



Transformation Project

Evaluation

April 2022



Acknowledgements

The research team would like to express thanks to a number of people who have been involved in this evaluation. Firstly, our thanks to those survivors of child sex abuse and their parents/carers for their contributions and their commitment to improving things for future victims/survivors. Secondly, we would like to thank those frontline workers from the specialist agencies for their valuable work in supporting some extremely vulnerable individuals, at an emotional cost to themselves. Thirdly, we would like to thank the senior representatives who formed the project steering group and the project coordinator ... it has been fun to meet over the project period and who have provided data and information requests with efficiency and grace.

If anyone reading this requires any help and support, the following specialist sexual violence services can be contacted on the following:

Arch: <https://archteesside.org/>

A Way Out: <https://www.awayout.co.uk/>

Barnardo's: <https://www.barnardos.org.uk/>

Eva: <https://evawomensaid.org.uk>

Halo Project: <https://www.haloproject.org.uk>

i Executive summary

The Transformation Project is the name for a coordinated multi agency intervention intending to demonstrate best practise and influence local policy in the arena of child sex abuse. It is one of six projects across England and Wales funded by the Home Office between 2020 and 2022 which sought to transform how local services deal with child sex abuse. The Transformation Project consisted of a group of five specialist voluntary sector organisations delivering services to children, young people and parents/carers who have been affected by child sex abuse, training associated professionals, backed up by coordination and evaluation. The organisations' lead officers, together with project coordinator (by the Office of the Police and Crime Commissioner for Cleveland, OPCC) and evaluators, created specialist strategic steering group which met regularly throughout the project period. There was also a reflective practitioner group. The services consisted of **Arch** and **Eva** delivering parent/carer therapeutic group interventions and one-to-one interventions; **A Way Out** providing support to young women in transition from children to adult services; **Barnardo's** providing a youth worker co-located within the police and delivering training on working with boys; and the **Halo Project** providing specialist BME training. There have been approximately 400 project beneficiaries (mostly professionals, but also over 100 young people and almost 30 parent/carers) to date and all projects have been able to continue with interventions post March 2022.

Evaluation Findings

Local and national data indicates a high number of victims/survivors, high levels of under reporting and low detection rates. Child sex abuse in the region is increasing and in 2020/21 there were a total of almost 1000 crimes recorded. Approximately 60% of children experienced sexual abuse in the last 12 months, the remaining crimes happened over a year ago. Approximately 10% of total crimes resulted in a positive outcome, which included a charge or a caution being issued. It is estimated that only one in eight victims/survivors come to the attention of the authorities.

When children who have been abused come to the attention of specialist services, such as safeguarding or the police, they quickly enter into a process of support, investigation and

protection. Although during stakeholder workshops, it was felt that the child is sometimes in danger of losing their voice and position as the process can take over. It was identified that there were inherent weaknesses to a system that could only identify or support less than three percent of victims of child sex abuse, and there may be quick wins in increasing reporting/detection rather than improving the efficacy of a system which caters for the needs of only a small cohort.

There has been strong evidence of effective delivery: the research for this evaluation has demonstrated a number of positive impacts of the services on project beneficiaries, from improving confidence through to reducing trauma. Beneficiaries were highly appreciative of services and reported many benefits to health, well-being and recovery. The services were all new to the region and have demonstrated their value in these three outcome areas. Importantly, services were provided to parents/carers of children who have been abused, recognising their constant presence and therapeutic potential, in an approach which has worked well in other areas.

There has been a considerable demand for training provided through the project: which has led to an increase in expertise of local services and has demonstrated a latent need. This has contributed to increasing capacity of service who work with boys and BME groups and enabling more accessible services.

The Transformation Project has experienced **difficulties in working with senior strategic statutory professionals** on Teesside. This created a major barrier to advancing aims of the project, which was to influence and transform how current child sex abuse is responded to. There can only be any real pathway change and improvements, if there is good engagement with all major strategic partners.

Conclusion

The intervention of the Transformation Project resulted in a two year demonstration project delivered by a selection of voluntary sector specialist services. This has demonstrated good practice in accessing and engaging with victims/survivors and providing effective therapeutic

support. There have been considerable positive recovery impacts associated with the selection of previously untested interventions. The project has also galvanised the group of specialist agencies, with senior representatives involved in strategic planning and project design, communicating with key agencies and using their collective voice effectively to advance a set of common organisational objectives. This has been seen in efforts to share data actively between criminal justice and voluntary sector organisations. In terms of leading to broader system change, over the 24 months there was little evidence of this, principally because of the non-engagement of the local authority children services, essential for this work.

Recommendations

There is a need for a systematic change in how authorities on Teesside ready themselves and respond to child sex abuse. This includes how data is collected, how children are listened to, and reports taken, how support is offered and how support is provided. There is an advantage on Teesside in the form of the expertise which exists in the specialist organisations, several which were involved in this project. The broad recommendation is therefore for a review of current systems with a view toward system change, involving the specialist agencies as leading experts. In relation to other more specific recommendations made by this evaluation, we make the following:

- Maintain and continue strategic group meetings; the stakeholders of the Transformation Project represent the key set of expertise on the side and in the absence of other strategic mechanisms, we recommend that the sexual violence group continues meeting, at least once a quarter.
- Ensure referrals into the SARC are captured as a mandatory tick box for all sexual violence reports on Niche.
- All police officers and trainees receive trauma informed training on an ongoing basis.

Table of Contents

Acknowledgements	1
I Executive Summary	2
1.0 Introduction	6
1.1 Evaluation Methodology	6
2.0 Extent Of Need & Existing Services	7
2.1 Child Sex Abuse On Teesside	7
2.1.1 Underreporting	8
2.1.2 Police Data	10
2.2 Existing Services.....	12
3.0 The Transformation Project.....	14
3.1 Delivery Organisations & Their Services	15
4.0 Outputs, Outcomes & Other Findings	18
4.1 Outputs	18
4.2 Outcomes	21
4.3 Other Findings	23
5.0 What Victims/Survivors Want From Services	34
Box 5.0 What Children Want	35
Box 5.1 What Parents/Carers Want From Services	36
Box 5.2 What Young Women Want From Services.....	37
Box 5.3 What Adult Victims/Survivors Want From Services	38
6.0 Conclusion & Recommendations	39
6.1 Conclusion	39
6.2 Recommendations	40
References	43

1.0 Introduction

The Transformation Project is the name for a coordinated multi agency intervention intending to demonstrate best practise and influence local policy in the arena of child sex abuse. It is one of six projects across England and Wales funded by the Home Office between 2020 and 2022 which seeks to transform how local services deal with child sex abuse. The intervention is being coordinated by the Office of the Police and Crime Commissioner for Cleveland (OPCC) Force Area and being delivered by a partnership of specialist voluntary sector organisations. The origin of the intervention was an existing portfolio held by the OPCC of violence against women and girls initiatives, a coherent strategy and a general failure of current systems set up to address child sex abuse. The objective of the intervention was to transform how local services respond to child sex abuse, explore new operational approaches to respond to different aspects of child sex abuse and share that learning.

An evaluation was commissioned to examine the intervention and the change that has been produced as a result. This report presents the methodology used to conduct the evaluation and produce its findings, including examining the impact of the intervention and the implications for future work in this area. This is then followed by a presentation of the current state of knowledge around prevalence of child sex abuse on Teesside and therefore the extent of need (evidenced by local data, including from Cleveland Police Force). After this, we present a service description, followed by outputs, outcomes and conclusions.

1.1 Evaluation Methodology

The evaluation, carried out by an independent research organisation¹, took an action learning approach (formative) where there was consistent and regular feedback from the researchers into practice/service delivery. The researcher attended all strategic and operational meetings which provided the opportunity for an iterative evaluation process, where impacts can be discussed as delivery occurs. The evaluation also produced a total of four research briefings² over the course of the delivery, intended to inform both the strategic partners and wider

¹ Barefoot Research and Evaluation

² These can be supplied upon request, contact details on the back page.

agencies across the locality. The briefings in turn, highlighted the scale of the problem, existing services and knowledge of those services and early indications of impact from the specialist services. The methodology of the evaluation incorporated a number of qualitative and quantitative techniques and methods, from critical appraisal, facilitated workshop/focus group discussions, questionnaires, individual and collective project data sets interrogation and analysis, and direct service user interviews. The evaluation has used Grounded Theory (Glaser & Strauss, 1967) as an overall guiding approach, which is well suited to complex social situations and interventions. It allows the research to be led by the findings and explore avenues which arise during the evaluation, which may not have been foreseen at the beginning.

A number of victims/survivors that have been engaged with, were enthusiastic about having their voices heard. There were several methods of representation and voice as a means of communicating a message that do not require visible or in person appearance, such as writing or audio recordings. We have found that this has created access for some victims/survivors that may otherwise have not been possible. We have also used micro case studies and verbatim comments to demonstrate victim/survivor characteristics and distribution (see figure 4.2).

2.0 Extent of Need & Existing Services

The section presents the prevalence of child sex abuse on Teesside as a way of demonstrating orders of magnitude and the levels of need that exists in the region.

2.1 Child Sex Abuse on Teesside

This section presents the scale of the problem and the need that exists on Teesside. The data for this section comes from a range of local and national data sets and research documents (see reference list). The Office for National Statistics (ONS) say 'administrative data sources do not represent the full scale of child sex abuse' and the number of child sex offences recorded by the police cannot be used as a measure of prevalence because of so much under

reporting³. However, there are statements that can be backed up by the available data and information, which are:

- Authorities on Teesside are providing support to less than 5% of children who are victims/survivors of abuse.
- Police/courts catch and convict less than 1% of perpetrators of child sex abuse. When people get to court, the Crown Prosecution Service is good at getting convictions; currently four out of five.
- Most children who have been sexually abused do not report it to the police nor is it identified by other organisations. Accordingly, most victims/survivors are unknown to local authorities (education, health, police, etc.) and most perpetrators continue to live within our communities.

Unfortunately, from the data that we have, the North East has the highest rate of child sex abuse in the country, after the North West^{4 5} (according to the number of child sex abuse child protection plans per 10,000 children).

2.1.1 Underreporting

We know from a range of service credible sources that there is considerable under reporting of child sex abuse. The problem is agreeing/identifying an appropriate order of magnitude of under reporting and estimations for this vary, the most comprehensive effort to collate data across agencies was undertaken by the Children's Commissioner for England². From this report, it is estimated that only one in eight victims of CSA comes to the attention of the authorities. Another study found that more than three-quarters of a representative sample of adults reported either never disclosing or delaying their disclosure by more than five years

³<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childabuseandthecriminaljusticesystemenglandandwales/yearendingmarch2019>
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019>

⁴ With the highest number of child protection plans starting, 3 in every 10,000 children in 2017/18.

⁵ Parke & Karsna, 2019.

from the first incident⁶. Even after first disclosure and upon formal interview, around one third of children do not go on formally report child sex abuse (36%)⁷ and drop out.

Common reasons preventing disclosure was embarrassment or humiliation (48%), followed by fear that they would not be believed (38%). However, the longer disclosures are delayed, the longer individuals potentially live with serious negative effects and mental health problems such as depression, anxiety, trauma disorders, and addictions. Without receiving necessary treatment, the likelihood of more victims being targeted by offenders also increases⁸. In other research, it was found that reports of child sex abuse which rely on self-reports, were on average up to 30 times greater than official estimates (based on 217 studies published between 1980 and 2008) such as those based on data from child protection services and the police⁹. Recording is made more difficult, in addition to the multitude of social cultural barriers, because there is no specific offence of child abuse, instead there are a number of sexual violence-related crimes experienced by an individual under 16 years old. This, together with and other research indicates that the high prevalence of delayed, partial, and nondisclosures in childhood indicates a persistent trend toward withholding CSA disclosure¹⁰.

Table 2.0 Prevalence of Child sex Abuse on Teesside, 2019

2019 population estimate	Hartlepool	M'bro	Redcar & Cleveland	Stockton	Teesside
Total population	92,028	140,930	135,177	191,650	559,785
Child population 0-15	17,895	28,003	24,166	37,107	107,171
Adult population	74,133	112,927	111,011	154,543	452,614
Adult survivors ¹¹	4,226	6,437	6,328	8,809	25,799
Child protection plans for victims of abuse ¹¹²	7	11	11	15	45

⁶ Hébert et al, 2009.

⁷ Azzopardi et al, 2019.

⁸Alaggia et al, 2019.

⁹ Jillian et al, 2015.

¹⁰ McElvaney, 2015.

¹¹ Crime Survey of England and Wales, 2019, indicated that In the North East 5.7% of adults have experienced child sex abuse before the age of 16, this rises to 6.7% for adults that live in the most deprived wards.

¹² Parke & Karsna, 2019.

CSA within the BME community is also widely believed to be under-reported; [2, 4] a catalogue of suffering protected by a code of 'honour'. To understand this code, it is important to understand the high value placed on family bonds and a respectable public image. Honourable males are expected to act tough, show strength, and ensure that their families also act with honour. The power of 'honour' in BME communities must not be underestimated. It is valued up and above personal beliefs, ideals and safety. Thus, it is also important to note that any damage to a family's honour, including disclosures that a family member is abusive, brings a great deal of personal and social shame to a person who discloses their victimisation, their family and wider community. [1-5]

Halo Project believes that the police's response to reports of sexual abuse within the BME community is falling short of acceptable standards. It is believed that this inadequate response to victims/survivors of sexual abuse when reporting to the police, results a sense of injustice and a feeling that safety is lacking, leading to levels of reporting that are particularly low. This means that perpetrators within the BME community may be left feeling protected and able to continue perpetrating. ¹³

2.1.2 Police Data

We have been able to use local data provided by Cleveland Police Force from the Police National Computer and data from Office of National Statistics to provide local and regional figures. Cleveland police force data shows the following:

1. Child sex abuse in the region is increasing and in the last year there were a total of almost 1000 crimes recorded.
2. Approximately 60% or about 600 children experienced sexual abuse in the last 12 months, the remaining crimes happened over a year ago.
3. Approximately 10% (~100) of total crimes resulted in a positive outcome, which included a charge, or a caution being issued.

¹³ *Op.Cit.* 2020.

Figure 2.1 Child sex Abuse on Teesside, 2017 to 2021

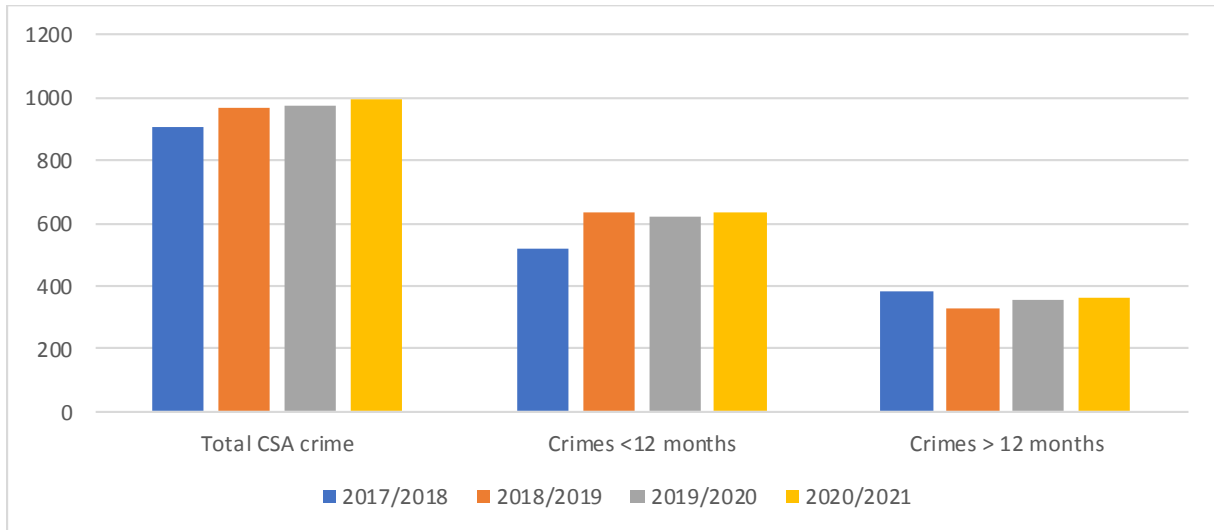
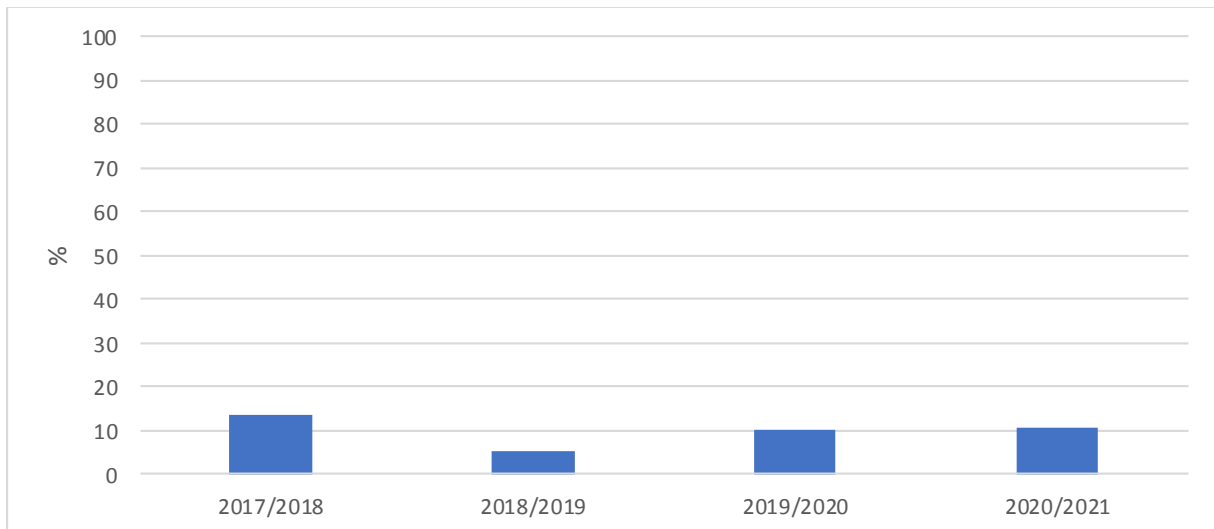


Figure 2.2 Positive Outcomes of Crimes, 20 17 to 2020



Across England and Wales, the Office of National Statistics (ONS) ¹⁴ recently released a special focus on child sex abuse, using the available police and local authority data. From this we can see the following:

¹⁴<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childabuseandthecriminaljusticesystemenglandandwales/yearendingmarch2019>
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019>

- In 2019, **73,260 sexual offences were recorded**¹⁵ in England and Wales by the police where there are data to identify the victim was a child; 34% of these occurred one year or more ago. Half (49%) of child abuse offences recorded by the police do not proceed further through the criminal justice system because of evidential difficulties [73,260x 49% = 35,897]¹⁶.
- **1 in 25 resulted in a charge or summons** [35,897x4%=1436] but of the cases that did lead to a prosecution, 4 in 5 resulted in a conviction [1436x80%=1149]¹⁷. Around half of all cases that do make it to court are discontinued mostly because of insufficient or poor quality evidence¹⁸.

2.2 Existing Services

As part of the Transformation Project intervention, the expert working group supported by an independent facilitator conducted a service mapping and pathway event in February 2021. The results of this are presented in the following figure and includes the Transformation Project services (which do not add to the total discrete delivery agency/services).

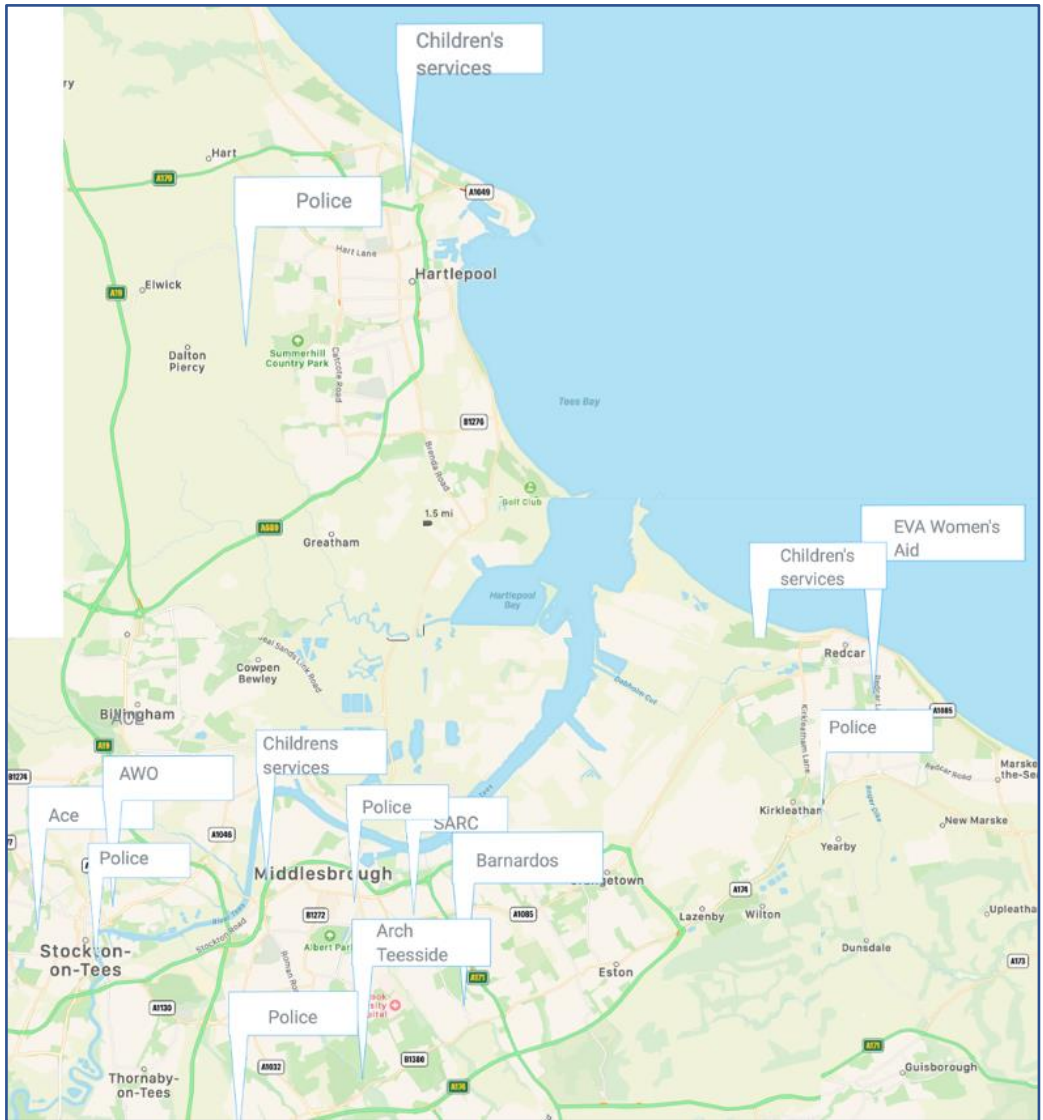
Figure 2.2 Existing Services for Victims/Survivors of Child Sex Abuse on Teesside, 2021/22

¹⁵Op.cit. 2019.

¹⁶Parke & Karsna, 2019.

¹⁷Op.cit. 2019.

¹⁸Op.cit. 2019.



After the mapping exercise, discussions took place on awareness/existence of pathways available to children. There were four separate pathways created for each of the local authorities in Teesside and these are presented in Appendix 1. Teesside has the advantage of having a specialist BME voluntary sector organisation, Halo. These have created a specific referral route for victims/survivors of Female Genital Mutilation (FGM), which has been in existence for over 12 months with a clear safeguarding procedure. Halo with other specialist partners have recently created a specific BME referral pathway.

3.0 The Transformation Project

The Transformation Project consisted of five specialist voluntary sector organisations delivering services to children, young people and parents/carers who have been affected by child sex abuse, training associated professionals, backed up by coordination and evaluation. Each specialist organisation delivered an approach which was not in widespread use in Teesside (following section presents the organisations and what was delivered).

The organisations' lead officers, together with project coordinator and evaluators, created specialist strategic steering group. This met regularly throughout the 24 months and formed an expert strategic working group, guiding and implementing the Transformation Project and developing and feeding into related initiatives, such as assisting with CCG early intervention fund focused on victims/survivors and advising on local data detailed analysis¹⁹.

The project coordinator representing the OPCC, liaised with external stakeholders, such as the local authority and the police, and attended other strategic groupings, such as the strategic Vulnerable, Exploited, Missing and Trafficked Teesside (VEMPT) group. This approach, together with a learning event to be held in May 2022 and the training of two professionals, was used in efforts to transform current systems

The range of Transformation Project services presented in the following section all have a different set of relationships with their service users, which have been demonstrated to be accessible, engaging and positive experiences that aid recovery. This is illustrated by one specialist agency:

We should start from the position that for a victim, the act of coming forward after being abused is in itself a traumatic one. Equally, investigators must recognise or recognise better that the process of participating in any way in the investigation and

¹⁹ These have also been evaluated and copies of the evaluation reports can be provided upon request when they are completed time.

*prosecution of one's own abuse is re-traumatising. That thought should inform every step, decision, and proposal in the investigation of sexual abuse.*²⁰

3.1 Delivery Organisations & Their Services

Teesside is fortunate in having a collection of specialist violence against women and girls voluntary sector organisations. The Transformation Project work with five of these organisations, including the following:

Arch is based in Middlesbrough but deliver services Tees wide, which include:

- ISVAs (Independent Sexual Violence Advisors) – the team cover the four local authority areas and are available for all young people, no age restrictions. Referrals are open to any agency and to self-referrals and people can refer online through their website, online referral form or by contacting the organisation via telephone.
- Adult victim/survivor counselling service for both males and females.
- Children and Young People's counselling service (4-18 year), delivered on a 1-1 basis. Open to referrals from Middlesbrough, Hartlepool, and Stockton. As part of this service Arch offers school-based sessions and play therapy. Play therapists predominately accept referrals through the ISVA service.

For the Transformation Project, Arch has delivered a running programme of parent/carer group for those affected by child sex abuse, known as the Light Project. Participants have also been able to access one-to-one therapeutic support from a support therapist to ease them into the group work and/or deal with any specific issues which they considered to be private and confidential. They developed and delivered the Light Project because it was recognised that providing support to parents/carer is an effective way of addressing the impacts of trauma. Parents/carers tend to be most commonly present and available to support the children, and with the right skills, they can address and process trauma with their children.

²⁰ Halo project & Tees Valley inclusion, 2020.

A Way Out has a base in Stockton-on-Tees and delivers services across Teesside to adults and children at risk of sexual abuse and exploitation. Mostly with charitable trust funding, A Way Out provide a tiered service which covers a life-cycle of need, from child to older adult.

For the Transformation Project, A Way Out has delivered a service specifically focusing on children who have made or making the transition from children to adult services (from 15 to 21 years old). This age group face significant risk of continued exploitation and harm, they may present as highly disruptive individuals who are resistant to any intervention, especially from the police. As a result of these behavioural characteristics, they are often left out of support arrangements available until an individual is 18 years old. The young people without support, are likely to continue to be exploited, with negative outcomes becoming entrenched, such as sex work or substance dependency.

Barnardo's is a complex and tiered national charity delivering a range of services to vulnerable children. Local services include:

- Bridgeway: therapeutic services for child (under 16 years) victims of sexual abuse, or for children who have shown harmful sexual behaviour. Referrals only through social care or GP funding pathway through CCG. Also both educative and therapeutic family work related to need.
- SECOS in Middlesbrough, ACE in Stockton and Hartlepool and CATE in Redcar (and Darlington). These are one-to-one support services for children vulnerable to (sexual) exploitation. Commissioned by individual local authorities, some investing more than others. E.g. Middlesbrough also invests in group and relationship-based therapy and provides specialist input to police operations such as Staysafe.
- Education & Training in areas of expertise across all service delivery including schools and work with boys.

For the Transformation Project, Barnardo's has delivered two services: training to professionals about working with boys; and a youth worker co-located at the police's Complex Exploitation Team intended to engage and support young people who have reported incidents of child sex abuse. Young people were identified from police intelligence, discussed

at an operational intelligence meeting, and when agreed, actioned by Barnardo's. As exploitation cases are inherently complex, with competing and often contradictory testimonies, it is advantageous to the police to have an open communication channel with the victims/perpetrators.

EVA Women's Aid is based in Redcar and Cleveland, providing a range of services for victims/survivors of domestic or sexual violence aged 16 years and over. These include counselling and therapeutic group work for children and adults, delivered by specialist domestic and sexual violence counsellors, and supported housing. They also run a schools education programme, incorporating the delivery of workshops to all secondary schools and education providers in Redcar and Cleveland, intended to build awareness of domestic abuse and sexual violence.

For the Transformation Project, In a similar way to Arch, Eva has delivered a local version of the Light Project to parents/carers affected by child sex abuse. They have also provided group therapy and one-to-one therapeutic support to adults.

Halo provide support to Black and Minoritised women and girls (BME) across Tees Valley, from 16 years old affected by domestic and sexual violence, and crimes that are considered cultural harms. They also provide trauma informed BME sexual abuse advice and training, incorporating forced marriage, Female Genital Mutilation (FGM) and Honour Based Abuse to agencies and professionals, including schools, social care and police.

For the Transformation Project, Halo created and delivered a specialist BME CSA training programme aimed at increasing professionals understanding of the issues and additional barriers and risk to BME victims/survivors of CSA. Halo has also worked with delivery partners and key stakeholders to ensure there is an appropriate referral pathway for BME CSA victims.

Collectively, the range of projects funded through the transformation project demonstrate the breadth, depth, and expertise of voluntary sector specialist delivery. Not only were children provided with direct services through Barnardo's and A Way Out, but also

comprehensive therapeutic approaches from Arch and Eva to working with parents and carers has been delivered.

4.0 Outputs, Outcomes & Other Findings

This section presents the outputs and outcomes attributed to the project and a further set of evaluation findings, which follow the process of delivery.

4.1 Outputs

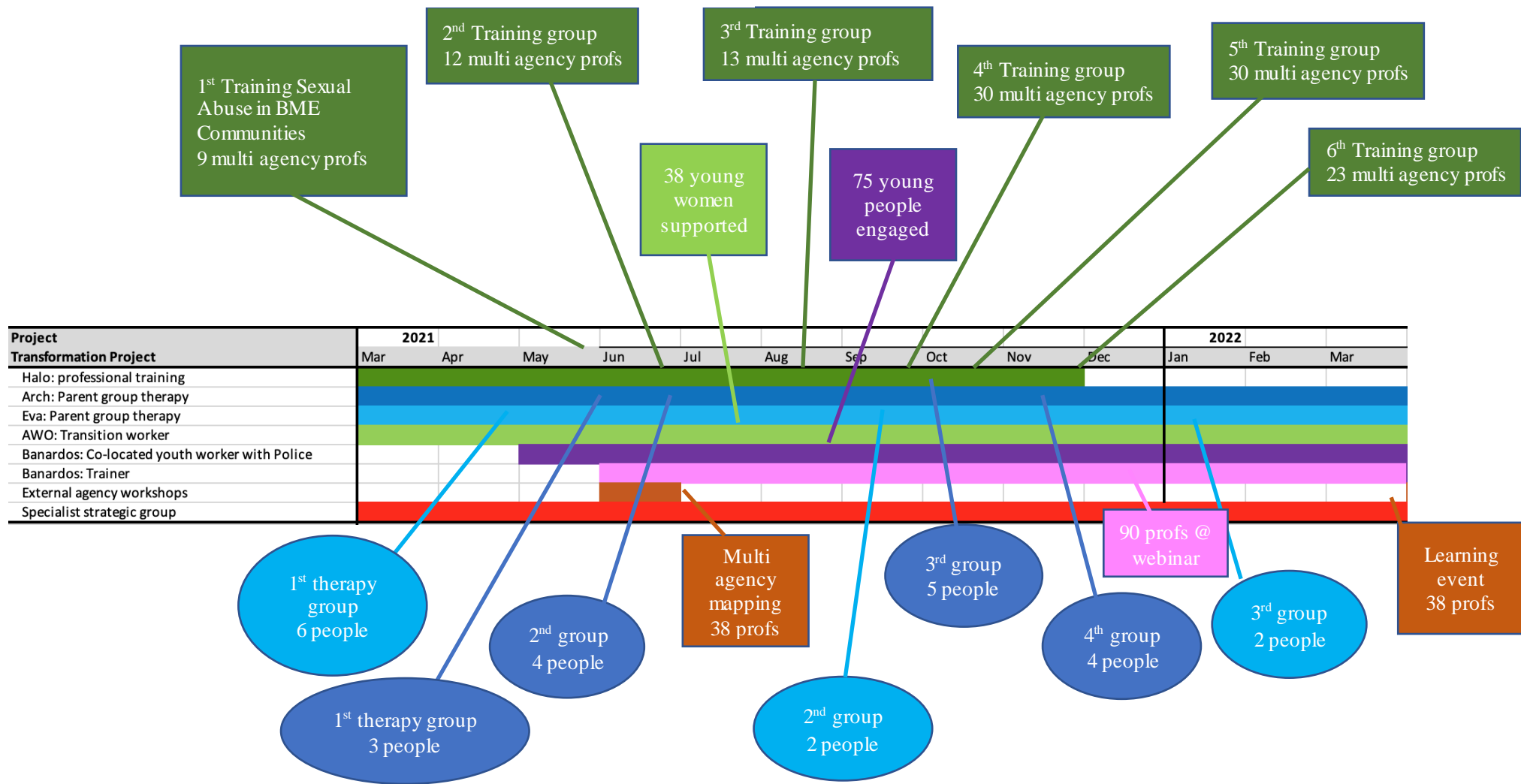
There are three categories of outputs: low numbers associated with parent/carer support, with small numbers necessary to effectively deliver group work therapy; mid level numbers, of support to young women in transition between children and adult services and the Barnardo’s youth worker located at the police’s Complex Exploitation Team; and the training which accessed relatively high numbers of professionals. Project outputs can be grouped into the categories presented in the following table:

Table 4.0 Transformation Project Outputs by Delivery Organisation

Description of Beneficiary Group	Outputs by Delivery Organisation					
	Arch	AWO	Barnardo’s	Eva	Halo	Total
1. Parents/carers of children who have been sexually abused	16	-	-	10	-	26
2. Professionals who may work with sexually abused children	-	-	150	-	117	267
3. Young people who are vulnerable to exploitation	-	-	75	-	-	75
4. Young women in transition to adulthood who have been sexually exploited	-	38	-	-	-	38
Grand total						406

The combination of the individual projects has provided specialist intervention for children and adults who have trauma because of their experience of child sex abuse. This is either through direct provision or other community services.

Figure 4.0 Project Delivery Timeline and Outputs, 2022



4.2 Outcomes

The outcomes of the intervention, are made up of the changes that have occurred as a result of the work. We are particularly interested in those changes which would predominantly not have happened if it were not for the intervention. The research identified the following outcomes:

Creation of an expert strategic group: throughout the project, heads of service have met and discussed all aspects of project delivery and research the implications to policy and practise. This is the first time there has been an expert strategic group which focuses on sexual violence since the Tees Tackling Sexual Violence Implementation/Coordination Group which last met in May 2017. This strategic group was valued by many agencies with a role in addressing sexual violence and it went through various manifestations over the years, from being an operational and a commissioning group at different times. It existed as both an operational and strategic asset allowing for both the sharing of operational intelligence, communication between practitioners, the development of a shared vision and the sharing of best practice. The Transformation Project separated these functions into two groups: a strategic group made up of heads of service existing as a strategy group which met from the start; and an operational group made up of frontline professionals, set up in mid 2021. The latter was intended to be a safe and shared space where encouragement, strength and support can be gained from sharing of delivery experiences with other specialists. Members of the project reported benefits of both groups and felt a deepening of relationships and knowledge; members of the operations group reported benefits of meeting together, sharing experiences and providing the possibility of peer support. There was strong group coordination provided by the OPCC.

Positively impacting on police culture: over the project period there have been occasional reports of inappropriate language, attitudes and behaviour of male police officers. Impacting positively on entrenched cultures is a difficult and long-term project and one which is supported through working closely together. Co-location is often advantageous to those services sharing a physical space because it allows for closer and quicker communication; it also facilitates a sharing of cultures and a physical demonstration of partnership working (you

can walk over to a colleague and speak to face-to-face, make coffee for them and other such work-related ingredients of a developing professional relationship). There is a marked difference in the overriding ethos, approach and culture of the police and Barnardo's which has been a challenge, particularly in relation to language concerning young people at risk of exploitation. Over the project period, there were a number of substantiated reports of inappropriate comments made by investigating officers. One of the specialist delivery agencies raised a complaint about how one young woman was encouraged to return to her abusing parents.

As with it result of co-location, when there were Instances of victim blaming, they were always challenged by Barnardo's and they provided an opportunity/entry point to discuss the power and potential for harm of labels and language. These learning opportunities also increased the knowledge of other police staff who were interested to deepen their understanding in the topic area and subsequently the Barnardo's worker provided members of the Complex Exploitation Team with educational resources and further information. This is an interesting approach to a complex area; how to change a mindset without antagonising those that you are working with.

Further strengthening and developing inter-organisational relationships: stakeholder organisations reported closer working relationships with each other, both on an operational and strategic level, as a result of the project. Other reported benefits included understanding each organisation better, their approach and the services available. Enhanced and regular communication led to the possibilities of developing a shared vision, reducing duplication, allowing for cooperation and presenting a unified voice. This has the potential for both individually and collectively strengthening the organisations as funders are often supportive of collaborative working.

Further strengthening and developing organisational competency and sustainability: the investment in the organisations from the Transformation Project has increased the ability of funded organisations to generate income from direct support and training services. This provides an additional means of access to financial resources, and a positive contribution to

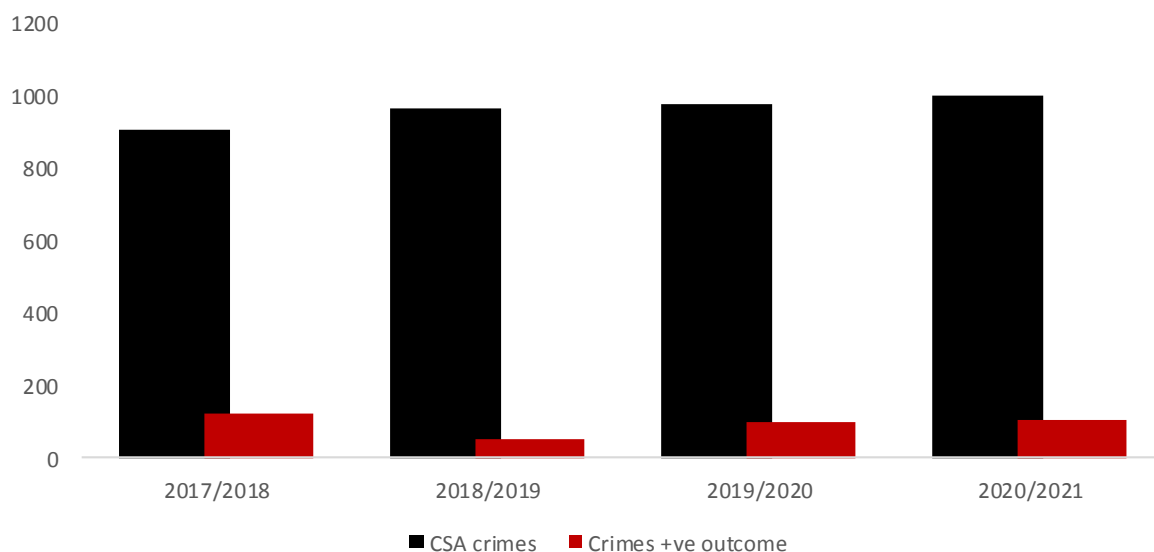
organisational sustainability, as well as improving organisational reputation. A more diverse funding base is an asset to voluntary sector specialist providers.

4.3 Other Findings

This section presents findings of the evaluation which are incremental, and have developed as the project has developed. They exist as learning points or important factors to consider within this thematic work area.

Local and national data indicates a high number of victims/survivors, high levels of under reporting and low detection rates. Child sex abuse in the region is increasing and in 2020/21 there were a total of almost 1000 crimes recorded. Approximately 60% of children experienced sexual abuse in the last 12 months, the remaining crimes happened over a year ago. Approximately 10% of total crimes resulted in a positive outcome, which included a charge or a caution being issued. The following graph displays the number of CSA recorded crimes compared to a positive outcome, between 2017 and 2021.

Figure 4.1 Child Sex Abuse Recorded Crimes Compared to Outcomes, 2017 and 2021.



A similar situation applies to adult victims of sexual violence. In 2020, there were over 1200 reports of rapes and sexual assault offences, with almost half of all victims/survivors withdrawing their report, and the remainder having evidential difficulties which were

dropped either by the police or the Crown Prosecution Service (CPS). Detection rates are very low, ranging from 5% for rapes to 6.6% for sexual assaults.

Good understanding and awareness of services/processes amongst specialist services/children's workforce in key agencies: during the operational workshops, participants were able to map a process from entry point A to exit point X, describe the steps/stages, identify barriers and reflect on the service. As the operational workshop was made up of specialist representatives from NHS, local authority and voluntary sector and police, among others, there unsurprisingly existed a considerable stock of knowledge amongst participants, who were able to identify timescales, stakeholders involved, statutory/mandatory mechanisms and progression routes. The conclusion to this expression of collective expertise, would be that if children who have been abused come to the attention of the specialist services, then they quickly move into a process of support, investigation and protection.

There were areas of stress and weakness in current systems: the main weakness, as reported through participants at a specialist workshop, was the risk of **losing sight of the young person** in the process of reporting the crime and becoming **too focused on the process** instead of the beneficiary. Workshop participants reported that once the young person discloses, there is a risk that they get swept along in procedures and they may get lost in the process, including losing an understanding of what is happening to them. This is reinforced through a legal process which dictates that the victim/survivor must not get instruction on the nature of sexual abuse in case they risk influencing the legal process. This makes understanding more difficult.

It was identified that there were inherent weaknesses to a system that could only identify or support less than three percent of victims of child sex abuse, and there may be quick wins in increasing reporting/detection rather than improving the efficacy of a system which caters for the needs of only a small cohort. Other barriers included: an unequal service across the Tees Valley; cultural barriers to disclosing in BAME victims/survivors (this also relates to all ethnicities including White British); the loss of school nurses representing the disappearance

of an important protective and responsive factor; overlooking the family/carer and their role in the healing and recovery of the child.

Difficulties with strategic integration: the Transformation Project experienced difficulties in working with senior strategic statutory professionals in Teesside. This created a major barrier to advancing aims of the project, which was to influence and transform how current child sex abuse is responded to. There can only be any real pathway change and improvements if there is good engagement with major strategic partners, including the local authority children services and strategic health partners, as well as strategic mechanisms set up to address sexual exploitation such as Local Safeguarding Children's Board Vulnerable, Exploited, Missing and Traffic Strategic Teesside Group. The project period was one of uncertainty and flux caused by COVID-19, accompanied by poor police and local authority inspections. Subsequently certain strategic mechanisms were affected which may have been a factor in the Transformation Project's limited engagement with the current strategic VEMT group.

There has been a strong demand for training provided through the project: which has led to an increase in expertise of local services and has demonstrated a latent need. This has contributed to increasing capacity of service who work with boys and BME groups and enabling more accessible services. There has been positive feedback of the training; with participants reporting an increase in their knowledge and understanding of the barriers which exist, as can be seen in the following box. There were also reports of more accessible services. It was clear that there were knowledge gaps which were effectively filled by specialist training delivery, increasing the confidence of agencies when supporting BME children and boys affected by abuse. Box 4.0 presents the knowledge generated as a result of the BME specialist training provided by Halo.

Box 4.0 Knowledge Before and After Training

In Halo's **pre-training** questionnaires, the participants did report feeling very confident in their knowledge of child sex abuse and exploitation with 73 percent feeling very or extremely confident. However, when asked to rate their confidence in dealing with child sex abuse cases from BME communities, over half of the participants did not feel as confident as they did non BME communities. Almost all of the participants (94 percent) were **not confident in applying**

cultural sensitivity and understanding when supporting BME groups. This is also evident in knowledge and awareness of specific issues such as FGM and Honour-Based abuse.

Post-training saw knowledge increase significantly. Although participant's perceived knowledge of child sex abuse and exploitation was high before the training course, it increased by 20 percent with 94 percent of participants reporting they were very or extremely confident in their knowledge. Moreover, the participants felt their **ability to support victims/survivors from diverse BME backgrounds had increased greatly** with 76 percent feeling confident in their abilities. Furthermore, their ability to use cultural sensitivity and **understanding and their overall confidence** in dealing with child sex abuse and exploitation from BME groups **had increased** to over 70 percent. Similarly, participant knowledge of specific related child sex abuse and exploitation had increased with 47 percent of participants stating that they now knew a lot or a great deal about Honour-Based Abuse and 59 percent believed they knew a lot or a great deal about FGM. Nevertheless, although this shows a significant increase post training, there were still 53 and 41 percent (respectively) who felt they still only knew a moderate amount of information on these areas showing capacity for further training and knowledge acquisition.

Source data: Halo Project Data, 2022.

The examples provided in the following micro case studies demonstrate contemporary and continuing abuse and exploitation of girls and young women on Teesside. A local Transformation Project service encountered young people who continued to be at risk of harm, including those who had been placed back within unsafe home environments, people with serious mental health problems, some of whom who have actively attempted suicide, and increasingly pregnancies and teenage mothers in the caseloads. A number of young people report consistent failures by services which result in continuing risks and vulnerabilities.

Figure 4.2 Micro Case Studies²¹

Janine was sexually abused by her brother and by other men known to her mother as a child. She is 16 years old and for the last 18 months she has been living in Stockton in stable foster placement. Janine now struggles to contain her trauma and experiences panic attacks and dissociation. When these are really bad, she struggles to engage.



Rachel is 16 years old and had been sexually abused by her grandfather. Unfortunately, there were some people in her family who did not believe her, and she felt invalidated and frightened of rejection. She currently lives in Stockton with both parents who do believe and support her.

Siobhan regularly self-harms and attempts suicide. She is 16 years old and lives in Stockton.

She had been sexually abused by her mum's boyfriends and also by someone else she met online. After a breakdown in a previous stable foster home, she had no choice but to return to her mother's address which was considered unsafe.



Jess is 16 years old and has been sexually abused by a number of men both online and off-line. She continues to associate with exploitative men and has recently found out she is pregnant to an abusive ex-partner. Jess used to live with her grandparents although recently this arrangement broke down and she moved into residential care in Stockton.

Gemma is 18 years old and has been sexually exploited by men who she has met online. She has learning difficulties and lives with her mum but their relationship can be strained due to a lack of understanding about trauma and mental health. Gemma struggles to contain her emotions and suffers from suicidal thoughts.



Dionne is 16 years old is from Stockton. She was sexually abused when she was six by an older family member. She was referred because she had again been sexually abused by her recent partner. Dionne struggles with her mental health, she occasionally self-harms and has thoughts of suicide.

²¹ These have all been on the caseload of one of the Transformation Project's specialist services.

Salina is 17 years old and lives in Hartlepool. She was sexually abused by her grandfather when she was a child and now she has been abused again by her now ex-partner. Salina's relationship with her Mother has recently broken down and she feels emotionally unstable, hears voices, experiences flashbacks and self-harms. Salina also misuses substances in order to cope and struggles to distinguish between what is real and what is not.



Becki is 19 years old, lives in Stockton and experiences self blame about the sexual abuse that she experienced as a child. She has an eating disorder, experiences panic attacks and has four different mental health diagnoses. She has just become pregnant.

Suzy is 16 years old, lives in Stockton with her parents and has three different experiences of sexual abuse in her past. She feels that her parents lack awareness and understanding of her needs, and she struggles with flashbacks, thoughts of suicide and is experiencing periods of dissociation. Suzy can have difficulty with relationship boundaries and becomes easily attached to others.



Mica is 19 years old and has a history of sexual exploitation. She has substance misuse/dependency problems, has difficulty regulating her emotions and has attempted suicide on numerous occasions. Before turning 18, she was a concern to the authorities because she regularly went missing and was associating with high-risk males. She was moved out of area to a CSE placement for six months but has continued to be exploited upon return.

Kaylee is 17 years old and was sexually exploited when she was 13 after being removed from her mother's care. She was moved out of Stockton into a specialist CSE provision for three months before returned to foster care. She then experienced a further period of sexual exploitation when she was 16 and was again moved away for a year. Kaylee has made numerous attempts to end her own life and struggles to contain her emotions.



Christy is 15 years old and has been a victim of *revenge porn* over the past year from her ex-partner. She has also been found to be in contact with a much older adult male who is a known sex offender. She has previously been removed from her mother's care due to neglect and domestic abuse.

The following comments come from the young women in the micro case studies about the quality of the service they receive from A Way Out and the reasons why it is effective.

*I genuinely feel when I come into this building **you are here to listen to me**, like really listen to me without making any judgements. I feel like I can bring whatever I want to bring. If I'm down I can come and just be me without having to give you a reason.*

*I've tried pushing you away a few times, but I've realised it's not going to work as **you just keep coming back no matter how difficult I'm being**.*

*You are the only person who has actually cared and who just **lets me talk about whatever I want without judging me**.*

*I had a children's social worker until I was 18. I got loads of support from her and she always made sure I had somewhere to go when my Mum or Dad had kicked me out. **Once I turned 18, I was just left homeless with no support at all. I felt like nobody cared.***

*I really appreciate being able to come here and talk about my problems. Even if I talk about the same thing over and over again, you never get sick of me like my friends and family do. **You just continue to listen and provide support for as long as it takes.***

*I feel like **you have time for me** something that other professionals in my life don't have ... It's just nice to have someone to talk to who gets it.*

It was my fault for going there in the first place and for not trying to stop him.

Strong evidence of effective delivery: each of the specialist agencies collected their own monitoring outcome data, and it is these as well as verbal testimonies, which demonstrate a number of positive impacts of the services on project beneficiaries, from improving confidence through reducing trauma. Beneficiaries were highly appreciative of services and reported many benefits. Parents/caregivers who attended the therapeutic support programmes all reported the **benefits of connecting with other parents/caregivers** in a similar situation, **sharing experiences** and realising they were not alone.

When you rang me and offered me the course I was just so eternally grateful that somebody was there, no matter what that capacity entailed.

In relation to the impact of the therapy on different areas of parents/caregivers lives and their behaviour therein, the valuation has collected data from both Arch and Eva. Figure 4.3a shows the impact across areas such as **coping ability, feelings of optimism and being healthy**; figure 4.3b shows the areas where most change has occurred. As can be seen, the areas which did show positive increments on the Likert scale, include being healthy, followed by a feeling optimistic, **developed positive coping skill, trust and confidence**.

I was very grateful to have been offered anything ... I was in a situation that I didn't know what to do.

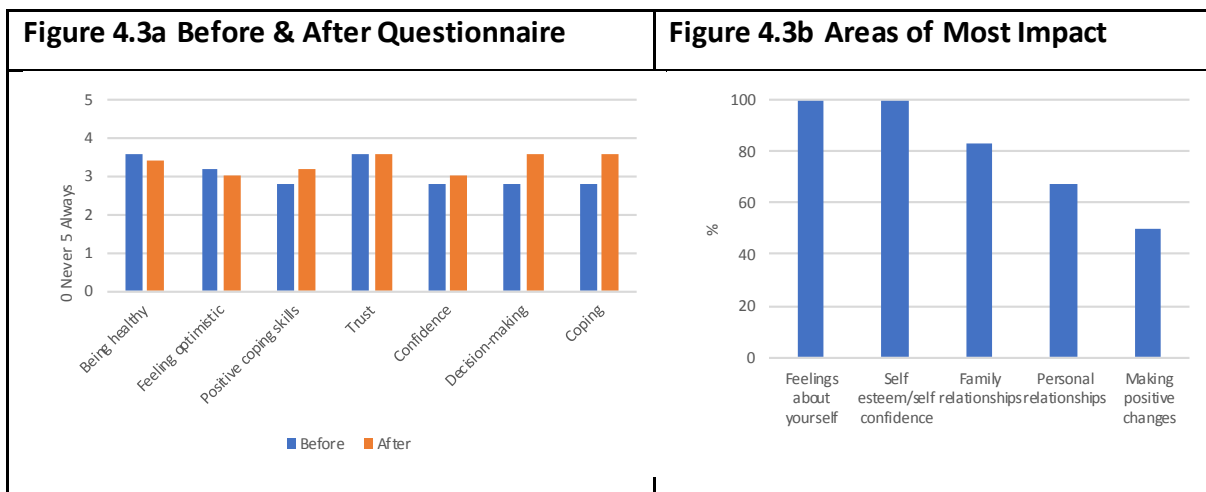
From the narrative reports of beneficiaries, perhaps the most important impact for parents/caregivers was the **opportunity to meet, share and talk with other people who have experienced similar** thing (a post course review, showed that 87% of participants said meeting others was an extremely important to them). As an illustration, beneficiaries reported the following when asked what they valued about the programme:

... knowing I am not alone ... it helped me realise I can talk to people.

... it was caring, easy to understand and I felt able to speak freely.

... Being able to share the pain, to be with people who know what you are going through.

All participants of the programme reported that they **knew more about sexual abuse** after the group, and they all **recommended the programme** to others in a similar situation to themselves.



The Barnardo's and police project²² has seen a total of 75 young people (55 male and 20 female). Most of the cases have been single interventions, with the young person being visited in their home by the Barnardo's worker without the police (following their risk assessment procedure). The majority of the referrals, solely provided by Cleveland police intelligence, were either being exploited, or exploiting others, although not in areas generally associated with child sex abuse. The highest number of incidents relate to antisocial behaviour in local communities and young people who are within the gang which is causing the disturbances; this maybe a ringleader or somebody on the outskirts outside of the main group who may be involved in some form of criminal child exploitation. There were low

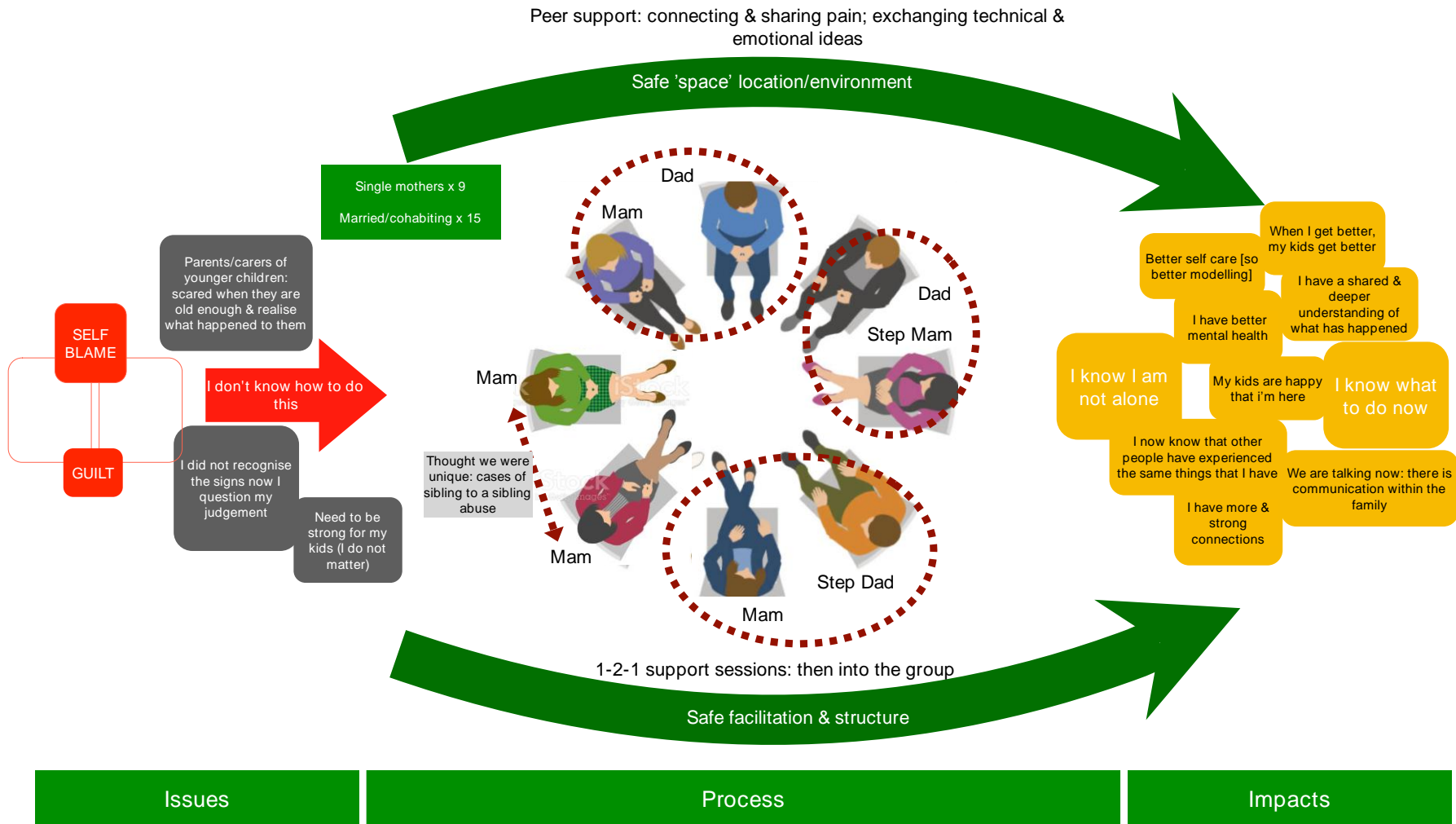
²² This was the subject of a formative research briefing (#4 Early Impacts).

numbers associated with young people experiencing child sex abuse; an explanation may be resourcing and areas of focus, as currently there is an emphasis for the police to address organised criminal exploitation, such as county lines. However, despite the additional resourcing, there has been a low number of county lines referrals. Other impacts of the service have included:

- **Improved intelligence for the police:** as a result of the Barnardo's worker, there has been a better flow of information from the young people, who otherwise would not be seen. This improvement also relates to identifying cases where no further involvement is necessary by the police complex exploitation team, including identifying relevant/non-relevant cases.
- **Saving police time:** the project has freed up both officer and non-officer time allowing deployment across other areas.
- **Improved safeguarding:** young people who are at risk of exploitation were able to see a professional, who provided support and assistance. It is likely that these young people would not have agreed to meet with the police. Seeing a Barnardo's worker gives the young person an opportunity to disclose or seek support, and a knowledge of Barnardo's in the community and it also means that the young people have seen someone instead of no-one. This also applies to their family members, giving them an opportunity to report anything related to the case.
- **Better engagement with young people:** the majority of referrals have agreed to be seen by the Barnardo's worker, although they refused to talk to the police. Even though engagement is brief (just one session), the project feels that some engagement is better than no engagement

As part of the research for the evaluation, we investigated with the four beneficiary stakeholder groups: children; older children/young adults; parents/carers of children who have been abused; and adults who were abused as children; **what they considered to be the most important service elements**. The following section presents these as a set of guides for professionals interested in improving practice.

Figure 4.4 Issues, Processes & Impact of Parent Support



5.0 What Victims/Survivors Want From Services

As part of the research, we asked each of the four stakeholder groups [children; parents/carers of those children; those in transition to adulthood (from approximately 15 years old to 21); and adult victims/survivors] how they would like to be engaged with and what things should be considered when organisations wish to provide better services. This exercise produced four different set of instructions/directions for services who wish to reconfigure what they provide in order to improve services and increase accessibility.

There are several similarities between each service user group's instructions/principles, although we have remained true to beneficiary structure and narrative content.

Box 5.0 What Children Want

1. **We want and need services:** both specialist and universal ones which provide a welcoming space and where we can meet people who understand what we have been through.
2. **Show us you care:** this means having a compassionate attitude and also demonstrating it in other ways, like keeping us informed and noticing and meeting our needs.
3. **We need time:** we can be anxious that we will not be believed or may be rejected/tuned away and trusting professionals, recovering – it all takes time.
4. **Treat us with respect and give us choices:** we think respect is linked to choices, so where possible give us a choice of everyday things, like where to meet, what food and drink and who will be present.
5. **Offer us opportunities:** we are more than victims, with talents and abilities that can be developed. Give us creative ways to develop as people like drama, music and art and poetry.
6. **Give us a voice:** letting others know how we feel can be very therapeutic for us and it is bad for us to feel silenced and invisible. We know that our voice makes changes.
7. **Don't discriminate and think before you speak:** we feel it if there is any discrimination relating to age, gender, sexuality, culture, neighbourhoods where we live even feeling judged for being sexually abused. Be careful how you use language in how you talk and what you write.
8. **Keep to the same person:** it can be traumatic for us to continually have to repeat the same story over and over again to each new person you see and it's difficult to develop trust when you don't see the same person.
9. **Stay hopeful things can change:** it may take a while, but stick with us and keep us hoping and doing.

Box 5.1 What Parents/Carers Want From Services

1. **Recognise and validate us:** our experiences are harrowing and felt across the family, but we feel services rarely recognise this. We need an outlet to share how we are feeling and have our feelings of pain, anger and shame validated.
2. **Communicate with us properly:** if we know what is going on then we can explain to our child what is going on.
3. **Give us facts not opinions:** we are very vulnerable and place a high degree of trust in people we report to. Watch out what you say to us because we will believe it to be true.
4. **Give us tools and confidence:** we want to get it right but we are scared we will say the wrong thing. Do we talk about what happened or will it further traumatise our child? Or if we do not mention it then will the child think we don't care? We need to be able to tackle this, to have the tools and confidence to be able to talk to our child/young person.
5. **Break down taboos about abuse within a family:** we can blame ourselves for not seeing the signs of abuse and we can feel unable to share those feelings. Sharing with others who have been affected enables us to see that we are not alone and that someone else has gone through something similar.
6. **Give us services:** we can feel trapped, powerless and alone, without a clue what to do. Tell us about support that is available to us, so that we can better help our children.

Box 5.2 What Young Women Want From Services

1. **Be clear about everything you do:** what you are offering, what will that consist of, how long that will be for and what happens when it ends.
2. **Be nice in your approaches:** treat young people with respect and dignity, give people enough care and attention for them to form a relationship with you in order for them to tell you what they are feeling/experiencing.
3. **Listen to what the young person is saying to you and be respectful about that:** young people can really tell if you are not properly tuned into what they are saying, because for the most part, that's how adults treat them.
4. **Be age appropriate with the materials that you provide,** such as general information, engaging activities and assessments, e.g. give different options which are not all writing, liven it up, make it more suitable for 14 to 18 year olds.
5. **Make it comfortable** by creating a young person friendly environment, not just a scary waiting room – young people will be nervous as it is, so the environment provides a good opportunity to reduce nervousness by making it appear that the young person is the centre of their attention.
6. **Give us time enough to tell you what we need, and don't rush us:** it may take a little longer to tell you/explain things as this might be the first time the young person has ever tried explaining it.
7. **Make sure you prepare properly,** especially if you are working with groups. A lack of planning and preparation can make situations difficult for young people who may then self exclude. We know young people can become rowdy at times and we try our best, and this can be helped by being prepared.
8. **We like a women-only space** because this makes us feel the safest and most secure and it is the best environment for recovery and healing.

Box 5.3 What Adult Victims/Survivors Want From Services

1. **Believe us and make us feel comfortable:** we are often worried and hyper nervous so you need to make sure we are reassured at the first contact.
2. **Treat us with empathy,** not hard edges: make us feel like you are trying to understand what we're going through.
3. **Do not judge us:** we can already be struggling with shame and stigma enough as it is.
4. **We need support:** reporting is so traumatic, that we need to be helped (or have the opportunity to get support) in order to do that properly.
5. **Communicate with us properly:** we need to know what is going on and when, if not our mental health can get battered again.
6. **Watch what you say:** language is very important and what you say can make us feel worse or so much better. Especially, do not lie; always tell us the truth.
7. **Investigate thoroughly and hold perpetrators accountable:** make sure you do a good job unless you know what you are doing at all times.
8. **Give us confidence:** for example, we need to know that our past history/sexual history, would not be used against us in a public court.

6.0 Conclusion & Recommendations

6.1 Conclusion

There has been a process to the Transformation Project intervention and accompanying research, beginning with an identification of the need to bring change followed by funding. After this, there was an examination of available data incorporating police statistics and qualitative research, which highlighted growing numbers of victims/survivors with high underreporting and few convictions. This data demonstrates the need, and the scale of the need, that exists on Teesside and the barriers that exist which prevent a majority of victims/survivors receiving any level of justice or therapeutic support.

After mapping local services for victims/survivors, consultation with local services, including police, local authority and NHS, showed a good knowledge of services and pathways/referral routes for children. It was however felt that existing processes where arrangements were too process driven and it was easy to lose sight of the child.

The intervention arm of the Transformation Project resulted in a two year demonstration project delivered by a selection of voluntary sector specialist services. This has demonstrated good practice in accessing and engaging with victims/survivors and providing effective therapeutic support. The organisations own monitoring and evaluation procedures, verified by this evaluation, has demonstrated considerable positive recovery impacts associated with the interventions. The project has also galvanised the group of specialist agencies, with senior representatives involved in strategic planning and project design, communicating with key agencies and using their collective voice to more effectively, to advance a set of common organisational objectives. This has been seen in efforts to share data actively between criminal justice and voluntary sector organisations. In terms of leading to broader system change, over the 24 months there was little evidence of this, principally because of the non-engagement of the local authority children services, essential for this work.

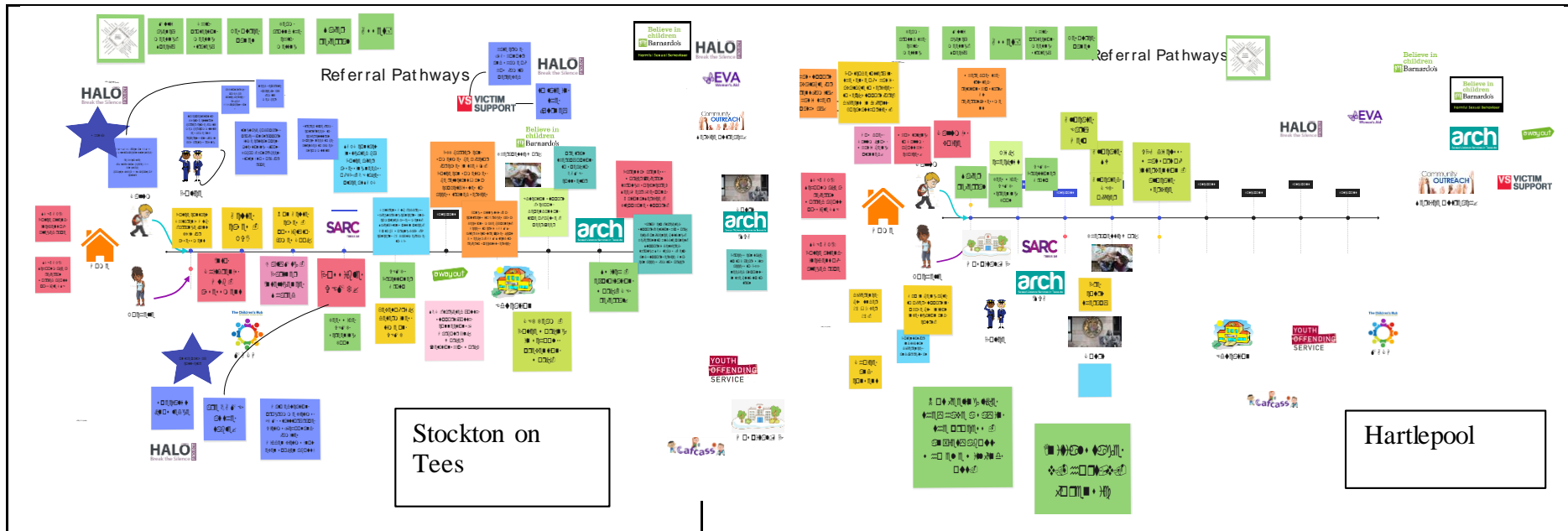
6.2 Recommendations

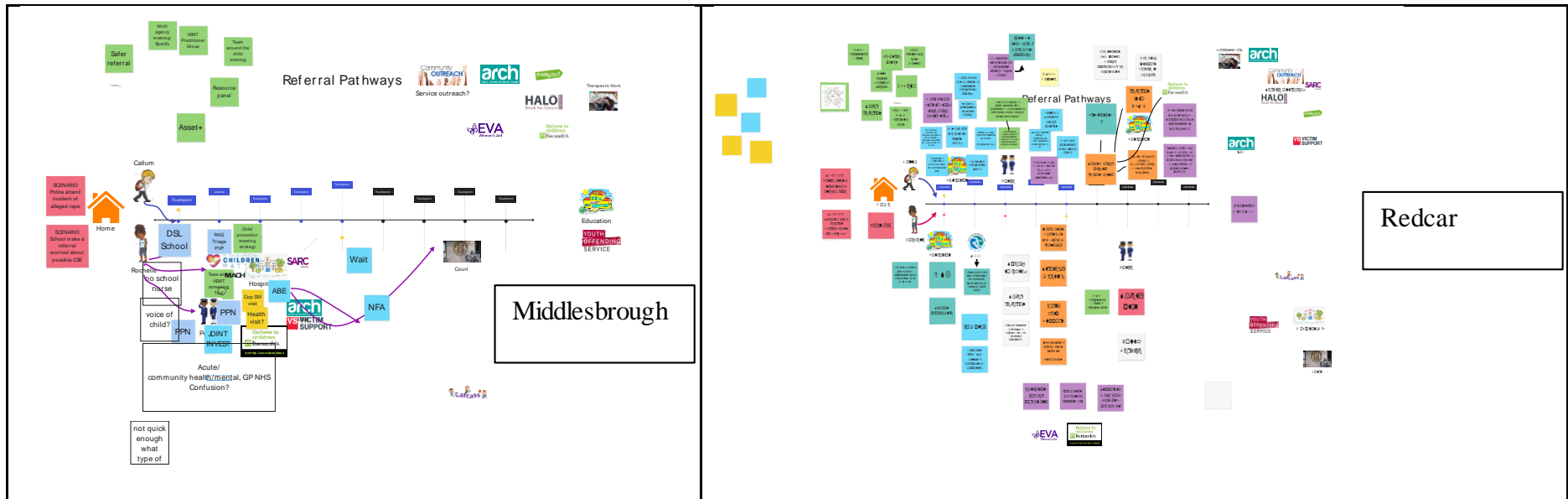
There is a need for a systematic change in how authorities on Teesside ready themselves and respond to child sex abuse. This includes how data is collected, how children are listened to and reports taken, how support is offered and how support is provided. There is an advantage on Teesside in the form of the expertise which exists in the specialist organisations, several which were involved in this project. The broad recommendation is therefore for a review of current systems with a view toward system change, involving the specialist agencies as leading experts.

In relation to other more specific recommendations made by this evaluation, we make the following:

- Maintain and continue strategic group meetings; the stakeholders of the transformation project represent the key set of expertise on the side and in the absence of other strategic mechanisms. We recommend that the sexual violence group continues meeting, at least once a quarter.
- Ensure referrals into the SARC are captured as a mandatory tick box for all sexual violence reports on Niche.
- All police officers and trainees receive trauma informed training on an ongoing basis.

Appendix 1. Referral Pathways For Victims/Survivors Of Child Sex Abuse





References

Alaggia R, Collin-Vézina D, Lateef R. (2019) Facilitators and Barriers to Child sex Abuse (CSA) Disclosures: A Research Update (2000–2016). *Trauma, Violence, & Abuse*. 2019;20(2).

Azzopardi, C., Eirich, R.I, Rash, C.L, MacDonald, S,& Madigan, S. (2019) A Meta-analysis of the Prevalence of Child sex Abuse Disclosure in Forensic Settings. *Child Abuse & Neglect* 93.

Begum, R., Khan, R., Brewer, G., and Hall, B. (2020) “They will keep seeing young women murdered by men. Enough is enough-we have seen too many women lose their lives”.

Glaser, B. G. & Strauss, A. L. 1967. *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine De Gruyter.

Halo project & Tees Valley inclusion. 2020. *Invisible survivors: The long wait for justice, Police response to BME victims of sexual abuse*. Halo project & Tees Valley inclusion. <https://www.gov.uk/government/publications/police-super-complaints-police-response-to-bame-victims-of-sexual-abuse>

Harrison, K., and Gill, A. K. (2017) ‘Breaking Down Barriers: Recommendations for Improving Sexual Abuse Reporting Rates in British South Asian Communities’.

Harrison, K., and Gill, A. K. 2017 *Policing the Culture of Silence*.

Rodger, H., Hurcombe, R., Redmond, T., and George, R. 2020 5 Khan, R. 2018. Lessons for professionals working with victims of ‘honour’ abuse and violence. *Genealogy*. Special Issue: Black, Asian and Minority Ethnic, Children Young People and Their Families in and against the Youth (Criminal) Justice System. Vol 4(3).

Hébert, M., Tourigny, M., Cyr, M., McDuff, P., Joly, J. (2009). Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *Canadian Journal of Psychiatry*, 54, 631–636.

Jillian, B., Cotter, A., Perreault, S. (2014). *Police-reported crime statistics in Canada, 2013* (Catalogue number 85-002-X). Ottawa, ON: Statistics Canada.

Lowe, M. (2018). Male sexual assault survivors: Lessons for UK services. *Journal of Aggression, Conflict and Peace Research*, Vol 10(3).

Lowe, M., and Rogers, P. (2017) The scope of male rape: A selective review of research, policy and practice. *Aggression and violent behavior*, Vol 35.

McElvaney, R. (2015). Disclosure of child sex abuse: Delays, non-disclosure and partial Disclosure. What the research tells us and implications for practice. *Child Abuse Review*, 24, 159–169;

Parke, S. & Karsna, K. 2019. Measuring the scale and changing nature of child sex abuse: Analysis of 2017/18 official and agency data, Centre of expertise on child sex abuse.

Qureshi, K., Charsley, K., and Shaw, A. (2014) Marital instability among British Pakistanis: transnationality, conjugalities and Islam. *Ethnic and Racial Studies*, Vol 37(2).

Rodger, H., Hurcombe, R., Redmond, T., and George, R. (2020) “People don’t talk about it”: Child sex abuse in ethnic minority communities. Executive summary. *Independent Inquiry into Child Sex Abuse*.

Wazaid, A. (2016) Male rape, stereotypes, and unmet needs: Hindering recovery, perpetuating silence. *Violence and Gender*, Vol 3(1).

UNDERSTAND



For more information about the project contact:

Office of the Police and Crime Commissioner for Cleveland

Phone: 01642 301861

Email: pcc@cleveland.pnn.police.uk

Postal Address: c/o St Marks House, St Marks Court, Thornaby,
Stockton-On-Tees, TS17 6QW

The views expressed in this report are those of Dr Christopher Hartworth of Barefoot Research and Evaluation and may not necessarily be those of the Office of the Police and Crime Commissioner for Cleveland and the partnership agencies (A Way Out, Arch, Barnardo's, Eva & Halo). He can be contacted via:

Email: Christopher@barefootresearch.org.uk

Phone: 07813 789529

Twitter: @barefootres

