

Independent Evaluation
Supporting 'Historic'
Victims/Survivors of
Child Sex Exploitation
(CSE) in Leeds, a pilot
project administered by
the Office of the Norfolk
Police & Crime
Commissioner

FINAL DRAFT

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Thanks to Rosie Campbell Former CEO of BASIS Leeds for commissioning the evaluation.

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Executive Summary

This process evaluation is based upon: findings from regular updates with the project lead (every six weeks); quarterly reports from the project lead; attendance at four advisory group meetings over the life of the pilot project July 2015 – June 2016; evaluation research interviews with service users, the project lead and a focus group with the advisory group partners.

Key Messages from the Evaluation.

The evaluation evidences categorically that BASIS Yorkshire has delivered an independent, specialist source of support & advocacy for historic victims/survivors of child abuse, specifically child sexual exploitation, in Leeds.

Child Sexual Exploitation is a form of Child Sexual Abuse. There is a lack of literature on historic child sexual exploitation and this evaluation makes a unique contribution to the literature by highlighting the voices of the women beneficiaries and sharing the outcomes of the BASIS pilot project.

The evaluation research found that the BASIS project has had significant impact on the lives and wellbeing of the women who engaged with the service.

16 women (four more than the stated minimum) engaged with the project and are receiving one to one intensive support through case work. A further 5 women are currently on the waiting list.

28 women received interventions across the year. This includes the sixteen women who were referred for more intensive support. The target was a minimum of 40 brief interventions. However, given the needs of the women who engaged and the resource available, it was agreed by the advisory group that 40 was not a realistic target and would over extend the project worker.

The web site and on line information resource went live in January 2016¹.

The BASIS CSE Historic Advocacy Support Worker has worked closely with a multi-agency advisory group including representatives from the CSE Legacy Team, Operation Applehall West Yorkshire Police, the Women's Counselling and Therapy Service, Children's and Adult Safeguarding services and other third sector partners to support Operation Applehall. The BASIS CSE Historic Advocacy Support Worker is attending the CSE Legacy Team Operation Applehall team meetings bi-monthly, with ongoing communication with the team.

The evaluation report provides:

¹ <http://BASISyorkshire.org.uk/historic-cse/>

- a useful account of the development/trajectory of the service,
- the depth and extent of the support and advocacy provided to historic victims,
- the multi-agency model operationalised,
- the strong partnerships that emerged,
- the experiences and feedback of the women service users and
- the learning by all of the partners, and especially by the project lead.

Findings and Recommendations

The project has exceeded its aims and objectives.

The project successfully offered and delivered:

- Emotional support.
- Referral and advocacy to access a range of services based on service user need and wishes.
- Fast track referrals to a confidential Women’s Counselling and Therapy Service.
- Information about options for reporting to the police and support to report, if women chose to do so.
- A safe space and opportunities for women to tell their stories.
- Advocating for women who want to review previous responses to their exploitation.
- Working with women to produce resources to support adult survivors and young people at risk of, or experiencing CSE.
- The project will continue for a further 12 months with funding from the local PCC.

The service users overwhelmingly rated the service as excellent.

Four of the women who returned comments were asked to rate the project out of ten and all four rated it a ten, as excellent.

Recommendations

1. There is a dearth of research on historic CSE. It is hoped that this report will be published and shared with practitioners, academics and policy makers. It is hoped that BASIS will continue to work with local Universities and the *International Centre: Researching child sexual exploitation, violence and trafficking* at Bedford University

to keep up to date with research in the field and support and contribute to the research literature.

2. The kind of service needed to support historic victims of CSE is long term and needs time, good relationships with partner agencies and resources/funding. The three pronged approach that the BASIS pilot CSE project is taking to the complexity of women's lives and needs is a model of good practice and should be sustained and used in the marketing literature for the service:
 - *work in partnership with other agencies;*
 - *take a tailored approach to women's needs;*
 - *this work takes time- be prepared to work with the complexity involved over a long term period.*
3. Sustain and develop the advisory group. The partnership between BASIS, Women's Counselling and Therapy Service and West Yorkshire Police is an example of good practice.
4. In a landscape of austerity, cuts in resources and wariness about drawing attention to historic sexual abuse, the task of working together to create change and support historic victims is not an easy one; it is important that partnership working is fostered. Sustain and develop the advisory group to include other relevant partners.
5. Continue to network and build relationships with similar services, both regionally and nationally.
6. Utilise women service users' feedback to develop the service. The women service users were very clear in documenting the complexity of their experiences and the distress experienced initially by the police contacting them through Operation Applehall. They made it clear that the holistic/wraparound approach provided by BASIS was very helpful, that it takes time to build trust and that they very much valued the reliable and consistent support from the project lead, police and the BASIS CSE Historic Advocacy Support service.

Based upon the women's feedback and interviews it is recommended that the BASIS CSE Historic Advocacy Support service and partners develop the service as follows:

- Develop a Peer support group, as requested by the women. A Peer Support Group can, in turn, support some of the women to support others in a peer to peer (participatory) format.
- Examine possibilities (and funding routes) for providing support to the children and families of service users.
- Continue to work with and develop partnerships with relevant agencies.
- Consider ways to sustain and develop the BASIS project.
- Continue to develop the online resource.

- Harness the experience and expertise within the project to develop training on historic child sexual exploitation, both in house and for external agencies, across a local, regional and national terrain – the need is there and so is the expertise.
 - Consider how the BASIS CSE Historic Advocacy Support service and partners might foster a culture of greater knowledge and understanding for other statutory and voluntary sector services, to better support historic victims of CSE.
 - Continue to foster the participation and inclusion of survivors of historic sexual exploitation in the BASIS service.
7. There is a need for strategic level discussions with the Community Mental Health team to develop partnership working and invite a representative onto the advisory group. This would help to develop the necessary partnership working with the BASIS service to better support historic victims of CSE.
 8. Develop training for the Advocacy and Support Worker. Given the therapeutic nature (whilst it is clearly not therapy) of the interventions and support offered by the advocacy and support worker documented in this research, it is important that regular supervision takes place, and that a training programme is developed for the worker with input from the Women’s Counselling and Therapy Service.

1. Introduction: BASIS Yorkshire

“Our vision is to empower women who were sexually exploited as young people to have their voices heard and enable them to access a range of support based on individual needs and wishes.” (BASIS Historic CSE Project Mission Statement.)

BASIS Yorkshire, formerly Genesis Leeds, provides safety, information and support to:

- Sexworkers living and/or working in Leeds (female and trans, indoor or on the street)
- Girls and young women experiencing sexual exploitation, those at medium or high risk thereof
- Women in need of support based on their historic experience of CSE².

The charitable organisation was founded in 1989 to support sex workers in Leeds and has grown to include a service to support young women and girls who are being sexually exploited (1997) and a service to support women who have past (historic) experience of child sexual exploitation (2015).

The charity was rebranded BASIS Yorkshire in 2015.

It is understood that BASIS is the only project in Leeds to receive funding from the Home Office in 2015 for supporting ‘historic’ victims/survivors of child sexual exploitation (CSE).

1.1. BASIS Yorkshire: Supporting ‘Historic’ Victims/Survivors of Child Sex Exploitation (CSE) in Leeds (July 2015-June 2016)

In January 2015 BASIS were invited to support West Yorkshire Police, Leeds District, Operation Applehall as an independent third sector specialist support organisation, to provide a non-statutory route for victims who choose to access support.

At the time the organisation were

“severely restricted” in the support they could provide. Prior to the allocation of funding and development of the service BASIS were active in the “coordinated strategic and operational response to CSE in Leeds through the Leeds LSCB sub group” on which they “represent Voluntary Action Leeds the third sector network in Leeds”.

² <http://BASISyorkshire.org.uk/historic-cse/>

Hence, a bid (successful) to the Office of the Police and Crime Commissioner Norfolk³ was motivated by ‘identified need and increased demand within the local and national prioritisation of CSE’.

With no other specialist provision in Leeds and BASIS providing specialist child sexual exploitation work involving preventative work, direct support and advocacy, but unable (due to resources), to work with women beyond the age of 18, unless they had learning difficulties, there was a clear gap waiting to be filled.

The intention of the bid was to not only provide a service but also to

“assess and evaluate what level and type of support is needed going forward, what model best meets needs for historic victims and we would to be able share learning with partners locally and nationally”.

There is no doubt that the funding has enabled BASIS to play a fuller part in the wider support for historic victims of CSE in Leeds and beyond.

1.2. The Pilot Project: *Supporting ‘Historic’ Victims/Survivors of Child Sex Exploitation (CSE) in Leeds*

In July 2015, BASIS Yorkshire attained funding from the Sexual Abuse Fund administered by the Office of the Norfolk Police & Crime Commissioner to work with and support any woman, 18 years or older, living in Leeds who has experienced Child Sexual Exploitation (CSE) as a child or young person.

The funding was to establish and evaluate a specialist support provision comprising information, intensive support, advocacy and fast track access to counselling (from Women’s Counselling and Therapy Service in Leeds) for female historic victims of child sexual exploitation in Leeds, West Yorkshire. This service was offered to women of any age over 18 who had experienced child sexual exploitation and was delivered by a specialist advocacy and support worker.

The *Supporting ‘Historic’ Victims/Survivors of Child Sex Exploitation (CSE) in Leeds* service is located within BASIS and is supported by a multi-agency advisory group. The advisory group is made up of the specialist advocacy and support worker at BASIS who is also the project lead, the CEO for Women’s Counselling & Therapy Service (WCTS) and representatives from the West Yorkshire Police (Operation Applehall and the Leeds CSE Legacy team), Social Care (Social Services) and the Yorkshire ISVA Forum coordinated by WYSVAP (West Yorkshire

³ PCC Norfolk administered the fund for the Home Office.

Sexual Violence Action Partnership). The pilot project (and the process evaluation) ran from July 2015 until June 31st 2016⁴.

1.3. Aims and Objectives

The Supporting 'Historic' Victims/Survivors of Child Sex Exploitation (CSE) in Leeds, pilot service had six main goals:

1. Deliver an independent, specialist source of support & advocacy for historic victims/survivors of child abuse specifically, child sexual exploitation in Leeds.
2. A minimum of 12 women will receive one to one support through intensive case work.
3. A minimum of 40 women will receive information, advocacy and advice via brief interventions.
4. Produce an online information resource for historic victims of CSE in Leeds which will be freely available through our website and partner agency websites.
5. Work with West Yorkshire Police, Leeds City Council Children's and Adult Safeguarding services and other third sector partners to support Operation Applehall
6. Work with Professor Maggie O'Neill⁵, to carry out an evaluation and produce an evaluation report with input from victims/survivors about what worked well and what didn't work well.

To attain the overarching aim outlined in the vision statement,

Our vision is to empower women who were sexually exploited as young people to have their voices heard and enable them to access a range of support based on individual needs and wishes,

the service sought to offer the following to women who engaged:

- Emotional support.
- Referral and advocacy to access a range of services based on service user need and wishes.
- Fast track referrals to a confidential Women's Counselling and Therapy Service.
- Information about options for reporting to the police and provide support to report, if they chose to do so.
- A safe space and opportunities for women to tell their stories.

⁴ Funding has been gained to continue the service for a further twelve months provided by the local Police and Crime Commissioner.

⁵ Professor O'Neill was commissioned by BASIS to undertake the evaluation at Durham University and she took up a post at York University mid-way through the Evaluation process.

- Advocating for women who want to review previous responses to their exploitation.
- Working with women to produce resources to support adult survivors and young people at risk of, or experiencing CSE.

The project was led until May 31st 2016 by the specialist Historic CSE Support & Advocacy Worker, Taylor Austin Little. A new worker was appointed in June 2016.

This evaluation report summarises the process evaluation, undertaken from July 2015 to July 2016, by Professor O'Neill.

2. Methodology: Process Evaluation Framework

The evaluation was conducted using process evaluation. Process evaluation is often used in participatory and participatory action research. Process evaluation captures not just the end impact but the more complex journey and shared learning of the people, programme and outcomes of a project or organisation; in this case the pilot project at BASIS.

The evaluation framework was developed around:

- a) identifying the goals that the pilot project intended to achieve;
- b) conducting the evaluation by:
 - i) taking an independent stance,
 - ii) developing the evaluation instruments and gaining ethics approval from Durham University Department of Applied Social Sciences Ethics Review Board,
 - iii) having regular, 6 weekly, updates with the project lead to include submission of quarterly reports,
 - iv) taking part in the advisory group meetings (4 in total) in order to document progress, learning and shared learning along the way,
 - v) conducting 1-1 interviews with service users and the project lead,
 - vi) conducting a focus group with key partners/advisory group,
 - vii) identifying the strengths and challenges of the programme,
 - viii) identifying the outcomes and what level /model of support /recommendations are required in going forward.

2.1. Ethics.

Process evaluation, like any empirical research process, must have rigorous ethical procedures and practice and the very centre of the work. Ethical approval was gained from the Department of Applied Social Sciences at Durham University.

2.2. Pilot Project Goals and Evaluation Framework

	Deliverable	Evaluation Framework
1	Deliver an independent, specialist source of support & advocacy for historic victims/survivors of child abuse specifically child sexual exploitation in Leeds.	Regular 6x weekly updates from project lead. Quarterly reports submitted to the evaluator and advisory group. Evaluator attended advisory group (4x). Evaluator developed evaluation tools and gained ethics approval. 1 x focus group with key partners. 1-1 interviews with service users. Feedback from service users. Evaluation Report.
2	Minimum of 12 women will receive one to one support through intensive case work.	
3	Minimum of 40 women will receive information, advocacy and advice via brief interventions.	
4	Produce an online information resource for historic victims of CSE in Leeds which will be freely available through our website and partner agency websites.	
5	Work with West Yorkshire Police, Leeds City Council Children's and Adult Safeguarding services and other third sector partners to support Operation Applehall.	
6	Work with Professor Maggie O'Neill to carry out an evaluation and produce an evaluation report with input from victims/survivors about what worked well and what didn't work so well.	

3. Social, Historical and Cultural Context: the available literature

3.1. Research Literature and Definitions

There is no existing published literature on historical CSE and so this literature review draws upon the wider literature on historic CSA and CSA/CSE more generally. This evaluation seeks to contribute to the literature on historic CSE. It is important to point out that while there are likely to be many overlaps in the experience and needs of historic CSE victims and historic 'other' CSA victims, there may be some specific differences given the nature of CSE⁶. At the same time, there is also a dearth of research on historic CSA.

At the time of writing Debra Allnock at the University of Bedfordshire, in a strategic partnership with the National Policing Lead for Child Protection and Abuse Investigation, is currently 'mapping' the on-going research in the area of CSA/CSE in England and Wales. "We're trying to establish the current research and map the gaps to try and reduce duplication and increase the impact of research" (from personal communication with Debra Allnock October 2015). Allnock's draft report, and this is considered a 'live' report subject to change, documents a relatively "small amount of research into child sexual abuse taking place in England and Wales, despite the significant focus of attention on the issue in recent years" (Allnock, unpublished document, from personal communication, June 2016].

Allnock identifies a number of possible reasons for this.

- i) Despite the current high profile of CSA and CSE, there is a relatively low level of research being carried out and austerity may have impacted on the commissioning of research;
- ii) the research is not well publicised;
- iii) potential lack of engagement by CSA/CSE researchers within Allnock's mapping exercise;
- iv) the research field is fragmented and marked by silos, i.e., violence against women and child protection. Allnock mentions that "the University of Huddersfield repository of child protection research has not been updated for over one year" (Allnock, 2016 unpublished document).

Yet, at one and the same time, as we see a dearth in research, the number of reports of CSA to police in England and Wales has risen in 2015 (an 88% rise over the previous year) alongside "the pressure on police to address allegations of historic abuse" (Hill 2015). Allnock and Wager (2016) state that although prevalence rates vary widely the most promising estimate is that 1 in 8 cases of CSA come to the attention of authorities, that the majority of those who experience CSA do not receive the support they need, that "some children and young people may not recognise that what they are experiencing is abusive,

⁶ I am grateful to Debra Allnock for this point.

and therefore may not disclose their abuse right away (Allnock and Miller, 2013:4). Moreover, that the “impacts of abuse may also not be evident until adolescence or adulthood – what Beitchman et al. 1992 (quoted in Allnock and Miller, 2013:4) referred to as ‘sleeper effects’ - and thus may not come to the attention of adults or professionals”.

Allnock and Miller (2013) found that children’s “non-verbal, behavioural and indirect approaches are direct attempts to tell but unfortunately, it seems that adults and professionals too often fail to recognise these strategies.” Allnock and Miller illustrate this point with reference to London et al.’s (2005) review of 11 retrospective studies exploring disclosure rates for CSA, highlighting how infrequently a disclosure leads to an official report - 33% attempted to disclose and 5-13% indicated that the authorities were notified of their abuse. Moreover, that

the average delay between the end of the abuse and the initial disclosure is reported to be between 3 and 18 years, with some survivors not disclosing until mid-to late adulthood (Hébert et al., 2009; Smith et al., 2000). In summary, the reticence or inability of some children to disclose and the failure of many informal or formal recipients of a disclosure to take protective action mean that many child victims enter adulthood with unresolved trauma that may also be compounded by poor responses by professionals to disclosure (Allnock and Miller 2016:4).

In Leeds and West Yorkshire the two police operations dealing with historic sexual abuse are *Operation Polymer*, the historic investigation into 4 children’s homes in Leeds, between 1975 and 1990 and *Operation Applehall*, the Leeds District Investigation into Historic CSE. *Operation Polymer* has run from 2008 until the present day. A number of suspects have been charged with a variety of sexual offences against children, and are currently going through the court process. *Operation Applehall* seeks to identify those that have been historically at risk of CSE or victims of CSE, and have not approached agencies.

Defining Child Sexual Exploitation as a form of Child Sexual Abuse

Child Sexual Abuse (CSA)

CSA involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

(HM Government, 2015⁷)

Child Sexual Exploitation (CSE) is a form of Child Sexual Abuse.

The Department for Children, Schools and Families (DCSF) and Home Office (2009) define CSE⁸ as follows:

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities (DCSF, 2009; p. 9)

West Yorkshire Police and West Yorkshire Police campaign and web resource 'Know the Signs' is supported by Safeguarding Boards across the five districts of West Yorkshire and seeks to raise awareness, educate and open a space for both reporting and preventing child sexual exploitation (CSE). CSE is defined by West Yorkshire Police as:

"Child sexual exploitation (CSE) is a type of child sexual abuse. It is the organised and deliberate exploitation of a child purely for the sexual gratification of adults. Any young person could become a victim of child sexual exploitation; the crime affects both girls and boys, from any background and of any ethnicity".
(<http://www.westyorkshire.police.uk/cse>)

3.2. Historical Context

The History and Policy group⁹ produced a series of short articles between November 2014 and June 2015 funded by an ESRC urgency grant scheme and dealing directly with the broader history of sexual abuse across the twentieth century in order to "provide a fuller

⁷ Definition available at: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/legislation-policy-guidance>

⁸ This report is available here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278849/Safeguarding_Children_and_Young_People_from_Sexual_Exploitation.pdf [Accessed 29 July 2016] The government is soon to release an updated definition.

⁹ The History and Policy Group were founded in 2002 by [Dr Alastair Reid](#), Fellow of Girton College, [Professor Simon Szreter](#), Fellow of St John's College, [Professor Pat Thane](#), Research Professor at King's College London, and [Professor Virginia Berridge](#), Director of the Centre for History in Public Health at the London School of Hygiene and Tropical Medicine in order to "publish high-quality historical research freely accessible online and creates opportunities for historians, policy makers and journalists to connect and learn from each other".
<http://www.historyandpolicy.org/>

understanding of past social, legal and political responses to child sexual abuse in Britain to contextualise public enquiries and contribute to future policy making”¹⁰.

Policy papers by: Bingham and Settle (2015) on the British press coverage of child sexual abuse; Jackson (2015) on the prosecution and prevalence of child sexual abuse in England and Wales between 1918 and 1970 and Delap (2015) on child welfare, child protection and sexual abuse, help to set the scene for the current public enquiry into historic sexual abuse; but more than this they provide a cultural, social and political context for the work of the enquiry as well as the wider context to the work of *BASIS Supporting ‘Historic’ Victims/Survivors of Child Sex Exploitation (CSE)*.

The History and Policy group project focused upon the years 1918 to 1990. They scrutinised the criminal justice statistics, searched national and local news media, examined the shifting viewpoints of relevant professionals and mapped the organisations campaigning or commenting upon issues relating to children and sexuality.

This historical analysis undertaken by the group finds that whilst child sexual abuse is considered one of the most serious offences in Britain since the 19th century, comparatively few cases came to court or were successfully convicted up to 1990. In fact “the criminal justice system was unable to cope with or respond adequately to the reporting of child sexual abuse” (Jackson 2015:1). Indeed, “across the twentieth century criminal justice failed to deliver justice to children and young people” (Jackson 2015:11).

Key themes in the work of the group include: under reporting, legislation that “reflected Victorian moral values was adapted inadequately to deal with offences against children” (Jackson 2015:11) and slow, piecemeal changes alongside reluctance to address CSA as the norm.

For example, until 2003 the charge of rape was a “narrowly defined offence involving non-consensual vaginal penetration that could only be committed by a male on a female.” Sexual acts between males were criminalised until 1967, when consensual sex by those over 21 years in private was de-criminalised. The Indecency against Children Act of 1960 protected children (gender neutral) under the age of 14 but not those aged 14-16. So a young woman aged 14-16 sexually exploited in prostitution could be prosecuted for prostitution offences until the 2003 Sexual Offences Act (O’Neill 1999, Brown and Barrett 2002). O’Neill’s (1999) literature review of research on research offences of sexual exploitation (Appendix D3) for the 2003 Sex Offences Act raises anomalies around the criminalisation of girls 14-16 for prostitution offences (even though she could not give lawful consent to sexual intercourse) and the gender disparity in the law. The 2003 Sexual Offences Act introduced new offences of commercial sexual exploitation, facilitating the commercial sexual exploitation of a child and controlling the activities of a child involved in prostitution or pornography.

¹⁰ From the opening statement of the History and Policy Group web pages on Historic Sexual Abuse. <http://www.historyandpolicy.org/projects/project/historical-child-sex-abuse> [Accessed 29th July 2016].

As Jackson states, in 2003 “the child was placed at the centre of legislation and the category of ‘abuse of trust’ was created” (Jackson 2015:11).

In relation to media and press coverage, from W.T.Stead’s *Maiden Tribute of Babylon*, July 1885 until the current day, the group found, with the exception of Andrew Norfolk’s investigate coverage of child abuse in Rotherham, that “serious investigative journalism has been rare” with recycling of stereotypes and no take up of opportunities to expose Saville and Cyril Smith (Bingham and Settle 2015: 8). They suggest that preserving access to politicians and celebrities was the norm for journalists and they call for “a more self-reflective and historically aware culture” in the mainstream media.

There is a long history of work by the NSPCC, Barnardos and academics, researchers and practitioners on the sexual exploitation of children and young people, much of this is in the ‘silo’ of literature related to the what was known as ‘juvenile prostitution’ and ‘routes into prostitution,’ now defined as ‘child sexual exploitation’ (Lee and O’Brien 1995, O’Neill et al 1995, O’Neill 2001, Melrose et al 1999, Brown and Barret 2002, Pearce et al 2002, Campbell and O’Neill 2004, Voices Heard 2007, Sanders et al 2009, Pearce et al 2003, Coy 2007). This literature documents a range of ‘risks’ and ‘vulnerabilities’ linked to selling or swapping sex and supports harm minimisation approaches to prevent the sexual exploitation of young people.

Additionally, this research literature shows that what we now define as ‘child sexual exploitation’ happens within the context of complex lived relations and that young people might experience a number of factors that make them vulnerable to exploitation. For example, homelessness, substance misuse, being in local authority care, depression, running away, peer networks and pressures, involvement with older males, debt, poverty, coercion and sexual abuse. These experiences also exacerbate social stigma, social exclusion, psychological and social alienation.

The work of Barnardos (see Shepherd 2016), Victim Support, the National Working group for sexually exploited children and young people (NWG) *a support group for individuals and service providers who are at risk or experiencing sexual exploitation*, the National Action Plan on CSE (2011), the Jay report on Rotherham (2013) and the Office of the Children’s Commission reports (2013) on Sexual Exploitation all combine to think through, address and intervene in the lives of young people. Recommendations seek to protect, minimise risk and prevent harm of child sexual abuse and child sexual exploitation as a form of child sexual abuse.

Delap’s historical analysis of CSA (2015:7) highlights inadequate responses from welfare workers to child sexual abuse that included “removing children from contact with trusted adults”, ‘rescue’ that “may have made children less able to disclose, or vulnerable to further abuse in institutional care” and ultimately a “lack of joined up thinking and few agreed procedure across different branches of social work, the police and the medical profession.”

Importantly, Delap concludes that whilst today sexual abuse and exploitation are better recognised and dealt with via criminal justice “traditions of moral judgement persist in welfare practice as the recent “sexual exploitation of children in Rotherham shows,” children were stigmatised by social workers and the police as ‘out of control’, ‘streetwise’ and akin to prostitutes”(Delap 2015:7).

This ‘moral’ judgement was also described by two of the women service users of the BASIS project. They felt judged and stigmatised by police and carers as ‘out of control’ when they attempted to disclose their experiences of abuse to these agencies.

Taken together, the historical analysis from the history and policy group documented above, and what we know from the available literature on child sexual abuse and child sexual exploitation, can be combined with the knowledge gained from the various police operations (i.e., Yewtree and Pallial) to provide a robust context for research on historic sexual exploitation as a form of sexual abuse.

3.3. Police Operations: Pallial, Yewtree and Hydrant

Operation Pallial¹¹ *Learning the lessons: Operation Pallial (2014)* was set up In November 2012, as an independent investigation to examine specific allegations of historic child abuse in North Wales. *Learning the lessons: Operation Pallial (2014)* documents that children and young people “couldn’t speak out when they were being abused because they were scared and fearful, or too ashamed to speak to their family at the time. One survivor spoke of the way children “are encouraged not to tell”¹².

¹¹ ‘On 2 November 2012, the BBC’s current affairs programme News night broadcast an interview with Mr Steven Messham, which included allegations made by him that he was abused as a child whilst in the North Wales case system and that the Waterhouse Enquiry had failed to uncover the full extent of abuse in the 1970s and 1980s. Following the broadcast of his interview and the ensuing intense public interest, North Wales Police, the NSPCC, the Children’s Commissioner for Wales, NHS, the Child Exploitation and Online Protection Centre (CEOP) and other public and voluntary services began to receive multiple complaints of child abuse that took place previously in the north Wales care system’.

‘Operation Pallial’s Terms of Reference were as follows:

Phase 1: Examine specific, recent allegations made in relation to historic abuse in care in north Wales: i. Assess any information recently received in relation to abuse allegations ii. Review the historic police investigations into such matters iii. In light of the above, to provide the Chief Constable of North Wales Police, copied to the Home Secretary, an initial report, by end of April 2013, identifying and making recommendations for consequential action and further directions to deliver the terms of reference.

Phase 2: If the need is identified, investigate those allegations and where necessary take appropriate action’ [add source].

¹² This raises the need to make sure that independent professional advocates are made known to and are available to talk to children and young people in care today (see ‘Missing Voices’ reports by the Children’s Commissioner for Wales on www.childcomwales.org.uk).

However, when children and young people did speak out “to a professional or care worker they were ignored or no action was taken.” The report states that with hindsight “those survivors recognise that the culture of the institution probably prevented people from doing the right thing,” and that the need to “achieve a more positive culture of listening and acting on concerns” is absolutely vital. The *‘Missing Voices’ reports by the Children’s Commissioner for Wales* suggests that “independent professional advocates are made known and are available to talk to children and young people in care today” (see www.childcomwales.org.uk).

The case of celebrity Jimmy Saville and Operation Yewtree puts these findings into high relief. As Gray and Watt¹³ (2013) document in *Giving Victims a Voice an analysis of Operation Yew Tree* “the most important learning from this appalling case is in relation to the children and adults who spoke out about Jimmy Savile, at the time, too often, they were not taken seriously.”

Would they actually have believed me (2013) a report by the NSPCC states that a range of factors for participants came together to make reporting their abuse at the time feel impossible. Young people document their perceptions about the likely Police response, their family circumstances, their understanding of what had happened to them, and societal messages or values about sexual abuse, such as the stigma associated with being a victim and the tendency to ‘blame the victim’ making it incredibly scary to disclose. Fears about the court process contribute for many. Moreover “the intensity and longevity of the media coverage had detrimental effects on many victims, and they would like this to be considered in any future investigations.”

The report also documents important suggestions for working with survivors such as: listening; “providing a choice in where and when they were spoken to; reassuring a victim that they themselves are not being investigated; and providing a cup of tea/offering a drink to a victim who is finding the process of making a statement to be incredibly daunting.” Creating “environments in which they were able to discuss and debate developments and changes, as well as seek support and comfort from each other. The vast majority of participants felt that such groups would benefit victims in any major inquiries” (p 20-22).

Policing historic sexual abuse was given further support with the launch of Operation Hydrant¹⁴ in June 2014. This operation aims to help police forces reduce duplication by identifying where different forces are investigating the same person or institution. It focuses on cases where the alleged perpetrator is someone of public prominence, for example an MP or a celebrity.

¹³ Detective Superintendent David Gray MPS Paedophile Unit and Peter Watt Director of Child Protection Advice & Awareness NSPCC

¹⁴ <http://www.npcc.police.uk/FreedomofInformation/OperationHydrant/About.aspx> [Accessed 29th July 2016).

3.4. The Independent Inquiry into Child Sexual Abuse and The Truth project

The broader context to the work of the BASIS pilot project is *The Independent Inquiry into Child Sexual Abuse 2015 led by Hon.Dame Lowell Goddard*. The Home Secretary established a statutory inquiry with the remit of conducting a national review of the extent to which institutions in England and Wales have exercised their duty of care to protect children from sexual abuse¹⁵

The work of the inquiry is taking place across 6 work streams: local authority, criminal justice, law enforcement, education/religion, national and private sector organisations and abuses by figures of public prominence. It is estimated that the enquiry will run for five years or longer, but the response may necessitate that it runs for even longer. The enquiry also looks at what changes are necessary to prevent sexual abuse of children and young people and provide support to survivors via sharing their experiences.

When I first reported it I was in a care home, this person was suspended and they moved me to another care home. Then they brought him back into work. I saw him when I was fifteen and that was the first time I realised he was back working in the same place. I said, ‘How can you allow that person to work here? How can you allow that person back?’ (Lisa).

The Truth Project is one element of the enquiry and wants to hear directly from survivors. A call for evidence has been issued to anyone who:

- was sexually abused as a child in an institutional setting, such as a care home, a school or a religious, community or state organisation,
- first came into contact with their abuser in an institutional setting,
- was sexually abused as a child and reported their sexual abuse to a person in authority, such a police officer or a teacher, and the report was ignored or not properly acted upon.

“ChildLine reported in 2015 that over the year they had seen a 124% increase in the number of sexual abuse referrals.¹⁶”

3.5. Literature on Violence and Abuse experienced by women and girls

¹⁵ <https://www.iicsa.org.uk/> [Accessed 29th July 2016].

¹⁶ http://www.cypnow.co.uk/digital_assets/919/ChildLine-annual-review_FINAL_2015-09-04_HB-copy.pdf [Accessed 29th July 2016].

The extent of violence and abuse experienced by women and girls was the subject of research commissioned by *Agenda*, the alliance for women and girls at risk. Scott and McManus (2016:3) were asked to analyse and report on “the lives and life chances of women and girls who have experienced extensive violence and abuse”¹⁷. They found that there “are two groups of people who have experienced the most extensive violence and abuse. One group is made up of those who have been sexually and physically abused both as children and as adults; the other is those who have suffered extensive physical violence and coercive control by a partner.

At least 80% of both of these groups are women” who experience “multiple difficulties in their lives”.

Women who experience the most extensive abuse and violence (both as children and adults) are more likely to face other adverse circumstances in their lives such as poor mental and physical health, disability, and substance misuse, poverty, debt, poor housing, and homelessness (Scott and McManus (2016:3).

Given their experiences of violence and abuse this group are more likely to require specialist services which provide holistic support, including the opportunity to address the trauma of violent and abusive experiences. The authors caution against ‘Gender neutral’ services because they “often fail to respond to the different experiences of violence, abuse and other disadvantages in the lives of women and men” (Ibid) and hence are less likely to meet their needs.

As advocated by *Operation Pallial* and the *Missing Voices* report, Scott and McManus (2016:9) call for “‘routine enquiry’ (asking women whether they have experienced violence and abuse)” as “standard practice across a whole range of services.. accompanied by *proper support* for those women who disclose past or present experiences of abuse.”

3.6. What should ‘proper support’ for victims look like?

A key question to ask, given the messages from the literature documented above is: what does ‘proper support’ look like and how is it constituted and funded?

The implications of Scott and McManus’s (2016:9) findings for policy makers include:

women with extensive experience of violence and abuse in their lives should constitute a priority group across many different areas of policy and service delivery.

Central and local government must make sure such services are adequately funded and properly commissioned.

¹⁷ Based on data from the Adult Psychiatric Morbidity Survey (APMS)¹, it provides new and important insights into the lives and life chances of women and girls who have experienced extensive violence and abuse.

Greater priority must be given to commissioning gender specific services and to ensuring that public services which women come into contact with are gender responsive.

Ongoing training for staff in public services “supported by a culture that encourages and enables them to work with women at risk in ways that are helpful and empowering”.

Sneddon, Wager & Allnock’s report (2016) *Responding sensitively to victims of child sexual abuse* should be compulsory reading for all agencies involved in supporting and working with victims of CSA including CSE as a form of CSA. The authors are absolutely clear **that survivors benefit most when they participate actively in treatment and have control over decisions that affect them.**

What is common across all of the research and reports, although not always stated, is the perceived and actual vulnerability of the children and young people who are victims. However caution should be exercised when labelling people as ‘vulnerable’ as Kate Brown’s (2015) work shows. Brown argues that the concept can work to marginalise further those so labelled.¹⁸

3.7. Summary of the literature review

This brief analysis of the available literature has shown that the literature on historic CSE is a major gap that it intersects with the literature on childhood sexual exploitation (CSE) as a form of child sexual abuse (CSA) as well as the literature on violence and abuse towards women and girls. Given the work of the public inquiry, the various police operations and the work funded by the Home Office through the Police and Crime Commissioners office such as *Supporting ‘Historic’ Victims/Survivors of Child Sex Exploitation (CSE) in Leeds*, research in this area is likely to grow.

What is also growing and has been described as the ‘Yewtree effect’ is the number of reports of CSA to police in England and Wales – an 88% rise over the previous year in 2015 according to Hill (2015) alongside “the pressure on police to address allegations of historic abuse.” Allnock and Wager (2016: 9) quote from the HMIC inspection report (2013) relating to Jimmy Savile and show an increase in reporting of historical abuse of over 100% following the establishment of Operation Yewtree. “Recent data from forces and voluntary organisations demonstrate that there is a pronounced ‘Yewtree Effect’”

¹⁸ For more information on vulnerability in the lives of young people see Kate Brown’s work, “how ideas about vulnerability shape the ways in which we manage and classify people, justify state intervention in citizens’ lives, allocate resources in society and define our social obligations” (2013) and *Vulnerability and Young People: Care and Social Control in Policy and Practice* (2015) .

In Leeds and indeed Yorkshire the two police operations dealing with historic sexual abuse have been defined above as: *Operation Polymer* which is an ongoing investigation into physical and sexual abuse at children's homes in Leeds in the 1960s, 1970s and 1980s; and *Operation Applehall*.

West Yorkshire Police campaign and web resource 'Know the Signs' is supported by Safeguarding Boards across the five districts of West Yorkshire and seeks to raise awareness, educate and open a space for both reporting and preventing child sexual exploitation (CSE).

Child sexual exploitation (CSE) is a type of child sexual abuse. It is the organised and deliberate exploitation of a child purely for the sexual gratification of adults. Any young person could become a victim of child sexual exploitation; the crime affects both girls and boys, from any background and of any ethnicity.

(<http://www.westyorkshire.police.uk/cse>)

In summary, this section of the evaluation report has documented some key themes from literature, research and reports that form an important context to the BASIS specialist support & advocacy service for historic victims/survivors of child abuse, specifically child sexual exploitation in Leeds.

What I would like to take forward from this review of the literature into the discussion of the evaluation findings is the need to consider the gaps around:

- What does 'proper support' for victims of historic CSE look like? Importantly, how might this be resourced?
- How might we foster a culture of greater knowledge and understanding in statutory and voluntary services, to better support historic victims of CSE?
- How might we foster:
 - participation for survivors 'in treatment and have control over decisions that affect them;'
 - a broader culture of care,
 - listening and recognition of children and young people's voices,
 - spaces for healing and change.

4. Evaluation Objectives & Findings

This section focuses upon evaluating the key objectives.

4.1. Objective 1. Did the project deliver an independent, specialist source of support & advocacy for historic victims/survivors of child abuse specifically child sexual exploitation in Leeds?

The service was established in July 2015 and **the evaluation evidence shows categorically that it has delivered an independent, specialist source of support & advocacy for historic victims/survivors of child abuse specifically child sexual exploitation in Leeds.**

Initial referrals were from West Yorkshire Police (Operation Applehall) and support, advocacy and counselling were undertaken with women service users and fine-tuned over the course of the first ten months. The service is now embedded in the work of BASIS and also in the partnership working between BASIS, West Yorkshire Police and the Women's Counselling and Therapy Service.

As described in the Introduction to this report, the specialist support for women in Leeds age 18+ who have been victims of CSE is offered through various methods:

telephone or online information/support (i.e., brief interventions), one to one intensive counselling, case work and referral, peer support, advocacy and support to access a range of health, social care services, in response to client identified need, drawing on a network or established partner agencies and referral pathways.

Working within a multiagency model that is linked to Children's Services CSE hub and adult social care, West Yorkshire Police, Operation Applehall, Women's Counselling & Therapy Service (WCTS) and West Yorkshire ISVA forum, the specialist advocacy and support worker at BASIS aimed to provide the following.

Support tailored to the needs of each person including for example: counselling; interventions to build self-esteem/confidence; safety information/advice; help to access training/volunteering/education; life skills; support through the criminal justice system and referral to and active support to access a wide range of agencies relevant to each woman's needs, e.g. victim support and sexual violence services; Leeds community Health primary care, mental health and counselling services; Leeds integrated sexual health service (PASH); Leeds drug and Alcohol service; criminal justice; domestic abuse services and training/employment services.

Taylor Austin Little was appointed to the role of specialist CSE historic victims support and advocacy worker at BASIS.

The worker was to receive ISVA training if not already trained. The worker appointed was already a fully trained ISVA, hence this was fulfilled.

Ultimately the aim of the pilot project is to improve the health/wellbeing, safety and life chances of the beneficiaries. Whilst this is understandably a long term process and not something that can be achieved in one year **the BASIS project has made significant 'reported' impact on the lives and wellbeing of the women who engaged.**

4.2.Objective 2. A minimum of 12 women will receive one to one support through intensive case work.

16 women have engaged with the project and are receiving one to one intensive support through 1-1 case work. (A further 5 are currently on waiting list).

4.3 Objective 3. A minimum of 40 women will receive information, advocacy and advice via brief interventions.

28 women received interventions across the year. This includes the sixteen women who were referred for more intensive support.

4.4 Objective 4. Produce an online information resource for historic victims of CSE in Leeds which will be freely available through the website and partner agency websites.

The web site and on line information resource went live in January 2016. Due to concern about resource availability and uncertainty about the future funding it was decided to postpone further advertising and marketing of the service. This will now be revisited given that the project has secured further funding for the next twelve months.

Life story research is currently ongoing with the BASIS Lioness project, conducted by Dr Kate Brown from the University of York and Chair of BASIS. Some of the life story work is with victims of historic sexual exploitation and will go on line (as appropriate) to add to the web based resource, knowledge and understanding.

4.5 Objective 5. Work with West Yorkshire Police, Leeds City Council Children's and Adult Safeguarding services and other third sector partners to support Operation Applehall.

BASIS CSE Historic Advocacy Support Worker has worked closely with the CSE Legacy Team on Applehall and is attending team meetings bi-monthly with ongoing communication. BASIS has strong links strategically with the Senior Officer responsible for the Safeguarding Unit of which the legacy team is a part (Taylor Austin Little from the end of year report to funders).

The partnership work, evidenced over the time of the project, is worth reinforcing here. The strongest working relationship was observed between BASIS, West Yorkshire Police and

Women's Counselling and Therapy Service with supportive relations also with Social Care and Domestic Violence services.

The project has not only met but has exceeded its aims and objectives.

The evaluation research data that is summarised in the next section evidences:

- i) the development/trajectory of the service;
- ii) the depth and extent of the support and advocacy offered;
- iii) the multi-agency model and the strong partnerships that emerged between agencies;
- iv) the experiences and feedback of the women service users and
- v) the learning by all the partners, especially by the project lead.

5. Evaluation Summary of Project Activity

5.1. Referrals and Complexity of Cases

In the first quarter the project had 13 referrals from the Police¹⁹, with nine of these engaging with the project. The women referred were aged between 20-43 years. Three of the nine women were referred to the Women's Counselling and Therapy Service. Two were referred to community mental health services (with only one taken forward by the service) and one woman was referred to 'Together Women'²⁰, an advocacy service helping women 'out of crime and into positive futures'. *In the second quarter* the project had 2x referrals from the Yorkshire ISVA Forum (coordinated by WYSVAP (West Yorkshire Sexual Violence Action Partnership)). *In the third quarter* the project had 1x referral from Children's Social Care.

It was agreed at the first advisory group, that the specialist worker would **map the services to refer women onto** for example, debt /housing advice/ISVA/Women's Counselling and

¹⁹ How might the Police identify people who have been the victim of CSE, who haven't reported offences to the police/agencies? West Yorkshire Police have produced an algorithm using historic data over a 7 year period, taking into account the CSE indicators of those involved in missing from home/care, reported sexual offences, and intelligence. 124 individuals in Leeds were identified as being consistent in all the indicators used, 92 of those were over 18. 16 of those cases were identified as a high possibility of being previous victims of CSE, and were reviewed with a panel of professionals to agree on method of approach. The rest have had some previous involvement/identification of CSE using the current CSE procedures, shared between West Yorkshire Police and Leeds CSWS.

The concerns are raised by the advisory group, (and the information from this research would tend to support this), that in the eyes of the professionals the individuals described above have been a victim of CSE. However, In the majority of these cases the individual themselves state that they have not been the victim of CSE, and that nothing has happened. "I had an older boyfriend" "It was all consensual" and "I made the choice." This requires very sensitive handling by professionals.

²⁰ <http://www.togetherwomen.org/> [Accessed 29th July 2016]

Therapy Service – in order to provide as far as possible a holistic service and an action plan to support the women. The representative from Women’s Counselling and Therapy Service contributed to the mapping the services.

The discussion at the first and subsequent advisory group meetings highlights not only the complex lives and needs of the women accessing the service, but also the segmenting of services - where holistic or wrap around support could/could not be offered.

Through one case example, presented at an advisory group meeting, the specialist worker illustrated the segmenting of services and the limited approach taken to the woman, and hence the limitations of services as currently configured to support her needs.

A woman survivor of CSE was referred to, but was refused access to mental health services,²¹ because she continued to use alcohol. The woman waited 6 hours in hospital A&E and the specialist support worker was not allowed in with her to support her. Issues of housing/self-harm/alcohol/drug use are ongoing. In three months of intensive 1-1 support the specialist worker has hardly touched upon the historic abuse the woman experienced, instead practical everyday support, and importantly, listening and ‘being there’ for her is offered and taken.

This example of the need for a listening ear and practical non-judgmental wrap around support is a theme running through the interviews with and responses from the women in the evaluation of the service. This is also a theme in Allnock and Wager’s report (2016:11) drawing upon Smith et al’s survey of 395 adult survivors of CSA in 2015, their use of and satisfaction with the ability of services to meet their needs.

When survivors do enter services their ways of coping may mean that they have ambivalent feelings about trust and long term engagement. When service response is poor, that will compound the difficulties survivors have in establishing trusting relationships with professionals... Smith et al.’s (2015) finding that the survey respondents reported using on average four to five different services for a period of 10 years. The services accessed were generic services including counselling, mental health and GPs. The second most commonly accessed services were NGOs such as RCC and psychotherapy. The third most likely accessed group of services were Accident and Emergency and the police.

Allnock and Wager (2016) identify three significant implications of poor support service experiences.

- Service disengagement;

²¹ The refusal of access to mental health services highlights the need potentially for strategic level discussion with community mental health team in the development of the BASIS service to support historic victims of CSE in Leeds.

- reticent to seek support from elsewhere;
- greater use of services in the long-term (both in terms of the number of services and the duration of engagement).

All of these implications, to differing degrees, leave the women's needs unmet.

5.2. BASIS: Women Service User Voices

Sally is in her mid-40, she left school at 16 and is married with a family. She first disclosed historic CSE in 2015.

The police came to my house as part of 30 year sex abuse case Operation Polymer, they knocked on my door, it was traumatic, and I had locked it away for 30 years. It has had an impact... I was referred by the police. Two male police officers came to my door. I have built relations with the police who are dealing with it. They are very helpful. I was referred to Taylor. Taylor is brilliant. I had a heart attack; it could have been caused by the stress.

I was put in care, put in a place of safety, 26 staff members were involved. I was taken away from temporary foster parent's at 13/14 as their daughter was just one year younger than me.

Sally also talked about the fact that her school, or the hospital where she was taken frequently with water infections, should have picked up that something was wrong and she needed help. "I needed help then not 30 years later."

The hospital let me down; I was in and out with water infections. I was never safe in my bed. 2 to 4 times a night sometimes I was taken from my bed. I couldn't sleep and I had to get a couple of buses to school. It could have been picked up at school I must have looked awful.

It is hard to get justice. I was reading through my notes in care and there was loads of stuff I didn't know. They made it sound like I slept about with everyone. They were very clever in covering up. The lies and lies that were put in.

In evaluating the service she received Sally said:

Taylor referred me to counselling. I see Taylor every week, counselling is helpful but also too much to cope with. I love Taylor coming; we can go out, for a coffee. I can tell her anything and don't feel judged. It gives me a boost. People say you have seen Taylor haven't you! I was in a dark place last year. When you have learnt to keep all this inside for 30 years you learn to cope. In burying it the last 30 years you learn to cope.

Sally experienced severe flashbacks went to see her GP and was referred to counselling, but was also told that she would have to wait six months for the counselling appointment. She was prescribed sleeping tablets and diagnosed with post-traumatic stress disorder (ptsd). She said:

The Police referred me. I felt so alone, Taylor helps, but even when I am with people I am not. I can't tell my husband everything, he doesn't know the full extent and with Taylor and the Police I was able to open up.

Trust is a major issue for me, I can't trust anyone. I don't use public toilets; I will wait till I get home. The 1-1 with Taylor has made all the difference.

Sally was finding counselling difficult but important and she also stated that long term counselling is needed as "10 or 12 sessions are not enough it is a long term issue. How can you put a time on counselling."

When asked what more support she might need Sally said:

A social support group. *The evening and night time when there is no one to talk to can be really hard and you are on your own with your thoughts and there is no one. Not to go over things, but just to have some mutual support from someone who knows what you are going through, what you have been through.*

I need support to go to court. *I have never been in court. I find that the worst, waiting for the court date. I know I have to face this. I am standing up in court, I want to see justice and I want closure and to move on. I have a life and I don't want this to destroy my life. Taylor is going to be with me in court. I trust Taylor she is the first person in my life.*

I think we need long term counselling, *peer group support, and someone or a telephone line to help at night time, not the Samaritans, but to talk to people who understand.*

The interviews with women using the service were a strong reminder of the resilience and strength of the women. Sally said

I have an inner strength to get through what I did and to bury it. I would like to help others to deal with this. *I would like to help. I would like to give something back to other people and do voluntary work with BASIS. I have come a long way and I am a stronger person.*

Women were asked 'If someone had to go through the same process as you, what improvements could be made to services to make it easier?'

Sally said **Health professionals, GP's and Secondary Schools should be made aware, have training, as well as raising awareness of all young people in schools.**

Pauline is in her mid-twenties, she left school at 15 after an accident, was diagnosed with post-traumatic stress disorder (ptsd) and was in residential care at the age of 15, the same year she disclosed CSE. She went back to college at 16. She has experienced severe depression for years. On the experience of CSE she said:

The police came to see me I had bruising really bad and they told me it was self-inflicted. One of the other girls had gone missing and told someone I was a prostitute, so they said I was a bad kid.

The hospital was really good, they picked up on it and the doctor tried to argue that they could not have been self-inflicted. The bruising was inflicted on a 15 year old 6.5 stone girl, by an 18 stone man.

The care home I was referred to saved my life. They were two very positive years. I was safe, they believed me when no one else did and because of them I moved forward.

The Police referred Pauline to BASIS.

The Police came to my house and I met with a woman. The police referred me in June. I said I am not a sex worker as this is a sex work project²². Then I met Taylor, she was informed, she referred me to women's counselling but I had already self-referred to Eye Movement Desensitization and Reprocessing (EMDR²³) and so I can't take up counselling until that is finished.

I get emotional support from Taylor and from work I see Taylor weekly, we go for a coffee and a chat or breakfast –she is there for me and is emotional support.

Pauline's experience of the pilot project is "Very good indeed. I want to feel safe, I want others to be safe and I want justice. I know I can see Taylor and speak to Taylor and I get support from her."

I asked her what more support she might need.

At night when you are on your own someone to talk to support. Ideally I would have liked to have felt supported by my GP.

²² BASIS started out as a project supporting sex workers and is known for this work, however, Pauline acknowledged that once she realised the pilot project was to do with CSE and she met Taylor she was happy to engage. She felt that better, clearer information about the project via the web site would have been helpful to her.

²³ EMDR is described as 'an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma' see <http://www.emdria.org/?page=EMDRIADescription>

Pauline would also like to see the pilot project develop to have:

more resources, be better promoted, better proactive work by the police and a 24hr helpline. *When I tried to access online nothing comes up on the web for victims of historic sex abuse, other than ptsd but nothing is there for CSE-so a web resource please.*

Pauline closed her interview by telling me that she

was a victim and the police re-traumatized me. Evidence was destroyed. The medical report to the doctor details my injuries; this was destroyed after a certain time. In order to get justice I will need fresh evidence. I was scared they would kill me.

Having said this, she was extremely happy with the support provided by the police in the run up to the court case and the lengths officers went to support her and find evidence, “leaving no stone unturned.”

Written feedback from four service users was also received by the pilot project.

What women have found most useful:

I'm really grateful for everything she (Taylor) does but sometimes I don't seem like I do.

To be able to rely on the service.

Emotional support, not having to speak to someone I see every day and feel as if I am being judged.

The support they received from the specialist support and advocacy worker has helped them to achieve the following:

Sorting my life, helping with my health and making me think a bit clearer.

To take a better grasp of events and take positive actions.

Encouraged me to stop drinking, helped with housing so I can get control back of my flat and helped with debts.

To carry on living and fighting.

When asked would they have accessed services and made these changes without the support of the BASIS specialist support and advocacy worker, four respondents said:

Not at all would I still be in my own world.

Not at all, to my detriment.

I wouldn't have the motivation to sort my life so I would be in the same position where I am drinking and not attending appointments.

No I would have become more unwell.

The women were asked what has improved since you started receiving this support?

My health and how I think.

Being able to rely on someone has helped me move forward with positive steps.

Getting help with drinking and getting help with counselling which helps with my mental health, housing has been sorted.

My confidence. The recognition of it not being my fault and that I was exploited.

The women were asked what are the benefits of having a specialist support and advocacy worker.

The support Taylor has been is consistent and dependable.

Someone to talk to help me work things out.

It gives me motivation to improve my life and having someone to talk to who I trust is good.

Not being judged.

In answer to the question 'why did you choose to engage with the BASIS service now'? Four women said:

I needed it as things were spiralling out of control.

Because I need help with a lot of things and don't always have the right mind.

I wanted to improve my life.

Due to the Police investigation 8 years after.

In answer to 'what are the three main things that you need help/support with?' the women said:

*Moving forward with real life positive actions. **Someone to talk to. Practical help with engaging services.***

Mental health, drinking and debt.

Healthy mind and thoughts.

Emotional, mental health and moral support.

Finally, the women were asked to rate the project out of ten and all four rated it as 10, as excellent.

5.3. Project Partners²⁴ Voices

Two members of the advisory group attended the focus group. Women's Counselling and Therapy Service and West Yorkshire Police Operation Applehall.

Women's Counselling and Therapy Service

The service was commissioned by BASIS to provide fast track access to counselling for women service users.

We have been providing fast action access to psychotherapy specialised for women with experience of abuse, violence, trauma or neglect. We have provided two therapists who have expertise in working around sexual abuse, sexual exploitation and they have been meeting regularly to share learning about this specific client group. All our therapists are qualified mostly to Masters level in psychotherapy and are accredited or registered with their professional body.

Police, Operation Applehall. Detective sergeant on the CSE team for Leeds district.

I am responsible for both Current and Historic CSE Investigations within Leeds District, and I have a team of 10 Detectives, and a further 3 Investigative officers. Both current and Historic CSE offences are also investigated within the Investigative syndicates within the safeguarding unit. I am an experienced child abuse investigator, with 12 years' experience within child protection as a detective Sergeant. All the detectives on this team are also trained child abuse investigators. West Yorkshire Police have not previously looked to identify historic offences without victims first approaching ourselves, and the question was asked, "How do we identify historic child abuse, without the victim first identifying it to ourselves"? The algorithm offered us an opportunity to do this.

We have worked together with BASIS for a number of years now around both current and historic CSE, referring both current and historic victims, but also joined up working through the tasking process looking at prevention through education.

²⁴ Two partners attended the focus group-the Police and the director of Women's Counselling and Therapy. Two partners were asked to contribute to the report findings via email. This was not forthcoming.

The Focus group were asked to respond to the following questions:

- *Has the project fulfilled its aims and objectives?*
- *What knowledge and experience has been gained - the benefits, the challenges, the main issues and key learning?*
- *What is the Quality of the Relationship between the Partners?*

5.4. Has the project fulfilled its aims and objectives?

The partners were unanimous in agreeing the project had fulfilled its aims and objectives.

- Emotional support, referral and advocacy to access a range of services based on service users' needs and wishes had been undertaken.
- Fast track referrals to confidential women's counselling and therapy service are ongoing.
- Information about options on reporting to the police and providing the support to report if they choose to do so is ongoing.
- Providing a safe space for women to tell their stories has been achieved.

Excellent feedback was received from the women using the service.

Long Term support and long term emotional support - 'staying with'.

The partners stressed the importance of emotional support for the women and 'staying with' women, in contrast to the 'three strikes and you are out' approach. Indeed, the kind of case work Taylor developed should be called

"therapeutic casework even if it's not got a capital "T" that's what it became even if it wasn't set up to be that". (Manager, Women's Counselling and Therapy Service Counselling).

The implications of this finding are that the future training for advocacy and support workers should include counselling skills/psychological training.

The partners also stressed the need to create a resource that can help other adult survivors or young people at risk and that literature could be provided both in the packs given to victims and as part of the online resource.

They also reinforced the need to support the development of service user peer support and continued involvement of service user involvement in the development of the project/service.

The BASIS Advocacy and Support Worker was very keen for this to happen and she shared how this works for a similar service in Rotherham.

I met with Jane Senior from Rotherham two months ago, she was absolutely amazing because I really have struggled to engage anybody who's doing anything for historic CSE work and I wanted to learn from other people and find out what they are doing, what works and what isn't working and what I should avoid.

Months and months and months later I finally met with Jane and I saw first-hand the benefit of this peer support group, there were women there, some were twenty years older than others and they were being really supportive and it's about someone being on the end of a line on a weekend, or you know at nine o'clock at night and it was really good.

The intention is for the new project worker [Taylor's replacement] to develop this aspect of the service which has the support of at least two of the current women using the service, both of whom want to volunteer and develop peer led support.

Additionally the partners were in agreement that there is a need to provide awareness raising to professionals as well as the wider public; and that this has only been partially met by the pilot project due to a lack of response by other agencies.

Yes again I've really had a lack of opportunities to go and speak to people, speak in their team meetings and stuff which I was really surprised at (Taylor Austin Little).

Local context and local landscape in relation to austerity

The focus group discussed the current landscape around austerity cuts but also,

The journey that society and agencies are on in responding and managing what has been so hidden and denied both around exploitation and abuse in our society: it really is a journey.

From the Policing perspective raising awareness with services and building relationships with victims is so important:

It is very difficult for the police to investigate an offence, from which they have received no complaint. On some occasions other agencies will report criminal offences on behalf of a client, but state that they don't wish for any police contact, or an investigation. The Police have identified that if we become involved with this person, we are able to build a rapport, explain the investigative and court process, and gain the individuals trust. This may result in a criminal investigation in the future. This is an important investment in the individual, and an understanding of their needs, and it requires support from all agencies involved.

5.5. What knowledge and experience have been gained: the benefits, the challenges, the main issues?

The focus group participants strongly agreed that for a victim to be listened to and believed can be very powerful in the process of recovery.

I think that's a really powerful story about the woman whose case has been dropped but has said, well it's sort of enough because the police believe me...There are numerous occasions over my career where I've interviewed victims and at the end of that interview they've come out and felt so much better because they've spoken to somebody and they've told it all and they haven't been judged, they have been heard, listened to and believed.

And it's that speaking truth to power thing isn't it and the police do have that role.

Definitely, and also for those crimes against them to be seen as atrocious rather than 'it must have been my fault there' or 'it can't have been that bad' but for someone to actually say 'that was abuse and it wasn't OK'.

For the Women's Counselling and Therapy Service the key learning is how to work with the complex needs and issues women present with, but also how to work in a holistic way and in a long term way.

So there's a psychotherapeutic role but the other issue for us, being a women centred service, is about how you deliver a joined up holistic service to individual women with various needs such as support, advocacy, housing, access to education, as women present with so many needs, they really raise that issue, of the need for holistic services.

Partnership working was also a key learning for all those present

I have seen it work but I've also seen it fail in the project, there are inconsistencies.

I'm really grateful to BASIS for being the vanguard, I'm very grateful for the opportunity to work specifically with women.

I feel really honoured to work with these women, I feel like they've really opened up and trusted me and allowed me in, and I feel really, really honoured to have a chance to work with them.

For the Police

Yes I think everything has worked well. BASIS goes out and you talk about our team and what we do and we get invites sometimes from people who need to speak to us. I think because we specialise that happens a lot more now.

However, for the Police the role involves actively investigating offences and this can be uncomfortable for victims.

It is always hard when you look at historic investigations. We are duty bound to obtain all the evidence, and this may include approaching other individuals who may also have been a victim or witness, and has put that memory in a box, they don't want opened. We are aware of that impact on the individual and will refer them to support agencies such as BASIS. This also has an effect on the investigative officers themselves, and we understand the negative impact we can sometimes have on a person's life. It is really important to put some support in place, have multi-agency meetings, and be prepared.

Therapeutic Work to support Historic Victims of CSE is Long term

By the third quarter and third advisory group there had been 9 referrals to Women's Counselling and Therapy Service and of these nine six had engaged and were having regular counselling. A key point of discussion at the advisory groups and raised in the focus group by the Women's Counselling and Therapy Service Project lead, was the different rates at which women engage and the speed of the process and recovery as well as the work undertaken that leads to psychic and psychological change. *"We know that CSE is disproportionately represented in mental health services"*.

As one of the woman service users described it, counselling is a necessary if "long haul" and for her 10-12 sessions is not sufficient. Another woman service user described it as opening a "Pandora's box" and you "can't put the lid back on".

Support for the specialist worker including further training

We discussed the important point of support and supervision for the specialist worker at the first advisory group and focus group. Given the kind of 'wraparound' service being offered to a number of women, the potential for 'burn out' of the worker was raised, especially if care was not taken to support the needs and well-being of the specialist worker, as she was leading the pilot project and is its only worker²⁵.

The specialist worker was provided with external supervision once per month for an hour, internal supervision by the CEO of BASIS every six weeks for 2 hours and telephone updates with the evaluator for one hour every six weeks. The support worker described and experienced this as supportive. Additionally, she also meets bi-monthly with the lead for the Women's Counselling and Therapy Service.

The Advocacy and Support Worker also received administrative support in the office with contact sheets and data input (although she wrote up her own case notes) and telephone support as needed.

During the second advisory group we discussed training opportunities.

²⁵ Allnock and Wager (2016) found similar concerns in their evaluation of Victim Support's Adult Survivors Of Child Sexual Abuse Project.

During the project the advocacy and support worker undertook *motivational interviewing* training, *Autism* training, and attended a conference led by Victim Support on *responding sensitively to survivors of childhood sexual abuse*. She was also invited to speak about the project to a Dual Diagnosis workshop in Leeds organised by the Dual Diagnosis Network.

One key fact emerging from advisory group discussions was the sheer ***lack of training available on this issue***, both the lack of training opportunities and also not unrelated, the lack of response the advocacy and support worker was experiencing when she contacted various agencies about the project.

We discussed the possibility that people may not be responding due to the ‘newness’ of the project, that the public enquiry is now up and running, but also the lack of research may also be important, in that people are all learning together and are unsure and uncertain about their own knowledge on the issue. It may also be due to resource led defensiveness.

The advisory group agreed that the BASIS specialist worker and partners are well placed to develop and deliver training in Yorkshire and beyond when the pilot phase is over.

The advocacy and support worker described the project as pioneering and sometimes experienced feeling alone with big and complex issues and individual women’s lives and needs. She was clear that she had enough mentoring and supervision within the BASIS team, and the advisory group. She described working alone and had discovered the Rotherham project very late in the term of the project.

5.6. Key Challenges

The web site was slow to develop and then resource and marketing were put on hold in order to not raise expectations of the service, to ensure it could be delivered with the current resource and timescale.

Finding training and links with other historic CSE projects for professional development was a key challenge for the project worker and BASIS.

The worker contacted other organisations to inform them of the historic support service, and had limited response from them. The worker also contacted agencies across the country to make links and to see if others were working with historic CSE, to learn from and get advice from them, but again did not hear back. The only organisation who responded was the Rotherham based project.

It was suggested at the advisory group that the lack of response in the first six months may have been because they didn’t fully understand what the project was about, as the web resource was not available until January 2016.

A journalist asked the advocacy and support worker ‘what is the point of the pilot?’ This made the specialist worker think, “Well this is a pilot and we need to recognise and support the women, the 1-1 support is helping and if it leads to further support and recognition, then that is the point”.

What most women wanted from the service was emotional support and practical support, support to attend court for example and help women access services. Providing such intensive support inevitably had an emotional impact on the Advocacy and Support Worker. This reinforces the need for appropriate supervision for a role of this kind as well as appropriate training. This is a challenge in a landscape of cuts and austerity. As documented earlier, this supervision was in place for the BASIS worker. The importance of team work and support across the team was a strong theme in the interviews with the advisory group.

Further challenges that emerged for the project worker involved:

- her previous role at BASIS, she was a young person’s support worker. Having known one of the women in her previous role she asked herself “*did my interventions not work?*”
- Thinking through the boundaries of the role. When providing emotional support through having a coffee, going to the cinema or for breakfast with a woman, she would ask herself, is this ok?

In the six weekly updates between the advocacy and support worker and the evaluator, the need for consistency, empathy and boundaries when working with the women was discussed, and that the supportive, convivial and relational work is part of the job. Certainly the women were unanimous in their appreciation of these very attributes and the wraparound service the worker provided.

A key challenge for the BASIS service was the difficulty accessing mental health support for service users with severe mental health issues. The need to stay with a woman in her journey rather than a ‘three strikes and you’re out’ approach was described as vital.

5.7. Relationships and Quality of Relationship Between the Partners

What became very clear during the first advisory group and during the subsequent advisory group meetings and evaluation research interviews was the importance of good relationships in conducting this work²⁶, and the quality of the working relationships between the partners. The very strong partnership between the BASIS pilot, Women’s Counselling and Therapy Service and West Yorkshire Police (Operation Applehall) was very evident. This led to rich knowledge exchanges and shared learning in support of the

²⁶ This was also found in Allnock and Wager (2016).

respective work of all of the partners, including Social Care and the ISVA forum representative 'to improve the health/wellbeing, safety and life chances of the beneficiaries'.

At the advisory group meetings the Social Care/Social services lead stressed the importance of embedding CSE in what they do, breaking barriers and opening information/intelligence channels. "There is still a need to understand the services and how we can work together." She also stressed the importance of doing inter-generational work, of avoiding a blame culture and the vital importance of transitions work, including connecting with BASIS around transitions work.

It was clear to the evaluator during the evaluation research process that the advocacy and support worker had worked hard to generate communication and connections with other services in support of the work and service. The end result of this is a very strong partnership working between West Yorkshire Police, the Women's Counselling and Therapy Service, stronger links had been developed with Social Care as well as a mental health project called Volition; and a relationship was developing with another historic CSE project - Swinton Lock in Rotherham.

6. Summary: Key Themes and Findings emerging from the Evaluation.

All objectives were fulfilled and indeed in some cases exceeded.

The project did not provide as many short term interventions as was intended, due in part to capacity and resources, but also the fact that the need for short term interventions was not as great as had been expected.

Operation Applehall's funding has been extended for another year and so has the BASIS pilot project, so the good work will continue in partnership with the key agencies.

BASIS pilot CSE project are taking a three pronged approach to the complexity of women's lives and needs – working in partnership with other agencies; taking a tailored approach to women's needs; taking time to be prepared to work with the complexity involved over a long term period. The kind of trauma support and service needed to support people is long term.

It is important to work in partnership with agencies such as West Yorkshire Police, Women's Counselling and Therapy Service, Forward Leeds, and Volition.

It is important to take a tailored approach to the needs of women, asking what do they need most. The BASIS project worker said ‘there is no point working on debt issues if her priority is a safe place to live’.

It is important to work with the complexity of women’s experiences and needs over a long term period. When women have ‘buried’ or not realised/acknowledged their abuse, coming to terms with this many years later is a long and hard journey and they need support. It was clear from women’s interviews that offering 10-12 weeks counselling is just not enough.

The evaluation research has evidenced that there is a need to understand the services and how they can work together. In a landscape of cuts in resources and wariness about drawing attention to historic sexual abuse the task is not an easy one. The working partnership between the BASIS pilot, the Women’s Counselling and Therapy Service, and Operation Applehall is a good model to share. The shared knowledge and expertise gained by working together is very important and this can be transferred to the development of training based upon shared knowledge and expertise.

The women service users’ voices and their feedback reinforced the NSPCC’s statement, that creating

“environments in which they were able to discuss and debate developments and changes, as well as seek support and comfort from each other. The vast majority of participants felt that such groups would benefit victims in any major inquiries”.

It was agreed that not only had the targets been met but they had been exceeded and given the time and the trust needed to do this work, this is a phenomenal achievement in the space of twelve months.

The evaluation research has answered what does ‘proper support’ for some victims of historic CSE look like.

The issue is - can and will this be sustained over the long duration needed for this kind of wrap around support.

The women were very clear when documenting the complexity of their experiences that the distress they experienced initially by the police contacting them through Operation Applehall was mitigated by the holistic approach and support they received afterwards. They appreciated the time given by the project worker to build trust. They also valued very much indeed the reliable and consistent support from the partners.

6.1. Recommendations & Future Directions.

The main recommendations are to:

- Develop and Sustain the BASIS CSE project.
- Develop a Peer support group, as requested by the women.
- Examine possibilities for providing support for the children and families of the women.
- Continue to work with and develop partnerships with relevant agencies.
- Improve the web resource.
- Harness the experience and expertise learnt during the pilot project to develop training for other projects and workers.
- Work with national centres of expertise, such as local Universities and [the International Centre: Researching child sexual exploitation, violence and trafficking](#) at Bedford University to keep informed about the latest research and policy guidance.
- Consider how the BASIS project and partners might foster a culture of greater knowledge and understanding in statutory and voluntary sector services in Leeds, to better support historic victims of CSE.
- Consider how best to foster the participation of survivors in the BASIS project.

There is a need for strategic level discussions with the community mental health team in the development of the BASIS service to support historic victims of CSE.

The evaluation research has documented that all involved in the pilot project including the women would like to see a peer support group develop outside of BASIS working hours.

There was also discussion about a service to support the families and partners of the women.

who's supporting them while the woman is re-traumatised by police interview, or just by having it all brought up again, regardless if they make a formal complain to police.

The need to develop and sustain, but also make connections with other services with whom the women service users come into contact:

getting out there a bit more, pushing to try and get into other organisations that work with women, raising awareness, having better links with community mental health. Looking at those links into other services so this relationship gets duplicated.

So I am thinking of a peer support group and also creative arts therapy group with maybe a broader range of therapeutic or psychotherapeutic activities, a therapy group is very different from one-to-one and is very different from a peer support group.

Develop a training programme in collaboration with partners to share across a local, regional and national terrain – the need is there and so is the expertise.

Devise training for professionals working with adults e.g. probation, Newhall, forward Leeds, Mental Health, GP's, to raise awareness of CSE and the long lasting effects, and how someone might present their service.

In conclusion, the evaluation research has found that the BASIS project has not only fulfilled its expectations, aims and objectives but it has made an enormous contribution to the lives of some victims of historic sexual exploitation in Leeds as well as the need for and development of partnership work in this area.

The BASIS pilot CSE project represents extremely good value for the money invested.

The evaluation research has, in part, reflected upon how we might we foster a culture of greater knowledge and understanding in statutory and voluntary services, to better support historic victims of CSE. The evaluation has also reflected upon how might we foster participation for survivors and enable them to have involvement in decisions that affect them, thus contributing to a broader culture of care, listening and recognition of children and young people's voices as well as the need for spaces for healing and change when working with victims of historic sexual exploitation.

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