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Counseling for Young People and Families Affected by Child Sexual Exploitation and Abuse: A Qualitative Investigation of the Perspectives of Young People, Parents and Professionals

Joanna Farr, Julian Edbrooke-Childs, and Rosa Town

Anna Freud National Centre for Children and Families and University College London

Deborah Pietkiewicz and Ian Young

Off the Record

Emily Stapley

Anna Freud National Centre for Children and Families and University College London

Author Note

Joanna Farr, Evidence Based Practice Unit, Anna Freud National Centre for Children and Families and University College London, London, United Kingdom; Julian Edbrooke-Childs, Evidence Based Practice Unit, Anna Freud National Centre for Children and Families and University College London, London, United Kingdom; Rosa Town, Evidence Based Practice Unit, Anna Freud National Centre for Children and Families and University College London, London, United Kingdom; Deborah Pietkiewicz, Off the Record, Hyde, United Kingdom; Ian Young, Off the Record, Hyde, United Kingdom; Emily Stapley, Evidence Based Practice Unit, Anna Freud National Centre for Children and Families and University College London, London, United Kingdom.

Joanna Farr is now at Birkbeck University of London, United Kingdom.

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Correspondence concerning this article should be addressed to Emily Stapley,
Evidence Based Practice Unit, Anna Freud National Centre for Children and Families, 4-8,
Rodney Street, London N1 9JH, United Kingdom. Phone: (0044) 20 7794 2313. Email:
emily.stapley@annafreud.org

Joanna Farr, BA, MSc, is a PhD. student at Birkbeck University of London, whose
research focuses on the qualitative evaluation of mental health services for children and
young people.

Julian Edbrooke-Childs, PhD., is an Associated Professor in Evidence Based Child and
Adolescent Mental Health at Clinical, Educational and Health Psychology, University
College London (UCL) and Deputy Director of the Evidence Based Practice Unit, UCL &
Anna Freud National Centre for Children and Families. His research focuses on empowering
young people to actively manage their mental health and mental health care, with a particular
focus on social inequalities.

Rosa Town, BA, MSc, is a PhD student at the Evidence Based Practice Unit and Clinical,
Educational and Health Psychology, University College London (UCL). Her research focuses
on self-management of mental health amongst LGBTQ+ young people.

Deborah Pietkiewicz, Edexcel level 5 diploma in therapeutic counselling (QCF),
specializes in working with families affected by domestic violence or sexual abuse.

Ian Young, B.Ed. Trip Hons. Geog, TP, Youth Work Dip, Lancaster University. Dip.SW,
MMU, is interested in developing and managing counseling provision for children and young
people within the voluntary sector.

Emily Stapley, PhD., is a senior research fellow in the Evidence Based Practice Unit,
whose research focuses on how young people and families manage their mental health and
wellbeing.
Abstract

Despite growing awareness of the negative impact of child sexual exploitation on young people’s psychological, emotional and relational lives, little is known about how counseling can support young people and their families. The aim of this study was to explore the experience of counseling for young people and parents affected by child sexual exploitation and abuse, with a view to examining what facilitates progress, from the perspective of young people, parents and professionals. In-depth semi-structured interviews were conducted with 10 young people, 8 parents and 7 professionals and were analyzed using thematic analysis. Findings suggest that through counseling, young people experienced affective and relational improvements that were attributed to the process. Characteristics of the counseling relationship that facilitated progress included being able to talk openly in a caring, non-judgmental and unpressurized environment, as well as receiving advice, techniques or solutions within a holistic approach. Facets of service delivery were also highlighted, including the provision of confidentiality, flexibility and consistency, along with a multi-agency approach that promoted engagement. Perceived obstacles to progress included resistance at the outset and service location issues.

*Keywords*: Child sexual exploitation; CSE; counseling; child abuse; therapy
Counseling for Young People and Families Affected by Child Sexual Exploitation and Abuse: A Qualitative Investigation of the Perspectives of Young People, Parents and Professionals

Child sexual exploitation (CSE) is a form of child sexual abuse (CSA) associated with a range of psychological and behavioral consequences, including post-traumatic stress disorder (PTSD), depression, anxiety, self-harm and attempted suicide (Berelowitz et al., 2013; Edinburgh et al., 2015). The emotional distress experienced by young people can be considerable, encompassing feelings of anger, pain and betrayal, as well as loneliness and fear (Gilligan, 2016; Hallett, 2017). Relational tension and family breakdown can also occur, due to emotional stressors and exploiters who isolate young people from their families (Palmer & Jenkins, 2014).

While no globally agreed definition of CSE exists, in England it is defined as: when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. (Department for Education, 2017, p. 5)

In Europe, the prevalence of CSA is reported to be 13.5% for girls and 5.6% for boys (Stoltenborgh et al., 2011), but no prevalence studies have been conducted on CSE specifically. In England, it is estimated that 18,800 children are at risk of CSE annually (Kelly & Karsna, 2018). Caution, however, is necessary due to definition and recording difficulties and the recognition that prevalence figures for sexual violence are likely to be an underestimation. Children in their teenage years living in England are most at risk (Department for Education, 2017), as are those with vulnerabilities, including a prior history
of sexual abuse (Lalor & McElvaney, 2010), having a disability or being in residential care (Brown, 2016).

Literature on the efficacy of therapeutic approaches for sexually abused young people is limited (Benuto & O’Donohue, 2015). Cognitive-behavioral therapy (CBT) has the strongest evidence base and has been found to lead to reductions in depression, PTSD, anxiety and behavior problems, as well as improvements in self-concept and self-protection skills (Kim et al., 2016; Macdonald et al., 2012). The evaluation of interventions specifically focused on CSE is also in its infancy (Moynihan et al., 2018). Recent studies suggest that trauma-focused CBT group therapy can lead to reductions in PTSD, depression and anxiety (O’Callaghan et al., 2013), and that a patient-centered approach to addressing trauma can lead to reductions in emotional distress and suicide attempts, as well as improvements in family connectedness and self-esteem (Bounds et al., 2019).

A small number of qualitative studies have explored the experiences of sexually abused young people receiving therapy. These studies suggest the importance to young people of establishing a trusting relationship with their therapist, with friendliness, empathy, fun and confidentiality cited as facilitating this process (Allnock et al., 2013; Capella et al., 2016; Dittmann & Jensen, 2014; Jensen et al., 2010; Jessiman et al., 2017). The value to young people of talking about experiences is highlighted (Capella et al., 2016; Dittmann & Jensen, 2014; Nelson-Gardell, 2001), as is the need for them to feel in control (Jensen et al., 2010; Jessiman et al., 2017). The advantages of learning techniques during therapy to help manage anger, anxiety and self-esteem have also been emphasized by young people (Dittmann & Jensen, 2014; Foster & Hagedorn, 2014; Jessiman et al., 2017). During trauma-focused CBT, however, some young people can struggle to talk through the trauma narrative and avoid it (Dittmann & Jensen, 2014; Salloum et al., 2015). Indeed, fear and mistrust prior to therapy are common, and a positive therapist relationship is needed to help young people
remain in therapy (Capella et al., 2016; Dittmann & Jensen, 2014; Foster & Hagedorn, 2014; Jensen et al., 2010).

No published qualitative studies have examined the experiences of children exposed to CSE and receiving therapy, though important differences between CSE and other forms of CSA highlight the need for further work in this area. What makes CSE distinct is the concept of exchange between abuser and abused (Department for Education, 2017). The exchange manifests in multiple ways and can only be understood within the context of the wider challenges experienced by young people who are exploited (Appleton, 2014). Although CSE is commonly framed by a grooming model, with predatory adults manipulating children, this overlooks the complexities of sexual exchange that, for some young people, are a coping response to emotional difficulties (Hallett, 2017). Young people describe the exchange as being bound up in unmet needs, such as being uncared for, invisible or powerless, experiences that increase their vulnerability to people who might exploit them.

Young people exposed to CSE may not recognize they are being exploited and may not see themselves as needing help (Hickle & Hallett, 2016). Consequently, they can be reluctant to engage with professional support or disclose experiences, a dynamic that is compounded by a mistrust of adults and negative past experiences of support and care services (Ahern et al., 2017; Gilligan, 2016). There is clearly a need for therapeutic services that have an understanding of CSE and offer interventions to help young people resolve underlying difficulties in a way that is acceptable to them.

A small group of qualitative studies have, however, explored how young people exposed to CSE view wider statutory and voluntary support. Whereas young people are often distrustful of statutory agencies or struggle with the inflexibility of children’s mental health services, voluntary services can be seen more positively and as offering the conditions that help meet young people’s needs, including time to establish longer-term relationships,
flexibility, consistency and regularity of contact with support workers (Franklin & Smeaton, 2018; Gilligan, 2016).

Trauma-informed approaches to mental health services for people with experience of CSA and CSE highlight the need to create relationships and environments according to the needs of clients (Department of Health, 2018). Central prominence is given to the impact of trauma on people’s ability to establish trusting relationships, with services structured to engender safety, mutuality and empowerment (Sweeney et al., 2016). A key motivation, underpinning this approach, is to prevent unanticipated retraumatization during support provision.

While CSE does not only occur outside the family, emerging evidence suggests the benefit of developing a family-based approach (Thomas & D’Arcy, 2017). Qualitative studies conducted with parents of sexually abused children have shown that, after involvement with an intervention, parents felt better equipped to talk to their child, promote their child’s growth and manage their emotions and behaviors, while at the same time benefitting personally from reduced self-blame and increased confidence (Jessiman et al., 2017; McCarthy et al., 2019; Murray et al., 2014; Salloum et al., 2015).

To tackle the consequences of CSE, a multi-agency response is recommended (Herbert & Bromfield, 2017) that includes the provision of counseling to facilitate young people’s psychological, practical and social recovery (Department for Education, 2017), including building resilience and processing trauma (Kaur & Christie, 2018). While estimates suggest counseling is offered by 50% of support services in the UK for victims of CSE and CSA, no published studies have examined the experience of counseling from the perspective of young people exposed to CSE (Allnock et al., 2015). And yet CSE encompasses distinct difficulties, highlighting a need to understand how counseling services should be tailored to support sexually exploited young people. Furthermore, while the need to support parents is
recognized (Thomas & D’Arcy, 2017), no study has focused on the experience of counseling from their perspective. This study will, therefore, examine the experience of counseling for young people affected by CSE and abuse, from the perspective of the young people (almost all female), parents (almost all mothers), and professionals, with a view to examining what is seen as helpful and unhelpful in facilitating progress.

**Method**

**Setting**

Time2Talk provides counseling targeted specifically at supporting young people aged 11 to 25 years who are exposed to CSE, child abuse and/or domestic violence. It is run by Off the Record, a charitable organization, that specializes in counseling for children and young people. It is estimated that over 80% of Time2Talk clients are victims of CSE. As part of a multi-disciplinary team tackling CSE, Time2Talk works with representatives from social care, the police, the probation service and health services.

The counseling offered is informed by the person-centered approach (also known as client-centered) (Rogers, 1942, 1957). In person-centered theory, it is the therapeutic relationship, founded on the core conditions of unconditional positive regard (acceptance), empathy and congruence (genuineness), that facilitates a person’s own capacity for growth. A key tenet of Time2Talk practice is that the therapeutic relationship is established prior to the discussion of CSE. A holistic understanding of the client and their life outside CSE facilitates this, as does building the client’s self-esteem. Disclosure of the exploitative event(s) is led by the client, and therapeutic progress is not contingent on it. The client is, however, encouraged to discuss associated difficulties, such as feelings of guilt, anger or loss after leaving the exploitative relationship, as well as the meaning of relationships. CBT may be used for specific difficulties, such as self-harm.
In 2018, the Outcomes Research Consortium (CORC) and the Evidence Based Practice Unit (EPBU; Anna Freud Centre and University College London; UCL) conducted an independent evaluation of Time2Talk. This study presents the qualitative component, led by the last author.

**Participants**

Interviews were conducted with 10 young people (nine females, one male), aged 12 to 25. Three were aged between 12 and 16. Four were former and current clients of Time2Talk (i.e. they had been discharged and then re-entered treatment), five were current clients, and one was a former client. Interviews were conducted with eight parents (seven mothers and one father) whose children had received or were currently receiving sessions. Two young people and two parents were from the same families.

Seven professionals involved with Time2Talk were interviewed. Three of these worked within the counseling service (including the fourth and fifth authors) in service delivery or management. Four of the professionals worked at local services (the police, social services, probation services, and health services). Participants were recruited by the fourth author (the lead counselor) who was asked to obtain variety in terms of the length of time that parents and young people had been in contact with the service for and whether they were a current or former client. The lead counselor was also asked to suggest professionals from local services that the service worked with.

**Ethical Considerations**

Ethical approval for the evaluation was granted by the Research Ethics Committee of both UCL (6087/010) and the National Society for the Prevention of Cruelty to Children (NSPCC). All participants were asked to read a study information sheet and sign a consent form prior to participating. Parental consent was also sought for young people under the age of 16. It was made clear that participation was voluntary and that they could withdraw at any
point, without giving a reason, which would not affect any services they were receiving from Time2Talk or other organizations. While it was emphasized to participants that the interviews were confidential, the limits to this confidentiality were discussed at the outset, in that if any safeguarding issues arose, the evaluation team would discuss the issues with the Time2Talk lead counselor. To maintain independence, the data, analysis and findings were not discussed with Time2Talk until the evaluation was complete.

Data Collection

All interviews were conducted by the evaluation team (either the third or last author). The majority took place in a private room at the service. One parent was interviewed over the telephone, as were four professionals. The interviews were semi-structured in format. Young people and parents were asked about their experiences of the counseling sessions or meetings they had at Time2Talk, including their perceptions of the impact of the counseling, helpful and unhelpful factors, and suggestions for improvement. Professionals from services working with Time2Talk were asked about their experiences of working with the service, including their perceptions of its added value for their organization. Finally, staff at Time2Talk were asked about their perceptions of the mechanisms behind the impact of Time2Talk, the barriers and facilitators to delivery and how the service could be improved.

All interviews were audio-recorded, transcribed verbatim and anonymized. The interviews ranged from 11.51 to 62.23 minutes in length ($M = 29.27$ minutes, $SD = 13.08$).

The young people and parents received a £10 voucher as a thank you for taking part.

Data Analysis

All transcripts were imported into the NVivo (version 12) qualitative data analysis software package and analyzed by the first and last authors using thematic analysis (Braun & Clarke, 2006). Analysis was conducted from a critical realist perspective. This assumes that although data can tell us about the real world, it is not a direct reflection of reality; it is
participants’ interpretation of reality, which requires interpretation by the researcher to further our understanding (Willig, 2012). An inductive approach was taken, with the aim of staying close to participants’ words and meanings (Braun & Clarke, 2006). Recognition of our position as mental health researchers ensured awareness of the influence of our preconceptions and two aspects facilitated. First, a collaborative approach was taken to the analysis, involving cross-checking researchers’ interpretations against the data. Second, the literature review was completed after the analysis and prior to the discussion, thus enhancing the inductive approach taken to thematic analysis (Braun & Clarke, 2006).

The analysis followed the method set out by Braun and Clark (2006). Following familiarization with the data, preliminary codes were generated across the dataset which described and labelled the content of transcript extracts relevant to participants’ experiences of receiving support from or working with the counseling service. These preliminary codes were then grouped into salient themes for each participant group (young people, parents, professionals from other services and Time2Talk staff). The resulting themes were then integrated into four superordinate themes that captured the similarities and differences between group perspectives.

**Results**

Four superordinate themes, each with associated subthemes, were identified, as summarized in Table 1 and described in-depth throughout this section.

Table 1.

**Superordinate Themes and Subthemes**

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Superordinate theme 2: Characteristics of the counselor that facilitated progress

Subtheme 1: Being listened to, cared for and understood

Subtheme 2: Receiving advice, solutions and learning techniques

Superordinate theme 3: Factors that could hinder progress

Subtheme 1: Issues around service location

Subtheme 2: Anxiety and resistance at the outset

Superordinate theme 4: Perceptions of impact of counseling process

Subtheme 1: Affective improvements

Subtheme 2: Relational improvements

Superordinate Theme 1: Characteristics of the Service that Facilitated Progress

A safe and confidential space. The counseling sessions provided young people with a confidential space where they could safely talk about private issues or experiences, which they would not usually share with others. Young people spoke about being able to talk about difficult topics with someone who was not going to judge them, tell others about what they said, or get upset. One said:

When you have someone else to talk to that’s not a family member, that’s not going to go back and say it to someone else, it just makes you feel a bit more happier and relieved that it’s not just you that knows that’s how you feel.

The way that Time2Talk staff discussed and managed confidentiality was perceived by professionals from other services as contributing to the service’s ability to engage young people. One professional commented on the benefit of this approach:

If you come in [meet a young person] heavy-handed with a police officer, social services, straight away the barrier comes down. Where [the counseling service] I
believe offer[s] a unique service [is] where, if a child goes to speak to them and [they] say: ‘It's off the record’.

Time2Talk staff also stressed the value of the sessions as a safe space for parents and young people to discuss their experiences of CSE, supported by the counselor. This helped them to resolve emotional issues and conflictual perspectives that, at times, had led to a breakdown in the parent-child relationship. As one Time2Talk staff member explained:

“There's lots, lots of layers that go on, that need to be resolved and need to be talked about. And being given that room and that space to be able to have them discussions safely is mammoth.”

**Flexible and consistent delivery of care.**

*Flexibility over contact with and ending of treatment.* Participants from all groups discussed their perceptions of the benefits of the flexibility of care that the counseling service offered. Young people’s contact with the service ranged from a few weeks to several months and years and they described the benefits of being able to pick up and leave, as and when they needed to, as the service continued seeing them even if they had missed sessions. One said:

I was there for about [18 months]. I could have, I could have phoned up and just asked and I still can now if I really wanted to, if I needed any sessions, I’d phone up and they’d, they’ll get me in sometime, to have a little chat.

Parents, likewise, spoke about flexible treatment endings and appointments, which they found to be reassuring during difficult periods, with one commenting: “Knowing that there’s always someone there is kind of a comfort because you know that you’re not on your own.”

Professionals from other services viewed Time2Talk as having been tailored to meet the needs of young people exposed to CSE and abuse. This included the acknowledgement
that it takes time to build rapport with a young person and that long-term support may be
necessary, while also understanding that for some young people regular sessions may not
always be feasible.

**Flexibility over setting, content and structure.** Participants from all groups
highlighted the benefits of allowing young people to meet their counselor at a range of
community-based venues. Some young people felt more comfortable in an informal setting,
such as a café, and professionals from other services suggested that this significantly
improved the accessibility of counseling for this client group. One professional said: “[The
counselor] doesn't have to meet them [at the service], she’ll meet them anywhere, where that
child feels safe and comfortable to talk.”

Young people also appreciated the relaxed approach that was taken to their
discussions, where they were not forced to talk or follow a fixed agenda, as one explained:
It’s comfortable, it’s not something you have to, er, feel nervous to go to because
there’s nothing nervous about it. You don’t want to answer a question, you don’t have
to. You can just talk about what you want to talk about.

Another aspect commented on by young people was the flexibility of the service
regarding the involvement of parents in counseling sessions. Young people described how
their parents did not have to attend sessions, but that they were welcome to attend if this was
appropriate or if there was a need. Where the latter had happened, the counselor’s interaction
with parents was seen as helpful by both young people and parents.

**Consistent delivery of care.** The consistency of the service delivery was valued by
young people, who felt that seeing the same counselor for each session was helpful, as was
the regularity of their sessions. One said: “I like the way that they’ve been like, at the same,
at exactly the same time each week because it’s made it easier to fit into a schedule.”
Parents also commented that this provided their children with a much-needed routine and stability, as well as ongoing support for them as parents. Indeed, the availability of long-term (and regular) support was stressed by Time2Talk staff and professionals from other services, who saw it as providing a level of consistency that facilitated young people in realizing and acknowledging their CSE experiences. One professional commented: “Seeing a regular face on a regular basis, sometimes, [the counselor] can get a little bit more information from these young people, you know, to look at the bigger picture and see what’s happening for them.”

**Cross-sector collaboration between services.** The Time2Talk staff and professionals from other services perceived a multi-perspective and joined-up approach to be a key contributor to accessing, engaging and supporting young people exposed to CSE. Multi-agency meetings enabled the sharing of important contextual information and insights into cases, which both facilitated referrals to the counseling service and supported the prevention of CSE activities in the area. Additionally, contact between agencies meant that young people did not have to keep re-telling their story to every professional who may be involved in their case. As one Time2Talk staff member explained:

Forming partnerships with the police and also other agencies like the probation service allows us to work in a way that we would never normally work, which is to work with an agency that is involved in the criminal justice system, that identifies young people through the criminal justice system. And then, they look to us to provide support for that young person.

Professionals from other services also commented on the level of engagement that the counseling service could achieve with young people, which could in turn then encourage young people to speak further with representatives from other services when necessary.
Superordinate Theme 2: Characteristics of the Counselor that Facilitated Progress

**Being listened to, cared for and understood.** Young people spoke about how it was helpful to have a counselor with whom they felt able to talk about anything and who would listen to them. The patient, caring, understanding and non-judgmental nature of their counselor, and the relaxed environment of the sessions, had helped to facilitate this and was an incentive for young people to attend. One young person expressed the need to feel accepted:

> Just the way [the counselor] talks, you know, didn’t talk down, like a lot of, she didn’t really judge, like a lot of people judge, you know, people’s lives or people’s pasts and that. And I didn’t get that from [her].

Talking without interruption, pressure or fear of what the reaction might be was an important part of this process, according to young people. The counselor’s impartiality and ability to listen was also seen by parents as enabling her to build a trusting relationship within which their children felt prepared to talk about their experiences. One parent said: “[The counselor’s] definitely done her the world of good, just talking about it, over and over again, without anyone saying, having an opinion, um. Just letting it all out I suppose.”

**Receiving advice, solutions and learning techniques.** Further helpful aspects emphasized by young people were the advice and practical solutions that they had received on how to cope with challenging situations, problems or relationships, and the techniques that they had learnt to help manage their feelings. Young people talked about this as being both a collaborative process, whereby they and their counselor worked together to try to manage or solve their problems, and a more didactic process, whereby the counselor gave them her opinion on, or interpretation of, situations and suggested solutions. As one young person commented:
She gives you her opinion, like, she doesn’t just act like a, like a normal, I’m not saying all therapists are the same, but you have therapists don’t you that like, they’re just not, they just sit there and like, ‘And how does this make you feel?’ That really frustrates me, that.

Young people felt that this process had helped them to gain new perspectives on, and insights into, the problems that they had talked about in their sessions, which enabled them to deal with and better understand situations and feelings. One said: 'I’ll ask her like what does she think is going on here and she’ll tell me and then I’ll listen to her and I’ll think ‘Okay’, it just helps me to understand and it makes me feel better.”

Young people also alluded to the role of the counselor in providing advocacy, with their agreement. This included liaising with other services and their parents and carers to explain the issues that they were going through and to improve their care situation.

Finally, parents discussed the advantages of receiving parenting advice from the counselor, which helped them build parenting skills and the confidence to renegotiate their family relationships and de-escalate family tensions. One parent described a positive shift: “[the counselor] She’s taught us to like walk away, it’s okay. She’s taught me not to be feared of [my daughter] and or not to show my fear. Um, she’s taught me confidence.”

Superordinate Theme 3: Factors that Could Hinder Progress

Issues around service location. Although participants primarily spoke about the factors that facilitated progress, they also discussed service-level barriers within and outside the counseling service that could impede young people’s access to support. While some of the issues that they discussed represented well-recognized challenges to services, such as insufficient funding and long waiting times, participants also commented specifically on the location of the service as being an obstacle to young people attending. This included the reluctance of young people to travel independently, the distance of the counseling service
from their homes, and encounters with others at one community venue, which had made young people feel intimidated. The counselor’s flexibility in terms of the location of young people’s sessions could help to mitigate this. One parent explained: “It’s [two] miles from school to the center. So, I was having to walk to school to walk down to, back up. The kid had done [four] miles before she started [school].”

**Anxiety and resistance at the outset.** A further impediment to engagement highlighted by participants was the resistance of young people and family members at the outset of counseling. Feelings of anxiety and mistrust were described by the young people and were seen to fuel their initial reluctance to talk. Although they expressed relief that their relationship with the counselor had helped them to overcome their fears, they nonetheless described the power of these feelings at the start of contact with the service and their potential to prevent them from receiving help. As one young person highlighted: “The first session I came to; I did not want to come to therapy, I did not want to speak to anyone. [The counselor] was my worst enemy at first.”

Time2Talk staff also described how family members could also be reluctant to engage with the service, for example, when the counselor or the services offered were seen as a threat from a community or family perspective.

**Superordinate Theme 4: Perceptions of Impact of Counseling Process**

**Affective improvements.** Young people discussed experiencing improvements in anxiety, anger, low moods, self-harm and suicidality over the course of their sessions at the counseling service. Talking to the counselor was seen to have a positive impact, as one young person described:

I tell her how I'm feeling, what's wrong with me, and she'll give me some advice back on what I should do about that. And, after that, I, I feel more better now.
Like, once I've spoken to her about stuff that I'm upset about, er everything's fine then. I'm more cheerful. I'm not as down as I normally would be.

Talking about difficult issues made them feel better, and the young people expressed their relief in terms of ‘lifting a weight off their shoulders’ and ‘getting things off their chest’.

Young people also spoke about having a higher sense of self-worth and increased confidence following their sessions, which included feeling more able to go out alone or with their friends, standing up for themselves in difficult social situations, and feeling motivated to reach goals like applying for college courses and jobs. One explained: “I just felt really worthless and I, I didn’t have much of a voice. But then, coming to counseling has made me realize that I’m worth more than I thought.”

Time2Talk staff also perceived gains in the confidence of their clients and believed that this had helped young people to take control of their lives and sever links with CSE perpetrators. One said:

Lots of young people who are the victims of sexual abuse often have very low confidence and self-esteem and [the counselor] feels it’s her role to try and nurture that young person, so they can have more control over their lives.

Overall, however, the sense of progress described by the young people was not linear, and there were periods when they still struggled with difficult moods and emotions, which they found limited their potential to move forward. Although the young people worked on some of these ongoing issues in their sessions, they experienced varying degrees of success, for instance the techniques that they had learnt were not always successful in practice if, for example, they did not remember to use them or recognized too late what was needed.

**Relational improvements.** Young people and parents talked about the improvements that they had experienced in their relationships with each other, which had developed since they had started attending the counseling service. This included having fewer arguments,
having a better understanding of each other’s perspectives, being able to talk to each other
and an increased closeness. One young person described a positive change:

It was just always arguing before I started counseling and we was never really
considering each other’s feelings. But now we do and, if we th- know we’re going to
say something that will hurt the other person’s feelings, we’ll rather try to rephrase it
so it doesn’t hurt them.

Parents felt their children were more prepared to discuss difficult issues with them as
well as more able to manage their feelings, with one commenting:

[Since the counseling] she’s talking to me more. She seems more sensible in the way
she reasons about things. In the way she, she talks about things. Um, and just being
able to open up a bit more, I think, to me as well, yeah.

Improvements in communication were also seen by parents as contributing to
improved cohesion between family members and a sense of familial belonging. As one parent
explained: “She’s [counsellor] helped us become a family, rather than me and my daughter
and then my partner and my other daughter, she’s helped us become a family.”

For Time2Talk staff, improving family relationships was important in helping young
people to stabilize and avoid the risk of CSE. One aspect was the clarification of familial
roles, which encouraged parents to re-establish boundaries with their children.

Discussion

The young people in this study described a range of positive affective and relational
changes including improvements in anxiety, anger, mood, self-esteem and family
relationships that were attributed to the counseling process. Similar changes were observed
by parents who also described having more open conversations with their children and
improved relationships with them, as well as a greater confidence in themselves and their
parenting. Overall, the counseling service was seen by participants as providing an important source of support, and the findings illustrate three key aspects that facilitated progress.

**Ability to Talk Freely During Counseling**

The ability of young people to talk comfortably with the counselor about anything, including experiences they had never previously disclosed, was seen by all participants as supporting their progress. The benefit of talking was, however, reliant on them setting the agenda and pace of conversations, feeling unpressurised and safe. In person-centered theory, it is the qualities of the therapeutic relationship that facilitate a person’s own capacity for growth (Rogers, 1957). Non-directivity and mutuality enable clients to discuss what they see as important to recovery and at their own pace, thus promoting agency (Levitt, 2005).

Similarly, a trauma-informed approach to CSE and abuse emphasizes the need to promote young people’s sense of choice, control and safety within both interpersonal interactions and their environment in order to foster recovery and prevent retraumatization (Department of Health, 2018; Herman, 2015). In the wider CSE literature, young people’s experience of talking to professionals can either help or hinder depending on the way it is approached (Gilligan, 2016; Hallett, 2017). When young people felt in control of when and how they discuss their abuse experiences with support workers, they felt acknowledged and safe; without it, any discussion left them feeling vulnerable (Hallett, 2017).

The interpersonal qualities of practitioners are commonly recognized to influence the willingness of sexually abused young people and children to talk to practitioners during therapy (Bruhns et al., 2018; Dittmann & Jensen, 2014; Jessiman et al., 2017). In the current study, the benefit of talking to the counselor was attributed to their capacity to listen within a non-judgmental and caring demeanor. In the person-centered approach, the counselor qualities of acceptance, empathy and genuineness facilitate progress via the client’s experience of being fully accepted and valued within the therapeutic relationship (Barrett-
Lennard, 1998). Although these features are also highlighted in adolescents’ views of professionals more generally (Freake et al., 2007), they may prove particularly important for young people exposed to abuse who have experienced breaches of trust from adults, or been subjected to negative judgements and conditional acceptance from abusers.

Young people’s perception of counseling as a safe space to talk was reinforced in the current study by the confidentiality of the sessions, a finding that is consistent with other CSA studies (Jessiman et al., 2017). In the current study, professionals believed that young people trusted the confidentiality of the counseling service over and above other services. This may have been due to the transparency around confidentiality: clients were assured that should a safeguarding matter arise, every effort would be made to gain their consent prior to disclosure. Young people were also informed of appropriate recourse, in the event they felt their confidentiality had been unjustifiably breached. Clearly, balancing the limits of confidentiality and safeguarding against young people’s need for safety and control is delicate and current study findings point to the importance of transparency and consulting with young people prior to disclosing information to others.

**A Holistic Approach to the Provision of Support**

Despite young people’s desire for mutuality, they also valued the provision of advice and techniques, within a more didactic relationship, that helped them develop new perspectives on themselves and their problems. In the person-centered approach, the counselor’s non-directivity changes in response to the client’s capacity to operate from a sense of their own value as a person. As a client has less need to seek advice or approval from others, so the counselor can become more directive with guidance (Barrett-Lennard, 1998).

Overall, young people and parents valued the holistic nature of the support, in that it addressed a range of logistical, psychological, emotional and relational issues. This is consistent with emerging work that recognizes the need for adaptability from counselors to
tackle the multi-faceted and changing priorities of young people (Bruhns et al., 2018).

Moreover, in the current study, the positives of a holistic approach extended to the views of parents who perceived the combination of practical advice and expertise as helping them to resolve emotional difficulties, build confidence in parenting and de-escalate family tensions. Multi-agency working has been found to lead to positive outcomes for young people exposed to abuse, including increased referral to and use of mental health services (Herbert & Bromfield, 2017). A multi-agency response to CSE is recommended to meet the diverse needs of young people and the voluntary sector is seen to have a unique role in engaging and supporting them (Department for Education, 2017). Overall, current study findings offer support for the inclusion of a voluntary sector counseling service in a multi-agency CSE team, indicating that their flexibility and expertise can help engage and provide emotional support, as well as facilitate information sharing and the disruption of CSE activity.

**Flexibility, Consistency and Collaboration**

In trauma-informed care, the structure and delivery of mental health services is adapted to meet the needs and experiences of people exposed to trauma and to support their engagement (Sweeney et al., 2016). In CSE service models in the UK, assertive outreach, flexible access and consistent contact facilitate the engagement of young people, who may struggle to seek help due to unstable lives, mistrust of adults or not recognizing their exploitation (Barnardo’s, 2017). Findings in the present study, also, highlight the need for flexibility and consistency over the duration of contact to help meet young people’s needs and promote their engagement and progress. Prolonged and consistent contact with professionals has been recognized to facilitate trust building and accommodate the disclosure patterns associated with CSE, which often involve a process of multiple disclosures and trust testing over time (Ahern et al., 2017). Equally, persistence in maintaining contact was seen
by staff in the present study and also by professionals in the literature, to facilitate young
people’s safety during periods of disengagement from services (Hickle, 2017).

The need for flexibility of access identified in the literature (Ahern et al., 2017;
Barnardo’s, 2017), which includes meeting young people at their preferred venues, is
supported by findings in the current study. However, the finding that some young people
viewed one community-based venue as intimidating reflects a need to balance the advantages
of flexible access against the priority that young people who have been exposed to trauma
feel emotionally and physically safe (Sweeney et al., 2018).

While facets of service structure in the current study facilitated engagement,
flexibility over the number of sessions also had implications for the provision of the person-
centered approach. Participants highlighted the importance of having sufficient time, not only
to establish young people’s trust, but also to experience the quality of relationship that could
help resolve issues and facilitate progress. As Hallett (2017) attests, in order to support young
people exposed to CSE and prevent further exploitation, trust alone is not enough; what is
also needed are relationships that are experienced as meaningful, interdependent and mutual.

Strengths and limitations

The primary strength of this study is that it is the first published account of users’
experiences and perceptions of a counseling service that offers support for young people
exposed to CSE and sexual abuse and their families. A further strength is that the interviews
were in-depth and conducted by an independent evaluation team outside of the service.

However, study findings also need to be considered within the following limitations.
First, participants were recruited by the lead counselor which may have provided a bias
towards a more positive view of the service. When recruiting from within services power
dynamics are likely, particularly when conducting research with survivors of trauma.
Therefore, the transferability of findings to those not invited or who declined to participate is
unknown. Given that only one of the young people who participated was male, this study is essentially an account of the female view. Although boys constitute a minority of sexual abuse victims (Stoltenborgh et al., 2011), it is estimated that one third of CSE service users in the UK are male (Cockbain et al., 2015). Reports suggest gender-specific support needs for male victims, requiring understanding of communication barriers and criminality as a response to trauma (McNaughton, 2014). Thus, the degree of transferability of the findings to the male perspective should be treated with caution, as male views are under-represented. To develop effective interventions, future studies will need to focus on the experiences and support needs of males exposed to CSE.

**Conclusions**

The findings suggest that young people affected by CSE and their parents perceived person-centered counseling to be an important source of support and that it contributed to young people feeling happier, more confident, better able to manage difficult feelings, and to improvements in family relations and parental well-being. Specific qualities of the counseling relationship, along with facets of service delivery, were identified as facilitating the process. The ability of young people to talk freely was paramount, yet this was contingent on them feeling safe, unpressurised, and in control of the agenda and pace of interactions, as well as the non-judgmental and caring qualities of the counselor. The findings also highlighted the value of sometimes taking a more didactic approach to the provision of advice and expertise and the need for holistic practice in addressing the range of issues faced by young people and parents. The value of a joined-up approach between organizations that facilitated referrals and information sharing was also discussed. Flexibility, accessibility and consistency in service delivery for young people, including a choice of meeting venues and non-time-limited contact, were seen to promote engagement and support. Study findings point to the potential advantages of the person-centered approach in supporting young people exposed to CSE and
their families, in that its primary focus is the creation of a therapeutic relational environment.

Flexibility of service delivery is also identified as contributing to this process, as well as facilitating the engagement of young people and the acceptability of care.

**Disclosure of Interest** Deborah Pietkiewicz (fourth author) and Ian Young (fifth author) lead on the implementation of Time2Talk, were interviewed as part of the qualitative evaluation of Time2Talk and contributed to the description of the service for this paper. They were not involved in the data collection nor data analysis for this manuscript.

**Ethical Standards and Informed Consent** All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation [institutional and national] and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

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