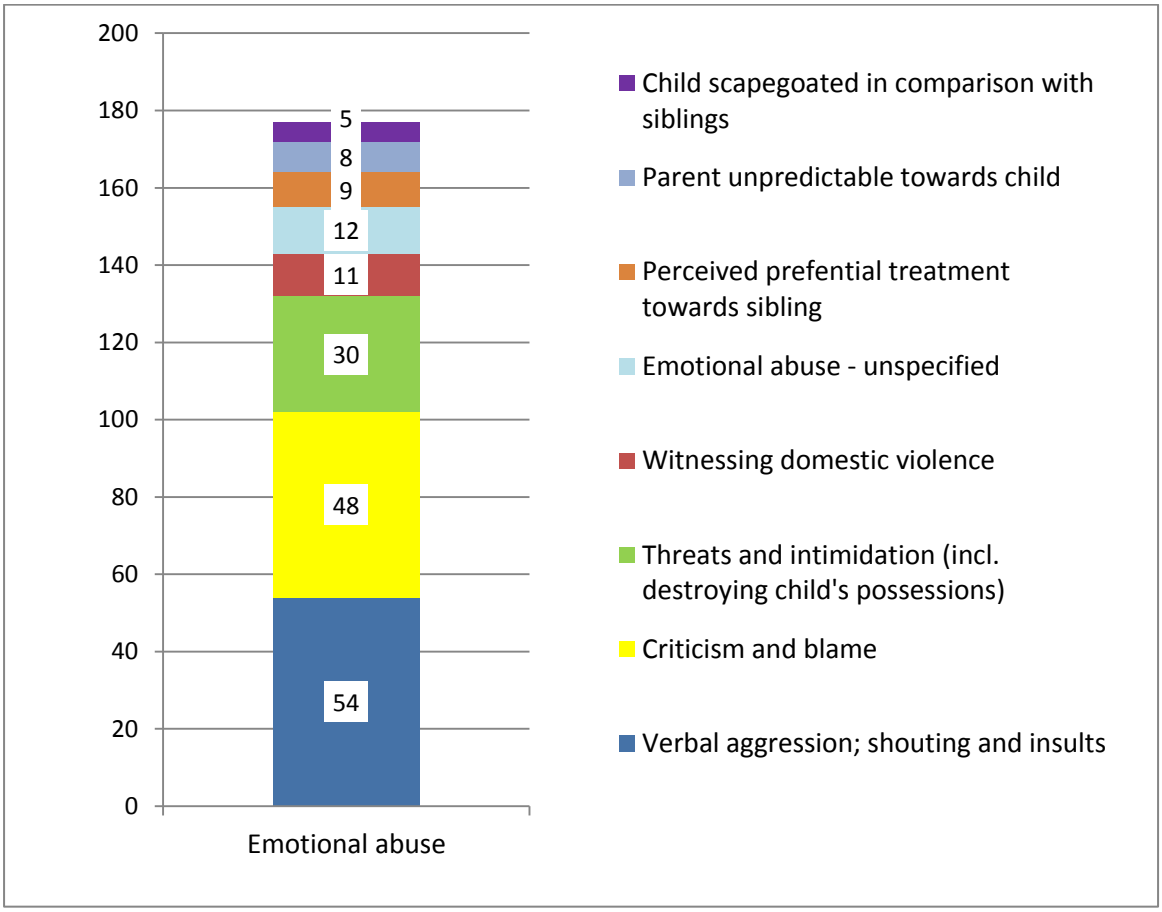


Emotional abuse

The emotional abuse category included being insulted and shouted at, and also criticism and blame, where young people described being systematically belittled. A distinction was made in the coding guide between 'perceived preferential treatment', ranking as relatively less serious and judged by raters to be within the norms of sibling rivalry and 'scapegoating' by a parent, where the young person was singled out systematically from siblings for maltreatment.

Witnessing domestic violence as a specific problem in the coding was confined to posts which described young people witnessing violence in adult relationships. The eleven young people's posts which talked of witnessing domestic violence included six cases where the abuser was the father, three where it was the step-father, one where the mother was violent towards her husband and one where an adult in the house was mentioned, but no relationship stated.

Figure 3.4: Frequency of emotional abuse problems cited (177 problems in total)



Who is the abuser?

The picture of who is the abuser is a complex one, not least because more than one abuser could be involved. The posters identified problems taking place both within and outside of their families. Physical and verbal abuse by peers was less likely to appear in this sample as these issues would more likely have been posted in the 'Bullying' category on the website (which was not included in our analysis). Within this sample, neglect was viewed as something which took place within the family, since it always related to the responsibilities of the child's main carers. Within the sampled area of the site, there were no cases of posts reporting neglect outside of the home domain, for example whilst in boarding school or public care.

The frequencies of intra/extra-familial abuse by abuse type

An analysis of type of abuse by family/non-family was undertaken. 'Family' was defined to include parents, siblings, grandparents and other relatives, step-parents, step-siblings and step-grandparents.

Table 3.2 explores the extent to which the reported instances of physical and sexual abuse were committed by family members or by people outside the family. The abuser was not stated in 23 posts. Physical abuse was significantly more likely to occur within the family (72%) than sexual abuse which was more likely to have occurred outside of the family (54%). This high incidence of reported sexual abuse outside of the family pre-dates the media interest in the Jimmy Savile case and the increased awareness and reporting of sexual abuse outside of the family.

Table 3.2: Whether abuse was by a family member or by non-family, by abuse type

	Physical abuse	Sexual abuse	Total
Intra-familial	45 (72%)	34 (28%)	79 (43%)
Extra-familial	11 (18%)	65 (54%)	76 (42%)
Both	-	5 (4%)	5 (3%)
Not stated	6 (10%)	17 (14%)	23 (13%)
Total posts	**62 (100%)**	**121 (100%)**	**183 (101%)***

($\chi^2 = 34.75$, df = 3, $p < 0.01$) *More than 100% due to rounding

For threads reporting abuse within the family, we undertook an analysis of who the abuser was by abuse type (table 3.3).

Table 3.3: Intra-familial abuse: type of abuse by abuser – number of instances

	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Total
Single male within family	22 (49%) Father 14 Stepfather 5 Brother 3	29 (74%) Father 6 Brother 6 Stepfather 4 Cousin 5 Uncle 5 Grandfather 3	15 (33%) Father 11 Stepfather 2 Brother 2	4 (18%) Father 3 Brother 1	70 (47%)
Single female within family	13 (29%) Mother 12 Sister 1	0	16 (36%) Mother 13 Grandmother 2 Stepmother 1	10 (45%) Mother 10	39 (26%)
Mum and Dad (including step-parent)	9 (20%)	1 (3%)	10 (22%)	7 (32%)	27 (18%)
Other family - multiple groupings	1 (2%)	4 (10%)	4 (9%)	1 (5%)	10 (7%)
Multiple adults (one of whom family member)	0	5 (13%)	0	0	4 (3%)
Total intra familial	**45 (100%)**	**39 (100%)**	**45 (100%)**	**22 (100%)**	**150 (101%)***

Sexual abuse within the family was most often carried out by a single male, including a number of instances of sexual abuse by brothers and cousins, as well as by fathers and other male adults in the family. Young people mentioned both parents (including a step-parent) being engaged in the abusive behaviour in nearly one in five (18%) of the posts; this was most likely to refer to neglectful treatment of the young person (a third of the posts, 32%), and least likely to refer to sexual abuse (only one instance).

Table 3.4: Extra familial abuse: abuser by type of abuse

	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Total
Single peer	8 (73%) Peer 1 Boyfriends 2 Ex-boyfriend 1 Girlfriends 4	27 (42%) Peer/acquaintance 20 Boyfriends 4 Ex-boyfriends 3	0	0	35 (45%)
Multiple peers	1 (9%)	9 (14%)	1 (50%)	0	11 (14%)
Single adult	2 (18%) Adult friend 1 Religious teacher 1	22 (34%) Known to child 15 Unknown 7	1 (50%) Adult friend 1	0	25 (32%)
Multiple adults all non-family	0	7 (11%)	0	0	7 (9%)
Total extra familial	**11 (100%)**	**65 (101%)***	**2 (100%)**	**0**	**78 (100%)**

*More than 100% due to rounding

A similar analysis looked at who carried out the abuse outside of the family (table 3.4). The website had a separate area for Bullying so it is likely that most posts concerning physical and emotional abuse by peers would not feature in the current sample. Those that did involve peers often concerned abuse by an intimate partner. Just over half of extra-familial sexual abuse was committed by peers (56%), with the remaining incidents involving adults. It is striking that most of the sexual abuse by peers was by acquaintances rather than intimate partners. Where a single adult was involved in sexual abuse, twice as many incidents involved an adult known to the young person as opposed to a stranger; the latter category included strangers met on the internet.

In extra-familial abuse, peer to peer physical and sexual abuse is a significant issue. This finding resonates with concerns about peer victimisation raised most prominently by Finkelhor (2008). A prevalence study in the UK found that 65.9 per cent of contact sexual abuse was perpetrated by under 18s (including abuse by young people's partners, peers from school and other young people in the community) (Radford et al, 2011).

There were some posts in the sample which described young people experiencing problems of physical violence or sexual abuse from partners or ex-partners. These peer relationships involved characteristics suggestive of domestic abuse such as controlling behaviour, physical violence, humiliation and pressure to have sex or other coercion. Of such posts 4 of the young people posting were male describing physical or sexual abuse from a girlfriend in three cases, and a boyfriend in one. 11 of the posts were from females describing physical and/or sexual violence from a boyfriend or ex-boyfriend in ten cases and a girlfriend in one.

The young people identified a range of problems many of which overlapped with professional understandings of abuse and neglect (see Appendix 4). The findings about the type of problems experienced in the analysis of online support cannot be viewed as indicating the prevalence of such issues for young people, given the nature of the sample. Nevertheless the range of problems and discussion thereof provides an insight into what counts as abuse and neglect for young people. The findings highlight some issues which may be relatively hidden, such as sexual abuse by peers/acquaintances, which are supported by a recent NSPCC prevalence study that found that four out of five children (82.7%) who experienced contact sexual abuse from a peer did not tell anyone else about it (Radford et al 2011).

Reported impact of problem on young person

In addition to describing the problems faced by young people, the majority of posts went on to describe the impact of the problem(s) on the young person. The range of impacts included cognitive symptoms such as flashbacks, dissociative states, inability to concentrate and sleeplessness. Some young people talked about being in a state of constant vigilance, flinching, shaking, and becoming tearful. A range of behavioural issues were reported including self-harm, attempted suicide, running away, isolating oneself and anger problems resulting in school exclusion. Young people's posts reported feelings of disgust, shame, guilt, depression and confusion. Another major theme was the perception of the young person that he or she was to some extent responsible for the problem; for example that they tried to make it stop but could not, that their attitude/action might have triggered the abuse to some extent, or that if they had disclosed then it might have stopped the abuse happening to others.

What the person posting sought from the helpline

Most of the posts finished with a query which was the main request of the post. Five main 'requests' could be identified from the threads, which covered the reason why the person was posting and what ideally they sought from any potential replies. The request varied significantly according to the abuse type. The five themes were: is it abuse?; what shall I do?; help with contact; concerns around telling; and supporting a friend. The majority of requests were about knowing what to do, followed by seeking clarification as to whether the problem was abuse or not and help with dealing with the impact of what had happened (table 3.5).

Table 3.5: What the person posting sought from the helpline, by type of abuse suffered

	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Total
Is it abuse	10 (16%)	18 (14%)	23 (46%)	10 (44%)	61 (23%)
What shall I do	33 (52%)	46 (37%)	15 (30%)	6 (26%)	100 (38%)
Help with the impact	7 (11%)	30 (24%)	8 (16%)	1 (4%)	46 (18%)
Concerns around telling	3 (5%)	20 (16%)	0	1 (4%)	24 (9%)
Supporting friend	6 (10%)	1 (1%)	0	1 (4%)	8 (3%)
Other	4 (6%)	10 (8%)	4 (8%)	4 (17%)	22 (8%)
Total	**63 (100%)**	**125 (100%)**	**50 (100%)**	**23 (99%)***	**261 (99%)***

* due to rounding

($\chi^2 = 60.34$, df = 15, $p < 0.01$)

The main request the young person sought help with was significantly related to the category of abuse, suggesting differences in recognition of different types of abuse. For example within the physical abuse and sexual abuse categories young people recognise more clearly that the behaviour towards them is abuse, as the main request is 'what shall I do?'. Within the emotional abuse and neglect categories, requests were more likely to be seeking clarification about whether the problem was abuse or not. Concerns around telling and help with the impact of abuse feature more prominently in sexual abuse posts than across other categories.

There are fewer Neglect posts overall compared with the other categories, and this may be partly to do with the issue of recognition. Almost half of the posts in the Neglect subsection of the site were asking whether or not the situation was abusive. There were four posts where the child felt neglected in comparison to a sibling, but examples given were of a fairly minor nature. There were also a variety of problems reported under 'neglect' including physical, sexual and emotional abuse and domestic violence, perhaps reflecting a lack of clarity surrounding what constitutes neglect compared with the other areas of the site where there was more coherence.

In order to further identify and analyse issues surrounding the recognition of abuse across the whole sample, a subsample of threads were thematically analysed, those where the main query posted was 'is it abuse?'

Barriers to recognition

The following themes were identified as potential barriers to a child classifying a situation as abusive.

The young person felt they deserved it

Many of the posters felt that in some way they deserved the abuse, and the psychological aspects of this varied according to the type of abuse. Recognition of abuse could be hindered by the impact of the abuse on the young person's self-esteem,

> *I believe every word said by my mum that I'm no good, that I'm useless, that I've done everything wrong*.

> *I'd brush it off; or sort of think two things at the same time…? Like on the one hand 'this is wrong' and on the other, main side, 'no, I deserve it, they're just angry, I shouldn't be so bad, it's not so bad'*.

This could be linked with the perception that the poster was making '*a big deal out of nothing*'; sometimes the posts would explicitly state that their situation was not as bad as other people's and apologise for placing their post on the site.

Emotional ties to parent

The posts suggested a difficulty in acknowledging that a parent could be abusive. This was for a number of reasons. One post described the double bind of being emotionally abused by someone you are emotionally dependent upon, describing herself as '*desperate to talk to my mum*', although she was systematically ignored. Another young person felt '*traitorous'* in entertaining the possibility that their treatment by a parent was abusive, and this was linked to the young person feeling that therefore they must deserve it. There was a confusion about acknowledging that parents were not available in the way that parents should be '*I don't know whether I'm overreacting or not, because if I wasn't my parents would help me wouldn't they*?'

The parent is unpredictable

Some posts suggested that it could be confusing for young people if the parent was unpredictable or erratic and the abuse was not happening all the time, even when the problems were serious. In one case the child was confused in that in some aspects her mother could be very supportive, for example advocating for her educational needs. The abuse was somewhat hidden from other people:

> *Other friends of mine envy me for having 'such a great mother'. Usually until she's angry. Most of the time she denies drinking … she doesn't even remember a large portion of the things she does.*

Boundaries between discipline and physical abuse

In relation to physical abuse it seemed that social norms around physical discipline of children could make it difficult for those posting to distinguish between punishment and abuse. When the posts linked what was happening to physical discipline it was a short step to thinking that the abuse was deserved as a result of the child's behaviour or performance, such as not doing well at school. One post said:

For my parents it was sort of a 'discipline' method, but it turned into a 'whenever I am angry weapon'.

Another post described a young person who was pulled by the hair to smash his head into things and being cut but described this as '*just smacking… just punishment'*.

The issue of physical coercion in sexual abuse

Posts relating to sexual abuse often raised the issue of physical force. There was a sense that the young people should have been able to prevent the situation or that it could not be abuse because they had been unable to physically resist:

I couldn't refuse so I just went along with it.

I was fighting back, then after a while I knew that he'd win so I gave up fighting…. it was all my fault.

For young people who had been involved in media based sexual abuse the lack of physical coercion could confuse them as to whether or not the situation counted as abusive:

I don't know if that's abuse because he was forcing me to do something I didn't want to do, but I could of easily just hung up the phone.

One young person still took responsibility for initiating the sexual abuse although she had only been nine at the time, and was confused by her emotions towards the abuser; '*when I was nine I began a 'relationship' with my neighbour's husband'.* The situation progressed to serious sexual abuse; '*I wanted to stop it but he told me I loved him and I felt special like the people on tv*'.

Another young person was confused by his physical response to sexual abuse by female relatives:

I should be able to defend myself. But I can't I just get so scared. I should have more control over my body so they can't force me into being aroused, but I don't know how to stop it.

The examples from the sexual abuse posts suggest that young people face barriers to recognizing sexual abuse where there are lesser degrees of physical force involved and where the coercion involves psychological pressure or grooming. Where the young person described being physically aroused or that they got something out of the abuse (feeling special), this was a barrier to recognition.

Confusion around boundaries for touching with members of the family

In several posts there was confusion around where the boundary was between displays of affection and sexual touching. The details of the posts suggested that adults might be taking advantage of norms around displays of physical affection. One post described a young person feeling uncomfortable with a male member of family who wanted her to sit on his lap, and was uncomfortable with where and how she was being touched:

He might be just showing affection and I don't want to make a big deal out of it if I've got it all wrong, but it does make me feel really uncomfortable.

The incident was with another child

There were several posts where young people were looking back at incidents earlier in their childhood with another child, sometimes a relative. The close ages of the children were confusing, as well as the fact that the incident occurred before the poster had a knowledge of sex. One young person had been locked in a room by an older cousin:

I didn't know it was something dirty or bad, I thought he was someone great - he used to take me to the shops and everything.

Gender issues

Although posters were less likely to state they were male, there were a few posts that suggested that there were barriers to recognizing that boys could be subject to physical and sexual abuse by women or girls. One poster said that his friends could not acknowledge that his girlfriend was violent towards him. Another post which described sexual abuse by two females said:

I know that sexual abuse is more common in girls, and when it does happen to boys it's usually a man who does it.

3.3 TELLING

Barriers to Telling

Many of the young people posted their situation and asked whether they should tell. The coding guide we used included codes for barriers to telling (92% agreement between coders was achieved). The figures are likely to under represent barriers that those posting might face, since a barrier was only coded if the young person's post explicitly mentioned it. In total, 109 of the young people mentioned one or more barrier to telling. In the remaining 152 threads there were no barriers explicitly mentioned.

The codes used for barriers to telling were: Emotional barrier, Family concerns, Not recognised as problematic enough to tell, Threats from abuser, Fear of not being believed, Fears negative consequences, Confidentiality, Protecting non family abuser, Fears stigma/ridicule, Practical constraints, No barrier mentioned.

Table 3.6: Barriers to telling by type of abuse suffered

	Physical abuse*	Sexual abuse*	Emotional abuse*	Neglect*	All types of abuse
Emotional barrier	6 (10%)	43 (34%)	5 (10%)	2 (9%)	56 (21%)
Family concerns	5 (8%)	18 (14%)	4 (8%)	1 (4%)	28 (11%)
Not recognised as problematic enough to tell	5 (8%)	9 (7%)	2 (4%)	3 (13%)	19 (7%)
Threats from abuser	2 (3%)	12 (10%)	2 (4%)	0	16 (6%)
Fears not being believed	4 (6%)	9 (7%)	1 (2%)	0	14 (5%)
Fears negative consequences	6 (10%)	4 (3%)	2 (4%)	0	12 (5%)
Confidentiality	0	4 (3%)	3 (6%)	0	7 (3%)
Protecting non family abuser	1 (2%)	2 (2%)	0	0	3 (1%)
Fears stigma / ridicule	1 (2%)	2 (2%)	0	0	3 (1%)
Practical constraints	0	2 (2%)	0	1 (4%)	3 (1%)
No barrier mentioned	40 (63%)	55 (44%)	38 (76%)	19 (83%)	152 (58%)
Total threads in sample**	**63**	**125**	**50**	**23**	**261**

*Percentages in brackets represent the percentage of threads in each category of abuse where that particular barrier was mentioned. Multiple barriers could be mentioned by the person posting.

** final row is the number of threads in the whole sample and not the sum of the column above

An emotional barrier to telling was mentioned in 21% of threads across the whole sample, and in 34% of sexual abuse threads. The second most common issue was family concerns including not wanting parents to know, or worrying how telling would affect family dynamics. In the 28 threads where the likely impact on the family was a barrier to disclosure, 18 related to intra-familial abuse, and 7 threads to extra-familial abuse; the remaining three threads were instances of abuse by both a family member and a non-family person acting together, or where the identity of the abuser was not stated. The third most frequent barrier was not recognising the situation as problematic enough to tell (7% of all threads), and mentioned in 13% of the neglect posts. The barriers to telling resonate with findings in the literature review about emotional barriers, (Hershkowitz et al, 2007, Jackson, 2002, Palmer et al 1999), fear of consequences (Malloy et al, 2011, Hershkowitz et al, 2007, Goodman Brown et al 2003 and McGee, 1997), family concerns (Jensen et al, 2005) and issues of recognition (Alaggia, 2010, McGee, 1997, McCarry, 2009, Crisma et al, 2004). The barriers to telling were explored further using the qualitative data.

Emotional barrier

Emotional barriers to telling were most frequently mentioned in relation to sexual abuse, but also featured as one of the most frequently mentioned barriers across all types of abuse. Many threads mentioned being scared without specifying further to what the fear related. Shame, guilt and embarrassment were identified as emotions which prevented telling:

> *I've never told anyone this; I'm too ashamed*.

> *I have never told anyone what happened; I am still too scared to say what happened*.

Some posts referred specifically to the difficulties in actually saying the words. In one post a young person described the physical difficulty she experienced when she tried to tell about being raped as a young girl. '*for some strange reasons whenever I try to tell someone about the abuse I suffered, I get muscle spasms to my jaw and I end up giving up'*.

Family concerns

Many posts suggested that the young people loved and were loyal to the family member and did not want to get them into trouble, although they were unhappy and wanted their problems to be addressed. This theme was apparent across all abuse types:

> *Crazy as it sounds I don't want my dad to go to prison because I still love him*.

> *At the end of the day I love my mum. I just hate what she does to me.*

A further theme identifiable in the posts was protecting mothers from knowledge of the abuse, sometimes because the poster was aware of background difficulties that their mum was experiencing, and did not want to add to her troubles. This theme applied in cases of both intra-familial and extra-familial abuse:

> *I was raped* [by someone outside the family] *a couple of months ago. … I brushed it off because I needed to be strong for my mum.*

> *I don't think she would be able to take it.*

Not recognized as problematic enough to tell

This category can be related to the barriers to recognition, to be coded the post had to explicitly relate questions of recognition to a reluctance to tell:

> *I never told anyone, because I felt that what I was going through didn't count as abuse*.

There was sometimes a sense that the poster was comparing their situation to others (sometimes others online) and judging it less serious. At other times there was a suggestion that the online resource helped them to realize that their situation was problematic:

It's nothing as bad as some of you have had to go through… it's just dumb. And I feel guilty and pathetic and traitorous for even talking about it.

I've been on [the website] quite a while but I never told anyone about this as I didn't think anything was wrong, but I've come to realize now.

Threats from the abuser

Threats by the abuser occurred in both intra- and extra-familial abuse. In intra-familial sexual abuse explicit threats by the abuser often played upon the child's fear of splitting up the family or made threats against family members:

He made me promise not to tell anyone and I don't normally break promises and …he would say nobody would believe me if I told and it would ruin my family.

He said he'd kill my mum if I told anyway.

Other posts described the abuser playing upon the child's feeling that it was their fault by suggesting that if anyone found out the young person would be in trouble:

After every time he did it, he'd say that I couldn't tell anyone because I'd done something really bad and they'd put me in prison if I told. He said it was my fault too because I tempted him. … he said it wasn't rape because I 'enjoyed it really' and if I didn't then I would have fought harder.

Several young people reported parents using threats about the consequences of telling to deter their child, and this could become part of the emotional abuse:

[Mum] *threatened me … I'd be sent away from her forever, to people who would be nasty and no one would love me and urged me to agree that I didn't want that.*

Fear of not being believed

Several of the posts suggested that the poster would not be believed if they told. This was particularly the case if the abuse was episodic or happened a while ago, whatever the abuse type:

I don't feel if I tell my friends they'd believe me. Especially since they haven't done it for a year.

I could have said no early, told someone, no one will believe me now.

Some posts identified particular concerns around whether there was enough evidence or they could prove their case. Without proof they felt that nothing could be done:

I have considered legal options but … as there is no evidence so not sure if [it] *would change anything as it would be my word against his.*

Fear of the consequences of telling

Two types of issue were coded about the consequences of telling, one was a general fear related to not knowing what would happen:

> *Is there any point to telling? – what will happen next?*
>
> *Nothing bad could happen could it?*

The second important issue was the more specific fear that the abuse worsen. In one case of domestic abuse the poster commented about what would happen if he told about his home situation:

> S*he'd* [mum] *go berserk. I'm scared for my dad – he's just not safe! What can I do?*

Confidentiality

A minor theme in the data was confidentiality but there was some concern about people passing things on. Seven posts expressed some concern that, if the young person told, their information would not be kept confidential. In four cases the concern was that a professional would have to pass on the information, in two of these the young person worried about a parent ultimately finding out they had spoken out. In three posts the young person was worried about telling a friend or family member. Two posts expressed concerns that friends would spread it about, and one was worried about confiding in her mother.

Other barriers

Other barriers were mentioned less often (in 1% of threads). One fear was of the stigma attached to abuse where the victim was male (3 mentions). One boy who had been raped suggested:

> *I'd never live it down at school and I get bullied anyway.*

A further barrier was practical problems accessing help when an attempt was made to tell. One young person described not being able to find a favourite teacher when she plucked up the courage to speak (and so posted a note under the door). Another was unable to get through to a helpline.

A further issue was mentioned in three posts where the young person wanted to protect an abuser who was not in the family, because they did not want them to get into trouble, in one case because the young person knew and liked the abuser's son.

How often did young people 'tell' and who did they disclose to?

Of the 261 threads, it was clear from the post that the young person had told someone about the abuse or maltreatment in 109 of the threads (42%). Of these 109 instances where the young person had disclosed, the person approached/told was as follows (numbers sum to more than 109 since multiple people/agencies may be told).

Table 3.7: Breakdown of who was told about abuse by young person

Category of person	Who was told	Number
Friend	Friend same age (female)	34 (20%)
	Friend of same age (male)	8 (5%)
	Friend of same age (gender unknown)	7 (4%)
	Boyfriend	4 (2%)
	Adult friend	1 (1%)
Total friends		**54 (31%)**
Family	Mum	24 (14%)
	Dad	8 (5%)
	Parent	9 (5%)
	Sister/brother	2/1 (2%)
	Grandparent/Aunt	2/1 (2%)
Total family		**49 (28%)**
Professionals	Police	19 (11%)
	Teacher	13 (7%)
	Other professional	19 (11%)
	Online support or helpline	20 (11%)
Total Professionals		**71 (41%)**
Overall total		**174 (100%)**

These 174 'disclosures' (see table 3.7) can be aggregated as: 54 to friends; 49 to broadly-defined family; and 71 to professionals including on-line/telephone support. These findings contrast with research findings which suggest that young people rarely turn to professionals (Palmer et al, 1999, Vincent et al, 2004, Priebe, 2008). The sample is drawn from an online peer support site. Young people using the site may be more likely to have accessed other online support or a helpline, inflating the numbers of professionals told. On the other hand it might be reasonable to surmise that some young people used the website because they felt unable to approach other professionals directly. Although the data is complex to interpret the number of professionals mentioned is striking and the importance of professionals is underlined by considering who young people were advised to tell, described below.

Who were young people *advised* to tell?

The first response to each post was analysed to find out who the responders were advising that the young people tell. One hundred and seventy two (69%) responders, from the 251 threads which

received a response, recommended that the young person should tell, over half suggesting more than one person. The main people suggested were: professionals (suggested 160 times), 'someone' (suggested 70 times), family (suggested 60 times) and friends (suggested 36 times). The frequent suggestion of helpline/online counselling may be attributable to the source of the sample (a peer support website). It is striking the extent to which young people advise that a professional should be told. Amongst professionals school based support features prominently.

Table 3.8: Breakdown of who responders recommended disclosing to

Category of person	Who to tell	Number
Friend	Friend - peer	28 (9%)
	Adult friend/friend's parent	8 (2%)
Total friends		**36 (11%)**
Family	Mum	13 (4%)
	Dad	8 (2%)
	Parent	21 (6%)
	Sibling	3 (1%)
	Grandparent/extended family	15 (5%)
Total family		**60 (18%)**
Professionals	Teacher	48 (15%)
	Adult at school (including 2 school nurses)	12 (4%)
	Counsellor (school or other)	22 (7%)
	Online support or helpline	47 (14%)
	Police	26 (8%)
	Doctor	3 (1%)
	Social services	2 (1%)
Total professionals		**160 (49%)**
Other	Someone the YP can trust	29 (9%)
	Someone	32 (10%)
	Adult	6 (2%)
	Unspecified	3 (1%)
Total other		**70 (22%)**
Overall total		**326 (100%)**

Table 3.9 explores whether suggestions about whom to tell varied according to whether the abuse was by a family member, or by someone outside of the family. The posts where the relationship with the abuser was not mentioned, along with posts which indicated that abuse was committed by both a family member and someone outside of the family, were excluded from this table. Only cases of physical and sexual abuse were considered.

Table 3.9: Who it was recommended the young person told, by intra- or extra-familial abuse (physical and sexual abuse only)

Recommended person to 'tell'	Intra-familial abuse	Extra-familial abuse
Friend (peer or adult)	8 (8%)	10 (10%)
Family member	16 (16%)	25 (25%)
Teacher, counsellor or someone at school	27 (27%)	20 (19%)
Helpline counselling	17 (17%)	8 (8%)
Police and other professionals	12 (12%)	13 (13%)
'Someone' (unspecified)	20 (20%)	26 (25%)
Total recommendations	**100 (100%)**	**102 (100%)**

($\chi^2 = 7.28$, df = 5, p = .20)

Overall, the recommendations of whom to tell do not vary significantly according to whether the abuse is within or outside the family. Teachers and other school staff are recommended more often when the abuse is from a family member, as compared with someone from outside of the family. Similarly helpline counselling is more readily recommended for intra-familial abuse than for extra-familial abuse. Conversely, telling a family member is more frequently recommended when the abuse is perpetrated by someone outside of the family, than by someone inside the family. However these variations did not reach statistical significance.

3.4 HELP

The consequences of telling

Of the 109 young people who had told someone, 48 (44%) mentioned at least one positive outcome from telling. Fifty (46%) mentioned at least one negative outcome as a result of telling. Twenty young people cited both positive and negative outcomes of telling. The most common themes are discussed below.

Positive consequences to telling

Positive response from agencies

A helpful response from agencies was mentioned 32 posts; eight physical abuse posts and 24 sexual abuse posts. Twenty posts referred to help from the police (and social services) to stop the abuse. Two posts referred to help received from school to stop sexual harassment at school and a further two cited emotional support from a teacher after telling. The remaining eight posts reporting a positive response from agencies were using a phone helpline for information and advice, in two cases to rehearse telling someone else.

Positive response from friends and family

Sixteen posts mentioned a positive response from friends and family. In ten posts the positive response involved emotional support from parents or friends, although in some cases there was a recognition that this was of limited value in stopping the abuse:

> *I told a couple of friends, one of them nearly everything, he's been looking out for me, but I've never really told anyone that could get it stopped*.

Another post described a father providing emotional support to his son, who had been sexually abused:

> *Sometimes I wake up in the middle of the night screaming or crying and dad comes to lie with me or cuddle me until I calm down*.

Friends and family were also described as sources of information and advice, sometimes the advice was to encourage the poster to tell a professional. In three cases family members took action on behalf of the young person, in one case a member of the extended family persuaded the young person's mother to believe he had been sexually abused by another family member. In two other cases case a friend's parent or a parent contacted a professional agency once they had been told about the problem and the young person found this helpful.

Negative consequences of telling

Not being believed

The most commonly reported negative consequence of telling was not being believed, reported in 25 posts, over three times as frequently as the next most common theme. All but four of these young people cited not being believed by friends or family members when they told. Twelve reported that a mother or parent had not believed their account, with one mother stating that her child was '*attention seeking*' when she tried to tell about sexual abuse. Five of these twelve reported a mother who disbelieved them when sexual abuse was intra-familial (mother's partner or the young person's brother):

I found my parents didn't believe their little boy could do such a thing.

By contrast to some research findings (Tucker, 2011) not being believed by professionals did not feature as a significant theme. Four posts reported not being believed by professionals, two by police and two by teachers.

Friends and family were not supportive

These posts referred to cases where the young person had confided in a friend or parent, and whilst they felt they had been believed, they did not think the person particularly understood; this was mentioned by eight young people. One young person referred to her mother who believed what had happened but did not really understand the impact of the abuse on her daughter, and felt that she was overreacting. Another young person referred to telling some friends who had similar problems, but not finding this helpful as the friends did not like to deal with their issues by talking about it.

Authorities were not supportive

There were some posts which described an unhelpful response from professionals (aside from those where the young person said they were not believed). In two cases the initial response from authorities was viewed as unhelpful. In one case the police were reported to have said they could not do anything because the young person had not been physically harmed and in the other the young person felt the police thought it was her fault for sending pictures.

Other young people felt that they were not sufficiently supported by professionals, although they had intervened to stop the abuse. Five posts described the aftermath of telling, and felt they had insufficient help with the impact of abuse after the abuse had been stopped. One post described how after telling:

> *My life fell to pieces, I was mental no doubt about it … in my case 'Before' (at home in an abusive environment) was actually better than 'After' (Not knowing who I was to be fair. Developing mental health issues and all sorts)*.

Abuser's behaviour not punished

This theme related to sexual abuse posts. In seven cases the abuse had been stopped but the abuser either not been caught (in relation to online grooming), had not been prosecuted due to insufficient evidence, or had been prosecuted but found not guilty. This could leave the young person feeling unsafe and fearing retaliation, '*I'm scared he's going to kill me because I've broken my promise*'.

Stigma/labelling

Three of the posts referred to being teased or gossiped about after friends had been told and spread it about. These were in relation to sexual abuse. Two of the posts referred to feeling labelled, and that friends were treating them differently in a misguided attempt to help.

All the girls keep hugging me and saying 'it'll all be alright and if I need to talk, they're always there.' I know they're just being good friends but it is so patronizing. And they're making it sound like I have some kind of disease or something…. The boys say stuff to me like 'have you ever kissed anyone… I mean apart from your stepdad?'

Confidentiality

Three posts explicitly talked about the issue of confidentiality, in each case they had told a friend, who wanted to tell someone else in order to get help. One post about physical abuse described the sense that the timing had to be right:

I feel betrayed. I know he wants to help but I'm not ready to tell anyone, I'm scared! How can I convince him not to say anything, and that it should be my choice.

Two other posts expressed ambivalence about the friend breaking their confidentiality. Both recognized that this had been done with good intentions:

In the end he told someone, at first I felt really upset but I know he only did it because he wants the best for me.

The consequences of telling outlined above, to some extent suggest that young people's fears may be justified. In particular, not being believed may be a realistic fear, as it was the most common negative consequence of telling. Most of the incidences of not being believed concerned friends and family. This suggests the need for better information and support for friends and family whom young people may turn to, as well as for young people suffering abuse.

3.5 ONLINE PEER SUPPORT

How do young people use peer support via an internet forum regarding experiences of abuse and neglect?

The online peer support site itself gives an insight into the types of help that young people offer each other in a virtual environment. It has the benefit of being anonymous and readers can access others' problems and responses to them, building up a bank of advice and support. In the current research the first response to each thread was analysed to look at the characteristics of support offered. The replies were categorized into different types of support including encouragement, sympathy/empathy, advice to help you think about the situation differently, and practical suggestions. An important element of peer support was when the response suggests 'it has happened to me too', giving a sense of solidarity, that the poster is not alone in experiencing the problem. This is an aspect of peer support that is different from professional support.

Types of support

Ten of the messages posted received no replies at all, for the remaining 251 posts the researchers rated the responses in terms of the type of support offered. Most responses offered more than one type of support. Of these 251 responses:

- 220 (88%) offered emotional support (expressing sympathy or empathy or offering encouragement).
- 172 (69%) recommended telling.
- 121 (48%) gave a suggestion to help the poster understand why the problem was happening and/or ways to think about it differently.
- 91 (36%) of the initial 251 responders said 'it happened to me'.
- 87 (35%) offered a suggestion as to what the original person who posted could do next apart from telling.
- 66 (26%) offered further emotional support by suggesting they would respond again to future posts.

Advice and support

Many of the responses involved a combination of different aspects of support. Ten posts received no responses at all, which one might imagine could be disappointing for the person who initiated a thread. Less helpful responses tended to respond with a brief statement about their own situation without offering any response to that of the poster. However, the majority of responses expressed sympathy or empathy or offered encouragement to the young person. A number of responses involved perceptive insights into the situation and some offered useful definitions of abuse:

> *Emotional abuse is like verbal abuse but deeper – because people who emotionally abuse you will know what would really cause you pain if they said. It's usually stuff that targets your self-worth and self-esteem and it always puts you down to the point of feeling worthless*.

Other responses sidestepped the question of labelling something as abuse to emphasize the importance of getting help regardless:

> W*ell I'm not sure if it's emotional abuse or not, personally I think it is but everyone's idea of what is and isn't is different. But no matter what you call it, it's wrong. If it makes you feel so bad that you self-harm, then you definitely need to talk to someone about it.*

Although the majority of responses recommended that the poster tell someone about the situation, most responders recognized the difficulties involved in telling. Some gave detailed advice about how to make it easier. Nine responses suggested that the young person should write down what they wanted to say and give it to someone who could read it in their absence. Some suggested writing it down first to get the words in order as a rehearsal for telling verbally. Another young person gave detailed advice about how to cope with telling:

Start by saying that something is happening that you don't like. If you are still finding it hard to say what it is you could ask them to ask you questions and you answer yes and no… at some point they will probably need you to actually say it and give names. When it came to that, I asked the person I was telling if they could turn and face another direction and not look at me when I said it.

Many responses suggested practical steps the poster could take to reduce the risk. A few of these put the onus on the young person to change their own behaviour, '*try and work out what you're doing wrong and change I guess*'. The downside of this however might be to reinforce a young person's view that the situation was their fault.

Other practical suggestions were to do with the impact of abuse, such as doing activities before bedtime to tire you out and help you sleep, flicking an elastic band against the arm to prevent self-harm. Advice included that the young person should try to avoid a difficult situation by not going out if the abuse was outside the home, or making sure they were always accompanied by friends, or by staying over with friends or extended family, or staying in a room to keep out of the abuser's way if the abuse was taking place within the home. Other responses suggested ways of coping and distracting oneself such as writing and art, listening to music, going out for a walk, exercise and visiting friends. A number of responses specifically warned against certain actions like running away or self-harm as likely to make things worse.

A number of responses suggested that the poster should talk to the abuser directly (particularly in cases of parental emotional abuse and neglect). This seemed premised on the assumption that if the abuser understood how the young person was feeling they might change their behaviour. Such strategies might work in some cases but rely on the person approached being receptive and prepared to change, which may not be realistic.

Chapter Summary

Sample. The chapter analyses 261 threads posted onto an online peer support website, sampled on a single day. Only posts in four areas of the website were looked at, yielding 125 posts on sexual abuse, 63 on physical abuse, 50 on emotional abuse, and 23 on neglect.

The problems. A categorisation of 23 problem types was developed. A range of multiple problems could be mentioned by the person posting, and these could span the four main categories of abuse; for example a case of sexual abuse might also involve threats and intimidation, and hitting. Problems also varied as to the severity of the abuse.

Who was responsible for the abuse.

- Well over half of the posts (146, representing 57%) referred to abuse by a family member.
- Three quarters of instances of sexual abuse within the family involved a single male, with the remainder being multiple family members.

- Sexual abuse was more likely to be reported as occurring outside of the family; 56% of these situations/incidents involved peers, and 45% involved an adult or adults (in 7 cases unknown to the young person).
- Neglect related to the responsibilities of the child's main carers – 45% of occurrences involved the mother. Emotional abuse was similarly defined as an intra-familial problem. The mother, or the mother and father acting together, were most likely to be responsible for emotional abuse.

What the young person was seeking from the help-line. The main request the young person sought help with was significantly related to the category of abuse, suggesting differences in recognition of different types of abuse. Within the physical abuse and sexual abuse categories young people recognise more clearly that the behaviour towards them is abuse, as the main request is 'what shall I do?'. Within the emotional abuse and neglect categories, requests were more likely to be seeking clarification about whether the problem was abuse or not. Concerns around telling and help with the impact of abuse feature more prominently in sexual abuse posts than across other categories.

Recognising abuse. A number of factors could impede the young person from recognising that their experiences were abusive or neglectful. These included:

- The young person feeling that they deserved it;
- A difficulty in acknowledging that a parent could be abusive;
- A parent's unpredictability when abuse was episodic, and the relationship was sometimes good;
- Confusion as to the boundaries between discipline and physical abuse;
- Confusion around boundaries for touching with family members.

Barriers to Telling. The five main barriers to telling which the young people mentioned were, in order of their frequency:

- An emotional barrier, e.g. not being able to face telling, finding it hard to find/say the words;
- Worry about the family knowing, loyalty to family and the impact on family members;
- Thinking their situation was not problematic enough to disclose to others;
- Threats from the abuser;
- Not being believed if they were to tell.

Who to tell. Forty-two per cent of those posting stated they had told at least one person about the abuse. Professionals were mentioned most, followed by friends then family. Amongst family members mothers were mentioned most often. Professionals were evenly spread across police, teachers, other professionals and online helplines.

Responses to the posts often recommended that the young person should tell someone. The main people whom it was suggested the young person told were: professionals (suggested 160 times), 'someone' (unspecified but trustworthy, and suggested 70 times), family (suggested 60 times) and

friends (suggested 36 times). Teachers and school based support featured more than other professionals.

Consequences of telling. Most of the 109 young people who had told someone about the abuse mentioned some consequence resulting from telling. There was an even balance between those who mentioned at least one positive outcome (48) and those who mentioned at least one negative outcome (50). It should also be noted that the young people's views could be more nuanced, and there were twenty young people who mentioned mixed consequences. Positive outcomes included help from family and friends and/or a good response from agencies. More negative outcomes from telling included, primarily, not being believed, but also that family and friends were unhelpful and that agencies did not respond in the way the young person wanted.

Help from on-line peer support. The website was itself helpful. Responders tended mostly to offer emotional support, reassurance that they were not alone in experiencing the problem, recommended telling and could often give a suggestion to help the poster understand why the problem was happening and/or ways to think about it differently.

Chapter 4: THE INTERVIEW STUDY: Feeling Safe and Getting Help

The findings of the analysis of the internet forum give an interesting insight into barriers surrounding recognition and telling, who young people turn to, and the ways in which young people can support each other in an online environment. The interview study comprised activity based interviews with thirty vulnerable young people. It allowed exploration of the complexities and interactions between recognition, telling and help over the course of each participant's childhood and adolescence. The interview study generated insight into how experiences of telling and getting help can lead to an increased or reduced likelihood of recognition and telling in future, depending on the experience both of the telling process, and of the support received.

4.1 METHODS AND SAMPLE

Research questions

The specific research questions for the interview study were as follows:

- What problems do young people consider to be abuse and neglect?
- What services and approaches do young people think will make it more likely that children tell about abuse and neglect?
- What do young people view as the main obstacles to telling about abuse and neglect?
- How significant are young people's concerns about the management of confidentiality?

The sample comprised 13 boys and 17 girls aged between 11-20 years. Of these, 13 were young people living in London and the remaining 17 were living in the Shire county. The mean age of participants was 16 years (range 11-20 years). The ethnic group of 18 participants was White British, with nine of Black African/Caribbean/Black British ethnicity and three of mixed/multiple ethnicity.

4.2 PROBLEMS ASSOCIATED WITH ABUSE AND NEGLECT.

The young people's experience of problems associated with abuse and neglect was ascertained using a self-reported questionnaire and also explored during the interview itself. Results from the questionnaire, completed by 29 of the young people, are presented in Table 3.1. The results give an indication of the kind of problems these young people had experienced, and are not intended to be generalisable beyond this sample.

The problem most frequently experienced by the young people was bullying by peers, with 17 participants reporting verbal abuse and 11 having been physically attacked by other children. Just under a third reported being verbally abused by parents, and around a quarter had witnessed

domestic violence at home. About a third said they had been physically abused by a parent. A total of four young people reported having been forced to have sex with an adult, and eight reported that another young person had sexually abused them. Two young people said they had experienced neglect at home. In addition, 7 of the young people said that their house had been burgled and 6 had been mugged.

During the course of analysis it became clear that there could be differences in how the participants reported problems during the interview or self-completed questionnaire. One young person, for example, did not report physical abuse in the self-report questionnaire but went on to reveal during the interview that his father had been extremely violent to both him and his mother, including shooting at them with a BB gun. Conversely, another young person did not describe any problems at home in the interview but his questionnaire response showed that his parents had physically abused his siblings. While, on one level, this must be borne in mind as a caveat, it also raises interesting implications for practice – with both face-to-face and more anonymous ways of eliciting information having a role to play. A later section of this chapter discusses further how both closeness and anonymity can be important in the process of telling.

Table 4.1: Problems associated with abuse and neglect (self-report questionnaire completed by 29 participants)

1. Have you ever been really scared or felt really bad because children were calling you names, saying mean things to you, or saying they didn't want you around?	17
2. Has a group of children or a gang ever hit you, jumped you, or attacked you?	11
3. Has a parent or carer ever beaten, kicked or physically hurt your brothers or sisters?	10
4. Has a parent or carer ever beaten or kicked you or hit you with an object like a stick or wooden spoon?	8
5. Have you ever been really scared or felt really bad because a parent or carer were calling you names, saying mean things to you, or saying they didn't want you around?	8
6. Has another young person tried to force you to do sexual things you did not want to do? If yes who? Friend/someone you know a bit Boyfriend/ girlfriend	8 3 5
7. Has a boyfriend or girlfriend or anyone you went on a date with ever slapped or hit you?	7
8. Has anyone ever stolen something from your house that belongs to your family or someone you live with? Things like a TV, stereo, car or anything else?	7
9. Has anyone ever used force to take something away from you that you were carrying or wearing?	6
10. Has a parent or carer ever shaken you very hard or shoved you into a wall or piece of furniture?	6
11. After a break up has one of your parents ever taken you, kept you, or hidden you to stop you from being with another parent?	6
12. Has a grown up ever forced you to have sex when you did not want to?	4
13. Has a grown up ever touched your private parts when they shouldn't have or made you touch their private parts	3
14. Have you ever been hit or attacked because of your skin colour, religion, or where your family comes from? Because of a physical problem you have, a disability or because someone said you were gay?	3
15. Neglect means that parents or carers are not taking care of children properly. They might not give them enough food, not take them to the doctor when they are ill, or not make sure they have a safe place to stay. Have any of these things ever happened to you?	2
16. Have you had to go to school regularly in clothes that were torn, dirty or did not fit?	1

The complexity of the young people's problems

The young people interviewed provided details about the challenges they faced and positive factors in their lives. All of the young people recounted numerous difficulties in their lives suggestive of their vulnerability. These difficulties included:

- School related issues: being bullied, getting into trouble at school, missing school, and being excluded from school, problems with school work.
- Parents' issues: domestic violence, serious parental illness, parental substance misuse.
- Parenting issues: beatings from parents, neglect, being in care, being kicked out and becoming homeless, losing contact with parent or erratic contact.
- Mental health: eating and sleeping problems, self-harm, depression, anger problems, panic attacks, and suicidal thoughts.
- Young person's behaviour: getting into trouble with police, social isolation, running away from home, violence towards others, drug use, underage sex.

The following example is a composite case indicative of the complexity of the young people's experiences:

> Alice is fifteen. She lives in London. Her father has a history of mental health problems including an attempt at suicide which Alice witnessed. Her father has on-going problems and relies on Alice to care for him. Alice was seriously beaten by a young woman living locally, requiring hospital treatment. Alice is scared to go out of the house. Alice became pregnant aged thirteen. When she went to the GP information was passed to social services and the police became involved. Alice felt pressured into an abortion by professionals, and her boyfriend consequently left her. She has difficulties sleeping and self-harms and is struggling to stay in school due to her aggressive behaviour.

There was a range of complexity across the sample. Some of the young people were struggling at the time of interview with on-going problems. However, many of them spoke positively about emerging from their difficulties with hope, about activities that they enjoyed, and about their plans for the future. For example one young person reflected on his life,

> *I am a lot more comfortable with myself now, I can finally do things that I have wanted to do as a person, as a young person, because I never really felt like a child back then, because I really wasn't doing things what other children did; going to school, doing their thing*.

Many young people talked of current activities they enjoyed including football, climbing, free running, boxing, drumming, art, music, having a network of close friends and going to youth club. Several of the young people had aspirations and plans for the future wanting to study law, bricklaying, hairdressing, getting a part-time job, and travelling.

4.3 RECOGNITION

The interviews sought to address the question of how young people identify abuse and neglect, both generally and in relation to their own lives. The interview included some trigger material presenting hypothetical situations which a young person might face, and asking the participant to respond to them. In addition the young people spoke about their own lives and the situations they had faced. Some of the young people chose not to go into much detail about their own lives and researchers respected their choice in managing the interview situation.

Recognising abuse in hypothetical scenarios

Problem 1: 'Jay'

Jay is thirteen. His stepdad shouts at his mum for hours and smashes things. His mum has tried to leave but his stepdad won't let her go. Jay is really worried as his mum is the only one he's got. If his stepdad goes near her again he doesn't know what he will do.

There was some suggestion that Jay is not experiencing abuse as the violence is not directed at him: '*he is not really getting abuse himself, he is just really concerned for his mum'.* One young person thought that the stepfather might have a reason for hitting his partner, '*the way I see it there is always more to it than it, because it can't be just...maybe the father has a reason for hitting the mum, cos she has done something bad or she's done something stupid'*. Another implied that the situation was not too serious, '*He don't hit her, he just smashes things round her and then shouts at her, he is not actually hitting her*'.

Others however thought that Jay was in a difficult situation, the violence might escalate, the step-father could be unpredictable and Jay might get physically hurt, '*he could beat or even kill the mother or the child himself*'. They thus still focused on the likelihood of physical harm to Jay, rather than the traumatic effects of witnessing violence. Some young people identified the situation directly as domestic violence and thought that this counted as abuse towards Jay's mum. However one suggested that Jay's mum might not want help:

> *If he got like say a police officer involved and the man would be arrested and the mum might be horrible to him about getting the man arrested*.

There was one young person who identified that the fear of being hurt was itself difficult for Jay, together with the seriousness of the level of control exerted by the step-father over Jay's mum:

> *At the time there would be so many things running through your head, because you would be scared, you would be emotional and you would be angry at yourself knowing that you can't do anything about it.*

Problem 2: 'Sarah'

Sarah is fifteen. When she was younger her stepbrother, who was a few years older than her, touched her and made her do things to him. She can't get it out of her head and the memories keep coming back.

Most of the young people assumed that this was serious abuse:

> *This is very, very, very, very big scene, because obviously this is dramatic and when I hear things like that it is just dramatic, how some people could do that in this society.*

> *That just isn't right whatsoever, that is wrong in every way, shape and form. Yeah I hate things when it comes to rape and things like that, I just don't agree with it*.

Several of the young people suggested that the police should become involved, implying that they viewed the situation as serious. Because the sexual abuse had happened in the past, more emphasis was given to the importance of getting help with the emotional impact, '*it would be bad for her not to tell anyone because it will just keep going through her head*'.

One young person suggested that the seriousness of the situation depended on exactly what had happened, and implied that as the brother was himself a young person, this might be a mitigating factor: '*it was an older brother, which sounds a bit grim, but he was a bit younger when he done it – would depend on what stuff he made her do*.'

Problem 3: 'Nathan'

Nathan is eleven and lives with his dad. He is left on his own after school until 11pm and sometimes his dad doesn't come home at all. There is no food in the house and no money to get food. Sometimes there is no hot water or electricity. Nathan does all the housework. He has not had a shower or wash for about two months.

In contrast to research which suggests that children may find it hard to recognise neglect (Chan et al 2011), and perhaps because of the young people's own experiences, they identified Nathan's situation as very serious, naming it as neglect and child abuse, *'obviously it is child abuse'*. A father abandoning his child was viewed as serious, particularly given Nathan's age. It was felt that Nathan might need to go into care and would need social work help. A number also described Nathan as suffering neglect:

> *Leaving a child and he is 11 years old, he is nowhere near stable enough to rely for himself, he doesn't even know what independence is, because he is too young to know what independence is. Neglect thorough neglect*.

However, one young person questioned the severity of this situation, perhaps because of the failure to provide basic care rather than an identifiable incident of abuse, '*it doesn't seem of that much of a severe, doesn't seem that severe of a situation to actually talk to a police officer about'.*

Problem 4: 'Steph'

Steph and her boyfriend just split up. Steph is fourteen and he's fifteen. Steph really liked him. He hit her and she has bruises on her arms. She's scared to tell, because she knows what he is capable of and she doesn't want to get him into trouble.

A number of young people identified the situation as assault or abuse, '*he could be arrested for abusing someone who is younger than him*'. Three of the older young women identified with the situation as one of domestic violence that could escalate. Two had personal experience of violence from boyfriends:

> *You know what, that is like domestic violence that, because when you get someone and they be like that, you can't get away from them. Do you know what I mean? I have seen a lot of like people who have been through it and they always go back to them, always*
>
> *He will keep doing it again and again, he is going to make a habit, like he is going to keep hitting*.

A few of the young people suggested that the situation was less serious, and something that Steph could learn to deal with herself - she needed to learn '*how to look after herself and not be scared of other people*'. Another young person reflected that it was good that Steph was not being hit by her own parents, perhaps implying her situation was comparatively less serious.

Problem 5: Sushma

Sushma is twelve. She went to her friend's house and lied to her parents about where she was. When her parents found out Sushma's mum hit her. Sushma ended up with a black eye, several bruises and a cut from a ring. She's scared of her mum.

There was some discussion about gradations of physical violence, '*I could understand her mum hitting her and things like that, but not giving her bruises and black eyes'.* However, in general there was agreement that this incident was serious (*'you are not supposed to hit your kids'*) and that Sushma needed help. There was also some discussion about the issue of getting your mum into trouble and this was notably different from the discussion relating to Jay's case. Many of the younger girls in the sample felt that Sushma would have complex feelings about her mother getting in trouble, an issue that was not mentioned at all in relation to Jay and his stepdad.

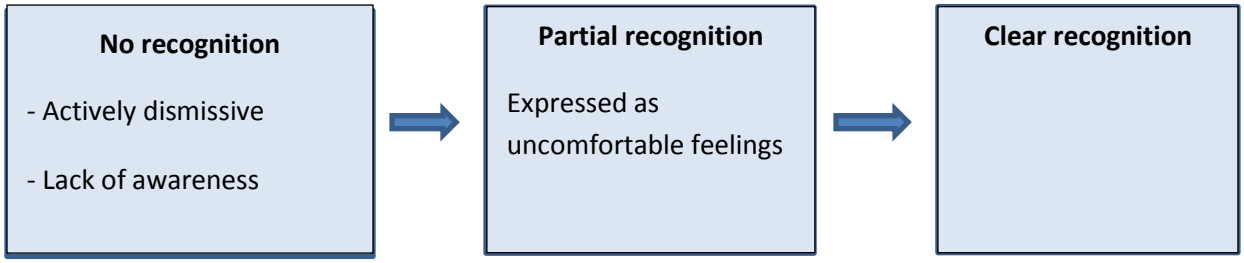
She would feel like really gutted because she has got her mum arrested.

She probably loves her mum, but is just scared of her at the time she hit her and she wants to stay with her.

They might get their mum in a load of trouble and even though she is scared of her I don't think she would want that.

How, and at what point, did the young people recognise abuse in their own lives?

While the majority of young people interviewed identified these given hypothetical situations as abusive in some way, their accounts of recognising abuse in their own lives were often less straightforward. Their descriptions can be understood on a continuum, encompassing:



No recognition

Actively Dismissive

In these cases, the young person did not agree with what others define as abuse: Two particular themes were apparent here:

- ***The definition of sexual abuse in relationships between peers***. Three of the young people had police and social work involvement due to underage sex with a peer who was significantly older. Of these, two disagreed with professionals that this constituted a problem. These young people came to the attention of services but would not have told because they did not perceive themselves to be in a risky or abusive situation. A third was experiencing physical violence from her partner but services were more interested in the age difference than the physical abuse. She was more concerned about the violence.
- ***Young carers.*** Two young people recognised that they needed help, but framed this in terms of needing help for their parent, not for themselves, and resisted others defining this in a different way. In one instance, a young person acted as a carer to her mother. She expressed recognition of her mother's difficulties and wanted help for her mum. She strongly rejected the view of the social worker that she herself was at risk.

I thought the social worker was going to get my mum support and help, but she didn't really care, she was just worried about me …. and she thought I was getting abused and all this sort of stuff, but I wasn't getting abused I have never got hurt by my mum or dad, never, none of my family have ever been hurt, but I just wanted her [mum] *to get some help.*

Lack of Awareness

Lack of recognition could be difficult for a young person to articulate, since by definition, if the young person was in a situation they did not recognise as abusive, they would not articulate it as such. However, several of the young people spoke in hindsight about a situation which was abusive but which they were not able to recognise or articulate as such at the time. Lack of recognition was linked with age:

> *You know when you get older and you think a bit more, but at that age I wouldn't have really been as easy obviously you learn more words over the years and you get better with your English and thing like that.*
>
> *When I was little my...obviously I was too little to understand it all, but I think, because my dad used to hit my mum.*
>
> *It was abuse anyway, more serious than I thought at the time.*

Some young people were battling a sense that they were at fault, thereby diminishing the gravity of what happened. One young person also identified how his perspective had changed as he grew older and realised that the situation had not been his fault:

> [Thinking about the past] *you think maybe I did certain things wrong myself, but I still did not deserve that, because it was just awful, it was awful.*

A further issue which hindered recognition was a sense of self-reliance or 'closing off' from what was happening. This was often mentioned as a barrier to telling but for several of the young people it had become so central to their way of coping that it seemed likely to act as a barrier to recognising that they were in a situation where they actually needed help, and to lead to minimisation of problems:

> *It was just like 'I don't need this, I don't need nobody, I will be alright'*.

Partial Recognition

Most of the young people interviewed indicated that, looking back, they realised that they had been in difficulty and agreed that there were serious problems that needed to be addressed. Sometimes they alluded to having experienced uncomfortable feelings about a person or situation they were in, while at the same time not being fully able to identify this as abuse. There was a sense of uncertainty about whether this was a real problem or enough of problem to tell someone else about.

As one boy commented, reflecting on a past experience '*I think I was too young to realise, it was just I didn't like being there'*. One girl had moved to the UK to live with her mum aged five, having previously lived with her grandparents in another country. She described being physically abused by her mum and also having had to look after herself and brother whilst mum was at work. She was conscious at the time of the way her care had changed but also felt uncertainty about whether this was normal in her new country: '*and I am thinking like maybe that is how it is in London'.*

Recognition was something that could develop, in part with age. The young people talked of a gradual understanding rather than a sudden epiphany. However, this growing realisation could be accompanied by a lack of awareness about ways of changing the situation, leaving the child vulnerable. As one young person put it when discussing an eleven year old:

> *I think he is old enough I think to kind of understand a little bit maybe, but I think he is kind of young, like too young to know what to do.*

There were suggestions that children would have more sense that their family situation was not 'normal' at the age of around eleven or twelve as they were increasingly able to compare themselves with other families. On the other hand norms could act in a negative fashion, compounding the effects of earlier childhood, and normalising violent or abusive relationships. One young person had been physically abused by father. When her boyfriend was also violent to her she viewed this as part of her life, and did not initially see it as abuse.

Clear Recognition

There were occasional examples in the data whereby the young person had recognised at the time that what was happening was wrong. These were more likely to be incidents that happened in adolescence. One young man had been sexually assaulted by a counsellor, and another young woman was raped by her uncle. However although the recognition might be immediate it did not necessarily result in an immediate attempt to get help. The young man did not tell anyone for two years and another young woman lived in a situation of domestic abuse and sexual abuse for a long period before finally telling about it.

A Dialogic account of recognition

Often young people's descriptions emphasised recognition as a product of conversations with another person, whether this was family member, friend or professional. In this way, recognition was prompted through conversation rather than being a precursor to telling. The following example is illustrative of the way in which recognition developed from a joint dialogue:

One young person had described how her informal support network had helped her recognise the severity of her situation. Her description implies that it was her sisters who recognised this before she herself did: '[I was in] *a really bad place and they come to me, I was so stubborn I wouldn't go to them'.* A good friend was also instrumental in helping her by speaking to her in such a way as to enable her to confront her situation, 'I *kind of woke up and I realised, what the hell am I doing?'*

4.4 TELLING

Types of support and motives for telling

The young people interviewed discussed various motives for telling, both hypothetical and based on their actual experience. It appeared that the choice of who to tell was often related to the type of help desired, and that different types of help were associated with different people. To examine this in more detail, we further scrutinised the interview data to summarise the reasons the participants gave for approaching various helping people. The results from this analysis are presented below in Table 4.2. This table is based on qualitative data and gives a useful 'at a glance' indication of the perceived roles of various sources of help.

Table 4.2: Motives for telling and sources of help

	Stop abuse or problem	Information and advice	Emotional support	Practical strategies to minimise harm	Medical help	
Professional sources of help						
Doctor	1	3	2	1	14	
Teacher	15	10	7	6	1	
Social worker	21	4	6	1	0	
Teaching assistant	1	2	3	0	0	
CAMHS	1	3	13	5	2	
Youth worker	10	7	10	4	0	
School nurse	0	6	6	0	8	
Church or religious worker	1	0	0	1	1	
Police Officer	23	1	1	0	1	
Sports coach	3	1	1	1	0	
Helpline or internet	4	9	3	0	0	
School (unspecified)	0	0	0	0	0	
Counsellor	0	2	9	1	0	
Solicitor	0	1	0	0	0	
Informal sources of help						
Friends (peers)	3	8	18	2	0	
Friends (adult)	6	0	5	2	0	
Boyfriend /girlfriend	2	2	7	1	0	
Parents	12	2	6	0	0	
Siblings	2	1	2	0	0	
Extended family	5	1	5	1	0	
Family member (unspecified)	8	3	3	0	0	

Numbers relate to number of cases, not number of instances mentioned; the maximum number of mentions is therefore 30 (the number of interviews).

Table 4.2 suggests that while some sources of help were considered to have a single role, for instance the police to stop the abuse or a doctor to provide medical support, others were viewed in a more holistic way, scoring highly across the various categories of support. Teachers, social workers and youth workers stand out as the sources of help to have over four mentions in at least three different categories of support.

Stopping the abuse: All interviews analysed contained some mention of telling as a means of directly stopping the abuse or the problem. The young people were more likely to cite the police (23 interviews), social workers (21 interviews) and, to a lesser extent, teachers (15 interviews), as people who would be able to act in this way. One girl described how her teacher had intervened when she revealed her boyfriend had been physically abusing her:

> *She sort of got in the way and said, 'This has got to stop!' And she moved him out of my form and she made him stop talking to me.*

The informal network, particularly parents, were also mentioned as being able to help to stop the abuse, including using physical retaliation:

> *Some parents could go to the police about it, most parents would just pay a younger lad to kick the living crap out of him and he would never do it again.*

The young people described some sources of help as having a role to play in referring on to someone else who would be in a position to stop the abuse - a number of young people said that a helpline could potentially be used in this way.

Information and advice: Teachers, helplines, youth workers or friends were more often mentioned in relation to seeking information or advice. Discussion included the potential of helplines to 'test out' what might happen if other sources of help were sought or find out what next steps to take.

Emotional Support: Another motive was talking to someone to get emotional support with the impact of abuse. Friends were the source of support most often cited in this role, with 18 participants mentioning peers as providing emotional support. However this picture is complicated by the strong reservations expressed in many interviews about the potential adverse repercussions of confiding in friends. With this in mind, the young people often described how they would seek this kind of help from only one or two close and trusted friends. The professionals referred to most often in terms of emotional support were CAMHS workers and youth workers.

Practical strategies to minimize harm: A further theme surrounded practical strategies that help young people cope with or minimise harm, often relating to managing symptoms such as anger or self-harm. Such strategies included writing things down in a notebook, counting to ten or playing drums and were most often suggested by a teacher, CAMHS worker or youth worker.

> [CAMHS worker] *helped me through talking and like thinking of ways of getting over it, like I feel the need now, I just get a red pen and just draw on my arm or I get an elastic band and*

ping it and that has helped many of my other friends and it has helped me, so I just get out and about really and stop dwelling on things.

Medical help: A more specific motive was seeking support with the physical impact of abuse. Not surprisingly, a doctor was mentioned most often in this context. However, the role of the doctor was very much viewed as confined to medical matters, attending to injuries relating to physical abuse. Rarely were they seen as having a role beyond this. However, the school nurse was viewed as having a broader role – with provision of emotional support mentioned alongside medical help. There was evidence of a school nurse having played a valuable role in this capacity in several interviews.

The school nurse, not only to help with the injuries, but also she would be wondering how the injuries were caused and you could talk to them about it and they could also refer you to one of these other ones.

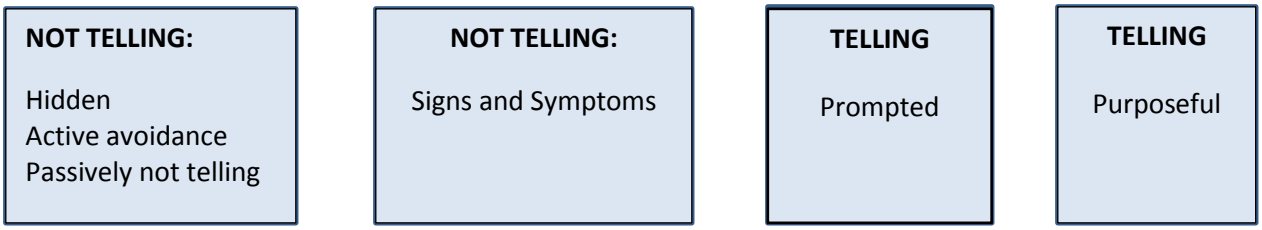
Overall, the young people showed a good awareness about the function of the different professional sources of help, which was likely, at least in part, to be a reflection of their own involvement with these services. They were, for example, more likely to have had a social worker or CAMHS worker than the general population. A great deal of the discussion around motives to tell and who to seek help from arose in relation to the hypothetical 'problem cards' presented to them. In these cases, the young people tended to have a straightforward and uncomplicated view of how the person would help in each scenario, for instance to *'send someone round like a social worker, like to sort it out'*. In comparison, the descriptions drawn from the reality of their own experience showed this process to be far more complex, and that barriers to telling may well override motives to tell. This is further considered in the following section which presents an analysis of telling derived from the interview data.

Themes around telling

Four themes around telling emerged from our analysis of the interview data. These were:

1) Being 'hidden', either by actively avoiding telling or passively not telling;
2) A trigger point – 'signs and symptoms' which signal the problem and may alert others to the child;
3) The child being prompted to tell by someone else (often in response to a trigger point);
4) The child actively telling others.

These can be viewed as a continuum, with actively resisting telling at one end and purposefully telling others in order to gain help at the other. This spectrum is illustrated below:



Young people could remain 'hidden' in one of two ways – through passively not telling or through actively resisting telling.

Actively avoiding telling:

The reasons for resisting telling usually related to emotional ties (for example to family members or a partner who was perpetrating the abuse) and fear of consequences. The complex emotional dynamics of thinking the abuse was your fault and wanting to be loyal to those whom you have strong feelings for were summed up by one young person who said, '*it's hard to tell on people you love*'.

For some of the young people, the fear of being removed from home was at the forefront of their mind when deciding not to tell. One boy who had a previous negative experience of foster care, described how he avoided telling, preferring to stay with his mum at all costs. Emotional ties to his mother were also implicit in his comment:

> *I wouldn't go to the police or nothing like that; I would just deal with it meself..* [*What* would put you off going to the police?] *Mum getting arrested….who knows maybe my mum could be classed as not well enough to look after me and then I could get put in Social Services and then it just goes on and on and on….. I would rather just stay with me mum no matter what the consequences.*

His experience reflects the vulnerability of young people who return home from the care system (Brandon and Thoburn, 2008; Wade et al, 2011; Farmer, 2012). Sometimes the fear of being taken into care was deliberately reinforced by the abuser, as in the case of one girl whose mother repeatedly told her she would be taken away if she told about the physical abuse she was suffering. She described how she and her brother had therefore denied that there was a problem when asked:

> *When I was younger my mum always told us they are not to be trusted and then we kind of like just took up that role so we didn't tell them much, we told them 'no my mum and dad weren't hitting us, nothing is wrong*'…….*mum told him* [little brother] *if he says the truth that they are going to take me and my brother away and then he didn't want that to happen so obviously he said no*.

Another potential adverse consequence of telling discussed by the young people was that this may exacerbate the abuse. One boy powerfully described the conflicting emotions he had experienced - desperately wanting to tell while at the same time being too scared to do so:

> *I really, really wanted to open my mouth and just tell them everything and just get out of there, but I knew that I would have to go back to my mum on that night and then she would have definitely heard about that and I would have had a bad experience and I had a massive fear of that, so I dared not mention anything.*

This fear of the consequences of telling reflects previous research (McGee, 1997, Goodman-Brown et al, 2003, Hershkowitz et al, 2007, Malloy et al, 2011) and the findings of the analysis of the internet forum. Other barriers to telling included fearing the negative reaction and ridicule of peers, fearing not being believed or an unsympathetic reaction, or that telling would cause distress to their family or friends, as one girl said *'I don't want to bother them…they have got enough to deal with'*. Similarly, a young person may avoid telling because they fear the emotional consequences to themselves of doing so - one girl felt that in such circumstances it may be preferable to *'just forget about all of it rather than to deal with it.'*

Interconnected with these fears surrounding telling was the same sense of self-reliance and shutting off from others previously discussed in relation to recognition. This strategy tended to be associated with negative perceptions and experiences of past intervention, and appeared especially pertinent to those children who had spent time in care:

> *You know when I am really stuck I don't ask for help because everything I have got is from me, that's how it is…..I don't like asking, I hate asking and I only ask if I really, really, really like if I need it.*

Passively not telling

Some young people had been hidden, not because they actively avoided telling, but because they simply were not noticed. Although barriers here could relate to lack of recognition, it was also apparent that this could happen where the young person had recognised that what they were going through was wrong, but felt unable to turn to anyone. This was poignantly illustrated by one young person who described how her mother had abandoned her when she was 13, leaving her to fend for herself at home alone. She said that had she been asked, she would have told, but no one did: '*I weren't surprised* [that no one asked] *because of the school I went to…..they focussed more on your school uniform than who you are'.*

Signs and Symptoms

Most of the interviews contain a description of a tipping point which led to involvement of a helping person. Generally, this presented as risky behaviour or the expression of emotional symptoms (often culminating in one critical incident) which brought the young person to the attention of others. Less often, an external event such as a suicide attempt by a parent could also act as a trigger for intervention. In this way, help would 'arrive' in response to an incident rather than being actively sought. Subsequent help could revolve around the presenting problem (symptoms) or lead to intervention around the cause itself (abuse). The ultimate direction this took was, in part, due to the nature and effectiveness of prompting by others.

Externalising behaviour: There were a number of instances whereby outward behaviour such as physically or verbally harming others had alerted someone to the problem and intervention had followed. In some cases any consequent support remained focussed around the presenting symptom but there were also examples where this triggered telling and support around the underlying cause. This was illustrated in one case where the young person had perpetrated a violent assault against her boyfriend: *'I lashed out on him, a year's worth of anger came out on him and he ended up in hospital and I ended up getting in trouble'.* Professional involvement in response to this led to her telling about past abuse and receiving support '*I had told them the reasons why and they looked at it'.*

***Internalising behaviour*:** In other cases, internalising behavioural problems, such as self-harm, had drawn the child to the attention of others. One girl described how following a suicide attempt, she had been referred to several sources of help: *'they had to pass it on to the head teacher who had to get people involved like CAMHS, I had a counsellor in school because of it'.*

One fourteen year old boy, drawing on his own life experience and observation of others, clearly expressed how he viewed that problems stemming from abuse could manifest in both of the ways outlined above.

> *A boy is more likely to get more angrier and girls get more upset and things like that and feeling really sorry for themselves and things like that and they just start getting down and then that can lead to thoughts of suicidal things. I mean all the thing like that, 'Shall I go and overdose?' it can get bad and that's why it is better to go to the police or something like that to get it sorted, before it gets to the stage where they want to do stupid things like that.*

Prompted telling

An important element running through the interviews was the importance of a sensitive and effective response to the kind of signs and symptoms discussed above in prompting the young person to tell. The qualities of the relationship with a helping person, such as trust, duration of relationship and closeness, were critical here. In many instances it was one key person (professional or member of the informal network) who had been able to pick up on these signs and enabled the child to tell, as demonstrated in the examples below:

Example 1: Physical abuse by father One young woman described how, at school, a teacher noticed her bruises, was concerned and asked about what had happened. However, she initially resisted telling because she feared the consequences: *'I didn't want to tell her who it was…all I was thinking about was what would happen when I get in. I didn't want any more trouble with my dad'.* Despite her reluctance to tell, the teacher was persistent in enquiring: '*she kept bugging me for like a week, trying to get me to tell her. I said 'no I am not telling you'.* Eventually she did reveal that her father had caused the injuries. The teacher passed this information on, and there was subsequent police and social work involvement which appeared to have helped stop the abuse to some extent.

Example 2: Sexual assault (rape) by a stranger The young person avoided telling about the incident for a year. A critical point came at a Team around the Child meeting which was also attended by a teacher who had been a consistent source of support to her for some time. The young person became very upset at this meeting and the teacher, who saw her regularly and knew her well, responded sensitively to her distress and persuaded her to tell. As in the previous example, the teacher showed persistence despite initial reluctance to tell:

> I *was upset that past week and she asked me how I had been since the one before and I said I had been fine and Miss said, 'Well that is not completely true because the last week has been not so good as it could have been,' and then I just started crying and she asked what was wrong and I said that I couldn't tell her. Then everyone else went and she stayed and she said, 'You can always tell me anything, because you normally do, so whenever you are ready just go for it'.*

The young person was then able to reveal what had happened to her by showing the teacher her diary which recorded the rape – for her this indirect way of telling was more manageable than having to directly speak about what had happened.

Example 3: Sexual and physical abuse by boyfriend In this case, it was a member of the informal network, the child's mother, who prompted her to tell. The trigger point was a *'really bad day'* when she became very distressed, prompting her mum to ask: '*I was like crying and my mum was like, 'What's wrong?' and I just bursted it out.'* Her mother then contacted CAMHS for further support.

Other examples demonstrated how, having overcome the initial hurdle of talking to someone, the young person felt better able to open up and talk further about what had happened in a more purposeful way (a positive feedback loop):

> *She talked to me about a lot of things that I never actually spoke to anyone about and then once I had spoken about them, they weren't so bad.*
>
> *I find it hard to open up about things like that… but* [youth worker] *learned me.*

Purposeful telling

Purposeful telling implies that the young person identifies the problem and actively seeks help. This was described less frequently in the interviews than prompted telling, not least because it assumed some degree of preceding recognition. Active telling in this way also often depended on having a pre-existing, trusting relationship with the person who was approached: *'I was so close to her* [teacher] *and I spoke to her about everything…she was like my best friend, she was the only person that I would go to'.*

In some instances, having recognised the problem, the young person immediately sought help in a planned way. More often though, they described a long period where they were not able to tell. Eventually, after a build-up of emotional tension, a 'critical point' was reached which precipitated telling, as demonstrated in the following examples:

- One boy described being sexually abused by a member of school staff when he was 12. Although he immediately recognised that the incident was wrong, he was unable to tell anyone for two years, partly because he feared how his family would react. Eventually he did tell his grandmother, recounting how he had got to a point where *'I just couldn't take it anymore'.*
- Another young person spoke about her step-father who had been physically abusive to both her and her mother. She had endured the situation for some time until she felt *'I have got to speak to somebody because it was just killing me*'. At this point she purposefully phoned the police to report domestic violence.

While some young people had directly approached the person they wanted to help, others had tried to use an intermediary. This could involve going to someone who it was felt had more authority to act on their behalf (for example, telling parents about bullying hoping that the parents can then go to school to talk to the head teacher). Other times, a person was approached because they were in a position to pass information on to someone who could act to help (for example, going to a teacher because they could contact a social worker). The initial person might be chosen because the young person had a good relationship with them, because it was more acceptable to approach them, or because they were easily accessible (for example, a teacher at school).

Another indirect way of purposefully telling was through a written rather than verbal medium. One girl described choosing to text her father to tell him that she had been sexually abused '*When I did tell him I didn't tell him to his face, I wrote him a text because I couldn't look him in the eye'.* She had previously avoided telling her father for some time, fearing an unsympathetic reaction. Another girl who acted as a carer for her mother, had actively sought help in a planned way from her old primary school teacher by handing her a letter, and requesting that she read it later '*I said to read it when I am not here'*.

Even when purposefully telling and actively seeking help, the young people would often limit what they told. There were a number of examples where the young person would strategise about what and how much to say, often with potential unwanted consequences in mind*:*

> *I just keep a load of things to myself…I don't tell anyone certain things, I tell a bit and then I miss out a big bit.*

Thus, although help might be actively sought, the various 'barriers to telling' could nonetheless play a part in influencing the way in which this was done.

Pathways to help

All the aspects of telling described above could appear within a single narrative. The example below outlines a positive sequence of events, starting with a trigger point, and moving from reluctance to tell through to prompted telling and finally the expression that she would be more confident in seeking help in the future. The young person interviewed also contrasted the kind of long-term support she received from the youth worker with what she found to be a less helpful one-off visit from community support officers who gave her a leaflet.

> School refers her to youth worker after trigger point relating to a symptom (school informed, she doesn't know who by, that she is misusing alcohol). [Signs and symptoms]
>
>
>
> Initially she did not want to talk to the youth worker *'I just like thought that…I wasn't going to listen to her and that it wouldn't have an effect on me'.* [actively avoids telling]
>
>
>
> She felt that the help was effective and that over time she develops a trusting relationship with the youth worker '*she is consistent and I can talk to her',* and this prompts her to confide more '*basically she knew what had happened and then I started telling her more stuff…. other things as well'.* [prompted telling]
>
>
>
> She now feels she would purposefully seek help from her in the future '*if something* [happened] *like my boyfriend hitting me then I would go to her'.* [purposeful telling]

4.5 HELP

Self-help

Many of the young people were resourceful and had developed their own strategies for managing problems. Some talked of actively trying to distract themselves from their troubles and find an emotional or physical outlet by playing football, writing, scribbling, '*boxing, free-running so that you really push yourself*'. Some used friends to distract themselves by having a laugh or going to their friends' houses when things were tough at home.

There were some instances in the interviews when the young person would talk about something they did themselves to address the problem directly. One child described giving his father an ultimatum with the result that the father became more reliable support to the child:

> *He didn't really kind of bother with me because he left when I was like quite little and he kind of bothered and then kind of gave up and didn't really bother, so in the end I just kind of*

turned round and told him to...you know...get lost and then I think it was last year I said to him...he phoned me and I said to him, 'This is your last chance' and ever since he has kind of like just phoned me once a week on a Monday.

Similarly, another young person took direct action by giving her mother an ultimatum, demanding that she

…sort it out and that if she doesn't start being a responsible adult, then I am going to leave her.

Faced with complex problems several of the young people had become self-reliant, feeling that they had had no other choice. One young person was sleeping rough when he was 15 but nevertheless managed to earn some money cleaning cars. He described how he managed:

I did buy things that would keep me reasonably well, deodorant, toothpaste, bottled water, that's it, just spit it on the floor… gel and just more deodorant, more and more deodorant, and aftershave and this and that because I didn't want to look like a state, because that is what I hated, that is what I hated, was people looking at me and thinking.

This degree of self-reliance seemed to be a coping strategy which might not be beneficial if support later became available. The necessity for self-reliance became a way of functioning which made it difficult for the young people to seek out help when needed, or accept help if it were offered. As one 19 year old girl commented, 'Y*ou know when I am really stuck I don't ask for help because everything I have got is from me, that's how it is'*.

Help from others: qualities of helping people and relationships

During the interviews, the young people also spoke about their own experiences of services. Qualities of helping people and relationships which they described as important included trust (often related to duration of the relationship, not being judged and confidentiality), perceived knowledge and expertise of the helping person, the effectiveness of the support and the accessibility and availability of services.

Trust

Trust emerged as a crucial aspect of help. Some young people, particularly those who had endured the most difficult and protracted problems, talked about it being very difficult for them to trust anyone. Some young people had family backgrounds which left them wary about trusting others and this had been compounded by negative experiences with professionals. They found it difficult to trust any new professional they encountered. Those young people who could not trust anyone amongst family or friends seemed particularly vulnerable. They were more likely to trust professionals than anyone in their informal support network, although that trust was hard to establish and fragile:

Looks can be deceiving so much, that's why I really don't have a lot of trust now. Once someone breaks that trust, it is so hard to get it back and even when you do get back there is that little bit that don't trust.

Trust as part of a helping relationship was very important, and took time to build. The development of trust was a precondition of talking about their problems and was viewed as essential, although hard to achieve:

If you have someone you can trust, you can talk to them, because the last thing you want to do is kind of bottle it up. I think to try and make sure they have someone they can go to if they ever get into a bit of a sticky situation.

It might be assumed that young people would turn to their friends with sensitive information that they would not confide to a professional. Some young people valued the support that could be offered by friends, particularly when they felt they had experienced the same kind of problem:

They sort of know what is going through your head, because they are like more like you.
My friend she has got similar problems to what I have got,….we have had the same past and everything and all I say around her I know it won't affect her and everything like that and she can tell me anything.

However, it was striking the extent to which young people were careful about telling their friends. Most of the young people were extremely careful about choosing which friends they confided in and several said that they could not trust any friends with sensitive information:

Like I said, kids these days can be right horrible people, they really can, even just by going round saying rumours.

I know you have your close friends but sometimes they can go behind your back as well, 'Oh you never guess what?' and it goes round everywhere.

You know what people are like, I mean there is some kids who have it easy in life and who like to cause other people trouble. I mean it has happened to me before, I spoke to someone privately and they assumingly decided to spread out the word itself and started to tell other people.

Aspects of professional relationships promoting trust

Duration of relationship

Young people were unlikely to immediately recognise abuse and approach a professional to tell about it. Establishing a trusting relationship could be the factor that facilitated prompted or purposeful telling, as well as conversations that led to a greater recognition of abuse. The length of

the relationship with the helping person was a critical factor for many of the young people who were interviewed. Teachers and youth workers were the professionals cited in this context – people with whom the young person had been able to gradually build up a good relationship, through the longer term nature of their involvement:

> *As I got to know her then I started to trust her and things like that and then I started talking to her, it is now a lot easier to tell her my problems*.

> *It does take a long time to get to know someone and you know you can trust them, I mean I was there for four, four or five years, so I had known her* [teacher] *really well so that's why I went to her, I should have done it in the beginning it might have all stopped.*

Many of the young people stressed the importance of being cared about as a person, and not treated just as part of the job. One young person commented about how she could tell the school nurse cared because she '*looked really upset for me*'. There were a number of examples where the helping person went above and beyond their job description, for instance by staying in contact.

Not being judged and being believed

A number of the young people raised the importance of people not making assumptions about their situation, leaping to conclusions or judging them harshly. This resonates with research on children's and young people's experience of child protection services (Cossar et al, 2011). If the professional could demonstrate this quality there was more chance of a trusting relationship developing over time:

> *They* [youth worker] *didn't judge me or how I looked, they just judged me as who I was…. it is just the way they are, they're nice, they are not the way other people were, they are really nice to me, so I don't feel like they are judging me. Normally I feel that people are looking at me.*

> *Like I kept feeling that I am a criminal, I have messed my life up, everything has gone wrong for me and whatever and she* [youth worker] *just made me feel so much better, she was just like, 'You could turn it all around'.*

> *She* [social worker] *was there to help me in the first place, not to try and have a go at my mum.*

> *I could speak to her* [teaching assistant] *and not feel like she was laughing at me.*

In contrast, three striking examples concerned young people having to make a statement to police about sexual assault or rape and feeling that they were not believed. One young person plucked up the courage to go to the police with her friend to report that her stepfather had raped her, but felt '*they basically dismissed it*'. Another young person felt that the purpose of cameras in the interview room was to assess whether or not she was telling the truth:

> *They put them in there to see if you lie, like say if you like smile, like say a really nasty smile, like you really want to get this boy into trouble when he hasn't done anything wrong, but I weren't lying, I know for a fact that I weren't lying.*

Another young woman was so distressed about making her statement that she took an overdose, *'I still felt sick and I passed out as soon as I got there. And the lady was horrible, she thought that I was lying on the floor like acting and out of choice'.*

Confidentiality

One issue that might arguably affect trust is when a professional feels they need to pass on information that suggests the young person is at risk. In some cases this would be with the agreement of the young person. The interview schedule directly addressed young people's views about breaching confidentiality, and how they felt about professionals passing on information about them when the young person did not want them to do so.

There was recognition that the knowledge that information would be passed on might stop children from talking. One young person, who had gone on to work with children, said:

> *Sometimes children know that things are going to be passed on then they won't tell you, so I mean when I was doing a placement there was a little boy and he was so scared and refused to tell anyone why because he knew it would be passed on, so I never actually did find out what happened to him*.

For some young people breaking confidentiality meant the young person lost trust in the relationship. One young person referred to feeling '*upset and betrayed*'. Another commented:

> *You don't open up to anyone unless you trust them and it takes a lot to build trust and then for you to get that trust and then act like you are not going to tell no one and then tell someone, that is disgusting…. Don't ever think that I am going to trust you again*.

However, young people who thought that information should never be passed on without the young person's consent were in the minority. Almost all of the young people suggested that there are cases where young people's confidentiality should be breached. For example, the young person who expressed her strong feelings above, also said '*hitting and violence definitely it should be done*'. This view was echoed by the other young people who thought that information should be shared in instances of child abuse, sexual abuse, suicidal thoughts and where the child is in real danger: '*if it is something severe and incredibly serious, like sexual abuse or child abuse, then no matter what the child says it should be passed on'*.

There was sometimes a disparity between what young people thought ought to happen in hypothetical cases and how they felt about their own situations. In some cases this may be due to barriers to recognising that their own case was of sufficient severity for a professional to be worried

– they could see how other young people might be at risk, but their own situation was not like that. However, loss of trust was also a result of how the professional handled the situation rather than being solely attributable to the fact that they passed on information. There were two important issues. The first factor was that the young person had not expected the information to be passed on when they confided it, and this could be the case even where the professional had told them generally about the confidentiality policy at some point. The second factor was if the young person found out afterwards that the professional had in fact passed on information without the young person's knowledge and the young person believed the service was confidential. For example one young person was surprised that information was passed to social services by the GP when the school nurse had kept the same information confidential.

The young people interviewed recognised that passing on information could make young people wary about speaking but their solution was not for the child's confidentiality to be maintained at all times but to emphasize the need for discussion with the young person. Discussion was necessary not only to respect the young people's rights but was also about keeping them safe, and protecting the relationship of trust with the professional. Knowing that a professional might pass on their concerns could be viewed positively, with the proviso that this was fully discussed with the young person:

a. young people's rights

It was important for young people to know what would happen. As one young person said '*if you told someone you were going to pass things on then it would be alright*'. Another young person thought that knowing the policy meant he had a choice about whether or not to say anything, '*if I did feel that I didn't want them to do anything, I just wouldn't tell, simple as that really'*.

A third young person stressed that it was important that information was shared on a need to know basis, with minimum details being shared.

b. young people's safety

The young people also identified benefits to having a full discussion with the young person about who and what information needed to be shared. One suggested that the child should be involved in the discussion because they know more than the professional about the consequences of the parents finding out that the child has said something.

Other young people suggested there were benefits to a professional being the one who told their story to a third party because it is difficult subject matter for the child to talk about and having to repeat it could be harder for them than for a professional:

> *First I think 'no', but then I would think if it is going to help me then tell someone, because it would be harder for me to tell someone than them*.

And then I think that with a teacher they would do all the work for you, so then you don't have to sit there going, 'I want to talk to a social worker, I need to do this'. Do you know what I mean, they would help you and they would do it for you?

c. strengthening the relationship with the professional

Some of the young people had experience of information being passed on, initially against their wishes. However, the manner in which the professional addressed this had strengthened the relationship between the young person and the professional and increased the child's feelings of self-worth, as they realised someone cared about them.

One young person described his change in feelings as follows:

If the professional becomes extremely concerned, then they have the right to actually share a little bit more information. So a highly qualified professional is not doing this to spread the word or embarrass they are doing this to help that young person to make a better understanding of life for them and that's what happened to me……. [did not like it at first but then] Personally I thought, 'you know what, spot on and thank you for your explanation and thank you for thinking about what is best for me'.

Another young person described his mixed feelings about his confidentiality being breached. It was good because it meant something would happen but bad because at the time he didn't want his parents to know. However, breaking confidentiality ultimately strengthened his relationship with the professional. At the time, he did not think anyone cared about him and the realisation that someone cared encouraged him to confide more:

At the time when I spoke to her about that I felt a bit uncomfortable talking to her about things, ….because she told me that she had done it, she was also worried about me, just knowing that she was like worried about me….. it just made me feel like I could talk to her about pretty much anything.

The confidentiality of services was a valued attribute of services and young people acknowledged that the thought that a professional might pass on information could be a barrier to talking. This was particularly likely where young people had previous negative experiences of support services. However, most young people thought that in some circumstances it was right for professionals to pass on information without the consent of the young person. This should be discussed with the young person and the way in which that conversation was handled could make a real difference. Although breaching confidentiality could result in a loss of trust and a feeling of betrayal, there were equally cases where the sensitive handling of this issue led to a greater degree of trust in the relationship between the young person and professional.

Accessibility and availability

Another important aspect of helping relationships was availability and accessibility. The young people spoke about being able to access the right service at the right time and having some control over the number of professionals involved and the type of service offered. For young people who might be cautious about seeking help, barriers caused by a lack of accessibility or availability could be off-putting. The following factors were apparent in the interviews.

Accessibility: location.

School based pastoral support was appreciated as it was easy to access. Teachers and youth workers were often a first port of call because young people saw them every day and had built up good relationships. When pastoral support and counselling services were located in school this was appreciated:

> *She* [support worker] *is like in the middle of the school so all you need to do is just go downstairs and on the right she is there in the office*.

One limitation of this was the thought that the service might be available only whilst the person was in school. One young person also raised the important question of what happens to a young person who is excluded, her feeling was '*as soon as I step outside the school it is not their problem anymore*'. Linked to this was the issue of what happened once a young person left school:

> *I feel like everyone is fading away from me, everyone has gone.*

One young person worried that her youth workers were going to be relocated in a more central office as a result of cuts to the service. She was pregnant and thought it would be too far to push the buggy to the centre of town to meet up with her. Another young person talked about the youth service being cut back in his area:

> *It isn't open as much as it used to, before it used to open Monday to Friday, but now it is just Tuesday and Wednesday but because they haven't got their own building they have to move buildings.*

Availability: time.

Some specialist services were available and conveniently located at school, but were time-limited. A number of young people mentioned how their counselling sessions, for instance, had come to an end. One young person commented that her counselling was limited to six sessions. She found it helpful but would have liked more - *'they have got loads of* [other] *kids to work with'.*

A further issue was that of waiting lists to access a specialist service, with no guarantee that the service would eventually be provided. There was sometimes a delay between a request for help and when it began. There was a suggestion that several young people found that services were less available once they turned 18, although their need for help remained:

> *They* [CAMH] *just rejected me, they wouldn't meet me, they wouldn't speak to me, they just rejected me.*
>
> *I didn't actually get to go to them* [CAMH], *but I was referred to them but by the time they got round to it, they just took so long, I was already 18*.

Closeness/distance:

Trust was an overriding concern linked to the duration and closeness of the relationship the young person established with the helping person. A close relationship meant the helping person would be in a better position to discuss the best strategy to help that particular young person and the young person would be more likely to confide in them.

Although generally young people valued professionals who knew them well, there were occasions when a more detached perspective was viewed as helpful. Sometimes it could be good to seek help from someone who was independent of the situation. Professionals were sometimes better able to help young people than family members because a family member might be too involved in the situation for the young person to approach. For example, one young person could not talk to his mother about his estranged father because he knew she had her own feelings about him. One young woman did not like her support worker being based in school because it meant that she knew everything about her. For this reason she appreciated a counsellor based elsewhere:

> *And they don't know my background, so they can't judge me in what I have done, whereas* [the support worker] *knows everything that I have done in school.*

Another young person thought that a social worker was best placed to help him with problems at school because she was distanced from it, and the teachers had already made up their minds about him. The social worker was able to change the teacher's opinions of him and stand up for his rights at school, where he felt that teachers were judging his behaviour without taking into account his disability:

> *There was just a load of other stuff happening that the social worker wasn't too pleased with the school going against the Disability Discrimination Act, so she got involved and started helping us with the school and just helping us make the school just a better place.*

The anonymity offered by helplines was viewed as helpful in some circumstances because the young person felt less exposed and no one would know they had sought help: *'It is easier because it is like you don't have the pressure on you and it is easier to talk when they can't see you'*.

Knowledge, expertise and effectiveness

Young people reported a number of types of support from professionals including help with stopping the abuse, help with the impact, emotional support and medical help. Professionals were valued for their expertise, particularly those with an expertise in safeguarding. In particular the police or social workers were viewed as effective in putting a stop to abusive situations:

> [Social workers] *obviously take care of children and they care about that they are safe and being looked after, so that's why it came to mind.*
>
> [Police] *could sort something out because they have departments that deal with that sort of thing.*

The expertise of experienced workers, who had worked with young people in similar situations was also appreciated. One young person said of her counsellor:

> *They helped you in a way, like they'd speak to you about it and say, 'There is other people that have gone through it and that'.*

In some cases specialist services were not viewed as effective and this seemed related to a lack of fit between the young person's needs and the way or time at which the service was provided. A few young people experienced counselling negatively because they did not want to keep revisiting a traumatic incident:

> *I just got bored of saying the same things and having that week as a downer week because I had said it and it has affected me for the whole week.*

A further issue was a spiralling number of involved professionals which became overwhelming for one young person who initially felt relieved that she had told about being raped. There was a sense that she had no control over the service response to her situation:

> *I just felt better that I had told someone, but since then it has just got a bit harder and harder…..It just got harder because there are so many appointments and people that I have got to see*.

Chapter Summary

- The sample comprised 13 boys and 17 girls aged between 11-20 years. Of these, 13 were living in London and the remaining 17 lived in a Shire county. All of the young people interviewed recounted numerous difficulties in their lives suggestive of their vulnerability.

- The interviews sought to address the question of how young people identify abuse and neglect. Aspects of recognition which emerged encompassed:
    - No recognition: This could be due to lack of awareness, or actively dismissing what others defined as abuse;
    - Partial recognition, expressed as uncomfortable feelings;
    - Clear recognition of abuse.

  Often, young people's descriptions emphasised recognition as a product of conversations with another person, whether this was a family member, friend or professional. In this way, recognition was prompted through conversation rather than being a precursor to telling.

- The young people discussed various motives for telling – these included stopping the abuse, getting information and advice, emotional support, medical help or acquiring practical strategies to minimise harm. While some sources of help were considered to have a single role in this respect, for instance the police to stop the abuse or a doctor solely to provide medical support, others (particularly teachers, social workers and youth workers) were viewed in a more holistic way.

- Four themes around the process of telling emerged from our analysis. These were :
    - Being 'Hidden', either by actively avoiding telling or passively not telling;
    - 'Signs and symptoms' – signs and symptoms which signal the problem and may alert others to the child;
    - 'Prompted telling': the child being prompted to tell by someone else (often in response to a trigger point); and
    - 'Purposeful telling': the child actively telling others.

  These can be viewed as a continuum, with actively resisting telling at one end and purposefully telling others in order to gain help at the other. All these aspects of telling could appear within a single narrative – for instance having been at first prompted to tell, a young person may then feel better able to seek further help in a more purposeful way.

- Aspects of professional relationships which were felt to promote trust included duration of the relationship, being believed and not being judged and closeness. Confidentiality was also an important component of trust, although most young people thought that it was sometimes right for professionals to pass on information without consent. Other qualities of helping people that were important were perceived knowledge, expertise of the helping person, the effectiveness of the support and the accessibility and availability of services.

Chapter 5: THE FOCUS GROUP STUDY: Young people, family members and practitioners

Focus groups were carried out to capture views from a range of perspectives about how young people recognise and tell about abuse and neglect, how they get help and how practitioners respond. They complemented the research with vulnerable young people in the website analysis and the interview study reported in earlier chapters, by seeking the views of children and young people not known to be vulnerable. They focused on how this broader sample of children and young people conceptualise abuse and neglect and how friends might support each other with such issues. In addition the focus groups explored the views of family members and practitioners on the process of getting help. The discussion and exchange of ideas within focus groups allow for the exploration of meaning in a different way than occurs, for example, within an interview. Young people and adults in groups can, potentially, shape and define their own categories and labels and unmask ideas and opinions through dialogue and debate (Bagnoli and Clark 2010). These discussions also reveal how people think and respond as members of a group, as well as offering individual opinion (Green and Thorogood, 2004). Focus groups have also been found to be a useful means of studying and managing debate about sensitive topics, like abuse and neglect (Kitzinger and Farquhar, 1999).

5.1 METHODS AND SAMPLE

Research questions

The specific research questions for the focus groups were as follows:

- How do children and young people recognise abuse and neglect and who would they turn to for help?
- How aware of support services are children and young people and how easy do they find them to access?
- What support do children and young people need if a friend tells them that they are suffering abuse?
- How do family members experience support services for children?
- What are family members' experiences of confidentiality when they use support services?
- How do practitioners at different levels of intervention provide support to young people with abuse and neglect?
- How do practitioners feel that access to support services could be improved for children and young people?
- What do practitioners feel are the strengths and weaknesses of existing policies and practices about managing confidentiality?

Focus groups' aims and structure

A total of six focus groups were held. They included two groups for children and young people based in schools run as workshops, one group for family members and three groups for practitioners.

The children and young people's workshops focused on how children and young people recognised abuse and neglect and who they would turn to for help; how aware they were of support services and how accessible these support services were. In contrast with previous research (Smith et al, 2000, Jackson, 2002, Kogan, 2004, Vincent, 2007, Priebe, 2008) the study of the internet forum and the interviews with vulnerable young people both suggested that young people were very careful about telling friends when they were suffering maltreatment. The internet forum research suggested that some young people were not believed when they turned to friends for support. The workshop thus also aimed to explore further how children and young people might feel about offering support to a friend who told them about maltreatment, and what support they would need themselves in these circumstances.

In the Family Focus Group parents' perspectives on seeking or getting help for their own children or themselves were explored. The website analysis and interview study both suggested that young people may fear the impact on their families of telling, and that they may be put off telling because of family loyalty, to protect family members, and to avoid making their home situation worse. The Family Focus Group aimed to explore parents' experiences of seeking or receiving help for their families, including to what degree they felt professionals should share information about young people with parents, and to what degree the young person's confidentiality should be respected.

The three focus groups for the practitioners were intended to shed light on the way that services were offered to young people living with or at risk of experiencing abuse and neglect and the barriers and enablers to getting help.

The school-based workshops

The two workshops included one with children in primary school and one with young people attending sixth form in high school. Both workshops took place at the school where the children and young people attended. The first workshop was with ten primary school aged pupils in year six (aged ten and eleven) and the second was with ten secondary school pupils in years eleven and twelve (aged mostly sixteen and seventeen). These age groups were chosen as children and young people of this age are in transition to either high school or to the more adult world of work or higher education. More specifically, we wanted to build on the interview data and since young people had suggested in the interviews that towards the age of eleven children would be more able to recognise abuse or neglect it was important to talk to young people of around this age and older. It was our intention for workshop members to be drawn from the general population and not from those especially at risk. However, some of the children and young people did, coincidentally, have experience of child protection services.

The family focus group

Since earlier research found that the main support for children is family members it was considered important to hold a focus group with family members who had received support services. Hence a focus group was conducted with parents who were attending a parenting support group at a voluntary organisation. The focus group was held on the premises of the voluntary organisation, during a parenting group session. The two group leaders from the voluntary organisation introduced and closed the group session but left the two adult researchers alone to run the focus group.

The practitioners' focus groups

The three groups for practitioners were selected to have members from the 'earlier' intervention end of the spectrum of helping services for children and young people. The highest level of intervention was intended to be represented by the Children in Need Group (CIN) of four practitioners from the 12+ team offering services from children's social care for children deemed to be in need according to the Children Act 1989. The next level of service was represented by the Integrated Services Group which comprised four workers from integrated, specialist services operating in the area of children's 'additional needs', largely below the threshold for services for children in need. These practitioners were from health and children's social care. The third Community Services Group was drawn from a range of professionals working across both universal and more specialist services and included representatives working in the community in schools, youth offending, domestic violence and youth work.

Table 5.1: Focus Group Sample

Community Services Group (8)	1 deputy head teacher
	3 domestic abuse workers
	2 youth workers
	1 children's centre worker
	1 youth offending team worker
Integrated Services Group (4)	2 specialist health visitors
	2 early help practitioners
Children in Need Group (CIN) (4)	2 social workers
	2 family support workers
Family Focus Group	5 mothers
	father
	mother and father
Children's Workshop	5 girls and 5 boys
Young People's Workshop	5 young women and 5 young men

5.2 FINDINGS

The remainder of the chapter reports the findings from the focus groups and workshops, paying attention to themes of recognition, telling and helping used in previous chapters. In the discussions, however, there was often an overlap between these distinctions and this is at times reflected in the way the findings are presented. The chapter begins by discussing views of the scenarios of different types of abuse and then examines themes relating to children's confidentiality. This is followed by a discussion of the complexities of telling and how this links into the helping process. Barriers to help conclude the chapter.

The scenarios discussed with young people in individual interviews presented good opportunities for the young people and the adult groups to discuss what they thought about different types of abuse and neglect and implications for telling and getting help.

'Nathan'

Nathan is eleven and lives with his dad. He is left on his own after school until 11pm and sometimes his dad doesn't come home at all. There is no food in the house and no money to get food. Sometimes there is no hot water or electricity. Nathan does all the housework. He has not had a shower or wash for about two months.

Like the young people who were interviewed, all the young people in the workshop quickly agreed that this harm was very serious neglect:

> *I think because there was so many things going on, like no electricity, no water no nothing left for him, no food - I think that's neglect. It's not really fair on him, that should be his dad's responsibility to look after him.*

Although the young people readily recognised that this neglect was abusive, some felt it would have been even more serious if the harm had also been physical. A few young people felt that Nathan's young age heightened the seriousness of his plight:

> *He shouldn't be left with no money or anything but it makes it worse because he's so young. How's he meant to fend for himself?*

In the children's group, there was less discussion around parental responsibility than in the young people's group and more focus on practical help. The younger children discussed poverty and how Nathan's situation might be caused because there was not enough money to go round once housing, electricity and gas had been paid for. The younger children suggested talking to parents and teachers as a way to get support for Nathan. They also suggested emotional and practical support, that they would befriend someone like Nathan and offer him food. He could stay at their house and they could give him spare clothes.

The parents' focus group suggested that it might be difficult for Nathan to recognise his situation as neglectful, because this is everyday life for him. He would be reticent to talk due to loyalty to his

dad, or because he might be scared of going into care. These themes echo the barriers to recognition and telling discussed in earlier chapters. A parent suggested supporting the family as a neighbour and offering practical and emotional help to both father and son, although some parents thought they might have to be careful about confronting the father directly, and would instead focus their efforts on supporting Nathan by inviting him into their homes. The parents' group agreed that if they wanted to seek out further services for Nathan they would approach the school rather than children's social care.

The practitioner focus groups all recognised this situation as serious and potentially beyond the remit of early help. The Community and Integrated Services Groups suggested the school could also speak to the parent(s) and offer assistance to get more formal help started quickly. This could happen at the same time as arranging a Team Around the Child (TAC) meeting or Common Assessment Framework (CAF) help, or putting in a referral to children's social care:

> *….because at the moment he has just been living on his wits and muddling through on his own and yes start to put the adults in place that can help and support him* (CIN Group).

The Integrated Services Group thought that direct practical help could be offered to the child and his family via the school (for example, spare clothes and a free lunch and breakfast). The school would be able to react more quickly and directly respond to Nathan's basic needs, whilst waiting for children's social care to carry out an assessment.

'Sushma'

Sushma is twelve. She went to her friend's house and lied to her parents about where she was. When her parents found out Sushma's mum hit her. Sushma ended up with a black eye, several bruises and a cut from a ring. She's scared of her mum.

This scenario of physical harm was quickly recognised by most young people in the workshop as serious, unacceptable abuse. The existence of physical signs like bruises, *'it's physical abuse and it's hurting her',* was given as an important consideration as was Sushma's young age. In keeping with some of the interviewees, some young people thought that the situation was less abusive because it was a one-off incident and an over-reaction from her mum, or because it was prompted by Sushma's lying (her fault) and other young people felt that families should be free to discipline children in their own way.

Although Sushma's case was not discussed in the practitioner groups, the Child in Need Group acknowledged that the existence of physical signs like bruises tended to raise the priority of concerns:

> *If there are any bruises there they are going to pick it up no matter who is noticing it, it is going to be a referral* (CIN Group).

'Jay'

Jay is thirteen. His stepdad shouts at his mum for hours and smashes things. His mum has tried to leave but his stepdad won't let her go. Jay is really worried as his mum is the only one he's got. If his stepdad goes near her again he doesn't know what he will do.

The younger children, probably drawing on personal experience, suggested ways of dealing with parents' arguing. These ranged from trying to talk to parents about it and asking them to stop, to strategies to distance themselves and block out what was happening:

> *Just see if you can, if this is at night, see if you can go to sleep, no matter how loud they're shouting, just think of positive things* (Children's Workshop).

Other ways of blocking out the conflict included going for a walk to try to forget about it, listening to the radio or putting the radio louder so you can't hear them, or:

> *I close my eyes and think that I'm flying* (Children's Workshop).

Whilst the younger children tended to suggest concrete ways in which they could rely on their own resources in order to cope with such a situation, the young people's group took a more holistic view, and were concerned about the effect on Jay in the longer term of having to bottle up his emotions. The tension carried by a young person like Jay living with domestic violence towards his mother was seen by some young people as intolerable:

> *Because it's like stressing him out and like if you keep stressing him out at one point you're just gonna snap and end up sort of like chucking something back at him and running away or something* (Young People's Workshop).

Because the impact of the abuse was considered to be primarily emotional, a number of young people thought that this made the situation less grave and less abusive than if Jay was being physically hurt. This echoed some of the views expressed by young people in the interviews.

Parents from the Family Focus Group thought that Jay might talk to school friends or older cousins or someone in his family. Since Jay's mum has indicated that she wants to get away, he might turn to someone in authority who can help make this happen:

> *He would probably talk to people in their official status to help her get away if he knows it is that bad, if he is in that right frame of mind* (Family Focus Group).

'Sarah'

Sarah is fifteen. When she was younger her stepbrother, who was a few years older than her, touched her and made her do things to him. She can't get it out of her head and the memories keep coming back.

While all the young people in the workshop recognised this scenario as abuse, unlike the young interviewees, they struggled as individuals to make decisions about its severity and expressed diverse views. Some highlighted the historic nature of the abuse: '*it's not as bad – they're just memories, if it was at the time it would be worse'.*

However, other young people thought that the emotional impact on Sarah made the abuse worse with one person feeling that '*flashbacks*' suggested that she was '*mentally scarred*'. Another young person said that the fact that her stepbrother was part of her family and should have been a role model made it more serious and another that it was bad '*just because she was so young'*. All of the young people however thought that this situation would be difficult for Sarah to speak to anyone about, not least because of what could happen to her family as a result of telling, a barrier to telling which echoes previous research and the findings of earlier chapters:

> *…it's in her past and she might think she shouldn't tell no one cos it could affect her family and break up her family* (Young People's Workshop).

The practitioner focus groups also emphasised how difficult it would be for a young person to talk about historic sexual abuse, especially within the family, '*isn't there an unwritten rule that you don't talk about stuff like this?'* (Community Services Group). The young person's age was, however, thought to be an important factor in recognising and conceptualising that what had been happening was abusive. Although talking about what had happened was difficult, by mid-adolescence young people may be developmentally able to consider telling and seeking help:

> *We have certainly found on our team that fifteen, sixteen year olds are opening up to this sort of thing over the internet and Facebook and to their friends also* (CIN Group).

The Community Services Group noted that when schools find out about these issues it tends to be from friends or peers, or even family friends, rather than from a young person directly. Information from friends and peers tends to be prompted by Personal, Social and Health Education (PSHE) sessions dealing with sexual issues. Alternatively, the impact of past sexual abuse might be noted in the young person's behaviour '*because of the symptoms'* (Community Services Group) rather than by their telling. The practitioners thus echoed the findings from the young people in the interview study, many of whom first came to the attention of services because of signs and symptoms in their behaviour, rather than explicit telling about the underlying abuse. School might notice low self-esteem, self-harm or extremes of bad behaviour. There was a broad consensus in the practitioner groups that help will tend to come as a result of these behavioural symptoms rather than because of knowledge about the sexual abuse:

> *…you are working with them because of the symptoms - that is how they get referred, in that they are self-harming by cutting or drinking lots of alcohol or maybe getting into risky relationships and behaviours* (CIN Group).

The Child in Need Group said that young people will only tell about sexual abuse when they have developed a relationship and built a bond of trust with a helping professional, which can take months not weeks. It is therefore helpful not to have rigid time limits, like three sessions or six sessions, for help. The importance of trust and of the duration of the relationship which provides a safe environment for telling echoes the findings of the interview study.

'Steph'

Steph and her boyfriend just split up. Steph is fourteen and he's fifteen. Steph really liked him. He hit her and she has bruises on her arms. She's scared to tell, because she knows what he is capable of and she doesn't want to get him into trouble.

There were mixed views among the young people in the workshop about this example of intimate peer violence and fewer than those we interviewed tended to recognise it as abuse. This was because of their difficulty, for example, in interpreting the meaning of the bruises which one young woman thought might have been accidental or a result of play fighting. Those thinking the situation more serious and abusive were concerned about Steph being frightened and the veiled threats of retaliation made to her as well as the impact of this sort of violence:

> *He must have hit her really bad to be that scared to tell people. She's going to have loads of thoughts like 'Oh, what if another person does this to me?'* (Young People's Workshop).

Some young people thought help could be found quickly and easily in this situation '*if she feels threatened she should tell someone about it and get it sorted'*, but others thought that Steph would not know who to go to or where to go and '*some people might have issues with adults and trust issues and stuff like that'* (Young People's Workshop).

This was the scenario in which young people and adult groups alike thought it most likely that Steph would tell her friends about what was happening. The Community Services Group thought these issues could be raised, for example, at youth centres, informally or through sessions like condom training. Although Steph had said she was scared to tell about the violence, the Integrated Services Group thought it likely that a girl of fifteen would have a couple of close girlfriends to confide in.

The Integrated Services Group felt that if the young person chooses not to say anything, friends might notice bruising and then give their friend advice about not going back to the boyfriend. The Community Services Group said that friends who know might feel this knowledge is uncontainable and might tell other friends and their parents about their concerns for their friend. This could result in calls and messages between friends and parents. The presence of bruises could also make it more likely that others would notice and suspect that something was amiss. At school this might happen during PE when bruises would be visible.

The Child in Need Group said that a disincentive to professional involvement was the fact that the violent relationship is now over and the risk to the young woman would be considered to be low,

although this group noted that violent relationships can quickly be rekindled. The likelihood of this was given by them as a reason to not withdraw support quickly once things appear to be resolved.

5.3 MANAGING CONFIDENTIALITY

Young people's views about confidentiality

Discussions about confidentiality in the young people's workshop were mostly about the difficulty in being sure that friends wouldn't pass information on and use it against you and secondly, wanting to maintain anonymity. Young people said that the decision to tell friends about abuse might depend on the degree to which you could trust them not to tell others and it was very difficult to tell who was trustworthy:

> *You could trust someone and they could still tell someone – you couldn't trust them and then they won't tell anyone* (Young People's Workshop).

> *You don't tell no one. If you don't trust no one, don't tell no one* (Young People's Workshop).

Young people also said that someone might choose not to tell their best friend so the friendship could be a 'safe space' away from the abuse. The same could be true of keeping a friend's house as a safe place to go to be normal and forget about the abuse. If friends suspected things might not be right, they might be reluctant to probe further for fear of misunderstanding or of things kicking off either with their friend or with a friend's parent if, for example, the parent was violent. When discussing what it would feel like to be told about abuse by a friend the young people thought this was a big responsibility to bear and one said that it would be too much responsibility:

> *I think it's too much responsibility, for someone to be able to.., like if someone had come up to me I wouldn't know what to do, where to go, not straight away anyway, if they're like 'don't tell anyone, don't tell anyone' I wouldn't know what to do. I'd be really confused and that would be too much responsibility* (Young People's Workshop).

There was a view among young people that helplines offered advice and more reliable anonymity and confidentiality:

> …*someone to offload and talk to, someone you don't know, someone who can't judge you, can just turn around and give you advice but can't pass it on* (Young People's Workshop).

Parents' views about children's confidentiality

In the Family Focus Group, parents made clear that if information about their child was going to be passed on, in all but exceptional circumstances, they wanted to know about it. All parents wanted schools to tell parents about concerns or if they noticed anything was wrong. One parent had experience of schools not contacting them about concerns being passed on to children's social care

and felt let down and angry because of it. Parents accepted, however, that professionals needed to pass on information when they had concerns about children and couldn't delay '*they do act straightaway because that is like their job'* (Family Focus Group). They also knew that in some circumstances a professional might pass on information about a child without a parent knowing and expected professionals to use their judgement, '*you don't want to make things worse for the child*'. Before doing this one parent said it was important to get to know the parent as well as the child in order to make this judgement:

> *I think he* [the professional] *has got to know the parent first, he has got to know that they are not going to jump into that situation and they are going to handle it in a gentle way. I think he has got to know the parent as well as the child* (Family Focus Group).

When it came to a confidential relationship that their son or daughter had with a counsellor or other worker, most were happy for all but the most serious issues (for example a suicide attempt) to be kept confidential:

> *My son does enjoy the fact that mum can't find out everything. I think it makes him feel secure that he can tell someone and come out with anything and everything without me knowing* (Family Focus Group).

Practitioners' views about confidentiality

A number of themes emerged in the practitioners' discussions about maintaining and managing young people's confidentiality. These included the need to be open when not able to maintain confidentiality, the need to reassure young people about what might happen next and keep them informed, and the view that young people might not actually want their information to be kept confidential but purposefully tell someone in authority because they want something done. They were aware that sharing information against the wishes of the young person might threaten the relationship of trust. These themes echo the findings from the interview chapter where young people wanted practitioners to be clear about why, when, and what information would be shared and to have their views about sharing the information, including the danger of making the situation worse, taken into account. In the practitioner focus groups there was an important additional theme about risk to the practitioner and making judgements about when confidentiality could be maintained.

All three practitioner groups stressed the importance of being honest and open with young people. For some workers the aspect of potentially needing to pass on confidential information formed an agreement at the beginning of their working relationship with the child:

> *At the beginning of your relationship you will have made it very clear* (that) *you can tell me anything and there are some things that you tell me I will have to share, if I feel that, you know, either you yourself or somebody else is in danger I will have to share that information*

> *and that is part of the unseen contract if you like when you start anything.* (Integrated Services Group).

Being open and honest included talking through what would be likely to happen next and about the need to tell the child's parent in all but exceptional circumstances:

> *Tell the young person, tell them who you are going to talk to, tell what you are going to say and they get 'oh I don't want my mum to know' or whoever, they get very upset about it and you have to talk them through it – but even if they don't like it they would definitely know if I was going to be telling anyone* (CIN Group).

Another example was given about how the process of passing on disclosed information was explained. The child was reassured that he and his mum, who was hitting him, would still be supported:

> *I explained to him that I had been making a phone call and that somebody else from another team would come out and do an assessment so they check mum, they check you, they check the school and write up, you know, how everybody is feeling and then we would look for the right support we can offer you to make things for you and your mum better* (Integrated Services Group).

Practitioners from all groups talked about how they worked with young people and their families to allay any fears. One member of the CIN group described laying groundwork with parents to explain how worried their child was about them knowing she had talked. This worker said that by doing this she aimed to minimise parental anger directed at the child. When risks were low, a member of the Community Services Group said that he tried to reassure young people who disclosed, who were frightened of being taken away from home, by saying that '*social care are going to want to work with you to keep you all at home and to sort it*' (Community Services Group).

Members of both the Integrated and the Community Services Group felt that young people were well aware that information they gave about abuse was likely to be passed on. They felt that some young people may even have wanted adults to take control to take the burden of responsibility away from them:

> *Actually they do want you to tell, they do actually want you to take control, they are children and actually want an adult to lead them and an adult to do something about it and if they perhaps justify this by saying 'but don't tell anybody' it absolves them of that responsibility* (Integrated Services Group).

This was echoed by another practitioner who pointed out that young people knew the consequences of talking about abuse and wanted information to be passed on. This echoes findings in the interview chapter where some young people described telling a practitioner that they trusted, knowing that the information would be passed on. However, this was not to downplay the fact that young people would be very worried about what might happen next.

Using judgement in managing confidentiality

Using judgement about how to manage confidentiality for children manifested itself in a number of different ways. Most members of the Community and Integrated Services Groups felt that they had limited opportunities to exercise judgement since safeguarding procedures required that information about abuse and neglect from a young person be passed on during that same day (or even that same night for youth workers). They were aware that this posed a risk to the relationship with the young person who may not want to continue working with you once information had been passed on. Several group members mentioned the fear of leaving yourself open to criticism for not acting on information about risks. This fear of blame was said to have been reinforced by enquiries into child deaths through abuse and in particular new guidance relating to homicide reviews where practitioners' actions will be tracked back:

> *If you didn't pass it on you would be in trouble in case something happened* (Integrated Services Group).

> *You can't be precious over your clients or their situations and you have got to leave yourself in a defensible position … because you have passed it on to the person in the county who has responsibility for that situation there and then otherwise if you hold it and something goes really badly wrong and there is a serious incident overnight, you are it, you could have stopped it* (Community Services Group)

There were interesting differences between private and professional lives in relation to exercising judgement about whether to ever delay passing on information. One professional discussed her experience of hearing about sexual abuse to a child in her private life when she did exercise discretion over the timing of passing on information:

> *I didn't think, there is going to be something dreadful happen if I don't ring - whereas it could make it worse if I did. As a professional I wouldn't even have thought about that, I would have thought there is a problem, I need to sort it, I need to sort it today* (Integrated Services Group).

This quote suggests a danger that the existence of procedures, together with fear of being blamed, may result in practitioners feeling unable to exercise discretion, even when the child's best interest might be served by doing so. Children's social care staff appeared more comfortable with exercising judgements about confidentiality. An example was given of a fifteen year old girl whose older boyfriend had forced her into unwanted sexual activity. The girl made it clear that she did not want the police involved and wanted to work through the issues in her own way with the school counsellor. The school counsellor passed on this confidential information and the social worker assessed that the young person was old enough and capable enough to make this decision and the work with the counsellor continued.

5.4 THE TELLING AND HELPING PROCESS

The routes to help, with and without children 'telling' and the different views and experiences along the way are presented next. How help unfolded and decisions were taken may not be congruent with official flow charts or expectations of the various branches of the services. The views presented are not intended to represent the way that services are configured or delivered but are the experiences and views of members of the different focus groups.

Telling

All of the adult groups discussed children's reticence in talking about abuse and neglect. Children living with neglect in particular were thought by both the Family Focus Group and the Integrated Services Group to be reluctant to speak about their experiences at home because they would '*consider it normal because that's their life'* (Integrated Services Group). However frightened, the Child in Need Group said a child would be likely to keep quiet for fear of being taken away from a parent. Parents were able to give other insights into why it might be difficult for a child to tell. One parent in the Family Focus Group talked about her son's response to domestic violence at home:

> *He wouldn't tell the school, he wouldn't tell his friends because he was embarrassed, and every time we would throw plates and there would be screaming and shouting, he would just want to walk away from the house, he'd say 'it's them again they're off'. And it is embarrassing for them* [children] *and in the end it was me that had to make that, I think I rang up, contacted something on the internet like a sort of advice line for myself so I made the first move because I knew my son, my kids needed me to do that* (Family Focus Group).

The theme of trust emerged strongly echoing the literature review and the interview study. Parents felt that children would only talk with someone they trusted and one gave an example of their child confiding in a community based sports coach. The practitioner groups also agreed that if young people did decide to tell a professional helper it needed to be someone they trusted, someone they were in regular contact and comfortable with. Someone at school like a teacher or teaching assistant or school nurse or counsellor were those most often mentioned. Teaching assistants or those working in small groups or in close proximity with the child were thought by the Child in Need Group to be the most likely to have a close relationship with the child.

The practitioners felt strongly that it was up to other adults to notice, from signs of behaviour in the child, that things were amiss and to find out what was happening rather than to rely on the child telling someone. Signs of neglect could be the young person being hungry or falling asleep in class, or being bullied. If a young person was coming to school grubby, smelly and unkempt, this should prompt the school to think '*actually what's going on here"*? (Integrated Services Group). The themes developed in relation to telling in the interview chapter are relevant here. The young person was felt to be more likely to come to a practitioner's attention through 'signs and symptoms' rather than because they make a direct approach to talk. If the practitioner notices and deals with the situation sensitively this might lead to 'prompted telling', where the child begins to tell. An important step in

puzzling over what is going on is to talk to the child. If the young person was asked sensitively he might open up:

> *If somebody asked him questions he might answer 'Oh my dad didn't come home last night'…I don't think he is going to be saying 'I am being neglected and life is terrible', he might just tell you what life is actually like and then the adults make translations and interpretations of what he is describing* (CIN Group).

Friends, peers and friends' parents as intermediaries

As with the interview study some young people in the workshop felt that young people would be wary about telling friends. Members of the Community Services Group noted, however, that even if friends weren't confided in, they were often able to piece together bits of information and have a sense that something was not right. This group said that sometimes information would get through to school staff from peers who may be good at picking up on issues and concerns about their friends. However, they pointed out that in order for friends and peers to tell practitioners about their concerns they needed to be able to turn to someone they knew and trusted. Once a friend had decided to tell, they would be aware that the information divulged would be passed on and may have felt reassured about that:

> *These things often rumble on for a while until a relationship gets built up and there is some trust there and they* [friends] *understand what you are going to do about it…so when children tell us stuff like this they know it is going to go on to other agencies to make sure it is safe for themselves and the other children* (Community Services Focus Group).

If a young person did confide in a friend they trusted, the Community Services Group and the young people in the school workshop thought it quite likely that this friend would talk to their own parents. This could form part of a chain of telling with these parents of friends then contacting the school.

5.5 HELP

Children's and young people's views of help

The children's and young people's workshops were primarily aimed at eliciting their views on recognising and telling, since these were young people who were not presumed to have experienced specialist support services. The children's group identified practical ways in which they might support a friend, and adults who they would turn to, primarily friends and teachers, although one child spoke very positively about her social worker. The young people's workshop suggested that friends could be very helpful in providing emotional support but that adults had a specific role;

> *Friends can be like a shoulder to cry on and offload to whereas adults, they have the potential to do something about it, to refer and you get further help that would actually make a change* (Young People's Workshop).

Gender differences were also suggested in the way that young people might gain support from friends:

> *Girls are like more comforting types to put an arm around 'em or hug 'em or something, whereas boys are just more like just let's get on with something else to forget about it* (Young People's Workshop).

Parents' views of help

Parents in the Family Focus Group had differing views about where they would go for help for their children, themselves or when they were concerned about a neighbour's child. Most were reluctant to go to children's social care and turned instead to schools, the police or their GP.

Some mothers had good experiences of help from the police particularly in relation to domestic violence, giving examples of times when police came to the house in response to their call. For most parents, however the first port of call was said to be the school:

> *I would probably go to the school and to be honest I would even get the Directories out which I have done before and go through them until I can find someone that I felt could help me* (Family Focus Group).

Finding where to get help was acknowledged to be a problem for many and if parents needed advice some tended to go to NSPCC helplines or the internet. Children's social care were avoided on the whole and felt to be lacking in compassion:

> *I don't think there is any compassion, they are not interested in how you are feeling, they are just interested in the children, their job is to work with the children, they are there for the children* (Family Focus Group).

The expectations of children's social care were experienced as incongruent with the frail state some parents were in when they most needed help, and more help than they were offered:

> *They want you to do, like jump through the hoops thing and you have to be Superwoman but then at the end of the day when you are mentally exhausted and physically got nothing left it is kind of like 'see you later now' and 'get on with our life'* (Family Focus Group).

Parents also commented that social services 'withheld things' and didn't always keep them informed or involved. One father was concerned about the welfare of his children in their mother's care, but as the non-resident parent felt excluded:

> *I haven't seen their report because I wasn't made aware of it, I wasn't even being made aware of meetings or anything, I wasn't invited to any meetings. Terrible* (Family Focus Group).

Parents spoke of receiving more empathy and better help from the voluntary agency where they were currently getting services. They felt that this group and the voluntary organisation acted as a doorway onto other community groups and wider support networks:

> *Well they have groups like this where everyone discusses openly you know what is going on and I think we all learn a lot about each other and you realise that you are not the only person that is there* (Family Focus Group).

Parents felt responses from children's social care were more positive when you sought help than when you were reported:

> *I think if you go to Social Services yourself they will help you but if you are reported or anything they don't help you* (Family Focus Group).

Practitioners' views of help

The practitioner groups felt that in many scenarios the family would be offered a multi-agency Team Around the Child meeting or a CAF approach (a lower level assessment designed to provide early help using the common assessment framework (CAF) to identify the child's needs). A CAF assessment is voluntary and there is always a risk that families will not agree to participate. However most of the scenarios discussed in the groups were thought to warrant intervention above the threshold for children's social care, and hence would not come into the remit of 'early help'.

Deciding whether or not to make a child protection referral to children's social care, was not seen as straightforward by the practitioner focus groups. While school staff in particular may be aware of numerous 'little' issues these might not be enough to warrant a child protection referral. In these circumstances the Community Services Group thought that a phone call from another concerned parent might act as the final tipping point to justify making a referral.

If the concerns about a child are deemed to meet the children's social care threshold, an initial assessment will be done as either a child in need referral under section 17 of the Children Act 1989, or as a formal child protection enquiry under section 47 of the same legislation. After an assessment from either route a decision will be made about what support and protection services to offer. The formal child protection enquiry route usually entails a formal interview by a police officer and a social worker. This was thought to be a disincentive to young people telling and seeking help:

> *I think that is incredibly scary for young people of any age … I think there is a lot of young people put off at that point* (CIN group).

Barriers to help

Several barriers to help were identified by the groups. Some doubts were expressed about whether school staff had the skill, confidence or training to speak with children and young people about these sorts of sensitive issues. The Integrated Services Group thought that where school staff felt uncomfortable about talking to children or worried that they might ask the wrong thing, that staff would shy away from this task.

Sometimes the school will have spoken to parents about making the referral, but the CIN Group and the Integrated Services Group said that opportunities to speak to parents are often missed or avoided. All the adult groups acknowledged that where parents have not been made aware or contacted by school things could be worse for the child at home once the parent discovers a referral to children's social care has been made. It was felt that if a teacher had spoken to the parent first that could have calmed the situation to make it less likely that the child would get into trouble at home. Speaking to the parent initially might also make it less likely that the parent would back off and refuse offers of help. This professional view is in contrast to those expressed by a minority of young people in the interviews who feared telling precisely because their parent would find out, and they would be at increased risk.

Another barrier to help identified by the Integrated Services Group was that a case could be closed at the point of contact if a parent persuaded workers that the situation was not as serious as it had been presented. Children's loyalty to their parents meant that it was common for a child to back up their parent and perhaps agree that things have improved, when this might not be true. The Integrated Services Group also suggested that skilled social workers who were curious and challenging and asked the right questions of parents could potentially discourage them from shutting off help in this way.

The child's age was presented by the practitioner focus groups as a possible barrier to getting help, particularly if parents do not want a service. An eleven year old may be perceived as less able to make their own decisions and also less able to understand why they may need help than an older young person of say fourteen or fifteen. Older young people are therefore potentially easier to help if parental consent is withheld. However, although perceived as too young to make major decisions, the Child in Need Group said an eleven year old is paradoxically deemed to be quite capable and independent and therefore believed to be less at risk of harm than a younger child, and hence a lower priority for a service. Although older young people might be deemed able to consent to help without needing parental permission, they can also find themselves missing the age boundary which gives them access to services especially in the transition between children's and adult's services. Jobe and Gorin (2012) similarly expressed concerns that the older young people in their study (aged 14 and over) were viewed by professionals as less at risk than younger children, and therefore less of a safeguarding priority.

A number of systemic and organisational barriers to help were mentioned including variations in thresholds and in decisions between different parts of the county, and a lack of overall consistency.

The Child in Need Group said that, locally, real efforts were being made to ensure consistency especially with repeat or follow up referrals so that the story and the history of concerns do not get lost over time. The increase in numbers of agency workers who come and go was noted as a problem with maintaining this sort of consistency however. There was a sense across the practitioner groups that many factors could get in the way of effective help, for example sending a referral to a team on a difficult week when workers are overloaded and a manager wants cases to be closed quickly. As one Community Services Group member noted '*there is an awful lot of luck involved'.*

The pressure on children's social care was noted by the Community Services Group but they were nevertheless frustrated by the high thresholds being operated and the consequent difficulties in getting referrals accepted. In spite of the local Integrated Teams approach intended to provide earlier access to help, one of their biggest frustrations was the challenge in getting early help for neglect and abuse and having to wait for problems to mount up or get worse:

> *What feels so criminal is that you have to wait until there is an incident that you know is going to get there, be it three weeks or six months down the line, to trigger and if you could have put some work in then you wouldn't have got to that stage* (Community Services Group).

Strategies were mentioned by the Community Services Group to try to get referrals accepted. These included sending repeat referrals to children's social care, or using police referral routes, or suggesting to families or neighbours that the NSPCC helpline is used as a speedier priority referral route since the NSPCC will chase the referral up the next day.

Overall, the analysis of the focus groups provides a number of points of similarity with other aspects of the study and lends evidence towards the framework for understanding recognition, telling and helping introduced in the next chapter. The focus group discussions reinforce the findings from the interviews and internet study that young people can be reticent about confiding in friends about abuse. The focus groups also show the complexities of taking account of children and young people's age not just in relation to their capacity to recognise what might be abusive but also the way that services can rule children in or out of eligibility for help, and in or out of sharing in decision making because of implicit age-related assumptions. Like other studies of practitioners working in early help (Brandon et al 2006) the focus groups highlighted a lack of skill, confidence and time to work with children and families. Professional confidence was also lacking among staff in all but children's social care about exercising professional judgements in working collaboratively with children who may have experienced any maltreatment.

Chapter Summary

- This chapter analyses six focus groups. Two groups were held as workshops, one with children at junior school and one with young people at high school (twenty children/young people in all). Three groups were held with a total of 16 practitioners working at different points along the spectrum of earlier help. The final group included eight family members receiving services in relation to parenting adolescents. The overall aim of the groups was to understand more about helping services and how children and parents feel about telling and getting help for abuse and neglect.

- **Recognition** - Young people tended to say that abuse or neglect was more serious if the child was younger, if the abuse was current and if it included physical harm. Practitioners also felt that physical signs like bruises raised the priority of concerns. There were differences in views among the older young people about the serious impact of emotional harm. Parents and practitioners thought that children might not recognise neglect or see it as harmful because it is their everyday life.

- **Telling** - All groups acknowledged that children are reticent about telling. Young people said they would be wary about trusting friends to keep information private and might choose to use helplines to maintain privacy and anonymity. Practitioners felt that if a friend knew about abuse they might pass on these concerns to their own parents or to school. Some young people felt that knowing about a friend's abuse was too much responsibility. Practitioners felt that a young person's telling a professional would depend on the availability of someone they trusted, often in school. Practitioners said that it was important for professionals to notice children's distress through their behaviour and not to put the responsibility on the child to tell about abuse, but noted that if children are asked questions sensitively they may then tell.

- **Help** - Young people felt that friends could be helpful in providing emotional support but that adults had the potential to do something about the abuse. Parents were reluctant to turn to children's social care for help, preferring school, the police or their GP. Parents accepted that children should sometimes be able to get help without their parents knowing but wanted to be kept informed if a school was passing on information. Practitioners stressed being open about the limitations of confidentiality to young people, and keeping them informed and reassured about what would be happening. Practitioners thought that young people might talk to people in authority because they want something done, even though they ask for confidentiality. Risks to the practitioner were highlighted if information was not passed on to children's social care even though it was recognised that passing on information might threaten the professional's relationship with a child. It was seen as good practice for school staff to speak to the child and parents before acting on a referral but this did not always happen. Some practitioners felt that the formal child protection enquiry route can be a disincentive to young people telling and seeking help.

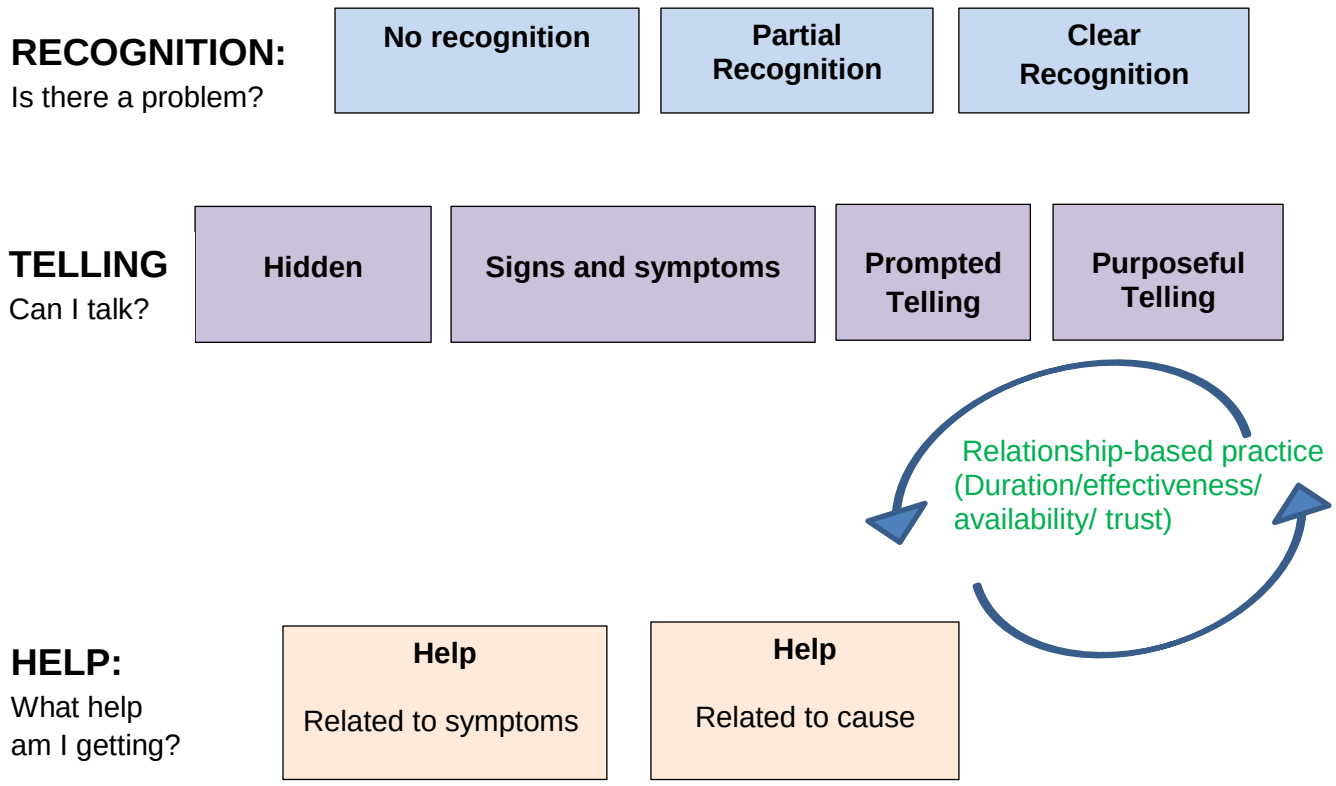
- Barriers to help included practitioners' doubting whether school staff had the skill, confidence or training to speak with children about abuse. Other barriers included a case being closed at the point of contact because children may back up their parents' assertions that things have improved. Skilled, curious social workers who ask the right questions of parents and support them might discourage parents from shutting off help. High thresholds presented challenges in getting early help and meant waiting for problems to mount up or get worse. Strategies to get referrals accepted included sending repeat referrals to children's social care, or using police or other referral routes. A child's age posed a barrier to helping when they were deemed too young to get a service without parental agreement but too old for risks of harm to be thought high.

Chapter 6: A Framework for Understanding

Recognition, Telling and Help

This chapter draws upon the key findings from the study including the literature review, website analysis, interview study and focus group study to present a conceptual framework for understanding recognition, telling and help from the point of view of the child.

Figure 6.1: FRAMEWORK FOR UNDERSTANDING RECOGNITION, TELLING and HELP



'It takes a lot to build trust'. Recognition and Telling: Developing Earlier Routes to Help for Children and Young People

6.1 RECOGNITION

At the first level is recognition. This relates to whether or not a young person realises that the situation is abusive. A young person may move along the spectrum from not recognizing to recognizing that the situation is problematic. Recognition was often described as a process which developed as a child grew older and was able to take a broader perspective and increasingly able to make comparisons between their own situation and those of others. Partial recognition sometimes involved an emotional awareness that things were not right, before a child was able to articulate it to themselves or to others. Crucially recognition often occurs as a result of dialogue with others. Thus clear recognition is not an essential precursor to telling or receiving help, but can sometimes be a result of help received.

6.2 TELLING

The second level is **telling** and involves a continuum of four different possibilities, remaining **hidden**, exhibiting **signs and symptoms**, **prompted telling** and **purposeful telling**. The first two of these possibilities involve the young person not speaking out verbally about abuse. Being **hidden** may involve actively avoiding telling (hiding a situation from others or denying there is anything wrong) or passively not telling because the young person does not recognize there is a problem, or because no one asks. Hence it is possible to be on the spectrum of telling whether or not the young person recognizes there is a problem.

A young person may come to the attention of others through **signs and symptoms**, often the young person's own behaviour which can lead to them being labelled as a problem rather than a young person with problems. Signs and symptoms can be externalising, violence to others or to property, or internalising, such as self-harm. Sometimes an incident such as police being called to a domestic violence incident may bring the young person to the attention of services.

The third possibility moves from a young person not telling verbally although they may show signs that they are struggling, to the young person themselves telling verbally. **Prompted telling** can be due to an initial sensitive response from a professional to the young person's sign or symptom, or it could be as a result of the young person having built sufficient trust in a professional over time to begin to talk. Sometimes young people hinted at their situation to test out a professional's response and only gradually let them know more about their situation.

The fourth possibility is **purposeful telling**: this involves the young person recognizing the situation and purposefully approaching someone to tell. Within this category young people had differing strategies about choosing who and how to tell. Some approached a service with a remit for stopping abuse directly, such as the police. Others approached a professional knowing that they would pass on the information to other services. Purposeful telling could be extremely difficult emotionally and some people rehearsed strategies with helplines or by writing things down for themselves. Face to face telling could be difficult even with a trusted confidante in mind. One alternative strategy talked about by young people in both the web based study and the interview study was handing over a letter to a trusted professional for them to read when the young person was not there.

6.3 HELP

The initial response to telling can result in a number of types of help. For example a young person who comes to the attention of services because of criminal damage might receive anger management relating to that presenting **symptom**. Alternatively there might be a more holistic response which picks up on underlying issues relating to the underlying **cause**, the abusive situation. A young person who has tried to tell may receive help relating to the abuse, or they could conceivably find that their case is closed and no service is offered. There were positive experiences of help where young people experienced emotional support, information and advice, help stopping the abuse and/or strategies to minimize harm. There were also responses from services that were experienced as less helpful, where telling resulted in additional distress for the young person, they felt overwhelmed and out of control with too many professionals getting involved, or they were referred to a time-limited service or put on a waiting list. For some of the young people age limits for services were an issue. They might lose support as they aged out of a service rather than the service coming to an end because the young person no longer needed it. Negative experience of support, including professional intervention earlier in childhood, had an effect on subsequent recognition and telling – a vicious circle which could encourage extreme self-reliance and compound the effects of abuse. By contrast a positive experience of services encouraged a virtuous circle leading to the young person becoming more likely to tell in the future and also being more likely to recognize and understand harmful situations.

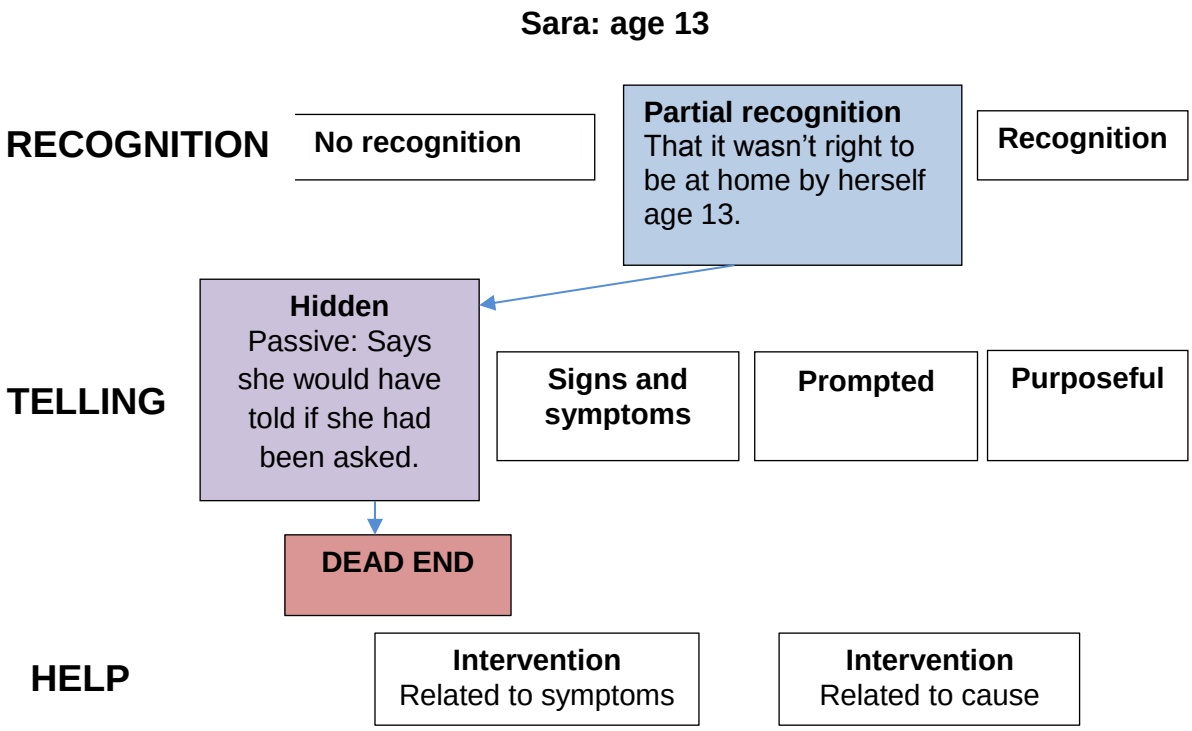
6.4 PATHWAYS

The framework contains three distinct components which can make sense of young people's experiences. Importantly it is non-linear and progression is not solely from the top level (recognition) towards the bottom (receiving help). Individual young people experiencing problems of abuse and neglect can follow different pathways from recognition to telling and receiving help. One logical pathway would be that a young person **recognizes** the abusive situation, **purposefully tells** someone about it and then receives **help**. However, in the interview study this was a rare occurrence. Crucially, recognition was not necessary in order to proceed through the framework. In fact most of the young people in the interview study followed a pathway beginning either with **not recognizing** or **partially recognizing** their situation and first came to the attention of services though the '**signs and symptoms**' route for telling. Their pathways were complex, and positive and negative feedback loops were possible. Depending on the initial response they might meet a dead end or proceed to receiving a service based on the symptom that brought them to the attention of services but which did not address the underlying abusive situation. Where young people experience repeated dead ends over a period of years they might become less likely to tell and less likely to recognize that they are in need.

Alternatively, young people might receive a sensitive initial response to the **sign or symptom** and could progress to **prompted telling** and then to receiving **help** about the underlying abuse.

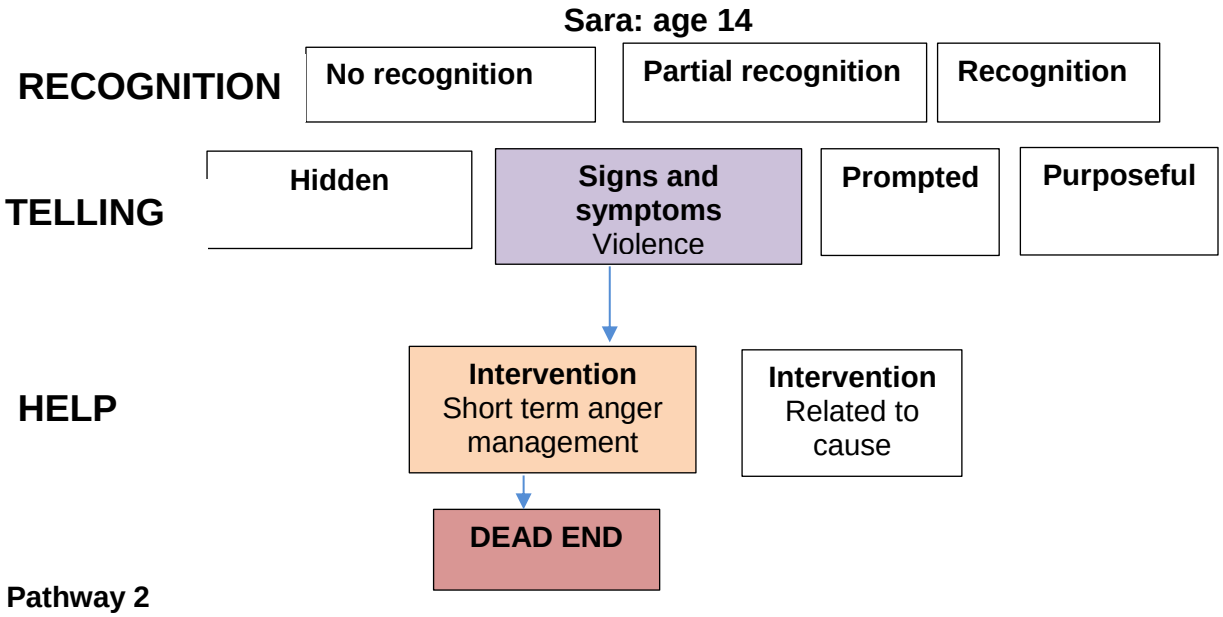
Sometimes **recognition** came last, a significant time after receiving help. Given the complexity of the young people's histories a young person might experience several journeys through the framework over the course of time. Even where help is received and effective that young person may continue to need help or come to need help again at a different time.

Most individual interviews contained descriptions of several journeys through the framework. Two illustrative cases, accompanied by visual representations of the pathways, are presented below.



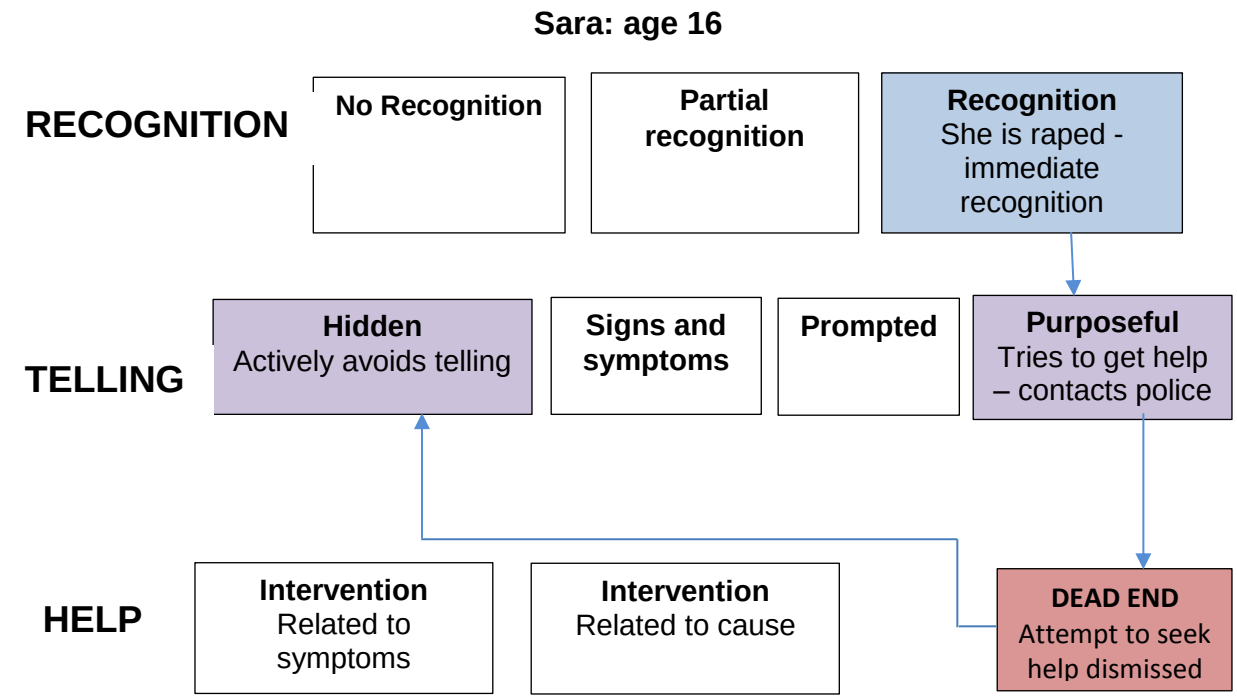
Pathway 1

Sara's mother left the home when she was 13, effectively leaving her to fend for herself since then. The house belonged to a relative, who was residing elsewhere most of the time, but was paying the bills. Although she did have some recognition that it was not right to be by herself, she did not really tell anyone and instead became self-reliant. Help was not offered or sought.



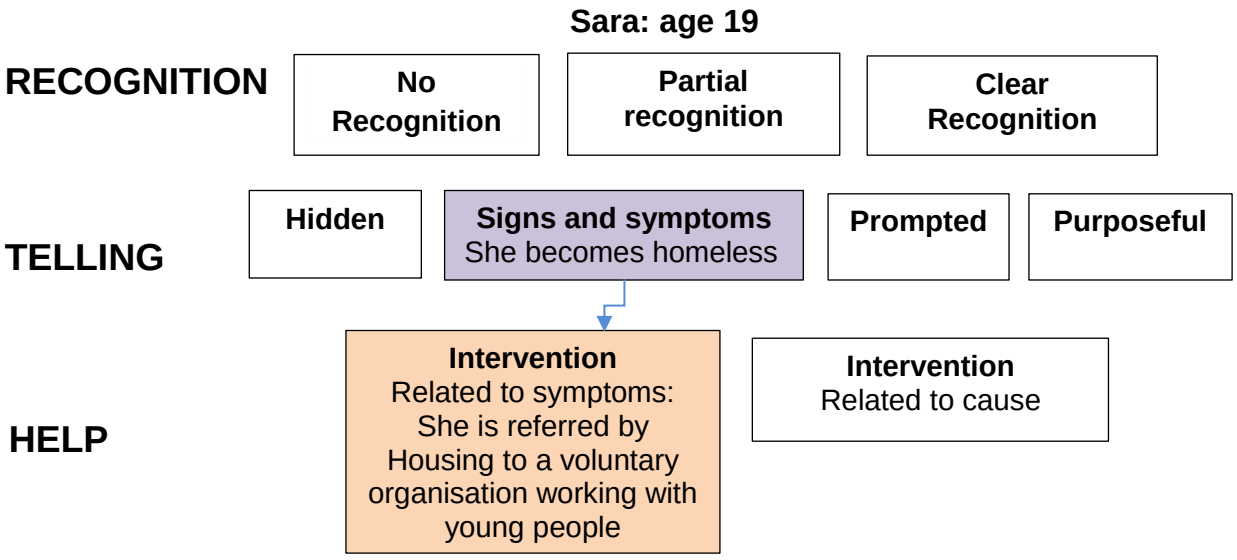
Pathway 2

Sara was violent at school and this triggered some support - the school referred her to a counsellor. However this intervention was to help her manage her anger, and the cause still went unrecognised. She says no-one asked her what life was like at home and felt school wasn't interested, '*they focused more on your school uniform than who you are'.*



Pathway 3

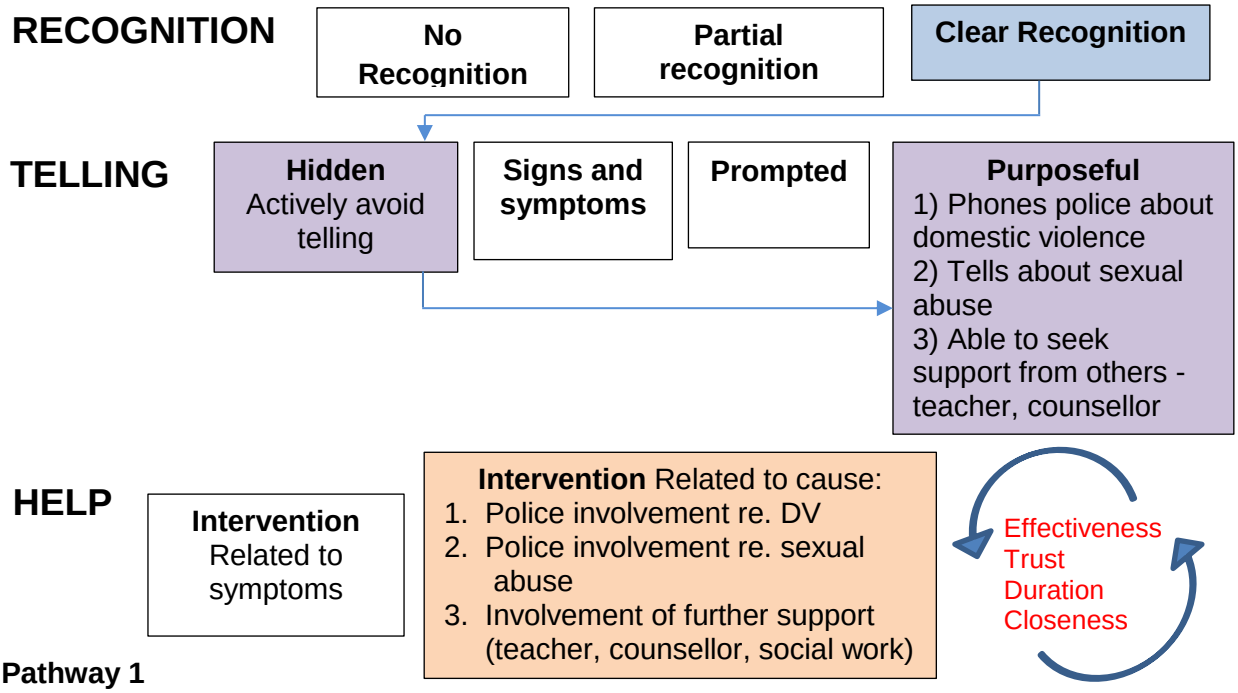
She was raped and was able to tell a friend (immediate recognition) and together they went to the police (purposeful telling). However the attempt to seek help was unsuccessful and put Sara off talking, '*it didn't work out the way I wanted it to so I don't think I will go back to the police'*.



Pathway 4

Sara had become fearful of sharing accommodation with men. She approached the council for help with housing, which led to her being referred to a voluntary organisation working with young people. Sara's pathway over the course of her teenage years is comprised of a series of 'dead ends' in dealing with the root cause of her problems which involved neglect and sexual abuse, although she did receive some short-term support with anger management.

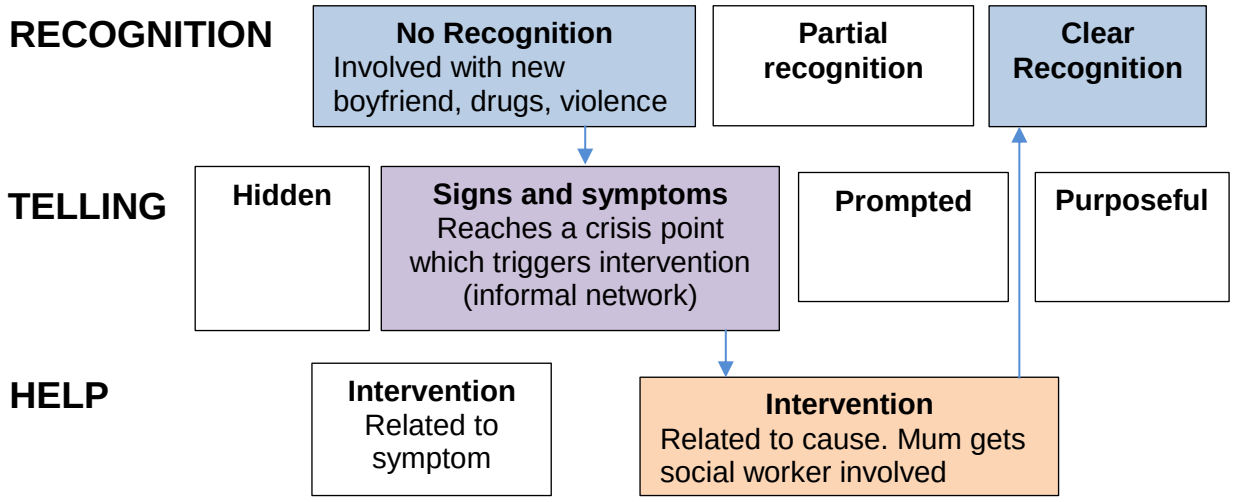
Megan: age 13



Pathway 1

Megan grew up with domestic abuse from her early childhood. She avoided telling because she was worried about the consequences (active avoidance). Eventually she called the police in desperation, '*I was like, I have got to speak to somebody because it was just killing me*'. The police removed the partner from the house. Megan then felt able to tell her mother about sexual abuse. Megan was able to access other support workers over time whom she was able to trust. Her initial telling led to a positive response which allowed her to confide more about other aspects of the abuse. This in turn led to more help – a virtuous circle.

Megan: age 16



Megan moved in with a violent boyfriend and became estranged from her family. She did not recognize that her situation was abusive. Megan's mother contacted social work services and youth services became involved. Megan moved back home and was supported by her mum and extended family. Recognition came as a result of intervention, not as a precursor to it.

6.5 DISCUSSION

Models in the literature about disclosure typically focus on sexual abuse. There has been some discussion of whether disclosure means a broad concept of telling someone, or a narrower definition of giving a formal statement to someone in authority (Jones 2000). The present framework encompasses telling in the broader sense.

The framework presented in this chapter was developed inductively from the data in the website analysis, interview study and focus groups, considering not only sexual abuse, but also emotional and physical abuse and neglect. However, the discussions of disclosure of sexual abuse in the literature are pertinent. Alaggia's model of disclosure for child sexual abuse has some similarities to the 'telling' component of the current framework (Alaggia 2004). Both include the categories of prompted telling and purposeful telling, which are frequently found in sexual abuse literature (Sorenson and Snow, 1991, Jones 2000, Alaggia 2004). Both include a category encompassing active avoidance of telling. However Alaggia's additional category of behavioural attempts is defined as 'intentional use of non-verbal behaviour to convey a message that something is amiss' (Alaggia 2004:1217) whereas the 'signs and symptoms' category here includes behaviours which may not be intended as a conscious communication about abuse, although they may be a manifestation of distress caused by it.

A further model also based on sexual abuse suggests a phased model for disclosure of sexual abuse where the child first recognizes the abuse, then selects a time, place and person to tell, followed by a post-disclosure phase where the response to the disclosure impacts on further decisions about telling (Staller and Nelson-Gardell, 2005). The final phase of the model is interpersonal and interactive. The iterative nature of the model is important, the initial response to disclosure may lead the child to recant or deny the abuse. Similarly in our framework others' reactions may lead to further telling, or to active avoidance of telling, depending on how the pathway progresses. In the interview study, for example, an earlier experience of being taken into foster care resulted in an adolescent, now reunited with a parent, actively avoiding telling because he distrusted professionals. However, unlike Staller and Nelson-Gardell's model, the emphasis on interaction is important for all phases of the framework, not solely determining what decisions the child makes after telling. Dialogue with others can also affect recognition and recognition may be an end result of help received rather than a necessary precondition of telling.

An interesting theoretical perspective is offered by Petronio et al (1996) who apply principles of Communication Management of Privacy Theory to examine disclosures of sexual abuse. This examines the way tensions are managed between the need to tell and the potential costs of telling. The discussion is of sexual abuse but is applicable to our findings across other types of abuse. Not telling may be one way for a child to retain control over their circumstances and avoid anticipated adverse consequences of telling. Whilst Petronio et al (1997) echo Staller and Nelson-Gardell in acknowledging young people's agency in rationally making decisions about who and when to tell, they also suggest that telling may be a result of overwhelming emotional tension which eventually outweighs barriers to telling. A strength of this discussion is that it acknowledges the emotional aspects of telling. The website analysis and interview study findings suggest that emotional barriers are a very important impediment to telling, but that a build-up of emotional tension may trigger purposeful telling. It can occur out of desperation,

because the young person cannot take it anymore. Thus there are complex dynamics to understand in relation to telling; weighing up the advantages and disadvantages of telling is in part a rational process, but emotional aspects of telling, the tension between fear of telling and the desperate need to tell are also crucial.

The framework could be used by practitioners, parents and young people to help to understand the complexities of recognition, telling and help.

- The framework could be used in training to help practitioners to be mindful of what might be going on for a particular child or young person who comes to their attention because of their behaviour, and consider the possibility that there is an underlying problem; to understand why a young person might not tell, might actively deny there is a problem, or might delay telling; to understand that their own responses may be crucial in allowing a child to recognise, tell and keep on talking.
- It could be used in direct work with young people, as a way to talk through what is going on and what might hinder them from getting help.
- The framework underlines the importance of understanding the child's past when making an assessment. This includes not just what is known about their experiences within the family, but the history of their involvement with services, what that has been like from the child's point of view, and how that will impact on their willingness to trust and talk to professionals.
- The framework draws attention to the needs of young people who may be well known to services, who may be in care, are have been in care in the past, and who may still need help to recognise and talk about what has happened to them.

The following chapter goes on to consider further the implications for practice of the research findings and framework for understanding recognition, telling and help.

Chapter 7: IMPLICATIONS FOR PRACTICE

The findings from this study chime with the established literature but also provide new insights into how we understand recognition, telling and help from a child's perspective. These insights have important implications for practice and policy making and deliver timely contributions to the debate about the reconfiguration of services demanded by cuts in public service budgets. The insights and messages come from findings from the different elements of the study and also from the framework which flows directly from the findings. The framework helps practitioners to keep the child's experience at the centre of their thinking.

7.1 RECOGNITION

The findings of the analysis of the internet forum echo wider cultural debates about the acceptability of physical discipline, confusion about physical coercion and consent in sexual abuse, and lesser recognition of what constitutes emotional abuse and neglect. These are issues that adults, including professionals, find difficult to reach a consensus about. Such cultural debates are unavoidable and to be encouraged if we accept that abuse is socially defined. However, there is a danger that social norms may impede young people from recognizing situations as problematic that most adults would readily agree are abusive, for example a twelve year old girl wondering if she had effectively agreed to rape by multiple adult men because she was not in a position to physically resist. The findings of the website analysis and interview study identify further barriers to recognition, such as young age, gender and family loyalty.

One way to empower children and young people is to increase their recognition of abusive situations. Existing research suggests ways in which young people could be better educated about abuse and neglect (Ko and Cosden, 2001, Del Campo and Lopez, 2006, Topping and Barron, 2009). Education offers an opportunity not only to impart information about what constitutes abuse from an adult perspective, but also to engage young people themselves in an exploration of debates about issues such as consent and physical discipline, to explore what they find problematic. The focus group with parents suggested that parents too need information and advice about recognising abusive situations and support about how best to help their young people, and other young people they meet via their children.

7.2 TELLING

The spectrum of telling includes avoiding telling and our findings highlight the many barriers that young people face to telling about abuse. There are implications for practice since A young person might move from avoidance of telling to prompted telling because they have built up sufficient trust in a relationship with a professional over time. The most frequently mentioned professionals in the findings were teachers or youth workers. A recent study for the Children's Commissioner for England has addressed the importance of a whole school approach to child

protection: the creation of a school environment 'where young people feel comfortable to reveal their safeguarding concerns – to adult staff or to fellow students - and where students are known well enough for undisclosed concerns to be recognised by adults' (LeFevre et al, 2013:7).

The most common way for young people in the interview study to come to the attention of services was through a sign or symptom that was picked up by a professional or family member. Some behaviour which brings young people to the attention of services, such as anger or violence, may act as a barrier to telling about underlying abuse if the young person feels that *they* are being labelled as the problem or treated punitively. Vigilance in watching for signs and symptoms that young people are struggling is important, as is the response. It is important to stress that not all young people demonstrating such signs and symptoms will be experiencing or have a history of abuse or neglect (Alaggia 2004). The task for professionals is difficult and a holistic individual assessment is essential, where a range of possible causes are considered.

Current guidance for professionals emphasises that children say they need professionals to be vigilant; to 'have adults notice when things are troubling them' (HM Government 2013:10). Children who contributed to the Children's Commissioner's submissions to the Munro Review of Child Protection (Munro 2011) said the word 'vigilance' represented what they needed (OCC 2011). Our framework suggests that recognition and explicit verbal telling should not be a prerequisite for getting help. This suggests that professionals should offer help when they recognise that something is wrong, but do not know exactly what it is. They should not press to get a 'disclosure' and cease their involvement if nothing is forthcoming. Staying alongside a young person may offer an opportunity to establish a trusting relationship, providing a containing environment which may encourage the young person to talk when the time is right. As one young person in the interview study put it:

I find it hard to open up about things like that… but [the youth worker] *learned me.*

The findings of the interview study and website analysis also suggest that emotional factors play a crucial part in telling, both as a barrier to telling, but also as an impetus to tell when the young person's coping resources are overwhelmed. Sometime young people told out of desparation, they could not tolerate the situation any longer. Emotional barriers were the most commonly mentioned, and should not be underestimated when considering how to encourage young people to speak out about abuse. Even where young people wanted to tell, they sometimes found it difficult to get the words out. This suggests that an extremely sensitive response is needed when young people take the first tentative steps towards telling. By anticipating potential fears and offering reassurance a professional may encourage a young person to tell. Telling that is tentative, delayed or uncertain should not be viewed as a sign that the young person is not credible.

Research has suggested that young people are more likely to tell a friend or family member than a professional (Roesler, 1994, Palmer et al, 1999, Vincent et al, 2004). By contrast in website analysis a greater number of disclosures were mentioned by young people to professionals than to friends and family. Young people were not always believed by friends and family when they did confide. The interview analysis suggested that young people do confide in friends that they can trust but that they are extremely careful about choosing who and what to tell. Many of the young people had no friends that they could confide in, and thought that peers

were extremely likely to gossip. The young people in the school based focus group also suggested that the issue of telling friends is complex. Young people might want to distract themselves by visiting friends, rather than confide their problems to them. Some young people in both the interview and focus group studies did not want friends to worry about them and felt that it would be a big responsibility to place upon a friend's shoulders.

Friends are undoubtedly an important source of support for young people. Professionals in the community focus group noted that friends might first be alerted to a difficulty because the young person posted something on Facebook or other social media. In some cases friends were an important link in a chain of telling, which might go from the young person to a friend to the friend's parent to a professional. The parents in the focus group said that the school would be their first choice of service to approach to get support for friends of their children.

7.3 HELP

Whilst friends and family are important sources of support there is an important role for help from professionals. The initial response of the professional when the young person begins to tell is important. Some young people used strategies to test out whether it was safe to tell more, and this process might take time. It is important that the professional can go at the pace of the young person so that they retain a sense of control. If they move too fast the young person may withdraw. Any support should begin by understanding the problem from the child's point of view (May-Chahal and Broadhurst 2006, Cossar et al 2011). The young person's agency in deciding about help should be respected (Jago et al 2011). However, this needs to be balanced against the danger of placing too much responsibility on the young person for deciding what happens next. It was clear from the young people's accounts that they sometimes value adult help precisely because adults can take control to stop abuse. This is a delicate balance to strike and will differ across situations and between young people.

Young people in the interview study recognized the need for professionals to pass on information to others without their permission at times, although there were cases where this had led to a breakdown of trust, and the young person felt that ultimately nothing had been gained by telling. This was more likely when the young person was not forewarned that the information would be passed on. Some young people were pleased in hindsight that the professional had taken control, especially where this led to effective help. They felt that the fact that the professional was prepared to breach their confidentiality demonstrated their level of concern and this increased the young person's trust.

Where information is passed on the process must be transparent and the young person should be involved in a discussion about why, when, what and to whom their information is disclosed. This helps to maintain a trusting relationship. The discussion should take seriously any concerns the young person has about negative consequences of others finding out, especially if young people are afraid that the abuse will worsen.

Professionals expressed concern about holding back information, and there was a fear of blame if something were to go wrong. A culture of professional fear is not conducive to the confident and thoughtful exercise of judgement about what is best for that young person. If information is

passed on routinely because the professional feels they must follow procedures and has no discretion, this may result in loss of trust and may inadvertently leave the young person less likely to tell, more isolated and at greater risk.

The community professional focus group also expressed concern that their relationship with the young person might be threatened if they passed on information but could not guarantee that the young person would in fact receive a helpful service as a result. This was considered likely given high thresholds for accessing children's social care services, and could act as a deterrent to making future referrals. A negative experience of help, or refusal of a service, might deter young people from telling in future and be damaging to self-worth, and self-efficacy, reinforcing self-blame. This resonates with findings from the interview study where young people's views on whether it was right to breach confidentiality were related both to how it was done, and whether things improved as a result.

Trust is a key concept in our findings about recognition and telling. Having a worker who is accessible and available, consistent and reliable, could encourage a young person to both recognize and tell about problems. School based services were appreciated as being generally accessible, with the important proviso that this limited support to those of school age who are attending school. Youth services provision is important as youth workers were identified as important professionals whom young people could turn to. Some young people in the interview study, who were not in mainstream education, identified cuts to youth services that were impacting on the availability of youth workers. Waiting lists and time-limited services were identified as barriers to telling, particularly in relation to counselling services.

Many studies have emphasised the importance of young people being able to access a trusted and consistent worker when they become involved with children's social care services (Bell 2002, Cossar et al 2011, Jobe and Gorin 2012). Expertise and effectiveness are also valued (Farnfield and Kaszap, 1998) and young people in the website analysis, interview study and focus groups identified the importance of telling professionals because they had the ability to intervene effectively to change their situation. Young people need access to a flexible, timely and effective social work service when this becomes necessary. Flexible service approaches are built around the needs and wishes of the young person. Young people could be overwhelmed by too many services, as well as too few.

In the website analysis it was striking that many young people talked of how the impact of abuse hit them once the actual abuse had been stopped, drawing attention to the fact that a young person may continue to need support services after action has been taken to stop an abusive situation. There were some concerns raised by young people in the interviews and by professional groups that the needs of young people may be a lesser priority in service provision particularly as they reach the upper age limit for children's services.

7.4 IMPLICATIONS FOR POLICY AND PRACTICE

Practitioners and line managers working with children and young people:

- Be curious and concerned about young people who appear to be struggling, think about the meaning of their behaviour and demeanour, and provide help.
- Be aware of the reasons why children and young people might avoid telling or deny that there is a difficulty when directly asked. Practitioners should not rely unduly on children telling them verbally before providing help.
- Be aware of barriers to telling about abuse and be ready to support young people through the process of prompted telling. Practitioners should be mindful that telling may be emotionally difficult, delayed and tentative and that young people weigh up the advantages and disadvantages of speaking out.
- Young people may be encouraged by a sensitive but persistent response from a practitioner conveying care.
- Support practitioners to balance following procedures with the skilled use of professional judgement when making decisions about when and how to pass on information, and ensure they receive good quality supervision where these issues can be discussed and issues recorded.
- Include young people in discussions about when and how to pass on information. Practitioners may need support and training to develop confidence in discussing their concerns, and what might happen next, with young people and their families.
- Encourage young people to be part of a cultural debate about healthy relationships, so that they feel able to discuss abuse (such as peer sexual abuse) which may not be high on the adult professional agenda, or which may be largely hidden. Schools, school nurses and sexual health provision, youth work and arts projects could engage young people in such discussion.

Schools and colleges:

- Value and promote a culture of safeguarding so that child protection is seen as everyone's responsibility.
- Include in the curriculum a range of ways to address relationship and sex education and encourage young people to debate healthy relationships, so that they feel more able to discuss abuse.
- Include discussion about abuse and neglect in the primary, secondary and further education curriculum. This could be taught as part of PSHE in secondary schools. Such teaching should involve discussion about the psychology of abuse and common feelings that children and young people might experience which act as barriers to recognition and telling.
- Provide clear information for children and young people about who they can talk to and how they can get help.
- Provide clear information for children and young people about what might happen next if they tell about abuse and neglect.

- Provide information about how children and young people can support friends who disclose abuse, and how to manage the dilemmas that might arise for them if they think a friend is being abused.
- Make information available for parents about 'what to do if you think your child's friend is being abused'.

Children's and Youth Services

- Consider the impact of cuts to pastoral support and youth services on the most vulnerable young people in the community, who may be thus denied an important avenue of support, encouragement to tell and early help.
- Provide information via websites and social media about how children and young people can get help for themselves, and/or support friends who disclose abuse.
- Consider ways in which children and young people could be encouraged to self-refer to children's social care and track the outcomes of these referrals.
- Consider having liaison social workers linked to specific schools.
- Support professionals to balance following procedures with the skilled use of professional judgement when making decisions about passing on information.
- Make young people's views of services a routine part of service evaluation, guided by their ideas as to how this can best be done.

Conclusion

The findings and the framework for understanding recognition, telling have implications for a range of practice contexts. The study has provided an insight into young people's experiences of recognition and telling and highlighted the interplay of rational and emotional factors. Specific practice interventions are suggested by the findings and can be linked to specific areas of the framework, for example education to improve recognition, or providing services which facilitate trust to encourage prompted telling. Young people's experiences of the help provided are also of key importance since without an effective service response strategies to improve recognition and telling will ultimately prove of limited value.

The process of carrying out the study and its innovative design, involving young people as researchers, has helped us to understand more about why abuse and neglect can remain hidden. It has enabled us to challenge the current orthodoxy of young people preferring to tell friends rather than a professional about abuse. This should give practitioners a renewed sense of the value of building trusting relationships with children and young people and alert policy makers to the imperative of giving children access to adults they can trust at school, in the community and in specialist services.

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Appendix 1: Young people's views on recognition and telling about abuse

Literature reviews provide important contextual information for any study and set out what is currently known about the areas under scrutiny. This literature review was intended to inform all of the linked but separate parts of the study. The first literature review focused on existing literature on recognition, telling and help-seeking by children and young people.

1. Methodology

We undertook a structured literature review that followed some aspects of systematic review criteria (Stein et al 2009, Daniel et al 2010, Biehal 2004). The advantage of systematic reviews are that they have clearly specified topics of interest, a search strategy to identify all relevant studies and clear criteria regarding study content and the appraisal of study quality. Explicit and transparent criteria for inclusion are specified in advance in a review protocol. The disadvantage is that they can exclude material that does not meet the stringent criteria for appraisal, which could provide helpful conceptual or other learning.

Criteria for inclusion

1. At this stage of the project only published, peer-reviewed, journal articles were included. Books and the 'grey literature' and other sources were not considered, but will be followed up throughout the rest of the study.

2. Only articles published from 1991 onwards were included; a decision made with regard to the policy/legislation context, with the Children Act 1989 and the UNCRC both being implemented at that time.

3. Titles or abstracts of articles had to include a word, or combination of words, to merit inclusion in the initial set of references.

The search process

The 'MetaLib' search facility was used, restricting the broad subject category to 'social sciences' and the subject sub-category to 'social work'. Seven databases were identified for the search exercise, namely: ASSIA, EBSCO EJS, IBSS, PsychINFO (OVID), SCOPUS (Elsevier), Web of Science / Web of Knowledge, and Zetoc -Brit.Lib). The search terms used were all combinations of a word or phrase from three fields:

I. Children; young people; youth;
II. Disclosure; listening to; talking about; views;
III. Abuse; neglect; maltreatment

In total, forty-seven searches were conducted, resulting in 393 articles being identified.

Stages of refinement through to choice of articles for inclusion in the final set

I. The first stage was to cull all duplicate references, since a number of articles appeared in the search results across a number of combinations of words. Moreover if the same article were identified by two or more of the databases there could be multiple mentions of the same articles even within one search exercise. At this stage the content of the article was not considered.
II. The second stage was to assess whether the article was relevant to at least one of the research questions. All three researchers read the titles of the remaining references, and all those potentially relevant were left for further consideration.
III. The abstract for each article was printed, and all three researchers made a joint decision, on the basis of the abstract, whether to include or exclude the article.

At the end of this three-stage process there were 71 journal articles for consideration in the literature review, and full text versions of these were printed. All 71 articles which met the search criteria were included without a quality control check because of the relative paucity of relevant material. We also included articles which were adult retrospective studies about telling.

Some comments on using the search protocol

The literature search has shown the need for flexibility, and the use of different terms/language; partly to reflect usage of words in different countries and contexts. For example, 'minors' rather than young people appeared to be a term in the legal and North American literature base, as opposed to 'young people' which is maybe more resonant in the U.K. The combination of the terms 'adolescent' and 'abuse' led to many articles on the topic of alcohol and drug abuse by young people, while the term 'disclosure', particularly when combined with the words 'adolescent' and 'sexual', led to a body of literature on young people disclosing their sexuality. Above all there were many articles whose topic was the recognition by adults (generally professionals and more often than not medical professionals) of abuse in children and young people, rather than our emphasis and interest which was the recognition by children and young people that they had been abused and maltreated.

Appendix 2 – literature review: young people's views of services

A literature search has been undertaken around the topic of young people's views of services and the professionals delivering those services, when they seek help for maltreatment and neglect.

Methodology

As with the first literature search on disclosure, this second review followed some aspects of systematic review criteria (Stein et al 2009, Daniel et al 2010, Biehal 2004). The advantage of systematic reviews are that they have clearly specified topics of interest, a search strategy to identify all relevant studies and clear criteria regarding study content and the appraisal of study quality. Explicit and transparent criteria for inclusion are specified in advance in a review protocol. The disadvantage is that they can exclude material that does not meet the stringent criteria for appraisal, but nonetheless can provide helpful contextual or other learning. For this reason we also included some articles which were referenced in our identified literature, but which had not come up from the search terms (a total of 10 articles), and some 'grey literature'.

Criteria for inclusion

1. At the initial stage only published, peer-reviewed, journal articles were included - subsequently 'grey literature' from Barnardo's, the Children's Society and Action for Children was added;
2. Titles or abstracts of articles had to include a word, or combination of words, to merit inclusion in the initial set of references.
3. Only articles published from 1998 onwards were included;

The search process

The 'MetaLib' search facility was used, restricting the broad subject category to 'social sciences' and the subject sub-category to 'social work'. Five databases were identified for the search exercise, namely: ASSIA, EBSCO EJS, IBSS, PsychINFO (OVID), SCOPUS (Elsevier). The search terms used were combinations of a word or phrase from the first three fields below:

I. Children; young people; adolescents;
II. Views; voice; access; engaging; interventions;
III. Children's services; safeguarding services; child protection; helping professionals; professionals; social workers; school nurse; schools; child maltreatment; child abuse; abuse.

In total, twenty-two searches were conducted, resulting in 85 articles being identified and, in addition, all research publications by Barnardo's, the Children's Society and Action for Children were considered, to determine their applicability to the current literature review. This latter search yielded a further twelve references.

At the end of the process there were 97 articles and reports for consideration, and full text versions of these were printed. A short summary was made of each article, noting the context of the research or the topic of the literature review. The professionals, service(s), country of study, methodology, year of publication and findings were briefly summarised. Nvivo, a

qualitative data analysis computer program, was used to identify the main themes covered by the articles, and to code the material to these themes.

Our emphasis and interest was the access to, use of and opinion of services by the young people themselves. However, as in the initial literature review we undertook on recognition and disclosure of abuse, a proportion of the articles were from the professional perspective, and addressed professionals' views of services provided for young people. These were excluded from the 97 sources, unless the individual article also addressed young people's views in addition to professional views. A number of articles, which had been identified through the search criteria, were concerned with children's participation in research, particularly around the topics of confidentiality and consent, and were also excluded from the review presented below. However, asking a young person's views of a service and giving their evaluation of it, and engaging them formally in 'research' could be considered as different stages along the same spectrum.

Appendix 3: Problems identified in posts on internet forum

Description of problem from young person's perspective of the abuse / neglect.

1. Mild sexual – sexual comments, partner initiating sex without asking
2. Medium sexual - child being touched or made to touch perpetrator (genitals)/ perpetrator watching child in bath etc. (age inappropriate)
3. Rape/serious sexual assault/ buggery
4. Media based: including grooming via net, posting pictures or videos on web/social network, forcing child to watch pornography
5. Sexual abuse – not specified
6. Physical violence – hitting/shoving/throwing objects
7. Severe physical – strangling/ beating/ causing injury
8. Chemical physical - poisoning/drugging/forcing alcohol
9. Physical abuse unspecified
10. Inappropriate responsibilities (e.g. for household tasks, for care of a sibling)
11. Not enough food
12. Parental lack of interest (limited engagement with child, e.g. prefers computer to child, no interest in child's achievements or worries)
13. Neglect - unspecified
14. Verbal aggression (including shouting, insults, could also include by text)
15. Witnessing violence/domestic violence
16. Child thrown out of house/locked out
17. Criticism/blame
18. Threats made to child/physical intimidation
19. Sibling preferential – child thinks sibling is preferred to them, examples are 'mild' may be ordinary sibling rivalry, e.g. my brother has better trainers than me.
20. Sibling scapegoat – child seems to be singled out for maltreatment in comparison with siblings, e.g. child does not have proper bed, others do, he is not bought clothes, others are.
21. Carer damages on purpose/sells young person's possessions
22. Parent unpredictable towards child
23. Emotional abuse – unspecified
24. Other

Appendix 4: 'Working Together' (2013) definitions of Abuse and Neglect

Physical abuse – a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse – the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, thought it may occur alone.

Sexual abuse – involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect – the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 5: Problem Cards

Jay is thirteen. His stepdad shouts at his mum for hours and smashes things. His mum has tried to leave but his stepdad won't let her go. Jay is really worried as his mum is the only one he's got. If his stepdad goes near her again he doesn't know what he will do.

Sushma is twelve. She went to her friend's house and lied to her parents about where she was. When her parents found out Sushma's mum hit her. Sushma ended up with a black eye, several bruises and a cut from a ring. She's scared of her mum.

Nathan is eleven and lives with his dad. He is left on his own after school until 11pm and sometimes his dad doesn't come home at all. There is not food in the house and no money to get food. Sometimes there is no hot water or electricity. Nathan does all the housework. He has not had a shower or wash for about two months.

Sarah is fifteen. When she was younger her stepbrother, who was a few years older than her, touched her and made her do things to him. She can't get it out of her head and the memories keep coming back.

Steph and her boyfriend just split up. Steph is fourteen and he's fifteen. Steph really liked him. He hit her and she has bruises on her arms. She's scared to tell, because she knows what he is capable of and she doesn't want to get him into trouble.