“Everyone deserves to be happy and safe”

A mixed methods study exploring how online and offline child sexual abuse impact young people and how professionals respond to it

Catherine Hamilton-Giachritsis
Elly Hanson
Helen Whittle
Anthony Beech

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Acknowledgments

Thank you most of all to the young people who participated in this project; their willingness to give up their time and to talk so openly and honestly about difficult matters has enabled a much deeper understanding of the impact of abuse and where improvements in prevention and response are required. We are hopeful that their voices will be heard through this research and will help to generate higher ‘minimum standards’ in how society prevents and responds to sexual abuse, including that which is technology-assisted. Further, we are extremely grateful to all the professionals who gave up their time to participate, and are hopeful that the experiences and views they shared will also fuel these improvements.

A huge thank you to Pat Branigan (NSPCC) who provided advice and support throughout the project, and who facilitated recruitment. Also to David Wetherall from Childline, who so kindly offered the support of Childline and facilitated development of the online recruitment. Additionally, Pat (NSPCC), with Zoe Hilton from CEOP Command of the National Crime Agency and Michael Larkin from the University of Birmingham, acted as a steering group in the initial stages, and Jon Brown from the NSPCC maintained an oversight throughout – thank you to you all for your wisdom and time. Thank you also to Filipa Alves Costa, Andrea Pintos and Theo Metcalf for your assistance. Lastly, thank you to those working at Childline and within NSPCC teams who facilitated recruitment and helped us ensure the welfare of those young people who took part.

Note that the authors take responsibility for the material in this report and that any views expressed are their own.
Executive Summary

Overview of the study’s aims and methods

This study sought to develop an understanding of:

• How young people who have experienced online or offline sexual abuse are impacted by it – with a focus on their voices and perspectives
• Any specific effects of technology-assisted sexual abuse and related support needs
• Professional responses to young people affected by sexual abuse and professional perceptions of technology-assisted abuse and its impact
• Young people’s views on how prevention and intervention around sexual abuse, particularly technology-assisted, could be improved

This mixed methods exploratory study (for methods and participant numbers see Table 1) was approved by three ethics committees (the NSPCC, University of Birmingham, University of Bath). Carrying out this research required careful balancing of young people’s rights of ‘protection’ and ‘participation’.

While the research represents an important step in identifying the impact of and responses to child sexual abuse in the UK today, especially that which is technology-assisted, its limitations must be borne in mind. In addition to the small samples sizes and the cross-sectional nature of the sample, it is important to keep in mind the potential biases related to the sample recruitment. The young people interviewed and who answered the questionnaires were recruited from NSPCC services, Childline and the National Crime Agency.

The term ‘technology-assisted child sexual abuse’ (TA-CSA) is used throughout this report in preference to ‘online child sexual abuse’, as the former better reflected the nature of the abuse described by participants that involved technology or online elements. This abuse often moved fluidly between offline and digital communication.

Key findings

• Online abuse is sometimes perceived as having less impact and being of less immediate concern than offline abuse by professionals.
• TA-CSA abuse is no less impactful than offline-only sexual abuse.
• Technology provides additional routes both to access young people to abuse, and to manipulate and silence them.
• With TA-CSA, there are additional elements for young people to contend with, related to control, permanence, blackmail, revictimisation and self-blame.
• Some professionals noted that victims are more often ‘blamed’, seen as participating in the abuse or do not see it as abuse when it is online.

Table 1: Summary of participant numbers

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<th>Psychometric questionnaire</th>
<th>Interview</th>
<th>Childline screening questionnaire</th>
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<tr>
<td>Young people</td>
<td>30 partial data (26 full data)</td>
<td>16</td>
<td>389 (230 aged 17–20)</td>
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<td>Short professionals’ questionnaire</td>
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<td>Long professionals’ questionnaire</td>
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<td>Professionals</td>
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The nature and dynamics of sexual abuse

The 16 interviewees were aged between four and 17 years old when they first experienced sexual abuse. In total, they described 22 abusive situations or relationships: 16 of these began when the participant was between 11 and 15 years old. The majority of abuse in this sample was perpetrated by male peers (for example, boyfriends, male peers known offline and individuals met online). Those perpetrators that were adults included teachers, father figures, family friend, a group of unknown males online and a group of men known to the primary perpetrator.

Rates of technology-assisted and fully offline sexual abuse

In this project, rates of TA-CSA ranged from 43–63 per cent:

1. Increased ease of access to victims
   Young people and professionals reported the use of various forms of social media and digital messaging in abuse. Generic websites and gaming were also mentioned. Some of the technology-assisted abuse involved very little grooming, build-up or strategy.

2. Lowered inhibitions
   There was a sense from some participants that the online medium worked to lower young people’s inhibitions, create a sense of false safety, and hide abusive dynamics and threat.

3. Powerlessness
   Some young people also talked about how powerless they felt in the online realm; it felt as if they had fewer routes to escape abuse. Abuse–related powerlessness measured in the questionnaire was higher in those who had experienced TA-CSA compared with those abused fully offline (albeit as a trend).

4. Control of the night-time space
   Regular contact in the night increased the offender’s control of their victim and their immersion in their life, as well as the secrecy around the abuse.

5. Emotional blackmail
   This was frequently used to pressure victims’ into complying with sexual requests via technology. It may be more frequent in technology-assisted abuse (TA-CSA) as there can be few or no opportunities to physically intimidate and threaten.

6. Image-related blackmail
   A number of young people described their offenders’ threatening to send sexual images of the victim to friends and family if they did not comply with further abuse (for example, by sending further images). This was a powerful tool in maintaining the abuse and inhibiting the victim from disclosing.

7. Reduced recognition of abuse
   Professionals noted how the technology dimension at times precluded some victims from recognising their experience as abuse. This was seen as related to the offenders’ ability to manage the relationship online and deceive the victim about their intentions.

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1 These are defined as sets of abuse separable from other abuse the young person may have experienced by other perpetrators; so, for example, abuse by several people acting together is defined as one situation; abuse by two sequential boyfriends, not acting together, is defined as two.

2 Note that these are overlapping samples.
In their own words: the impact of child sexual abuse on young people in the UK today

The difficulties reported as consequences of the abuse by the 16 young people who were interviewed included:\(^3\)

- Self-blame (14)
- Flashbacks or intrusive thoughts (14)
- Felt depressed or low (14)
- Nightmares (12)
- Negative feelings about males (11)
- Panic attacks (5) and anxiety (11)
- Self-harm (10)
- Felt bad about oneself (9) and felt worthless (6)
- Low self-esteem (8)
- Frequent or spontaneous crying (6)
- Difficulties keeping up with school work (5)
- Eating disorder or eating difficulties (5)
- Social withdrawal (5)
- Behavioural problems at school (4)
- Difficulties sleeping (4)

The vast majority of the participants were not receiving therapeutic or other mental health support at the time of the interview, and many of them appeared never to have been offered this.

In the wider questionnaire sample of 30 young people,\(^4\) there were also high rates of psychological problems. Of note:

- 20 of 30 (two out of three) reported either severe or very severe levels of anxiety
- 18 of 30 reported either severe or very severe levels of depression
- 22 of 27 (approximately four out of five) achieved a score on the measure of post-traumatic stress consistent with a diagnosis of post-traumatic stress disorder (PTSD)
- The average level of self-esteem in this group was in the lowest 5 per cent of the late adolescent girl population in the UK
- 23 of 27 (approximately four out of five) reported feeling dirty because of the abuse, and 22 of 27 (approximately four out of five) reported that the abuse made them want to go away and hide
- 21 of 27 felt ashamed because they felt people could tell what had happened to them just by looking at them

Blaming oneself for the abuse was significantly related to shame, stigma and low self-esteem.

Revictimisation

Six of 25 questionnaire participants had experienced physical violence and 10 of 26 unwanted sexual experiences, both since the abuse. Some of the young people interviewed felt that the initial abuse had made them more vulnerable to further abuse by sexualising them, by leading them to drink heavily or take risks, or by reducing their sense of self-worth and confidence.

Responses from others affect the impact of abuse

As noted, a high proportion of young people blamed themselves for the abuse. This appeared to be triggered or exacerbated by unsupportive approaches from school, peers and family. ‘Online safety’ offered after abuse had the potential to convey blame for the abuse.

The average level of family support reported by the questionnaire participants was relatively low.

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3 The numbers in brackets refer to the number of young people who reported the difficulty – they are listed in roughly descending order of frequency. Note that interviewers did not comprehensively enquire about a list of possible difficulties, so other young people may well have experienced these difficulties but did not report them. As a result, these figures represent the minimum number of young people who experienced each issue.

4 For several measures, the sample size dropped to 26 or 27 when participants did not complete all questions.
Higher levels of family support were significantly related to higher self-esteem and adaptive coping mechanisms, whereas lower levels were associated with greater depression, anxiety, PTSD and shame. In contrast, support from friends and support from partners were not significantly related to mental health.

The impact of abuse and coping styles
Hopelessness and avoidant coping were each significantly related to a number of mental health difficulties; for example, hopelessness was related to shame, depression and anxiety, and avoidance to PTSD, self-harm, self-blame and fighting. Conversely, spirituality and coping through leisure were each significantly related to fewer psychological problems and a lower risk of revictimisation.

How technology dimensions to sexual abuse contributed to impact
The degree of psychological difficulties reported in the questionnaire by young people who had experienced TA-CSA (n=13) was compared, using statistical tests, to that reported by those who had experienced fully offline sexual abuse (n=15). No significant differences were found, suggesting that TA-CSA is no less impactful than fully offline abuse.6 (Note: The small sample size in this part of the study raises the risk of not detecting differences in the impact of TA-CSA compared with fully offline CSA that do in fact exist, so caution should be taken. However, this similar level of impact was also the finding in the interviews and the questionnaires completed by the professionals). Although the participating professionals did not themselves perceive any less impact to TA-CSA, some noted this perception in others.

Indeed, the accounts of the young people interviewed, and the professionals completing the questionnaires, suggested that where technology was present, it sometimes acted to complicate the impact of the abuse.7 This was due to the following four issues:

1. Permanence and reach of the images
This was the most widely reported difficulty. Some young people were either concerned that the offender still had footage of the abuse, and/or that it had been circulated and others would be viewing it now or in the future. Some further worried that people might try and find them based on the footage. These concerns left young people feeling angry, distressed, scared, or distracted, and they also fed into self-blame. However, not all young people who had experienced abuse with the use of images felt deeply concerned about this.

2. The experience of being filmed leading to discomfort with cameras

3. Self-blame related to complying with offenders’ requests
In many cases, young people and those around them centred their attention on what the young person had ‘done’ during the abuse, rather than the duress and manipulation their actions were subjected to.

4. Immersion, fatigue and concentration difficulties
This was especially the case when offenders controlled the night time space.

Professional perceptions and responses
The 16 young people interviewed reported a range of professional responses to their abuse:
• No young person described receiving adequate relationships education at school prior to the abuse.
• Some young people reported that their school was unsupportive following the abuse, not recognising the seriousness of the abuse and its impact, and at times blaming and being insufficiently protective.

Note that the term ‘significantly’ is always used in this executive summary to mean statistical significance at, at least, the p<.05 level.

However, the small sample size limited the ability of the study to find any differences. In parallel with this, it should also be noted that mean levels of difficulties were not generally lower in the TA-CSA group.

However, it would not be possible to conclude that this made TA-CSA ‘worse’ than other forms of sexual abuse. Each form of abuse can have its own particularities, which can worsen impact and compromise wellbeing.
A wide variety of police practice was recounted. Some investigations were proactive and supportive, whereas a number were experienced as blaming, overly formal, inadequately informative or minimising. A few young people described their reported crimes not being investigated and offenders (especially if they operated online) not identified.

Of those who had received therapy following abuse, some described very positive experiences, including therapy having helped them to recognise their self-worth, and move away from self-blame and shame. Where participants were less positive, it appeared that therapy models and foci were being adhered to that were not necessarily appropriate to the needs, wishes or stage of recovery of the young person.

Few had experienced input from the local authority child protection team.

Key overarching themes included marked inconsistencies in practice, and policies and practices at times working to disenfranchise young people – in other words, practice that was not adolescent-friendly and centred.

In relation to professional responses to technology-assisted abuse in particular, those completing the professionals’ questionnaire observed that lack of knowledge and understandings about this form of sexual abuse can lead to victims being blamed for it and its impact being minimised.

Young people’s views on prevention and intervention

These views from the 16 young people interviewed, often developed from their own experiences, broadly fell into the following themes:

1. **Provide good education on healthy relationships, abuse and consent from a young age**
   This was participants’ most frequently expressed wish and many ideas were shared about what such education should cover. A number felt that this would have helped them avoid abusive relationships and situations, and some also felt it would have prevented abuse by educating otherwise offenders.

2. **Ask, understand and notice**
   A number of interviewees felt that abuse could be stopped and its impact addressed if professionals took time to understand the impact of abuse better, notice signs and engage in purposeful conversations. Concurring with this view, professionals also emphasised the need for training, especially in the nature and impact of TA-CSA.

3. **Recognise the seriousness and existence of sexual abuse, including technology-assisted**
   Some young people talked about the need for a broad societal shift in the recognition of abuse and its seriousness. This was felt to provide a foundation for some of their specific suggestions for change.

4. **Increase support and make it more accessible**
   A number said that therapeutic support should be made more available and accessible, in contrast to what they had experienced. They mentioned a variety of factors that had restricted their access to therapy including long waiting lists, child protection policies and inadequate awareness raising.

5. **Increase sensitive and effective therapy**
   Young people spoke about the importance of therapists taking into account their experiences, their stage of recovery, and their preferences.

6. **Improve the approach of law enforcement**
   Broadly speaking, young people recommended that the police:
   - Fully explain processes to victims
   - Are friendly and reduce formalities
   - Offer choice where possible
   - Provide a consistent officer
   - Provide regular updates

**Key messages**

The young people also had key messages to impart to those currently experiencing abuse. These might be summarised as:

- Tell someone
- Don’t feel ashamed or blame yourself
- It’s hard…but hold on, it improves
- Seek support

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8 See Hanson & Holmes (2014) for a discussion of what this might look like.
Other findings: Pornography and coerced sexting

Of the 216 young people who answered the question in the brief online Childline form, 55 per cent (119) had sent a sexual image of themselves to someone else before they were 16 years old. Of these, two thirds stated that they had felt forced to send at least some of these images, and 54 per cent had sent at least some of these sexual images to someone over the age of 18. (Note: due to the sampling methods and inclusion criteria for this study, these figures are unlikely to be representative of sexual image sharing and coercion in the general population in the UK).

In the questionnaire sample, 13 of 25 reported that they had watched pornography. Five reported watching it 1–3 times a month, and three 1–2 times a week. This appears to be a relatively high proportion in a predominantly female sample.

Key recommendations

These recommendations are those of the researchers on this project, and not necessarily endorsed by the NSPCC (or the National Crime Agency). They directly flow from the experiences and views of the participants who took part in this study.

- Generally, use of the term ‘technology-assisted child sexual abuse’ (TA-CSA) should be employed instead of ‘online child sexual abuse’.
- Awareness-raising campaigns, for example in schools and on social media, should be run that are aimed at: a) preventing sexual abuse by helping young people recognise their rights and the principles of healthy relationships; b) helping young people who are experiencing abuse to tell and seek help; and c) helping parents, families and peers take preventative steps and promote disclosure and recovery.
- Safeguarding training for all professionals who work with children and young people should include: a) the dynamics and impact of different forms of abuse, including technology-assisted sexual abuse; and b) the types of support and response that children and young people need following it (beyond protection).
- Industry should further invest in innovative means of tackling technology-assisted abuse, so that abuse can no longer be so easily assisted by technology. This should include developing the means (and awareness) by which young people can have their images permanently removed across mainstream platforms (‘right to remove’).
- A new curriculum for Relationships and Sex Education (RSE) should be developed now that RSE is a statutory requirement. This should ensure that the principles and skills involved in positive relationships are taught early and revisited regularly. ‘Online safety’ education should be incorporated into this and not offered as a stand-alone.
- Law enforcement should undergo regular training to further embed the victims’ code of practice and there should be clear routes for redress when victims do not receive these basic standards of service.
- Timely and appropriate therapeutic support should be offered to all children who have experienced abuse, and their families – this should not be dependent on the development of an overt mental health difficulty.
- Trauma-informed care should be provided by all therapists and counsellors.
Introduction

Although we have a rich research literature demonstrating the impact of child sexual abuse on individuals (from childhood into late adulthood), relatively little is known about the impact of sexual abuse involving online and digital technology. Emerging research and theory suggests that the digital dimension may influence how young people are affected by the abuse — for example, if images of the abuse continue to circulate, young people may struggle more with feelings of ongoing victimisation (Cooper, 2012; Leonard, 2010). Furthermore, the dynamics of online grooming and the involvement of images may add to young people’s shame, self-blame and sense of betrayal (Quayle, Jonsson & Lööf, 2012), all of which can act to worsen and complicate impact (Hanson, 2017a).

To inform the responses and support offered to young people following sexual abuse, we need to better understand if there is any impact from the involvement of technology. And more broadly, we need to hear much more from young people who have been affected by all forms of sexual abuse about its dynamics and harm. Research on sexual abuse often focuses on quantifying the level of symptoms, with less emphasis placed on young people’s direct perceptions, views and feelings about its impact. Similarly, we do not know enough about professional responses to online abuse and the impact they have on young people. Thus, to improve intervention and prevention, we need to further explore both young people’s experiences of professionals following sexual abuse (in its different forms) and their views on how practice might be improved.

Definitions of technology-assisted sexual abuse

The use of technology in the sexual abuse of children and young people online has increased rapidly over the past decade (Palmer, 2015). Technology-assisted child sexual abuse (also known as online child sexual abuse) covers a range of activities. Table 1 provides a summary of some different forms. This typology has been developed by exploring the forms of online CSA described both in the online victimisation literature and by the participants within this research project. It has also been informed by ongoing research into young people’s commission of technology-assisted harmful sexual behaviour (Hollis & Belton, 2017).

An advantage of a typology is that it can broaden our understanding of a phenomenon; however, at the same time, it simplifies it. The risk of this TA-CSA typology is that it over-emphasises a distinction between online and offline that is in fact often not present in the abuse. Abuse often incorporates both offline aspects and digital technology simultaneously, and there is a fluidity between offline and online behaviours (for example, an offender filming offline contact abuse, showing it to the victim to blackmail, via digital message or in person, leading the victim to comply with further abuse). Hence, the spirit of this typology is to invite thinking about distinctions between forms of TA-CSA and their implications for victims, rather than to constrain. Furthermore, it is envisaged that this categorisation will evolve, as digital technology and its facilitation of abuse continue to.

Prevalence

Rates of child sexual abuse are high within the UK. Radford et al (2011) surveyed a random probability sample of 1,761 young adults and found that 18 per cent of young women and 5 per cent of young men reported experiencing contact sexual abuse when they were children. Many young people do not report their abuse to authorities and often data shows the tip of the iceberg. It is unclear how many more young people experience sexual abuse that does not include any offline contact with the perpetrator, but instead involves (just as severe) crimes, such as coercion to perform sexual acts on oneself due to online blackmail. Certainly, technology-assisted sexual abuse appears to be on the rise; Palmer (2015) surveyed staff working in Barnardo’s child sexual exploitation services and found that between 20 per cent and 75 per cent of practitioners’ caseloads comprised young people who had experienced TA-CSA — a much higher proportion than when she surveyed workers from these services a decade previously (Palmer

9 Note that in this report, the term ‘images’ refers to still and moving digital images, including photos, video and live streams.
10 For other typologies see Cooper, 2012; Martin & Alaggia, 2013; Shannon, 2008; Wolak & Finkelhor, 2011
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<th>Type of technology-assisted child sexual abuse</th>
<th>Further description and/or example</th>
<th>References for further information</th>
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| 1. Offline CSA shared with and viewed by others via technology | The abuse depicted in many child sexual abuse images, also termed indecent images of children (IIOC). For example, sexual abuse perpetrated by a victim’s father shared globally via images and video with others via technology. | Leonard (2010)  
Martin & Alaggia (2013)  
Mitchell, Finkelhor & Wolak (2005) |
| 2. Peer CSA committed via technology or offline shared with others in the victim's peer group | A young person (or persons) filming their abuse of a peer and sharing this with their friends for approval or status, or to shame (this includes male adolescents abusing female peers). | Beckett et al (2013) |
| 2. Offline contact CSA commissioned via technology | For example, perpetrators using technology to direct perpetrators who are physically with the child to commit abusive acts (for example, perpetrators in the UK watching and directing live streamed sexual abuse of children by perpetrators in the Philippines). | National Crime Agency (NCA; 2014) |
| 3. Offline sexual blackmail (imagery as leverage) | A child or young person is abused offline and images are used as leverage in the continuation of the abuse; for example, “If you tell, I will share this image with your friends and family”. | Gohir (2013) |
| 4. Technology assisted sexual blackmail (imagery as leverage) | Sexual imagery of a child is obtained via technology and then used as leverage in sexual abuse, which may be either TA, offline or both; for example, a young person shares a sexual image with a person via technology, this person (the abuser) then threatens to share this imagery if the young person does not produce further sexual images or comply offline abuse. | Peachey (2013)  
Also see Figure I for an example |
| 5. Technology assisted grooming | This term can include TA sexual blackmail, but is more commonly used to describe perpetrators forging a close relationship with a victim via technology in order to gain the child’s compliance in and secrecy around subsequent sexual abuse (for example, the perpetrator shows care and interest in a child online who subsequently ‘falls in love’ and consents to online and/or offline sexual activity despite the perpetrator being an adult and/or coercive and/or the child feeling uncomfortable). | Whittle, Hamilton-Giachritsis, Beech & Collings (2013) |
| 6. Sexual activity bought from a young person via technology | A child advertising sexual services online for payment (although sometimes apparently of their own volition, research indicates that many have experienced very significant prior traumas and abuse). | Jonsson & Svedin (2012), as cited in Sigurjónsdóttir (2012) |
| 7. Sexual images created consensually but shared non-consensually | This is where, for example, a young person shares images with a romantic partner, the relationship ends and those images are shared by their ex-partner with peers. | Wolak & Finkelhor (2011)  
Ringrose, Gill, Livingstone & Harvey (2012) |
Practitioners noted more TA-CSA even within the past few years:

“We wouldn’t have received referrals like we do now four years ago, such as picture sending, sexting, sexualised conversations with peers and adults, meeting a groomer following online conversations.” (CSE practitioner quoted in Palmer [2015])

The backdrop to this is the ongoing increase and evolution in the use of digital technology in everyday life. Of particular relevance, it has become increasingly easy to send and receive sexual images and, while this practice is not uniformly problematic (Cooper, Quayle, Jonsson & Svedin, 2016), it can facilitate and be a central part of abuse. The unwanted dissemination of their sexual images appears to have become commonplace for many girls. Barter et al. (2015) found that 44 per cent of 14–17 year old girls in the UK had sent a sexual image; of these, 42 per cent had experienced their images being non-consensually sent on to others and 97 per cent reported a negative impact of this. Of the five UK countries surveyed, the UK had by far the highest rates of non-consensual sharing of images. In contrast, a recent study by Martellozzo et al. (2017) found lower rates of creating and sharing sexual images: 13 per cent of 11–16 year olds had taken a partially or fully naked picture of themselves and 55 per cent had shared it. However, this may reflect the fact that the study focused primarily on pornography, and non-consensual sharing of young people’s sexual images was not specifically explored. Thus, caution should be taken when comparing different findings. What is clear is that sexting has become far more common and the long-term impact is, as yet, unknown.

The impact of sexual abuse

A wide range of studies conducted over the last three decades clearly demonstrate the short- and long-term negative impact of sexual abuse upon its victims. For example, studies have shown that sexual abuse significantly increases the risk that young people will experience depression, anxiety, aggression, revictimisation, substance misuse, eating disorders, suicidal behaviour, self-harm, post-traumatic stress disorder, interpersonal distrust and relationship difficulties (Arata, 2002; Boney-McCoy & Finkelhor, 1995; Hillberg , Hamilton-Giachritsis, & Dixon, 2011; Lewis et al, 2016). Additionally, the abuse and its psychological impact affect a young person’s ability to participate fully in life and make the most of opportunities (Noll, Trickett, Harris & Putnam, 2009). Contributing to many of these difficulties are less visible consequences of the abuse, such as negative beliefs and feelings about oneself (for example, self-blame, feeling worthless), dissociative tendencies, and shame (Andrews, 1995; Feiring & Taska, 2005; Kessler & Bieschke, 1999; Kim, Talbot & Cicchetti, 2009; Roberts, O’Connor et al, 2004; Talbot, Talbot & Tu, 2004).

This research literature provides us with a good understanding of how sexual abuse can impact individuals over the life-course. However, there is a relative absence of studies exploring the recent rise of technology-assisted sexual abuse (Palmer, 2015). In the UK today, different forms of sexual abuse may be more or less prevalent than in the past and practice responses may be different; all of which can affect how sexual abuse impacts on victims. Therefore, an up-to-date picture is required to inform policy and practice both for intervention following abuse and prevention before it.

The impact of technology-assisted child sexual abuse

Only a small number of studies have specifically explored the impact of sexual abuse with a technology or image dimension and none have included a comparison group of young people who suffered solely offline sexual abuse. How a young person is affected by TA-CSA is likely to not only depend upon the way in which the technology was utilised during and following the abuse, but also by a variety of other factors, such as their relationship with the perpetrator (known offline or not); the number of perpetrators; if and how other children were involved; their level of family and peer support; and their developmental stage.

Svedin and Back (2003) found that children of offline abuse shared online with others (Type 1 in the typology) had high rates of sexual preoccupancy, as well as attentional and anger difficulties. Two studies that interviewed young people who had been sexually groomed online (Type 5 in the typology) explored the impact of this abuse, alongside a variety of other dimensions (such as vulnerability factors and abusive dynamics; Quayle, Jonsson & Lööf, 2012; Whittle, Hamilton-Giachritsis & Beech, 2014a). In these studies, young people spoke about how this abuse had led to difficulties...
like self-harm, loss of confidence, self-blame, shame and isolation. Sigurjónsdóttir (2012) asked 12 adolescent girls who had all been groomed online by the same perpetrator to rate their mental health at different time points, and found that this was lowest at the point of the abuse coming to light. These young people also described the abuse leading to self-harm, depression, anxiety and low self-worth.

Hanson (2017a) draws together the findings of these studies with the wider research on sexual abuse and TA-CSA to suggest that digital technology dimensions to sexual abuse (such as the permanence and reach of abuse images, and the ‘participation’ dynamics) can act to compound the silencing of victims and to trigger or increase their feelings of self-blame, shame, betrayal and fear. In turn, these difficulties can lead to self-harm and depression.

It might even be suggested that when the abuse involves images being shared online for the foreseeable future, this represents a secondary victimisation layered on top of the initial event. Research has shown that individuals who experience more than one type of maltreatment and/or more than one perpetrator are more likely to have negative long-term outcomes than those with only one form of maltreatment (see Hamilton-Giachritsis & Sleath [2017] for a review).

It is evident that further research is required to explore these hypotheses and to more fully tease out the impact of online and technology dimensions to abuse, including the impact of its different types. The different forms of TA-CSA represent very different experiences and thus their impact upon a young person may be quite different. For example, TA-CSA in which the offender has coerced the victim into performing sexual acts on him or herself may lead to particularly high levels of self-blame, whereas the ongoing sharing of images may be especially tied to anxiety and hypervigilance (feelings of ongoing trauma).

How an individual is affected by child sexual abuse across their lifespan also depends on other factors, including their experience of family support and their coping strategies (Hong & Lishner, 2016; Marriott, Hamilton-Giachritsis, & Harrop, 2014). In some forms of TA-CSA, the technology element might contribute or trigger unsupportive family responses compounding impact (Whittle, Hamilton-Giachritsis & Beech, 2013). Thus, further research is required exploring the impact of these factors on the consequences of TA-CSA. A more in-depth understanding can help inform the support provided to young people. It may also be useful to inform preventative approaches, including questions around timing, content and reach of educational programmes. The overall aim is to understand how to build resilience and prevent or ameliorate long-term harm.

Professional responses

Turning to professional responses, while sexual abuse has received greater public and policy attention within the UK in recent years, research directly hearing from young people suggests that positive developments at strategic levels are often not translating into good practice on the ground towards young victims of sexual abuse. For example, Beckett et al. (2013) found that the majority of the young people in their study who had experience of the criminal justice system following sexual exploitation described their initial encounters with police as lacking in respect and sensitivity.

Therapeutic support is often wanted and needed to address the impact of sexual abuse and it can be highly effective (Hanson, 2017b). However, routes into therapeutic support for young people who experience abuse in the UK are not always clear; thus, while some young people are provided with such support, its provision is limited and patchy.11 It is also unclear how many child therapists and counsellors are trained to respond effectively to trauma-related issues and, in particular, those related to TA-CSA. Research indicates that professional responses to young people sexually victimised online may be particularly poor, with professionals underestimating the coercive dynamics involved, its impact and the support needs of young people (Martin & Slane, 2015; Palmer, 2015). This may then compromise and impede recovery from the abuse.

11 https://www.nspcc.org.uk/fighting-for-childhood/campaigns/its-time
Regarding policing, in recent years more attention has been given to the investigation of sexual abuse and exploitation. For over ten years, CEOP has been a specialist hub for the investigation of technology-assisted sexual abuse, while other units around the country also have this as their focus. However, it has been reported that there are inconsistencies and, in some places, significant limitations in how the police investigate sexual abuse, including abuse that is technology-assisted (HMIC, 2015). Both police and local authority safeguarding responses to sexual abuse are compromised by ongoing budget cuts; in addition, many cases of sexual abuse do not come to their attention (Children’s Commissioner for England, 2015). On the other hand, some victims of TA-CSA have reported positive responses from agencies such as the police (Whittle, Hamilton-Giachritsis & Beech, 2013). Alongside this, there are many examples across the UK of positive responses to sexual abuse within the voluntary sector and researchers often playing a part, including contextual and relational safeguarding models (Firmin, Warrington & Pearce, 2016; PACE, 2014).

The societal and policy context

Finally, it is important to consider TA-CSA in the wider context. Advances in technology have also led to a rapid increase in young people’s exposure to pornography, which invites the development of aggressive and abusive sexual scripts. A recent content analysis of mainstream free online pornography (Klaassen & Peter, 2015) found that 41 per cent of sex scenes involved male violence towards girls and women (such as gagging, where a penis is inserted very far into a woman’s mouth) and 56 per cent involved one character dominating another (usually a man dominating a woman). In 20 per cent of gagging scenes, girls and women initially displayed displeasure that then shifted to pleasure (giving the message to persist despite displeasure) and, in a significant minority of scenes, the depicted sex was non-consensual from beginning to end, or involved girls and women being manipulated into ‘consent’ through deception. Females typically enacted a neutral or positive response to any violence perpetrated against them.

In light of this content, it is unsurprising that longitudinal studies, controlling for the influence of other factors, have found that exposure to pornography increases the likelihood that a young person will sexually harass their peers (Brown & L’Engle, 2009; Ybarra et al, 2011). By 15 years old, approximately two thirds of young people in the UK have viewed online pornography (Martellozzo et al, 2017). The government has recently brought into force new legislation (the Digital Economy Act, 2017), which will require online pornography providers to put in place effective age verification mechanisms, so that those under 18 cannot access their content. In addition, ‘extreme porn’ has been banned, which is deemed to include rape scenes and sexual acts likely to cause harm or death. Depictions of child abuse, however, are not specifically mentioned.

A separate but related issue is the degree to which adult pornography may both invite users to indulge and develop a sexual interest in children (for example, ‘teen’, a deliberately ambiguous category, is one of the most popular) and facilitate their access to child abuse images (Lucy Faithfull Foundation, 2015).

With regard to youth-produced sexual images, young people currently have no means to have their images permanently removed across mainstream platforms. As a preventative measure, the NSPCC and CEOP (part of the National Crime Agency) provide free educational resources and support, plus guidance has recently been developed by the UK Council for Child Internet Safety (UKCCIS) to support schools in responding to ‘sexting’ (UKCCIS, 2016). This helps education providers understand when the sharing of sexual images constitutes abuse and requires a safeguarding and law enforcement response. Importantly, though, we need to ensure that young people, parents and teachers are all aware of the possible consequences.

12 For example, see https://www.theguardian.com/culture/2016/nov/19/pornography-sites-face-uk-block-under-enhanced-age-controls
13 For example, see www.pornhub.com/insights/2016-year-in-review
A recent development welcomed by many is the government’s introduction of a statutory requirement for education providers to teach Relationships and Sex Education (RSE). This provides the opportunity for an RSE curriculum to be developed that effectively helps young people to enjoy positive relationships without harm.

Aims and research questions

In summary, based on this understanding of the research literature and its gaps, this project sought to answer six broad and interlinked research questions:

• What is the impact of sexual abuse on young people in the UK today?

• What is the impact of technology-assisted child sexual abuse (TA-CSA) compared with solely offline forms of child sexual abuse (both as measured quantitatively and as perceived by young people)?

• Are there additional complexities and support needs for young people who have experienced technology-assisted sexual abuse?

• What responses do sexually victimised young people receive from professionals following the abuse coming to light? How do they view these responses?

• How do professionals perceive TA-CSA, its impact upon young people and their related support needs?

• What are the views of young people affected by sexual abuse on how prevention and intervention could be improved?

In exploring these questions, this project has also been able to gain an insight into the nature and forms of sexual abuse experienced by young people in the UK today.

Note on terminology

Many of the above forms might also be termed ‘technology-assisted child sexual exploitation’. There are ongoing debates and complexities involved in the definition of sexual exploitation and how it can be differentiated from other forms of sexual abuse (Hanson, 2016a). However, this report is focused on the broader issue of child sexual abuse (CSA), incorporating CSE.

It is also important to note that ‘sexting’, the sharing of youth-produced sexual images, becomes abusive when images are shared without the consent of the depicted young person and when these images are used to control or blackmail.

Overview of methodology

Interviews and questionnaires were conducted with young people who had experienced sexual abuse (either offline alone or both offline and technology-assisted forms). Questionnaires were also completed by professionals who worked with children and young people affected by CSA.

Specifically, data came from three sources:

a) In-depth (qualitative) interviews with 16 young people aged between 15 and 19 years old who had experienced sexual abuse (either fully offline and/or technology-assisted). The interviews explored the nature of the sexual abuse they had experienced; its immediate and subsequent impact; the particular impact of any online or technology elements; the responses of significant others; the nature of any professional involvement; and the young peoples’ thoughts on effective prevention and intervention.

b) Questionnaires completed by 30 young people aged between 15 and 19 years old who had experienced sexual abuse (either fully offline or technology-assisted). The questionnaire contained a variety of validated psychometric measures that were chosen in an effort to capture:

i. the broad psychological impact of abuse (for example, post-traumatic stress, dissociation, shame, self-blame, depression and anxiety), and

ii. the influence of key factors, such as other forms of abuse, social support and coping style

The questionnaire also contained questions about the abuse and background factors, such as pornography consumption.

c) Predominantly qualitative questionnaires completed by 52 professionals who worked in the field of sexual abuse. This questionnaire enquired about their perceptions of online and offline forms of sexual abuse, and the responses and support offered to young people who have experienced each.
A further brief online screening form was completed by a larger sample of 389 who expressed an interest in taking part in the research (many of this group were not eligible or did not continue on to take part). Beyond demographic information, this form also asked young people whether they had sent a sexual image of themselves to someone before they were 16 years old and, if so, whether they had felt pressured to do so and whether the person to whom they were sending it was 18 years old or over. These questions were asked to gain a snapshot of current levels of coercive ‘sexting’.

In total, 84 people participated in at least one of the main parts of the study; many young people completed both interviews and questionnaires. Participant numbers for the different parts of the study are summarised in Table 2.

The study is exploratory and one of the first attempts to investigate:

a) the impact of technology-assisted sexual abuse on young people, and

b) professional responses to young people who have suffered sexual abuse in general and TA-CSA in particular.

Its findings must be interpreted in light of its limitations. These include the relatively small number of young people who completed the questionnaire (which may mean that significant differences in the impact of different forms of abuse were not detected), and the absence of young people participating who had experienced the wide circulation of abuse images. Furthermore, the study was not longitudinal so could not chart the impact of abuse over time nor rule out the possibility that other life experiences had caused the psychological difficulties reported.

The project was approved by the NSPCC Ethics committee, as well as the University of Birmingham STEM ethics committee and the University of Bath Department of Psychology ethics committee. Several ethical principles were integral to the design of the project and the practice of the researchers throughout. These included:

- The balance between young people’s rights to protection and to participation.
- ‘First do no harm’: ensuring that taking part in the research did not have an overall negative impact on any young person, and ideally, instead, had a positive impact.
- Keeping children (and adults) safe: Taking action to prevent further abuse or harm where risk of this is indicated.

Adhering to these principles involved formally including various steps within the research; attending to the ethics of all research materials and practices; and, perhaps most importantly, the adoption of self-reflexivity and reflective discussion throughout. Listed below are some examples of the formal steps:

- Approaching young people via trusted professionals who deemed the research appropriate, and gaining parental consent, when young people were 16 or younger.

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<td><strong>Psychometric questionnaire</strong></td>
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• Outlining to young people confidentiality, and the context when this would be breached (including if details of abuse were provided that had not been reported).

• Linking young people to support services in their local area where need for this was indicated.

• Linking young people to further opportunities to have a ‘voice’ and influence where there was interest in this.

• Only involving young people deemed to have adequate levels of support.

More details about the project’s methodology, limitations, ethics and the processes and challenges involved are provided in Appendices I and II.

All names used in this report are pseudonyms. Where case studies have been presented, minor details may have been changed to protect confidentiality.
The short Childline survey

Following the research project being advertised on the Childline website and on Facebook via Childline, 389 individuals completed an online form expressing initial interest. Despite the information stating that participants must be aged between 17 and 20 years old, over a third who gave their age were under 9 years up to 16 years old (n=137; 36 per cent) and so not were eligible to take part via this online route (for a detailed description of the methodology, processes and challenges involved in this research see Appendix I). This finding indicates the high level of interest in such research from younger teenagers and children, and is relevant to future research decision-making and the degree to which young people’s right to participation is taken into account (see Recommendations).

Notably, this wider age group were also more diverse in terms of gender and ethnicity. Of the 230 individuals who completed the brief online form and were aged between 17 and 20 years old:

- 95.7 per cent (220) were female, 0.9 per cent (2) were male, 2.6 per cent (6) were ‘other’ and 0.9 per cent (2) preferred not to say.
- 93.9 per cent defined themselves as of White British or European ethnicity, 2.2 per cent as mixed ethnicity, 0.9 per cent of Asian ethnicity, 0.9 per cent of Black ethnicity, 1.3 per cent preferred not to say, and 0.4 per cent ‘other’ ethnicity.
- Of the 214 young people who answered the screening question, 94.7 per cent had been sexually abused prior to the age of 16 years.
- Of the 208 who responded, 55 per cent (115) had sent a sexual image of themselves to someone else before they were 16 years old. Of these, two thirds stated that they had felt forced to send at least some of these images (67 per cent) and 54 per cent had sent at least some of these sexual images to someone over the age of 18. Some of this coercion is likely to have been the sexual abuse they identified themselves as having experienced (young people were asked to complete the form if they were interested in taking part in the study and met the criteria, one of which was having experienced sexual abuse). Hence, this criteria and the nature of the sample mean that these figures are likely to be not representative of UK rates of sexual image sharing and coercion in young people.

Follow-up of those who met the research criteria and gave adequate details led to 12 young people taking part in interviews, all White British girls aged 17–19 years old – many of whom also completed questionnaires. A further 23 of those participating via Childline completed only the questionnaires.

The findings from this online form informed reflections about further research in this field. First, there is a need for it to focus on drawing out the voices of both minority ethnic and male young people and younger children who have experienced sexual abuse. These groups of young people were not adequately represented in this study – the younger children because they were precluded from doing so. On a possibly related note, the requirement to have personal contact with the research team may have put some young people off from completing the questionnaires. Future research should explore further how to hear from as many and as diverse a group of young people as possible, while maintaining ethical practice and ensuring wellbeing.

15 In total, 16 young people were interviewed; the other four recruited by other means, see next section and Appendix I.
Interviews with young people

The interviews undertaken with 16 young people covered a range of issues, which during analysis were broken down into 12 categories. These included: the nature of abusive contact; the role of technology; disclosure; impact; family and friends’ responses; life before; current situation; advice for victims; and advice for adults. The focus in this report will be on: what the young people said about the abuse itself and its impact; the role of technology in the abuse and in its impact; professional responses; and how prevention and intervention might be improved.16

The young people interviewed

Of the 16 young people interviewed, one was recruited via CEOP, three via NSPCC teams and 12 via Childline. One young person was male and the remaining fifteen were female. In terms of age, one was aged 15 years old;17 six were 17 years old, eight were 18 years old and one was 19 years old. One lived in Wales, two in Northern Ireland and thirteen in England.

The nature of the sexual abuse the young people experienced

Age of onset and duration of abuse

Participants were aged between four and 17 years old when they first experienced sexual abuse. Of the 22 abusive situations or relationships described by participants,18 16 began when the participant was between 11 and 15 years old – the mode age of abuse onset being 14 years old. The duration of abusive relationships or incidents ranged from single incidents on one day to lasting for three years; the majority lasted between three months and a year.

Offenders

Twelve of the 16 interviewees discussed abuse by one perpetrator and four described abuse by more than one; in one of these cases, offenders acted together. In at least one of the cases where abuse by one offender was discussed, the participant alluded to separate abuse by someone else.

All perpetrators were reported to be male but, in two of the online abuse situations, the offender had posed as a teenage girl. Eleven of the 16 participants reported sexual abuse by someone 21 years old or younger and only six reported abuse by someone over the age of 21. This high proportion of peer perpetrators is consistent with the findings of other research (Radford et al, 2013; and see the Introduction). Those offenders over the age of 21 were: two teachers, two father figures (step- and biological), one family friend, a group of unknown males online, and a group of men known to the primary perpetrator. To summarise, the young people described 13 male peers as perpetrators, five adult males and two groups of adult males.

Dynamics within the abuse19

A few of the most common abuse dynamics that the young people described are noted here. First, it was evident within the accounts of those who had experienced some form of offline abuse (with or without technology-assistance) that sexual abuse was often accompanied by physical violence. This was described by five participants, most often as part of an abusive partner relationship.

“I was sat looking at something on my phone [on his bed] and he asked what I was doing and I...I said something like ‘Oh, I’m just like flicking through Facebook’ or whatever, and he then just started, like, throwing things at me, and I

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16 Further papers on other findings from the interviews will be published in due course.
17 Young people recruited via Childline were only eligible if they were 17 years and above because parental consent was not acquired. Younger children recruited via other routes (see Appendix I) were able to take part if their parents/carers provided consent.
18 These are defined as sets of abuse separable from other abuse the young person may have experienced by other perpetrators; so, for example, abuse by several people acting together is defined as one situation; abuse by two sequential boyfriends, not acting together, is defined as two.
19 Note that these dynamics are generally not compared between online and offline forms of sexual abuse, as it was not clear, especially given our sample size, whether these dynamics related more to one form or the other. Rather, this section is concerned with the general dynamics of sexual abuse as experienced by young people in the UK today.
thought it was a joke at first and then he was just throwing, like, bigger and bigger objects so I was having to, like, hide, and then he’d stop doing that and so, like, I crawled out from under the covers and then...I thought he’d, like, calmed down, and then he just came over and then he, like, erm, he started, like, trying to strangle me, and then he erm...like, when that wasn’t working, he, like,...sort of, like, grabbed my head and, like, sort of was, like, smashing it against the side of his bed and stuff...” (Katie, 18)

“[It looked] as if he thought I agreed to him the first time by not telling anyone what had actually happened, and I think he realised that he could get away with it...It was like a green light, as if, oh, something’s gone off in my brain, I realise that she’s not going to say anything because I’ve broken her down and that’s, erm...After that happening, I mean, I was horrified. I didn’t want to be outside, I didn’t want to go to school because my teeth looked a mess, and I was in so much pain. You know, it had cut through the nerve on my bottom tooth. I’d had stitches all the way through one of my cheeks.” (Maria, 17)

Second, many participants reported that those who abused them used erraticism, a ‘hot and cold’ approach, as part of a strategy to control and manipulate (again, this is consistent with the findings from other research exploring dynamics within contemporary sexual abuse; Whittle et al, 2014b). This was evident both in fully offline abuse and technology-assisted forms.

“I could tell that they were trying ways, it was like controlling, ‘Oh sorry I didn’t mean that, I was just a bit angry’. Trying that approach, as soon as that didn’t work, straight away, wow, getting angry again.” (Mark, 15)

“It really lowered my self-esteem, because he could make me feel so good about myself, but then 5 minutes later he could just switch and kick me right down to the ground again.” (Rachel, 18)

“He was still, like, trying to get me in his good books and he was still trying to be nice to me, but there were times when he would snap and show me that I’m not allowed to mess with him without being punished.” (Beth, 18)

Other controlling patterns by offenders that young people frequently reported included threats and tactics to isolate them from their friends and family. Half of the young people noted that offenders had appeared nice at points and 10 reported that they felt love or affection towards them at some stage. Many did not suspect at first that they were being abused, and sometimes this was a realisation at a much later stage.

While not the focus of this report, it is noteworthy that the young people used a variety of skills in resisting the abuse and seeking help. Their resistance was often highly risky (and therefore frightening), and they faced many obstacles, but it did often lead to the abuse coming to an end. Unsurprisingly, young people’s actions were more successful when met with the supportive and sensitive responses of others.

Technology-assisted child sexual abuse

Ten of the 16 young people had experienced some form of technology-assisted sexual abuse; the remaining six had experienced solely offline abuse. (Note: some of the 10 had also experienced incidents of abuse that were fully offline, prior or subsequent to separate technology-assisted abuse.)

Of the 22 sexually abusive situations the young people described:

- Ten occurred offline without the use of technology (to the best of participants’ knowledge). These included peer relationships that involved physical as well as sexual violence, and abuse from a father figure. The types of abuse described included rape, coercive sexual touching and indecent exposure.

- Eight took place solely mediated by digital technology. In five of the eight scenarios, the participant had met the perpetrator(s) online; in the other three he was a boyfriend or an (aged 21 or under) acquaintance. In all eight, perpetrators coerced or groomed the young people into sharing sexual images or engaging in unwanted and at times aggressive sexual digital conversations. Nearly all involved the
use of blackmail – this largely divided into two types: threats to share images; and the offender expressing difficulties to induce guilt and obligation (for example, asking for images to apparently ease feelings of depression or suicidality). In only three of these solely online abuse situations did the young person report that the offender fantasised about meeting in person, and no young people reported meeting offline an abusive person they had met online – this challenges the common perception that online grooming is typically focused on achieving offline contact.

• Four predominantly occurred offline but were also facilitated by digital technology. In these situations, technology elements featured as part of a broader pattern of abuse, often involving emotional and physical as well as sexual elements. Perpetrators as part of a wider pattern pressured victims for sexual images, filmed sexual activity or engaged in unwanted sexual discussion by phone or online.

Case studies of young people’s experiences of technology-assisted sexual abuse

Three young people’s experiences are presented as case studies (with some elements adapted for confidentiality) in order to highlight themes in the dynamics and impact of TA-CSA (and the responses to it) that were evident across many of the other young people’s accounts.

‘Holly’ was 12 years old when she was given a laptop for her birthday. While exploring online, she was contacted by an unknown male who groomed her so that she felt he was her boyfriend. He then used sexual images of her to blackmail her for further images. Over a period of six months, he became more and more controlling, demanding that she send images of herself during various points of the day, such as when she was having a shower. The abuse stopped when her mother discovered the abusive relationship through looking on her laptop. Holly felt as if the police blamed her for what happened, and they did not pursue the offender, although she has now five years later returned to the police and they are taking a more proactive and supportive approach. She also felt blamed at the time by the response from her school, which comprised a session on online safety. Holly noted a marked difference in her family’s and professionals’ responses to her cousin’s (offline) rape and her own experience of online abuse – her cousin received support while Holly experienced blame and minimisation.

“He would make me send pictures of myself, very inappropriate pictures, erm, videos of me in the shower, doing all sorts of things, and make me Skype him or use MSN to perform all sorts of sexual acts and I didn’t… I didn’t want to. I was being blackmailed because he said that I know where you live, I know this, I know that, I’ll come and harm your family if you don’t do this, and I felt like it’s never going to stop.

So, it was a time when I was really tired and I felt like I was being, like…treated like a slave almost…” (Holly, 17)

‘Ella’ was nine years old and playing on an online game when she was approached by a number of adult men (she perceived them to be middle-aged; she sometimes briefly saw them online) who asked her for naked images of herself, which she sent, without realising the significance. This came to an end when her mother came across it on their computer. Ella returned to the game when she was 12 and was groomed by an 18-year-old male, who pressurised her to send images and masturbate herself in front of him live online. This mainly occurred at night. She managed to stop contact after four months. Soon after, she began a relationship with a 17-year-old boy who raped her at her home while her family were out. She went to the police and he received a suspended sentence. After unsuccessful attempts to receive support via Victim Support and the NHS, a year later Ella moved home and received help via an NSPCC team – she found this invaluable in escaping self-blame and building her confidence.

[In relation to abuse by older men when she was nine] “I think I felt, like, quite grown-up, like I... that older men wanted me and I was only young. I didn’t realise that it was, like... obviously disgusting... I sort of just thought, like, this older man is telling me to do something so I should do it because he’s older so...”

[In relation to abuse by the 18-year-old male online] “Within a week, we were, like, in what I considered to be a relationship and, err, first of all, it started off just normal, as any, like, relationship would, just telling each other we loved each other and stuff, and then it turned into, err, he would force me to send pictures to him, like... It was over...”
the internet, but I felt like it was forced. If I didn’t, he would, like, have a go at me. Erm, he would ring me at 3am, like, in the morning, and I was in Year 7 at the time, so obviously, like, I needed my sleep. If I went to sleep and didn’t stay up and wait for him, he would have a go at me the next day, so I used to stay up until 3am just to wait for his call and things like that…So, the whole time I was with him, I was so nervous that I was going to get in trouble. My grades went really low and my attendance was really low and, like, I started losing a lot of weight.’

‘The 18-year-old had, like, sexualised me in ways that, like…he’d opened doors to…like, even the rape, I don’t think that would have happened without him being involved’ (Ella, 17)

When ‘Jess’ was 14, she started talking to a friend of a friend on Skype; she described feeling safe talking to him because of their shared peer connections. They predominantly talked using online shorthand and emoticons. The boy turned the conversation sexual and emotionally blackmailed her to comply and engage with his sexual wishes and demands, often asking for sexual conversation to ease his depressive feelings. He threatened her with suicide. As the abuse progressed, he pressured her to comply with violent rape role-play: ‘sadomasochistic bondage role-play’. All the abuse took place via online messaging. He at times asked her for images, but Jess never complied as she was very aware of educational messages about the dangers of sharing images. After it ended she was left with anxiety and post-traumatic intrusions. The interactions being via messages left her with an ongoing confusion about whether it was abuse.

‘Throughout all of this, I’ve always thought it as two different…problems to work with: the first one being emotion with…the suicide, helping him with depression, his extreme mood swings that would…I’d have to deal with constantly because I was the person that he’d rely on; and then the sexual timeline of what he would do more in the night-time afterwards…’

‘It was at one point when he was in a really low mood and felt really depressed when I thought, okay, I’ll be nice to him, I’ll let him do that.

‘I’m not quite sure [this was] sexual abuse, I still don’t know if it is. Would you…would you call it that? Because I was doing something…but it wasn’t real…He didn’t see anything of me…There were no sexual actions done, like I actually didn’t feel any sexual pleasure through the whole thing at all.” (Jess, 17)

How digital technology assisted the initiation, maintenance, and escalation of abuse

Taken as a whole, young people’s descriptions of abuse indicated that technology can assist in the initiation, maintenance and escalation of abuse. Technology enabled the use of certain strategies, such as blackmail (threatening the circulation of images), and appeared particularly conducive to the use of others, such as emotional blackmail and night-time control. Some of these ways in which technology facilitated abuse and certain dynamics within it are explored here (and see Figure 1).

Ease of access to victims

Technology has provided a new route of access to children and young people, and this access occurs through a variety of mediums (for example, free or low-cost video calls and image messaging; gaming; social media platforms, as well as generic interactive websites). A number of the situations of technology-assisted sexual abuse described by participants consisted of offenders carrying out abuse after seemingly very little grooming, build-up or strategy. Some platforms appeared to offer offenders the opportunity to rapidly abuse a child with little risk of detection; equivalent opportunities were not described offline.

“As I went on, I was approached by, like, 40, 50 year olds that were on there and wanted me to, like, show myself on webcam, and obviously I was only nine at the time, but I sort of just did it anyway…like I would just show myself to anyone that asked and give anyone my email address.” (Ella, 17)
Lowered inhibitions

Related to this, there was a sense from some of the participants that, had abusive individuals asked them to carry out their requests offline, they would not have complied. In other words, the online medium worked to lower their inhibitions or disguise abusive dynamics and threat.

Interviewer: “Do you think if you’d have seen her face while you were doing the video, do you think that would have changed what you did in anyway?”

Melanie (18): “Yeah I don’t think I would have done it.”
Powerlessness

All sexual abuse involves victims’ power and agency being compromised and constrained. Some young people talked about ways in which technology heightened their feelings of powerlessness during the abuse. For example, one described feeling that the abuse was more difficult to end, because he could not force a two-way discussion:

“Normally if I’ve got a problem, I’ll confront the person about it and I’ll talk to them, just sort it out there with them. Rather than on an online media where...everything comes across wrong and it was really hard for me to deal with on the media because I just wanted to go up to their face and be like, ‘look stop it now, delete things off your phone, I won’t tell anyone, just stop’, but I couldn’t because every time I tried to send a message it was, ‘shut up, you have no say in this’... So I had no way that I could get power over them, like, no way I could get some control. That’s what really affected it with the whole social media side of things.” (Mark, 15)

Control of the night-time space

Four young people described technology-assisted abuse involving offenders’ regularly contacting them during the night. This appeared to increase the offender’s control of their victim and their immersion in their life, as well as the secrecy around the abuse. As such, it is a strategy to maintain the abusive situation. Furthermore, it heightened its impact on victims, for example leading to increased tiredness and concentration difficulties.

“And a lot of the times, I would fall asleep on the phone as well and that would be like...If I fell asleep on the phone – if I woke up the next day and my phone was next to me, I knew that, like, the next day that I was in trouble.” (Ella, 17)

“What he used to control is me, like, not going to sleep. Sometimes he’d make me stay up all night...I didn’t do any schoolwork. I was falling asleep. I think a couple of teachers commented on how tired I looked.” (Holly, 17)

It is also important to note that the use of the night-time space was also described by a young person who was raped (offline) by an organised group. She was picked up during the night, taken to a location for abuse and driven back home before members of her family awoke for the day.

Emotional blackmail

Although emotional blackmail was utilised as a tool by those abusing fully offline and those using online technology, it was more common and apparent in the accounts of technology-assisted abuse. This might be because when communicating online, individuals are less able to make use of other strategies, such as physical intimidation. It was often used to pressure and manipulate young people into sending images or complying with sexualised communication they were unhappy with. Hence, it was used to maintain and escalate the abuse.

Hayley (17) regarding TA-abuse from a young adult male acquaintance:

“He done the whole, like, I’ve got depression, you’re the only thing that makes me happy kind of thing. So I kind of felt responsible, I felt like I had to do everything to keep him happy no matter what that was.”

Two comments from Ella (17) regarding TA-abuse when she was 12 perpetrated by an 18-year-old young man she met online:

“He would say stuff like, ‘Oh, like, if you loved me, you would do this’, and I would say ‘Love you’ and thinking...like, at the time, I was sure he was saying it back, but now, looking back, I don’t actually remember ever a time when he said ‘Love you too’, I just remember him saying ‘Prove it’ and that would be his way of saying that if I didn’t send pictures, then he would be upset with me.”

“He just used to, erm, tell me off and, like, call me names and tell me how, like, he was the only one there for me and, like, how could I do this to him and things like that – obviously, like, the emotional side of things again, and, like, make his power obvious to me and say, like, ‘Oh, I could easily get rid of you – I could find somebody else really quickly’, and I’d be like, ‘Oh my God, please...like, don’t!’ and I’d be, like, really sorry and just be quiet.”

20 A subsequent subsection discusses how technology also created or increased feelings of ongoing powerlessness after the abuse/contact with the offender(s)
Jess (17) regarding abuse involving sadistic role-play over instant messaging by a male acquaintance:

‘I said ‘I want to sleep’, he would...usually keep going to try and make me stay awake. Sometimes, it was particularly late...then I would say goodnight. Sometimes I’d just say ‘Night’ and then leave, but I tried not to do that because that would make him really sad and depressed, and so I’d wake up in the morning and find that he’s been crying all night and hurting himself because I said such particularly harsh comments. So, I tried to be really gentle and say ‘I’m really sorry, I have to get to bed right now’.”

Jess went on to describe an incident in which she became so worried about the boy’s suicidal talking that she contacted his family who found him to be seeming fine. The next morning, he apologised to her and admitted that he had never experienced suicidal thoughts.

**Image-related blackmail**

Four victims of technology-assisted abuse described their offenders threatening to send sexual images of the victim to friends and family if the victim did not comply with further abuse (for example, by sending further images as directed by the offender).

This was a powerful tool in maintaining and escalating the abuse, and inhibiting the victim from disclosing. Some victims described feeling very frightened during and following the abuse that the offender would ‘come good’ on their threat.

‘But then he started to get quite ‘I want you to do this, I want you to do this’ and then, he’d threaten me – ‘If you don’t do this, the footage that I do have, I’m going to post all over Facebook and everything and I’m going to show it to your friends’...I was, like, terrified. I thought, ‘oh my God, that’s horrible...because, like, I’d emailed it over to him...I thought, ‘oh my God, I need to do it then or else that will happen’.” (Holly, 17)

‘He did sometimes use it as, like, a way of sort of getting back at me, saying ‘I can use that video – I can sort of put that anywhere I want, send it to whoever I want’. It was a bit scary, and I’d do things because of that as well.” (Bella, 18)

Note that this form of blackmail occurred both as part of abuse situations that were fully online and those that involved filmed physical contact offline (see typology of TA-CSA in the Introduction). Online image-based blackmail was a dynamic also commonly noted by professionals who worked in this field (see the corresponding chapter).

**Digital technology and the end of abuse**

While disclosure and abuse coming to an end is not the focus of this report, it is noteworthy that alongside technology playing a potent role in the initiation and maintenance of abuse, it also afforded opportunities for its discovery. Some participants described abuse coming to an end because their parents found evidence of it online. This took the process of disclosure out of their hands, which can be a positive or a negative, likely largely dependent on the response of family and others.

**Impact of the sexual abuse**

The 16 young people described a diversity of ways in which their experiences of sexual abuse had negatively impacted upon them. For example, a number reported one or more of the following difficulties as consequences of the abuse (reported below in order of frequency):21

- Self-blame (14)
- Felt depressed or low (14)
- Flashbacks or intrusive thoughts (14)
- Nightmares (12)
- Anxiety (11)
- Negative feelings about males (11)
- Self-harm (10)
- Felt bad about oneself (9)
- Low self-esteem (8)
- Felt worthless (6)
- Frequent or spontaneous crying (6)
- Panic attacks (5)
- Eating disorder or eating difficulties (5)
- Difficulties keeping up with school work (5)
- Social withdrawal (5)
- Difficulties sleeping (4)
- Behavioural problems at school (4)

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21 The numbers in brackets refer to the number of young people who reported the difficulty; note that interviewers did not comprehensively enquire about a list of possible difficulties, so other young people may well have experienced these difficulties but did not report them. As a result, these figures represent the minimum number of young people who experienced each issue. The extent of specific difficulties following sexual abuse is explored in more depth in the subsequent chapter.
Figure 2 is a thematic map of the difficulties that young people most commonly cited as effects of the abuse upon them. The impacts fall into broad categories of behaviour (including self-harm and suicidal behaviour), emotions (including anxiety and depression), and changed perceptions about self, others and relationships. Quotes below illustrate some of the sub-themes.

**Figure 2: The impact of sexual abuse as identified by 16 young people in qualitative interviews**

- **Suicide attempts**
- **Suicidal thoughts**
- **Eating disorder/issues**
- **Low energy**
- **Sleeping issues**
- **Keep on top of the school work**
- **Spontaneous crying**
- **Panic attacks**
- **Trauma reactions**
- **Isolated/lonely**
- **Low/down**
- **Anxious**
- **Emotional overwhelmed**
- **Men**
- **Sexual interaction**
- **Their self**
- **Others**
- **Relationships**
- **Trust issues**
- **Worthless and ashamed**
- **Depressed**
- **Low self-esteem**
- **Mood swings**
- **Self blame**
- **Confusion about the abuse**
How young people described the abuse impacting upon them

“Sometimes they’ll be, you know, literally nightmares of him trying to stab me or kill me or strangle me or something like that, generally, they’re nightmares, but the flashbacks, on a day-to-day basis, tend to happen if there’s a trigger. It can be something so small sometimes. When we were doing that play, that was the biggest trigger. It just wouldn’t stop playing over and over, like a film in my mind.” (Kelly, 18)

“I was really down about it all, I didn’t really want to do, didn’t feel like doing anything, I’d literally just sit in front of the telly all day...I’d be watching the telly and I’d literally just think, ‘oh I’ve just stopped thinking about it’ and as soon as I think that then, boom it’s in my head again and I wouldn’t stop thinking about it for a good couple of hours after that.” (Mark, 15)

“I was groomed when I was 14 and I’m 18 now, so even four years later it still affects me every day. I definitely don’t think about it as often as I used to, but I do still think about it a lot.” (Rachel, 18)

“So [self-harm] across my arms, across the top of my thighs, everywhere that I thought would be safe enough, but I never...self-harmed to cut deep. I never wanted, at that point, to end my life, but it was a way...I felt if I was feeling pain, I was still feeling.” (Maria, 17)

“I was really down about it all, I didn’t really want to do, didn’t feel like doing anything, I’d literally just sit in front of the telly all day...I’d be watching the telly and I’d literally just think, ‘oh I’ve just stopped thinking about it’ and as soon as I think that then, boom it’s in my head again and I wouldn’t stop thinking about it for a good couple of hours after that.” (Mark, 15)

“I felt disgusted with myself. I ran the shower as hot as I could and I sat in the shower, under the boiling water, hoping that it would make me feel a bit better, but I just felt dirty.” (Maria, 17)

“I’m more likely to sleep if I’m feeling really low, because then I’m too tired to not sleep. But then when I’m really anxious or even when I’m really happy, I end up not sleeping for, like, days.” (Beth, 18)

“I felt fat and...and then I wouldn’t eat, and I had problems there...I was self-harming as well a lot, and I had a counsellor for everything, but I just felt fat and ugly and as if I wasn’t good enough for anyone. I used to sort of just stay in the house whenever I could.” (Bella, 18)

“Sometimes I can hear his voice, just screaming at me, and telling me that I’m a worthless slut and nobody will ever like me and nobody will ever love me, and, you know, he loves me and that’s okay, you know.” (Kelly, 18)

“To be honest that time were crazy for me, I mean I didn’t have any clue what were going on. I thought I deserved it, that’s why it kept happening.” (Cara, 18)

“I hated myself mostly, I didn’t like myself at all.” (Leah, 19)

“I felt fat and...and then I wouldn’t eat, and I had problems there...I was self-harming as well a lot, and I had a counsellor for everything, but I just felt fat and ugly and as if I wasn’t good enough for anyone. I used to sort of just stay in the house whenever I could.” (Bella, 18)
Other people’s reactions often worsened difficulties, such as self-blame

The young people reported a wide range of responses to their abuse from family, peers and professionals. A number of participants described being blamed for the abuse or described others’ responses as implying blame. Often these reactions fed into and heightened the young person blaming themselves. Self-blame is a known contributor to a host of other psychological difficulties (Hanson, 2017a).

“It felt as if they were saying, ‘oh you’re so, oh you’re stupid basically for doing what you did’. I don’t know if that’s what they were trying to say, but that’s what it felt like to me...It made me feel quite bad about myself.” (Mark, 15)

“People were calling me a slag, I couldn’t get on the bus, that’s why I couldn’t go out the house...Just, like, anyone, some of them were from school, but then, like, others were, like, people that they knew, or some people that I didn’t even know...I started to think that it was true, like, what they were saying.” (Melanie, 18)

“People in school had asked me, ‘why did you carry on with it when he gave you a choice, it wasn’t like he forced you?’, so I’d be asking myself the same question, I did have a choice so why am I talking to the police about it.” (Sally, 17)

“She’d take me out of lessons and she talked to me about internet safety and show me videos about what can happen if I don’t behave on the internet, so I felt like I...I’d done something wrong...I felt like this was my fault. I was never asked...I was never, like, taken into the police station for, like, a statement or anything.” (Holly, 17)

“I felt really embarrassed because, like, your parents saying something like that is, like, what I’ve done is embarrassing to the family or something.” (Holly, 17)

“One of the, like, boys who used to pick on me went up to the guy, like, that abused me and he congratulated him, which sort of really, like, messed with me for a while because I was like, okay, so I deserved this then, and other people seemed to believe I deserved this as well, so clearly they’re not wrong.” (Katie, 18)

Some commented that they wanted clear messages from others that they were not to blame, or that such a response helped to assuage their feelings of blameworthiness.

“I still do sometimes, but then I have people reassuring me saying it’s not your fault and stuff like that.” (Leah, 19)

“I wish that there’d been some sort of support or someone there when I was going through it all in the very beginning to tell me that it wasn’t my fault.” (Maria, 17)

Revictimisation

Related to this psychological (and physical) impact, some young people also reported that their initial experiences of abuse contributed to further abuse later in their adolescence, for example by sexualising them, by leading them to drink heavily or take risks or by reducing their sense of self-worth and confidence.

Ella (17) commenting on how technology-assisted sexual abuse contributed to later offline sexual abuse:

“I would say he was worse than the rapist because I would say that he led to the rape because he completely sexualised me. I don’t think I would have...done the things I did without his, like, prompting.”

Two comments from Cara (18):

“I were putting myself in more and more vulnerable situations and, like, I remember, I mean at 14 I got raped by somebody and at 15 me and my cousin got raped by somebody and it all seemed to stem from that.”

“I don’t think there would be any need for me to get so drunk I don’t know what I was doing, if that hadn’t happened.”

Two comments from Hayley (17):

“The first incident opened me up to worse incidents and so on...It was like...because I’d already crossed that boundary or whatever, I don’t want to use the phrase ‘damaged goods’, but that’s how I felt.”

“The things that happened because I started taking risks, had worse effects than the actual incident itself.”

The extent and range of abuse-related difficulties that this group of interviewees described was confirmed in the quantitative findings from the psychometric measures, completed by a larger sample and fully explored in the next chapter.
How digital technology within abuse contributed to impact

Comparing the accounts of those who had experienced some form of technology-assisted abuse compared with those who experienced other forms, there did not appear to be overall differing levels of impact. There was no evidence to suggest that technology-assisted sexual abuse was less impactful, despite this being a common perception (see the Introduction and the chapter on the professionals’ questionnaire). It appeared that, in cases where technology was present, this feature sometimes acted to complicate the impact of abuse. Generally speaking, this was related to the permanence and reach of images (in other words, images never being deleted and being viewable by countless numbers of people) – these were issues either because the images had been shared, or because the threat of this continued to hang over victims (see Figure 3).

Figure 3: Young people’s additional complexities from online sexual abuse (from 16 qualitative interviews)

<table>
<thead>
<tr>
<th>Control of image, lack of resolution and permanence</th>
<th>Wider audience and revictimisation</th>
<th>Impact on daily life</th>
<th>Self-blame and feelings of shame about having created images</th>
<th>Seen as less impactful</th>
</tr>
</thead>
<tbody>
<tr>
<td>[YP] I think it makes me anxious because I don’t know what was recorded, when it was recorded, do you know what I mean.</td>
<td>[YP] There’s evidence of it and I don’t know who else has seen that…</td>
<td>[YP] ’What he used to control is me like not going to sleep. Sometimes he’d make me stay up all night.’ … ’I didn’t do any schoolwork. I was falling asleep. I think a couple of teachers commented on how tired I looked.’ [YP] ’I said “I want to sleep”, he would … usually keep me going to try and make me stay awake.</td>
<td>[YP] I feel quite stupid obviously, because I let it happen, looking back it was so obvious just the way they were talking like you could tell it wasn’t someone that was English, the picture they sent was a grown woman, the whole webcam’s broken all this … I think how did I not notice?</td>
<td>One young person noted that she felt she got less support than a relative who was raped offline, plus was made to feel it was a lesser ordeal.</td>
</tr>
<tr>
<td>[YP] I know it’s somewhere, technology doesn’t go does it, you can delete it, but it’s never fully deleted, so it’ll probably be out there somewhere.</td>
<td>[YP] ’When I’m around people, I always think they’re thinking about what happened, like they might know about it.</td>
<td></td>
<td></td>
<td>[P]: Safety in relation to online images would be a lesser concern compared with risk of contact abuse. [P] Trust issues are not so great, particularly if offline abuse is familial.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[YP] I feel like I can’t look at myself as a good person because of everything that happened. Of course I’m going to blame myself because I put myself in lots of these situations. I feel like even no matter what I do now, there’s always a background of you did a bad thing. So I think I do think less of myself.</td>
<td></td>
</tr>
</tbody>
</table>

30 “Everyone deserves to be happy and safe”
Permanence and reach of the images

Participants were either concerned that the offender still had footage of the abuse, and/or that it had been circulated and others would be viewing it now or in the future. Some further worried that people might try and find them based on the footage. These concerns left young people feeling angry, distressed, scared, or distracted. At times, they also fed into self-blame (see below).

“I just kept thinking if something could get brought up again, like on the internet...Cause anyone could have just saved it...When I’m around people, I always think are they thinking about what happened, like they might know about it... because of when it got put online.” (Melanie, 18)

Both comments below from Mark (15):

“I couldn’t concentrate ’cos I was thinking of all the possibilities of what could happen, like could have showed these images to people here, like, on the streets, who decide they want to do something to me, like actually physically and just things like that were running through my head and I couldn’t think.”

“I don’t know what’s out there and I don’t know who’s watching and I don’t know what people are doing regarding to me and whether anyone’s planning anything, that’s what makes me feel bad.”

“There’s evidence of it and I don’t know who else has seen that...It does make me feel a bit sick. I don’t know, it does stress me out. I think it makes me anxious because I don’t know what was recorded, when it was recorded.” (Beth, 18)

“I’d, like, have bad, like, dreams of, like, him coming to find me or, like, all these things being on the internet.” (Holly, 17)

Again, these feelings mirrored those expressed by young people in the questionnaire, discussed in the next chapter.

A further important finding was that not all participants felt equally concerned about the possibility of images continuing to be stored and viewed. As with all the findings, this has implications for support following abuse; for example, professionals should not assume image-related worries (consistent with the findings of von Weiler, Haardt-Becker, & Schulte 2010).

“...I think at the beginning it was very much on my mind. I was really panicking that sort of...someone would show me the video saying ‘Oh, look what he showed me’, erm, but thankfully, that didn’t happen, and I sort of felt that eased about nine months further along.” (Bella, 18)

Self-blame related to sharing images and complying with offender’s requests

As explored earlier, nearly all the young people blamed themselves for at least some aspects of the abuse. For those young people who were abused with the use of technology, self-blame often centred around becoming involved in discussion with the offender, complying with their requests (for example, sending images), and their actions within the abusive dynamic.

“I know it’s somewhere, technology doesn’t go does it, you can delete it, but it’s never full deleted, so it’ll probably be out there somewhere...Just scary isn’t it. I suppose I feel a bit angry as well, because I’ve let it get to that point you know.” (Beth, 18)

“I feel quite stupid obviously, because I let it happen, looking back it was so obvious just the way they were talking like you could tell it wasn’t someone that was English, the picture they sent was a grown woman, the whole webcam’s broken all this...I think how did I not notice?” (Mark, 15)

“Sometimes I wish I didn’t speak to, like, I wish I didn’t message the person or add them, because then I don’t think that it would have happened.” (Melanie, 18)

Immersion, fatigue and concentration difficulties

Lastly, as noted, participants described offenders using technology to sexually abuse during the night, or to control young people across day and night times. The consequences of this form of technology-assisted abuse that they described included extreme tiredness and concentration difficulties.
Young people’s experiences and views on prevention and intervention

During the interviews, young people responded to very open questions about how sexual abuse might be better prevented and addressed with a variety of thoughts and ideas. Much of their advice was drawn from their own experiences of both professional practice that they had found helpful, as well as that which had been ineffectual or harmful. This section therefore combines their thoughts and advice on what could be improved, alongside some of their experiences of professional practice.

Advice for professionals

Young people’s general advice to professionals broadly fell into six categories (see Box 1), which are explored in the subsections below.

Box 1: Advice for professionals from young people

1. Provide good education on healthy relationships, abuse and consent from a young age
2. Ask, understand and notice
3. Recognise the seriousness and existence of sexual abuse, including technology-assisted
4. Increase support and make it more accessible
5. Increase sensitive and effective therapy
6. Improve the approach of law enforcement

Education on healthy relationships, abuse and consent from a young age

Participants’ most frequently expressed wish was for better education in schools for children and young people about healthy relationships, abuse and consent. A number felt that this would have helped them avoid abusive relationships and situations.

“I feel like more could have been done to prevent the first incidents happening...At school we have focus days and they were on things like drugs and stuff like that and there was never anything about abuse or how to avoid it or how to protect yourself.” (Hayley, 17)

“I had a consent talk in Year 11, when I was 16, and I was like, ‘well, if I’d have had this talk, like, five years ago, you don’t understand what it would have prevented, like, you’ve done me a disservice by only telling me now, like, you’ve actually offended me so...’ Like, I couldn’t even sit in the talk, I was so annoyed.” (Ella, 17)

“You do sex ed in school and you talk about healthy relationships and stuff, but that came too late for me. Our lessons on healthy relationships started a month or two after this had happened... And it was too late...and that’s what hit me...I thought, if I’d have learnt that sooner, or, you know, if, earlier on...” (Maria, 17)

“It feels like a series of events that could have been avoided if I’d been taught to say no and to put my own needs first.” (Hayley, 17)

Young people talked about specific topics they thought should be covered in such education, including healthy and unhealthy relationships, assertiveness, consent, warning signs and emotional manipulation strategies. Several drew out the contrast between the sex education they received, which simply focused on practicalities, and the education that they wanted, which would be focused on relationship dynamics and skills.

“I was just taught, like, in sex ed, like, you’re going to have a period, and, like, this is what a pad and a tampon looks like, and it was never actually – this is where babies come from. I was never taught, like, you’re going to get into a relationship and that relationship might be like harmful to you, like, this is the signs, this is what you need to do, this is who you need to talk to.” (Ella, 17)

“We get sort of like sexual health and stuff like that, but nothing about relationships and, like, domestic violence sort of stuff. We don’t get that.” (Bella, 18)

“You know, we had PSHE, but they were just, like ‘This is a condom, there we go – you should use one’. ‘This is what happens when you have a period...’ I think, you know, I think it’s a broader problem. I think the problem we have is we have a society with rape culture and stuff where it’s normal because they’re never educated at the start. We’re never told what a healthy relationship is. Some people don’t even know because they probably have the same go on at home.” (Kelly, 18)
Related to this, some described receiving education on online safety in particular that focused on the wrong messages, leaving them vulnerable.

Both comments from Jess (17):

“It would be very nice if, online, they wouldn’t say ‘Be careful who you’re talking to, they might not be who you think they are’, and instead they’re saying ‘If anything at all makes you even slightly uncomfortable, then you can talk to someone.”

“I always want people to think that it could be someone your age. It’s…it could be from somewhere you don’t expect but…I think it was because I got all these false messages like ‘Don’t send pictures [to] yourself’ and ‘Be careful who you talk to’ but no one ever says anything about role-playing or sending messages because that just doesn’t really seem to exist.”

A final problem with sex education some noted was its graphic nature, which was felt to be unnecessary, and triggering for young people who had experienced abuse.

“They didn’t do any trigger warnings. They didn’t do any ‘if you’re upset, you can go away and that’s fine – you can have some moments to yourself’. They never went through any of that. They just showed a video of a guy, eh, erm, having his genitals into a girl who was [half-asleep] and…Basically, my whole year group was completely shocked by that. We have a Feminist Society and they actually wrote angry complaints to my head of year.” (Jess, 17)

[She later clarified that the video had not shown genitalia but that it looked as if sexual intercourse was taking place]

Furthermore, some mentioned that the right support or education might be particularly useful to young people already experiencing abuse; for example, if it showed them that victims were not to blame and that abuse is not uncommon.

“I realise that now that it wasn’t my fault. And it’s taken a long time to come to grips with that, and I wish that there’d been some sort of support or someone there when I was going through it all in the very beginning to tell me that it wasn’t my fault. And to explain that that’s not how relationships should work. And it’s not your fault that it went that way, you know, because I always felt like it must have been something I was doing wrong to make things go bad.” (Maria, 17)

Participants discussed the ways in which information had not been provided to them or made relevant to them when they were young, and how this left them at risk. A recurring theme was the desire for relationships education to be provided to children at younger ages.

“I think a lot of the reason I denied what was happening with me was because I thought, erm, this doesn’t happen to kids, like kids don’t experience, like, domestic violence – that’s clearly something that happens, like, when you’re older. And so, I think a lot of that was why I denied it, because I thought I was too young to be experiencing this…I think getting taught a bit more about, erm, like power dynamics and stuff and like what…what constitutes a healthy relationship, like, might have helped.” (Katie, 18)

“Instead of telling, you know, primary aged children about growing up and puberty and periods, if you started telling them about happy relationships, that you should never push people, I think that, you know, a lot earlier, would have helped a lot more because I’d never seen a relationship, so I never knew that it wasn’t supposed to be like that.” (Maria, 17)

Lastly, beyond its protective impact on young people otherwise vulnerable to being abused, some participants named education also as a means of helping young people avoid behaving abusively (whether now or in subsequent adulthood).

“Looking back at it, he was so young, and, like, the education, for boys as well as girls, there isn’t much of it, so, like, he was probably really uneducated on, like, what is no and what is yes as well, so, like…I blame more the system for not teaching both of us than…Obviously, I do blame him, like he’s solely at fault, but there are, like, other factors in society, like education and things, that neither of us got.” (Ella, 17)

Education about gender norms and the different unhelpful expectations placed on boys and girls in society was not explicitly discussed by participants (and, as with all areas of possible prevention and intervention, thoughts on this were not specifically probed by the interviewers). There was a sense from some (such as in the comment made by Ella above) that boys and girls both needed education on healthy relationships, and that this might help them in different ways. As boys were under-represented
in the interviewees, it was not clear whether there might be particular messages helpful for preventing abuse towards them.

In summary, the preventative measure most widely cited by young people was knowledge- and skills-based healthy relationships education provided to children from a young age, such as when they are in primary school or begin secondary education. No participant described receiving adequate relationships education and a number felt that this educational omission had left them vulnerable to abuse.

**In summary, the preventative measure most widely cited by young people was knowledge- and skills-based healthy relationships education provided to children from a young age, such as when they are in primary school or begin secondary education. No participant described receiving adequate relationships education and a number felt that this educational omission had left them vulnerable to abuse.**

**Asking, understanding and noticing**

Some participants spoke about adults in their lives not understanding the impact of the abuse they experienced, and therefore its indicators. They discussed how if adults did have such an understanding this could enable earlier intervention to stop abuse and more effective and engaging support. There was a sense from a couple of participants that greater understanding might also prevent young people being stigmatised and negatively judged.

“I suppose they don’t really notice the…. my High School just completely didn’t notice the warning signs. they just assumed that I was bad full stop. They didn’t actually know what was going on and they are probably the only people who could have helped back then. But I didn’t trust them, because they just thought I was bad, so how was I supposed to trust them?” (Beth, 18)

“Just the understanding that teachers could have had and then working with me, rather than against me, to help my immaturity, rather than, like, punishing me for it. Cause, like, giving me ways I could improve it and things, would have helped a lot.” (Mark, 15)

“Maybe if someone [had asked about tiredness], then I would have like...maybe opened up to them about it, but I was...I was scared about telling people about it because I...I always thought I was in trouble, thought I did something wrong, because I was treated like I’d done something wrong and it was my fault.” (Holly, 17)

**Recognition of the seriousness and existence of sexual abuse, including technology-assisted forms**

A greater understanding of the impact of sexual abuse might follow, alongside many other positives, from a deeper societal recognition of the existence and seriousness of sexual abuse, including online forms. Some participants articulated the need for a broad societal shift of this kind – this might provide the basis and impetus for society to take forward many of the more specific suggestions for change they had.

For example, Holly’s (17 years old) comments below identify the need for more awareness both about sexual abuse generally, and about online forms in particular:

“Things like sexual abuse has only started to... develop and become a bit more important in people’s perspective, and I think this needs a bit more of a push, so people understand how it really does affect somebody and it is important. But at the minute, it’s not viewed as anything startling or bad, if that makes sense.

“If someone says like ‘sexual abuse’ to somebody, they either think, like...you know, someone being, like, snatched from the streets and kidnapped. Yes. They don’t think of somebody being preyed on... Online or somebody that they know, you know...

“I just think it’s the fact that people don’t understand that cyber kind of, like, abuse is just as serious and harmful as, like, something physically happening. I think it’s...it’s not spoken about at all. I don’t hear anybody speak about cyber abuse, but it goes on everywhere, and people don’t speak about it because people don’t think it’s important.”

Young people’s requests that abuse and its impact should be noticed and taken more seriously were in the context of many of them receiving unsupportive responses from their school (some of these are described above); these included schools not taking sufficient action to protect them from further abuse, not helping them with the situation, or even blaming them for it. A general theme appeared to be minimisation.
“The boy left my school at the summer so he isn’t there anymore but when he was there the teacher just didn’t really care that much, they just moved him to the other end of the class in maths but didn’t move him to another class and ‘cos it didn’t happen in school they said they couldn’t do anything about it” (Zara, 18)

“I was in there breaking down, saying ‘This guy’s been doing this to me the whole time – I don’t know what to do. I’m so scared! I’m so hurt! He beats me...’ and Ijust...I broke, I just snapped... And I was suspended for three days, and put in isolation for the rest of the day. So none of what you had said...No!...was heard. Not a word...that was the last time I ever spoke to anyone about it, because of that, because they didn’t...they didn’t hear me, because they just...They must have just, in their heads, thought ‘she’s a liar because she’s just attacked someone – that’s all we see’.” (Kelly, 18)

“They didn’t want to know...Because I think, you know, [I was] a good student, I had good grades – it wasn’t seen as a worry to the school.” (Maria, 17)

However, it was not a uniform picture. One young person described how a male teacher had helped her recover from the abuse, and that part of this involved him keeping her confidentiality.

Increasing support and making it more accessible
A number of participants said that therapeutic support should be made more available and accessible, in contrast to what they had experienced. They mentioned a variety of factors that had restricted their access to therapy including long waiting lists, child protection policies and inadequate awareness raising.

“You know, if people need help, they need help, and I think it’s... The fact that there’s six to 12 months’ waiting lists for specialist departments, as they’re called, shows you the size of the problem.” (Kelly, 18)

“Yeah, there are all of those options, but not actually enough awareness of those options, that people don’t know about it.” (Maria, 17)

Supportive of Maria’s point, a number of participants recommended that resources be developed of the kind that are already in existence (such as anonymous helplines, interactive websites and films), suggesting that there is not enough awareness among young people of these existing resources and their critical qualities (such as confidentiality).

Hayley, 17, said:

“I feel like he didn’t know what he did was that bad. So I don’t want to get anyone in trouble, but at the same time that means that I can’t get any support, counselling, or anything like that.

“With my job now with complaints and things, it has to be victim led, that’s our whole policy so where things like safeguarding and so on, with children we have to obviously go to the police, but we, if it’s an adult who’s said anything, like I’ve been sexually harassed, abused or whatever, we have to, it’s victim led so we go, what do you want to happen, what’s your ideal outcome of this, we don’t go, I think you should go to the police... because there’s so much red tape with child protection and so on...I don’t think you can get around it.

“I don’t mind being encouraged to go to the police and be, like, this guy could hurt other people, I think you should talk to someone, it isn’t wrong, but anything I did would have forced me into it because I would have been, like, it’s child protection so you have to get the police involved or social services and that’s exactly what I didn’t do, so I, like, couldn’t get help at all.”

In her comments above, Hayley describes thinking that if she had spoken to a therapist about her abuse (which many would feel necessary for effective support), this would have triggered police or social care involvement, which she did not want. She highlights how the discrepancy between confidentiality policies for children and those for adults leads to young people being selectively excluded from help. This theme of policies and practices working to disenfranchise young people was also evident in Holly’s experience and thinking – she described how letters about CAMHS therapy
appointments were thrown away by her father, even though she had wanted to attend, and would have done so had contact been made with her more directly:

“I can go to, like, a walk-in clinic in confidence and get an abortion, I could get anything, but I can’t go to CAMHS in confidence, can I? Like my parents have to know...It doesn’t really make sense.

“They were alright actually. I stopped going though because...It’s quite pathetic how they send things through the post. Who...who sends stuff through the post? Like you can text me, you can email me...I think like my Dad must have been throwing them away or something or...because he thought, ‘Oh, she doesn’t need to go’, but like...because obviously I started missing appointments, like you get chucked off the list, don’t you? If you miss two, you can’t go back and you have to get referred again. (Both comments from Holly, 17)

In summary, the comments from a number of participants would suggest that therapeutic support following abuse should be more widely available and more effectively advertised. In line with thinking and guidance developed by Research in Practice (Hanson & Holmes, 2014), service providers should ensure that their practices harness, rather than work against, young peoples’ agency. They should also ensure that information-sharing policies do not unnecessarily deter young people from seeking support (see Recommendations section below).

Increasing sensitive and effective therapy
Of those who had received therapy following abuse, some described very positive experiences, including therapy having helped them to recover from the negative impact of abuse, recognise their self-worth, and move away from self-blame and shame.

“From my 16th birthday I were doing counselling with NSPCC in the city and that really, like, changed a lot for me...I mean my counsellor, she’s just given me a bit of hope, do you know what I mean...If I’d not gone to see the NSPCC I honestly know that I would either be in a ditch somewhere or off my head somewhere...I mean she changed my view on myself, on other people, like, I mean she was straight. I used to think I was ugly and horrible and she kind of brought the good out in me.” (Cara, 18)

Where participants were less positive about their therapy experiences, it appeared that therapy models and foci were being adhered to that were not necessarily appropriate to the needs, wishes or stage of recovery of the young person. In other words, at times the available therapy was not what the young person felt was most appropriate. (This finding accords with those of Allnock et al., 2013, who surveyed the views of 52 adult survivors of childhood sexual abuse who had received therapy as a child). Connected to this, some also described a desire for therapists to take more account of their abuse in their therapeutic approach, whether that be by allowing discussion of it, providing tools for handling trauma symptoms or indeed not exploring it in too much depth before the young person felt ready.

“I think [therapists should] just know more about it really, because they were trying to get me to do CBT but I just wasn’t up to it at all. That’s something that I could do now, but not really at the time when it was still all going on.” (Sally, 17)

“I think it’s more, like, strategies to cope, you know, like, flashbacks and stuff, I don’t think they cover enough on how to stop those.” (Beth, 18)

“When the counsellor is saying ‘We can’t deal with that’, I think they should say ‘But I can refer you to this person who can’ rather than, like, let’s just shut it off and let’s not talk about that because that’s a big thing we can’t touch on.” (Kelly, 18)

Improving the approach of law enforcement
The young people reported a diversity of experiences with the police, ranging from none at all because the abuse had not been reported, to working closely with the police and the wider criminal justice system, resulting in their perpetrator being convicted. Some of those who had had contact with the police reported positive experiences, while those described by others indicated that some police forces have yet to achieve an adequate standard of practice with child abuse victims (also found by Beckett et al, 2013). Some interviewees described reporting the crime only to find that it was not investigated and offenders (especially if they operated online) were not identified. The wider context here is the difficulties law enforcement are facing in identifying the high numbers of offenders operating online, especially those using the dark web.
Several participants had thoughts on how the approach of law enforcement could improve, largely based upon their own experiences. Their points seemed to fall into five themes, summarised in Box 2, and explored further below.

**Box 2: Advice for law enforcement agencies**

1. Fully explain the process to victims in a way that they understand and can take on board
2. Be friendly, reduce formalities and make the victim feel comfortable
3. Offer choice where possible (for example, how to give evidence, gender of the key police officer[s], and the involvement of other professionals focused on the needs of the victim)
4. Provide a consistent officer to work with the victim
5. Keep in contact regularly and provide regular updates

Some young people emphasised that police officers should explain to victims at the outset the system and the process, as this does not always happen.

“I think also the way that she dealt with me, for me only being 14 years old at the time, or 15 years old at the time. I was very young and very scared and I don’t feel she talked me through everything in the way that she should have, she didn’t explain what the implications of the interview were going to be, she didn’t tell me all of that. I ended up going onto the internet and finding out myself, which wasn’t a good way to find out!” (Rachel, 17)

“I just feel like it needs to be, like, some kind of thing in place to just... I don’t know, I think if there was, like, someone had told me the system and maybe, like, sat down with me and explained it was nice, it wasn’t so serious until it got serious, I think I’d be okay.” (Kelly, 18)

Some also described officers having styles that communicated disrespect and distrust to the young person, and these were naturally felt to be unhelpful and unacceptable.

“The police officer were a male, he was tall and he had big boots and he literally stomped in my house and said, ‘Are you telling the truth ‘cause we’ve not got time for liars’. And I was 13 then, or 14 then and my mum sort of kicked him out. It’s only recently that I’ve got a little bit more faith in the justice system and everything.” (Cara, 18)

“The way that she spoke to me as well, obviously she had to remain professional but she just, it was the way that CAMHS spoke to me, like I was a patient, like I was just a number, I was just a case and I didn’t feel like a person.” (Rachel, 17)

A number of participants were of the view that police officers should take a more relaxed approach with victims, reducing formalities and helping them to feel more comfortable.

“It needs to feel really friendly and it needs to feel a really relaxed environment rather than an interview, it needs to be a conversation if, when you’re talking about it. Rather than just, like, when it happens, instead of just, like, did this happen, did this happen, what happened? It needs to be a casual conversation, like, we’re having now, rather than, like, question and answer almost.” (Mark, 15)

“I think they should just make the person they’ve come to see comfortable, don’t be so formal because they will feel really, really uncomfortable, because I did for a while with her and I felt quite uncomfortable.” (Leah, 19)

Officers may need to dedicate thought and planning to achieve such an approach while also working within wider practice guidance on evidence gathering (Ministry of Justice, 2011).

Leah (19) also made the point that going at the victim’s pace and giving them options would enable the police to gather more or better evidence:

“With the police, it was kind of, like, well it was kind of forceful in a way, it was like, ‘well we’ve been involved, you have to tell us’. But I think you should let the person tell them at their own pace, because obviously if something like that has happened, you have to give them time and space to let you tell them, or you’re not really going to get much out of them.

“If the person would rather be interviewed without a camera and have a voice recorder, let them do so because you’re not really gonna get very far if you don’t let them do it in the way they feel comfortable.”

Leah felt that her own experience of feeling ‘forced’ into remembering in a certain way, led to her evidence apparently not making sense to officers:
“And then trying to remember everything and it ended up not making sense apparently and I was like, ‘well it does make sense to me’.”

One practice that could help victims feel more comfortable is having a person involved in the process that is purely focused on their experience and needs, as suggested by Maria (17):

“I wish that once the police were called that... there was someone outside of the police...I wish there could have been some sort of support from someone who wasn’t in a uniform, who was, you know, someone, like someone from CAMHS or even Social Services, someone that’s trained to deal with young people that have been through bad situations...Yeah, not to take a report, not to... look at the facts and figures...Yeah, but somebody that was actually worrying, caring about how you were doing in all of this.”

This suggestion accords with previously developed good practice guidance for ABE interviews (for example, the protocol for joint investigation Northern Ireland, [Health & Social Care Board et al., 2013]). Participants also spoke about the importance of police officers being consistent and being in regular contact.

“Try, even if you can’t, just try and keep the same person going to the house and speaking to them.” (Melanie, 18)

Interviewer: “What would have helped you?”

Rachel (18): “If there had have been more contact between myself and the police.”

Interviewer: “If you could give advice to police about how to make it better for young people in the future, what would you say?”

Mark (15): “Keep the person updated.”

Lastly, a couple of young people expressed a preference for female police officers.

“She was understanding and it was almost, just that notion of you’ve got a mother figure, like, in the room with you, who would protect her child at any cost and it just, it made you feel safe, it made me feel safer that it was a woman rather than a man.” (Mark, 15)

“I wish that once the police were called that there was a female officer.” (Maria, 17)

### Young people’s advice for other young people

Towards the end of the interviews, participants were asked what they might want to say if they had the opportunity to speak to a young person who was experiencing sexual abuse. As with their recommendations to professionals, their messages (Box 3) to young people closely followed from their own experiences. Their advice and thoughts revealed three predominant, interlocking desires for those experiencing abuse: that they escape the abuse quickly; receive support; and overcome feelings of self-blame and shame.

**Box 3: Young people’s advice to other young people**

Tell someone
Don’t feel ashamed or blame yourself
It’s hard…but it improves
Seek support

### Tell someone

The most common piece of advice that participants gave was for young people to tell someone, whatever their fears about this might be. At times, this flowed from their own experience of not telling someone, which they perceived to have caused them further difficulties.

“I’d definitely say don’t leave it as long as I did to say something. If anybody’s uneasy or if anybody feels like they’re being touched or spoken to in a way that they shouldn’t, that they have to report it, either it be to their parents, if they don’t feel comfortable to a teacher or somebody that they trust, or even better to just go straight to the police.” (Rachel, 18)

“I’d encourage someone to go forward, even if they don’t have anybody to go forward with.” (Holly, 17)

Several benefits to disclosure were articulated, including that it can bring the abuse to an end, protect others, facilitate the victim’s support and overturn their self-blame.

“Tell someone as soon as possible because the sooner you get the help, the easier it will get as you get older...I understand that it’s not my fault
because obviously because I told someone. I’ve had people supporting me and telling me that, but the sooner you get help then the less blame you’ll have against yourself.” (Leah, 19)

“Tell someone, that’s my advice…the longer you leave it the worse it gets.” (Beth, 18)

Police were sometimes named as the people that victims should approach, but websites were also highlighted as a means by which victims could seek advice and help, even before they told someone. For example, Bella (18) advised:

“I’d probably recommend them to sort of ring the police about what’s going on because they were the most help and support for me at the time.

“Obviously there’s websites out there that, although they do look a bit frightening to look at, do it because they are actually really helpful. Like I looked back on them and I realised that, yeah, they would have been a great help if I’d just listened.”

Her complementary message to professionals was that websites might be most useful and might facilitate disclosure if they include films and interactive support:

“A bit more of an interactive website, where you can sort of talk to someone straightaway, even if it’s just online, by typing, and maybe videos online of other people’s stories and how they got help. That would be really useful for people I think.”

One participant, while recommending that young people tell someone, drew out how this might feel particularly difficult for those who have shared images online and feel ashamed. He encouraged young people to rise above these feelings and disclose everything, because of the overall lasting benefits.

Mark, 15, commented:

“It just needs to be the message that people need to step forward. Because I remember when, my teacher approached quite a few people who had been targeted by this group of people, all of them were zipped shut because they felt ashamed of themselves. And I just think it’s better to feel ashamed with yourself, but knowing that it’s all going to stop, knowing that these people are going to get caught.

“Don’t hide anything of the truth; don’t tell them half the story like they sent you pictures and things. You tell them that they sent you pictures, you sent them pictures, just the whole story otherwise it’s just not going to get any better. Because then, they don’t know if they have these images of you, which then can be distributed and then they can’t monitor that because they don’t know that they have the images, so it’s best just to tell the whole truth and get it sorted.”

Don’t feel ashamed or blame yourself

Following on from this, a number of participants wanted other victims to know that they were not to blame for what they had experienced, and that they should not feel ashamed or allow others to make them feel that way.

“Don’t let anybody act like it’s your fault because it’s not.” (Holly, 17)

“Don’t blame yourself, it’s not your fault, it will just make life even harder for yourself when you get older. Because I’m only just beginning to like myself.” (Leah, 19)

“I’d want to reinforce the fact that you’re not to blame. No matter what you think you’ve done that has made you deserve this punishment and pain, it’s not true. Everyone deserves to be happy and safe.” (Maria, 17)

Mark’s comments in the section above indicate that one benefit of challenging shame might be more readily disclosing and seeking help. This view is supported by research indicating that shame impedes disclosure in therapy, potentially worsening psychological difficulties (Hook & Andrews, 2005; Swan & Andrews, 2003).

It’s hard…but it improves

A number of young people’s comments to others sought to acknowledge the seriousness and impact of abuse, while also inspiring hope and a vision of a more positive future. They wanted other victims to know that someone understood how bad things were, and at the same time, had experience of things improving.

“Don’t feel the need to not talk about it because you feel like you’ve talked about it too much or that you feel like it’s time you moved on because this is a very big and serious thing that’s happened to you and it’s not something to be taken lightly and it’s absolutely okay for you to still be affected by this.” (Katie, 18)
“Someone told me ages ago, I must’ve only been about 14, she said it gets worse before it gets better. And it’s only recently that I’ve been thinking about her for telling me that, because she were right.” (Cara, 18)

“Yeah but, like, you know, keep on just pushing through.” (Sally, 17)

Some comments revealed a desire to simply communicate solidarity or empathy (which might reduce isolation and stigma):

“There’s a girl I know and she got raped and I sent her just a big message, telling her what happened to me. I don’t want her to think I’m another one of those people with pretentions, you know, and I said to her ‘you don’t have to reply if you don’t want, because I understand if it’s easier to read or write rather than face to face for people’. And just telling her it’ll be alright.” (Cara, 18)

Seek support

One young person specifically recommended that others seek counselling:

“I’d recommend counselling to anyone who’ll listen to me really! To be fair, I still can’t get over the shock; everyone always told me I’d go through counselling, it’ll be good for you but I never believed them until I’d done it.” (Cara, 18)

The above messages from participants could powerfully assist children and young people currently experiencing abuse, both when spoken by young people, for example as part of an awareness-raising campaign, and when delivered by adults working with young people in their everyday practice – for example, this advice could be usefully adopted as key messages that all adults who work with children could convey.
As noted in the Introduction, a variety of validated psychometric measures were chosen in an effort to capture: a) the broad psychological impact of abuse (for example, post-traumatic stress, dissociation, shame, self-blame, depression and anxiety); and b) the influence and presence of key factors, such as other forms of abuse, social support and coping style. The questionnaire pack also contained some questions about the form of sexual abuse experienced and background factors, such as pornography consumption.

**Note about sample size and reliability**

It is important to note that the sample size in this part of the study was relatively small and, as such, caution should be taken with the findings. ‘Power analysis’ allows us to calculate the required sample size needed to identify likely effects (for example, how many individuals need to complete questionnaires for us to be able to answer our questions?). For correlational analysis, 29 participants would allow us to identify large effects related to TA-CSA. Hence, our sample is sufficiently big for correlations, but only to identify large differences. For other types of analysis (for example, comparing means of the TA-CSA group and the offline CSA group), we would need 52 participants to be 80 per cent sure of finding any difference that exists or 41 participants if we wanted to be 70 per cent sure.

What this means is that our small sample size raises the risk of not detecting differences in the impact of TA-CSA compared with fully offline CSA that do in fact exist (rather than saying a difference exists that actually does not).

**Findings**

Of the 30 young people who responded, 22 half (15) reported that they had experienced fully offline sexual abuse, six reported that the abuse had both offline and online elements, seven reported that it had been fully online and two declined to answer this question. Therefore, when the impact of technology-assisted abuse versus fully offline abuse is compared, this is based on comparing the mean scores of two groups: 15 young people who experienced fully offline abuse (but three of these young people did not answer many questions, reducing this group to 12 in most analyses), and 13 young people who experienced some form of technology-assisted abuse. There was no significant difference in age between the technology-assisted and offline groups.

This section outlines findings on the following:
- The degree to which the young people had experienced other forms of child abuse.
- The nature and degree of psychological difficulties in the whole group of respondents.
- Any differences in psychological difficulties between the group of young people who experienced technology-assisted abuse and the group that experienced abuse that was fully offline. Generally speaking, there were very few significant differences. It should be noted, though, that the sample sizes were too small to detect small to medium effect sizes (in other words, only large differences between the two groups would have reached significance; differences may exist that we were not able to detect).
- How a number of difficulties appeared to relate (for example, shame and self-blame).
- The degree to which social support affected young people’s psychological difficulties (arguably, the impact of abuse).

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22 Note that 35 young people initially went into the online questionnaire; however, five left it predominantly blank.
• The degree to which coping style affected young people’s psychological difficulties.
• The degree of pornography consumption in the sample.

Notes:
• Details of the psychometric measures are provided in Appendix I.
• Further details of some of the statistical tests and additional figures are provided in Appendix III.
• Technology-assisted sexual abuse is abbreviated to ‘TA-CSA’ and fully offline sexual abuse is abbreviated to ‘offline-abuse’.
• Non-significance is denoted by ‘ns’, significance by an asterisk *, and standard deviations by ‘s.d.’.
• The size of groups is denoted by ‘n’, for example n=5 indicates a group of 5 respondents.

Other forms of childhood abuse experienced by the group

In total, 26 young people completed questions asking about whether they had experienced other forms of child abuse (25 of whom reported whether their sexual abuse was technology-assisted or not). Their responses are displayed in Table 3 below. Broadly speaking, the group who experienced fully offline abuse generally reported higher levels of other forms of abuse; however, this difference was only significant in relation to moderate physical abuse.

Additionally, seven young people reported whether they had experienced sexual abuse prior to their most recent experience of sexual abuse. Five reported that they had and all of these were in the technology-assisted group.

Revictimisation

Of the 25 young people who provided information, 6 had experienced physical violence since the abuse ended, from, for example, their stepfather, mother, current and past boyfriends (TA-CSA and offline-CSA groups did not significantly differ in the rate of revictimisation).

Of the 26 young people who provided information, 10 (approximately 2 in 5) had experienced unwanted sexual experiences since the abuse (this occurred for 5 of the 12 in the offline-CSA group, and 4 of the 13 in the TA-CSA group).

The majority of participants said that since the abuse they have had wanted sexual experiences (23 of 25 respondents); however, there was a range of positive and negative emotions reported by participants as a result of these experiences.

Table 3: Other forms of abuse reported by respondents

<table>
<thead>
<tr>
<th></th>
<th>Whole group n=26 (%)</th>
<th>TA-CSA group n=12 (%)</th>
<th>Offline-CSA group n=13 (%)</th>
<th>Significance difference between the two groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>6 (23)</td>
<td>5 (42)</td>
<td>1 (8)</td>
<td>No</td>
</tr>
<tr>
<td>Moderate physical abuse</td>
<td>7 (27)</td>
<td>6 (50)</td>
<td>1 (8)</td>
<td>Yes (Fisher’s exact = .03)</td>
</tr>
<tr>
<td>Severe physical abuse</td>
<td>8 (31)</td>
<td>6 (50)</td>
<td>2 (15)</td>
<td>No</td>
</tr>
<tr>
<td>Neglect</td>
<td>5 (19)</td>
<td>3 (25)</td>
<td>2 (15)</td>
<td>No</td>
</tr>
</tbody>
</table>
Psychological difficulties following the sexual abuse

This section explores the levels of psychological difficulties, as measured by the variety of psychometric measures, across the whole sample. Analyses were also conducted to explore whether there were any differences in the degree of these difficulties between the TA-CSA and offline-CSA groups. In general, significant differences were not found between these groups (as mentioned above, we cannot rule out that this was due to low power linked to a small sample).

Suicidality and self-harm

Suicidal thoughts were common: 18 of 27 participants (two out of three) reported having them. Three of 21 young people (one in seven) reported that they had attempted suicide since the sexual abuse.

Self-harm was also at a high level: 21 of 25 respondents reported that they had self-harmed since the abuse (five out of six). Fifteen of 16 respondents said that they had cut themselves since the abuse; seven of 16 said that they had burned or starved themselves since the abuse; and six of 26 had self-harmed in the month before (nearly one in four).

The Trauma Symptom Checklist for Children (TSCC; see Appendix I) asked participants how often they have thoughts relating to self-harm or suicide. Responses to these two items are shown in Table 4. There were no significant differences in levels of self-harm and suicidality between the two abuse groups.

Anxiety, depression, stress

Young people completed the Depression and Anxiety Stress Scale (DASS; see Appendix I); there are ‘cut-off’ scores provided for this scale – meaning that above a certain threshold, a respondent’s score indicates a severe difficulty; a score between two set scores indicates a moderate difficulty; and so on. Using these values, 20 of 30 respondents obtained a score indicating a severe or very severe level of anxiety (two out of three); over half, 18 of 30 respondents, obtained a score suggesting severe or very severe levels of depression, and 14 of 30 respondents obtained a score indicating a severe or very severe level of stress (approximately one in two).

Also of note, six, three and seven respondents reported no symptoms of depression, anxiety or stress (respectively).

Again, no significant differences in anxiety, stress or depression were found between the two abuse groups (figures depicting the levels of these difficulties in the two groups are shown in Appendix III) but this could be due either to no difference existing or that the sample was too small to detect it.

Post-traumatic stress symptoms

The Impact of Events Scale-Revised (IES-R; see Appendix I), which measures post-traumatic stress symptoms, provides cut-off scores. Twenty-three of 27 respondents reached the level of ‘clinical concern’; 22 of 27 had a score consistent with a diagnosis of post-traumatic stress disorder (PTSD; four out of five); and 21 of 27 (four out of five) had a score high enough to indicate possible physiological impacts (according to the authors of the measure).

The questionnaire also measured trauma reactions using the Trauma Symptom Checklist for Children (TSCC; Briere, 1996). This scale was originally designed to measure trauma symptoms specifically related to child sexual abuse and other childhood trauma. Alongside post-traumatic stress symptoms, anxiety and depression, it also explores

Table 4: Numbers of young people reporting thoughts of self-harm or suicide on the Trauma Symptom Checklist for Children (TSCC) – 27 participants

<table>
<thead>
<tr>
<th></th>
<th>Never n (%)</th>
<th>Sometimes n (%)</th>
<th>Often or almost always n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanting to hurt self</td>
<td>6 (22)</td>
<td>7 (25)</td>
<td>14 (52)</td>
</tr>
<tr>
<td>Wanting to kill self**</td>
<td>9 (33)</td>
<td>5 (18)</td>
<td>13 (48)</td>
</tr>
</tbody>
</table>
Everyone deserves to be happy and safe.

the existence of dissociation, anger and sexual concerns. The scores for the whole sample and the two abuse groups are displayed in Table 5. Like the IES-R, the TSCC also provides cut-off scores. The average scores on the Anxiety, Depression and Post-traumatic Stress scales exceeded the cut-offs, indicating that they are at a ‘clinically significant’ level (in other words, in need of treatment or intervention). The average dissociation score in the offline group was also clinically significant. There were no statistically significant differences between the two abuse groups.

Self-esteem
On average, the 26 respondents reported low self-esteem (mean 16.73, s.d. 6.53), with no significant difference between the two groups (offline-abuse group mean=11.17; s.d.=7.52; TA-CSA group mean=13.38, s.d.=7.36).23 The average level of self-esteem in this sample is substantially lower than that found by Bagley and Mallick (2001) in 175 UK 16–17 year old girls (mean=28.37, s.d.=5.36) and 106 UK 18–19 year old girls (mean=28.84, s.d.=5.47). The mean score of the whole group is approximately two standard deviations below these normative values, placing this group in the bottom five per cent of the late adolescent girl population in the UK on self-esteem (a caveat however is that more recent normative data is required, as it might be that self-esteem in adolescent girls has generally dropped since 2001).

Shame and abuse-related feelings
Levels of shame in the whole sample and two abuse groups are shown in Table 6. The young people reported similar levels of shame to a sample of 163 university students, as reported by Andrews, Qian and Valentine (2002) and there were no differences between abuse groups. Again, this may relate to a lack of difference or that the sample size was too small to detect one that exists.

Shame specific to the abuse was measured by a set of four items developed by Feiring, Taska and Chen (2002). The proportions of young people in agreement with these abuse-related shame statements are displayed in Table 7.

23 Note that, at times, mean scores for the total sample do not represent an average of the two subgroup means. This is because different young people completed different sections of the questionnaire, so some of the 26 total sample group did not state whether they had experienced online or offline abuse, and some of those that did, did not complete every measure. The 25 young people in the two subgroups heavily overlap with but are not subsumed into the 26 young people in the total sample.
The questionnaire also measured the degree to which young people experienced a variety of other difficulties and issues hypothesised to follow from abuse:

- Abuse-related stigma, betrayal and powerlessness (Coffey et al, 1996).
- Self-objectification – the degree to which an individual takes an observer perspective on their body and their tendency to perceive themselves as a (predominantly sexual) object (Objectified Body Consciousness Scale – Surveillance subscale; McKinley & Hyde, 1996).
- Self-blame (internal attributions) and blame of others (external attributions) for the abuse (Feiring et al, 2002). These two forms of attribution are not mutually exclusive; for example, a young person might both highly blame themselves and the perpetrator.

Again, there were no significant differences between the two abuse groups in any of these areas, although abuse-related powerlessness appeared to be somewhat higher in the group who had experienced technology-assisted abuse.
**Relationships between shame, self-esteem, stigma, self-blame, and self-objectification**

The relationships between key vulnerabilities of interest were explored in the whole sample (n=25–27).

Shame was closely related to abuse-related self-blame, abuse-related stigma, and low self-esteem. In particular, bodily shame was particularly closely related to stigma (r=.500; p<0.01). Low self-esteem, stigma and self-blame were also themselves highly related.

Interestingly, against predictions, self-objectification was associated with higher self-esteem, less shame and less self-blame. It was also associated with higher levels of blame of others for the abuse.

For a detailed breakdown of these relationships and their strengths, see Appendix III.

**Consumption of pornography**

In the whole sample, 13 of 25 (over half) reported that they had watched pornography. Of the 13 who had seen pornography, two had seen it only once, two either a few times or once/twice a year, five 1–3 times a month, and the final three watched it 1–2 a week. Broadly similar proportions of the two abuse groups reported that they watched it, although half of the TA-CSA group versus just over a quarter of the offline-CSA group watched it more regularly – between at least once a month to several times a week. However, given the small sample, this difference was not significant.

**Relationship between other forms of child abuse and psychological difficulties**

Exploratory analyses (using point-biserial correlations) were performed to look at how other forms of childhood abuse might relate to psychological difficulties (impact) and support. Some of the key significant (all at p<0.05) associations are noted here. (Note: the sample size is sufficient to detect large associations, but not small or medium).

Emotional abuse was closely linked to moderate physical abuse (r=.70, p<0.001), severe physical abuse (r=.43, p<0.05) and neglect (r=.43, p<0.05); unsurprisingly, both forms of physical abuse were highly related (r=.71, p<0.05) and moderate physical abuse was also significantly related to neglect (r=.38, p<0.05).

Both emotional abuse and physical neglect were significantly related to less support from friends, perhaps indicating that difficulties at home interfered with relationships outside it.

Moderate and severe physical abuse were related to a number of negative outcomes. Those who experienced moderate physical abuse were more likely to report anger, a desire to self-harm, and attempts at suicide, and they were less likely to experience happiness and support from their family. Those who reported severe physical abuse were more likely to report depression, anger, dissociation, desire to self-harm, and they were more likely to feel uncomfortable and lack confidence.

**Coping styles**

Participants also completed a measure of coping (the Adolescent Coping Scale), which measured six forms of coping: hopelessness (for example, a lack of coping of any kind); emotional catharsis; spiritual; social coping; avoidance; and leisure. Generally speaking, in the full sample, these coping styles were each significantly associated with higher or lower levels of different psychological difficulties (apart from emotional catharsis). A full outline of how they related to psychological outcomes is provided in Appendix III.

Those who felt hopeless were more likely to be anxious and depressed; to feel all types of shame; to self-blame; have low self-esteem, lack of trust and confidence; to have sexual concerns and distress (including feeling cut-off and numb); and they were more likely to want to hurt or kill themselves and to feel that others want to kill them. Similarly, avoidance was related to anxiety, PTSD symptoms, self-blame, dissociation, self-harm and fighting.
Use of spirituality as a coping mechanism was related to fewer problems with anger as well as violence from others. Coping through leisure was linked to lower levels of many psychological problems, including fewer subsequent unwanted sexual experiences.

Lastly, considering how psychological difficulties or vulnerabilities might relate to one another, anger emerged as strongly associated with many other difficulties, such as shame, hypervigilance, intrusions, self-blame, low self-esteem, depression, anxiety, desire to self-harm, fear of others wanting to kill oneself, and viewing pornography.

Support following sexual abuse

Support was measured using the Multidimensional Scale of Perceived Social Support, which has three subscales (Significant other [for example, romantic partner], Family, & Friends). The levels of support the young people reported were low overall and they were all significantly lower than those of a US sample of 136 female undergraduates (Zimet et al, 1988; all at p<.0001). They are also lower than samples of urban African American and European American adolescents (Canty-Mitchell & Zimet, 2000). The two different abuse groups (TA-CSA and offline-CSA) did not significantly differ in their reported levels of social support on this scale. Table 8 provides all of these means and comparisons. (Note: the actual numbers simply reflect average scores on a scale – what is meaningful is how those of different groups compare with one another, such that it shows both these groups have lower social support than the comparison groups).

The relationship between social support and abuse-related difficulties was explored in the whole sample (n=26). While the support of friends and significant others was not generally significantly related to outcomes,24 family support was highly related to lower levels of many psychological problems (all at a p< .05 level, and some, as indicated below, at a higher level of significance):

- **Depression and anxiety:** higher family support was related to lower levels of:
  - Depression as measured by the DASS (-.45)
  - Depression as measured by the TSCC (-.53; p<0.005)
  - Anxiety as measured by the TSCC (-.40)
  - Severity of depression as measured by the DASS (-.50)
  - Severity of anxiety as measured by the DASS (-.48)

Table 8: Mean rates of perceived support, measured by the Multidimensional Scale of Perceived Social Support, and comparison means from Zimet et al (1988) and Canty-Mitchell & Zimet (2000) (s.d. in brackets)

<table>
<thead>
<tr>
<th></th>
<th>Whole sample n=26</th>
<th>Offline group n=12</th>
<th>TA-CSA group n=13</th>
<th>136 US undergrads n = 136</th>
<th>African-American female adolescents n=97</th>
<th>European American female adolescents n=26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total score</td>
<td>4.34 (1.62)</td>
<td>4.16 (1.94)</td>
<td>4.46 (1.39)</td>
<td>6.05 (0.81)</td>
<td>5.5 (1.3)</td>
<td>5.1 (1.8)</td>
</tr>
<tr>
<td>Significant other</td>
<td>5.01 (1.92)</td>
<td>4.60 (2.25)</td>
<td>5.31 (1.65)</td>
<td>6.08 (1.11)</td>
<td>5.6 (1.3)</td>
<td>6.0 (1.1)</td>
</tr>
<tr>
<td>Family</td>
<td>4.07 (2.09)</td>
<td>4.06 (2.53)</td>
<td>4.15 (1.77)</td>
<td>6.16 (0.84)</td>
<td>6.1 (1.0)</td>
<td>5.9 (1.4)</td>
</tr>
<tr>
<td>Friends</td>
<td>4.07 (1.62)</td>
<td>3.90 (2.18)</td>
<td>4.23 (2.05)</td>
<td>5.90 (1.20)</td>
<td>5.7 (1.0)</td>
<td>5.6 (1.2)</td>
</tr>
</tbody>
</table>

24 Exceptions to this were the significant relationship between support from a significant other and both self-esteem (.39) and coping through ‘letting off steam’ (.37)
• **Shame;** Family support was related to less overall shame and bodily shame (as measured by the ESS):
  - Total shame (-.55; p<0.005)
  - Characterological shame (-5.31; p=0.005)
  - Behavioural shame (-.45)
  - Bodily shame (-.49)
• **Post-traumatic stress;** Those supported by their family were less likely to have post-traumatic stress at a clinically significant level or at a level likely to cause immune system functioning difficulties (measured by the IES-R):
  - Post-traumatic stress at a level of ‘clinical concern’ (-.38)
  - Post-traumatic stress at immune functioning impact level (-.36)
• **Dissociation;** Young people with family support reported less dissociation (as measured by the TSCC):
  - Dissociation (-.31)
  - Overt dissociation (-.32)
• **Self-esteem;** Those with higher levels of family support reported higher levels of self-esteem (.36)
• **Coping strategies;** Those with less family support harboured more suicidal thoughts, and had less effective coping strategies:
  - Wanting to hurt self (-.54; p<0.001)
  - Suicidal thoughts (-.39)
  - No way of dealing with problems (-.42)
In contrast, those with greater family support were more likely to feel that they can ask for help and let off steam:
  - Letting off steam appropriately (.34)
  - Ask someone for help (.38)
This questionnaire, completed by 52 professionals (seven completed the initial long version; 45 the shortened version), was designed to explore: a) how professionals perceive the impact of technology-assisted sexual abuse; and b) their thoughts on current responses to technology-assisted sexual abuse and how these might be developed and improved. One area of interest was whether professionals’ perceptions of TA-CSA impact and the responses to it concurred or differed from young peoples’ views.

The questionnaire was predominantly qualitative; the shortened version asked respondents to answer questions in relation to a particular young person who had experienced sexual abuse (of any form) with whom they had worked professionally. It then explored the respondent’s perception of the impact of this abuse, their own practice and approach with the young person, and that of other professionals (while withholding specific or potentially identifying information about the case). Both questionnaires also asked about the general approach towards victims of sexual abuse, including specifically technology-assisted forms, in their local area.

The professionals who completed the questionnaire

Of the initial seven professionals who completed the long version, six were social workers (five children’s services practitioners and one team manager) and one was a paediatrician. This questionnaire asked participants about how many cases of different forms of sexual abuse they had worked with; most estimated that they had worked predominantly (and one exclusively) with offline abuse (see Table 11).

The additional 45 participants had a variety of jobs, which were summarised into the following categories: 18 (40 per cent) in social work, 10 (22 per cent) in counselling/therapy or therapy supervision, 10 (22 per cent) in a medical role as paediatrician or designated nurse for child protection, three (7 per cent) in education (7 per cent), one (2 per cent) in the police, and two did not specify. Respondents worked in a variety of organisations including Local Safeguarding Boards, Local Authorities, NHS Trusts, and a variety of organisations in the voluntary sector including the NSPCC, Childline and Barnardo’s (see Figure 4).

Table 11: The proportion of professionals’ sexual abuse cases that were offline, offline with images, or fully online (information from seven professionals)

<table>
<thead>
<tr>
<th>Respondent (number of cases worked with)</th>
<th>Offline-CSA n</th>
<th>Offline and images CSA n</th>
<th>Fully online CSA n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (n=8)</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2 (n=16)</td>
<td>4</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>3 (n=20)</td>
<td>20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 (n=110)</td>
<td>100</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>5 (n=60)</td>
<td>50</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6 (n=150)</td>
<td>100</td>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td>7 (n=16)</td>
<td>10</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total (n=380)</td>
<td>290</td>
<td>56</td>
<td>34</td>
</tr>
<tr>
<td>Mean</td>
<td>41</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>
The young people about whom professionals completed the shortened questionnaire

As noted, professionals were asked to complete the shortened questionnaire in relation to a young person with whom they had worked who had experienced sexual abuse: 27 (59 per cent) of respondents provided direct and practical support to the young person, 11 (25 per cent) provided counselling and seven (16 per cent) provided medical assessment, help or advice. For three (7 per cent) participants, involvement with the young person was a one-off, for 10 (22 per cent) it was for less than a year, for five (11 per cent) it was for two or more years, and for 23 (51 per cent) it was ongoing.

Of the 42 who provided a response, 23 (55 per cent) reported that the young person in mind had experienced offline abuse and 19 (45 per cent) reported that the young person had experienced abuse with online elements. However, inspection of responses later in the questionnaire revealed that, in seven cases, the abuse labelled ‘offline’ had technology-elements (Note: this questionnaire talked in terms of online and offline abuse, and it became apparent that people have different interpretations of the phrase ‘online’; in future, the use of the term ‘technology-assisted’ may reduce confusion).

Overall, the proportion of professionals who focused on technology-assisted abuse was similar to the proportion of (unrelated) young people who reported TA-CSA in this study. The specific forms of technology-assisted sexual abuse the professionals reported that young people experienced were:

- three situations of offline abuse with images uploaded online (12 per cent of the TA-CSA reported)
- six situations where images were used to blackmail the victim (23 per cent)
- 17 situations of online grooming (65 per cent)
**Key professional perceptions**

From the thematic analysis of participants’ responses (see Appendix I for details of this method) emerged five key perceptions of TA-CSA – broadly speaking these relate to: a) how the respondents’ themselves perceive TA-CSA and its impact; and b) how they perceive other professionals or services to see it and respond to it. Each of these themes is a perception voiced by the professionals in this research:

- **Technology-assisted sexual abuse is perceived by some (usually other) professionals and organisations as having less impact and being of less immediate concern than abuse involving offline elements.**

- **The online aspect may lead to more victim blame and fear of blame.**

- **A proportion of victims of TA-CSA do not recognise their experience as abuse.**

- **Online abuse appears to have the same degree of impact as offline sexual abuse.**

- **Features of technology-assisted abuse, such as permanent abuse images and blackmail, add complexity and impact.**

Considering these key findings together is insightful, revealing an overarching mismatch between how respondents perceived the problem and how (they felt) others perceived it. They generally felt that technology-assisted sexual abuse was as impactful as fully offline abuse and that there were additional complexities to providing support and therapy to affected young people. However, they felt others often instead minimised this form of abuse and its impact, and that specialist support and training was lacking. Below each of the five perceptions is outlined in more depth.

**Professional perception 1: Technology-assisted CSA is seen by some (usually other) professionals and services as less impactful and of less immediate concern**

Participants either voiced a view of this sort themselves, or, more commonly, reported such a perspective being held by other professionals or services. Offline abuse was perceived by some as being of more immediate concern, due to safety issues, and its impact being greater.

“Safety in relation to online images would be a lesser concern compared with risk of contact abuse although the impact on the young person could be as significant.”

“Trust issues are not so great, particularly if offline abuse is familial.”

“She felt unsupported at school, which didn’t seem able to understand the impact of the abuse on her ability to cope at school.”

This suggests that the severity of online abuse is not always appreciated and that it may be seen as simply ‘grooming’ or ‘sexting’. This conflicts with research findings, including those within this study, highlighting the degree of humiliation, control, threat and coerced ‘participation’ that it can often involve.

**Professional perception 2: The online aspect may lead to more victim blame and fear of blame**

Some professionals noted that victims of TA-CSA are more often blamed and seen as ‘active’ in the abuse, and that victims may worry about this perception from others – this then is likely to impact their disclosure and recovery.

“Local authority tend to see them as more of a participant in their abuse.”

“The victim uploaded inappropriate images of herself, which then led to more attention from abusive adults online.”

“Comments like ‘she created the image’... myths + attitudes related to gender.”

“Perpetrator manipulated the victim into saying that they liked the abuse on a chat. Victim was afraid this might be turned against her in court.”

“As children are usually carefully groomed and many are not aware of the reality of online as much as they are offline, some young people can find it very difficult to see they are not to blame.”

25 All quotes in this chapter are from participant responses to either the long or shortened professionals’ questionnaire.
Professional perception 3: A proportion of victims of TA-CSA do not recognise their experience as abuse

Some respondents noted the difficulties for some young people in recognising fully online sexual abuse as abuse. This was seen as related to the offenders’ ability to manage the relationship online, and the ways in which the abuse could appear to meet victims’ needs, such as those related to affection and validation.

“Currently the young man does not seem to fully understand what has happened.”

“I suspect that online abuse can be harder for young people to recognise than contact abuse because the abuser can manage the relationship more easily.”

“The child’s self-esteem seemed increased due to the attention and the sense of belonging to a group of people. She felt they were keeping her safe and she felt sexually attractive as she was being exploited and abused. She did/does not see it as abuse. She became more disconnected from the real world.”

“She contacted Childline as she felt something wasn’t right and engaged well with our counsellor to understand that she was being groomed.”

Professional perception 4: Online abuse appears to have the same degree of impact as offline sexual abuse

The questionnaire asked participants to indicate how, in their view, the sexual abuse had impacted upon the young person they had focused their thinking on; they noted the existence and severity of a range of common consequences of abuse (such as depression, alcohol misuse and shame) that were listed in a table. There was no significant difference in the perceived impact of TA-CSA compared with that of fully offline CSA. Both were seen to exert substantial harm on the young people in question, concurring with the findings of the two other strands to this research (the questionnaires and interviews with young people).

Professionals noted the following as common effects of both forms of abuse:

- Post-traumatic stress symptoms
- Depression
- Eating disorders
- Physical health difficulties (such as sleep disorders and sexually transmitted infections)
- Self-harm and suicidality
- Alcohol and drug misuse
- Pregnancy, including miscarriage
- Distrust
- Behavioural difficulties
- Revictimisation
- Family and peer relationship difficulties following disclosure
- Compromised education

Professional perception 5: Features of technology-assisted abuse, such as permanent abuse images and blackmail, add complexity and impact

Like the young people interviewed who had experienced TA-CSA, professionals described how dimensions to this abuse (such as the permanence and reach of images, and the nature of blackmail), could affect the dynamic of abuse and complicate its impact. Quotes are presented below to demonstrate these sub-themes.

Permanence and reach of images, and the lack of control over them

“Young person began to manage feelings around the abuse then remembered the video work done and realised that she has no knowledge of who else has viewed this, where online it has gone, when it may appear in future.”

“Harder as ‘once it’s on the internet, it’s hard to ever get it back off again’ – continued reliving of the abuse despite efforts of authorities.”
“Lack of definite end to the abuse is traumatic, for the young person can be re-abused for a long time due to the unknown/known parties viewing their image long after actual event occurred.”

“Online element made [the] person feel out of control.”

“The young person is unsure whether images are on the internet, this worries them. They are also worried that at a later time these images could still be uploaded.”

“Issues of control of images have huge impact.”

Immersion of offender(s) in victims’ life, and their control

“Social media [leads to] continuous interaction, including bullying.”

“He was able to be there all the time.”

Image-based blackmail to maintain and escalate the abuse

“He videoed several rapes and one gang rape, which he threatened to send to her mother and sister if she reported him. He did do this when she reported.”

 “[Victim] sent more naked images at threat of having them posted online or around friend’s social networks.”

 “[He] uploaded increasingly explicit images of herself and then tried to blackmail her.”

Professionals’ understanding of the term ‘online sexual abuse’

Participants’ responses suggested different understandings of what is meant by ‘online sexual abuse’. For example, as noted above, some described the young person’s abuse (that they answered the questionnaire in relation to) as ‘offline’, although their later responses revealed that it had an online element. Some restricted their understanding of online to that which involved a computer, the web, or a webcam.

“It was more the ability to instantly be contacted via BBM, instant messaging, Bluetooth contacts that caused more issues than ‘online’ information.”

Furthermore, it was evident that an under-appreciation of technology’s potential role in abuse meant that young people were sometimes not asked about it, potentially leading to missed opportunities for disclosure and intervention. In some cases, the role of technology only became apparent after considerable supportive work with a young person.

The finding that the term ‘online sexual abuse’ is interpreted in diverse ways informed the decision to move to the use of the term ‘technology-assisted sexual abuse’ instead of ‘online sexual abuse’ in this report, and one of its recommendations is that this term becomes the default, normative term. The hope is that this term more easily denotes a broader range of online and digital abusive practices, and can help professionals to keep in mind the potential existence and role of technology in abuse. Furthermore, ‘online’ and ‘offline’ abuse categories can imply a hard boundary between the two that does not exist; indeed, arguably, the two have become more entwined and indistinct as technology and its use continue to evolve.

Professionals’ perceptions of young people’s support needs following technology-assisted abuse

Professionals had relatively few ideas about what additional support was required for young people who had experienced technology-assisted sexual abuse, reverting to discussion of offline abuse. This may relate to more experience of supporting young people with fully offline abuse experiences, and a relative lack of training and support in addressing issues related to technology. Some suggested online safety information and support for parents and carers, and for young people themselves.

Others noted that an understanding of how the involvement of technology might affect impact was first required before specific support needs might be identified and met.

“I guess there is a bigger or more pronounced emphasis on parent/carer involvement in managing online activity/behaviour.”

“Would add some ESafety element to the work.”

“We need a better understanding of how the impact might vary according to the type of abuse.”
In relation to online safety, a number of respondents highlighted how this could help to prevent young people feeling misleadingly secure online, and sharing information and connecting with people in a way they would not do offline.

“The young person made an account on a social networking site and accepted a friend request from their abuser. However, due to the nature of their abuser’s profession they had no reason to believe that they were putting themselves at risk.”

A finding from the interviews with young people (see previous chapter) was that online safety education offered specifically to young people who have experienced online abuse can feel blaming and stigmatising (arguably it may also not be necessary). Therefore, while it may play an important role in helping to prevent abuse, to be useful rather than harmful it should be nuanced and provided to all young people early on. Within this education, similar messages may help to prevent a variety of abusive and negative online relationship dynamics, including but not limited to sexual abuse.

Perceptions of professionals’ needs

Respondents identified the need for training on the nature and impact of online abuse, and some noted that this should be provided to a range of professionals working with young people, including teachers. Some felt there were insufficient services for young people who had experienced TA-CSA, and that this led to a confusion about where to refer them for support. The need for assessment tools and prompts specific to the technology element of abuse was also highlighted – so that these elements could be identified and their impact explored and addressed in any intervention.

“There is confusion sometimes about which service they should go into.”

“I suspect there is very limited expertise available in relation to online abuse.”

“Assessment tools to look at severity of online abuse impact on victim.”

“No specific training given regarding this in NSPCC – applying existing practice in relation to offline abuse and adapting and fitting to individual need.”
Recommendations

These recommendations have been developed and agreed with the NSPCC. They directly flow from the experiences and views of the participants who took part in this study. While we do not repeat them here, we also echo those of others who have also listened closely to young people affected by sexual abuse and the people that support and work with them (such as Beckett et al, 2013; Palmer, 2015).

General

• Generally, the phrase ‘technology-assisted child sexual abuse’ (TA-CSA) should be employed instead of ‘online child sexual abuse’, as the former term can capture both sexual abuse that is fully mediated by digital technology, as well as the high proportion that incorporates elements of both ‘offline’ and ‘online’. Increasingly clear distinctions between offline and online are difficult to make and many young people experience sexual abuse that fuses and merges the two.

• Awareness-raising campaigns, for example in schools and on social media, should be run aimed at: a) preventing sexual abuse by helping young people recognise their rights and the principles of healthy relationships; b) helping young people who are experiencing abuse to tell and seek help; and c) helping parents, families and peers take preventative steps and promote disclosure and recovery. They should include messages that reduce victims’ feelings of shame and self-blame, as well as blame by others.

• Safeguarding training for all professionals who work with children and young people, including law enforcement, should include: a) the dynamics and impact of different forms of abuse, including technology-assisted sexual abuse; and b) the types of support and response that children and young people need following it (beyond protection). This training should highlight the ways in which the involvement of technology can complicate the experience and impact of abuse, and it should seek to counter victim-blame and promote disclosure and recovery.26

• Education providers and social care should take steps following abuse coming to light that aim to prevent its future occurrence; these steps should be responsive to any relevant systemic and peer factors (Hanson, 2016b; Firmin et al, 2016).

Education

• A new curriculum for Relationships and Sex Education (RSE) should be developed now that RSE is a statutory requirement. This should ensure that the principles and skills involved in positive relationships are taught early and revisited regularly. It might usefully draw attention to particular negative dynamics to be alert to, such as emotional blackmail, controlling behaviours, and erraticism. ‘Online safety’ education should be incorporated into this and not offered as a stand-alone.

• Children and young people should be involved as active participants in developing their school or college’s prevention and intervention approach.

Industry

• Industry should invest further in developing innovative means of tackling technology-assisted abuse, so that abuse can no longer be so easily assisted by technology. This should include developing the means (and awareness) through which young people can have their images permanently removed across mainstream platforms (‘right to remove’).

Law enforcement

• Law enforcement should undergo regular training to further embed the victims’ code of practice and there should be clear routes for redress when victims do not receive these basic standards of service.

• Law enforcement should also receive training specifically on the dynamics and impact of sexual abuse (including that which is technology-assisted) and the implications of this for investigations.

These practices may help to achieve greater consistency across forces and officers.

26 A training course that does this is the recently developed training programme ‘Click: Pathways to Protection’ from the Marie Collins Foundation. It has three versions, for first-responders, frontline practitioners, and managers respectively.
Social care, therapy and interventions

• Questions about the role of technology in any abuse should become standard parts of social care initial assessments. Understanding must move beyond perceiving TA-CSA as ‘just’ something to do with youth-produced sexual images, and towards a fuller understanding of the breadth, range and severity of victimisation that technology commonly facilitates.

• When sexual abuse comes to light, parents and families should be provided with accessible information aimed at helping them support their child, as well as processing the impact on themselves.

• Following the discovery of TA-CSA, victims should not be offered stand-alone ‘online safety’ or given simplistic messages about the risks of image-sharing. Instead they should be offered support that reduces any self-blame and other impacts, including those that raise the risk of revictimisation.

• Timely and appropriate therapeutic support should be offered to all children who have experienced abuse, and their families – this should not be dependent on the development of an overt mental health difficulty. Local authorities should support young people who have experienced abuse to access therapeutic help if they would like it.

• Trauma-informed care should be provided by all therapists and counsellors. This means that they should: a) be skilled in a range of therapeutic approaches that they can apply flexibly according to the difficulties, strengths and wishes of the child; b) be knowledgeable about the impact of child abuse and how it can be reduced; and c) be equipped to deliver therapy focused on resolving trauma-related difficulties.

• Therapists and support workers should be alive to the possibility that young people who have experienced TA-CSA may well have difficulties with self-blame, and feelings of ongoing trauma and powerlessness in relation to any images being shared, and should be prepared to help young people address them. However, these issues should be carefully listened for rather than assumed.

• The role of positive forms of coping (for example, leisure activities, social groups and spiritual) should be incorporated into any interventions.

• Therapists and support organisations should clearly share their confidentiality policies with adolescent clients (and other professionals). These policies should be designed so that they do not unnecessarily deter young people from seeking help and are sensitive to the fact that many young people want support but do not want police involvement.

Social care, therapy and interventions

• Researchers, research commissioners, ethics boards and professionals working with children and young people should ensure that their rights to participation are held alongside their rights to protection. In particular, processes should be developed that do not selectively silence more vulnerable or more hard-to-reach groups.
To conclude, this exploratory study into the experience and impact of technology-assisted and other forms of child sexual abuse in the UK today, and associated professional responses, has findings that merit action now to dramatically improve prevention and intervention. These include training across the sector about the dynamics and impact of sexual abuse, including technology-assisted forms; preventative initiatives aimed at parents and young people, run by government, schools and others; and easily accessible, sensitive therapeutic support.

Further research building upon this study’s findings will help to map out the longer-term impact of technology-assisted abuse and to understand better the impact of its different forms (for example, offline abuse widely disseminated online, as separate from online grooming without images further shared). Furthermore, the implementation of recommendations from this report and others in the field will provide further information on which to build best practice. We know enough to act, and we need to act to know more.


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Appendix I: Details of the method, processes and challenges

Research questions and hypotheses
As noted in the Introduction, the research questions our method sought to address were as follows:

- What is the impact of sexual abuse (of all forms) on young people in the UK today?
- What is the impact of technology-assisted child sexual abuse compared with solely offline forms of child sexual abuse (both as measured quantitatively and as perceived by young people)?
- Are there additional complexities and support needs for young people who have experienced technology-assisted sexual abuse?
- What responses do sexually victimised young people receive from professionals following the abuse coming to light? How do they view these responses?
- How do professionals perceive technology-assisted sexual abuse, its impact upon young people, and their related support needs?
- What are the views of young people affected by sexual abuse on how prevention and intervention could be improved?

We hypothesised that there would be some differences in the impact of technology-assisted versus fully offline sexual abuse, and that the involvement of images in the abuse would cause particular difficulties in recovery.

We also hypothesised that young people with social support would be less impacted by the abuse; that some professionals may be less aware of the harms associated with TA-CSA compared with offline CSA; and that there would be inconsistencies in police, social care and education responses to young people following the sexual abuse coming to light.

Ethical considerations
The project was approved by the NSPCC Ethics Committee, as well as the University of Birmingham STEM Ethics Committee and the University of Bath Department of Psychology Ethics Committee. Carry out this research required carefully balancing young people’s rights of ‘protection’ and ‘participation’ (Powell & Smith, 2009; Skelton, 2008) – the team sought to ensure that young people were not harmed through their participation in this research (indeed, ideally benefitted from it), and were also able to effectively use their voice and make an impact. Hence, a number of measures were taken to ensure participant wellbeing (outlined below).

Recruitment of young people
The researchers initially aimed to recruit a larger sample of 11–17 year olds to complete the psychometric measures. The aim was to compare the level of psychological difficulties in young people who had experienced either fully offline CSA; fully online CSA; or CSA with offline and online elements (the latter two groups both involving TA-CSA). This sample size was chosen based on the results of an a priori power analysis, which suggested that this size would be adequate to find a medium effect size (for example, a difference between groups of a medium magnitude). Specifically, it found that a total sample size of least 55 would be needed for a power of 80 per cent; and that a sample of 60 with three groups, with an alpha of p<.05, and a Coen’s effect size of 0.5, achieved a power of 93.19 per cent.

However, there were significant difficulties in recruiting young people to this project; these arose primarily due a high degree of reluctance among some professionals to discuss the project with young people (as has been observed in other research projects with vulnerable young people; for example, see Powell & Smith, 2009). In comparison to the early stages of recruitment, the final stage...

27 The University of Bath Department of Psychology Ethics Committee gave approval at later stages of the project, when one of the research team moved there.
involved (older: 17–19 year olds) young people who were informed directly about the research and this led to significant interest and involvement, but allowed them to choose which parts of the research study (if any) they engaged with. Different young people chose different degrees of engagement: some chose to only provide summary details in a brief filtering online questionnaire; some chose to complete only the online questionnaire; and others chose just the interview or both the interview and questionnaire. Hence, it appears that young people felt enabled to make informed choices.

Stage 1: Recruitment via CEOP
The planned procedure was to identify potential participants through past CEOP investigations and approach the professionals (in CEOP) who had supported those victims at the time that the abuse came to light to ask them to contact the victims’ families with details of the research project. However, several obstacles emerged. From an initial pool of 393 potential participants, either details of the offences committed were sparse and/or the name of the investigating officer and point of contact were not included. Therefore, a separate CEOP database used to record details of all cases that passed through the centre was explored. This led to 80 cases being identified that fitted the inclusion criteria (24 victims of solely online sexual abuse and 56 victims of sexual abuse that was started offline but images of which had been shared – Type I in Table 1). The local police officers who had been involved in each of these cases were approached, informed about the research, and asked to pass on the details to the family of the victim. However, most were unable to do so, for one or more of the following reasons:

- The officer no longer had current contact details for the victim and their family
- The officer provided further details of the case, which then no longer fitted the inclusion criteria
- The officer was of the view that the victim did not know they had been victimised
- The officer felt the young person had moved on from the abuse and would not respond well to being approached
- The officer was of the opinion that because the victim and their family were currently involved with social services and exhibiting a range of vulnerabilities, an approach would be inappropriate.

Overall, only three families were approached by the police, of whom two agreed to be contacted by the research team. Neither chose to subsequently take part.

Stage 2: Recruitment via CEOP contacts
The research team passed details of the research project onto professionals working within CEOP (for example, Education, Child Protection, and Missing Persons teams, and all managers) and those outside of CEOP who worked in the field (for example, Marie Collins Foundation, PACE, and local police forces who worked with CEOP). They asked for the details to be passed on to the families of any young people known by the professionals to be eligible. It is unknown how many, if any, families were approached with the information. None approached the research team as potential participants.

In addition, the parents of 10 young people who had been victimised in a large-scale CEOP investigation were telephoned by a member of the research team, who passed on details of the project. From these phone calls, one 15-year-old young person took part. He completed both the interview and questionnaire at an NSPCC centre local to his home.

Stage 3: Recruitment via NSPCC teams who work with young people who have experienced sexual abuse
The planned procedure was to work with the NSPCC Letting the Future In (LTFI) teams. However, at the time of the project running, a decision was made within the NSPCC for these teams not to be approached due to other pressures on them, including prior commitments to other research. The research team did however discuss the research with managers and staff working in other teams who were likely to have worked with eligible young people – these included the Protect and Respect teams, and the Participation and Case Studies teams. Details of the research were also posted on the NSPCC internal website and presented at the NSPCC staff sexual abuse theme conference. All in all, this led to the involvement of three young people; they each completed both the questionnaire and interview. All these interviews were completed in person at the NSPCC centre nearest to their home.
Stage 4: Recruitment via Childline

Following two presentations about the research study at the NSPCC sexual abuse theme conference, Childline became an avenue for recruitment (with appropriate approval from all ethical bodies involved). Details of the research was posted on the Childline website and advertised via Childline on Facebook. In total, the research was posted three times, each time for several days. Young people aged between 17 and 2028 who identified themselves as having experienced sexual abuse as a child were invited to read the details of the research and complete a short online form if they were interested in taking part. This form asked young people the following questions:

- Their age, gender and ethnicity
- Whether they had shared a sexual image of themselves before they turned 16 years old
- If so, whether they had felt pressured to send the sexual image and whether the person to whom they were sending it was 18 years old or over29
- Whether they were interested in taking part in the questionnaire and/or interview and, if so, how they would like a member of the research team to contact them: by telephone, email or letter in the post. They were invited to provide details of their preferred method of contact.

This form was completed fully, or partially, by 389 individuals. Of those, 23 (5.9 per cent) young people did not give consent for the researchers to make contact, 137 (36.8 per cent) were under the cut off age of 17 years and not eligible, and others did not meet the criteria or did not provide adequate details. In total, 67 young people indicated a preferred method of contact, provided contact details and met the research criteria for this stage of recruitment (for example, they indicated that they were between 17 and 20 years of age and identified themselves as having experienced sexual abuse). All 67 were contacted by their preferred method and given more details about the study; the majority chose email (82.1 per cent), but a few chose phone (11.9 per cent) or letter (6 per cent).

Contact made by the research team led to a variety of outcomes:

- In a few cases, email or phone details were not valid and thus contact could not be made.
- In some others, phone calls or emails went unanswered; follow-up emails were sent, leading to some later responses.30
- Some young people responded stating that they wished to complete the questionnaire, but not the interview. This led to an email or telephone conversation in which a member of the research team highlighted that the questionnaire could trigger difficult emotions and memories and checked the young person’s levels of support, before the young person was sent the link to the questionnaire, which was online with Survey Monkey.
- A final group of young people indicated that they would be interested in completing both the questionnaire and interview. They were each asked about their preferred method of completing the interview: over telephone, Skype or in person; an email interview was offered in one instance where the young person was not comfortable with any of the other options.
- These conversations led to five interviews over Skype; two by telephone; one by email; and four in person (the four young people recruited by other methods were also interviewed in person). All those in person were conducted at NSPCC centres local to the young person’s home.
- In two cases, interviews were not carried out with interested young people because their levels of vulnerability were felt by the research team to be too high.

28 The lowest eligible age was raised to 17 for this stage of recruitment, because via Childline there would be no means of gaining parental consent.
29 These questions were included to gain a snapshot of levels of pressurised ‘sexting’ experienced by young people in the UK currently; in some cases, young people may identify this as their experience of sexual abuse, while in others it might be seen as a separate experience. This could be explored in the interviews.
30 Follow-on emails were sent if a young person did not respond after approximately two weeks, to check whether they might still be interested in taking part or had now decided not to.
Appendix I: Details of the method, processes and challenges

Interviews with young people

The interviews began with a member of the research team going over details of the research, outlining confidentiality, safeguarding and other principles, and answering any questions. Young people were then interviewed about their experiences of sexual abuse; its perceived impact upon them; the reactions and responses of others; and their thoughts on effective prevention and help following. Interviews lasted approximately one hour, ranging from 40 to 90 minutes. They were followed with debriefs, checking how the young person was feeling and how they found the interview, and discussing support options for ongoing difficulties if they were interested. In a few cases, the research team liaised with local services to facilitate further support if agreed by the young person, or put them in contact with relevant NSPCC teams because they were interested in further involvement with the organisation.

Participants were then given either the questionnaire in paper form (if the interview was in person and they wished to complete it at that moment) or the online link to it, for them to complete it at a later point. Again, before providing the link, the research team checked that young people had sufficient support should difficult feelings arise.

Sixteen young people aged between 15 and 19 years old were interviewed.

Questionnaire including the psychometric measures completed by young people

The questionnaire completed by young people (either online via Survey Monkey or in person following the interview) contained a number of psychometric measures – see Table 1. These were chosen to together assess:

- A range of common psychological difficulties caused by sexual abuse
- Particular areas hypothesised to be impacted on by technology-assisted sexual abuse, such as shame, self-objectification, self-blame and stigma
- Factors that were hypothesised to affect the impact of abuse (for example, moderators), such as coping style, social support and other forms of abuse

All of the psychometric measures were validated for use on children and adolescents. With a larger sample size, mediating and moderating relationships would have been explored – for example, does shame contribute towards (mediate) the impact of abuse on post-traumatic stress symptoms? Does social support lower (moderate) the impact of abuse?

The questionnaire pack also contained an additional set of questions (devised by the research team) about other areas potentially impacted by sexual abuse: self-harm; experiences of violence since the abuse ended; emotions during and after any sexual experiences since the abuse; use of pornography; and anger. Lastly, it enquired about areas of enjoyment in life. Use of pornography may also be conceived of as a vulnerability to victimisation; although the method did not allow for causal relationships to be inferred, an association between abuse and pornography was felt worthy of exploration.

In total, 35 young people started the questionnaire, one recruited via CEOP, three via NSPCC teams and 31 via Childline. However, five left the online survey blank and others gave partial answers. Therefore, some questionnaires were answered by 30 young people, but others were only completed by 26 young people.
<table>
<thead>
<tr>
<th>Construct</th>
<th>Measure</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Depression Anxiety Stress Scale</td>
<td>Depression Anxiety Stress Scale (Lovibond &amp; Lovibond, 1995a, b)</td>
<td>Brief scale validated on adults and adolescents</td>
</tr>
<tr>
<td>Post-traumatic stress dissociation</td>
<td>Impact of Events Scale – Revised (Weiss, 2007)</td>
<td>Measures PTSD; Extensive validation on adults, some on adolescents</td>
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<td></td>
<td>Trauma Symptom Checklist for Children (TSCC, Briere, 1996)</td>
<td>Validated on children, though items are not child-specific and can be used on adults. Explores a broad range of difficulties that often follow sexual abuse including PTSD, sexual concerns, dissociation, anger, anxiety, depression</td>
</tr>
<tr>
<td>Shame</td>
<td>Experiences of Shame Scale (three subscales: characterological, behavioural, body) (Andrews et al, 2002)</td>
<td>Demonstrated sensitivity to shame that is linked to abuse and psychopathology</td>
</tr>
<tr>
<td>Abuse-related shame</td>
<td>Four items as used by Feiring et al (2002)</td>
<td>Good validity; specific to sexual abuse</td>
</tr>
<tr>
<td>Abuse-related stigma, powerlessness and betrayal</td>
<td>Three items as used by Coffey et al (1996)</td>
<td>Good validity; specific to sexual abuse</td>
</tr>
<tr>
<td>Self-objectification</td>
<td>Objectified Body Consciousness Scale – Surveillance subscale (McKinley &amp; Hyde, 1996)</td>
<td>Explores the degree to which individuals view their body as an outside observer; validation with adolescents and adults; significant relationship to a variety of psychological difficulties</td>
</tr>
<tr>
<td>Attributions for the abuse</td>
<td>Abuse Attribution Inventory (Feiring et al, 2002)</td>
<td>Evidenced advantages over asking open-ended questions about blame; asks about blame of self, perpetrator, others – all non-mutually exclusive</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Rosenberg Self-Esteem Scale (Rosenberg, 1965)</td>
<td>Most used self-esteem measure with both children and adults</td>
</tr>
<tr>
<td>Cognitive coping</td>
<td>Event-related Rumination Inventory – Deliberative subscale (Cann et al, 2011)</td>
<td>Validated on students; linked to post-traumatic growth</td>
</tr>
<tr>
<td></td>
<td>Adolescent Coping Scale (Frydenberg &amp; Lewis, 1993)</td>
<td>A few key items selected; whole measure not used due to length</td>
</tr>
<tr>
<td>Other forms of childhood abuse</td>
<td>Items from the Parent-Child Conflict Tactics Scales (Straus et al, 1998)</td>
<td>Good validity</td>
</tr>
<tr>
<td>Current social support</td>
<td>Multidimensional Scale of Perceived Social Support (Zimet et al, 1988)</td>
<td>Validated on adults and adolescents</td>
</tr>
</tbody>
</table>
Professionals’ recruitment and data collection

The research team sought to design a questionnaire for professionals who had been involved in at least one case of online sexual abuse. Such professionals might include, for example, police officers, social workers, therapists and advocates. This questionnaire aimed to elicit: a) professionals’ perceptions of the nature, severity and impact of technology-assisted child sexual abuse, compared with fully offline forms; and b) their perceptions of the nature and adequacy of professional responses and support following TA-CSA.

An initial questionnaire was piloted within CEOP with child protection and law enforcement professionals. This led to some changes to make it more user-friendly and sensitive to the research questions. The revised questionnaire contained a mixture of questions with fixed choice responses and open questions requiring narrative responses that could be subjected to thematic analysis. It was then disseminated, alongside information about the research, to a wide number and variety of professionals working in the field of sexual abuse. For example, it was: sent via email to all practitioners working in NSPCC Protect and Respect teams; sent to a number of law enforcement professionals with links to CEOP; handed out at NSPCC meetings and conferences; and advertised and handed out at a national BASPCAN (British Association for the Prevention of Child Abuse and Neglect) conference. However, the overall response rate was poor, with only seven people completing it.

Informal feedback indicated that professionals found the questionnaire too long or had the intention to complete it, but did not (perhaps related to it being in paper form). Thus, it was adapted into a shorter version (also containing a mixture of fixed-choice and open narrative questions) and made available to complete online (again via Survey Monkey). Information about and links to this shorter version were disseminated to professionals via NSPCC and BASPCAN (including the whole BASPCAN mailing list) and this resulted in a higher uptake of completion by 45 professionals.

Seven professionals took part in the pilot questionnaire and a further 45 in the shortened online questionnaire.

Data analysis

Analysis of the young people’s questionnaire

The psychometrics were scored following each measure’s scoring guidance and analysed using the appropriate statistical tests, using SPSS software. Initial frequency data was calculated and additional analysis was conducted using the appropriate method for the data type (for example, t-test, chi-square, correlation, Mann Whitney U test). With both the quantitative and qualitative sets of data, the groups as a whole were analysed, and between-group comparisons were also conducted, exploring any differences in the impact of offline abuse compared with abuse with an online or technology dimension to it.

Analysis of the interviews with young people

The interviews were analysed using the qualitative method of thematic analysis, using NVivo software. Thematic analysis is used to identify, analyse and report themes within a set of data and has the flexibility to explore rich and detailed data without theoretical restraint (Braun & Clarke, 2006). A bottom-up technique was used to analyse the data, whereby all data was analysed purely on the basis of the content, without overlaying a pre-existing theory or construct. All interviews were transcribed and the transcripts were uploaded into NVivo software. A member of the research team familiarised themselves with the data and began generating initial codes for each interview transcript. Each line of data was assigned a node that described the content of the text. Initial coding of the 16 interviews generated approximately 1,350 individual nodes. The team member then began a process of amalgamating nodes that shared meaning and removing duplicate nodes. Nodes were then categorised into themes, to create ‘tree nodes’. Tree nodes collate nodes that report on different aspects of the same theme. For example, a tree node of ‘Impact of Abuse’ was created, under which ‘thoughts’, ‘feelings’ and ‘behaviours’ associated with the abuse impact were listed. Under these subheadings, further nodes were listed: for example, under ‘behaviours’, individual nodes such as ‘self-harm’ and ‘eating problems’ were listed. Through this process of joining nodes that shared themes, a network of tree nodes was generated to represent the trends and key themes identified across the 16 interviews. Two other members of the team reviewed
a percentage of the nodes to check for agreement and then discussions were held between the three researchers when any disagreements or queries arose. Thematic analysis is an iterative process and the themes were developed, checked, merged and re-developed during a considerable, detailed progression involving three researchers.

After the themes were agreed, the data set was explored as a whole, and was also divided into two groups: (a) those participants who experienced fully offline abuse; and (b) those who experienced TA-CSA). This enabled the researchers to compare the themes relevant to the two forms of abuse and check for any differences.

Analysis of the professionals’ questionnaire
The professionals’ questionnaires produced some quantitative data and some qualitative. A mixture of the data analysis methods described above were applied: calculation of frequencies and statistical analysis where the data was quantitative, and thematic analysis where the data was qualitative. The initial coding for the thematic was conducted by two research apprentices; this was supervised by the lead researcher who also undertook the reliability check.

Research team reflections on the process of conducting this research
As a team, we felt increasingly uncomfortable with the observable professional reluctance to approach young people about the research. The team found that the young people who participated in the interviews felt the experience was positive and empowering. They were highly motivated to help others to avoid the situation in which they found themselves, and to help others who had experienced abuse to find wellbeing.

As professionals, assuming that a study is being run ethically and appropriately, we perhaps need to question whether we are removing young people’s voices by failing to give them information about a study and allowing them to make their own choice.

In addition, we need to consider how future research can hear and amplify the voices of younger teenagers; the results from the Childline survey indicate that many would like to participate in studies such as this.
Appendix II: Limitations of the study

The findings from this exploratory study are tentative and need to be placed in the context of the following limitations:

**Sample size**
The sample sizes for both the young people’s and professionals’ questionnaires were smaller than anticipated. This meant that more detailed analyses could not be conducted; for example, those exploring mediators and moderators of the impact of abuse, and those exploring any differences in the impact of fully online sexual abuse compared with technology-assisted sexual abuse with offline elements. Within the TA-CSA reported by participants there was wide variation in the degree to which technology was used and its consequences.

The small sample also meant that the study may well have not detected differences in the impact of TA-CSA compared with fully offline CSA that do in fact exist.

**Blocked participation**
A wide age range of young people want to have their voices heard. However, the systems and cultures within organisations that work with young people who have been abused did not appear to be conducive to involving these young people in research, likely leading to many not having a voice who could have been supported in doing so. The difficulty the researchers faced has also been found by others (for example, Powell & Smith, 2009). The young people interviewed here were almost exclusively recruited via Childline; they had high rates of difficulties following their experiences, and, hence, would likely not have been referred into research by professionals but made their own choice when given the chance. It is imperative to find ethical ways to allow younger people to participate in research while attending to their wellbeing and right to protection from harm.

**Sample bias**
The samples of young people were disproportionately of White ethnicity and female, and thus the findings cannot be generalised to boys and those of other ethnicities, especially given that research indicates young people from these groups disproportionately experience certain forms of abuse, and certain responses from their family, peers and professionals (Beckett et al, 2013; Cockbain, Ashby & Brayley, 2015; Fox, 2016; Gohir, 2013). Furthermore, no young people participated from Scotland.

**Cross-sectional**
This study did not follow young people over time, and so was not able to map the impact of abuse or rule out the possibility that other adversities caused the psychological difficulties reported – indeed, the high rate of other forms of abuse suggests that these experiences are likely to have contributed.

**Issues around abuse severity**
The online/technology-assisted abuse reported by participants in this research covered a wide range, but generally did not tend to include dimensions known to relate to greater impact, such as multiple concurrent perpetrators, multiple concurrent victims, intrafamilial perpetrator, or wide and known circulation of images. However, some of the offline sexual abuse reported did contain a number of these dimensions. Given the size and nature of the sample, these differences between the groups could not be controlled for, and this may have affected the ability of the analysis to detect any difference in impact between offline and technology-assisted forms of abuse. Furthermore, as a result of this limitation, this study is not able to speak to the impact of online sexual abuse involving the wide circulation of images, or involving intrafamilial perpetrators.

We are also not able to rule out the possibility of a sample bias caused by self-selection (for example, young people who experienced either worse or milder impact than the average young person [or more or less severe abuse]) may have been more likely to participate.

However, despite these caveats, the finding of high levels of psychological difficulties across the sample remain particularly noteworthy and concerning.

In summary, the limitations described here mean that the study was exploratory in nature. It yielded a number of important findings that can be used to inform policy and practice and must now be built on with further research.
Appendix III: Further details of quantitative analyses

This appendix provides some further details of the statistical tests and figures that underpin the findings of the young people’s questionnaire reported in Chapter Four. All statistics and figures reported here are referred to in the main text.

Please refer to the notes on power analysis in the main body of the text, including caution related to sample size and requirements.

Age

There was no significant difference in age between the technology-assisted and offline groups: $t=1.305$, $df=22$, equal variances assumed, $p>0.05$.

Depression, anxiety and stress levels in the two abuse groups

Figure 1: Levels of depression in the TA-CSA and offline-abuse groups (n=28; no significant difference)

Figure 2: Levels of anxiety in the TA-CSA and offline-abuse groups (n=28; no significant difference)
Figure 3: Levels of stress in the TA-CSA and offline-abuse groups (n=28; no significant difference)

**Relationships between shame, self-esteem, stigma, self-blame, and self-objectification**

**Shame**
- High feelings of shame on the ESS (total score) related to:
  - Stigma ($r=491; p<0.01$)
  - Low feelings of self-objectification ($r=-454; p<0.05$)
  - Internal attribution of blame ($r=646; p<0.01$)
  - Low self-esteem ($r=-786; p<0.01$)

  The outcomes were similar when the ESS subscales were considered, such as characterological shame, behavioural shame and body shame. In particular, body shame was highly correlated with stigma ($r=500; p<0.01$) but with low rates of self-objectification ($r=-615; p<0.01$).

**Blame for the abuse**
- Internal attribution of blame related to:
  - High rates of shame (total, characterological, behavioural and body; range $r=.389-.646; p<0.05-0.01$)
  - High feelings of stigma ($r=.533; p<0.005$)
  - Low self-objectification ($r=-.422; p=.05$)

- External attribution of blame:
  - did not correlate with any measures of shame
  - correlated with low feelings of stigma ($r=-.393; p<0.05$)
  - correlated with high self-objectification ($r=-.420; p=.05$)

Thus, high rates of self-objectification are related to low self-blame, and high blame towards others; in other words, those who see their body as they think others see it (rather than through their own eyes) are more likely to blame others for the abuse.

**Self-esteem**
- Low self-esteem was related to high levels of shame, stigma and internal attribution of blame. Specifically:
• Negatively correlated with all measures of shame (range $r=-.654$ to $-.786$; $p<0.001$; for example, low self-esteem and high shame)

• Negatively related to stigma ($r=-.576$; $p<0.01$); for example, low self-esteem with high feelings of stigma

Negatively correlated with internal attribution of blame ($r=-.565$, $p<0.01$); for example, low self-esteem with high internal attribution of blame

Conversely, high self-esteem correlated with high objectified body consciousness ($r=.472$; $p<0.05$).

### Relationships between psychological difficulties and coping styles

Table 2: Significant relationships between coping styles (measured with the Adolescent Coping Scale) and psychological difficulties in the whole sample ($n=25$) (all relationships reported are significant at $p<.05$)

<table>
<thead>
<tr>
<th></th>
<th>Depression and anxiety</th>
<th>Shame/stigma</th>
<th>Internal attributions</th>
<th>Trauma symptoms</th>
<th>Other</th>
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<tbody>
<tr>
<td><strong>Hopelessness</strong></td>
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<td>DASS:</td>
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