Listening to young people with learning disabilities who have experienced, or are at risk of, child sexual exploitation in the UK

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Abstract:

This paper reports on a UK study which examined the identification of, and support for young people with learning disabilities who experience, or are at risk of, child sexual exploitation (CSE). CSE has received considerable attention in the UK, with evidence suggesting an increased risk for young people with learning disabilities. However, no study has specifically focused on this group, and their voices remain largely unheard. In-depth interviews with 27 young people with learning disabilities were undertaken to explore how to meet their needs. This paper presents the young people's voices and identifies areas for improvements in policy and practice.

1. Introduction:

Child sexual exploitation (CSE) is a form of child sexual abuse (CSA) involving children under the age of 18. CSE involves an element of exchange where children who are abused, or the person or persons abusing them, receive something in return for the abusive act. The abuse may be exchanged for food, accommodation, drugs, alcohol or affection, for example. This does not imply that the sex/sexual act is consensual or that it is not abusive. The element of exchange can compound the abuse as children's needs are exploited and can be used to groom and control them.

CSE can take multiple forms including abuse by an individual who has formed a 'seemingly consensual' relationship with a child; informal 'introductions' to other abusers; the formal prostitution of a child; and the production and distribution of sexual images or exposure of the child to sexual images. It can be perpetrated by both genders, and by adults and children's peers. Evidence indicates that it can affect any child irrespective of demographics - age, gender, ethnicity or social background (DfE. 2017). Common to all forms of CSE, is the imbalance of power in favour of the abuser and some degree of coercion, intimidation, exploitation, violence and/or enticement of the child as outlined in English guidance to safeguard children from sexual exploitation (DfE, 2017).

All four UK nations have developed specific guidance and/or action plans to safeguard children from CSE, all of which recognise that although any child may be at risk of CSE, disabled children may be particularly vulnerable (DfE.2017; Marshall, 2014; Scottish Government, 2014; Welsh Assembly, 2011).

Although prevalence rates are unknown, a growing body of evidence now highlights that often children with learning disabilities constitute a significant minority of sexually exploited children

and are at increased risk of CSE (Smeaton, 2009; Beckett, 2011; Brodie and Pearce, 2012; Berelowitz, et al, 2013; Smeaton, 2013). The invisibility of disabled children within prevalence studies of abuse generally is common. However, a meta-analysis of 17 studies of violence against disabled children (representing over 18,000 individuals) illustrates that this group is three to four times more likely to experience violence than non-disabled children (Jones et al, 2012). For sexual violence, estimates of prevalence are 8–9 per cent; however, when examining the prevalence of sexual violence in children with mental or intellectual disabilities specifically, the figure rises to 15 per cent.

Despite disabled children being at greater risk of abuse, and highlighted as particularly vulnerable to CSE, their experiences have rarely been heard. Their invisibility in studies possibly reflects the marginalisation of disabled people generally in society. If included at all within studies on CSE, their voices have not always been disaggregated from those of their non-disabled peers, thus rendering their possible unique experiences and/or needs invisible. Yet much can be learned directly from disabled children about how to better protect and support them (Taylor et al, 2015; Jones et al, 2016).

This research sought to address this gap and further our understanding of how to recognise and respond to children with learning disabilities who have experienced, or who are at risk of, CSE by giving them a voice. The study is underpinned by a childhood studies and rights based approach which recognises that children's relationships and experiences are worthy of study in their own right, and that children should be given a "voice" in order for us to understand the construction of their lives, the lives of those around them, and of the societies in which they live (Tisdall, 2012). A participative methodology was adopted to ensure the experiences of the young people were fully captured.

Throughout the rest of the paper we refer to young people rather than children to reflect the preferred term used by the young people in our sample. Although it should be noted that they were all children, under the age of 18, when they experienced, or were at risk of, CSE.

2. Aims of the study

Overall, the research undertook to:

- 1) detail current provision to meet the needs of young people with learning disabilities who experience, or are at risk of, child sexual exploitation (CSE).
- 2) explore the views of practitioners, managers and local and national policymakers looking into both enablers of, and barriers to, good practice.
- 3) understand the needs of young people with learning disabilities who are at risk of, or who have experienced CSE, and gather their views on current practice.

- 4) identify gaps in policy, provision, evidence and research.
- 5) generate evidence-based recommendations for future developments in this area of work.

This paper presents the voices of the young people interviewed. For the full study please see Franklin and Smeaton, 2017.

3. Methodology and sample

The overall study encompassed both qualitative and quantitative data collection across the UK. The research consisted of five stages and this paper focuses on the final stage.

Stage 1: A narrative literature review and UK policy analysis.

Stage 2: An on-line survey of all local authorities across the UK to gather a comprehensive picture of practice and policy at a strategic and operational level.

Stage 3: On-line surveys of services supporting both vulnerable, or disabled young people to explore relevant issues with specialists and practitioners in the field.

Stage 4: In-depth semi-structured telephone or face-to-face interviews with 34 statutory and voluntary sector stakeholders working in the field of child sexual exploitation and/or learning disability across the UK to explore current provision.

Stage 5: Face-to-face interviews with 27 young people with learning disabilities who have experienced, or been at risk of, CSE.

Young people's advisory group

The study was informed by an advisory group of five young people with learning disabilities who were recruited from, and being supported, by two CSE specialist services. This group, drew on their own experiences of CSE to advise on the content and style of the interview schedule, information sheets and consent forms for use with young people. The advisory group also supported the identification of recommendations for policy and practice based upon the research findings.

Recruitment of participants

Young people with learning disabilities who had experienced CSE, or been identified as being at risk of CSE while under the age of 18, were recruited from specialist CSE services from across the UK. Selection and recruitment of the sample was guided by the CSE specialist services who identified young people with learning needs. This approach facilitated the inclusion of young people who had a formal diagnosis of a learning disability, as well as those

with a learning need who had not been formally assessed, or who may not have received any additional support to help them in their learning. This proved to be important and has identified potentially high numbers of children and young with moderate/mild learning disabilities who are at risk of, or have experienced, CSE and whom are not receiving adequate support for their learning needs; an area now requiring further investigation in the UK. Support workers were asked whether recruitment materials needed to be adapted to meet any child's individual access need, but this was not deemed necessary for any of the individuals they approached.

Interview approach

A flexible interview schedule organised around key themes was designed to ensure that the young people were given the best possible opportunity to discuss their experiences and express their views. The young people were not asked directly about their experiences of CSE, as this was not the focus, but rather their experiences of support, any difference this support had made to their life and their views about what should be done to meet the needs of young people with learning disabilities who experience CSE or may be at risk. Previous studies in the maltreatment of children have shown the importance of obtaining contextual information to supplement the data collected from young people (Taylor et al, 2015). With a young person's consent, their support worker was contacted in advance of the young person's interview to gather supplementary contextual information about their individual circumstances. Information on accessibility and/or communication needs was collected to enable the researcher to prepare an accessible interview. All interviews were conducted verbally and adapted to each young person to ensure that the length, format and approach enabled their full participation. With the young person's permission, interviews were digitally recorded. Given the sensitive nature of this topic area, specific attention was given to ensuring an ethical and supportive approach was undertaken in preparation for, during and after the interviews. For example, young people's support workers were on hand to provide support and young people were given time to reflect on what they had said and could, if they so wished, withdraw their interviews for a period of up to four weeks after the interview had taken place. Care was taken to ensure that the young people gave informed consent throughout the interview and understood the limitations of anonymity and confidentiality in the event of safeguarding concerns. All of the young people had capacity to consent to participate in the study. It should be noted that although the young people were not asked about their experiences of CSE, many chose to share their experiences.

Sample

Twenty-seven young people with learning disabilities were interviewed. Their ages ranged from 12 to 23 years, seven were male and 20 were female. The majority of the sample were

white British ($n= 22$), although five young people were from black and minority ethnic backgrounds (three were white/Asian and two Black Caribbean). Fifteen young people had been identified as experiencing CSE and the remainder were identified as being at risk of CSE. It should be noted that CSE specialist workers reported that it is quite often the case that they support young people considered at risk of CSE and later a disclosure or discovery of CSE occurs, so it is possible that more of the sample of the young people experienced CSE than identified at the time of interview.

In addition to a learning disability, the following impairments were also noted across the sample: Autistic Spectrum Conditions (ASC) including Asperger syndrome, dyslexia, Attention Deficit Hyperactivity Disorder (ADHD), dyspraxia, emotional and behavioural difficulties, attachment disorders, emotional deregulation disorder and mental health needs. None of the young people were described as having specific or significant communication needs and all communicated verbally in their interviews. Seventeen of the young people lived with their family, four were currently in care, one lived in a hostel and another in supported accommodation, one was staying with friends and two were living with partners. Information on the living arrangements of one young person was not given. Across the sample, eight were in school (four in mainstream and four in special schools), eight were in college (one of whom attended a specialist college), three attended a form of alternative education provision, five were not in education, employment or training (NEET), one was working part-time, and information was not available on two young people.

Ethics and governance

Ethical approval was granted by Coventry University's Ethics Committee. An IRAS (Integrated Research Application System) application had to be made in order to undertake the research in Northern Ireland. The storage and use of data complied with all data protection law in the UK and was stored on password-protected and encrypted files.

Data analysis

Transcripts or detailed notes from the interviews were independently coded by two researchers using an 'inductive coding' approach (Ritchie and Spencer, 1994). Given the sensitive nature of this research, particular care was taken to ensuring the anonymity of the young people. All identifying details have been removed and participants have been given a pseudonym.

4. Findings

To place these findings in context, the following provides a brief description of the type of CSE service provision the young people were receiving. In the main, young people received

support from a CSE project worker from a voluntary sector specialist CSE service. Support often focused upon raising awareness of, for example, consent, sexual exploitation, healthy relationships, drug and alcohol use and online safety to prevent escalation of risk of CSE. Young people who had experienced CSE were supported to address the impact of the abuse and move forward in their lives in a positive manner. Services may also work alongside other providers to address young people's additional needs such as substance misuse and sexual health.

4.1 Disclosure and identification of child sexual exploitation (CSE)

The ways in which experiences of CSE came to light varied across the young people, and in only a small minority of cases did the young people seek help because they understood that what they were experiencing was abuse. Some young people only disclosed what was happening, or had happened, to them after receiving support at a CSE service – they had been referred to the service after being identified as at risk of CSE. This disclosure often took a long time and was as a result of them having access to someone who listened to them and who they felt they could trust. This was also coupled with them having intensive, one-to-one support and gaining an understanding that they had been sexually exploited through the work that they undertook with the CSE service.

For those young people who had social workers, most felt that they had not had a strong and supportive enough relationship with them to speak to them about their situation. Young people also reported finding it difficult to talk to parents/carers.

The onus should not be on young people to disclose CSE as all professionals have a duty to protect and identify possible indicators of abuse, yet the young people reported that often professionals who were supposed to be supporting them were not interested in their lives and not enquiring, for example, about where they had been and what they did, and/or ask if they were in a relationship. A number of those interviewed said that if they had been asked about their lives they might have spoken about what was happening to them earlier and at the time of the exploitation.

In one case, a young person's school was very observant and had noticed that she was being met by an unknown adult male after school, when she was just aged 14. The head teacher contacted her social worker and after an investigation it became apparent that the man had told the young person to keep their relationship a secret, and had used the child's impairment to manipulate her.

"He told me not to tell anyone that we were together because they would stop us being together. ... 'Cos of my Autism, I often take things literally so if someone says to me to

do something or not to do something, I will do it in the way they tell me.” Sian, aged 20.

The young people interviewed spoke about the importance of the reaction of those who they had disclosed to.

“She was really nice ... She didn’t judge me. ... She listened to me. ... I trusted her.”
Zoe, aged 19.

Some young people, however, reported that they had not been believed after disclosing CSE. One young person who repeatedly ran away explained how her social worker reacted to her disclosure;

“They said that canna be happening and that canna be happening... so you aren’t even listening to what I am saying.” Shannon, aged 17.

When asked whether the social worker had listened to her when she disclosed, Chantelle, aged 14, also reported;

“No, not at all. They just thought we were being silly or dramatic but we were just telling the truth. They made us feel like it was our fault.”

4.2 What worked to support young people with learning disabilities who had experienced, or were at risk of, CSE

A child-centred approach

The young people spoke very positively about the support that they had received from their specialist CSE service. What was important was the approach undertaken by the workers and their attitudes towards them:

- the relationship that they had built with their worker, one in which they trusted and liked them – often describing them as nice and non-judgemental,
- they felt listened to,
- the workers were patient and if they did not understand they tried different approaches,
- they met regularly, mostly once a week and were given one-to-one support,
- they used methods and approaches that took account of their preferred learning styles,
- there was often no time limit on support.

Because of these positive relationships, which were often built up over a period of time, young people disclosed CSE. During the interviews the young people often stated that they would

turn to their support worker if there was something that worried them, thus ensuring ongoing protection.

Shannon, aged 17 said that what is good about the support she received was that;

“The workers don’t tell me, “Don’t do this and don’t do that”, they advise you more about what would be a better option. They talk to you like an adult rather than like a child.... “I can talk to them and ask them about anything”

Emma aged 18 explained that her CSE support worker was in tune with her needs:

“She knows that if I have had enough, I’ve had enough. She won’t keep going on about it. ... She knows that if I don’t want to talk about it I won’t say anything. ... When people keep asking me and asking me, that’s when I flip.”

Tom, aged 15, explained the importance of his project worker having a good understanding of Autistic Spectrum Conditions;

“She understands that my brain is different to other peoples. She knows that when I say things that people think are rude that I’m not meaning to be rude. She gets that I take everything literally. She knows that I can find social situations difficult and that I’m better on a one-to-one basis. I know lots of people think I’m odd because of the way I am but she says I’m not odd and that people just need to take time to get to know me to understand how I am.”

Helping young people to understand CSE

The young people explained that their project workers had helped them to understand risk in general, and potential consequences of actions that are inherently risky, and the nature of CSE:

“And now I know that some people get into cars with people they do not know and bad things happen and now I realise that I shouldn’t have done that.” Emma, aged 18.

“We do work like what I would like my boyfriend to be like, a good one and a bad one. We watch DVDs on grooming. It is good to watch them and see how it really is and then it’s like I don’t want to get myself in those situations cos then things can really happen. I prefer to watch a film rather than reading a book”. Katie, aged 14.

A central part of support to address CSE was to help the young people to understand that they had experienced CSE. Many of the young people struggled to understand that what they learnt about CSE or had seen, for example, on television applied to their own situation.

Supporting young people to access other services

Young people reported that their CSE service spent time trying to secure additional support for them and/or ensuring that any support that the young people did receive was accessible to them. For example, Sarah, aged 16, was referred to a specialist trauma centre but initially went a couple of times and then ceased going. It emerged that there were two problems: it was difficult for the young person's mother to physically get the young person to the trauma centre and the communication between the young person and the trauma specialist was not working well. The young person did not always understand what the specialist was saying and found it difficult to concentrate, and the trauma specialist did not understand how best to communicate with the young person. The CSE support worker therefore agreed to take the young person to the trauma centre and sit in their therapy sessions and 'interpret' between the two of them when required. Sarah explained;

'See, she'll [the young person's support worker] will look at me and know when I've switched off and will say to the trauma specialist "see, she's not even listening to you".'

Working holistically with parents/carers

Some of the support involved working with the young person's parent or parents, which was seen as positive by the young people.

"She [the support worker] helped them [the young person's parents] to understand that it [the sexual exploitation] wasn't my fault. ... She would listen to them and help them to think of what they could do to help me. ... We'd [the young person and her parents] had been arguing a lot and they were fed up of me running away – I think they were fed up with me in general. ... She got them lots of information about ADHD and what school should be doing to support me." Megan, aged 16.

The young person's support worker had also acted as an advocate for/supported both the young person and her mother at meetings with other service professionals which the young person had found very helpful.

4.3 Outcomes of receiving CSE support services

When asked how the CSE services had helped, the young people identified a variety of outcomes. Impact centred around improved knowledge and understanding of CSE and how to keep safe, whilst some young people reported significant changes in their behaviour and risk-taking including no longer going missing, being settled in care placements and education provision and improved relationships with family and friends. The fundamental outcome the

majority spoke of was to have been listened to and not feeling alone. Many reported improved confidence and self-esteem.

Lauren, aged 21, described how her understanding of risk had changed through the work she had undertaken at the CSE project:

“By having this help I have recognised the risk that I was in and how dangerous it was actually and I can see that my family have been really worried about me”

Although it must be noted that some young people did sometimes struggle to operationalise this new understanding. As one young person described honestly, she now ‘sometimes’ thinks about possible consequences in situations which may pose a risk before taking any action and that this is an improvement as she never used to think about this.

4.5. Young people’s recommendations for policy and practice

Young people were asked for their views on what they thought should be done to prevent young people with learning disabilities from becoming at risk of, or experiencing, CSE and what could be done to better support them. Their suggestions centred on four areas;

- Education and information

The young people felt that schools should do more to teach young people about issues such as:

- grooming,
- what abuse and exploitation is,
- how to keep safe in the “real world” and on the internet,
- what are safe and positive relationships,
- where to go for advice and support concerning sexual health or sexuality,
- where to go if they have concerns about their safety and well-being.

As Lizzie, aged 17 stated;

“They should teach kids what it is and what they can do to make sure it doesn’t happen to them.”

One young person drawing upon their experiences of autism highlighted that teaching in this area must be delivered in an accessible and meaningful way, particularly as for young people such as himself who interprets information literally, education needs to account for this and other traits associated with autistic spectrum conditions such as difficulties associated with understanding social cues and social interaction.

- ***Early and child centred support***

Young people who were either in the care system or who had a social worker recommended improved early support and for professionals to listen to young people. Thus preventing difficulties for young people escalating which could lead them to go missing from care or home and subsequently experience, or be at risk of, CSE. A significant number of the young people interviewed relayed a history of being unsupported and patterns of going missing.

“Everyone’s an individual but they need to make sure that those who go missing are looked after and that they look at it properly. Police just look at it like “Oh they just wanna go out and get drunk and then throw you in a cell, but they need to look and see why they go missing and look at sexual exploitation”. Katie, aged 14.

Many young people commented on the need for professionals to listen to young people, believe them and not blame or judge them.

“They need to listen to children. Otherwise the children can go missing” Chantelle, aged 14.

- ***Identifying and meeting learning needs.***

Some of the young people who participated in the research would not necessarily identify with a “label” of learning disability or identify that they have specific learning needs. And as described previously many of them had not had their learning needs properly assessed and recognised. However, in considering what could be done to prevent CSE, they made many recommendations for support which would specifically address problems they had with a lack of support for their learning needs, and in identifying these needs the young people connected them implicitly with increased risk of CSE.

- ***Provision of more CSE services***

The vast majority of young respondents highlighted that there was a need for more CSE services and they pointed to the specialist skills that these services have in working with young people to address CSE. They reported these skills to be the ability of specialist CSE workers to listen and be patient, and to teach them about for example, keeping safe and what exploitation is using methods and approaches which were accessible and engaging.

5. Discussion

This study aimed to give a voice to young people with learning disabilities who had experienced, or were at risk of, child sexual exploitation (CSE) in the UK, an area of research which has thus far been under-explored. Through hearing the experiences of young people

with learning disabilities it has been possible to start to understand how agencies, services and professionals can improve preventative measures to reduce this particular group of young people's vulnerability to CSE, increase the identification of young people with learning disabilities who experience, or are at risk of, CSE, and provide improved responses to support those who experience CSE.

The limitations of the study must, however, be acknowledged. Whilst there were reoccurring and consistent themes identified within the data, these came from the voices of those young people who had been identified by services and who were receiving, or had received at least some support. Ethical considerations and short-time frames necessitated this approach. However, the voices of those whose CSE remains hidden and/or those who have never received support remain unheard.

The difficulties of young people understanding that their experiences are abusive and disclosing abuse are well known (Allnock and Miller, 2013). Previous research has indicated that disabled young people are more likely to delay disclosure of abuse than non-disabled peers for a number of reasons including lack of awareness of abuse, fear and difficulties communicating their experiences (Hershkowitz, et al, 2007). Jones et al, (2016) explored this issue with D/deaf and disabled children identifying both the barriers and enablers for disclosure and identification of abuse. Similar issues were reported by the young people in this research study who had experienced CSE, with many reporting that they not been listened to by adults they had reached out to. In addition, the young people reported that they felt professionals were not interested in their lives or the risky situations they had experienced. Wanting people to notice abuse and being asked about possible abuse were clear messages in this research, and the earlier Jones et al (2016) study; two studies where disabled young people who have been abused have been given a voice. This raises numerous questions about the quality and depth of relationships and support being provided by the professionals around them, and in the ability of assessments and care plans to identify CSE and the potential risks of CSE for young people with learning disabilities.

Although not reported in depth here (for further exploration of this see Franklin and Smeaton, 2017), the majority of the young people spoke at length about the lack of sex and relationship education that they had received and especially about the lack of attention given to understanding exploitative relationships and the giving and receiving of consent. This study has indicated, however, that with the right support young people with learning disabilities can be supported to understand CSE and develop techniques and approaches to help them to identify potentially risky situations and learn what a non-exploitative relationship should be. The young people in this study called for this education to be made available to all and to be

delivered in accessible ways. Currently in the UK, there is not a mandatory obligation to teach children about sex and relationships, and when delivered the quality of this education is variable across schools. The young people interviewed clearly identified a link between their lack of knowledge and subsequent experiences of CSE.

The young people articulated very clearly the positive support that they received through their CSE service, and they identified the impacts that had occurred as a result of receiving this dedicated support. Positive outcomes were clearly linked to the supportive and respectful relationships the young people had with their CSE workers who they felt were trying their best to meet their needs. However, many outcomes the young people identified were not necessarily specifically concerning CSE per se, but indicated a more complex picture of unmet educational, health (physical and mental), social care and family support needs. The young people described a need for more support associated with their learning needs, an issue that has been identified in studies on the abuse of disabled children and young people (Jones et al, 2016). When sharing their history of CSE, many young people indicated how these often unrecognised and unmet needs and lack of support led them into risky situations such as truanting from school and/or running away from home, and their subsequent sexual exploitation. As the young people recommended, early support which meets their needs is required as both a preventative measure and a necessity if young people are to become survivors of CSE, and also to prevent possible further exploitation and abuse.

Conclusion

The young people who took part in this study showed courage and resilience in their lives and a desire to help others by volunteering to take part in the research. The consistent messages that the young people relayed and clear recommendations for change indicate that improved recognition of the sexual exploitation of young people with learning disabilities, and a significant transformation in how young people with learning disabilities are supported, is required if the UK is to address the sexual exploitation of this group. The young people have shown how a lack of attention given to their holistic needs at a prevention, identification and support level can have a devastating impact on their lives. Whilst there is much still to learn, this study offers some indication of how to move forward from the perspectives of young people with learning disabilities themselves and identifies issues that need to be addressed. It also shows that although disabled children and young people are often excluded from generic studies of abuse, they can, and should have an equal right to, be included in research.

It is hoped that this study will be a catalyst for the development of an improved evidence base on the sexual exploitation of disabled young people, and one which places the voices of disabled young people at its foundations. Whilst the study provides an exploratory overview

of the current situation in the UK, more detailed studies are now required to help to fully understand how we can both prevent child sexual exploitation and support disabled children who have experienced it.

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