BARRIER MAKERS AND BREAKERS

AN INTERSECTIONAL STUDY OF TEENAGERS' EXPERIENCES WITH (NON) DISCLOSURE AND SUPPORT SERVICES FOLLOWING SEXUAL ASSAULT

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Acknowledgements and dedication

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Abstract

This thesis is the result of a qualitative investigation of the experiences of teenagers ('teens') in Birmingham following sexual assault. Specific focus is given to teens' experiences with the disclosure of sexual assault, barriers to disclosure, needs from sexual assault support services (SASS) and views on how SASS can be improved for teens. Findings are derived from narrative interviews with teens who have experienced sexual assault (N=8), focus groups and group interviews with practitioners working for SASS (N=21), observational data (N=5) and a systematic literature review. As one of the unique contributions of this study an adapted theoretical framework, the 'Intersectional Social-Ecological Model' (ISEM), is introduced and utilised to improve understanding of teens' experiences. Apart from relevant findings presented in this thesis, further unique contributions relate to methodological and ethical insights for enabling teens to exercise their agency when participating in research on highly sensitive topics, such as sexual assault. A strength of the study is the inclusion of teens from marginalised groups who are often excluded from research.

Findings illustrate the need to recognise how teens' experiences following sexual assault are distinctly different from those of children and adults, as well as the complexity and diversity of these experiences. The data highlights the importance of an individualised teen-centred approach to offering support, along with the constraints in realising this method of support. Data presented shows how individual social positionings (such as gender, age, race, cultural identity, and more), and organisational and governmental protocols and laws, intersect to shape the impact of sexual assault. Findings further demonstrate teens must navigate disclosures within organisational/legal structures that attribute limited agency to them. For example, whilst some practitioners reported the necessity of safeguarding, most recognised it as a reason for non-disclosure, which was confirmed by the teen narratives.

Seven categories of barriers to disclosure are presented (practical, knowledge, social, cultural, emotional, trust and communication). Additionally, multiple barrier-breakers (peer influence, validation, good relationship with trusted adult, wanting to protect others, being asked, talking about sexual assault and consent, media representation, safe spaces, visibility of services), and potential strategies to improve SASS for teens are recommended.

In conclusion, this thesis offers unique contributions to knowledge which highlight that disclosure of sexual assault is currently not always in teens' best interests. To mitigate the negative impact of sexual assault and its disclosure, teens require a tailored approach from SASS that removes the present focus on a forensic narrative and safeguarding. It is fundamental for a more inclusive teen SASS that interventions are multi-layered, culturally sensitive, peer-focused, offer safe spaces and encourage open conversations about sexual assault and consent.

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List of definitions

Sexual assault	*any sexual act or activity* without a person actively agreeing to it, including but not limited to: unwanted touching (such as kissing and groping), sexual abuse and rape.
Child Sexual Abuse (CSA)	*Child sexual abuse* is usually associated with children who are forced or persuaded to take part in sexual activities (NSPCC, 2019).
Child Sexual Exploitation (CSE)	A form of sexual abuse, typified by the presence of exchange, whereby the victim and/or perpetrator receives something in return for the sexual activity (Beckett, 2019).
Disclosure (of sexual assault)	The act of informing someone about a sexual assault.
Barriers (to disclosure)	A barrier is *any reason* that deters people from disclosing and/or seeking out help after they have experienced a sexual assault incident.
Sexual Assault Support Services (SASS)	Organisations providing outreach, advocacy, (sexual) health care, counselling and support to those who have experienced sexual assault.

Chapter 1: Introduction

> *´It [sexual assault] is tiptoed around, because it is taboo, because nobody knows how to approach it"* (Elena, teen participant).

As the above quote from a teen participant indicates, sexual assault is a difficult topic to approach. Therefore, in this chapter I provide relevant background information, operationalisation of concepts, and a short discussion of laws and policies for child protection in the UK (the Lanzarote Covention & Safeguarding protocols). I will conclude this chapter with a content overview of this thesis.

1.1 Background to the study

The number of sexual assault cases reported to the police in the UK and Wales is at an all-time high (Deardon, 2022). The Office for National Statistics (ONS) reports that in the UK, people in younger age groups are most likely to be the victims of sexual assault. Specifically, older teenagers ('teens') aged 16 to 19 and young adults aged 20 to 24 years. 'Full-time students' are more likely to experience sexual assault than any other 'occupation type' (ONS, 2021). Alarmingly, the largest increases were seen in the categories: girls aged 13 and over, sexual activity involving a child under 16 and sexual grooming (ONS, 2018). Black or Black British and Mixed ethnicity British people were more likely to experience sexual assault than those who are White or of 'other ethnicity' (ONS, 2018; ONS, 2021). However, data on the exact prevalence of sexual assault experienced by teens is difficult to determine, for one because of varying definitions among both those who experienced it and researchers (Coy, 2019, p. 2010).

Further, only 1.3% of reported rapes result in a charge (Deardon, 2022). Critically, a discrepancy between the number of victims of sexual assault measured and the number of victims who reported their experiences to the police, suggests that over 80% of people who have experienced sexual assault in the UK did not report to police (ONS, 2018). As well as underreporting sexual assault to the police, support services such as medical clinics and counselling services find it difficult to include teens in their services, partly because teens are less likely to seek medical treatment after sexual assault than adults (Kaufman, 2008) just as they rarely seek help for other issues (Wilson & Deane, 2001; Black et al., 2008). A study commissioned by NHS England found:

> "*Children and young people who have been sexually assaulted or abused need medical care and support. At present, very few of them come to the attention of*

police, social care or health providers, and even fewer in the period soon after the abuse." (Goddard, Harewood & Brennan, 2015, p. 4).

This is of concern as sexual assault can cause physical injury but is also associated with an increased risk of a range of (sexual) health, mental health, emotional and social problems. For example, substance use (Silverman, Raj, Mucci & Hathaway, 2001), eating disorders (Crawford-Jakubiak, Alderman & Leventhal, 2017; Keeshin, et al., 2013), sexual risk behaviours (Silverman et al., 2001), depression and suicidality (Brabant, Hébert & Chagnon, 2013).

Experience with sexual assault in adolescence reduces girls' capacity to see sexuality as something positive they can control. As a result, they are less likely to use contraception such as condoms, increasing the likelihood of becoming pregnant at an early age (WHO, 2002) or contracting HIV and STI's. In a review study on the social and emotional outcomes of childhood sexual abuse for both boys and girls, Tyler (2002) concluded victims have an increased risk of substance abuse, gang involvement, running away from home, post-traumatic stress disorder (PTSD), risky sexual behaviour and behavioural problems. Re-victimisation is also a serious concern for those who have experienced sexual assault (ONS, 2018; Crawford-Jakubiak, Alderman & Leventhal, 2017; Fier 2017; Walker, 1999). For example, girls who have experienced unwanted sex in adolescence are likely to have similar experiences in college (Walker, 1997). Furthermore, according to the ONS (2018) almost half of those who experienced sexual assault have had these experiences more than once since the age of 16. Therefore, it is crucial teens receive professional care as quickly as possible (WHO, 2017). The first week post-assault offers unique opportunities for medical (timely administration of medications), psychological (preventing severe mental issues such as PTSD) and forensic (extracting biological traces before they are compromised) interventions (Crawford-Jakubiak, Alderman & Leventhal, 2017).

Teens who have experienced sexual assault might have special needs with respect to support services. Even though the emotional, physical, and social consequences of sexual assault is similar to that of adults*, "adolescents have less life experience and emotional fortitude to handle the trauma"* (Bein, 2011, p.3) associated with sexual assault. However, one of the main challenges for intervention for teens after sexual assault is that many do not disclose their experience with sexual assault or use support services. Part of the problem is a lack of knowledge about the experiences and needs of teens following sexual assault. A scoping review of the literature shows limited research is actually focussed on teens' experiences and needs after sexual assault experiences. Most academics working on this topic have focussed mainly on the prevention of sexual assault, include only practitioners and other stakeholders in their research, or attempt to research teens' experiences by

accessing their casefiles. Furthermore, studies are often of a retrospective nature including adults' accounts of experiences with sexual assault as teens and the long-term impact of child sexual abuse (Fehler-Cabral & Campbell, 2013). Only limited research focussing on lowering barriers of disclosure and interventions after sexual assault has occurred involving actual teens. Montgomery (2009, p. 184) argues little anthropological research on children and sexual abuse is conducted because:

> *"Even the work done on sexual abuse has often remained theoretical [..] sexual abuse, by its very nature, is secretive, transgressive, and difficult to observe or discuss."*

Furthermore, teens from ethnic minority groups are often not sufficiently included in research, even though studies have established that people from ethnic minority groups have special needs in sexual health care services (Kulyk et al., 2013) because of different help-seeking experiences and increased negativity to disclosures of sexual assault (Fehler-Cabral & Campbell, 2013). For example, black teens experience more disadvantages and marginalisation impacting their lived experiences and increasing their vulnerability to exploitative and abusive situations (Bernard, 2019). This lack of representation within research and knowledge is especially relevant considering Birmingham (the site of this research) is the most diverse city in the UK (Cachia & Rodger, 2018) which is also reflected in the participant sample of the current study (see chapter 4.3.2 *The six stages of the study*).

These considerations underline the importance and necessity of a research project that places teens who have experienced sexual assault at its centre, is inclusive of teens' voices, and has the aim to better understand and increase knowledge on teens' experiences following sexual assault. In the next section I will discuss the relevant concepts and their place within this study.

1.2 Operationalisation of relevant concepts

In this section I operationalise the concepts relevant for the current study which allowed for a systematic approach to the data collection.

1.2.1 Developmental stage of teenagers: what is a 'teen'?

I chose the terms 'teenagers' and 'teens' because they are gender neutral and inclusive and because I set out to recruit teens from all genders/gender identities. Even though, only teen girls responded to my recruitment and participated in the narrative interviews, the practitioner data, observational data and literature is not exclusively about girls. 'Gender' is a very important topic throughout this thesis and therefore carefully considered. I have addressed the lack of participation of teen boys and teens from the LGBTQ+ community in chapter 10.8 (*Limitations, strengths and unique contributions of the*

current research).

When addressing the developmental stage of teens it is necessary to consider the concept of 'adolescence'. Adolescence is a *"cultural concept that can only be understood contextually"* (Montgomery, 2009, p. 203). As such it is not an easily defined state. However, there is strong ethnographic evidence for a transitional phase between childhood and adulthood (Montgomery, 2009, p. 231). This transitional phase is commonly seen as a 'critical period' of sexual development (Walker, 1997). Montgomery (2009) argues:

> *"adolescence is best looked at as a transitional phase with elements of both adulthood and childhood, a time when children are unlearning some of their past behaviors, attitudes, and social statuses while learning new ones that will be needed in their future roles and lives"* (p. 231-232).

To help make sense of teens' behaviours and experiences Coleman (2019, p. 120-125) signals three features of adolescence; transition, puberty and brain development. Adolescence is a time of educational transitions, social transitions and physical transitions (Coleman, 2019). As Coleman argues: *"The key element of a transition is an uncertainty about whether you are one or the other or to put it another way, whether you are a child or an adult"* (2019, p.120). As the second biggest change in human development, puberty involves both significant physical and emotional changes (Coleman, 2019, p. 121-122). During adolescence the brain is developing at a rapid rate working to make connections that are effective whilst losing connections not being utilised. As a result, Coleman (2019, p. 123) argues: "*a lot of reorganization and restructuring takes place, inevitably leading to a period of readjustment. This may have the effect of causing uncertainty, confusion or difficulty in making decisions."*

As the onset of adolescence varies amongst individuals there is no clear age cut-off. A distinction can be made between the three stages of 'early adolescence' (12 to 14 years), 'mid-adolescence' (15 to 18 years), and 'late adolescence' (19 to 24 years) (de Graaf & Mouthaan, 2017, p. 30-33), where the first two stages are often used to refer to a 'teenager'. Subsequently this age range is used to refer to 'teen' for the purposes of this study.

1.2.2 Defining sexual assault

Researchers have struggled to establish clear definitions of sexual violence, sexual assault and sexual abuse. Often a definition is not provided and the terms are used interchangeably. Furthermore, the preference for specific terms can vary depending on the context both in- and outside the academic world. This is one of the obstacles when conducting research and reviewing the literature on this subject. In order to reach a conscientious operationalisation it is necessary to explore the various meanings of these terms.

First, organisations which support children often speak of *Child Sexual Abuse* (CSA).

However, there is no universal agreement about the exact definition of CSA as individual and cultural factors play a role (Finkelhor, 1999, p.101). *Sexual abuse* is usually associated with children who are forced or persuaded to take part in sexual activities (NSPCC, 2022). Often a considerable age difference between the child and perpetrator is implied. Some argue the difference in sexual assault and sexual abuse is that with sexual abuse there is someone in a position of power or with authority who takes advantage of a person's trust and respect to involve them in sexual activity (Wellington, 2017). However, there is always a power imbalance with any sexual offence, making this distinction incongruous. Further, many charities and NGOs[1] use the term *sexual violence* when referring to sexual offences. This is problematic because not all sexual offences involve violence, cause physical injury or leave visible marks (Metropolitan Police, 2018). The term '*sexual offences'* is precarious because it is associated with a forensic narrative which is problematic for reasons discussed further in the discussion chapter (section 10.4.1. *Teens' experiences with the police: questioning the forensic narrative*). Consequently, in this study I refer to *sexual assault*[2].

Mulla (2014), argues that whilst researchers might struggle with defining sexual assault, within the forensic framework there is *"[…] a clear sense of what a sexual assault is and how it must be documented."* (p. 60). Sexual assault can, therefore, not be defined without considering the legal context. As such it is necessary to explore the various meanings and concepts of sexual crimes. For the UK, the Criminal Offences Act 2003[3] legally defines all sexual crimes. In general, the Act's notion of sexual assault includes, assault by intentional penetration (of the vagina or anus) with a part of his[4] body or anything else, intentional sexual touching and inciting a person to engage with sexual activity, all without consent (Sexual Offences Act 2003). Due to the legislative nature of this Act, the general definition of sexual assault is further explained in many different categories[5].

This research took place in the Birmingham area, where West Midlands Police use 'sexual assault' to refer to all sexual crimes. On their website they present the following statement:

> *"sexual assault can range from 'assault by penetration' where a person intentionally penetrates the vagina or anus of another person with a part of the body or anything else, without their consent. It can also include where someone intentionally touches*

[1] For example: RAINN and Rape Crisis England and Wales, PARCES.

[2] The exceptions are quotes that use one of the other terms or when referring to a study that specifically or intentionally used a different term.

[3]The Sexual Offences Act 2003 specifically refers to separate sections for children under the age of thirteen.

[4] Using 'his' is not a choice of the author of this proposal but is directly contrived from the Sexual Offences Act 2003 itself.

[5] For a full overview see https://www.legislation.gov.uk/ukpga/2003/42/contents

> *another person, the touching is sexual and the person does not consent. Both men and women can be offenders and victims of sexual assault"* (Sexual Assault, 2018).

Interestingly, this definition differentiates sexual assault in categories, clearly describing specific behaviours. For example, this definition implies there needs to be some sort of physical contact (in a sexual way). It appears to exclude issues relating to online victimisation, such as image-based sexual abuse[6]. The definition also clearly states both men and women can be victims and perpetrators and is thus reasonably inclusive.

For this research, I worked together with Umbrella clinic[7], which defines sexual assault as "*any sexual contact without your consent"* (Umbrella, 2022). On its website, Umbrella also uses the term sexual abuse and describes it as: *"a wide range of activity which involves forcing or pressuring people into doing things they don't want to do or aren't able to agree to"* (Sexual Abuse, 2022). These definitions are written in comprehensible language. However, they are broad and do not refer to any specific behaviours.

In conclusion, sexual assault can be seen as an overarching term for a diverse range of sexual misconduct making it most suitable for this study. In order to make it comprehensible and inclusive the definition used for this review does not include the word violence, is descriptive, and accessible. As such, it is defined as:

> *Any sexual act or activity without a person actively agreeing to it, including but not limited to: unwanted touching (such as kissing and groping), sexual abuse and rape.*

1.2.3 Those who have experienced sexual assault

Much has been written about the terms used to describe those who have experienced sexual assault. Many feminist scholars prefer the term 'survivor' over 'victim' as the former is believed to be pejorative (Mulla, 2014, p.6). On the other hand, others argue that using the term 'victim' can be an important step in moving forward for teens and not feeling like they were responsible (Kalergis, 2009). However, as the narratives included in this study illustrate, many teens might not identify with either of these terms. Here it is relevant to consider Christie's (1986) concept of the 'ideal victim'. Christie argues:

> *"Firstly, being a victim is not a thing, an objective phenomenon. It will not be the same to all people in situations externally described as being the 'same'. It has to do with*

[6] Defined as *"the non-consensual creation and/or distribution of private sexual images"* (McGlynn & Rackley, 2017, p.1). Also known as 'revenge porn'.

[7] Umbrella is an Abuse Survivors Clinic, part of University Hospitals Birmingham NHS Foundation Trust, offering free and confidential sexual health services in the Birmingham and Solihull area, for people of all ages, gender, and orientations (Umbrella, 2018).

the participants definition of the situation. […] Secondly, the phenomenon can be investigated both at the personality level and at the social system level." (p.18).

Christie defines the 'ideal victim' as "*a person or a category of individuals who - when hit by crime - most readily are given the complete and legitimate status of being a victim. The ideal victim is […] a sort of public status of the same type and level of abstraction as that for example of a 'hero' or a 'traitor*'" (p. 18). As such the 'status' of a victim is socially constructed. Consequently, we are more likely to label some as 'victims' than others, including whether or not we see ourselves as victims. This concept is further explored in the discussion chapter of this thesis (see chapter 10 *Discussion: Recognising the complexity of teens' experiences following sexual assault*). To legitimise teens' feelings on the subject, in this thesis both the terms 'victim' and 'survivor' are avoided and instead more descriptive language (e.g. teens who have experienced sexual assault) is used unless the referenced source uses a specific term. The rationale for this decision is further discussed in chapter 6.5.3 (The impact of language: using terminology in SASS).

Likewise, within public health and research teens who have experienced sexual assault are often described as a 'vulnerable group' even though 'vulnerability' as a concept is problematic. Labelling a group or individual as 'vulnerable' implies the problem is intrinsic to them rather than constructed by the public policies and institutional racism responsible for their position. As a term 'vulnerable/vulnerability' can be perceived as negative suggesting weakness and risking the perpetuation of discrimination and unfair treatment (Communicate Health, 2021). Adverse Childhood Experiences (ACE) is also used to describe vulnerabilities. Within health research, policy and social work practice the use of ACE has become commonplace (Kelly-Irving & Delpierre, 2019). Adverse Childhood Experiences (ACE) Study (Felitti et al., 1998) looks at the relationship of health risk behaviour and disease in adulthood and the exposure to childhood emotional, physical, or sexual abuse and household dysfunction. The ACE Study described three types of ACEs: *abuse* (physical, emotional and sexual), *neglect* (physical and emotional) and *household dysfunction* (mental illness, mother treated violently, divorce, incarcerated relative and substance abuse). The Robert Wood Johnson Foundation states there is a 95% likelihood that children and young people who experience a single ACE, for example sexual assault, will also experience additional types of childhood trauma. This means young people who have experienced an ACE could potentially be at further risk of experiencing sexual assault (again).

Research on ACE has been criticised for not being inclusive of the socioeconomic environment and the risk of using it to place responsibility on the individual child or to incriminate parents (Kelly-Irving & Delpierre, 2019). Its three types of ACEs are also

relatively limited, considering the variety of challenges young people face. Therefore, an alternative is to refer to Adverse Life Experiences (ALE) instead. ALEs for young people range from events that are less severe such as a bad grade on a test, a change of school, and a break-up (Tiet, Huizingga & Byrnes, 2010) to more severe events such as sexual assault, parental loss, and natural disasters (Seery, 2011).

To avoid the term 'vulnerable' to refer to teens, in this thesis I will use ALEs, 'disproportionately affected/ impacted' or more direct language (e.g. 'black teens') unless referencing sources which specifically use 'vulnerable'.

1.2.4 Sexual Assault Support services in the West Midlands

Sexual assault support services (SASS) are organisations, often non-profit, providing outreach, advocacy, (sexual) health care and support to those who have experienced sexual assault (and their families). Examples of SASS in the Birmingham area are sexual health clinics, children's charities, LGBTQ+ charity, and Sexual Assault Referral Centres (SARCs). The funding and commissioning of these services are "*complex, historically under-funded and highly fragmented*" (Isham, Gunby, Damery, Taylor & Bradbury-Jones, 2021, p. 3) Currently, in the West Midlands, there are not any sexual health clinics 'or young people's clinic' specifically for teens. Furthermore, general services aimed at supporting teens, such as youth services, have experienced a significant reduction in funding.

In England and Wales youth services have seen a 70% reduction of their funding in the last decade, with the West Midlands' youth services experiencing even greater losses of up to 80% of their funding since 2010-11. As a result, 760 youth centres were closed and over 4500 youth workers lost their jobs (YMCA, 2020). Youth services consist of open-access services (leisure, cultural, sporting activities etc.) based around youth centres and targeted services for vulnerable young people (e.g. teen pregnancy advice, youth justice team, drug and alcohol misuse services) (YMCA, 2020, p.5). The loss of these services can have a ripple effect on teens' wellbeing.

> *"The day-to-day impact of youth services often goes unnoticed by the public, but the consequences of these cuts cannot be underestimated. Cases of knife crime, mental health difficulties and social isolation among young people continue to rise, while the number of services available to positively intervene and prevent such cases continue to decline"* (YMCA, 2020, p.2).

At the same time Children and Adolescent Mental Health Services (CAMHS) have also experienced financial cuts, which is known to lead to strict access criteria (e.g. teens need to have diagnosable mental health conditions like severe self-harm or PTSD) and long wait

times for assessment and treatment impacting the accessibility (Goddard, Harewood & Brennan, 2015, p. 5-16).

1.3 Laws and policies for child protection in the UK: the Lanzarote convention and safeguarding protocols

The current research was conducted in the Birmingham area (UK). Whilst it is beyond the scope of this thesis to provide a detailed description of all the laws and policies for child protection in the UK, two pivotal constructs (the Lanzarote Convention & safeguarding protocols) in this field need consideration. These are discussed in the sections below.

1.3.1 The Lanzarote convention

The Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse is also known as 'the Lanzarote Convention'. As one of the founding members of the Council of Europe, the UK, by ratification of the Lanzarote Convention has committed itself to criminalise all types of sexual offences against children, adopt specific legislation and take measures to prevent sexual violence, protect children who have been victimised, as well as prosecute perpetrators (Council of Europe, 2022). Relevant concepts from the Lanzarote Convention are that it requires countries to establish a child friendly criminal justice system which places the child at the centre, as well as ensuring the medical and psychosocial needs of children and their families are met (Goddard, Harewood & Brennan, 2015, p. 13).

1.3.2 Safeguarding protocols in the UK

As the result chapters will showcase (see chapters 6, 7, 8 & 9), safeguarding policies are an important topic within the findings of this study. Therefore, it is necessary to provide some background information on safeguarding. In the UK local authorities are responsible for safeguarding and promoting the welfare of all children and young people in their area through statutory functions that are set out in the 1989 and 2004 Children Acts (HM Government, 2015, p.5). The Children Act 2004, as amended by the Children and Social Work Act 2017, placed new duties on key agencies in local areas. In England, the police, clinical commissioning groups[8] and local authorities are expected to make specific arrangements to work together and with other local partners to safeguard all children in their area (HM Government, 2018, p. 6). Safeguarding is defined as:

> *"protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the*

[8] From 1 July 2022 these have been replaced by integrated care boards.

provision of safe and effective care; and taking action to enable all children to have the best outcomes" (HM Government, 2018, p.7).

The government's guidance (2018) describes two *key principles* to effective safeguarding arrangements.

1. A co-ordinated approach: Safeguarding is everyone's responsibility. Meaning everyone who works with children, including teachers, health practitioners, youth workers, and police officers, has to follow safeguarding guidelines.
2. Safeguarding should have a child-centred approach which means: "*keeping the child in focus when making decisions about their lives and working in partnership with them and their families"* (p. 9).

The government's guidance iterates that safeguarding applies to all schools, all children up to the age of 18-years-old, and should be complied with unless there are *exceptional circumstances* (p. 7). Practically it means practitioners have to communicate with teens about the consequences of disclosing harm and any further risk to themselves, or others, as it would need to be relayed to third parties (Aldridge, 2015).

Interestingly, the most recent UK government guidance on safeguarding (2018)[9] has changed its language concerning the position of the young person from its previous version in 2015. The 2015 guidance stated "*the child's needs are paramount, and* ***the needs and wishes of each child,*** *be they a baby or infant, or an older child,* ***should be put first,*** *so that every child receives the support they need before a problem escalates*" (2015, p.8). The 2018 guidance has removed this and replaced it with "*Anyone working with children should see and speak to the child; listen to what they say;* ***take their views seriously****; and work with them and their families collaboratively* ***when deciding how to support their needs*****."** (2018, p.10). Where the language in the 2015 guidance highlighted the child's needs and wishes, in the 2018 version a more paternalistic approach is taken, by emphasising that it is the professional that is ultimately making the decision how to support a child.

The NHS safeguarding policy[10] (2014, p.6) sets out the key principles that all NHS staff should comply with in relation to safeguarding children, young people and, adults at risk of harm and abuse. The policy states:

"All staff within NHS England and NHS Improvement have a responsibility to safeguard people in their care, but extra care must be taken to protect those who are

[9] Working together to safeguard children - GOV.UK (www.gov.uk) this report was last updated in 2020 but no significant changes occurred.

[10] This report is the most recent NHS Safeguarding Policy report and was last updated 01.03.2019.

least able to protect themselves. Children and young people, and vulnerable adults, can be at particular risk of abuse and neglect" (NHS, 2014, p.17).

In the policy sexual harm is defined as *"any form of sexual activity involving a child under the age of consent*" (p.18). A child is a person under 18 years of age and the behaviour involving a child that is classified as 'relevant conduct' *"includes any behaviour of a sexual nature involving a child"* (p.19-20). In practice this means that when a young person discloses sexual assault to any adult, they are required to *"report what the child has told you as soon as possible"* (NSPCC, 2022).

1.4 Overview of content chapters

Following this introduction, in chapter 2 of this thesis I will discuss existing literature based on qualitative studies all aimed at exploring teens' experiences following sexual assault. A systematic review in which I assessed and synthesised published qualitative studies together with a comprehensive review of 'grey literature' revealed how sexual assault is not experienced as an isolated event, the complexity of the disclosure process for teens, and the specific needs teens have from support services. Furthermore, the complex nature of sexual assault in combination with adolescence and the impact this has for service improvement as well as the particular need for research inclusive of teens' voices is highlighted.

In chapter 3, I argue that theory is needed in order to make sense of practice. The complexity of teens' experiences following sexual assault is addressed and a theoretical framework to tackle this complexity is set out. I discuss the strengths and limitations of critical realism, intersectionality and ecological theory and how these theories have shaped the current research. Subsequently, the Intersectional Social-Ecological Model (ISEM) is introduced as this study's main theoretical framework including an explanation of how it enables an in-depth understanding of teens' experiences following sexual assault.

In chapter 4, the methodological framework of the study is presented. In order to answer the main research question *'What are the experiences of teenagers in Birmingham following sexual assault?',* I conducted a qualitative study in which data was gathered by means of narrative interviews with teens who have experienced sexual assault (n=8) focus groups with practitioners (n=21), and observations at a sexual health clinic (n=5). In this chapter I also discuss the narrative-thematic analysis and why this approach to analysis was taken.

Due to the sensitive topic of this study and participants who are considered as 'vulnerable', I believe it is critical to disclose and discuss the ethical considerations I had to address in order to execute this research in a conscientious manner. These ethical considerations, including dilemmas such as power-imbalances, informed consent and safeguarding, are presented in chapter 5.

Chapter 6 is the first of four findings chapters which shows teenage years are characterised by physical, emotional, social, and educational transitions which impacts teens' experiences with and following sexual assault. Further, the impact of culture, race, and gender on framing sexual assault and help-seeking by teens is explored, highlighting the ways in which cultural expectations and influences impact teens' understanding of experiences of sexual assault.

In chapter 7 the different types of, and pathways to, disclosure of sexual assault by teens are presented. Further, the concept of (non-)disclosure is discussed and a categorisation of barriers to disclosure for teens is presented.

Chapter 8 displays how sexual assault impacts teens' medical, psychological, and social experiences influencing teens' ongoing development. Further, teens' experiences with SASS are presented revealing interventions from SASS which teens considered unhelpful, as well as experiences that were received positively.

The final results chapter, chapter 9, introduces barrier-breakers to disclosing sexual assault and accessing SASS by teens. It further explores participants' views on improving SASS resulting in five strategies for improvement.

Chapter 10 is the discussion chapter in which I discuss the significance of the findings in relation to existing literature. Additionally, I discuss the implications of the findings for practice and health policy, as well as addressing the limitations and strengths of the current study.

In the final chapter, chapter 11, I present the conclusion of this thesis by highlighting the five main findings resulting from the findings and discussion as well as my recommendations for further research and improvements for SASS.

Chapter 2 Literature review: Teens' experiences following sexual assault A meta-ethnography of qualitative research

2.1 Introduction

As discussed in the *Introduction* (see chapter 1), teens and young adults experience the highest rate of sexual assault compared to any other age group. Health and support services find it difficult to include teens in their services and many teens never disclose their experience of sexual assault. This chapter contains the results of a systematic qualitative literature review with the objective to understand the experiences teens have following sexual assault and to identify gaps in literature and knowledge. By systematically reviewing, assessing and synthesising published qualitative studies in this area I answer the following question: What are teens' experiences following sexual assault?

Seventeen articles, from thirteen different studies that focussed on teen participants (13-19 years old), as opposed to retrospective accounts from adults, were included. First, I discuss the methodological approach to this literature review. A meta-ethnography analysis identified seven major themes in relation to teens' disclosure of sexual assault: 1) context of assault, 2) barriers to disclosure, 3) pathways to disclosure, 4) barrier breakers, 5) impact of disclosure, 6) experiences with support services, and 7) impact on everyday lives. These seven themes are all presented as findings in this chapter. The findings illustrate how sexual assault is not an isolated event, disclosure is a complex process and that teens have specific needs from support services. This study identifies the complex nature of sexual assault specifically in combination with adolescence. Findings identify issues for service improvement and a significant need for research inclusive of adolescents' narratives.

Following the findings of the systematic qualitative literature review I present the findings of an additional comprehensive literature review of grey literature. Furthermore, I outline the limitations of this review and the research gaps found, such as a lack of theory-informed approaches in many included studies, limited discussions on ethics and a lack of inclusion of teens from the general public (as opposed to teens recruited from treatment centres), as well as a shortage of research samples that reflect diversity and inclusivity. I end this chapter with a conclusion.

2.2 Methods

2.2.1 Search strategy

For the systematic review I used a comprehensive search strategy containing free text searches looking for keywords in title or abstract. The databases searched were PsycINFO,

EBSCO, CINAHL complete, ASSIA (Applied Social Sciences Index and Abstracts), Social Care online, NHS evidence, Medline, and Criminology. There were no restrictions to the year of publication. Ethos was searched to identify theses written about teens' experiences following sexual assault. However, none were located. Originally, databases were searched between 03.01.2019 and 15.02.2019 resulting in sixteen articles. In November 2021 the search was updated with identical search criteria resulting in one additional article. Appendix 1 shows a table with the search terms used to search the databases. The Boolean operators, AND and OR, were used to combine search strings. Search terms were adapted for the requirements of individual databases. In addition to database searches, the reference lists of the articles that were selected for inclusion into this review were searched to look for any relevant articles that had not previously been identified. Inclusion and exclusion criteria were used to decide which studies were included (see table 1).

Table 1

Inclusion and exclusion criteria for literature search

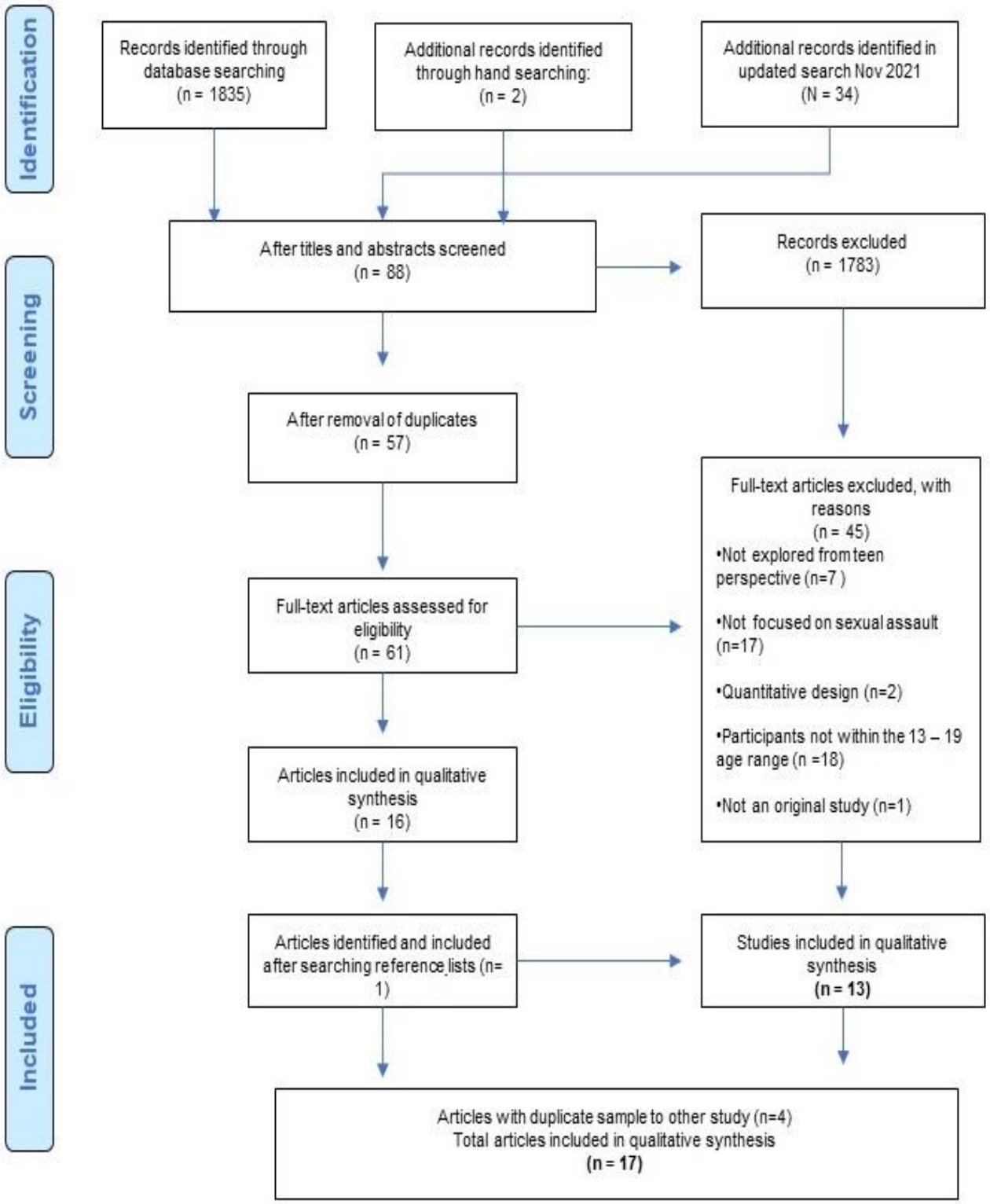
	Inclusion criteria	**Exclusion criteria**
1.	Studies focusing on experiences following sexual assault (including sexual abuse and sexual violence).	Studies including children younger than 12 years or older than 20 years or where it is impossible to identify the age of the participants[1].
2.	Studies working with participants aged 13 to 19 years (with a margin of 1 year older/younger).	Studies that are literature reviews.
3.	Studies exploring the experiences following sexual assault from a teen's perspective.	Non-human studies.
4.	Studies that make use of qualitative methods including studies that use a mixed-methods approach.	Studies that are unpublished.
5.	Studies that are peer reviewed.	Studies that are not peer reviewed.
6.	Studies that are published in English.	Studies written in non-English language.

[1] Studies that included younger and/or older participants but where it was possible to identify the results of the 13-19 age group were included.

The identification process has been visualised in figure 1 and includes the justification for the exclusion of certain studies.

Figure 1

Identification process of relevant studies



2.2.2 Procedure

The PRISMA guidance (Liberati et al., 2009) was used to establish a protocol for identifying relevant studies (see figure 1). All articles that were identified through the search strategy were screened based on their title and abstract. Studies that were evidently not relevant to the study were excluded. After this initial screening the full text articles were reviewed and the in- and exclusion criteria applied. Finally, the reference lists of these articles were subjected to the same process after which 1 further article (part of a study that was already included) was identified. Sixteen articles from thirteen studies were included in the final review. The same was done after the updated search in resulting in seventeen articles in total. A summary of the included studies and their characteristics (authors, location, design, sample and main findings) can be found in table 2.

Table 2

Summary of contextual information of included studies

Study	Country	Study Design	Sample characteristics (size, age, gender)	Sample and recruitment strategy
1. Ajuwon et al., 2004	Nigeria	Narrative workshops, survey & in-depth interviews	Workshops N=?; survey N= 1025; interview N=8; age 15-19; mean age 17; all female.	Workshops with secondary school students, apprentices and hawkers. Survey samples were drawn from lists in schools and apprentice workshops. Interviews with those who reported the experience of rape in the survey.
2a. Fehler-Cabral & Campbell, 2013	US	In-depth qualitative interviews	N= 20; age 14-17; all female.	Recruitment amongst survivors who obtained services from Sexual Assault Nurse Examiner Programs; prospective sampling strategy, nurses provided all eligible patients with information about the study after which patients were asked if the research team could contact them.
2b. Campbell, Greeson & Fehler-Cabral, 2013	Same as 2a	Same as 2a	Same sample as 2a	Same sample as 2a
2c. Greeson & Campbell, 2014	Same as 2a	Same as 2a	Same sample as 2a	Same sample as 2a
2d. Campbell et al., 2015	Same as 2a	Same as 2a	Same sample as 2a	Same sample as 2a
3. Clasen, Blauert & Madsen, 2018	Denmark	Mixed-methods; survey & case stories	Survey N= 59 (out of 148); case stories N= 5; age 15-18; 87.5% female.	Non-acute adolescents who reported or were referred for treatment in the Centre for Victims of Sexual Assault's "Youth Programme" from Sept 2011 – Dec 2014; 87.8% of the participants attended school at the time they were offered treatment; 74.3% lived with at least 1 parent, 3,4% lived in foster care & 4.1% in a (residential) institution; of the entire sample (N = 148), 59 victims reported having been assaulted by someone in their social circle who was not a family member or an authority figure. The results reported are based on this sample N = 59.
4. Guerra et al., 2021	Chile	Mixed method Analysis of secondary data & semi-structured interviews	Quantitative sample N= 210; age 10-18; mean age 13.84; 168 female & 42 male. Qualitative sample N= 10; age 18-20; mean age 18,8; 7 female 3 male.	Mixed study with two phases a quantitative phase analysing data from local NGO describing the disclosure of sexual abuse in both genders. Bases on these findings in phase two semi-structured interviews were conducted with 10 teens to understand the role of gender in the disclosure process.
5. Ijadi-Maghsoodi et al., 2018	US	Focus groups (n=5) & demographic survey	Focus group participants N= 18; survey N=13; age 12-19; all female	Focus groups with CSE youth residing in two group homes serving CSE youth in Southern California; 69% identified as black, 39% as Hispanic, 23% as white, and 8% other;

Table 2. *Continued*

6. Kavemann et al., 2018	Germany	Standardized survey & qualitative, workshop, face-to-face interviews	t0 Survey N= 42; t1 workshop N=?; N= t2 survey N=26; Age 14 -19; mean age 16; all female.	Short-term longitudinal study (1 year). The sample of 42 girls was recruited by contacting all residential care facilities for adolescent girls known to the researchers in the regions Berlin and Munich; caregivers informed those girls who met the criteria of the study; 18 girls were from migrant families; 7 girls were in vocational training, all others were attending school.
7. McElvaney, Greene & Hogan, 2014	Ireland	In-depth semi-structured interviews	Interviews N=22 (young people); both boys (N=6) & girls (N=16); Age 13-18 (N=20);	The sample was accessed through a child sexual abuse assessment and therapy service, based in a children's hospital in Ireland. All child participants had given an account of sexual abuse that was deemed credible by the professionals who assessed them;
8. Moore, Madise & Awusabo-Asare, 2012	Ghana, Burkina Faso, Malawi & Uganda.	In-depth interviews & survey	Survey N= 9580; interviews N= 195; age 12-19; all young men.	Nationally representative household-based surveys of 12–19-year-old young men and women were conducted in 2004 in the four countries. Only the data from young men was used for this study; interviewed young men include: urban & rural, in/out school; special populations: street child, petty trader, disabled, remand home, orphan, and refugee.
9a. Schonbuch et al., 2012	Switzerland	Survey & in-depth interviews	N= 26; age 15-18; M= 17y/o; girls (23) & boys (3).	14 participants responded to the call in the daily newspaper, 4 learned about the study via the study flyer, 3 saw the study link on a website of professional services, 3 were referred by the child protection team of the University Children's Hospital Zurich, and 2 were encouraged to participate by acquaintances who knew of the study; 22 were Swiss, and 4 were of foreign nationality; 10 were in school, 15 in an apprenticeship or other vocational training, and 1 was looking for an apprenticeship position; SES scores were low for 7 participants, middle for 15 participants, and high for 4 participants; all participants contacted the researchers because of a single type of CSA that they had been subjected to.
9b. Schonbuch et al., 2014	Same data as 8a	Same data as 8a	Same data as 8a	Same data as 8a
10. Shalhoub-Kevorkian, 2005	Israel	Focus group, questionnaire & interviews	Focus group N= 628; questionnaire N=?; interviews N=28; age 14-16.	First focus group discussions were held consisting of a whole class of 9th- or 10th-grade girls (17 to 30 girls per group); at the end a questionnaire was given to each girl, enabling her to reveal her experience of victimization and her suggestions for dealing with abuse; 28 girls approached the research team either directly or through a hotline set up specifically for this project.
11. Stark et al., 2016	Uganda	In-depth interviews	Interviews N= 30 (12 survivors); age 12-17; all female	Female survivors of sexual violence who were living in camps for internally displaced persons (IDPs) in Lira, northern Uganda. Each girl participated in a series of 4 interviews over a 1-year period; survivors of sexual violence were initially identified through ChildFund–Uganda program records and through general knowledge of other survivors; 15 survivors of sexual violence were identified of which 12 completed all four phases of the study and are included in this analysis; the remainder of the study sample was composed of girls from the general camp population who were not known survivors; selected by random sampling, these girls were included in the study to provide additional information regarding community perceptions of sexual violence as well as peer attitudes toward survivors.
12. Tener et al., 2014	US	In-person qualitative interviews	Interviews N= 22; age 13-16; female N=21; male N=1	Potential interview subjects were drawn from two CACs: the National Children's Advocacy Center (NCAC) in Huntsville, Alabama, and the Georgia Center for Child Advocacy (GCCA) in Atlanta, Georgia; for each of the two participating CACs, letters were sent to the caregivers of the youths whose case met criteria for the study; 63% of participants were African American, 13.6% white, 4.5% Hispanic.
13. Williams, 2010	US	Semi-structured interviews	Interviews N= 24; all females; age 14–19	Teens who have experienced sexual violence as prostituted teens or who are runaways at risk for such victimisation experiences and met the criteria for inclusion (away from home at least one week, living outside of parental control, mostly with no fixed abode) were included; they self-identified as Black or African American, Hispanic, White, Asian American, Native American as well as other ethnic and immigrant groups.

2.2.3 Quality appraisal

In this review the Joanna Briggs Institute (JBI) Critical Appraisal tool, a checklist for qualitative research, was used to assess the seventeen journal articles. The JBI tool provides a checklist to critically appraise studies. The aim is to assess what is considered to be acceptable levels of information for the needs of the current review (The Joanna Briggs Institute, 2011, p.36). All studies were assessed independently by me and the Director of Studies in order to increase reliability. Overall agreement on all criteria was found between both of us.

A few considerations of interest were noted after the appraisal. First, none of the seventeen articles met all criteria. Criterion 1, 'Is there congruity between the stated philosophical perspective and the research methodology' was demonstrated by all studies. Only six articles (Campbell et al., 2013; Kavemann et al., 2018; McElvaney et al., 2014; Moore, Madise & Awusabo-Asare, 2012; Shalhoub- Kevorkian, 2005; Stark et al., 2016) locate the researcher culturally or theoretically (criterion 6). Granted, many of the studies were conducted either by or for practitioners. However, the lack of positioning the study within its cultural context or theoretical framework was a lost opportunity. Six articles (Campbell et al., 2015; Campbell et al., 2013; Fehler-Cabral et al., 2013; Greeson et al., 2014; Moore, Madise & Awusabo-Asare, 2012; Stark et al., 2016) from three studies addressed the influence of the researcher on the research, and vice-versa (criterion 7). As all the studies worked with vulnerable participants addressing sensitive issues, reflecting on the influence of the social positioning (gender, age, etc.) of researcher relative to participants is crucial.

For three studies (Ijadi-Maghsoodi et al., 2018; Moore et al., 2012; Shalhoub-Kevorkian, 2005) it was unclear whether or not they had obtained ethical approval by an appropriate body (criteria 9). This does not mean ethical approval was not received, but that it was not discussed in the article. Ethics were only addressed in three studies (Shalhoub-Kevorkian, 2005; Kavemann et al., 2018, Guerra et al., 2021). However, overall issues such as safeguarding and parental consent were not questioned. Teenagers are considered to be vulnerable in research governance and ethical terms (Aldridge, 2015, p. 36). Teens who have experienced sexual assault and are participating in research addressing this even more so. Therefore, well considered procedures for their protection need to be put in place. This was not properly shown by most of the studies. For example, in Tener et al. (2014) the authors choose to not only have practitioners pre-select who would be approached for recruitment without discussing any possible bias, they also approached parents first and while obtaining parental consent were not transparent about the informed consent procedure with the teens themselves.

The following exchange between the interviewer and a 17-year-old participant, taken from the article, shows why this is problematic:

> *"Well they made me go to the hospital and get an STD check and I had to come here and do an interview for the detective, where he watched on the other end which made me feel really awkward, and now I have to go to therapy because the police told my mom that I should, like kind of what's the word gave a suggestion that I should, and I don't know she's making me go even though she talks more than I do ... that's about it.*
>
> *In another place during the interview:*
>
> *I: How come you didn't want to be here?*
> *Cause I would have rather just avoided all the drama and it never happen in the first place but I just don't like talking to strangers about how I feel."*

This approach brings into question the willingness of the teen to participate in the research, the amount of agency the teen had in the informed consent procedure (if there was any) and shows that consent is an ongoing issue that should be checked and re-checked in every stage of the research. This was made even more questionable as both parents and teens received compensation for participation, with parents receiving a larger sum. This quote gives limited information and the full interview is not available so the context of these words is missing. However, the authors did choose to use this quote as a representation of their concept and in doing so have made it significant.

Even though there were some limitations found when appraising the studies, all studies met criterion 10 'Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?' and all studies showed they represented the voices of the participants (criterion 8). As research studies which portray the narratives of teens who have experienced sexual assault are scarce, these studies all make an important contribution to making teens' voices heard. It was therefore decided that, despite evident shortcomings, all thirteen studies and seventeen articles were relevant and a valuable contribution to this review, and therefore included.

2.2.4 Synthesis

For the analysis of this review, I have conducted a meta-ethnography. Meta-ethnography is widely used in health and social care research (France et al., 2019) and is a methodology for qualitative evidence synthesis based in the interpretive paradigm (Noblit & Hare, 1988, p.11). Instead of collecting and summarising findings, the aim of the meta-ethnography is to produce new interpretations that transcend the findings of individual studies (France et al.,

2015). The synthesis also involved re-interpretation of the published findings. These re-interpretations are a key factor of meta-ethnography as they "*represent a conceptual development that constitutes a fresh contribution to the literature"* (Britten et al., 2002).

Meta-ethnography can be distinguished from other qualitative evidence synthesis approaches by its "*use of the authors' interpretations (e.g. concepts, themes) from primary qualitative studies as data, and creation of new interpretations through its unique, systematic analytic synthesis process*" (France et al., 2015, p.2). It involves connecting metaphors, ideas, phrases and themes with the aim to learn what the common and recurring concepts are across the included studies (Cahill et al., 2018). For this systematic analytic synthesis process I followed the seven stages, coined by meta-ethnography's originators Noblit and Hare (1988). Noblit and Hare's (1988) seven-phase process stages are: 1) starting the meta-synthesis, 2) consideration of relevant studies, 3) reading the relevant studies, 4) deciding on how these studies should be put together. 5) translating the studies into one another, 6) synthesising these translations, 7) expressing the synthesis for the target audience. These stages are not linear but can run parallel (France, 2019). The nature of meta-ethnography makes it well suited to convey people's views and experiences and can lead to important new conceptual understanding of health care issues (France et al., 2019), making it an appropriate method for the current review.

Synthesis involved repeated readings of the articles. Initially all articles were read in a scoping exercise identifying themes and concepts and appraising the quality. A second reading involved data extraction from across the full primary study and coding data in NVivo[11]. A final reading of all included articles was conducted to ensure nothing of importance was missed. Three levels of data (also called order constructs) were involved in this meta-ethnography: participant's quotes and views (1st order construct), concept/interpretations presented by the authors of the article (2nd order construct), and interpretations of the author(s) conducting the meta-ethnography (3rd order constructs).

I used the eMERGe reporting guidance (France et al., 2019) to provide a framework from which the review was conducted and reported on (see appendix 2). The guidance follows the seven phases of Noblit and Hare (1988) and consists of nineteen reporting criteria that were all applied in this study. The eMERGe guidance was developed with the intention to increase transparency and completeness of reporting, make the findings more applicable for practice and to make it easier to assess the trustworthiness and credibility of the review (France, 2019).

[11] A full list of codes and themes is available upon request.

2.3 Findings

Appendix 3 shows an overview of the included studies and the themes and main findings that are discussed in the articles reviewed. From these themes, through the process of meta-ethnography and synthesis (Noblit & Hare, 1988), I identified seven new key concepts. An overview of these themes and subthemes can be found in table 3. To illustrate these themes quotations from participants, obtained from the original articles, are presented (in italics) throughout the text.

Table 3

Themes and subthemes identified during analysis

	Themes	**Subthemes**
1	Context of Assault	Poverty
		Family life
		Gender norms
		Culture
2	Barriers to Disclosure	Normalising Coercive Behaviour
		Protective strategies
		Fear of (parental) sanctions
		Fear of social consequences
		Breach of confidentiality
3	Pathways to Disclosure	Voluntary disclosure
		Involuntary disclosure
		Situational disclosure
4	Barrier Breakers	Peer influence
		Validation
		Good relationship with parent(s) & other adults
		Wanting to protect others
		Being asked
5	Impact of Disclosure	Receiving support
		Negative experiences
6	Experiences with Support Services	Teens' experiences with medical and support services
		Teens' experiences with law enforcement
7	Impact on Everyday Lives	Isolation
		Health and Wellbeing
		Failure to thrive

2.3.1 Context of sexual assault: poverty, family life, gender norms and culture

Poverty

Five studies describe the influence of poverty on the experiences of sexual assault. The

immediate physical and social settings in which teens are brought up and live, for example low-income areas, influences the context in which the sexual assault occurs and the reaction to it. Whilst sexual assault can happen to anybody from every social class, teens from low-income areas have an increased risk for living on the street, exposing them to dangerous situations while receiving less protection (Williams, 2018). Ajuwon et al. (2004) who conducted their research in Nigeria describe that teens who have experienced sexual assault might perceive their experience as inevitable as this discourse is generally held by women who have a low social and economic status and experiences of absolute poverty.

Furthermore, the response to the sexual assault can be influenced by poverty as these comments from Stark et al.'s (2016, p.221) study show: *"They [her relatives] took me to the LC and I was given a letter to go for treatment but we had no money so we did not go...I was not taken anywhere... Yes, because there was poverty, no money"*. The impact of poverty was echoed by a girl who had been sexually assaulted by her mother's boyfriend and decided not to disclose (potentially letting the abuse continue) because "*there was always the anxiety that they would break up with each other, and that my mum and I would not be able to live on our own'* (Schonbucher et al., 2012, p.3503).

Family life

Schonbucher et al. (2012, p.3506) concluded that teens "*whose parents were still living together at study participation were more likely to disclose CSA within 24 hours and to disclose CSA to their parents than were participants whose parents were divorced or separated*" which suggests disrupted family relationships or family distress might encourage teens to not disclose sexual assault. Three studies mentioned that participants had often endured some form of child maltreatment. According to Williams (2010), who interviewed teens who experienced CSE, teens were shaped by important life events, many of them mentioning experiences with family violence "*including: a long history of physical, sexual and emotional abuse; a history of attempting to protect siblings from abuse; and witnessing violence between adults*" (p.349).

The current review focussed on those who have experienced sexual assault, not the perpetrators. However, narratives indicate that for many teens the perpetrator was part of the teen's (extended) family. Guerra et al. (2021) report 63.1% of their participants were sexually abused by a family member. There is great significance in the identity of the perpetrator. For example, a teenage girl who was raped by an uncle describes experiencing additional shame because she was raped by a relative: *"I felt so bad and my life became so hard on realizing that he [the perpetrator] was related to me"* (Stark et al., 2016, p.221). Finally, looked after teens living in residential care are at risk of sexual (re-) victimisation because of specific institutional risks such as living with peers with prior (sexual) behavioural problems

(Kavemann et al., 2018). Other vulnerabilities, for example displaced teen immigrants have shown to impact both the incident of sexual assault and the ramifications afterwards because their immigrant status increases their vulnerability (Stark et al., 2016).

Gender norms

Gender is a pivotal theme when it comes to understanding and constructing sexuality, consent and sexual assault. Ajuwon et al. (2004) argue that perceived gender norms held by a community tend to hold female victims of sexual assault responsible for 'provoking' the assault: *"I asked him why he had to force me and he said if he did not at that time he could have gone mad"* (p.13).

At the same time, sexual violence is used as a threat to discipline girls who actively express and live their sexual desires (Kavemann et al., 2018) or 'dare' to deny boys (Ajuwon et al., 2004).

These gender norms can have far reaching consequences. Shalhoub-Kevorkian (2005) reports that teen girls *"frequently mentioned shame, self-blame, seductiveness, sexual power, and the power and weakness of female virginity. They revealed the female body as patriarchal social property that should be cherished and protected and, if not, punished and killed*" (p.1276). Some participants framed sexual activity as something a guy enjoys and a girl must endure: *'I don't like it anymore, because there is no more love in it. I just think: hopefully the guy will just have his damned orgasm and finish. Quite honestly, I don't think beyond that.'* (16 year old; Kavemann, 2018, p.18). Consequently, gender norms like these can make especially teen girls vulnerable to rape and pose a severe obstacle to help seeking (Ajuwon et al., 2004). However, gender norms do not only impact women. Holding women responsible for provoking sexual desire in men is a consistent social norm. The impact of this was seen in the Moore, Madise and Awusabo-Asare's (2012) study. In their sample of young men between 12 -19 years old they found that coercion for young men might look different than coercion of young women. The boys described women as the perpetrator of sexual coercion because their displays of sexual availability provoked boys to act, "even against their will". "*A rural, 18-year-old Malawian, reported that he was 'forced' because the girl 'walked enticingly, wore skirts with slits, and sleeveless shirts so you could see her breasts'"* (Moore et al., 2012, p.8). Looking closer at the descriptions these boys gave of their coercion almost half said the main reasons for engaging in sex were 'natural feelings/felt like it'.

In the same study, the main reasons teen boys gave for having sex they labelled as unwanted was peer pressure, mainly being teased and bullied for not engaging in sexual intercourse (Moore, et al., 2012). According to Moore, Madise and Awusabo-Asare (2012, p.6), there *"were narratives in which the boys actually invited girls to have sex with them after*

being taunted about their masculinity and yet reported the sexual experience as unwanted." Stark et al. (2016) concluded that their findings emphasise how gender and social norms can be harmful and strongly influence the ability of those who experience sexual assault to be supported after their experience as they are *"reflective of an ecological framework where societal factors influence individual and family behavior and attitudes"* (p.223). Similarly, Guerra et al. (2021) found male participants reported "*a social pressure for men to be virile, strong and dominant"* (p.218) as well as being questioned about their sexual orientation, hindering the disclosure of sexual abuse in boys. As such, Guerra et al. (2021) argue that gender norms make it more difficult for boys to disclose while sexual abuse in girls is normalised.

Culture

The studies reviewed were conducted in countries all over the world and the impact of cultural beliefs and perceptions was evident throughout teens' narratives. For example, in Nigeria the stigma and resultant culture of silence associated with rape poses major challenges to addressing sexual assault incidents (Ajuwon et al., 2004). A girl, who was staying in a displacement camp in Uganda, described how the boy that raped her got her pregnant, after which he and his uncle visited her family's home requesting to marry the girl (Stark et al., 2016). How people react to sexual assault largely depends on the context in which beliefs and perceptions are formed. There is no universal understanding of what helps teens disclose sexual assault or how society can assist them when they do disclose. Furthermore, socio-political factors affect both those who experience sexual assault and the practitioners' part of the support services. Applying Western values, such as obligatory reporting and involving official systems (e.g. safeguarding) can cause additional trauma and social harm (Shalhoub-Kevorkia, 2015). Shalhoub-Kevorkia (2015) argues therefore that any study that seeks to deepen the understanding of experiences after sexual assault should anticipate and be highly sensitive to the social context.

2.3.2 Barriers to disclosure

Findings from the literature review indicate that disclosing experiences of sexual assault is challenging and often a process. The importance of 'barriers to disclosure' is highlighted by the fact it was a recurring theme in all reviewed articles. Campbell et al. (2015) specifically focussed on teens' experiences with disclosure of sexual assault. They defined disclosure as:

> *"the act of informing someone about an assault, most typically an informal support provider […] This telling may be done for a variety of reasons (e.g., emotional support, information gathering, "sense making") and does not necessarily mean that*

> *the survivor wants or is seeking tangible assistance […] Although some forms of disclosure are more intentional and agentic on behalf of the survivor (e.g., consciously deciding to tell someone) than others (e.g., "blurting it out").*" (Campbell et al., 2015, p. 825)

There are many different barriers to disclosure, such as experiences of 'stigma', 'shame', 'gender-inequality', 'self-blame', 'fear of not being believed' and 'victim-blaming' which are also found in literature concerning adults who have experienced sexual assault (Washington, 2001; Krug et al., 2002; Sabina & Ho, 2014). There are barriers that seem to be more specific to, or relevant for, teens including normalising coercive behaviour, protective strategies, fear of (parental) consequences, fear of social consequences, and breach of confidentiality. These are discussed next.

Normalising Coercive Behaviour

To disclose sexual assault and seek out help, teens must first identify what happened to them as sexual assault. Nine studies (Ajuwon et al., 2004; Ijadi-Maghsoodi et al., 2018; Guerra et al., 2021; Kavemann et al.,2018; McElvaney, Greene & Hogan, 2014; Schonbucher et al., 2012; Shalhoub-Kevorkian, 2005; Tener et al., 2014; Williams, 2010) identified the normalisation of coercive behaviour as a barrier to identifying their experiences as sexual assault. Kavemann et al. (2018) found a pattern they called 'no appropriate concept of sexual integrity'. Some of the teens interviewed showed no concept of having the right to be in charge of their own body. Sometimes sexual assault was not defined as violence, participants could not differentiate between love and being exploited *"in order to be loved you have to do certain things"* (Kavemann et al., 2018, p. 17). Similar sentiments expressed by teens occurred in the other studies. Guerra et al. (2021) identified the sub-theme 'change of meanings' which they described as "*the gradual process through which the victim comes to realise that what happened was sexual abuse"* (p. 218). Schonbucher et al. (2012) concluded that non-comprehension by teens of what had happened to them was a prevalent barrier that prevented participants from disclosing. Asked why she was not able to tell anybody about the abuse she experienced one teen answered "*because I did not understand what actually had happened"* (Schonbucher et al., 2012, p.3503). The example of the response of this teen when asked about abuse illustrates how the language support services use can be unreflective of the experiences of teens: "*Why do you call it abuse? This is my father, not a criminal, and he loves me. I knew he was doing wrong things to me, but he is my father"* (Shalhoub-Kevorkian, 2005, p.1274).

Moore, Madise and Awusabo-Asare (2012) concluded that for the young men they interviewed in Ghana, Burkina Faso, Malawi and Uganda the use of the word 'force' captured a broad range of experiences such as physical, emotional and monetary coercion but also

unwanted sex out of temptation or persuasion. Overall, teens often described experiences that they had mixed feelings about or that felt negative, but yet they did not see themselves as having been exploited or forced. Furthermore, some teens experienced a sequence of coercive behaviour that eventually led to the sexual assault. This can start with relatively small steps such as a request for 'friendship' which escalates resulting in the assault (Ajuwon et al., 2004) making it more difficult to identify boundaries being crossed.

Protective strategies

> *"As the Arab proverb states, "It is better to keep it in the heart, although it hurts, rather than speaking it out and causing a scandal" (Khally Bil-alb Yijarh, Wala Bilsan Wa Ifdah)". (Teen girl in Shalhoub-Kevorkian, 2005, p.1275)*

Four studies concluded that *protecting others* was a key motivation to actively keep the sexual assault a secret (Shalhoub-Kevorkian, 2005; Schonbucher et al., 2012; McElvaney, Greene & Hogan, 2014; Clasen et al., 2018). In McElvaney, Greene and Hogan (2014) concern for others in the form of not wanting to upset others, particularly parents, was identified as a key motivating factor for teens to actively withhold disclosure. Teens also fear their disclosure might harm family relations. Unfortunately, in reality these are valid concerns. McElvaney, Greene & Hogan (2014) found in their study that the reaction of parents to disclosures of intra-familiar sexual assault often resulted in families breaking up, showing the significant impact on the teen and his or her family that disclosure can have. For teens there is often a conflict in wanting to protect others, for example siblings, from harm. Many teens described how parents, siblings and peers became upset after they disclosed to them. In Schonbucher et al. (2012) this was the second most frequently mentioned reason for either delaying a disclosure or not disclosing at all. This was found in other studies as well. *"My mom has suffered enough in her life. I will never give her an additional burden. . . . No, I will never tell her what her son is doing to me"* (Shalhoub-Kevorkian, 2005, p.1276). For many teenagers, peers become the most important part of their lives. Peers can play many different roles after an experience with sexual assault. For example, they can be a reason for non-disclosure. *"I cried a lot and I just like didn't have anybody to talk to. . . . I had a friend. . . . She came from a caring parents' home. I didn't want to destroy that"* (Schonbucher et al., 2012, p.3502). Some teens are very concerned about putting their friends in a position where they have to choose sides between the victim and perpetrator (Clasen et al., 2018). Some teens also avoided disclosure in order to protect the perpetrator (McElvaney, Green & Hogan, 2014; Shalhoub-Hevorkia, 2015).

Schonbucher et al. (2012) found that amongst their sample the most frequently mentioned reason for non-disclosure was denying the sexual assault as a form of *self-*

protection. Participants explained they either wanted to forget about the assault, psychologically suppressed it or could not remember it for a certain period of time after the assault. Here forgetting, or trying to, is used as a coping strategy. For teens, non-disclosure is also a way of protecting themselves from the 'unknown of disclosure'. "*This is bad but it's better knowing what's happening than (not) knowing what's going to happen"* (18-year-old girl: McElvaney, Greene & Hogan, 2014, p.936). Teens describe feeling inhibited to disclose because they do not know how people will react. Will they be believed, supported, judged or punished (Guerra et al., 2021)? *"… because you think… well, will they believe me? How will they react? …You ask yourself many things when you want to tell."* (male, 20 years old, Guerra et al., 2021, p. 217).

Once a teen has disclosed the sexual assault, depending on who they disclosed to, there can be severe consequences., including losing a sense of self or a part of their identity they value. For some teens, specifically girls, disclosure would mean a loss of honour (Shalhoub-Kevorkian, 2005). Furthermore, for many teens the idea of having to report the assault (as a result of the disclosure) is especially daunting. Tener et al., (2014, p.944) found *"that in about half of the cases the youths did not feel convinced that law enforcement needed to be involved in their cases. Some of them had had previous bad experiences with the police, which increased their sense of distrust and fear."*

Mentioned in seven articles (Guerra et al., 2021; Shalhoub-Kevorkian, 2005; Schonbucher et al., 2012; Schonbucher et al., 2014; Greene & Hogan, 2014; Tener et al., 2014; Clasen et al., 2018) as a concern for teens, *fear of retaliation* can be a reason teens purposely use non-disclosure of sexual assault as a protective strategy. Teens might need to protect themselves in this way from the perpetrator. For example, because of threats of physical violence: "*A girl who was maltreated by a teacher both physically and sexually for several years was threatened by him: he told her that he would kill her if she told anybody*" (Schonbucher et al., 2012, p.3502). Perpetrators also use the threat of blackmail to keep teens quiet (Clasen et al., 2018). Some teens feared retaliation by their families because the assault is seen as damaging to the honour of the girl: "*I feared being killed, so I did what he asked me to do. Yes ...I felt as if I am a toilet pot, but this fear was nothing like the fear of being killed by my father or brother"* (Shalhoub-Kevorkian, 2005, p.1278). Teens might also be protecting family or friends who might retaliate against the perpetrator if they were to learn of the assault (McElvaney, Greene & Hogan, 2014).

Fear of (parental) sanctions

> *"I guess I was going through that teenage thing where you talk to older people and you lie about your age and stuff like that"* (14 year old girl: Tener et al., 2014, p.943).

Nine articles (Ajuwon et al., 2004; Shalhoub-Kevorkian, 2005; Schonbucher et al., 2012; Fehler-Cabral & Campbell, 2013; Campbell, Greeson & Fehler-Cabral, 2013; Greeson, Campbell & Fehler-Cabral, 2014; McElvaney, Greene & Hogan, 2014; Clasen et al., 2018; Ijadi-Maghsoodi et al., 2018) reported narratives showing teens' concerns for sanctions after a disclosure. Behaviours considered in literature as 'risky'[12] such as hanging out with older peers, drinking, taking drugs might seem like typical teenage behaviour. However, when they precede sexual assault these behaviours can be perceived differently. Many of the teens who participated in the studies had engaged in risky and sometimes illegal behaviour prior to the assault. Alcohol, and drug use was quite common. For example, in the sample of study 2 (Fehler-Cabral & Campbell, 2013; Campbell, Greeson & Fehler-Cabral, 2013; Greeson & Campbell, 2014; Campbell et al., 2015) half of the participants reported they were under the influence of alcohol at the time of the assault. Teens can be afraid that their parents will get angry with them, not let them go out with friends anymore or maybe restrict their access to internet/phone. According to Clasen et al. (2018) victims of sexual assaults often fear that they will be blamed for having been too drunk leading to additional fears of not being believed or being blamed for the assault. For teens who have engaged in risky behaviours, disclosing the assault to their parents adds the fear of being limited in their freedom and social activities (McAlvaney et al.,2014). Many of the teens interviewed by Campbell et al. (2013, p.73) who attended Sexual Assault Nurse Examiner Programs and had been drinking or used alcohol before the assault said *"they were expecting not only judgment from the nurses but, possibly, punishment as well".*

Fear of social consequences: '*what will my friends think of me?*'

Peer relationships can be complex. Seven studies (Ajuwon et al., 2004; Shalhoub-Kevorkian, 2005; Schonbucher et al., 2012; Fehler-Cabral & Campbell, 2013; McElvaney, Greene & Hogan, 2014; Clasen et al., 2018; Guerra et al., 2021) addressed teens' fears of the social consequences of disclosure. Fehler-Cabral et al. (2013) conclude that that teens feel the need to tell their peers, especially their best friends, 'everything' and 'don't want to lie' to them while at the same time are worried about being blamed and negatively influencing peer relationships by disclosing. For teens, relationships with peers are some of the most important in their lives. The fear of losing friends can be a powerful barrier to reporting sexual assault. Teens reported feeling scared they would be excluded from their peer group if they reported the sexual assault, especially when the perpetrator is part of the teens' social group or attends the same school. This is portrayed by one of the participants in Clasen et al.'s

[12] In literature behaviours such as drink alcohol, taking drugs, hanging out with older peers, and having (casual) sex is often labelled as 'risky behaviours'. In this thesis I only use this term when referring to literature or in a critical discussion on the impact of labelling behaviour as 'risky' (see chapter 10.4.2. *Barriers to disclosure*).

study:

> *"[..]She is afraid of not being believed, and that her friends will choose sides, and at the same time she blames herself for inviting the perpetrator into her home and is embarrassed that the assault could even have taken place. "What will my friends think of me?" she says"* (2018, p.230).

Breach of confidentiality

Six articles (Ajuwon et al., 2004; Shalhoub-Kevorkian, 2005; Schonbucher et al., 2012; Fehler-Cabral & Campbell, 2013; McElvaney, Greene & Hogan, 2014; Ijadi-Maghsoodi et al., 2018) reflected teens' worries about confidentiality being broken and not trusting parents or other adults with a disclosure. Increased need for privacy is common during adolescence as teens are striving for more independence. When it comes to sexual assault disclosure, teens worry about speaking about 'embarrassing' issues (McElvaney et al., 2014) or confidentiality being broken. Reluctance to disclose sexual assault to parents can also occur because it would involve talking about sex (Fehler-Cabral et al., 2013). Teens are worried about being identified by staff at clinics, are worried information will be communicated with parents, probation officers or staff in group homes (Ijadi-Maghsoodi et al., 2018). Teens have reported keeping mental health matters to themselves because they are worried that staff would '*write it up'* making this private information accessible to others. This deterred teens from seeking out help at clinics or confiding in staff about their needs (Iljadi-Maghsoodi et al., 2018). Additionally, having to repeat the specifics of an assault in front of law enforcement and professionals can be perceived by teens as additional harmful intrusions into their privacy (Tener et al., 2014).

2.3.3 Pathways to disclosure

Results of this review indicate disclosure is not a linear process. For example, teens might first disclose something different from the sexual assault to see how the person they are disclosing to responds. Are they believed? Judged? Helped? Encouraged to tell more? This 'testing' out of disclosure might lead to or prevent further disclosure depending on the response. Three distinct pathways to disclosure were described by Campbell et al. (2015) on the basis of their findings: voluntary disclosure, involuntary disclosure and situational disclosure. Experiences expressed by teens in the other articles were in line with these pathways.

Voluntary disclosure

Campbell et al. (2015, p.833) describe this pathway as one in which the survivors' disclosures "*were voluntary, within their control, and reflected their choices and preferences for how to proceed*" at every step of the disclosure process. For example, teens would tell

their friend, who would encourage them to tell an adult, who then encouraged the teen to seek out formal help. Guerra et al. (2021) found girls were more likely to disclose voluntarily than boys. Although still considered to be voluntary, sometimes others could be quite persistent in their recommendation to seek out further help or involve adults: *"She just kept on nagging me ah eh she says . . . do tell your mam it's the right thing to do."* (McElvaney, Greene & Hogan, 2014, p.939).

Involuntary disclosure

This pathway includes disclosures as a result of outside pressures and/or interventions. In four of the reviewed articles teens' narratives matched this pathway. The teen disclosed to someone, voluntarily, after which the assault was disclosed further to (other) adults without the permission, consent and sometimes knowledge of the teen. Some teens were pushed to seek medical treatment and/or report to the police as a result, even though this was not what they wanted. The following experience from a 16-year-old girl illustrates how not believing a sexual assault has occurred can lead survivors feeling pressured into (further) formal disclosures in order to 'prove' the validity of their experience.

> *"Well, I guess [victim's mom] was kind of looking for the same thing my boyfriend was. She was looking for answers. She didn't believe me at first. She didn't believe that, you know, I was manipulated or whatever. She really thought that it was something that I wanted to do.*
> *[…] It just, like I really felt really alone. Because like I kind of, you know, that kind of pushed me more to tell [the police]. . . . And I really considered not telling the police, but at the same time I felt like everyone that didn't believe me or was having a really hard time believing me, definitely wouldn't, if I just refused to tell, so, yeah, I kind of felt like I had to prove myself. . . . I hated how much pressure I was under to feel like I needed to prove to everyone that I wasn't lying, so like I went and told [the police]."*
> (16 year old girl: Campbell et al., 2015, p.835).

Situational disclosure

Disclosure as a result of direct evidence is considered a situational disclosure. For example, when the assault has been witnessed or teens were found directly after the assault. In the Campbell et al. (2015) sample two teens experienced this pathway to disclosure because they were unconscious at the time of the assault, and their friends disclosed and sought help on their behalf. In these cases the peers had reason to believe a sexual assault had taken place and in both cases the parents were contacted. Because both teens found out they were sexually assaulted in the hospital they never had an opportunity to initiate the disclosure. Guerra et al., (2021) concluded gender influences the pathways to disclosures

stating that for the majority of boys in their sample the abuse was detected by another person whilst this was not the case for the majority of girls.

2.3.4 Barrier breakers: reasons for teens to disclose

Above the barriers to disclosure were discussed. Results from this literature review show there are several factors that seem to assist teens in feeling more comfortable with voluntarily disclosing sexual assault. These barrier-breakers (peer influence, validation, good relationship with parent(s) and other adults, wanting to protect others, and being asked) are discussed next.

Peer influence

In seven articles teens' experiences showed the positive influence peers can have on the disclosure process. During adolescence peers are of great importance. Four studies claim that teens most often disclose sexual assault to their peers first (Schonbucher et al., 2012, 2014; Fehler-Cabral et al., 2013; McElvaney et al., 2014; Campbell et al., 2015). Only Clasen et al. (2018) found that most teens disclosed to their mother first. They explain the different findings by noting their sample came from a youth programme that assists non-acute teens, meaning teens who disclosed months or even years after the sexual assault, as opposed to samples drawn from more acute care such as Sexual Assault Nurse Examiner Programs' (Fehler-Cabral et al., 2013). However, Schonbucher (2012;2014) included non-acute participants from the general public and McElvaney et al. (2014) included participants recruited through a therapy service based in a children's hospital in Ireland for whom time from the assault to disclosure ranged from no delay to nine years. So Clasen et al. (2018) participants coming from a 'non-acute' sample unlikely accounts for the difference in findings. Regardless of who was disclosed to first, Clasen et al. (2018) do state that reactions from peers were still very significant to their participants. Interestingly, Guerra et al. (2021) found that girls were more likely to disclose to peers while boys were less likely to do so. The preference for boys to disclose to adults versus their peers could be explained by the negative impact of social stigma's, stereotypes and 'lad culture' leading to boys' fears of not being accepted by their peers after a disclosure.

The response of peers is incredibly important in determining how the disclosure process progresses. Teens often disclose to several peers until they find the support needed. In Schonbucher et al. (2014) and Stark et al. (2016) peers were most often named as a source of support. Peers can also act as a bridge to disclosing to adults and seeking out support services. Fehler et al. (2013) found that friends often encourage telling parents because they know adults could help to seek needed medical care and/or report the assault to the police. Furthermore, having the support of friends who have been through the same or

similar experiences can give teens a sense of belonging (Schonbucher et al., 2014). The importance of validation by peers is discussed below.

Validation

One of the reasons teens often disclose to their peers first, is to receive emotional support and validation (Fehler-Cabral, et al., 2013). The importance of getting validation was mentioned in five of the reviewed articles. Validation about the severity of what happened, for example from peers, can lead to further disclosure to parents, trusted adults, police and/or support services.

> *"Many victims were trying to reconcile their experiences, and having an adult, particularly one in a position of knowledge and power, validate that what had happened to them was in fact a crime was inordinately helpful."* (Campbell, Greeson & Fehler-Cabral, 2013, p.73).

Validation by law enforcement can give a sense of legitimacy to the experiences of the teen. According to Tener et al. (2014) the involvement of law enforcement has the potential to reduce anxiety, shame and guilt and enhance recovery through validation.

Good relationship with parent(s) and other adults

Even though some studies conclude teens often disclose to peers first (Fehler-Cabral et al., 2013; McElvaney et al., 2014), Clasen et al. (2018) found amongst their sample that teens most often disclosed to their parents first. Crucially, when teens do disclose to adults, this substantially increases the likelihood of formal help-seeking (Campbell et al., 2015). When the relationship with parents is open and parents are trusted this can assist in disclosure. Barriers to disclosure are lowered when teens are used to talking to their parents about sex, relationships and other seemingly difficult topics. One participant talked about when her parents divorced it was instilled in her that it was not her fault and had nothing to do with her, this made her believe the same was the case for the sexual assault (15-year-old girl; McElvaney et al., 2014). Guerra et al. (2021) found both boys and girls were significantly more likely to disclose to an adult relative (boys = 47.4%; girls = 34.3 %) or adult outside the family (boys = 34.2%; girls = 37.1%) than to a parent (boys = 2.6 %; girls = 2.8%). Some teens purposefully disclosed to adults other than their parents (for example a teacher), knowing that doing so would connect them to legal and support services. Fehler-Cabral, et al. (2013) argue teens are in a developmental stage between childhood and becoming adults and therefore often need adults to make tough decisions for them.

Wanting to protect others

As discussed above, the desire to protect others can be a barrier for teens to disclose

experiences of sexual assault. Conversely, concern for other children was a common theme raised by young people and often served as a motivating factor to tell (McElvaney et al., 2014). Peers can also play a part as they often encourage further disclosure by pointing out the risks to others *"What if he goes and does it again like why don't you? You just be the one to deal with it now"* (17-year-old girl; McAlvaney et al., 2014, p.939).

BEING ASKED!

Many teens described how being asked either if 'something was wrong' or being asked directly if a sexual assault had taken place prompted disclosure.

> *"I talked to my teacher. I couldn't concentrate anymore in school, my marks got worse and worse. My teacher asked me what the matter was with me. I thought about telling a long time. But then I just told him."*
> *(Schonbucher et al., 2012, p.3500).*

Not all prompts will lead to a direct disclosure, although it can be part of a process that eventually leads to disclosure. Teens might not always disclose immediately when they are asked, but it can trigger disclosure at a later time or disclosure to somebody else. For example, "*Mary's mother notes a behavioral change in Mary, but when her mother confronts her, Mary denies that anything is wrong. Eventually, she discloses the assault to a close friend"* (Clasen et al., 2018, p.228). On the other hand, teens who did not disclose noted that *"they should have been asked, that adults should have known what was wrong"* (McAlvaney et al., 2014, p.941).

2.3.5 Impact of disclosure

The impact of a disclosure was a theme in nine of the reviewed articles (Shalhoub-Kevorkian, 2005; Schonbucher et al., 2012; Fehler-Cabral & Campbell, 2013; Greeson, Campbell & Fehler-Cabral, 2014; McElvaney, Greene & Hogan, 2014; Schonbucher et al., 2014; Stark et al., 2016; Clasen et al., 2018; Guerra et al., 2021). The impact of the disclosure depends immensely on the reaction of the person disclosed to and how it affects the relationship between them and the teen. Research shows that disclosure does not always mean the end of sexual victimisation or receiving the appropriate care (Schonbucher et al., 2012). For some teens the impact of disclosure is positive, while for others it has negative repercussions on many aspects of the teen's life including mental health and social relationships.

Receiving support

Fehler-Cabral et al. (2013) conclude that teens are more likely to seek support from peers and families than from formal help systems such as police and health services. As illustrated

above, support from peers is crucial. For teen girls, support from boys in their peer network can reassure the teen's self-esteem and also prevent them from generalising the bad experiences to all males.

> *"My male friends phoned the guy and told him to get his hands off me […] Yes I found that very helpful. I'd had negative experiences with the male gender, but boys were also the ones who supported me so much" (*Schonbucher et al., 2014, p.578).

Disclosure to informal support might actually result in a better chance the teen will gain access to formal support as well. Ajuwon et al. (2004) noted that the teens in their sample had been reluctant to confide in parents out of fear their disclosure would be received with judgement. However, the one teen who did disclose the assault to her parents was the one who was able to, with the help of her parents, access formal help. Campbell et al. (2015) conclude that once teens had disclosed to an adult, these adults were directly responsible for leading them to both legal and medical care, a finding that is echoed by Stark et al. (2016).

Negative experiences

Unfortunately, not all disclosures are positively received. Many teens experienced negative reactions from their surroundings after the disclosure of sexual assault for example from their peers (Fehler-Cabral & Campbell, 2013; McElvaney et al., 2014; Clasen et al., 2018), parents (Fehler-Cabral & Campbell, 2013) and communities (Stark et al., 2016). Negative reactions included blame, judgement, loss of friends, and forcing teens to report to the police and/or get a forensic medical exam. Another risk teens are exposed to when disclosing, voluntarily or involuntarily, to peers is that they face the possibility peers will tell others about the sexual assault without their consent. Sometimes this is in order to refer the teen to adults who might be able to assist further. Other times it is for more nefarious reasons. Rumour-spreading, gossiping and bullying on and off social media are not uncommon and can make disclosure to peers risky for teens (Fehler-Cabral & Campbell., 2013).

2.3.6 Experiences with support services

In eleven articles teens' experiences with support services were discussed. Teens in the reviewed studies described both positive and negative experiences with the police and support services. Overall, teens described the following behaviours by police and support service professionals as having a positive impact: sensitive to needs, personable approach, showing compassion, caring to emotions and well-being, giving validation, taking the time, empowerment, no judgement, conversational interview style, distraction and self-disclosure (Campbell, Greeson & Fehler-Cabral, 2013; Greeson et al., 2014). Negative behaviours

described by the teens were: rushing the teen, insensitivity to emotions, jumping straight to talking about the assault and an intimidating interview style (Greeson et al., 2014).

Teens' experiences with medical and support services

For teens the sexual assault medical examination can be awkward and uncomfortable, especially when taking into consideration that chances are that the medical forensic examination is their first pelvic examination (Campbell, Greeson & Fehler-Cabral, 2013). Teens explained that when nurses took their time, were sensitive to the fact that this is not a routine experience for the teen, explained each step and were transparent about what they were doing and why, they can alleviate some of the distress associated with the medical exam. Ijadi Maghsoodi et al. (2018) describe how many of the teens in their study in the United States expressed concerns about receiving low quality care. For example, teens described having received painful cervical exams which was attributed to the skills of the provider. However, it was mental health care that teens worried about the most. In the reviewed studies teens described mixed experiences with therapists and counsellors. Some felt they were coerced into participating with therapy or counselling sessions by adults. Teens also described concerns around confidentiality worrying that information is shared with parents (Tener et al., 2014).

Even though many of the teens who participated in the study by Iljadi-Maghsoodi et al. (2018), acknowledged that mental health issues such as depression and trauma were often experienced, their faith in mental health care was low. Teens felt mental health care was not tailored to their individual needs. For example, routinely being asked questions about self-harm or suicide, and these often being repeated, was experienced as being 'bothersome' and a lack of actually being listened to. Furthermore, teens described how they have felt they were judged for their lifestyles by providers and feared the police would become involved via the hospital. These negative experiences formed a barrier for seeking out support services in the future.

Positive experiences were also described. Teens reported that therapy helped them to be validated in their innocence by helping them understand that the sexual assault was not their fault (Schonbucher et al., 2014). Also, therapy can help teens to learn how to cope with what happened and prevent suppression of feelings and experiences which might cause distress at a later time (Schonbucher et al., 2012).

Teens' experiences with law enforcement

There are some distinct differences between teens and adults when it comes to their experiences with law enforcement. Teens seem to rely more on their peers than on adults and authority figures who they often mistrust. Furthermore, even though there is already a power imbalance between those who have experienced sexual assault and the police, this

imbalance becomes greater in the case of teens. Teens have less control over the legal processes than adults do (Greeson et al., 2014). Tener et al., (2014) argue that involvement with law enforcement represented a dramatic shift in the lives of teens, evoking feelings of helplessness and loss of independence and control, specifically in cases where the authorities were notified without the teens' consent. Some teens also reported that being questioned by the police was perceived as very stressful, either because they loved the offender or because they were afraid of them (Tener et al., 2014). Some teens felt pressured into reporting the sexual assault to the police. For example, because they are taken to the police by their parents or because they feel the need to 'get' validation because parents do not believe the assault was not consensual (Campbell et al., 2015). Other teens purposefully disclosed to adults because they thought that in doing so they would help connect them to the police and that in order to take any legal action parents had to know about the assault (Campbell et al., 2015).

Campbell et al., (2015) investigated whether the teens' initial pathway to disclosure (voluntary, involuntary, situational) influenced their engagement in the police investigation. They found that the eight teens who voluntarily disclosed wanted to pursue prosecution of the person who assaulted them and that they did not change their minds throughout the investigation. Protecting others from having to experience sexual assault was often the reason for wanting to proceed with the investigation. The ten teens who experienced an involuntary disclosure were more divided about pursuing prosecution. For some, reporting the assault was explicitly against their wishes. However, initial reluctance could change over time. The validation they received from their families and responding officers confirming that what happened to them was a sexual assault and they were right to take legal action helped change their minds. When teens who experienced involuntary disclosure felt they did not receive validation from either family or the police they continued to resist participation in the legal system, for example by withholding information or evidence. For instance, a 17-year-old girl refused to give up her phone when this was requested by the prosecutor:

> *"And I told the detective, I'm like I can't, you know . . . why am I going to hand you my phone? And I was like, can't you just take his phone and they are like, no, they were refusing to take his phone. They want my phone, because I'm the one pressing charges . . . they want to get text messages and stuff, and not only that, but I'm scared that they are going to take like anything else in my phone and like, you know, use it against me. Because there is . . . my personal stuff . . . I have personal stuff on my phone".* (Campbell et al., 2015, p.838-839)

Cultural differences between teens and adults could also influence how police and teens interact with each other. For example, experimentation and taking risks is common behaviour

for teens and part of them testing their boundaries. Yet, this might result in them being stereotyped as 'flighty, irresponsible, and/or untrustworthy' possibly leading a police officer to conclude the teen is exaggerating, lying and not a credible witness. Especially when the teen was drinking and/or taking drugs (Greeson et al., 2014). Reversely, when a teen is recognised as being a child, and therefore more vulnerable, they are less likely to be blamed than adult women and might be approached by the police officer from a more maternal/paternal sympathetic stance (Greeson et al., 2014).

The differences between teens and adults can also influence how teens perceive the police. Considering that adolescence is characterized by a growing need for independence and autonomy, and thus rejection of authority, mistrust in the police is not uncommon (Greeson et al., 2014; Ijadi-Maghsoodi et al., 2018) especially in the case of previous bad experiences (Tener et al., 2014). Tener et al., (2014) conclude that many teens who participated in their study had previous negative experiences with law enforcement but stress that these experiences should not be dismissed as a general mistrust of professional intervention. The authors conclude that teens need a more nuanced response that considers the developing independence and autonomy of adolescence. Still, many teens report positive experiences with the police and the process of reporting. When the police engaged in behaviours that teens perceived as caring, compassionate and personable, there was a positive impact on both the emotional well-being of the teen and their commitment to participate in the criminal justice system (Greeson et al., 2014). Furthermore, if the initial outreach is to the police, they can act as bridge towards both mental and medical health services (Campbell et al., 2015).

2.3.7 Impact of sexual assault on everyday lives

Sexual assault and its aftermath has numerous long-term medical, psychological and social consequences interfering with teens ongoing development regardless of whether the assault is disclosed (Clasen et al., 2018). The impact of sexual assault on the everyday lives of everyone who is forced to experience it is diverse and complex. From the reviewed studies a few pivotal issues for teens emerged which are discussed below.

Isolation

The reactions to sexual assault can be so severe that they interfere with the everyday life of the teen, especially when they are not met with understanding and support from their peers (Clasen et al., 2018). As disclosing sexual assault can have consequences on their sense of control and privacy, many teens feel deterred from disclosing. Some teens who felt they could not seek help, would isolate themselves instead (Shalhoub-Kevorkian, 2005). For example, because they want to avoid any place where they are at risk of seeing the perpetrator, because they feel like nobody understands what they are going through or

because the assault has divided their group of friends. Social relations can be complicated due to a sexual assault. Feeling like they have to keep a secret from the people around them, specifically peers and best friends, can lead teens to isolate themselves while (the fear of) being exposed to bullying and gossiping can lead to further isolation (Clasen et al., 2018). Furthermore, when sexual assault has become common knowledge in a community, stigmatisation can create the feeling of isolation among teens. For example, when parents in the community do not want their children to interact with the teen because he or she is 'a bad influence' (Stark et al., 2016).

Health and wellbeing

Ajuwon et al. (2004) describe how the aftermath of sexual assault for teens is severe and diverse. Almost all the teens interviewed for the study reported injury, bleeding and pain after the assault. The impact on mental health can also be substantial. Shalhoub-Kevorkian's (2005) interviews with teen girls revealed how after finding no avenues for seeking help, isolation, self-punishment or attempts of suicide became their only option. In Ajuwon et al., (2004) study almost all respondents reported sadness, shame and fear using words like feeling 'bad', 'ashamed', 'unhappy' and 'I cried'. Teens also reported having nightmares (Ajuwon et al., 2004; Clasen et al., 2018) a hard time sleeping at night and flashbacks (Clasen et al., 2018). These symptoms are all consistent with Post-Traumatic Stress Syndrome (PTSS). Teens described how years later self-blame became an issue (McElvaney et al., 2014). Teens also report struggling with sexual intimacy after experiencing sexual assault. Sexual activity can trigger negative associations of the abuse such as disgust and fear (Kavemann, 2018). Moore et al., (2012) conclude that the psychological consequences of having unwanted sexual experiences for teenage boys are not well understood. The authors argue that addressing these unwanted experiences is vital, considering men are more likely to become perpetrators if they have been victimised.

Failure to thrive

In Clasen et al. (2018) 'failure to thrive' is used as term to describe how experiencing sexual assault can have extensive consequences for young people's everyday lives. For example "*failure to thrive in school describes how an assault and subsequent reactions can possibly affect academic life and the victim's well-being in school"* (p.223). Clasen et al. (2018) report that half of their teen participants had tried to repress the sexual assault in an attempt to continue their normal everyday life. However, this often proved to be unsustainable. Guerra et al. (2021) found teens negated the trauma of sexual assault as a coping mechanism. Trying to 'keep up appearances' demands much time and energy in order to act as if the assault never happened. This is time and energy not spent in their academic and social lives and can prohibit teens from developing and thriving. Teens report struggles with attending

school, concentrating and completing homework, increasing the risk of lower academic performance, negative feelings about school and dropping out. The stigma on sexual assault can also affect access to education. An example is a teen girl who participated in the Stark et al. (2016) study and narrated how after her sexual assault became known, she was bullied and verbally abused by peers at school. This resulted in the headmaster advising her to search for another school. Another teen girl in the same study became pregnant as a result of her rape; when the school found out she was dismissed from school (Stark et al., 2016). Failure to thrive can have far reaching effects especially when it results in teens not being able to complete their education. This impacts the teen on an individual level, can impact their socioeconomic status, potentially putting them at an increased risk of marginalisation (Clasen et al., 2018).

2.4 Limitations and research gaps

The studies analysed for this review, and subsequently this review itself, have a number of limitations. These limitations are discussed in this section.

Lack of theoretical approach to research

First, there is an overall lack of theoretical approach within the studies. A few studies were conducted from a grounded theory approach yet did not result in the emergence of theory. Only one study (Fehler-Cabral et al., 2013) used an ecological theory throughout the analysis contributing to a multi-layered understanding of sexual assault and its impact on teens.

No clear operationalisation

Terms such as ‘sexual abuse’, ‘sexual assault’ and ‘sexual violence’ tend to be used interchangeably. Consequently, it is can be difficult to identify what kind of behaviour was included under this terminology. Only Ajuwon et al., 2004 (Sexual coercion), Campbell et al., 2015 (sexual assault), Ijadi-Maghsoodi et al., 2018 (CSE & human trafficking), Moore et al., 2012 (unwanted sex men), Schonbucher et al., 2014 (SA) and Tener et al., 2014 (statutory rape) included a clear definition.

Lack of inclusivity

With few exceptions (Ajuwon et al., 2004; Moore et al., 2012; Schonbucher et al., 2012,2014; Shalhoub-Kevorkian, 2005) studies did not recruit their participants from the general public and often recruited with the help of support services. This means that most of the teen narratives analysed in this review were from teens who had already disclosed. The narratives of teens who have not disclosed continue to be largely unknown. There is also a risk in having support services pre-select participants because the voices of teens who might be deemed to be ‘unsuitable’ to participate by the support services (for whatever reason) are not being heard. Also, most studies on issues surrounding sexual assault such as consent and

unwanted sex have focussed on heterosexual relationships. There is a significant shortage in studies that have also included the LGBT+ community. Only one study in this review mentioned the LGBT community but only fleetingly and in acknowledgement it lacks research (Tener et al., 2014).

Furthermore, teens from ethnic minority groups are often not sufficiently included in research, even though studies have established that victims from ethnic minority groups have special needs in sexual health care services (Kulyk et al., 2013) because of different help-seeking experiences and increased negativity to disclosures of sexual assault (Fehler-Cabral & Campbell, 2013). With the exception of Shalhoub-Kevorkian (2005), even when these minority groups are included it does not become part of a larger discussion/analysis incorporating a cultural perspective. Shalhoub-Kevorkian (2005) argues that letting Western laws, norms and values influence policies for safeguarding can be risky. This is especially so when also applied to non-Western teens, and can actually lead to increased unsafety for these teens. This highlights the need for research in this field with more cultural awareness.

Additionally, language is an issue that was mentioned but not fully explored in the reviewed studies. Still, I conclude from the reactions of participants that the (lack of) use of inclusive language is an area that requires more examination. For example, teens who have experienced sexual assault might not identify as either ‘victim’ or ‘survivor’ or recognise what they have gone through as ‘abuse’, ‘sexual assault’ or ‘sexual violence’. This might potentially broaden the gap between the teens and support services who often rely on the use of these terms.

Lack of ethical considerations

The quality appraisal of the identified studies revealed that research ethics and the position of the researcher are seriously neglected in most studies. This is especially worrisome when taking into account that these studies were conducted with vulnerable participants regarding sensitive topics.

2.5 Comprehensive review of grey literature

To address some of the systematic review’s limitations I also conducted a review of grey literature focused on the UK context. Grey literature such as research and committee reports, government reports and conference papers can reduce publication bias, increase the comprehensiveness of a review, and contribute to a more balanced picture of available evidence (Paez, 2017). Including grey literature can also address the omission of the works of minority scholars in systematic reviews of solely published and peer-reviewed literature as well as ground the review further within the context of practice and policy.

I have therefore exercised a comprehensive search (see also chapter 4.3.2 *The six*

stages of the study) for which I expanded the inclusion and exclusion criteria which were applied in the systematic literature review. I broadened my search to also include research focussing on experiences beyond teens' perspectives (such as practitioners, parents, and case studies), studies which included younger children, and studies which were not peer-reviewed. Within the grey literature there is an extensive body of knowledge on CSE which I have explored as well as including research on topics (in)directly related to this thesis' topic such as "gang-associated"[13] sexual violence, experiences with the judicial system and police, and gender-based violence. As with the systematic review, identified grey literature was synthesised by repeated readings and coding in NVivo in order to identify relevant themes and concepts (see appendix 17 for a table with an overview of the included grey literature). The result is discussed below.

2.5.1 Gender

In the systematic review 'gender' was identified as a subtheme within the theme 'context of sexual assault'. Its importance in understanding experiences following sexual assault was also evident within the grey literature. For example, Beckett et al. (2013) study on gang-associated sexual violence towards, and exploitation of, young people in England concluded that whilst young men experience many forms of harm and victimisation within the gang environment, they appear to be less likely to experience sexual assault compared to young women. According to Beckett et al. (2013) the gang environment is particularly patriarchal and women's access to, and position within this environment, is predominantly mediated through and determined by young men. This includes the objectification and perceived inferiority of young women increasing the risk of violence and sexual victimisation within the gang environment. Beckett et al. (2013) state that "*many young women are both harmed and blamed by both young men and other young women for their experiences of sexual victimisation*" (p. 7). Out of 188 young people who participated in interviews and focus groups, 46% said they, or others, believed the female victim 'deserved it' or was 'asking for it'. Particularly when a young woman was known to be sexually active with more than one person. These young women were ascribed to have less right to withhold consent even when participants recognised that sex took place under pressure or in coercive situations. Participants (both male and female) held stereotypical double-standards around male and female sexuality which was evident in how young women were judged for engaging in casual

[13] It should be noted that there is a strong resistance to the term 'gang' within the British academic discourse. For example, British social constructionist argue that by labelling groups as 'gangs' it further alienates inner-city youth belonging to ethnic minorities whilst also simplifying their experiences (Aldridge, Medina-Ariza & Ralphs, 2008, p. 20).

sex whilst young men were commended for the same behaviour. Similar gender norms were described earlier in this chapter (see 2.3.1 *Context of sexual assault: poverty, family life, gender norms and culture*). Furthermore, young women were better at recognising the exploitative and violent nature of described sexual interactions than young men. According to Beckett et al. (2013) half of the participating young men described these interactions as "*part and parcel of sexual activity within the gang environment"* as opposed to recognising them as sexual assault (p.6).

Allnock et al. (2021) study on understanding the mental health and emotional wellbeing needs of those who experience sexual abuse during adolescence, concluded that both young people's and professionals' narratives highlighted that young people experience barriers to accessing SASS as a result of "*broader societal narratives and assumptions about gender and sexuality".* For example, because of gendered assumptions about victims being females with perpetrators being males. McNaughton Nicholls et al. (2014) who studied the sexual exploitation of boys and young men in the UK, found a need for raising awareness among practitioners and the general public about how CSE affects both males and females. They also concluded that gender itself may be a factor that prevents the identification of CSE by practitioners because gendered perceptions of masculinity create a barrier for young men to disclose sexual exploitation due to "*shame, fear, and concerns about being labelled gay due to homophobic social attitudes"* (p. 14). The experiences of boys and young men with sexual assault will be further discussed next.

2.5.2 Experiences of boys and young men

McNaughton Nicholls et al. (2014) conducted a mixed-methods research on the experiences of boys and young men with CSE in the UK. This research consisted of a comparative literature review, analysis of case studies from Barnardo's service users, and interviews with practitioners. Initial findings were disseminated during a workshop with young people (both male and female) who had experienced CSE and a second workshop with representatives of LGBTQ+ services. Findings of this research showed experiences with sexual exploitation of male and female service users have commonalities as well as differences.

Among the commonalities found between males and females[14] were experiences of homelessness, running away and being in care as risk factors or indicators for CSE. Furthermore, both males and females had a higher likelihood of experiences of non-CSE-related violence such as domestic abuse, neglect and violence towards others in common. Alternatively, one of the differences found is that males identified by SASS as having experienced CSE generally were slightly younger than females. Furthermore, males who

[14] The terms 'males and females' was used in the report.

were identified by services as being at risk of CSE more often presented with disabilities such as learning disabilities, autism and Attention Deficit Hyperactivity Disorder (ADHD) (McNaughton Nicholls et al., 2014). However, it should be noted that males are more likely to receive a diagnosis on the autism spectrum than females due to the under-identification of disorders on the autism spectrum among females (Duvekot et al., 2017; Witlock et al., 2020). Significant differences between male and female service users were also found in relation to youth offending where 48% of males who accessed SASS had a youth offending record compared to 28% of females. From the practitioner data reports of young men being victimised by male perpetrators who were seen by the young person as 'a trusted friend' was highlighted. In these cases the initial relationship was, for example, based on shared interests such as sports, online gaming but also extended to belonging to a criminal gang. Practitioners expressed concerns about young males accessing pornography sites and apps (such as Grindr) which could put them at risk of "*age-inappropriate contact with people seeking sexual interactions*" (p. 10). Practitioners reported perpetrators using gender stereotypes to maintain relationships with young people where female perpetrators presented themselves in the role of 'caring adult' whilst male perpetrators encouraged young men to view pornography because 'that is what men do'(p. 11).

In regard to receiving support following CSE experiences, practitioners highlighted that the response to CSE might be expressed differently by boys/young men as in their experience are more likely to show anger externally and self-harm in different ways from females such as provoking fights. This is not always recognised by adults as a method of self-harm and as such might be interpreted as males experiencing fewer negative impacts of CSE than females. Furthermore, as discussed in the previous section (2.5.1. *Gender)* stereotypical gender norms label men as 'tough' and could impact young men's sexual development following CSE. As a result sexually exploited young men may feel their masculinity has been compromised. Findings indicate referral routes to SASS differ for boys and young men as they were more likely to be referred to Barnardo's services after having gone missing (80% for males compared to 42% of females) whilst common reasons to refer young women to services (concerns about a relationship with an older person and suspicions of exploitation) were less commonly found for males, possibly because males are less likely to be perceived as 'vulnerable' than females. Gohir (2013) also concluded that CSE experienced by boys/young men is harder to uncover because of the stigma and masculinity issues involved leading to practitioners and other adults missing important risk indicators. Furthermore, echoing the findings of Guerra et al. (2021) discussed in the systematic review above, McNaughton Nicholls et al. (2014) found males were less likely to be referred to Barnardo's services as the result of a disclosure than females. A conclusion also made by Beckett et al. (2013) who state that young men in particular rarely reported gang-associated

sexual violence or accessed any formal support services for these experiences.

McNaughton Nicholls et al. (2014) concluded that little robust evidence is available on how best to support young men who have experienced CSE. "*Taken as a whole, the results of our three studies would suggest that boys and young men constitute a sizeable minority of CSE cases – making the need for targeted research, policy and practice responses all the more pressing*" (p.6). This conclusion is echoed by Gohir (2013) who in their study on the exploitation of Asian and Muslim girls and young women found that a small number of participants (consisting of practitioners, police, friends and family of those who experienced CSE) raised concerns about Asian and Muslim boys being groomed and exploited. Whilst some evidence of the exploitation of these boys did emerge, detailed case studies could not be identified leading Gohir to advocate further research to better understand the sexual exploitation of Asian and Muslim boys as well as their role in the sexual exploitation of Asian and Muslim girls. The experiences of Asian and Muslim girls as well as teens from other minority groups is further discussed below.

2.5.3 BAME and other minority groups

As was concluded earlier in this chapter, research focussing on the experiences of teens from ethnic minority groups following sexual assault is lacking (see 2.4 *Limitations and research gaps*). Whilst this is also an issue within the grey literature, a few studies do offer some insights to be considered. First, Roy and Cowan (2020) conclude that minoritised women are more likely to be criminalised, viewed as complicit in violence towards them and less likely to be considered as 'victims' of sexual violence. Thiara, Roy and Ng (2015) focussed their research on service responses to Black and Minority Ethnic (BME) women and girls experiencing sexual violence by conducting a national mapping survey for services and interviews with practitioners in the UK. Whilst those who have experienced sexual assault were not involved in this study and there was no specific focus on teens' experiences, a few key points are relevant to the current study. A key conclusion of this study is that within domestic and local policy frameworks there is limited consideration of the experiences and specific barriers to accessing SASS from BME women following sexual assault. However, inequalities in access to specialist support in a UK context do warrant specific policy approaches. Further, practitioners recognised that for BME women and girls current service responses to experiences of sexual violence are extremely limited. Specifically, BME women's experiences within the context of honour-based violence, female genital mutilation, peer-on-peer abuse, and sexual exploitation within an individual, group or gang-associated are inadequately considered (p. 5). Alternatively, Roy and Cowan (2020) concluded that minoritised women's experiences are reduced and exceptionalised to

"*specific manifestations, such as forced marriage, female genital mutilation and 'honour-based 'violence. This continues to create short-term and siloed policy and practice responses"* (p. 3). Thiara, Roy and Ng (2015) identified specifically the gap in age-appropriate SASS for young BME women. They therefore argue:

> *"we know that when young women experience sexual violence perpetrated by their peers there is a large amount of confusion as to what this is called - sexual bullying, domestic violence, child sexual exploitation, serious youth violence, harmful sexual behaviour etc. We still need to work out how to move from a siloed approach to one which addresses the needs of young people affected by violence/abuse"* (Thiara, Roy & Ng, 2015, p.21).

Gohir (2013) concluded that sexual exploitation is not necessarily more of a problem within Asian and/or Muslim communities as sexual grooming is not about race "*but about vulnerability, the exploitation of that vulnerability and opportunism"* (p.21). Gohir (2013) argues Asian/Muslim 'female victims'[15] are most vulnerable to offenders from their own communities. They cited that even though these girls were harder to reach by perpetrators due to "*parental control on their daily movements and lifestyle"* (p.29) them being targeted seemed a calculated risk as Asian and Muslim girls are considered 'less risky' targets because they are unlikely to seek support or report CSE due to 'shame' and 'dishonour' issues (p.29). Furthermore, cultural attitudes towards girls and women within the Asian and Muslim communities were found to be one of the underlying reasons for sexual abusive behaviours. Patriarchal practices and beliefs results in women having a lower status than men. Gohir (2013) concludes it is this lower status which is responsible for Asian and Muslim men having negative attitudes towards girls and women and having less or little respect for them. However, it should be noted that these patriarchal practices and beliefs are not unique to Asian/Muslim communities as patriarchal structures diminish girls and women's status across all cultures and communities in England.

Whilst there is a shortage of UK-based studies focussing on the experiences of BAME girls and women following sexual assault, even fewer address the needs of those within the LGBTQ+ community. The 2018-2023 NHS strategy on sexual violence highlights a need to focus prevention efforts specifically on Black and minority ethnic communities, the LGBT community, and those with learning disabilities and sex workers (England NHS, 2018). McNaughton Nicholls et al. (2014) concluded that for boys and young men the risk of experiencing CSE for some young men interacted with their exploration of same-sex

[15] The term 'female victims' was used in the report.

relationships or questions around their gender identity and/or sexual orientation. Data from practitioner interviews suggested that hetero-normal social environments result in fewer 'safe spaces' for young people to explore same-sex relationships facilitating and hiding exploitative same-sex relationships. Furthermore, stigma experienced by the LGBT community was reported by both practitioners and young people as exacerbating vulnerability.

2.5.4 Disclosure of sexual assault

In line with the findings from the systematic literature review, experiences with disclosure and barriers to disclosure of sexual assault was a common theme within the reviewed grey literature. The overall consensus is that young people are unlikely to report experiences with sexual assault and, if they do disclose, this is more likely to informal support (such as peers and parents) than formal support services (such as SASS and police). Teachers were the most likely professionals young people and children disclosed to (Gohir, 2013; Allnock, Miller & Baker, 2019). Practitioners and other adults often do not recognise the signs of sexual assault in children and young people which places the responsibility on young people themselves (Warrington, Beckett, Walker & Allnock, 2017). The barriers to disclosure reported were normalisation of sexual violence (Beckett et al., 2013; Gohir, 2013; Cody, 2015), regarding sexual assault as inevitable (Beckett et al., 2013), fear of (social) consequences (Beckett et al., 2013; Gohir, 2013; Cody, 2015; Roy & Cowan, 2020; Allnock et al., 2021) fear of retaliation (Beckett et al., 2013; Gohir, 2013), lack of trust in services (Beckett et al., 2013; Beckett et a., 2015; Cody, 2015; Roy & Cowan, 2020;), self-blame (Roy & Cowan, 2020), protecting others (Roy & Cowan, 2020), self-protection (Gohir, 2013; Cody, 2015; Roy & Cowan, 2020), negative reactions to former disclosures (Allnock, Miller & Baker, 2019), fear of not being believed (Gohir, 2013; Cody, 2015), lack of information and education in schools and society (Cody, 2015), not knowing where to go or not understanding the systems (Cody, 2015; England NHS, 2018), blackmail connected to shame and dishonour (Gohir, 2013), and dependency on drugs and alcohol (Gohir, 2013). Children can face additional barriers to disclosure due to their disability, gender, ethnicity and/or sexual orientation (Gohir, 2013; Warrington, Beckett, Walker & Allnock, 2017; Allnock, Miller & Baker, 2019). For example, young people have reported that ethnicity or culture can act as a barrier to disclosure and accessing support because of taboos around sexual assault and/or mental health (Allnock et al., 2021). According to McNaughton Nicholls et al. (2014) males face specific barriers to disclosure (see also 2.5.2 *Experiences of boys and young men*). Disclosure of sexual assault is a process which is influenced by relationships and interactions that children and young people have with others. As such it can take a considerable amount of time to disclose (Allnock, Miller & Baker, 2019). Trusted relationships

with adults including practitioners (Allnock, Miller & Baker, 2019), lessons in school (Cody, 2015; Allnock, Miller & Baker, 2019), TV programmes (Allnock, Miller & Backer, 2019), and support from peers (Warrington, Beckett, Walker & Allnock, 2017) are reported to facilitate disclosure.

Echoing some of the findings from the systematic literature review (see 2.3.5 *Impact of disclosure*) Gohir (2013) concluded Asian and/or Muslim women experienced re-victimisation, being blamed, not believed, forced into marriage, forced into leaving the family home and in one case a forced hymen repair surgery after disclosure of sexual assault. Within these communities there was a tendency to blame the girl/woman and prioritise the protection of 'honour' of family and community over the safety of the girl/woman (Gohir, 2013). Following disclosure of CSE within the family environment children reported experiencing increased division and conflict within the family, rejection and blame from family members, being removed from the family home, difficult family dynamics and negative impact on the emotional wellbeing of non-abusing family members. However, children also reported an increased physical safety, access to emotional support and stronger family relationships (Warrington et al., 2017).

2.5.5 Sexual Assault Support Services

Shuker's (2013) evaluation of Barnardo's Safe Accommodation Project for sexually exploited and trafficked young people stresses the specific needs teens have compared to younger children and adults. For example, teens' growing need for independence, which is often labelled as 'risky behaviours' by adults, results in them viewing boundaries as being controlling. Young people's advice to carers was to *"listen to them, not judge them and give them space"* (p.38). Teens having specific requirements from SASS is echoed by Allnock et al. (2021), although their participants were clear in their message that such needs were often missed or minimised by others including families and practitioners. For young people this heightened their distress and delayed access to support. Allnock et al. (2021) therefore conclude a holistic and tailored response to those who have experienced sexual assault in their adolescence is needed. The need for a holistic approach to SASS was recognised within several other studies and reports (Firmin et al., 2016; Warrington et al., 2017; England NHS, 2018; Beckett, Soares & Warrington, 2022). Part of this holistic approach is supporting both young people and their parents and other family members, as well as having multiple services under one roof or otherwise encouraging adequate cooperation between agencies, schools and SASS. This need for multi-agency cooperation is further underlined within multiple reports and studies (Beckett et al., 2013; Beckett et al., 2014; England NHS, 2018; Allnock et al., 2021). Allnock et al. (2021) further addressed how some of their teen participants had expressed a need to connect with peers who had similar experiences as it

could provide a role in countering social isolation and self-blame, whilst increasing optimism and self-efficacy. Stating that teen participants "*expressed a strong desire to communicate a sense of hope to other children facing similar circumstances*" (p.11). The need to improve peer support infrastructures in order to improve SASS for teens was also discussed by Cody, Bovarnick and Peace (2020) in their study on peer support initiatives for young people who have experienced sexual violence as well as several others (Warrington et al., 2017; Warrington, 2020).

Participants from the Allnock et al. (2021) study also identified barriers to accessing SASS which included a lack of understanding of their right to autonomous access, long waiting lists, service thresholds, age at referral, and transitions to adult services. Warrington et al. (2017) also raised the issue of the transition of young people into adult services which was identified as a time "*in which good work could be undermined*" (p. 9). A worrisome conclusion from Allnock et al. (2021) is that few participants and their parents received support from social care. However, those who did had some positive experiences with individual social workers, yet the dominant narrative was that of "*social care contributing to, rather than alleviating, mental distress because of the absence of positive relational working practices*" (p. 61). Young people believe clear and consistent communication, age-appropriate engagement, allowing time and space to share mental health difficulties were all areas SASS could improve upon (Allnock et al., 2021). Young people also appreciate practitioners who have qualities such as warmth, friendliness, humour and not being judgemental. Furthermore, they value being recognised as individuals, being listened to and having their views and experiences taken seriously as well as a friendly and flexible approach (Brodie et al., 2016). Allnock et al. (2021) have introduced six pillars for an adolescent-centred response to sexual abuse consisting of 1) understanding of adolescent life stage, 2) recognising and working with adolescent agency, 3) young person centred responses, 4) a rights based framework, 5) a focus on wellbeing and, 6) attendance to relationships (p. 83). In their scoping literature review on the participation of young people in CSE services Brodie et al. (2016) concluded that services need to train their staff to develop the skills to work with young people who are at risk or have experienced CSE. This was recognised by the NHS (2018) in their strategic direction 2018-2023. According to Brodie et al. (2016) working for SASS requires practitioners to have a strong knowledge base regarding the routes into and experiences of CSE as well as being able to be reflective and critical in their approach to practice. Brodie et al. (2016) identified five issues of importance: 1) young people's engagement with SASS should be voluntary, 2) services need to be more accessible for example by being open in evenings and weekends, 3) more recognition of diversity, 4) services need to focus on relationship-based working, and 5) within the relationship between the practitioner and young person conversation is key.

Beckett, Firmin, Hynes, and Pearce (2014) state in their study on CSE practice in London that there is a need for further progress on evidence-based knowledge on alternative forms of CSE such as peer-on-peer abuse, vulnerability of specific groups such as looked after children, cross-borough working, translating policies and guidance into practice, capacity/resources, preventative initiatives, identification of victims and assessment of risk, vulnerability and resilience, provision of support for victims, identification/disruption and prosecution of perpetrators, community engagement and sustainable leadership and co-ordination of multi-agency working.

Beckett et al. (2013) conclude both preventative and early intervention initiatives focussing on gang-associated sexual violence are under-developed. They also stress the need for schools, health providers, youth services, and other relevant services to promote amongst young people the understanding of healthy relationships, consent and the harm caused by sexual assault. As such, every local authority with a gang-affected neighbourhood should have trained and supported mentors and advocates to support young people at risk or affected by gang-associated sexual violence or exploitation. Jago et al. (2011) argue that a conceptual shift is needed to safeguard older children from abuse outside the home. They advocate that specialist staff trained in CSE are needed in multi-agency teams and for all pre- and post- qualifying training for professionals working with young people to include CSE.

Gohir (2013) stressed how schools and health professionals are specifically failing to identify cases of CSE involving BME victims. To improve services for BME groups awareness raising and training among practitioners is needed as well as adequate sex education in schools. Furthermore, third sector BME organisations should be supported to set up specialist sexual violence projects and helplines. Gohir (2013) also advocates for the implementation of community action which focuses on raising awareness and educating communities about sexual assault and the consequences of their cultural attitudes, as well as tackling the issue ‘head on’ for example by having members of the community actively present outside known recruitment areas for CSE (such as schools and bus stops). Thiara, Roy and Ng (2015) concluded in their report on service responses to BME women and girls who have experienced sexual violence, that SASS specifically catering to BME women and girls are extremely limited. Furthermore, they consider the funding climate of existing services creates insecurity and leads to the closure of services despite the need for great development of such services. As a result there is a lack of understanding and knowledge about how best to support BME women and girls following experiences with sexual assault. A range of difficulties in supporting BME women and girls within SASS were identified including cultural differences, lack of training to staff on BME issues, more time needed to built relationships, lack of resources, issues around language and communication, and difficulties reaching out to individual women from BME groups.

In regard to experiences with the police and justice system, a positive association with police involvement is the potential for physical safety from the perpetrator (Beckett et al., 2015; Warrington et al., 2017). However, support for young people during the court process is lacking and young people show little confidence in the process (Jago et al., 2011). Centre for Women's Justice, End Violence Against Women Coalition, Imkaan and Rape Crisis England & Wales (2020), conclude that the criminal justice system is not experienced as a site of protection, instead it is one of harm where those who have experienced sexual assault often experience re-traumatisation, whilst for practitioners the system is demoralising. They recommend victims/survivors who report to the police have the choice of a specialist female officer, have access to high quality non-medicalised counselling and therapy including pre-trial therapy, and the provision of wraparound care and support for survivors/victims. Allnock et al. (2021) concluded that whilst participants recognised positive experiences and outcomes with criminal justice processes were possible, they hold great potential for undermining the mental health and emotional wellbeing of young people. Specifically, young people experienced revisiting of traumatic events, a loss of choice and control, feeling disbelieved or blamed for the abuse, and feared loss of anonymity. For young people engagement with video recorded interviews and other formal investigative processes can also be experienced as difficult and distressing (Warrington et al., 2017).

Beckett et al. (2015) study on children and young people's perspectives on the police's role in safeguarding shows evidence which suggests that the more direct contact children and young people have with police the more they hold negative and distrustful attitudes towards them. This was even more true for children and young people from BME communities. Gohir (2013) concluded that in cases involving BME victims police are reluctant to intervene due to cultural sensitivities. In regard to police performance there is some evidence that suggests that the police's investigative needs may sometimes be prioritised above safeguarding (Beckett et al., 2015). Achieving Best Evidence (ABE) interviews are considered to be particularly stressful for young people and the majority of participants in Beckett et al. (2015) said they would not directly approach the police for support unless in immediate danger. Characteristics like approachability, trustworthiness, empathy and respect were identified to increase the likelihood of a child or young person seeking support. However, few participants associated these traits with the police. Previous experiences with the police, or the experiences of friends and family, and how positive or negative these are viewed, impacts (further) engagement with the police. This shows the importance of a young person's own background and experiences as well as contextual circumstances. In conclusion, Beckett et al. (2015) identified eight principles of practice to maximise children and young people's sense of safety and wellbeing and their willingness to engage in police safeguarding processes: 1) demonstrating empathy and compassion, 2) respectful and non-

judgemental practice, 3) effectively eliciting and responding to children's and young people's accounts, 4) conveying information in a timely and appropriate manner, 5) due consideration to confidentiality and discretion, 6) maximising continuity of engagement, 7) considering children's and young people's support needs, and 8) facilitating choice and control (p. 25).

2.5.6 Impact of experiences with sexual assault on everyday life

In line with the findings of the systematic literature review, the review of grey literature showed the impact of sexual assault on the everyday lives of teens is diverse and complex (see 2.3.7 *Impact of sexual assault on everyday* lives). Reviewed reports and studies showed long-term impacts reported are mental health problems such as self-harming (Gohir, 2013; Allnock et al., 2021), suicidal feelings (Gohir, 2013; Allnock et al., 2021), PTSD (Gohir, 2013; Allnock et al., 2021), depression (Allnock et al., 2021), eating disorders (Allnock et al., 2021), sleeping difficulties (Allnock et al., 2021), health problems associated with drug and alcohol addictions (Gohir, 2013), STI's (Gohir, 2013), unwanted pregnancy (Gohir, 2013), living in fear, (Gohir, 2013), social isolation (Gohir, 2013), increased risk of re-victimisation (Gohir, 2013), difficulties navigating social relationships (Allnock et al., 2021), strained relationships with family (Allnock et al., 2021), and healthy sexual relationships (Allnock et al., 2021). Allnock et al. (2021) furthermore concluded that both young people's accounts and that of some practitioners indicate "*that broader narratives about gender, ethnicity, disability, and sexuality are likely to affect young people's mental health and emotional wellbeing; their access to learning about sex, relationships and abuse; and their access to independent support"* (p.79). In their research focussed on understanding the mental health and emotional wellbeing needs of those who experience sexual abuse during adolescence, young people described a myriad of issues in the aftermath of sexual abuse. This resulted in the identification of four key impact areas: 1) diagnosable or specific mental health issues (such as dissociation, PTSD and depression), 2) emotional (for example feelings of confusion, isolation and self-blame), 3) relational (for example fractured or strained relationships with family and friends, fears about romantic relationships and loss of trust in others), and 4) behavioural (withdrawal or self-exclusion from school, friends and social situations, expressing anger or actively staying busy as a distraction).

2.5.7 Limitations of the grey literature review

Whilst the review of grey literature has delivered further knowledge and information, there are a few limitations that need to be mentioned. First, only a few reports referenced were research studies specifically including teens who have experienced sexual assault (Shuker, 2013; Beckett et al., 2013; Warrington et al., 2017; Roy & Cowan, 2020; Allnock et al., 2021; Beckett, Soares & Warrington, 2022). The other reports were based on data from practitioners, 'key informants' (for example from organisations and charities), parents, case

studies and literature reviews. Some studies specifically left out teens' own perspectives due to ethical concerns of including them. This was the case with the Gohir (2013) study which was an analysis of case studies written by practitioners. There are some ethical concerns with this approach considering information coming from practitioners is always subject to bias which was not addressed in the conclusions. Additionally, not all studies including teen participants specifically differentiated between teens, younger children and adult participants (Beckett et al., 2013; Beckett et al., 2015; Roy & Cowan, 2020; Warrington et al., 2017) as a result it was not always clear which experiences represented those of teens. The remaining studies which included teen participants (Shuker, 2013; Allnock et al., 2021; Beckett, Soares & Warrington, 2022) used practitioners as gatekeepers who decided which teens would be appropriate to approach for participation in the study. This again means a possible bias in decision-making on who is 'appropriate' to include as well as the exclusion of teens who have not disclosed sexual assault (e.g. teens from the general public).

The grey literature included shares some of the limitations found within the studies included in the systematic review (see 2.4 *Limitations and research* gaps) such as lack of theoretical approach and lack of inclusion. Within the grey literature there is an underrepresentation of teens who have experienced sexual assault and are part of BAME communities, and/or the LGBTQ+ community, and/or other minoritised groups such as teens with disabilities and from a care background (with the exception of Shuker (2013) who included young people who had experiences with foster care).

2.6 Discussion of literature review

The studies identified for this review showed a myriad of experiences following sexual assault that teens have dealt with. Sexual assault or rape is often talked about as a single derailing event in the lives of those who have experienced it. However, all reviewed studies show that, actually, sexual assault often is not an isolated event. Therefore, the context of the sexual assault on an individual, communal and societal level has to be taken into account.

This review has identified many underlying issues in which sexual assault is narrated, such as poverty, family life, gender norms and culture. Gender and gender norms were discussed in a few studies. However, it was not always discussed as part of constructing theory or a greater understanding of the context of sexual assault. Furthermore, the studies included in the systematic review contained mostly teenage girls' narratives with the exception of Moore et al. (2012) who exclusively focussed on teenage boys and Guerra et al. (2021) who included 42 boys in their study. Hermann (2017) states that *"it seems likely that men's understanding of consent is also related to their own understanding of what it means to be men"*. Where girls feel there is a double standard in which they are being negatively

judged for the same sexual behaviour boys are celebrated for, young men feel under pressure to obtain and preserve a 'masculine reputation' or 'man points' which they can secure by having sexual interactions with women (Coy et al., 2013; Quinn-Nilas, Goncalves, Kennett & Grant, 2018). As such, "*gender norms and double standards of sexual behaviour provide the context within which sexuality is negotiated*" (Walker, 1997). These double standards are evident in the Guerra et al. (2021) study in which it is concluded that sexual abuse is normalised in girls, while at the same time teenage boys experience their masculinity and sexual orientation being questioned after disclosure of sexual abuse. The impact of gender norms, patriarchal views and concepts of masculinity on experiences with and following sexual assault were also evident in the grey literature reviewed resulting in the normalisation of sexual assault amongst girls, whilst also creating additional barriers for boys to disclosure and accessing SASS (Beckett et al., 2013; Gohir, 2013; McNaughton Nicholls et al., 2014; Allnock et al., 2021)

The results of this review underline how disclosure is not a linear process but instead can be a path with many 'hits and misses' and several (partial) disclosures to different people. The overall conclusion from both the systematic review and review of grey literature shows few teens disclose experiences with sexual assault. However, if they do disclose this is more likely to peers followed by family members than to formal support services. Another takeaway from this review is that teens are concerned about losing control over their experience once it is disclosed. Teens' worries about confidentiality being broken are legitimate as support services, teachers and other professionals cannot guarantee complete confidentiality. This experience is significantly different for adults who are less impacted by safeguarding procedures. The five barriers that were identified in the systematic review to be relevant for teens (normalising coercive behaviour, protective strategy, fear of parental sanctions, fear of social consequences and breach of confidentiality) show that the process of disclosure is not an easy one for many. Barriers to disclosure often relate to keeping others safe and happy with less emphasis on teens' own well-being. Many young people feel responsible for taking care of their family and friends and prioritise this over their own health and safety. Interestingly, some studies (Ajuwon et al., 2004; Campbell, Greeson & Fehler-Cabral, 2013; Greeson, Campbell & Fehler-Cabral, 2014) speculated that teens might lack knowledge about their (legal) rights or do not know what services they can go to and where. This was also concluded by the youth advisors participating in Cody's (2015) study and in the England NHS (2018) strategic report, although it is unclear if and how many teens who have experienced sexual assault were participating in these studies. Surprisingly that 'lack of knowledge' was not a theme brought up by teens participating in the studies included in the systematic review. Actually, in Ijadi-Maghsoodi et al. (2018) most participants showed both knowledge about sexual health services and motivation to stay healthy.

The different pathways to disclosure (voluntary, involuntary, situational) indicate that the characteristics of this process can influence its outcomes. The results of this review demonstrate that the more control young people have and keep over their own disclosure throughout the process, the more likely they are to stay engaged with support services. It should be noted that the long-term influence of the different pathways was not studied in any of the included articles. Nevertheless, an approach that enables teens to continue developing their autonomy is desirable.

Another outcome of this review is that there are ways to lower the barriers to disclosure for teens. Five barrier breakers were identified (peer influence, validation, good relationship with parent(s) & other adults, wanting to protect others, being asked) in the systematic review. Whilst teens have reported that wanting to protect others has motivated them to overcome concerns they had about disclosing, it is important to note this should not be read as a suggestion that professionals make teens responsible for protecting others. It does mean realising some teens already feel this responsibility which led them to disclose.

Teens' narratives showed how interactions with professionals are influenced by how these professionals behave around them. Overall, a personable approach in which the teen is shown compassion, their emotions and well-being are cared for and most of all in which they receive validation that the sexual assault was not their fault and they were right to seek out help, is seen as beneficial. Conversely, when teens are being rushed and feel intimidated this can negatively affect continued and future engagement with support services. This seems to confirm Kulyk et al.'s (2013) statement that teens have specific needs from support services. This view is also supported within the grey literature (Shuker, 2013; Allnock et al., 2021). Tener et al. (2014) concluded that teens need a nuanced response that considers their developing independence and autonomy of adolescence. Whilst the developmental stage of teens and the behaviours that often come with adolescence should definitely be considered, at the same time professionals should be careful about stereotyping certain behaviours as typical teenage behaviour and teens as 'resistant to authority figures'. As a result of being labelled 'difficult' or 'uncooperative' teens might miss out on appropriate support. Furthermore, Brodie et al. (2016) argued CSE services need to train their staff to develop skills needed to work with teens, a conclusion also drawn by both England NHS (2018) and McNaughton Nicholls et al. (2021).

Finally, the descriptions the teens provided of the impact the sexual assault had on their lives in the systematic review, as well as the data presented in the grey literature, are consistent with the consequences described in quantitative literature. Teens who were raped during childhood show a relation with risky behaviours such as being sexually active at a younger age and poor use of contraception. Furthermore, they have a greater number of pregnancies and abortions, are at higher risk for HIV and STI's, higher rates of depression

and suicidal thoughts and attempts, self-mutilation, eating disorders and obesity (Crawford-Jakubiak, Alderman & Leventhal, 2017; Brabant, Hébert & Chagnon, 2013; Keeshin, et al., 2013). Unfortunately, findings of this review show that the barriers teens experience to disclose sexual assault and/or seek out help are actually well-founded concerns. Teens have experienced social isolation and failure to thrive as a result of experiencing sexual assault. This can especially be the case when they are assaulted by a peer, whom they might run in to during social activities or at school. Crucially, numerous studies have shown that sexual assault is usually committed by intimates (for example: family member, peers, teachers, colleagues, bosses etc.). The difference for teens in comparisons with adults is that they are even more dependent on the social groups (such as family, school, and peer environment) they are part of. The impact of this should therefore not be underestimated.

Chapter 3 The importance of theory: framing teens' experiences with sexual assault through the lens of critical realism and the intersectional social-ecological model

3.1 Introduction

A key finding from the *literature review* (see chapter 2) is the lack of theoretically informed approaches in studies on teens' experiences following sexual assault. The aim of this chapter is to highlight why a theoretical approach is important and needed in this field. The central argument of this chapter is that *you need theory in order to make sense of practice.* Specifically, that sexual assault is a complex phenomenon and as such an interdisciplinary and layered theoretical approach is needed. For this study I have drawn from three theoretical approaches: critical realism, intersectionality and ecological models. This chapter will start off with a short description of critical realism, why it was chosen as a framework for this study, and how this theoretical philosophical research framework has shaped and influenced this research through its positions on ontology and epistemology. This is followed by a discussion of intersectionality and ecological models including critiques and limitations of these theoretical frameworks. Additionally, I make an argument for the application of the Intersectional Social-Ecological Model (ISEM) and how it supports explaining and understanding teens' experiences following sexual assault.

3.2 The Critical Realist Embrace

The previous chapter (see chapter 2 *Literature* review) demonstrated that sexual assault is a complicated matter. Complexity is an ontological characteristic which must be addressed in research (Williams, 2016, p. 17). Critical realists have "*embraced complexity and contingency in the social world*" (Williams, 2016, p. 59) arguing that events can be 'caused' but that these causes may be complex. Realism's views on epistemology can be described as a 'philosophical third way' (Williams, 2016, p. 190). It combines the positivist's search for evidence of a reality external to human consciousness, whilst at the same time adhering to the social constructionist view that all meaning of that reality is socially constructed (Oliver, 2011). Realists argue that there is an underlying reality, which might not be directly observable, but in principle can be (partly) knowable (Williams, 2016, p. 155). Critical realism is a form of realism associated with British philosopher Roy Bhaskar. Bhaskar produced an extensive body of work on critical realism. It is beyond the scope of this thesis to give a full depiction of all its principles. However, a short description of applied critical realism and how it has been influential in this study are key to understanding how critical realism has informed every research stage of this study.

3.2.1 Applied Critical Realism

Applied critical realism, or critical realism in action, is a way of using the principles of critical realism to research *open systems* of daily life and practice (Bhaskar, 2017, p. 41). The concept of 'open systems' was introduced by biologist Bertalanffy in the 1940s to describe a dynamic, as opposed to a static, system, characterised by a continual import from and export to the environment (Mingers, 2011). Sexual assault is a phenomenon that is produced in an open system. Consequently, any investigation focussing on sexual assault will have to refer to multiple generative mechanisms and structures (p.43). This complexity requires the appreciation of an interdisciplinary approach. First, as a criminologist with a background in social work and psychology, undertaking a PhD in the department of health, supervised by an anthropologist, and two health practitioners, has meant that I adopted an interdisciplinary approach to this research from the outset. However, an interdisciplinary approach was also necessary in order to address the complexity of the topic.

Bhaskar (2017) argued that in order to avoid reductionist thinking, any applied critical realist project would benefit from an interdisciplinary approach (p.41-44). Drawing from disciplines such as health, sociology, criminology and economics has allowed me to tackle the complexity of the topic and analyse the data with the concept of a *laminated system* (p. 44) in mind. A laminated system is composed of a multiplicity of different levels, where understanding of each level is necessary in order to answer the research questions. The 'four-planer social being' is an example of a laminated system although there are more. The idea of the 'four-planer social being' is that every social event occurs in at least four dimensions at the same time: the plane of material transactions with nature, the plane of social interactions between people, the plane of social structures (the economy, society, language etc.), and the plane of the stratification of the embodied personality (p. 35-36). This means that any investigation of the social world needs to address these four planes if possible. Methods that embrace the inherent complexity of events, such as experiencing sexual assault and its subsequent reactions to it, are therefore needed. In the sections below (3.2 & 3.3), I will demonstrate how the theories of intersectionality and ecological models contribute to addressing the complexity of sexual assault and its mechanisms on all four planes. First, I will address the relevancy of 'dualisms' to the theoretical approach of the current study.

3.2.2 Dualisms within our social world

Critical realism is founded on the idea that within our social world there are dualisms everywhere (Bhaskar, 2017, p.32). For example, the dualism of society versus individual and structure versus agency (p.32). Within this study the agency and power that young people

hold is central. During the teenage years most teens are learning to develop agency by gradually becoming more independent and self-governing (Coleman, 2019, p. 125). It was always my aim to not only acknowledge, but encourage, the exertion of agency by the teens participating in this study. Spencer and Doull (2015) argue that 'agency' can only be understood by engaging with the related concept of 'power' as this illustrates "*the varying ways in which agency has been defined as being both a potential for, or producer of, power, as well as offering evidence of the effects of power"* (p. 902).

One of the main critiques of critical realism is that it is not associated with a specific method. While critical realism does not advocate for a specific type of method, either quantitative like the positivist or qualitative like the social constructivists, it instead argues that the methods depend on the aim of the study. I actually consider this a strength of critical realism because it allows for a focus on using the methods that fit the aim of the study best and as such having a direct impact on improving practice. In summary, critical realism is suited to the current study because by using it as a theoretical framework it is possible to 1) address the complex and dynamic nature of sexual assault, 2) use an interdisciplinary and layered theoretical approach inclusive of additional theoretical concepts, and 3) account for dualisms in society that impact teens' experiences following sexual assault.

3.3 Taking a feminist approach

When it comes to violence against women, feminist perspectives and approaches have influenced interventions, support and health services (Aldridge, 2015, p. 101). Feminism is a *"social movement that seeks to identify and correct gender imbalance, patriarchal practice and thinking in the political, economic, cultural and social spheres"* (Williams, 2016, p.67). From the 1970s onwards the Second Wave Women's Movement has been responsible for rewriting rape from a sexual act into an act of power and violence (Plummer, 1995, p. 68). The second wave of women's movement wanted to create a new rape story and in order to accomplish this they employed three strategies: debunking of (rape) myths, the creation of a history, and writing a political plot (Plummer, 1995, p. 67). The lived experiences of women were examined and put into context to show how naturalised ways of thinking and being were often masculine (Williams, 2016, p. 69). In this section I will discuss the concept of 'gender' and its impact on the theoretical approach of this study as well as the theory of 'intersectionality' which is currently one of the most popular feminist theoretical approaches.

3.3.1 Considering gender

Around the world, including in the UK, sexual assault and exploitation is disproportionally experienced by girls and women, whilst those who assault and exploit are disproportionally men. It is therefore important to understand how gender is relevant when talking about

sexual assault experiences (Coy, 2019, p.209). Coy (2019, p. 212) argues that society places more value on characteristics associated with 'men', 'maleness' and 'masculinity'. This organisation of society and power is referred to as 'patriarchy', a core feminist issue, and its influence is evidenced in the pervasive pay gap, women's under-representation in political decision making, and the limitation on freedom of women and girls due to fear of violence (Coy, 2019, p.212). Coy therefore states:

> *"The explanation for why men disproportionately exploit women and girls lies in gendered practices that are directed against female bodies. […] this means that when we are working with young people about sexual exploitation, we need to contextualise their experiences within meanings associated with gender. This offers a deeper route to making sense of their experiences."* (Coy, 2019, p. 213).

Whilst gender is essential to the analysis in the current study and feminist theory would offer a framework for the analysis, one major critique of feminist studies is that, historically, white women's experiences with domestic violence and sexual assault have been at the centre of these theories. When taking into account that in Birmingham one person in every 3.1 people is either black, Asian or from another ethnic minority, making Birmingham's ethnic diversity greater than the nation average (Cachia & Rodger, 2018), an inclusive theoretical framework is essential. This diversity is reflected in this study's participant sample (see chapter 4.3.2 *The six stages of the study*), making a theoretical framework that considers gender and race and specifically the intersections of both a necessity. Intersectionality offers such a framework and has been one of the most important theoretical contributions within the field of women's studies (McCall, 2005). Below I will discuss intersectionality and why I chose to include it this study's theoretical framework.

3.3.2 Intersectionality

The need for intersectionality arose from the exclusion of black women in feminist theory and anti-racist policy discourse. As Crenshaw (1989, p.140) argues:

> *"Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated". Intersectionality has been an emerging paradigm for women's health research."*

Intersectionality places an explicit focus on differences among groups and seeks to illuminate various interacting social factors that affect human lives, including social locations, health status, and quality of life (Hankivsky, 2010). In relation to violence against women, the violence women experience is not only influenced by gender, but also by other categories such as race and class (Crenshaw, 1995, p. 357). Crenshaw (1989) argues that feminist

theory and anti-racist policy discourse have historically excluded black women because they have been constructed around experiences that do not reflect the interaction of race and gender. Crenshaw argues that the failure of feminism to interrogate antiracism and the failure of antiracism to account for patriarchy shapes modern policies undermining the development of a political discourse that more fully empowers women of color (Crenshaw, 1991). Where intersectionality started out with categories of race, class and gender as its major markers of oppression (and privilege), in recent years categories such as sexuality, religion, disability and age, have been included (Dill & Kohlman, 2012, p. 155). Nonetheless, Slatton and Richard (2020) argue that the intersectional experiences around sexual assault and disclosure are still understudied, despite the current visibility of the Me Too movement, and future research should focus on how "*the delegitimization of Black women and girls as rape victims affects their likelihood of disclosure and the responses they receive when they do disclose"* (p.9).

3.3.3 Contributions of intersectionality to the current study

An intersectional framework is based on the premise that knowledge is grounded in the everyday lives of people of diverse backgrounds and can therefore be a powerful tool to link theory with practice (Dill & Kohlman, 2012, p. 160). The need for an intersectional theoretical approach for this study is to make sense of the experiences of the participants who are marginalised and often labelled by SASS as 'hard to reach'[16]. In their study on domestic violence Damant et al. (2008) argue that contextualising women's experiences of domestic violence with an intersectional framework means recognising that women's accounts are historically and culturally specific, which will lead to a greater understanding. Some of the complexity of teens' experiences following sexual assault has already been addressed in chapter 2 (*Literature review*). As discussed above, critical realism offers a way to understand and analyse complexity. However, unlike critical realism, intersectionality places black girls' experiences, who have historically been excluded from research, at the forefront. For the current study this is needed to confidently address the diversity within the sample of this study.

> *"Race, class, gender, sexuality, dis/ability, ethnicity, nation, religion, and age are categories of analysis, terms that reference important social divisions. But they are also categories that gain meaning from power relations of racism, sexism, heterosexist, and class exploitation"* (Hill Collins & Bilge, 2016, p.7).

[16] Because terms such as 'hard to reach' put the responsibility of inclusion with individuals who are often disproportionately impacted by marginalization and exclusion, I prefer to use other terms such as 'underserved' instead.

As a tool of analysis, intersectionality can be used to explore the organisation of power. Furthermore, Hill Collins and Bilge (2016, p. 25) argue that there are six core ideas that have emerged when intersectionality is used as an analytical tool: 'social inequality', 'power', 'relationality', 'social context', 'complexity', and 'social justice'. These six core ideas are all interwoven within the analysis of this study's data. An example of how these six core ideas influence teens' experiences is the adultification of black girls. In short, it addresses how black girls are viewed as more adult than their white peers and as a result they are more likely to be disciplined for their actions. At the same time, being minors, they are also disproportionally affected by the discretionary authority of teachers and law enforcement compared to adults (Epstein, Blake & Gonzalez, 2017, p14). Davis (2022) writes:

> *"over the past decade literature and research in North America and the United Kingdom (UK) has highlighted that for many Black children, this type of racialised discrimination continues to impact their daily lives across welfare services, education, health, and criminal justice. Literature also suggests that adultification bias can feature in other contexts, which leaves all children at risk of this form of discrimination"* (p. 4).

The impact of the adultification of black girls on teen girls' experiences following sexual assault is further explored in the results chapters and discussion chapter of this thesis (see chapter 6,7,8,9 &10).

Intersectionality offers analytical tools to learn more about the challenges that black teens at risk of abusive and exploitative relationships face (Bernard, 2019, p. 193-194). For example, black teens are more likely to be raised in economically disadvantaged communities, experiencing material hardship and societal racism rendering them vulnerable to being exposed to sexual exploitation (Bernard, 2019, p. 194). Bernard (2019, p. 195) argues that sexual harassment, teenage relationship abuse, gang rape and other forms of sexual violence are common facets of black girls living in socially and economically deprived urban areas.

> *"It is evident, then, that an intersectional lens can open up a space for asking important questions about race and racism to make robust assessments that are rooted in an understanding of the complex terrain that shapes risk for black adolescents in particular ways. The intersection of race, (dis)ability, gender and class affects black adolescents significantly, so practitioners must be aware that black adolescents are confronting specific adversities in their lives that need to be disentangled in order to understand the barriers they have to navigate."* (Bernard, 2019, p. 202).

Like critical realism, intersectionality has also been critiqued for not associating with a specific research method (Salem, 2018). However, it could be argued that this is actually a strength of both frameworks. As discussed above, at an epistemological level critical realism argues that different kinds of methods are right for different stages of the scientific process (Oliver, 2011, p.49). The same reasoning can be applied for intersectional studies. However, there is also much debate over whether intersectionality is a theory, a conceptual framework, a paradigm, or a method (Bernard, 2019, p. 196). Furthermore, now used to describe various biases including issues such as age discrimination and the marginalisation of the LGBTQ community, some criticism has been voiced about intersectionality becoming a 'catch-all' feminist theory moving too far away from its 'radical' beginnings (Salem, 2018). Kimberle Crenshaw response to this criticism is:

> *"Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LBGTQ problem there. […] Some people look to intersectionality as a grand theory of everything, but that's not my intention. If someone is trying to think about how to explain to the courts why they should not dismiss a case made by black women, just because the employer did hire blacks who were men and women who were white, well, that's what the tool was designed to do. If it works, great. If it doesn't work, it's not like you have to use this concept."*
> (Crenshaw in Columbia Law School, 2017).

According to Crenshaw, another issue arises when intersectionality is used as a blanket term for 'it's complicated' and an excuse to not do anything about the social issue it is describing. It was designed to be a hands-on tool that advocates and communities can use to show intersectional harms people experience and actively work to improve these conditions (ibid).

Using intersectionality will assist in better understanding the intersectional experiences of teens who have experienced sexual assault and explore ways to improve SASS for them. Still, to address some of the limitations of intersectionality and critical realism I have chosen to include the concept of social-ecological models in the theoretical framework of this study. Like critical realism and intersectionality, social-ecological models are specifically useful in tackling the challenge of complexity. Whilst intersectionality facilitates analysis of different categories (such as gender and race) and how they intersect, social-ecological models offer a tool to look at the experiences of teens from different levels beyond individual factors which is essential to comprehensive health promotion (Wold & Mittelmark, 2018, p.22).

3.4 Ecological models in relation to sexual assault

Wasco (2003) argues: "*we may hinder our understanding of rape by viewing it as a single event. Subjective experiences of rape often extend beyond the act of assault itself."* (Wasco, 2003). This equates with Mulla's findings that sexual assault could often be seen not as a single derailing event, but was a part of a larger system of struggles (2014). Ecological models that consider interactions between individual factors, the characteristics of sexual assault and cultural factors may increase our knowledge for varying reactions to rape (Wasco, 2003). Where an intersectional framework focuses on individual social positioning, an ecological framework looks at the structural context. Doran and McGregor (2019, p.184) argue that one of the main contributions of an ecological approach is the ability to emphasise a focus on strengths and capacities. Whilst it can be critiqued for not paying enough attention to the impact of cultural diversity, something intersectionality does address, one of its strengths is its ability to be subjected to continuous re-development. It also compliments a critical realists' laminated system approach. As such, the ecological framework has been applied across many domains, including health promotion fields (Dolan & McGregor, 2019, p.178).

3.4.1 Bronfenbrenner's Ecological Theory

In the 1970s, Urie Bronfenbrenner introduced a theoretical perspective for research in human development, termed 'Ecology of Human Development' (EHD). EHD focussed on the developing person and their environments, and most importantly the evolving interaction between the two (Bronfenbrenner, 1979, p. 3). In his critique of a solely naturalistic research approach, Bronfenbrenner argued that in order to truly understand human development, we have to move past direct observation of behaviour and examine multi-person systems of interaction that are not limited to a single setting and that take into account the environment beyond the immediate situation in which the subject finds itself (1977, p. 514). As such, Bronfenbrenner defines the EHD as:

> *The ecology of human development is the scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between these immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded (1977, p. 514).*

Bronfenbrenner presents the ecological environment in concentric circles representing a "*nested arrangement of structures, each contained within the next*" (1977, p. 514). The framework consists of four systems; the microsystem (family, peers and

school) , the mesosystem (the relationships between the systems), the exosystem (systems that are indirectly related to the child, for example parent's work) and the macrosystem (laws of society and culture). Since Bronfenbrenner first introduced the ecological model it has been in a continual state of development resulting in many different versions. Bronfenbrenner himself was re-assessing, revising and extending his theory until his death in 2005 (Tudge, Mokrova, Hatfield & Karnik, 2009). According to Rosa and Tudge (2013) the evolution of Bronfenbrenner's theory can be described in three phases. Phase 1 (1973-1979) resulted in the theory of the Ecology of Human Development (as described above). In phase 2 (1980-1993) modifications to the theory were made and the role of the individual within the developmental process became more apparent. Phase 3 (1993-2006) placed the concepts of 'proximal processes' and the 'Process-Person-Context-Time (PPCT) model as key factors of what was now the bio-ecological theory.

According to Bronfenbrenner, *"human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment."* These interactions occur regularly over extended periods of time and are called 'proximal processes' (Bronfenbrenner & Morris, 1998, p.996). The PPCT model is an operational research tool that allows researchers to investigate proximal processes and how these affect development. Different people experience different events based on their own personality and characteristics, their (previous) interactions and the time period in which they are happening. *Time* can be divided into micro-time (what occurs during a specific activity or interaction), meso-time (the consistency with which activities and interactions occur in the individual's environment) and macrotime (specific historic events that are occurring as the individual is at one age or another) (Tudge et al., 2009, p.201). For example, whilst everybody has there own experiences during the COVID-19 pandemic, the effect of the pandemic on these experiences will be different for teens than for adults because they experienced the pandemic at a different point in their life course. Being a teen in this day and time is different than it was 50 years ago, and as a result comes with its own challenges, social expectations and societal norms. This historical element, also called *the chronosystem*, must be acknowledged to increase our understanding of proximal processes.

Bronfenbrenner distinguished three types of personal characteristics: demand, resource and force. Demand characteristics, for example age, gender, skin colour and physical appearance, act as an immediate stimulus to other people, thus influencing initial interactions and expectations. Resource characteristics on the other hand are not immediately visible but relate to the mental and emotional resources a person has

acquired through previous experiences but also social and material resources such as access to education, housing, and caring parents. Last, force characteristics are, for example, a person's temperament, persistence and motivations (Tudge et al., 2009). These personal characteristics are in a constant state of flux and combined with changing environments and the chronosystem influence the proximal processes (Rosa & Tudge, 2013, p.243).

In line with the constant re-development of ecological models I have developed an ecological model, the 'Intersectional Social-Ecological Model' (ISEM), that combines the strengths of critical realism, intersectionality and social-ecological models and as such addresses these theories' limitations (see section 3.4). Before I fully introduce the ISEM it is necessary to discuss some existing ecological models and their (re-)development to illustrate both the foundations from which it was created and why it is needed for the current study.

3.4.2 The Social-Ecological Model

The Social Ecological Model evolved from the bio-ecological model described above and put more emphasis on the social, institutional and cultural contexts of the relation between people and their environments (Stokels, 1992). The Social Ecological Model has four key assumptions (Stokels, 1992).

1) People's health and well-being are influenced by multiple facets of both their physical and social environment.
2) Any analysis of health and health promotion should address these multiple facets and the complexity of human environments.
3) Environments and their participants can be studied at varying levels from individuals, small groups, organisations to larger populations.
4) People-environment interactions are characterised by cycles of mutual influence. Meaning that physical and social characteristics of environments directly influence an individual's health, while an individual's actions influences the healthfulness of their surroundings.

> *"Social ecology is especially concerned with how people's behaviour and well-being are influenced by their everyday surroundings, which include natural, built, sociocultural, and virtual features' and environments."* (Stokols, 2017, p. xxii).

The Social Ecological Model is inherently interdisciplinary because of its emphasis on multilevel and multimethod analyses and in order to do so it draws on the fields of medicine and public health, as well as the behavioural and social sciences (Stokels, 1992, p. 8). Whilst the model's interdisciplinary nature and laminated structure are

amongst its strengths, arguably this model does not sufficiently address the complex dynamics of sexism and racism. Apart from Bronfenbrenner's original ecological model there are two further models that are important in the context of the current study. The models created by Neville and Heppner (1999) and Campbell, Dworkin and Cabral (2009).

3.4.3 Culturally inclusive ecological model of sexual assault recovery

Neville and Heppner (1999) built on Bronfenbrenner's ecological model and developed the 'culturally inclusive ecological model of sexual assault recovery' (CIEMSAR). The CIEMSAR aims to place sexual assault in the broader sociocultural context of the United Sates by explicitly considering socioracial and ethnic factors which influence the recovery process after experiences of sexual assault (Neville & Heppner, 1999). CIEMSAR consists of three levels: the macrosystem (broad sociocultural context, racial and ethnic-specific context), microsystem/individual (rape characteristics, general person variables, cultural person variables, general coping behaviours/responses, cultural coping behaviours/responses) and the mesosystem (level of social support and institutional intervention). CIEMSAR contextualises rape recovery within a broader cultural framework (macrosystem) and distinguishes both general and cultural factors of the microsystem/individual.

Neville and Heppner (1999) argue that culture influences the entire recovery process and that CIEMSAR offers a framework to identify the many factors that determine psychological responses to rape. Neville and Heppner refer to the United States' rape-prone culture reinforced by widely held rape myths, how these myths are influenced by ethnic-specific cultural values and norms as well as the impact of race on how rape victims are viewed and responded to. They state: *"There is an appallingly small amount of information about the contexts of ethnic minority, including African American, women's sexual assault"* (p.48). Missing from the CIEMSAR is any consideration of the historic context, for example previous experiences with sexual assault or other types of violence and abuse, and how this might impact someone's experiences. Therefore, I will discuss the 'Ecological Model of the Impact of Sexual Assault on Women's Mental Health' next, which addresses this limitation.

3.4.4 An Ecological Model of the Impact of Sexual Assault on Women's Mental Health

Campbell, Dworkin and Cabral (2009) developed a social-ecological model which is an adjusted version of Bronfenbrenner's ecological theory of human development and Neville and Heppner's (1999) CIEMSAR. Their model 'an Ecological Model of the Impact of Sexual Assault on Women's Mental Health' consists of five levels: individual-level

factors (sociodemographic, biological and genetic), assault characteristics (such as victim-offender relationship, injury and alcohol use), microsystem factors (informal support), meso/exosystem factors (contact with informal support systems), macrosystem factors (e.g. societal rape myth acceptance) and chronosystem factors (sexual re-victimisation, history of other victimisation). Within the model 'self-blame' is conceptualised as a meta-construct that stems from all levels of the model.

There are several key elements of this model that need further consideration. First, Campbell, Dworkin and Cabral (2009) have added the characteristics of the assault as an additional level to their ecological model. A strong argument about why they conceptualised 'assault' as a separate level is not described. Furthermore, within their own key findings they present assault characteristics within the individual level. Second, conversely, they do make a strong argument to not separate the meso-and the exosystem, unlike Bronfenbrenner's original ecological model. According to Campbell, Dworking and Cabral (2009) the evidence from extant literature on post assault sequelae suggests that empirically based distinctions between the two are not warranted (which is consistent with the Neville and Heppner model). Informal and formal systems often interact with each other, either with or without the victim's knowledge. The meso/exosystem is distinguished from the microsystem by the involvement of formal support systems, as opposed to interactions solely between informal support systems. Third, the model considers race and ethnicity as an individual factor and on the macrolevel of analysis as a sociocultural perspective to understand the role of cultural identity in rape recovery. Fourth, unlike the CIEMSAR (Neville & Heppner, 1999), Campbell, Dworkin and Cabral (2009) have incorporated Bronfenbrenner's concept of the chronosystem into their ecological model. As they argue:

> *"The chronosystem examines the cumulative effects of multiple sequences of developmental transitions over the life course. Therefore, a history of sexual assault and other victimizations across the lifespan would influence the recovery process at each victimization (if more than one is experienced). Neville and Heppner conceptualized sexual revictimization as an individual-level variable, but we view it as an historical lifespan factor that shapes how other levels in the in this model affect a recent victimization"* (Campbell, Dworkin & Cabral, 2009, p. 229).

Fifth, Campbell, Dworking and Cabral's (2009) model introduces 'self-blame' as a meta-construct arguing it transcends any one level of the model and stems from processes at each level.

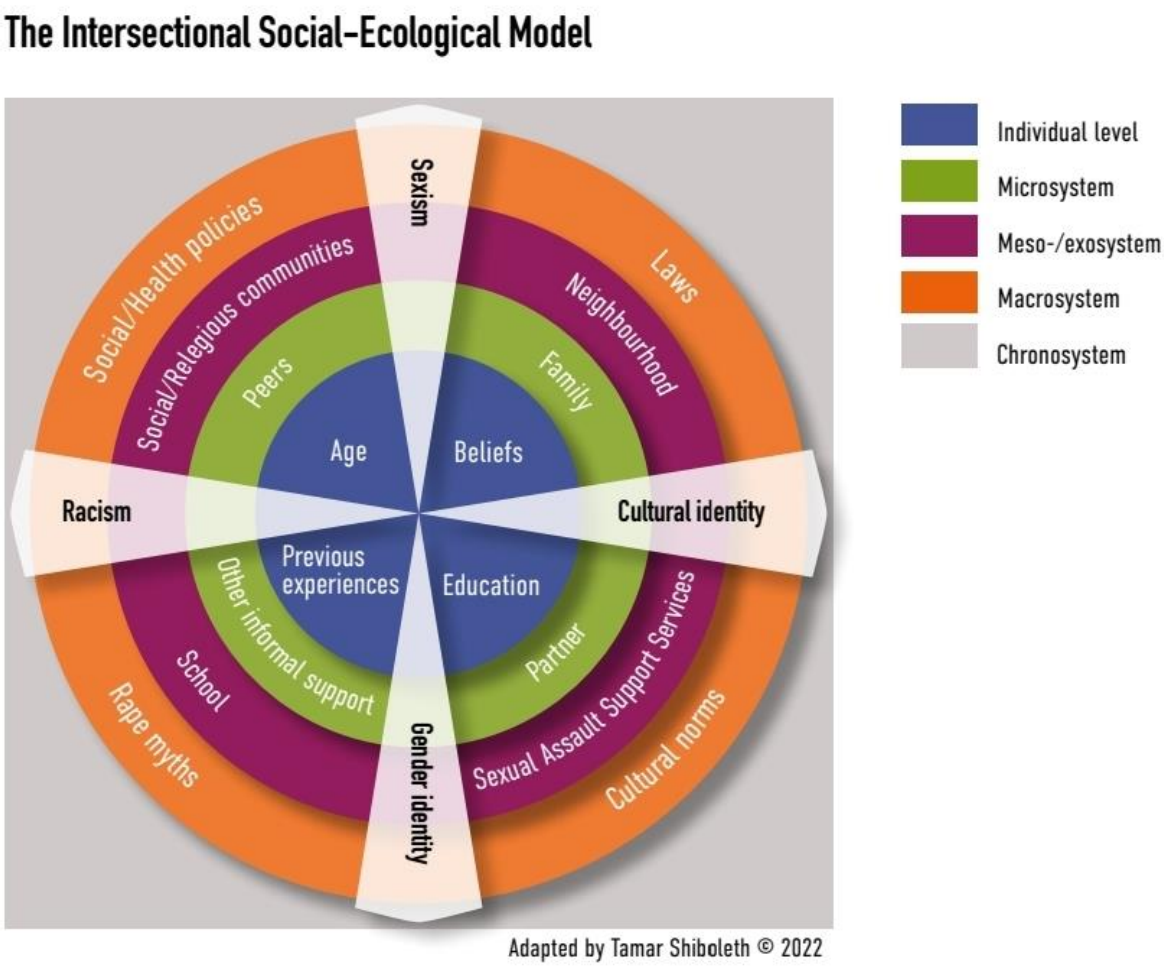
3.5 Introducing the Intersectional Social-Ecological Model

Building further on Bronfenbrenner's EHD, the CIEMSAR (Neville & Heppner, 1999) and the Ecological Model of the Impact of Sexual Assault on Women's Mental Health (Campbell, Dworkin & Cabral, 2009), as well as the strengths of critical realism and intersectionality, I introduce the Intersectional Social-Ecological Model (see figure 2 *an Intersectional Social-Ecological Model*)[17]. There are multiple reasons why this model is needed. First, where Neville and Heppners and Campbell, Dworking and Cabral's models are adaptations of Bronfenbrenner's ecology focussed on the recovery after sexual assault, the current study addresses issues beyond recovery. These models therefore do not offer sufficient opportunity to fully understand teens' experiences, particularly as research shows sexual assault is not an isolated event (see chapter 2 *Literature review*), which I wanted the ISEM to reflect.

[17] In developing this model the concept of 'contextual safeguarding' (Firmin, 2016) was considered. However contextual safeguarding has a different purpose from the ISEM. The ISEM is a tool for analysis and better understanding of teens' experiences whilst contextual safeguarding is about offering tools for practitioners to assess individual's risks, vulnerabilities etc. The overlap is that they are both ecological in approach, but their purpose and application are substantially different.

Figure 2

The Intersectional Social-Ecological Model (ISEM)



Furthermore, as opposed to Neville & Heppner (1999) and Campbell, Dworkin & Cabral (2009) who consider race and ethnicity only on the individual and macro level, I argue that 'cultural identity' of the teen impacts the proximal processes on all levels of the Social-Ecological levels in many diverse ways. I have therefore included 'cultural identity', how people *"see themselves in terms of ethnicity, sexual identity, religion and language"* (ONS, 2021), as a meta-construct to the model as well as 'racism'. I have chosen cultural identity in addition to racism because whilst race is a significant part of this identity, I argue teens' experiences are better reflected by cultural processes that go beyond race. The idea of a meta-construct is that it overarches all levels of analysis. For example, according to Sexual Scripting Theory, people use scripts to give meaning to their actions and experiences (Janssen, Hadj & Bentvelzen, 2017, p. 59). These cultural

scripts play out on the different levels of the ISEM. On a societal level, there are cultural scripts about gender and the social interpretations of the concepts 'man' and 'woman' within a particular culture (Janssen, Aloulad Hadj & Bentvelzen, 2017, p. 59).Within the meso-/exosystems and microsystem there are the interpersonal scripts that we develop throughout our socialisation process. This means we learn them through our experiences with other people. On the individual level, we find the scripts that are more intimate and are about our thoughts, emotions and fantasies (Janssen, Hadj & Bentvelzen, 2017, p. 60).

Previous (feminist) research has shown the profound impact 'gender' has on experiences of sexual assault (see section 3.2.1 *Considering gender*). Therefore the importance of gender, gender norms and gender biases on teens' experiences following sexual assault need to be taken into account. Consequently, I have introduced 'sexism' and 'gender identity' as meta-constructs to the model. The pivotal argument of intersectionality is that gender and race intersect and therefore cannot be solely considered as separate entities which is reflected in the ISEM. 'Gender identity', 'cultural identity', 'sexism' and 'racism' intersect on all levels of the systems, as well as with each other, making them essential considerations in analysing the complexity of teens' experiences following sexual assault (see also chapter 10.1 *The Intersectional Social-Ecological Model: creating an integrated theoretical understanding of teens' experiences following sexual assault*).

3.6 Chapter conclusion

To address previous studies' limited theoretical approach to understanding teens' experiences following sexual assault this chapter highlights the necessity of a strong theoretical framework. A study from a critical realist framework moves away from a merely descriptive character and aims to produce knowledge which connects both practice and theory, making it relevant to practitioners, policy makers and academics. With the ISEM, introduced in this chapter, existing structures impacting teens experiences with and following sexual assault can be analysed on multiple levels with an emphasis on the intersections of 'racism', 'cultural identity', 'sexism' and 'gender identity'. It is therefore a suitable theoretical framework to explore teens' experiences following sexual assault in the context of dualisms such as individual versus society and agency versus structure. Moreover, the ISEM enables explorations of multiple strategies, at multiple levels of analysis, for the improvement of sexual health services for teens after they have experienced sexual assault.

Chapter 4. Methodological framework: a qualitative narrative approach to exploring teens' experiences following sexual assault

4.1 Introduction

In this chapter, I present the aim of the study, its research questions and research methods. The ISEM (see chapter 3.5 *Introducing the Intersectional Social-Ecological* Model) was instrumental in designing the methodological framework for this study. For this study, qualitative research methods were needed to address the objectives and answer the research question(s). Having the power and control to make choices is an essential part of recovery for those who have experienced sexual assault (Fehler-Cabral & Campbell, 2013). Giving participants as much control as possible over how, when and where they participate, has therefore been a crucial pillar in the construction and execution of the research design. Involving teenagers who have experienced sexual assault creates several methodological and ethical challenges. However, when these challenges are appropriately addressed, the gains of hearing directly from young people are numerous (Fehler-Cabral & Campbell, 2013). In this chapter, both the challenges and benefits of including teens in this study are discussed. I will start with describing the aim of the study which is followed by the methodological choices made for this study set out in six stages: 1) literature review, 2) talking with practitioners, 3) narrative interviews with teens, 4) observations 5) analysis, and 6) feedback from participants. I conclude this chapter with a reflection on the research process.

4. 2 Aim of study

With this study, I aim to not only contribute to the academic knowledge about teens' experiences following sexual assault, but also to examine how these experiences might inform practice and help improve support services. To accomplish this aim, four main objectives to contribute to the existing body of knowledge have been formulated. These objectives are based on the results from the literature study set out in chapter 2:

1) Acquire knowledge and insight into teens' experiences following sexual assault.
2) Analyse the existing (health) support services currently offered to teens and/or
3) Offer recommendations on how support services can be improved.
4) Contribute to the theoretical, methodological and ethical body of knowledge of how to include teens in research concerning sensitive topics.

4.2.1 Main research question (RQ)

What are the experiences of teenagers in Birmingham following sexual assault?[18]

4.2.2 Research sub-questions (SQ)

1. What does the use of an intersectional/ecological theoretical framework contribute to academic and practitioner understanding of teens' experiences following sexual assault?
2. What differentiates teens from children and adults and how does this impact their experiences surrounding sexual assault?
3. How do teens experience (non)disclosure of sexual assault?
4. What do teens who have experienced sexual assault need from support services?
5. How can sexual assault support services be improved for teens?

4.3 Methodological research approach

In this section I set out how I approached this research. First, I will explain my choice for a qualitative study. This is followed by a discussion of the six stages in which this research was executed (literature review, talking with practitioners, narrative interviews with teens, observations, analysis, and feedback from participants).

4.3.1 Reasons for a qualitative study

The research questions for this study focus on acquiring an in-depth understanding of teens' beliefs, motivations, life circumstances, and experiences following sexual assault and with sexual assault support services. I set out to analyse these experiences by understanding them with a sensitivity towards the context of teens' lived experiences. For this type of investigation, qualitative research is the most suitable approach (Silverman, 2011, p. 8-18). Quantitative research is about being able to make probability statements about large populations and isolate social phenomena in different variables. Instead, by using qualitative research methods I was able to see these 'variables' as interrelated, explore them in their dynamic context and as such come to a more holistic understanding of teens' experiences following sexual assault (Messner, Moll & Strömsten, 2017, p. 432-433). Flick (2018, p.790) argues qualitative research can address social problems and issues of social justice of vulnerable groups. The strength of qualitative research is that it is able to work with groups, such as teens who have experienced sexual assault, who would otherwise be left out of

[18] My reasons for using 'teens' in the research question is set out in the introduction (chapter 1.2.1 Developmental stage of teenagers: what is a 'teen'?).

research or who are too small to become visible in representative studies. In order to create research projects that do justice to these groups, Flick (2018, p. 790) recommends using triangulation: employing different perspectives, methods, theory and/or data sources, in answering the research questions. As Flick states:

> *"We do not need quantitative methods, but we need to do interviews with the members of the vulnerable groups about their expectations toward services and help and their expectations with trying to find help or why they refrain from using the services. We also need expert interviews with the services providers' staff for understanding their view on this clientele and their view on existing barriers against utilisation of professional help. Finally, we need an ethnographic approach for understanding the practices of both sides. With a systematic triangulation of perspectives, we can understand the process of "doing social problems" in this field."* (Flick, 2018, p.790)

For this study, I am drawing on Flick's methodological approach to understanding the process of 'doing social problems' in the field by applying triangulation of both data and methods. This means that different methods were combined with the use of several data sources (Maesschalck, 2010, p.134-135).

4.3.2 The six stages of the study

This study was undertaken in six stages: literature review, talking with practitioners, interviews with teens, observations in a sexual health clinic, analysis, and feedback from participants. While these stages were distinct, they were not strictly linearly executed. Instead, in some instances, I worked on several stages simultaneously.

Stage 1: A literature review

The literature review is approached in three ways. First, I completed a scoping literature review and wrote a research proposal based on the results. In this proposal, the research questions and aim of the study were formulated. Second, I conducted a systematic narrative literature review to learn more about the experiences teens have following sexual assault and identifying gaps in literature and knowledge. This part of the literature review is the most structured and formalised and the results and methodological approach of this literature review can be found in chapter 2 (*literature review*). I completed the systematic literature review within the first year of my PhD study, nonetheless it was essential to stay updated throughout the continuation of the research project. For this reason I updated the literature in the final year of my PhD. The third type of literature review consisted of a comprehensive search covering all sources and resources on the topic or closely related to the topic (Hart, 1998, p.19). My focus was on multimodal texts and settings, including both published and

unpublished literature, (governmental) reports, non-academic work, social media, and websites. This review was used to complement the previous two types of reviews, substantiate the results, discussion and conclusions of this study and facilitate a more robust in-depth understanding of the topic. For this search, the search criteria of the systematic literature review were expanded. For example, retrospective research was also included, teens' experiences with other health issues were explored, and laws around sexual assault were researched. Furthermore, alerts for new research articles were created, materials sent by other academics in the field were included as well as books and resources from participating organisations accessed. Resources sent by participants, both professionals and teens, were also studied. This comprehensive literature search was conducted throughout the duration of this PhD research study.

Stage 2. Talking with practitioners

Whilst the main focus of this research is on teens' experiences, including the perspective of practitioners can increase the understanding of teens' experiences following sexual assault and the complex mechanisms that impact their experiences. To learn from the perspectives and experiences of practitioners who work with teens who have experienced sexual assault, I organised focus groups and group interviews with stakeholders, professionals, and experts. Focus groups are about recruiting a small group of people and encouraging an informal group discussion about specific issues related to the research (Silverman, 2011, p. 207). Organisations which participated were: Charity supporting survivors of sexual violence (offers counselling and advocacy services), Charity for LGBT+ (offers a wide range of services to the LGBT+ community including sexual health services and counselling), local authority (youth workers) and a national children's charity (social care service specialised in CSE). Furthermore, contact with the Birmingham branch of a large law firm was established and two solicitors who specialise in cases with children and young people who have experienced sexual assault participated in a group interview.

Sample and Research Population

A total of four focus groups, one group interview and one phone interview were carried out (see figure 3 *Sample participating practitioners SASS*). Practitioners were invited by email. Some of those who received an invitation either invited colleagues or advised me of others to invite as well. At the participating law firm only two professionals were able to attend because they were the only ones specialised in working with teens. This made the group too small for a focus group so I chose to conduct a group interview with these participants instead. The same topics of the focus group topic guide were used to structure the semi-structured group interview. The difference between the two methods is that during a focus group there is more of an emphasis on discussion between the group members (see also picture 1 *mapping of*

focus group 1 and picture 2 *mapping of focus group 2*) with me only steering and overseeing the process, whereas during the group interview I was more actively involved in asking questions. One participant who was scheduled for participation in a focus group was not able to attend but agreed to a telephone interview instead. Again, the same topic list was used during this telephone interview.

Figure 3

Sample participating practitioners SASS

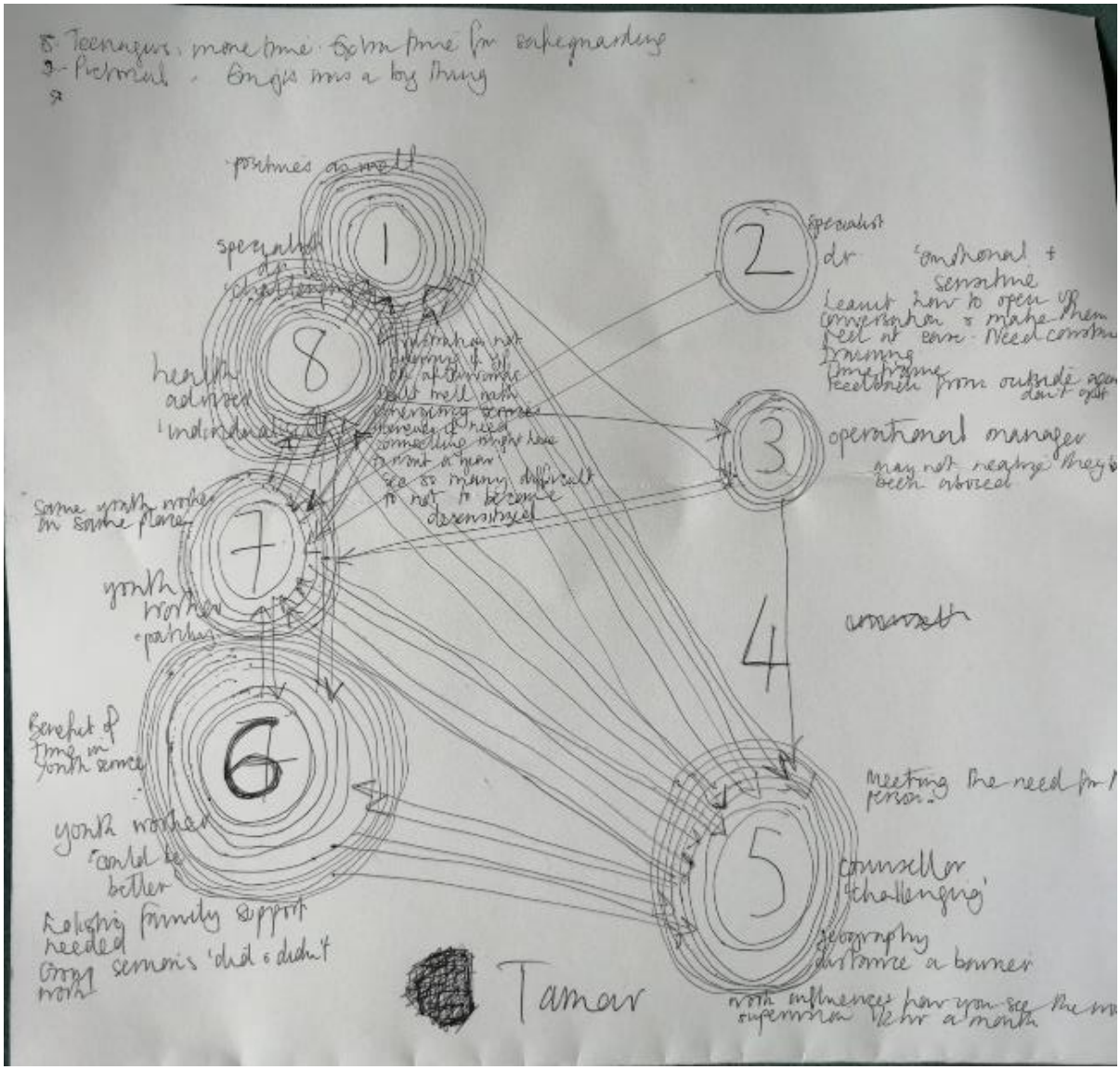
Focus group	Date	Number of participants	Participating organisation(s)	Occupation
1	25.06.2019	7	NHS sexual health service, Children's charity, Relevant local authority	Youth worker (n=2), Health advisor (n=1) Specialty doctor (n=2), Operational manager (n=1), Counsellor (n=1)
2	26.06.2019	3	NHS sexual health service	Sister (n=1), health advisor (n=2)
3	15.01.2020	3	Charity supporting survivors of sexual violence	Independent Sexual Violence Advisor (ISVA (n=3)
4	04.03.2020	5	Children's charity	Social care workers (n=3), intern (n=1), volunteer (n=1)
Group interview 1	20.11.2019	2	Law firm	Solicitor (n=2)
Phone interview 1	07.08.2019	1	charity for LGBT+	Senior charge nurse (n=1)
Total		N=21	7	

Content of focus groups and group interviews

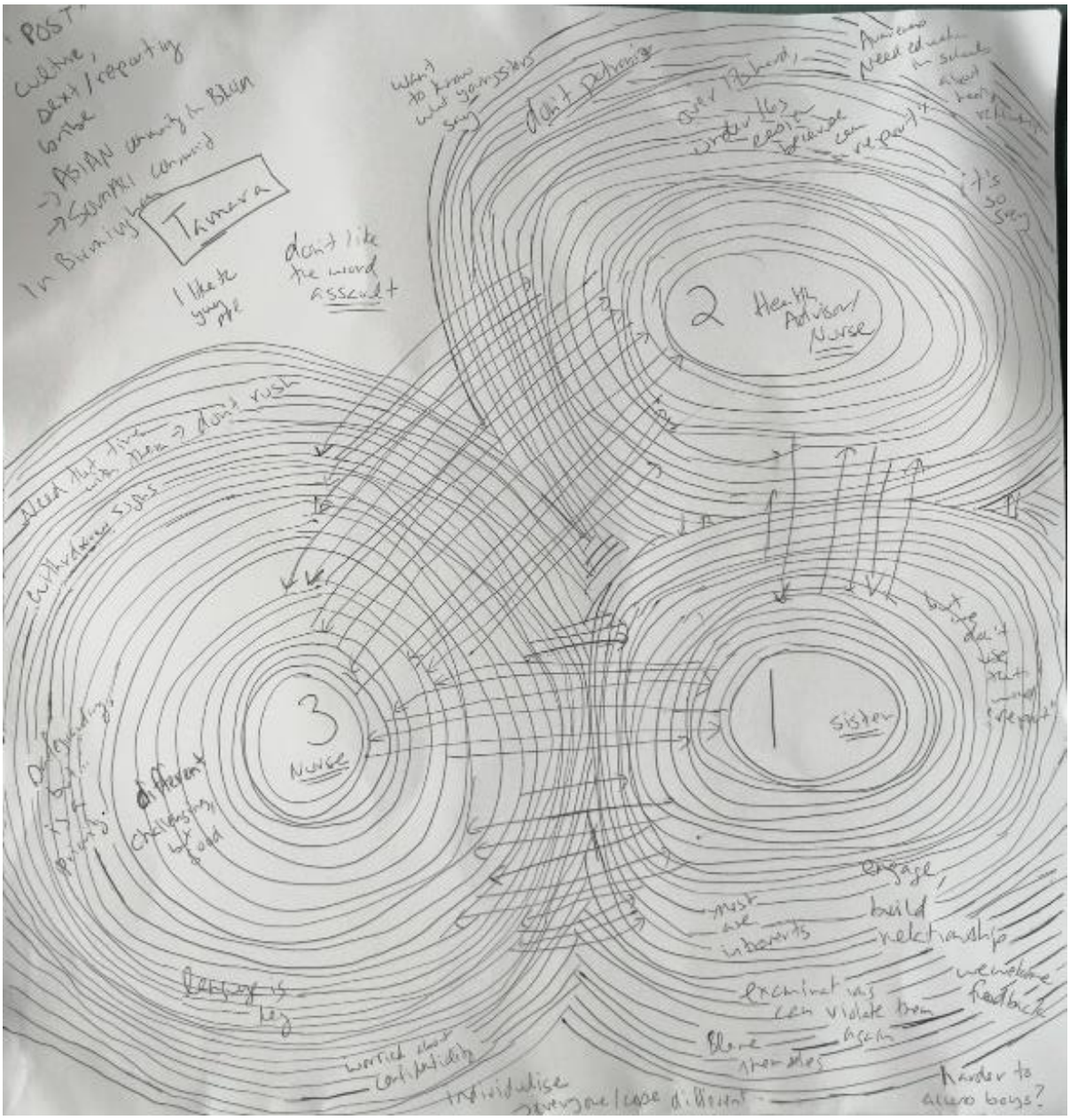
The focus groups were made up of two parts (see attachment 4 *Focus Group Topic Guide*). The first part consisted of questions relating to the professionals' experiences of working with teens who have experienced sexual assault. These questions were based on the results of the literature review and in consultation with my supervisory team and with the research questions in mind. The second part of the topic guide focussed on how the practitioners felt

about the study (regarding its usefulness and necessity to improve practice), suggested questions for teens, and suggestions on how to recruit teens.

During the first two focus groups, an observer (a fellow PhD student for focus group 1 and the study's principal supervisor for focus group 2) was present to map the interactions between the participants (see picture 1 and 2). This was done to visualise how individuals discussed their ideas, experiences, and debated about the focus group topics. The mapping allowed me to see who was talking and who they interacted with. For the mapping exercise, each participant was given a number, and a circle was drawn every time a participant spoke. The arrows indicate the direction of the comments made either towards the researcher or towards another participant. For example, in the second focus group, all three participants contributed evenly to the discussion while, in the first focus group, there were a couple of participants who spoke more than others. The reason for this could be because the first group had more participants. However, in both focus groups there was much interaction between the participants and I spend most of the time moderating. The aim of these observations and visualisations was to learn from the first two focus groups and apply what I learned to further focus groups. Specifically, making sure everybody is included, positioning the participants and myself and encouraging discussion.



Picture 1. *Mapping of focus group 1*



Picture 2. *Mapping of Focus group 2*

Challenges of stage 2

Organising focus groups with practitioners from SASS had its challenges. Staff working at SASS are often overworked, underfunded and short of time. It was, therefore, essential to accommodate them as much as possible and have a contingency plan in place. For example, a third focus group was scheduled to take place at the NHS sexual health service but unfortunately on the day nobody was able to attend. Those who did not attend at a planned focus group meeting were approached for telephone interviews. Even though all focus groups were originally scheduled to take place before the interviews with teens started, due to the necessity of additional approval from management and ethical committees (which was time consuming), stage 3 (*Narrative interviews with teens*) had already commenced when the fourth focus group took place. However, this had no impact on the data collection.

Experiences with police were often mentioned by the participating teens and practitioners. Therefore a full academic research form request was submitted to the West Midlands Police (WMP). The aim was to request the participation of those handling teen sexual assault cases in a focus group or short interview. Unfortunately, WMP declined any form of involvement with no reason provided.

Ethical considerations for practitioners who participated

For the safe participation of practitioners I have implemented standard ethical research practice such as: guaranteeing the well-being of the participants with a well-being check at the end of each group interview/focus group, granting anonymity in writing up the results (full anonymity could not be offered to the nature of group interviews/focus groups), anonymising sensitive information, discussing privacy issues before participation, and producing an audit trail by keeping field notes and memos (including the mapping techniques during the first two focus groups) throughout the research. All participants were asked for their informed consent before the start of the group interview/focus group, and given a participant information sheet (see appendix 11). With the permission of the participants, the focus group meetings were recorded with an encrypted voice-recorder. These recordings were deleted after transcription to protect the anonymity of the practitioners. Furthermore, the organisations the participants are working for are anonymised by describing instead of naming them.

Stage 3. Narrative interviews with teens

It was necessary to discover in this study what is unique about teens' experiences of sexual assault and its aftermath, including teens who have experienced sexual assault. Retrospective accounts from adults who have experienced sexual assault in their teen years are, in this case, less desirable because they may be biased with memory decay. Furthermore, the significant developmental changes teenagers are undergoing must be taken into account, which is more difficult when using retrospective accounts (Fehler-Cabral & Campbell, 2013). Therefore, I chose to conduct narrative interviews with teens. Narrations of experience allow for accounts about "*feelings and thoughts as well as about present, future, and hypothetical experiences*" (Chase, 2018, p.947).

There seems to be little consensus on the definition of narrative research. However, Aldridge (2015, p.109) argues it can be generally defined as *"that which produces and analyses stories that are significant in people's lives […], and that can also help to generate social change in a range of diverse contexts".* The main contribution of narrative interviews in this study is that teens' experiences can be studied through a focus on the specific life stories of the teens who participated (Chase, 2003, P. 274). The narrative interviews have placed the teens at the heart of this research study, representing the context of their experiences, and aligning with a patient-centred practice approach more than a quantitative study could

have achieved (Anderson & Kirkpatrick, 2016). With narrative interviews I was able to answer the broader research question ‘what are teens’ experiences following sexual assault?’ rather than a more focused but limited question. According to Anderson and Kirkpatrick (2016) asking this broader question still provides insights into more focussed issues teens’ experience, such as managing barriers to disclosure of sexual assault, but it places it within each teen’s story. The data from these narrative interviews is considered fundamental in answering the current study’s research questions and as such will feature more predominantly throughout the thesis compared to the other data sources.

Recruitment

I recruited participants via multiple strategies with the help of participating organisations and social media. First of all, recruitment posters were handed out and hung up at multiple sites including the Umbrella clinics, University campus, Children’s charity and a charity for LGBT+ (see picture 3 *Recruitment poster*). Two teens, both 16 years old and related to fellow PhD researchers, were sent the poster before distribution and gave feedback on its appearance and the language used. This led to minor amendments; for example, the word 'confidential' was taken out and replaced by 'anonymous' because both teens believed not everybody understands what confidential means and suggested anonymous instead. They especially liked the yellow colour used for the poster, which interestingly enough was also often mentioned by the participating teens.

Picture 3 *Recruitment poster*

Twitter and Instagram accounts[19] were set up specifically for the study, and used both to recruit participants and to act as a point of contact for participants and those interested in the study. Recruitment posts were retweeted by some of the participating organisations as well as many others. It is hard to establish how many teens were reached this way. However, the first recruitment post on Twitter, for example, reached 3396 other accounts and had 64 interactions such as likes and retweets. Teens were also able to respond via WhatsApp or email. I created a website which has all the information about the study on it, including the participant information forms and the recruitment poster[20]. To protect the anonymity of potential participants, recruitment on social media specifically asked participants not to respond on social media pages but to use the contact information (email, phone number and private messages via the social media accounts) provided. A protocol was set up for potential participants discussing or disclosing their own experiences on social medial to be contacted privately (if possible) and be given information about the support services they can go to for help or to alternatively post these resources within the thread of the original post. However, this ultimately was not necessary as all teens interested in the study reached out via private channels.

As initial recruitment of teens was slow to begin with (it took six months for the first teen to apply) ethical approval was sought to reward teens with a £20 Amazon voucher after participation. Furthermore, because I hypothesised that one of the reasons that teens were not applying to participate in the study was because they would have to meet the researcher face-to-face, further ethical approval was sought and granted to set up an online survey with the same content as the interview topic guide. The online survey was set up with the program OnlineSurveys and was distributed via social media. Two websites allowed the publication of a post asking teens to participate in the online survey: The Student Room and Teenhelp. The Student Room Groups is a UK-based privately held student community where teens post and respond to topics such as health, sex, bullying and questions about school and homework (www.thestudentroom.co.uk). TeenHelp is an international not-for-profit organisation which provides anonymous support and advice to teens who need it (www.teenhelp.org).

Even though this survey was promoted via these websites and social media where it was shared and liked by many, only three teens within the age criteria filled in the survey. It was, therefore, decided not to use this data for the current study. However, in the final question of the survey participants were asked if they would be interested in participating in a

[19] Twitter: @VoiceMattersPhD ; Instagram: yourvoicematters.phd
[20] The project website can be found on yvmproject.wixsite/research

face-to-face interview and if so, to leave their contact information. All three participants agreed and were emailed by the researcher. One teen did not respond to this email, with one teen an interview was scheduled but subsequently cancelled by the teen the night before it was to take place, and the third resulted in a face-to-face interview. Overall, of the eight teens who participated, three initially made contact via Instagram, one via WhatsApp, three via email and one was recruited after participating in the survey.

Another hypothesis for the slow recruitment start was that teens might struggle with identifying their experiences as sexual assault. Therefore ethical approval was also given to recruit teens at schools and organise focus groups. All secondary schools in the Birmingham and Solihull area were contacted via email and whilst two schools showed an initial interest, contact was interrupted without a reason given. As the number of teens applying to participate started picking up at that time, I, and my supervisory, team decided to not further invest in this strategy.

Inclusion- exclusion criteria

Originally, I set out to only recruit teenagers aged 13 to 19 years from the Birmingham area, who have experienced sexual assault and speak sufficient English. However, a couple of young people aged 19-21 approached me with the request to participate. Their experiences still took place before they were 20 years old, so my supervisory team and I believed their experiences were valuable to the study's objectives. To be inclusive of these young people's experiences, with permission of the ethics committees involved, the age of participants was increased to 21 years old. The recruitment criteria stayed unchanged and were only aimed at 13-19-year-olds.

The following definition of sexual assault was applied: *Any sexual act or activity without a person actively agreeing and freely agreeing to it, including but not limited to: unwanted touching (such as kissing and groping), sexual abuse and rape* (see also section 1.2.2 *Defining sexual assault*). There were no exclusion criteria relating to the time between the assault and participation in the study. Nadim[21] is the only participating teen for whom a single incident of sexual assault took place when she was considerably younger (see table 4 *Characteristics participating teens*) than the targeted age group. However, at the moment of participation she was 19-years-old and her narrative does illustrate how she, as a teen, was dealing with the aftermath of the assault. Furthermore, Nadim is British/Pakistani, a minority group which is generally underrepresented in research studies, and as such her narrative provides a valuable contribution to knowledge.

This study aimed to be as inclusive as possible, which is why cooperation with

[21] Not the participant's real name (see *Stage 5. Tying it together: a narrative-thematic analysis*).

organisations that work with people who are often excluded from studies (for example, the LGBT+ community) was established. Furthermore, teens who could not give informed consent, or for whom their mental capacity would have changed during participation, would have been excluded because the teens' consent was pivotal to the research. However, exclusion on these grounds was not needed for any of the teens that approached me for participation.

Sample and research population

I conducted narrative interviews with eight teens (see table 4 *Characteristics participating teens*). Taken into account the difficulty of recruiting from this demographic, the expected sample size for interviews was between ten and twelve participants in total. Unfortunately, due to the unexpected COVID-19 outbreak, the NHS sexual health services and all university campuses were shut down effectively cutting off places of recruitment and locations where interviews most often took place. In March 2020, the BCU ethics committee also requested all fieldwork to cease until further notice concluding all activities in the field, including recruitment and interviews. As the data already gathered by that point was so rich, and there was no way of knowing the long-term impact of COVID-19, it was decided to end fieldwork three months ahead of schedule. Even so, while impacted by the Covid-19 pandemic, the sample size for this study was mostly determined by a 'saturation of knowledge'. Through the constant comparative analysis of the data, I started to recognise patterns in the interviewees' experiences, and when further interviews confirmed these patterns saturation was reached (Mason, 2010). This means that even though teens all have their own individual narrative, any teen who has experienced sexual assault should find an experience, narrative or perspective presented in this thesis that they can relate to.

Table 4

Characteristics participating teens[22]

Participant	Age	Ethnicity/ Cultural identity[23]	Religion	Age during sexual assault	Gender
Kushaaneh	20[24]	Afghan/British	Muslim	13-19 (multiple incidents)	Female
Tiana	20	Nigerian/British	Christian	16	Female
Susie	16	White British	Catholic	13	Female
Nia	19	Black British	Christian	17	Female
Nadim	19	British/ Pakistani	Muslim	9	Female
Arya	21	British/Indian	None	19 & 20 (two incidents)	Female
Elena	20	Mixed white/black Caribbean	None	4-6 & 16 (multiple incidents)	Female
Grace	15	Black British	Raised Christian/ interested in Islam	10-13 (multiple incidents)	Female

Narrative Interviews with teens

I followed Anderson and Kirkpatrick's (2016) example of a 'good narrative interviewer' by establishing rapport and trust early on in the interview. I did so by giving the teens control over when and where the interview would take place so they would feel as comfortable as possible. I also used ice-breakers in case they were nervous. The notes I took of the interview I had with Grace show an example of how I accomplished this:

> *I meet Grace at her residential [care] home. We sit down in the lounge. Grace has asked her carers to speak to me alone, which they agree to. To start with, one of her carers stays in the room so she can read and sign the parental consent form*[25]*. We sit on the sofas, and while the carer is reading the form, I chat to Grace. She looks tired; she's hanging on the sofa with her head on the armrest and her arm over her head. When I ask her how she is feeling and if she is tired, she says it's just life. I ask her*

[22] Not the participants real names (see *Stage 5. Tying it together: a narrative-thematic analysis*).
[23] The terms used here are how teens identified themselves when asked about their ethnicity/cultural background. Therefore, the same terms are used throughout this thesis.
[24] Kushaaneh explains that in the Afghan village she is originally from people do not keep track of age like they do in the UK. As a result she says, for her, age is relative. She is not even sure when she was born herself, which is why the UK government has given her a birthday. According to this birthday she has just turned 20 years old but Kushaaneh's says her mother thinks she is 'a bit' younger.
[25] The parental consent form was needed in this case because Grace chose to have the interview take place at her home.

why, and she responds with 'life sucks for people like me'. As soon as her carer leaves, Grace' mood seems to improve, and she sits up straight. While reading and signing the consent form, Grace looks at the pen I have given her and asks me if this pen is from the university. I explain it is an old pen from the university I used to go to in the Netherlands. She looks at me tentatively and asks me if I speak Dutch? I tell her I do and ask her if she has ever been to the Netherlands? She shakes her head and says 'is Holland the Netherlands?'. I tell her yeah it is the same. To which she responds that she has not been there, but she would like to go. Grace asks me a few more questions: where in the Netherlands I am from, why I have moved to Birmingham and if I am planning on staying here. I answer these questions honestly and this small exchange seems to break the ice between us.

The example above shows how I let Grace take the lead from the start of the interview. I showed her that I take her and her questions seriously. During the interviews I also focussed on being a good listener by avoiding interrupting the participants and letting the teen speak freely as much as possible (Anderson & Kirkpatrick, 2016).

The narrative methods were combined with semi-structured interview techniques. For example, I developed a topic guide (see attachment 4 *Focus Group Topic Guide*) which contained areas of interest identified from the literature, discussions with my supervisory team and the focus groups with the practitioners. I also started the interview with a couple of demographic questions (e.g. age, ethnicity, family composition) as a way to start of the conversation with a couple of 'easy' questions. According to Anderson and Kirkpatrick (2016) using semi-structured interview techniques, such as a topic guide, is common in health related research. It allowed me to have more control, focussing on the issues that were important to the research project (Brinkmann, 2018, p.1002), such as experiences of disclosure and teens' understanding of sexual assault and consent. However, compared to a pure (semi-)structured interview approach my narrative interviews focussed more on what Anderson and Kirkpatrick's (2016, p. 631-632) view as the key component of a narrative interview: "*the how? why? and what? questions that are common in qualitative research. In particular, narrative interviews provide an opportunity to prioritise the story teller's perspective rather than imposing a more specific agenda"* (Anderson & Kirkpatrick, 2016, p. 631-632). I therefore used mostly open questions during the narrative interview and let the participants decide the course of the conversation.

During the interviews I aimed to have a *conversational* approach. I wanted the teens to feel comfortable sharing what they *wanted* to share. Furthermore, a study mapping the needs of women who have experienced sexual assault and are participating in research interviews shows that participants need interviewers to be knowledgeable about rape and its

impact on victims. Participants also emphasised that interviewers need to show warmth and compassion and allow them to exercise choice and control during the interview process (Campbell, Adams, Wasco, Ahrens, & Sefl, 2009). These characteristics were paramount in my approach to interviewing teens. The duration of the interviews differed depending on the teen and what she wanted to share. They lasted between an hour and almost three hours. In alignment with Anderson and Kirkpatrick (2016, p. 632), I divided the narrative interviews into four sections.

1. Introduction: introducing myself and explanation about the research and the interview process (e.g. frame it like a conversation, encourage them to tell their story and decide the direction of our conversation). During the introduction I gave the participants the consent form and asked them to sign it. I gave them the opportunity to ask questions before we started (I did encourage participants to ask questions anytime before, during and after the interview), asked permission for the interview to be recorded, and asked a couple of demographic questions.
2. The narrative: during this section the teen told me their story and experiences. Usually I prompted them by asking why they had decided to take part in the study. During the interview I used non-verbal encouragement such as smiles, and verbal encouragement such as ‘hmmm’ and ‘ok’. I avoided interrupting the participant and would take notes of things they said which I wanted to ask them about at a later point during the interview or after they had clearly finished their story. Teens often asked for confirmation and validation by asking me ‘do you know what I mean’ after which I would encourage them to continue.
3. Questioning phase: during this phase I would ask teens questions to clarify what they had told me so far, understand the timeline events they told me about had happened in (e.g. what happened then/before/after?), and address any gaps around topics important to the study using as many open questions as possible.
4. Conclusion: I always ended the interview with asking the teens if there was anything they would like to tell me that we had not spoken about. Furthemore I would explain what would happen next (e.g. transcribing of the interview). I always explained to the teens I would do a follow-up with them, usually a couple of days and a week after the interview, either over the phone or email (whichever the teen preferred) and discuss whether they would like to give any further input. Teens were given a debrief document which included information about the study, ways to contact me and my supervisor and a list with SASS resources they could contact.

Interview conditions

With the permission of the participants I recorded the interviews with an encrypted voice-recorder. To increase participants' control and autonomy, the location of the interviews was determined by the participant, wherever they felt most comfortable. Options given to the participants included the Umbrella clinic, a private room at university campus, and in their own homes (only with parental consent). Four participants wanted to meet in Umbrella, three on an university campus, and one interview took place at the participant's residential care home for which her carers gave permission. The ethical considerations of teen participants are substantial and described in-depth in chapter 5 (*Whose voice matters? Ethical considerations on how to safely include teens in research on sexual assault experiences*).

Stage 4. Observations in a sexual health clinic

Five observations, lasting between one to two hours, took place at two locations of the NHS Sexual Health Service on different days and during different times of the day. Observations only took place in the public (waiting) areas of the clinic and not within the clinical rooms. Observational data was gathered by observing the daily practice within the organisation. I observed practitioners whilst they worked, seeing situations they encountered and how they behaved in them, without direct involvement with activities or people (Creswell, 2013, p.167). Field notes were taken, and if it was not possible to take them directly during the observation, this was done on the same day of the observation. I did not approach or ask people entering the waiting rooms any questions. I did display a poster (see appendix 14 *Poster informing about observation*) in the waiting room while I was there observing to inform people about the observation and notify them they can opt-out if they wish to, which none of the patients did. When people asked me what I was doing during my observation, I was upfront about my purpose and reasoning. I did not register any identifiable data about the people observed during observations as these were solely aimed at understanding what the spaces are like. The observations were valuable for learning more about barriers teens have to overcome once they seek out help. Where possible, observed situations were discussed with professionals to discover their interpretations of the events. This method has contributed to creating a deeper understanding of the formal, informal, cultural and emotional aspects of practice in these settings (Brannan & Oultram, 2012, p.301) as well as paying attention to Bronfenbrenner's (1977, p.519) concept of reciprocal processes or bi-directional influences on human interactions (see chapter 3.4 *Ecological models in relation to sexual assault*).

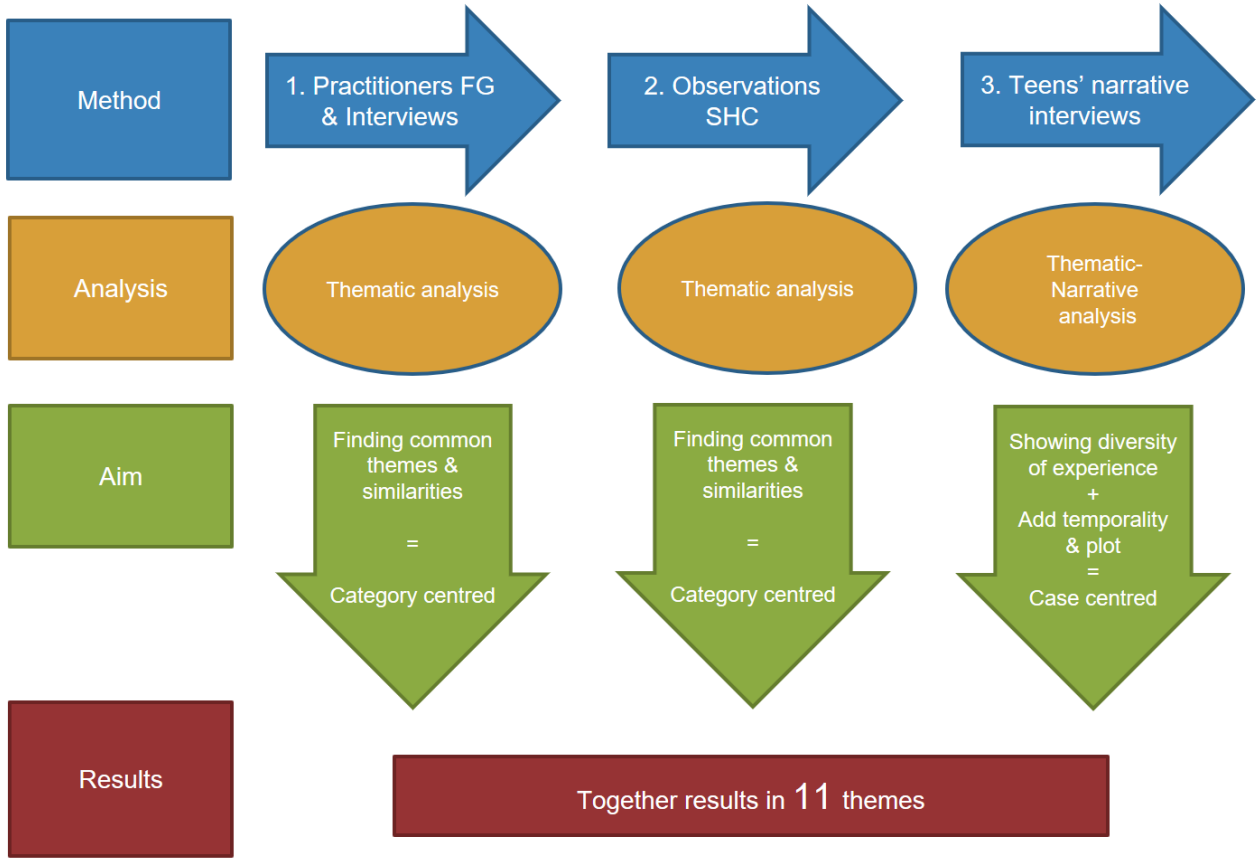
Stage 5. Tying it together- a narrative-thematic analysis

One of the strengths of this research is that it draws from multiple datasets: focus groups with practitioners (1), narrative interviews with teens (2), and observations (3). Figure 4 *Overview of datasets and analysis* illustrates how these three datasets were analysed. For

dataset 1 and 3, I used a thematic analysis approach. To appreciate the complexity and reach a greater understanding of teens' experiences following sexual assault and with support services, I took a multidimensional view to analyses by integrating and applying both thematic and narrative techniques to the teen interview dataset (2).

Figure 4

Overview of datasets and analysis



Thematic analysis

Thematic analysis is a common method for qualitative research, and it allowed me to systematically identify, report, and connect the patterns of data produced by teens and SASS practitioners as well as situations and events they experienced and that I witnessed during fieldwork (Floersch et al., 2010). Through focussing on patterns across the whole data set, I was able to see and make sense of meanings and experiences that were shared among the participants (Braun & Clarke, 2012, p.57). As thematic analysis is flexible and accessible it is particularly suitable for analysing data obtained from different research methods. According to Braun and Clarke (2012) thematic analysis is *"a way of identifying what is common to the way a topic is talked or written about and of making sense of those commonalities*" (p.57). I carried out my thematic analysis by following Braun and Clarke's (2012, p. 60-69) six phases.

- Phase 1: *Familiarising yourself with the data*: this involved immersing myself in the data by listening to the audio recordings, transcribing the recordings and reading and re-reading the resulting texts. While doing this, I made notes and created mind-maps.
- Phase 2: *Generating initial codes*: systematic analysis of the data through coding.
- Phase 3: *Searching for themes:* after the initial coding, I started looking for patterns within the codes by reviewing them for areas of similarities or overlap. For example, codes such as 'normalising coercive behaviour', 'fear of social consequences', 'shame', and 'stigma' all have the theme' barriers to disclosure' in common. Themes were identified from a data-driven, bottom-up approach (Braun & Clarke, 2013, p.178) by developing open categories and piecing together the meanings of a category. By using this inductive approach, the themes derived from the content of the data themselves. This is opposed to a deductive or top-down approach, in which concepts, ideas, or topics are used to code and interpret the data. The data and analysis from the teen interviews, focus groups and group interviews with professionals and observations at the sexual health clinic were brought together to identify the themes and categories about teens' experiences following sexual assault. The intersection of the categories became the theory (Creswell, 2013, p. 85). Even though the analysis was mostly inductive and data-driven, deductive coding could not be avoided entirely. According to Braun and Clarke (2012, p. 58-59), this is usually the reality of any thematic analysis as it is impossible to be purely inductive. For me, this was especially the case because I had already conducted an extensive literature review and am unavoidably influenced by its outcomes.
- Phase 4: *Reviewing potential themes:* this phase is about quality checking. I checked all my themes against the entire data set to make sure the themes work in relation to the data. I asked myself: Is this a theme (or could it be another code)? If so, what are its

boundaries? Does it tell me something about my research questions? Is there enough data to support it? I ended up moving some of the codes to another theme. I also sifted out the codes and themes that were not significant in answering my research questions.

- Phase 5: *Defining and naming themes:* I wrote a short description for every theme, clearly stating what is unique and specific about it and outlining their focus, scope and purpose and the way they relate (but do not overlap) with other themes. I made mind maps to help me position the themes.
- Phase 6: *Producing the report:* Although this phase comes at the end, I did not wait to write until I finished the analysis. I wrote throughout my research from field notes, to memos and journal articles. All these pieces of writing, together with my analysis, came together in this thesis with the purpose of providing a compelling story about my data based on my analysis (p. 69).

The practicalities of coding

I started with highlighting a word, sentence or paragraph and ascribing it a label. I tried to keep each label as short as possible. For example, 'isolation', 'being asked', and 'resilience'. Some labels were descriptive like 'separation from family', others more abstract and conceptual derived from the findings of the literature review like 'normalising coercive behaviour' (Silverman, 2011: 68). Next, all labels were categorised in overarching themes and subthemes. Again, where possible, the labels and themes chosen derived from the words used by the participants. For example, during the focus groups all participants were asked to describe working with teens who have experienced sexual assault in one word. These words were subsequently used as codes in the analysis because they summed up the professionals' experiences in a meaningful way. Combining all three datasets, the thematic analysis resulted in eleven themes (see table 5 *Themes identified during analysis*).

Table 5

Themes identified during analysis

	Theme	**Chapter**
1.	Teens' developmental stage	6
2.	Specific to teen care	
3.	Cultural influences on experiences of sexual assault	
4.	Teens' understanding of sexual assault and consent	
5.	Types of disclosure	7
6.	Reactions to disclosure of sexual assault	
7.	Barriers to disclosure & help-seeking	
8.	The impact of sexual assault and (non-)disclosure	8
9.	Teens' experiences with sexual assault support services	
10.	Barrier-breakers	9
11.	Views on how to improve sexual assault support services	

Narrative analysis

Where thematic analysis allowed me to see patterns in the datasets, narrative analysis added a temporality and plot (Floersch et al., 2010). *"A narrative is not just a listing of events, but an attempt by the narrator to link them both in time and in meaning."* (Anderson & Kirkpatrick, 2016, p.632*).* Narrative analysis allowed me to look at the diversity and differences of experiences (case centred) as opposed to a thematic analysis where I looked for commonalities (category centred). The most fundamental difference with thematic analysis, which uses coding by taking excerpts from textual units, is that with a narrative analysis I was able to keep sequential and structural features of the teens' experiences intact. So whilst thematic analysis is useful to make general statements, narrative analysis allowed me to look at the details and bring particularities and context to the foreground (Riessman, 2018, p.12-13). As such, the two approaches to analysis complement each other well. Applying the narrative analysis approach on the teen dataset I was able to showcase a diversity of experiences. I accomplished this by analysing each interview as a separate case study, allowing me to address the complexity of experiences (Milnes, 2003, p.126). Due to word count restrictions, it was not possible to present all of these case studies in full in this thesis. However, I conducted an analysis of the narrative themes and have presented excerpts of the interview and case study as 'narratives' to illustrate the themes discussed. Additionally, the four results chapters (chapters 6, 7, 8 & 9) begin with a full case study that best showcases the themes discussed in that chapter.

The practicalities of narrative analysis

After each interview, I wrote field notes and observations made before, during, and after the interview. I then transcribed the recordings and based on the transcription, I wrote a case study for each participant's narrative. For each case study I asked myself the questions: what is the tone of this teen's story?, what is most significant to the teen?, how has this teen used language to construct their story?, what social, cultural, and political issues has the teen incorporated into their story? (Ryan, Bissell & Morecroft, 2007). The case studies were between two to four pages long and focussed on the key elements of the participant's life story. In comparison, the transcriptions of the interviews were up to twenty-five pages long. I gave each participant a pseudonym for anonymity. Some of the pseudonyms were chosen by the participants themselves. In the case studies, I predominantly used the participant's own language.

Stage 6. Feedback from participants

Each participant was invited to read the case study based on their interview. I had two main reasons to do this. First, I was very conscious of issues around ownership of the life stories. The case studies were a result of a collaboration between both the participant and me. Although I was not able to conduct a full participatory study, I still incorporated some of its values and as such, I believed that participants had as much right to the product resulting from this collaboration as I did as the researcher. Second, it was an opportunity to increase the trustworthiness and authenticity (Amin et al. 2020) of the study (see further discussion of trustworthiness and authenticity in section 4.4 (*Reflection: Trustworthiness and authenticity of the study)* as participants were asked to, entirely voluntarily, respond to the case study and give feedback. For example, I asked them to look for misinterpretations, too much focus on what to them was inconsequential, or not enough focus on the things that they saw as important. I send the case study to all eight teens and seven of them returned it to me with feedback.

4.4 Reflection: Trustworthiness and authenticity of the study

> *"[…] never forgetting that we are only seeing a very small part of a very big real world we are part of"* (Bhaskar, 2017, p. xx).

To increase the trustworthiness of this study I employed several strategies (prolonged engagement, member checking, triangulation, thick contextual descriptions, audit trail, reflexivity). *Prolonged engagement* is a technique I used by spending time in the environment where (part of) the research was conducted to learn more about the culture, build trust with participants and reflect on potential distortions (Amin et al., 2020). To accomplish this I requested, and was allocated, a desk in one of the participating sexual health clinics where I worked for one day a week throughout my PhD[26]. This allowed me to become more familiar with the clinic and the people working there. Therefore, when I was conducting my observations the staff were already used to me being in 'their' space and appeared to pay little attention to my presence. Another strategy I employed was *member checking*, by asking feedback from participants on the data that I collected (see also section 4.2.2 *stage 6 Feedback from participants*). I used both data and method *triangulation* to increase the trustworthiness of the research. This allowed me to approach the research questions from several perspectives while I used *thick contextual descriptions* throughout this thesis in the form of case studies and quotes to put the significance of background and context to the foreground (Amin et al., 2020). Furthermore, I kept an audit trail which

[26] Due to the Covid-19 pandemic I spend the last year of my PhD working from home.

included; raw data (including recordings and transcriptions), field notes, analysis products (coding file and summaries), synthesis product (including themes, results and conclusions) and reflexive notes (Amin et al., 2020). The audit trail was stored in line with the GDPR guidelines (see section 4.3 *Ethical considerations*).

Messner, Moll and Strömsten (2007, p.436) argue a qualitative study is authentic when it "*skilfully exploits the richness of the empirical material rather than providing only highly condensed findings*". Authenticity is important to support the credibility of the findings and the study on the whole, show the researcher has a genuine and in-depth understanding of the field they are researching, and to effectively communicate to the reader the complexity of the social phenomenon that was studied (ibid.). It also allowed me to deal with issues such as power-imbalance, representation, empowerment and accountability (Amin et al., 2020, p.8) all further discussed in chapter 5 (*Ethical considerations: how to safely include teens in research on sexual assault*). The assessment of the authenticity of this study involves looking at whether it is meaningful, useful and resulting in social change (Shannon & Hambacher, 2014). With this study I aimed for ontological authenticity (the extent to which the research subjects broadened their own perspective), educational authenticity (the extent to which the research subjects learned from the perspectives of fellow participants), catalytic authenticity (the extent in which this study acts as a 'call to action'), and tactical authenticity (the extent on which the research empowers the research subjects) which was accomplished with varying success (Maesschalck, 2010, p.133). One of this study's strengths is the way it managed to capture multiple perspectives from participants that were diverse in their backgrounds and experiences (both practitioners and teens). Furthermore, the feedback from the teens who participated indicated they found participating useful, helpful, and even empowering (see chapter 5.2.4 *"I felt quite powerful": the impact of participating*). The practitioners who participated in the focus groups reflected they found the focus groups educational, as they were able to learn from each others experiences and perspectives, and expressed a strong desire for further dissemination after the study's completion. The future will tell whether this research will accomplish catalytic authenticity. The process of carrying out this research and the findings it delivered have personally convinced me of the necessity to highlight teens' needs followings sexual assault and made me even more driven to accomplish change. My hope is that with the recommendations presented in the final chapter (Chapter 11 *Conclusion: 'Embracing complexity' take home messages and recommendations for further research and practice*) SASS will be able to improve their services for teens by fostering a supportive environment that is outreaching and inclusive of teens from all backgrounds.

Chapter 5 Whose voice matters? Ethical considerations on how to safely include teens in research on sexual assault experiences

5.1 Introduction

As was established in the first two chapters of this thesis (see *Introduction* and *Literature review*) teens are currently underserved by SASS. Whilst it is clear that their needs from support services are specific, little is known about how SASS can bridge the gap between them and teens who have experienced sexual assault. Parallel to teens being underserved in practice, there is a scarcity of teen participation in research from which findings inform interventions and services following sexual assault (Anastassiou, Shiboleth & Caswell, 2019). Therefore, research that is not only inclusive of, but is centered around, teen voices is essential. Whilst conducting the literature review, I noticed that ethical considerations were rarely highlighted or explored in-depth (see chapter 2.1.3 *Quality appraisal*). Consequently, I needed to develop an approach to this research that would facilitate safe participation of teens. The aim of this chapter is to show teens can be safely included and to encourage researchers to take a more teen-centered approach in their studies. In this chapter I address the obstacles I encountered when including teens in research that is deemed 'sensitive'. I also discuss the ethical dilemmas I had to navigate including power imbalances, informed consent, and safeguarding procedures. Furthermore, I address how I ensured my safety whilst doing this research and how I integrated the GDPR standards. The result of these considerations is the ethical framework presented in this chapter.

5.2 Sensitive research with 'vulnerable' participants: ethical dilemmas and safeguarding procedures

In order to conduct this research I had to navigate and obtain approvals from four different ethics committees (Birmingham City University 'BCU', Health and Research Authority NHS, Research & Development Birmingham Trust & Barnardos)[27]. At first, I found it difficult to make sense of all the challenges around researching teens' experiences following sexual assault. When discussing my research with academics and practitioners, specifically my intent to talk to teens about their experiences, the first responses often were akin to 'good luck getting permission from the ethics committee on that one!', or 'I would not want to be chair on your ethics committee'. People were most skeptical about my conviction of actively involving teens in the consent procedure without parental consent. Discouraging as it was at the time, it also made me more determined and fueled my search on where these discourses

[27] As a result of this process I identified a need for an instrument which can facilitate in setting up an ethically strong research project. Together with Dr. Anastassiou, who conducted her doctoral research on teen sexting, I developed the Ethical Research Tool (ERT) which can be found in appendix 16. The tool is currently under review for publication.

were coming from[28].

For this study I implemented standard ethical practices including: guaranteeing the wellbeing of the respondents and not endangering them in any way, granting anonymity, anonymising sensitive information, discussing privacy issues before participation, and producing an audit trail by keeping field notes and memos throughout the research. Whilst I believe using the term 'vulnerable' to describe teens is problematic as it negates agency and autonomy and predisposes teens to be excluded by researchers and policy makers, teens are believed to be vulnerable[29] in research governance and ethical terms (Aldridge, 2015, p.36). Therefore, I had to put additional procedures for their protection in place. Furthermore, sexual assault is a highly sensitive subject and there are challenges associated with researching this topic. This is why, for example, the participants were not questioned about the sexual assault incident itself. At the start of each interview I explained to participants that they were welcome to discuss the sexual assault they experienced but they were not required to do so and I would not ask them any direct questions about it. Furthermore, to protect the teens who participated I catered to participants' additional needs, through approaches such as: exercising control over the location of the interview/focus group (see also section 4.2.2 *Stage 3. Interviews with teens*), the length of the interview and the opportunity to take a break or stop the interview at any stage. However, even with these adaptations, there were four main ethical dilemmas I had to address for the current study: power imbalance, informed consent, safeguarding and the impact of participating. These will be discussed in the following sections.

5.2.1 Power imbalance

It was essential for me to address notions of (in)equality and power(lessness). Barriers to seeking out healthcare and talking to researchers could especially be experienced by teens who have experienced abuse, neglect or trauma and those with family members who experience issues such as substance misuse and mental illness (Aldridge, 2015, p.43). These teens might decide not to disclose to avoid further harm, but also to avoid the risk of safeguarding assessments that could potentially lead to family separations. Teens who have experienced sexual assault might have experienced negative responses from others, such as the police, family, and friends. Their accounts may have been discredited or not taken seriously (Aldridge, 2015, p.109). Some studies recruited teens with mediation of health practitioners (see chapter 2 *Literature review*). I found this problematic because teens might

[28] More on these discourses in appendix 15: Anastassiou, A., Shiboleth, T., Caswell, R.J. (2019). Teens, sexual assault and ethical research: how do we include their voice? *Sexually Transmitted Infections, 95*(8)*,* 555-556.
[29] See chapter 1.2.3 *Those who have experienced sexual assault* for a discussion on the problematic nature of using 'vulnerable' as a term to describe teens.

see them as authorities and as such feel unable to deny them. Therefore, I used methods that emphasised personal autonomy and agency for my participants. As a result, I was able to give a voice to teens who might otherwise not have been included in more conventional approaches because they are considered to be difficult to access or recruit onto research projects (Aldridge, 2015, p.16). For example, teens could choose to reach out to me themselves and were not asked by a medical professional, whom they might see as an authority figure, if they wanted to participate. Once they had agreed to participate, teens also chose where they wanted to meet me and when. I approached the narrative interviews with a conversational style in which teens were able to decide on the direction of our conversation (see also chapter 4.2.2 *The six stages of the study: Stage 3 narrative interviews with teens*).

5.2.2 Informed consent: putting the teen in control

In line with the Lanzarote Convention (see chapter 1 *Introduction*) which highlights the importance of 'child participation' stating that member States are required to "*protect and promote children's rights to participation [in the development and implementation of state policies, programmes or other initiatives] while also creating spaces for it"* (Council of Europe, 2022) I committed to put teens at the centre of the current study. The procedure for obtaining consent and safeguarding (see Child Protection Protocol in appendix 8) for the current study was modelled after the protocol used by the Office of the Children's Commissioner (Coy et al., 2013) during its study on 'how young people in England understand sexual consent'. Only the participating teens have been asked for their consent and not their parents[30]. Whilst seeking parental consent is common when the research involves minors, there were specific reasons not to do so for this study. Teenagers who have experienced sexual assault are typically reluctant to disclose a sexual assault to their parents (Fehler-Cabral & Campbell, 2013). They find talking about sex with parents difficult, even more so when stigmatised issues (such as sex) were not discussed while growing up (Smith & Cook, 2008). A study on disclosure of date/acquaintance rape among adolescents aged 14-19 years, showed only 10% told a parent about being raped (Rickert, Wiemann, & Vaughan, 2005). The *"social stigma of sexual assault and generally negative climate around sexuality discussions may make disclosing to parents very difficult"* (Smith & Cook, 2008). Furthermore, when teenagers do disclose sexual assault to parents, they do not always receive supportive reactions. Fehler-Cabral and Campbell (2013) concluded that 20% of their teenage respondents received both positive and negative reactions from parents, while 30%

[30] This research involved individual interviews with participants at the (private) location of the participants' choice. One interview took place at the participant's residential care home, however only after her caregiver had consented to this. This was the only case in which a caregiver had to be informed about the teen participating in the research. This was done by the teen themselves after which I had a short conversation with the care giver before the start of the interview.

only received negative reactions including blame, judgment and forcing survivors to report the sexual assault to the police. Another consideration is that teens are frequently assaulted by parents or persons who have close relationships with their parents. Therefore, seeking parental permission to participate in a research project around sexual assault could jeopardise their safety (Fehler-Cabral and Campbell, 2013). Furthermore, excluding participants who have not disclosed to their parents (or health services) would obstruct answering the research questions whilst at the same time infringing on the right of teens to express their views freely (UNCRC, 1989).

Informed consent was discussed in an age-appropriate matter with all participants. During the informed consent procedure, I assessed whether the participant was able to fully comprehend the meaning of consent and participation. At the start of each interview, I gave teens information about the study in a language which was understandable to them, explaining potential risks and benefits of participating and asking them to relay the information in their own words, to check if they correctly understood. Teens also received a participant information sheet which had information about the study and the contact details of both me and my supervisor. Written consent was also required from all participants, so part of the informed consent procedure was giving participants the consent form and addressing any questions they had. After the consent form was signed, participants were given a copy. Participants were clearly instructed that they could choose to withdraw their participation at any moment during the study. They were also assured that they did not have to answer any questions that made them feel uncomfortable and did not have to give any explanation if they wanted to stop or not want to answer a question.

I viewed consent as an ongoing process. Teens' consent to take part in the research was therefore renegotiated throughout their participation: before their agreement to participate, at the beginning of the interview, and again if needed during the interview. Additionally, teens were sent a draft of the case study based on their narrative interview and were able to tell me if they wanted me to include or exclude certain information.

5.2.3 Safeguarding and Child Protection Protocol

Everyone who comes into contact with children and families has specific responsibilities when it comes to safeguarding and promoting the welfare of children (UK Government, 2018). This means that researchers have the responsibility to report (risk of) abuse or harm to relevant third parties, even if doing so breaches confidentiality (Aldridge, 2015, p.107). I wanted to ensure that the participation of teens in this research would not require automatic activation of safeguarding procedures due to them disclosing sexual assault to me. I was worried this would be self-defeating as I was aiming to acquire knowledge on barriers to disclosure, for which recruiting teens who have not disclosed their sexual assault was

essential. However, I still needed to ensure the safety of the teens who participated. Therefore, during the informed consent procedure, I explained to participating teens that there are limits to confidentiality when they reveal situations where they or another child/teenager are at current or future risk of serious harm. I also informed participants about what information would be shared, and with whom, at the beginning of interviews and focus groups. There was a protocol in place in case participants disclosed ongoing abuse, maltreatment or risk of harm during the interview (see appendix 7 and 8). Two of the supervisors for this research project work at NHS Sexual Health Services and could be consulted to assess whether a referral was necessary; this was not needed for any of the participants.

During the interview the participants were not asked about the sexual assault itself, but the support around it, still there was a risk of participants becoming distressed. Before the interview I discussed with the participant what to do if things became too emotional (for example, give the participant some space by pausing or stopping the interview). Furthermore, all participants were signposted to help or support they could reach out to if they required so. Information about local resources was given to participants during the debriefing process, which took place at the end of every interview. A follow-up enquiry by telephone, email or social media took place a week after the interview to ensure the wellbeing of participating teens. In cases where the participant seemed particularly affected by the interview, there was also a follow-up the day after the interview; this was needed for two participants.

5.2.4 "I felt quite powerful": the impact of participating

Having teens participate in research can not only provide invaluable insights into their true lived experiences that research with adults or by retrospective accounts cannot accomplish, it can also *"[…] empower, give a voice to this frequently unheard group and steer away from colluding with those who abuse and prefer silence"* (Anastassiou, Shiboleth & Caswell, 2019, p.556). Apart from the benefits to the research itself, even more importantly participating can have benefits to teens themselves. Research shows that teens describe their experiences of participation with research on topics like sex as positive and meaningful, even when they have experienced sexual assault (Kuyper et al., 2012; Yeater et al., 2012). These findings are similar to the experiences of the teens who participated in this study. The feedback the teens provided indicates they appreciated being able to tell their story, having somebody listening to them and feeling like their contribution will help others in the future. Below are a few examples of my exchanges with the participating teens a day, or a week after the interview.

Me: Hi Kushaaneh! Just wanted to check if you're doing alright. How are you feeling after yesterday?

Kushaaneh: Hi I am doing great thanks. Did have a bit of a big think yesterday but it was a positive one. I felt quite powerful…. If that makes sense. Thanks again for listening to me, if you need anything else, I think a discussion you mentioned do not hesitate to message x

Thank you so much for the voucher and the chocolate (it was delicious!). I really appreciate your time and the meeting was great, I am happy to help your research with my experiences. I hope you are well and continue to do your amazing work! It was lovely meeting with you, if you need any more from me, please don't hesitate to contact me! Thank you (Elena).

Thanks for messaging. I'm doing good thank you, I think I was subconsciously a bit upset after as my ex is still friends with the guy but spoke it out with my friends and feeling fine now! ☺ *I hope you're doing well and your data collection has been good* (Arya).

5.3 Positionality of researcher

Even with my background in social work and clinical psychology, I knew interviewing teens who have experienced sexual assault would require some specific skills. I therefore participated in two training days hosted by Umbrella Clinic (Young People and Sexual Exploitation Developing Skills for Practice) and a charity supporting survivors of sexual violence (Safely Supporting Survivors). The training sessions focussed on understanding sexual exploitation, examining myths around sexual assault and ways to support survivors safely. During my fieldwork I was also a volunteer for a children's charity with expertise in the area of CSE for which I worked with teens and their parents. This role gave me access to resources such as mental health support and insight into the availability of statutory and third-sector organisations available in the Birmingham area. Together with the charity I decided that I would not recruit any teens for my research whilst working as a volunteer because I did not want to compromise the relationship I had with the teens I was working with, as well as the teens' relationships with the charity.

Reflecting on my experiences with conducting this research I believe I was sufficiently prepared to speak to teens who have experienced sexual assault in a manner that was safe for both them and myself. One important area of reflection is that as a privileged white woman I conducted research with a predominantly non-white group of teen participants. I

have struggled with the question whether I am the 'wrong' person to tell and analyse their stories. I never set out to interview Black and Asian teens specifically although they are part of the population (teens who have experienced sexual assault) I was aiming my recruitment at. In line with Edwards (1996, p.169) I therefore asked myself the question: '*can I possibly be justified in leaving them out?*'. I believe, despite my own background, this research was a way to have these teens' voices heard. Still, I do feel a responsibility in recognising my own privilege and making sure not to represent these teens' experiences as simplistic or group them together as an internally homogeneous group (Edwards, 1996). The narrative approach in my methodology and applying the ISEM as a theoretical framework have supported me in, hopefully, doing justice to the participating teens and their experiences (see also chapter 10.7 *Reflexivity*).

5.4 Safety of the researcher

In accordance with the University's Code of Practice for Lone Working (Birmingham City University, 2018), I always made sure that one of my supervisors knew where and when an interview took place. After the interview, I either sent a text message or phoned my supervisor to let her know how I was doing and debrief. The protocol was that if my supervisor did not receive a text message 2.5 hours after the start of the interview, she would initiate contact to ensure my safety. I also carried a personal alarm at all times. To minimise the risk of psychological and emotional effect of this project on myself, I made sure not to plan more than two interviews a week. This gave me a chance to process an interview before the next one. I also scheduled regular supervision meetings.

I agreed with my supervisor at the charity I was volunteering at (see section 5.3) that I could seek support from a counsellor who has an expertise in the specific topic area if needed. However, my supervision meetings with both my academic supervisors and my supervisor from the children's charity proved to be sufficient in helping me cope during the duration of this study.

5.5 GDPR 2018

Data management and protection for this study were in line with the requirements of the 2018 GDPR. By these regulations, personal information relating to an identifiable person was anonymised in such a way it cannot be used to directly or indirectly identify a person. To accomplish this, upon recruitment, I gave every participant a specific ID number and pseudonym. Next, all the gathered data was stored according to that ID number. Direct quotes are used throughout this thesis with no other information than age and pseudonym. Names and locations were specifically left out. Participants were also able to opt-out of giving

consent for their direct quotes to be used in the research report, any publications or presentations, although none of them did. Data was only analysed on a password-protected laptop provided by BCU. Data was collected with the help of an encrypted voice recorder to which only I had access. Notes taken during observations and interviews were stored in a locked locker at BCU, all electronic data was stored in password-protected files on an encrypted password-protected external hard drive provided by BCU. I am the only person that has access to the raw data. Supervisors who advised on the analysis of the data were only provided with anonymised data.

5.6 Chapter conclusion

In this chapter I have presented the ethical ramifications of conducting research with teens on a sensitive topic. Four ethical dilemmas (power-imbalance, informed consent, safeguarding, and the impact of participating) and how I mitigated the possible negative impact of these dilemmas were discussed. Overall, it can be concluded that including teens in research on sexual assault (and other sensitive topics) is essential, supports their right to be heard, can be empowering to teens themselves, and can be done safely. However, it does require careful consideration on how issues around informed consent, safeguarding protocols and after care are approached. Giving teens opportunities to have their voices heard, and putting them in control of how they share their life stories, validates their worth and experiences. This study shows that if carried out with conscientious deliberation and a focus on supporting teens' safe participation, teen-centered research has great benefits for everyone involved.

Chapter 6 How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault

Case study Arya's story[31]

Arya is a 21-year-old young woman of Indian descent who has experienced two separate incidences of sexual assault. She has been living in the UK with her parents and older sister since she was one year old. Arya is currently studying for her masters at an university in the West Midlands where she also lives in student housing. Her first experience with sexual assault happened two years ago when she was 19 years old. Two years later she experienced another sexual assault.

Arya's first incident happened when she lived in a house with other students, one night as she slept in her room, a housemate of Arya came in and assaulted her. Arya explains that for a long time she did not use the words 'sexual assault' to describe her experience, but instead would say:

> *"I woke up and it was just happening".*

Arya found it hard to recognise the incident as a sexual assault because they had consensual sex previously. Arya had broken it off with this housemate because he was violent with her during sex. However, she still had to live with him in the same house, and they also shared the same group of friends. Arya felt very uncomfortable with what happened, but she was not sure whether she felt uncomfortable because she had broken it off with him and did not like him anymore, or whether she felt uncomfortable because it was a wrong thing for him to have done. She decided to ask her friend if it was "weird" what he had done. Her friend responded saying that it was a bit odd that she was sleeping at the time but that it was not weird considering that they had slept together in the past. In the six months following the assault, Arya spoke to more friends about what had happened. Most of them told her that because she had slept with him in the past, it was not sexual assault.

In a way, Arya found it comforting to be told by her friends that it was not "a big deal." Arya still had another nine months to live with him in the same house and *"sweeping it under the rug was easier"*. Still, she could not forget what happened and move on from it, which made her realise maybe it was more serious. When Arya started seeing someone else and told him what had happened, he told her it was sexual assault because he would never do that to somebody if they were sleeping. Yet, it was still difficult for Arya to accept. It was not until Arya talked to her sister that she got more confirmation that it was not ok what had happened.

> *"She was like no I don't care whether it's your friend, your boyfriend or your husband if you're sleeping you don't give consent."*

Initially, Arya argued with her sister about it, making excuses for his behaviour.

> *"I said no, it wasn't like that I know I don't like him anymore, but we were friends at the time and stuff like that".*

The conversation with her sister stayed with Arya and about five or six months after the initial incident she started seeing it for what it was, a sexual assault. Arya believes if someone had told her it was a sexual assault from the start, she might have been angry and upset, but she would have dealt with it sooner.

Arya finds her experience to be a good example of people subconsciously knowing that it was sexual assault, but finding it easier not to label it as such. For Arya, the whole experience felt like a double betrayal. The guy who assaulted her was someone she knew and was friends with, and the people that excused his behaviour were also supposed to be her friends. Arya never told her parents about her experience. Arya's parents are very

[31] As discussed in chapter 4 (*Methodological framework: a qualitative narrative approach to exploring teens' experiences following sexual assault)* each results chapter will feature an extended case study indicative of the

open when it comes to subjects like drinking and smoking, and Arya feels comfortable to talk to them about these things. According to Arya having grown up in India, they are quite conservative, and Arya thinks if she were to tell her parents she was sleeping with a guy that would upset them. Arya's parents were together for almost six or seven years before they got married, which is when they had their first kiss. Arya says they stuck to their morals of not sleeping together before marriage and do not understand why Arya would not.

"And it is like smaller things as well. The first time my mum saw photos of me kissing my first boyfriend, I was still 18 at that time, and she was like she was so upset about it. She said 'I really don't understand what the need is for all of this stuff.' And they [my parents] are very innocent in that way. They knew I lived with my boyfriend, I don't think it would have even struck them once that I would have slept with him."

Despite her parents wishing Arya would not have sex before getting married, Arya never grew up with a negative attitude towards sex. After the assault, she was confused to find she still wanted to have sex.

"It made me think ok maybe it isn't sexual assault maybe it is not valid because I still feel these feelings."

Arya says her first experience did not impact the way she felt about sex itself, but it did make her more cautious as to who she chooses to sleep with. Her vetting process of somebody she would potentially sleep with became more stringent. Two years after being assaulted by her housemate Arya experienced another sexual assault. This time she was raped by somebody she did not know. Arya says this experience affected her more than her first experience of sexual assault. After the first assault, she thought this would never happen again,

"nothing as bad would ever happen again".

But then it did, and it made her feel worse. Arya thought that she was doing everything to protect herself, and having that happen to her again made her feel dejected and disheartened. As a result, it changed her outlook on men and her sexual agency.

Arya did not get any professional support after either experiences of sexual assault. However, at the time of the second assault, she had a different group of friends whom she experienced as very supportive. Her friends would stay over at her house, sometimes for a week straight, so that she did not have to be alone. They would just sit together, talk, sometimes they would cry together other times they would laugh. Talking to her friends also made Arya realise how common sexual assault is. Out of her group of friends consisting of six girls, none of them had not had an experience with it. Arya says she does not want to turn into a bitter person, but it is hard when you hear things like that.

"People who you are close to and who you love have felt this way and not one, not two, so many girls."

themes discussed in the chapter. The case studies used throughout this chapter contain teens' experiences, thoughts and reflections and were written using the language the teens used throughout the interview (see Chapter 4 *Methodological framework: a qualitative narrative approach to exploring teens' experiences following sexual assault*).

6.1 Introduction

Arya's case study presented above is an example of the challenges teens encounter in recognising and labelling experiences as sexual assault. Following the literature review (chapter 2), I concluded that teens have specific needs from SASS. In this chapter I will present the findings of the current study that answer SQ1 (*What does the use of an intersectional/ecological theoretical framework contribute to academic and practitioner understanding of teens' experiences following sexual assault?*) and SQ2 (*What differentiates teens from children and adults and how does this impact their experiences surrounding sexual assault?*).

The thematic analysis of all three datasets revealed eleven themes[32] (see chapter 4.3.2 *The six stage of the study*). Four of these themes are presented in this chapter (see table 6) illustrated by participants' quotes and narratives from the narrative analysis of the teen dataset. The central argument of the chapter is that teens' experiences with, and conceptualisation of, sexual assault and SASS are constructed by their social and developmental context, which are distinctly different from the experiences of both adults and younger children. Using the ISEM as a theoretical framework creates a better understanding of how the concepts are constructed and impact teens experiences. The chapter starts with the presentation of findings that show how the developmental stage of teens influences their experiences with sexual assault. Next, findings highlight unique aspects of supporting teens according to teens and the practitioners who work with them. Followed by findings that illustrate cultural beliefs and expectations shape teens' experiences in significant and profound ways. Further, findings demonstrating teens' understanding of sexual assault and consent and the meaning they give to these terms are discussed. Ending with a conclusion summarising the findings presented in this chapter.

[32] The narratives that are shared in the results chapters are excerpts of the teens' case studies or direct quotes from their interviews. Therefore, throughout this chapter and the other results chapters, I employ the language teens used themselves as much as possible. For example, Arya who refers to the person who assaulted her as 'a housemate' or Susie who calls him 'the boy', and references from some of the teens to the sexual assault as 'the incident', or 'what happened,'. Such terms are used to represent teens' lived experiences as accurately and authentically as possible.

Table 6

Themes and topics presented in chapter 6

Theme	Topics
Teens' developmental stage	Transitioning
	Schools as sites of socialisation
	Social media
Specific to teen care	Safeguarding
	Engagement with services
	Vulnerabilities
Cultural influences on experiences of sexual assault	Cultural conflicts
	Two different worlds
Teens' understanding of sexual assault and consent	How teens describe sexual assault and consent The impact of language
	Experiencing sexual assault as embedded in society

6.2 Developmental stage: Being a teen and in between

In the literature review (chapter 2 *Literature review: Teens' experiences following sexual assault a meta-ethnography of qualitative* research) I concluded that research shows teens' needs following sexual assault are specific compared to younger children and adults (see for example Shuker, 2013; Allnock et al., 2021). The findings of this study confirm that conclusion and show how circumstances specific to teens, such as age, school, the use of social media and the importance of peers impact their experiences with and following sexual assault. In the next sections I will present findings relating to the theme 'teens' developmental stage' (see table 6).

6.2.1 Transitioning

The findings show teens' experiences following sexual assault are marked by the need for separation and autonomy from parents and the increased importance of peers during the teenage years. As explored in the introduction of this thesis, teens experience educational transitions, social transitions and physical transitions (Coleman, 2019). For the teens who participated in this study there is also an element of learning who they are and finding their identity. Tiana's narrative illustrates the impact of this transitional stage on experiences following sexual assault as they prevented her from disclosing.

> *"Tiana: Even talking about it was very hard for me for like two years. I've only started talking about it like recently. Only now that I feel like I am able to talk about it, but back then I don't believe I would.*
>
> *Me : What do you think has made the difference for you?*

Tiana: I think just maturing and just growing up and finding out more about myself like yeah."

Teens must navigate the transition between childhood and adulthood. Kushaaneh's narrative is an excellent example of this 'in between stage'.

> *"And I think because I still haven't matured as a, I wouldn't say, like I haven't matured. I feel matured now but I wasn't at that point. I don't think that I was able to process it and I felt like a baby still I felt like a child"* (Kushaaneh).

Kushaaneh points out that she was too young to realise what was going on and she needed to grow and 'mature' before being able to understand fully what had happened to her. However, when talking about her experiences at the police station, she explains:

> *"A woman from uhm I think from some services was with me but she was foreign and I didn't really understand her. I didn't understand her but I was by myself at some point and the woman the Indian lady she asked me do you want me to come with you but I was 18 at that point and I didn't think I needed anyone. I was an adult you know"* (Kushaaneh).

Kushaaneh believed that because she was 18-years-old, that meant she was an adult and should be taking care of herself. Consequently, she rejected support during an experience she later described as 'the worst experience of her life'. Age as a measurement for what a young person can and cannot handle is a topic discussed by both participating teens and practitioners. Their experiences show that the teens' age can have a direct impact on the opportunities to gain access to SASS.

> *"[…] And one of the worries we come across because we don't deal with the young person directly, we have this litigation friend, they can be tough about bringing a claim because they worry about the consequences of a child coming into money at a certain age. And they are I suppose are acting in quite a paternalistic way by thinking oh I rather the child didn't have the money because I'm worried they may not use it wisely. Or that it will disincentivise them from working hard in education because they might think oh I'm gonna get this money when I'm 18 therefore I don't need to bother […] it's making a massive assumption about them. […] That they wouldn't manage it. And like we said they could do some really useful things with that money and we see that with some of our clients. They may use it for therapy or they may use it for a deposit on a*

house or for driving lessons. Or to do something really empowering" (Solicitor, Law firm).

The findings show linear thinking about age as indicative of what is 'normal', who can be autonomous, responsible and make good decisions instead of a teens' individual biological development and social competence. Many of the teens' narratives showed instances where they felt they were not taken seriously by adults. Data from all three datasets indicates that practitioners hold certain prejudices about teens' behaviours. For example, when asked what makes working with teens specifically different from working with adults or young children, one of the participating health practitioners answered: "*I think it's a bit of an assumption, but a teenager can be quite moody, volatile, tired I think"*. Elena's experience is illustrative of the impact of these prejudices. Elena experienced depression and low moods since she was 12-years-old due to undisclosed experiences of sexual assault. Elena's mum took her to a mental health service aimed at children and adolescents. For Elena, this was a negative experience. She found the counsellor dismissive of her feelings and explaining away her symptoms as being caused by hormones and typical for her age.

> *"I think because you're at sort of 12 to 13 and there is a lot of big changes going on you're starting puberty or whatever and I think some health practitioners, or this one in particular, grouped it all together as being, oh it is hormones, oh it is a change in school or school life, or becoming a teen and not actually take me as seriously as they might a 16 year old or an 18 year old that would come in with similar things"* (Elena).

Elena believes she was not taken seriously because she was a teenager, and her symptoms were seen as consistent with the 'moody, hormonal, bad-decision--making teen' stereotype. Findings from the practitioners' dataset are in line with Elena's beliefs. Some practitioners are aware of the prejudices against young people and how their behaviour can be labelled as '*having an attitude'* by their colleagues, even though the root of this behaviour is more complex.

> "*So the first thing they do is that [moves her body backwards in the chair]. Protection. Because that is all they know about and then you think oh actually I don't like their attitude. But actually it's not. It's about what they've known all through their lives. Because they see someone who is a clinician similar to an…[adult] so they're gonna come to tell me off. Which sometimes I think clinicians we tend to read that the wrong way when it's just having that in the back of your mind. To say if a young person*

comes in and sits down with an attitude it doesn't mean they have an attitude. It's about breaking down what's going on" (Health practitioner, NHS Sexual Health Service).

Elena has a mixed race (black/white) background and her experiences might also have been impacted by racial prejudices. When analysing Elena's experiences from the ISEM framework a few considerations stand out. Demand characteristics (see chapter 3.4.1 *Bronfenbrenner's Ecological Theory*) such as gender, skin colour and physical appearance influence the interactions we have with other people and the responses we receive. For example, the concept of childhood and its associated innocence are a privilege afforded to some but not to others. Epstein, Blake and Gonzalez (2017) argue that the notion of 'childhood' is a social construct that is informed by race. Therefore, discussing findings that show the impact of the *perceived* maturity of teens is not complete without exploring the significance of the intersection of gender and race on teens' experiences. The phenomenon known as the 'adultification of black girls' describes how black youths' behaviours are less often perceived as innocent and how they are assigned greater culpability than their white peers. Black girls in particular are perceived to need less nurturing, protection, support and comforting compared to white girls their age. They are also thought of as being more independent and knowledgeable about adult topics such as sex (Epstein, Blake and Gonzalez, 2017, p. 1-2). As a result, black girls who have experienced gender-based violence, including sexual assault, may be more likely to encounter responses of adults and practitioners attributing complicity and blame to their experiences (Epstein, Blake and Gonzalez, 2017, P. 13).

6.2.2 Schools as sites of socialisation

For teens, school is a significant part of their lives, and the narratives of the teens participating in this study show that school politics and the social dynamics at school can heavily impact experiences with and after sexual assault. For example, Susie, who had to go to school knowing she might run into 'the boy'[33] who assaulted her. Even after the school found out about the sexual assault, they decided to keep the boy in school because they did not want to impact his education. As a result, Susie and her friends formed an alliance that actively sought to prevent her from running into him.

Schools are social organisations that go far beyond teaching and learning academic subject matter (Hamilton, 1983). Every school has its own culture consisting of accepted behaviours, expectations and hierarchal rules. As their primary site of socialisation, teens are dependent on the structures in place constructed by both teachers and peers. Therefore, it is

[33] Susie herself referred to the person who sexually assaulted her as 'the boy'.

cause for worry that seven out of eight participating teens reported that they did not discuss topics such as sexual assault and consent at school. Discussions around sexual assault and consent in schools were often described by teens as 'taboo', 'stigmatised' or 'being tiptoed around' by adults. Some of the practitioners also expressed concerns about the way schools handle instances of sexual assault. For example, one of the participants, who is a counsellor at a children's charity, recalls a young person being slapped on her bottom by a boy on school grounds. When the girl reported this to the pastoral manager, the behaviour was minimised because the boy in question was getting A grades and had never been in trouble before. According to this participant, when schools do not take behaviours such as this seriously it sets a precedent, with the risk that further escalation in coercive and violent behaviours will not be reported. Most practitioners see a substantial role for schools in addressing issues of sexual assault. This was echoed by the teens who participated in this study. All the teens expressed how they wished they were taught to talk about sexual assault and consent at school. They stressed a need for their schools and educators to create opportunities and safe spaces to explore the meaning of sexual assault, consent and healthy relationships.

6.2.3 Social media: "education in the playground"

Both practitioners and teens mentioned the importance of social media as part of teens' social environment. Within the theoretical framework of the ISEM it is helpful to include social media as part of teens' chronosystem (see chapter 3.3.3. *An intersectional Social-Ecological Model*). Both the teens' narratives and the practitioners' data show that online and offline activities are interwoven. As such, analysis of teens' experiences needs to consider online or offline experiences as fluid and interconnected. Findings of the current study show practitioners have many concerns about the impact of social media on teens. They often mentioned how social media is a huge part of teens' lives exposing them to anything from 24/7 cyberbullying, the pressure to be and look like everybody else, misinformation on their sexual health, porn, and normalising aggressive and coercive sexual behaviour.

> *"They are at a stage where most kids are using they look at porn and what they are seeing is the savage side of pornography. So there is a guy who is hitting the girl with a chair on the back of her head and thinking that is normal or sex. And they think that is the way to move forward. A lot of sexual assaults were verbatim on what's on social media. And they are getting also, of their peers are doing that then they tend to normalise it and think that is the way forward* (Social care worker, Children's charity)

Practitioners' experiences show how teens are influenced by their peers' activities on social media.

> *"What teens then do is go practice in the playground where they get the wrong information to practice. You say to them where did you get that information from? You can't get that information from a book, you can't get information from the teacher, you can't get information from your parents. You probably got that from a girl who isn't well equipped to give that information"* (Social care worker, Children's charity).

> *"So again because of that small powerful machine in their hands. And I think if it is monitored well, it's a useful tool but if it is not monitored well, it can cause lots of issues in society especially for young people"* (Social care worker, Children's charity).

Furthermore, data from both practitioners and teens shows how social media is being used as a tool for exploitation. For example, by perpetrators using it as a means for blackmail, threatening they will put pictures or videos on social media.

Some of the practitioners noted how they rarely see teenage boys in their services. However, when they do it tends to follow experiences with apps such as grindr that mediated contact with older men, putting them in unsafe situations. Despite the numerous concerns around social media, teens also expressed the benefits of social media as a resource for information, and as a way to be in contact with their peers.

> *"Elena: I follow like I follow like on Instagram you can follow a hashtag I follow #mentalhealthrecovery and a lot of those will come up as, I mean not all of them some of them are just like oh I'm dealing with anxiety and those kind of things but often there is sort of like 'I'm surviving from or recovering from this sexual abuse and this and I love reading like people's little snippets of their stories as well so that's really good and you also get pictures as well so that's great.*
>
> *Me: that helps you?*
>
> *Elena: definitely yeah*
>
> *Me: what makes that helpful?*

Elena: I think like you said knowing that it isn't just you and that it hasn't just had an effect on your mental health as well. There is people out there that have that as well definitely."

Interestingly, practitioners mentioned the #MeToo campaign as potentially having a positive influence on teens because it allows them to see they are not alone in their experiences. However, when I asked about the #MeToo campaign teens either did not know about the campaign, said it was not for them or merely saw it as proof of the inevitability of sexual assault. Additionally, findings from the practitioners' data suggests practitioners believe they can reach out to teens via social media accounts, whilst teens reported the opposite claiming they did not follow any of SASS accounts on social media. This demonstrates a discrepancy in experiences between adults and teens. It seems that whilst teens are using social media to interact with their peers, they are less likely to use it to engage with formal systems, such as SASS.

6.3 Specific to teen care

In this section, I will discuss the perspectives of both practitioners and teens about how and why teen care is different from care for younger children and adults. Topics such as safeguarding challenges, engagement with services, identifying sexual assault and consent, and teens' vulnerabilities are addressed.

6.3.1 Safeguarding: *"You can't not safeguard a child"*[34]

Findings highlight that for teens and those who work with them, safeguarding procedures can present a challenge in cases of sexual assault. As argued earlier in this chapter, teens are at an in-between stage. Legally they do not reach age of maturity until they are 18-years-old. However, that does not mean they are not competent to make certain decisions, or require autonomy and agency. This dualism between agency and safeguarding structures makes teens' experiences with safeguarding following a sexual assault different than that of younger children and adults. One of the health advisors described this dualism as followed:

"I think legally it's very confusing you get like a real grey area so our service doesn't see young young people so we only see young people from the age of thirteen and above and then obviously the legal age of consent and the legal age when you can actually have sexual intercourse things like that is very very crossed over. […] Sometimes it's difficult for them to know what is appropriate so

[34] Health practitioner, NHS Sexual Health Service, second focus group.

> *you have that conversation with them pre-consultation. But then you're worried by having that pre-discussion with them at the beginning 'if there is anything you disclose that I'm concerned about I would need to take this further, and I will need to contact children services and our safeguarding team' then they are immediately not going to tell you things. Until they feel ready for everybody to be involved. (Health advisor, Charity for LGBTQ+ community)*

Practitioners often expressed a struggle when deciding whether to safeguard a teen. The challenges this brings to their work will be further discussed in chapter 8 (*The impact of sexual assault, perceptions of and experiences with sexual assault support services*), whilst safeguarding as a barrier to the disclosure of sexual assault for teens is addressed in chapter *7 ("A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services)*.

6.3.2 Engagement with services: *"they just don't want to engage"*

> *"I think it is that threshold between childhood and adolescence that makes you between, with smaller children they kinda stay put as it were, with teenagers they have so much more autonomy and independence yet you still have in the same way an adult could say ok I'm leaving and a teenager will unless you can force keep them. But also then you have safeguarding responsibilities on top of that so it's kind of you have those two things together. So you have this sixteen year old who's decided they don't want to do something that's very very difficult to deal with"* (Counsellor, Children's charity).

The quote above highlights some of the challenges practitioners and teens face in terms of engagement with services. As discussed in chapter 1 (*Introduction)*, adolescents and young adults are the least likely to seek help or to access professional care for mental health issues (Burns & Birrell, 2014). Findings of the current study show practitioners believe engagement with services is noticeably different for teens than for younger children and adults. They described younger children as more '*compliant'* whilst teens more often have *'their own agenda'*, '*have more going on in their lives'*, and are less like to *'accept guidance and support'*. Practitioners' experiences working with teenage boys show that their needs might be different from those of the girls. Most practitioners reported they rarely see teenage boys in their services. When they do, the boys often do not want to engage or only accept practical support; for example, support around the criminal justice process.

"If I mention any sort of emotional support if they [boys] need any sessions that's when their engagement stops. And I think it does come down to that, them feeling that they can't talk about what they are feeling or even feeling anything. It's you know to them shows as weakness but it's absolutely not" (ISVA, Charity supporting survivors of sexual violence).

Practitioners also discussed how waiting lists and other constraints of their profession impact teens' engagement with their services. In their experience, teens are more focussed on short-term goals rather than long-term goals. This also means that when they do decide to engage with SASS, they might expect immediate results and are disappointed when they do not get it and as a result, are at risk of disengaging. It would be overly simplistic to describe this as 'typical teenage behaviour'. Instead, it must be understood by taking into account the complex circumstances with which teens are coping.

"Youth Worker: I think for young people if it's not an immediate happening or something that's been happening for a long period of time, so they think it's acceptable. It can take an awful lot to disclose in the first place, so they get the courage, or they built the relationship with somebody they can trust as well, and then they want something to happen. If they get to the services and it's not what they want, they disengage. And we almost put them in a place that is worse than when they started, for them, because they have already told their story which took them a long time, and then we say what we can support you to get the services, but actually they don't get an end result where they feel they're in a better place.

Youth Worker: and also and all because young people will say it's all well and good with health such and such, but nothing happens. They might take you to have some tests, but nothing else happens. They don't do anything about it. And I think that's quite worrying if we look at what young people believe or think happens within the services that are here to support them. And you know, I know we're time-constrained and all of the rest but for young people, they've come to a point where they need somebody now, and we're not you know providing. In all places, some places are better than others which is why I said 'patchy' before as well. Because it will depend on how busy clinic is, knowing you know what's going on, on that day or what services are available at that time. Whether it's the weekend whether you can get somebody on the phone, and they become impatient because they have been patient up until they've made that decision to

tell you and they now need that support, and it doesn't seem to happen very quickly.

Counsellor: A week can be forever"

(Youth worker, Local authority & Counsellor, Children's charity)

A factor that impacts teens' engagement with services is confusion around the roles of the many different practitioners that can sometimes be involved. Practitioners have experienced teens who attended with either the wrong expectation, or no expectation of the service because they had no knowledge about it, and simply saw the practitioner as another person they had to tell their story to. Teens themselves have reported that having to tell many people about, what is a traumatic experience, has deterred them from engaging with support services or even seeking them out in the first place (see also chapter 7 *"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*).

Findings show parents can play an active role in their teen's engagement with services. For example, Elena's mother played an active role in her accessing and continued engagement with support services. Some practitioners have experienced how parents *'overshadow the child's voice'* because, for example, they want their child to focus on their GCSE's instead of counselling. Others have mentioned the historical aspect of sexual assault where the teen's experience triggers something in the parents or main carer's own experiences with sexual assault. In those cases, sometimes parents can motivate their child to go to counselling.

Another vital factor to keep teens engaged with services, according to the practitioners, is *language.* Of course, using the appropriate language to inform teens about the services to make sure they know their rights and understand what they can expect is essential. Practitioners also discussed how teens have their *'own lingo'* and using the wrong language can have a significant impact on further engagement while *'coming down to their level'* can work as an effective ice breaker. However, practitioners often warned against being *'patronising'* as teens can '*see straight through that'* and instead mimicking the language that is being used by the teens to make them feel as comfortable as possible.

6.3.3 Challenges of being a teen

> *"But it is hard being a teenager these days. Even the roles of drugs and the easy access to it and the major knife crime that we have so it is challenging"* (ISVA, Charity supporting survivors of sexual violence).

Practitioners often described the teens they worked with as specifically 'vulnerable'. As teens find themselves in a transitional phase of their lives, they experience significant life changes. For example, isolation as a result of changing schools or living on your own or in shared accommodation for the first time. Arya's experiences of sexual assault and its aftermath, as described in the case study at the beginning of this chapter, are an example of this.

Furthermore, Nia's narrative illustrates how experiencing a transition to university, and living on her own for the first time, led to her not getting the support she needed after she experienced sexual assault and the impact this had on her mental health.

Case study Nia

Having just moved to a new city where she did not know anybody and had no friends, Nia's depression became worse. In her words, Nia felt alone and abnormal compared to everybody else. She did not want to tell anybody about the situation. Nia missed so much school due to her health problems as a result of the assault that it was hard for her to make any friends. She had missed so many lessons that when she returned, everybody had already formed their friendship groups. She did not want to tell people the reason she was skipping classes, so she just kept to herself. Still, Nia tried to cope with what happened to her and hoped being in a new city would help. After initially reporting the incident, the police did put Nia in contact with an NHS counsellor. However, counselling never started because she moved to Birmingham before it could start and her information was not referred to a counsellor in Birmingham. As a result it took Nia more than a year to open up about the situation and get some help. During this time, her mental health deteriorated to a point where she became suicidal.

Whilst the teens who participated in this study experienced a variety of physical, emotional, social and educational challenges , special consideration is necessary for teens in care. Many practitioners mentioned how being in care is an added vulnerability that has to be considered when trying to understand teens' experiences with and following sexual assault.

> *"So teens in care and I just think that's such a difficult area to work in. So many issues. So so many difficulties for them. And their vulnerabilities are just written*

all over them really. And it is just really difficult piece of work to support them because like any piece of work you have to end it at some point. And you just become another professional that walked in and out of their life" (Social care worker, Children's charity).

Grace, who has been in care for the last three years, also stressed how being in care meant she was disproportionately affected by experiences of sexual assault as well as less likely to benefit from SASS. Grace's narrative will be presented as a case study in chapter 8 (*The impact of sexual assault, perceptions of and experiences with sexual assault support services)* where the impact of being in care whilst experiencing sexual assault is analysed more in-depth.

In respect of challenges experienced by teens, findings also showed teens' cultural background to be relevant. Especially being part of an Asian or Muslim community was presented by both practitioners and teens as a vulnerability, a conclusion also drawn in both the systematic review and the review of grey literature (for example: Gohir, 2013; Thiara, Roy & Ng, 2015). The impact of culture on teens' perceptions of sexual assault will be discussed in the next section of this chapter.

6.4 *"Culture is key":* How culture Influences the teen experience of sexual assault

Birmingham is a diverse city which the participant sample reflected (see also chapter 4 *Methodological framework: a qualitative narrative approach to exploring teens' experiences following sexual assault*). To understand these teens' experiences, it is necessary to use the ISEM and explore the ways that cultural identity (including race), gender, class and age intersect to impact teens' experiences of sexual assault.

The teens who participated were expressive, thoughtful, and often reflective in how they spoke about their cultural backgrounds. This in contrast to many participating practitioners who often expressed reluctance to talk about how cultural beliefs and attitudes might influence the teen experience with sexual assault. Especially when they were not part of *'that cultural group'*. Some practitioners believed they were not in a position to comment on it because they did not have enough experience working with teens from different cultural backgrounds. They acknowledged that this might be a problem in and of itself. As discussed in chapter 1 (*Introduction*), teens are less likely to seek out support after sexual assault than adults. According to the experiences of the practitioners and Kushaaneh, Tiana, and Nadim, this is even more so for teens with an Asian, Muslim and/or Black background. How culture can act as a barrier to access SASS for teens is further discussed in the next chapter (chapter 7 *"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*). In this section, I discuss results relating to the

theme ‘cultural influences on experiences of sexual assault’. I will focus on how culture shapes teens’ beliefs and ideas of sexual assault and how these intersect with ideas around gender by presenting excerpts of Kushaaneh’s and Tiana’s case studies and applying the ISEM (see chapter 2.4 *Introducing the Intersectional Social-Ecological Model*).

6.4.1 Cultural conflicts: Kushaaneh’s story

To understand Kushaaneh’s experiences it is needed to use the ISEM to explore the multiple facets of her physical and social environments, the interactions between these environments and the impact of intersecting meta-constructs (sexism, gender identity, racism, cultural identity).

Case study Kushaaneh

Kushaaneh, a teen originally from Afghanistan, arrived in the UK when she was around six years old. Her parents were born in Afghanistan in the late 1950s. After the Taliban came in, schools were closed and women's rights to education were limited. As a result, Kushaaneh's parents are not educated. Kushaaneh has six brothers and two sisters. Three of her siblings still live in Afghanistan; the others have all migrated to countries around the world. Kushaaneh's older brother was the first one in the family to get an education. He worked to pay his way through college and became a doctor. He realised Kushaaneh also had an interest in learning and knew she was unlikely to get a good education in Afghanistan. Where Kushaaneh grew up it is common for girls to marry and have children young. For example, Kushaaneh's older sister is 22 years old and is married with four children. Kushaaneh's brother wanted her to have better opportunities and not marry and run a household at a young age. To accomplish this, Kushaaneh and her brother left Afghanistan. They travelled from Afghanistan through several African countries. Kushaaneh's brother was arrested in both Kenya and Ethiopia for not carrying identification and, because of this, Kushaaneh was separated from her brother and experienced displacement and homelessness at a very young age. After travelling from Ethiopia to Egypt, Tunisia, Spain, and France, she finally arrived in the UK almost two years after leaving Afghanistan. In England, she was reunited with her brother and started living with him.

From Kushaaneh's perspective, *'all of it'* started when she arrived in the UK. Being so young, without most of her family and not able to speak the language made her feel isolated. However, she is studious, and by reading books and practising speaking English with neighbours, Kushaaneh managed to pick up the language quickly. When Kushaaneh was around 13-years-old, whilst at a wedding party, her brother introduced her to one of his friends. Kushaaneh believed this friend to be about fifteen years old, although she later learned he must have been much older. The friend is from the same village in Afghanistan as Kushaaneh and her brother. He was very nice to Kushaaneh at the party and even though she was not interested in boys, she was flattered by the attention. She also realised her mother first got pregnant at the age of twelve, making her feel it might be time for her to meet somebody as well. Six months after the wedding party, whilst at a shop with her brother, Kushaaneh ran into this friend again. After this second meeting, their relationship progressed. Kushaaneh's

trusted him because of their similar backgrounds and because her brother trusted him. She was comforted by the fact that they shared the same cultural experience and were even from the same village in Afghanistan. He was kind to her, bought her gifts and encouraged Kushaaneh to call him 'uncle', a sign of trust and familiarity. As he was also born in Afghanistan but brought up in the UK, Kushaaneh felt he understood her as not many people can. Not long after their second meeting, Kushaaneh started sneaking out to see him. Sometimes he would ask her to do things like wear a red jumper and red lipstick, which Kushaaneh agreed to as it only seemed a small thing to do. Kushaaneh enjoyed the wooing but said she was too young to realise the purpose of it. One day, when Kushaaneh was about fourteen years old, they went out for ice-cream and sat by the river talking whilst holding hands. He asked her if she would like to get some food and watch a movie.

When Kushaaneh agreed, he took her to a Travelodge. Before she realised what was happening, he was on top of her, and his hand was covering her mouth. Afterwards, Kushaaneh cried because it hurt, but he kissed her and told her he loved her. Kushaaneh says this made her happy. However, things quickly escalated and became more violent, and Kushaaneh became conflicted about the relationship. One moment he was violent, and the next moment he would say he loved her. Kushaaneh came to believe this is what love looks like. Kushaaneh relied more and more on him and felt that without him, she would have nobody left. She knew that if her community found out what was going on between them, she would be blamed and no longer accepted. Having grown up in isolation for most of her childhood, she was afraid to become isolated once more. After Kushaaneh turned eighteen-years-old, he proposed to her on the London Eye, and they became engaged. Kushaaneh accepted his proposal for several reasons. She had become dependent on him, and she genuinely believed this attachment was love. She also knew he had taken her virginity when she was thirteen and therefore felt she had no choice but to stay with him. Not aware of the violence and toxicity of their relationship Kushaaneh's brother was incredibly happy with the engagement and they organised a small engagement party.

Not long after the engagement, Kushaaneh learned her fiancé made a video of one of their sexual encounters and was showing it to his friends. She felt so betrayed that she broke it off and moved to Birmingham with her brother where she started university. However, he found her and apologised with flowers and chocolates. He asked her to go for a drive to which she agreed. As soon as she got into the car, he beat her so severely that Kushaaneh passed out. He put her

in the boot and drove her outside of Birmingham to his parents' house. Once there, Kushaaneh was locked up in the garage for two weeks where she was tied up, starved and repeatedly sexually assaulted by him and his two older brothers.

Kushaaneh's case study shows in a harrowing manner the cumulative effects of multiple sequences of developmental transitions throughout her lifespan (chronosystem) and how these have impacted her experiences with sexual assault. Kushaaneh and her brother, made a radical change uprooting their lives in Afghanistan in order not to conform to the cultural expectations. However, even a move to the UK did not exempt Kushaaneh from these expectations illustrating the impact of cultural norms (macrosystem) on individual experiences even when not physically present in this system. As a young Muslim woman in the UK Kushaaneh says she is caught in between two cultures. Most of her family is still living in Afghanistan, and their norms and values are vastly different from those Kushaaneh encounters in the UK. It is an example of how teens can experience the cultural expectations from two conflicting macrosystems. According to Kushaaneh, sexual assault is normalised in Afghanistan. Due to this she did not recognise that she was exploited and assaulted throughout her 'relationship'. When Kushaaneh first met her fiancé, she was not interested in boys. However, cultural expectations meant she felt she should be. Furthermore, this 'boy' was from her village so he fit the requirements of who she should be with. Interestingly, in the literature review Gohir's (2013) conclusions were presented in which it was stated that Asian/Muslim female victims are most vulnerable to offenders from their own communities. Gohir attributed this to Asian/Muslim girls being considered as 'less risky' targets event though they tend to be under more parental control on their daily movements and lifestyle (see also chapter 2.5.3 *BAME and other minority groups*). However, for Kushaaneh it was the fact that this person has the same cultural background that made her trust him. This trust was carefully further constructed by the perpetrator for example by insisting she would call him 'uncle'.

For Kushaaneh, her first sexual experience was conflicting. Deep down, she knew it *'was not right'*. It also hurt, which is why she cried. However, she was conditioned to trust men's judgements, specifically men from the same cultural background as her. That is why him telling her he loved her made her believe it was love, and this is what love looked like. For Kushaaneh the conflict lies in feeling, on the one hand, that cultural expectations were the cause of her being in this situation whereas, on the other hand, knowing if her community found out the backlash to it would have resulted in victim-blaming, which prevented her from taking herself out of an abusive relationship. For Kushaaneh, the video triggered a change. His showing this to his friends broke the 'contract' they had of keeping what happens in their relationship between them. It was what kept her in this relationship over the years. For her, it

was the biggest betrayal because, her reputation is the most important thing she has. She was the one who would be blamed by her community; she is the one who would become '*undesirable'*. It is a clear example of how gender norms and beliefs intersect with the associated cultural expectations to impact experiences. The interactions between the macrosystem (cultural norms and expectations), meso-/exosystem (community), microsystem (family and 'partner') and individual level (age, previous experiences, education & beliefs) have shaped Kushaaneh's experiences with and following sexual assault. Her case study is an example of how experiences of sexual assault go beyond the incident of sexual assault itself.

6.4.2 "*Two different worlds*": Tiana's story

Tiana's narrative below is an example of how culture impacts the understanding of sexual assault.

Case study Tiana

Tiana, a Nigerian/British teen was sexually assaulted when she was 16-years-old. Tiana explains her ex-boyfriend, who is also Nigerian/British, did not have a good understanding of what happened to her. They have talked about it, but for him, an assault has to be violent, and so he does not realise the impact the *'whole thing'* has had on Tiana. She had to explain to him that assault does not necessarily mean 'being hunted down at night and being grabbed from behind'. Still, for Tiana's ex-boyfriend, that is what he envisions assault to be. Tiana found her ex-boyfriend's point of view frustrating. Still, she is also understanding of it because he has the same cultural background as she does, and she knows how people in Nigeria think about sexual assault.

"Most African countries and stuff they don't believe in sexual assault. Even my ex-boyfriend and stuff he was raped when he was four by one of his family members, much older and he till this day doesn't see it that way. He sees it as like oh we had sex, which no."

For Tiana, the cultural differences between the UK and Nigeria are immense. She explains that even among the different tribes in Nigeria, there are many cultural differences. Her experience is that in African countries, they believe that within a marriage you cannot be assaulted. If your husband wants to have sex with you, then he is entitled to it. Also, the female and male roles are different. Within her own household, Tiana had to do a lot of the cooking and cleaning while the boys could do whatever they wanted. In her experience, women are also blamed for everything and suffer the repercussions. Consequently, it is crucial for Tiana that her family and community do not know about what happened. Tiana herself has always believed that everybody has the right to their own body and their personal space. But all around her, she hears women being told *'don't wear short skirts or don't wear a dress'*. Tiana believes girls and women should not be taught how not to dress, men should be taught how not to hurt someone else.

"*Because people are saying stuff like 'she's wearing a short skirt, so she's asking for it', women feel it is their own fault*".

From Tiana's narrative, the impact of specific gender roles is evident. Tiana's narrative shows how rape myths, such as a sexual assault needs to be 'violent', by a 'stranger', 'hunted down' at night, impact how people respond to a disclosure of sexual assault but also

to experiencing sexual assault. When Tiana disclosed to her boyfriend, he did not validate her experiences because his scripts about sexual assault are different than Tiana's.

Tiana says Nigeria and UK are two different worlds. However, at the same time, the beliefs and attitudes from Nigerian culture have impacted and still heavily impact her daily life and the way she and others have dealt with her sexual assault here in the UK. Different worlds, perhaps, but the two cannot be separated. It is interesting that despite being exposed to the messages about blaming women, cultural beliefs, rape myths and certain gender roles, Tiana was still able to construct a different belief system for herself. Yet, she is still, maybe even more so, limited by the beliefs of her family and community. It is an example of how agency cannot be understood without taking into account the cultural and social context. Similar to Kushaaneh's experiences, Tiana's narrative is an example of how prevalent macrolevel beliefs (such as victim-blaming, gender stereotypes, and cultural norms) intertwined with experiences making it difficult for teens to identify behaviours as sexual assault. Teens' understanding of sexual assault and consent will be further explored in the next section.

6.5 Teens' understanding of sexual assault and consent

> *"We don't use 'victim' or 'survivor'. It might be on a lot of our referral forms, but I know kind of the mantra about it is that everybody is a survivor. However, not all young people like to be seen as a survivor"* (Counsellor, Children's charity).

The quote above shows a practitioner's belief not to use 'victim or survivor' when supporting teens. In this section, I will focus on the use and meaning of such terminology as well as terms like 'sexual assault', 'sexual violence', and 'sexual abuse' commonly used by SASS, researchers, and policymakers. I explore how teens relate to these terms and how they describe sexual assault and consent. Furthermore, teens' narratives showed a belief about sexual assault being embedded in society. I will, therefore end this chapter by exploring how this impacts teens' lived experiences.

6.5.1 How teens describe sexual assault and consent

Arya's case study at the beginning of this chapter highlights how she views sexual assault as normalised amongst teens. Arya's flatmates told her that the incident, whilst being 'a bit odd', was not a sexual assault because Arya had previously had consensual sex with the man. Arya was quite frustrated with the idea that well-educated people studying at university did not seem to understand what constitutes sexual assault.

> *"Yes, and these are the same people that we will see like having Instagram stories with like consent = consent and stuff like that. And you know that they*

don't really care about that stuff because they haven't responded the same way when something like that actually happened, just out of fear of the situation getting awkward, or actually I'm quite good friends with him, so I don't want to ruin my friendship, or I can't like I don't see him doing it, so I will accept that he has not done it, that kind of attitude" (Arya).

During the interviews, teens expressed many different ways of describing 'sexual assault'. They often struggled to find the words and would ask me if 'they got it right'? When they used terms such as assault, abuse, sexual violence and rape, they tended to either mix them up or not understand the difference. In their descriptions, they generally used words such as 'inappropriate', 'not feeling comfortable', 'touching in a private place'.

A lack of consent also often appeared in their descriptions. Some teens described consent as 'saying yes' or at least being vocal about what you want. Others said that communication could also be in body language. Seven out of eight (Arya was the exception) spoke about consent as something that is *given* as opposed to something that has to be *asked for*. What stood out during the narrative interviews is that out of all the topics we discussed, consent was often the topic the teens would struggle most with. All of the teens found it hard to describe 'consent'. For Grace, who experienced CSE, talking about consent was especially difficult.

Me: and if I ask you can you explain to me what consent is?
Grace: [long silence] when it comes to that I'm very confused. I don't know.
Me: Ok. What are you confused about?
Grace: Consent. Obviously I know about yes but, but I don't know [sighs] I'm confused, very confused.
Me: about what consent is?
Grace: I know what it is but, but I'm just confused about it, it is hard to explain.
Me: Is it different you say I know what consent is but is it different when you're in a certain situation and you have to actually think about it?
Grace: It's kind of like obviously consent is like when you say yes to doing something sexual but you saying ohh I don't know.
Me: You can't say anything wrong here.
Grace: It's hard to say and to explain.
Me: Do you know what the age of consent is?
Grace: uhm 16.
Me: 16 yes. So that means whatever happened to you was absolutely not your fault.

Grace: Yeah I know but [sighs].

The reason the exchange above is significant is because it shows how difficult it can be for teens to relate their own experiences to what they have been told about sexual assault and consent. This idea that 'saying yes' equals consent can be very damaging and in Grace's case causes a lot of confusion. Although teens might have an understanding of *what* consent is, that does not mean they understand *when* consent can, and cannot, be given even though they might technically know that the age of consent is 16. I believe the exchange also shows how difficult it can be for adults to have these conversations with teens. Even so, every single teen who participated said they feel adults do not talk with them about sexual assault and consent enough, if at all.

6.5.2 The impact of language: using terminology in SASS

In my discussions with practitioners, they often spoke about experiences with teens who did not understand the terminology used by SASS, with examples of teen responses being *'what do you mean sexual assault?', 'What is sexual assault?'*. According to the practitioners, this is partly because teens often do not recognise specific behaviour as being coercive or exploitative. For example, teens who do not realise that being forced to give oral sex is sexual assault because they think it has to be penetrative sex to 'count'. Others believe they are in a relationship and do not recognise that the person is in a position of power, there is a significant age gap, or that they are being groomed. Practitioners recount instances where the teen was asked to talk about supportive relationships, and people that they trust and they would list the perpetrator. Some of the practitioners said they adjust their language accordingly and advise new colleagues not to use terminologies such as sexual violence, assault and abuse. Yet most services do use this terminology on their forms, their posters and some have them in the names of their organisations.

When describing those who have experienced sexual assault, practitioners often spoke of a preference to use 'survivors' over 'victims' because it is believed to sound more positive. Indeed, most teens expressed a strong dislike of the term 'victim'. For example, Nia:

Me: You also said before that you didn't want to be a victim?

Nia: yeah. Because I feel like with victim like you haven't overcome anything. It's kind of like I feel with victim it's quite a weak word if that makes sense? Like you just, if somebody calls me a victim they associate it with weak and not being capable. So if I say I am a victim that means for me personally that I have not overcome that situation. And I won't say I have overcome that situation fully but I wouldn't say I'm a victim anymore. Yeah I would just say, that was my situation.

That was my situation, it happened and I'm still affected by it and I'm still going to be affected by it for the rest of my life but not on this scale as if it was yesterday. I will be more like the years gone past when the years go passed it will be less.

Me: How do you feel about survivor?

Nia: survivor, yeah [laughs]. I prefer survivor over victim because it is like you are passed it like you overcome it.

However, although there seemed to be a slight preference for 'survivor' amongst the teens, most did not identify with either of the terms. This was not because they did not understand that what they experienced was sexual assault, but because for them, it did not represent what they experienced or who they believe they are. The following excerpt of my conversation with Tiana illustrates this:

Me: How do you feel about, I noticed before you were struggling describing how you would call someone who has experienced this, would you say yourself I'm a survivor or

Tiana: No. I feel like the term survivor basically says I'm a victim kind of. I personally don't use that term because that term is not for me. I just say it happened, you move through, grow, live, and you learn.

Me: You don't like those terms?

Tiana: No something about it makes me feel like victimised and it's like I don't want to be a victim, I don't want to be a survivor because then that means you have my power kind of. And it's like yeah not for me.

Me: You said like it feels like it takes away your power?

Tiana: Kind of because it is like when I think of survivor I feel like it is something that you fight for your life I feel like that is so, someone shouldn't have that kind of power. Some people do have to fight for their life, and I understand that, but I feel like personally for my situation for me I wouldn't call myself a survivor because then it makes me feel victimised to him.

Me: To survive him?

Tiana: Yeah, and I feel like no, I'm stronger than you.

Tiana's aversion to the terms 'victim' and 'survivor' was echoed by many of the other teens. These findings show how teens prefer to use more descriptive language when talking about their experiences (e.g. "it happened, and I'm still affected by it and I'm still going to be affected by it [instead of victim]", Nia). These results indicate that if SASS want to relate to teens and their experiences with sexual assault, the language and terminology they use is essential. Chapter 7 (*"A very life-changing decision": Teens' experiences with (non-)disclosure of sexual assault and barriers to support services)* will further explore the impact of language as a barrier on teens' accessing SASS.

6.5.3 Experiencing sexual assault as embedded in society

> *"If I say stand on a stage and explain what non-consensual any act of sex is right from kissing to touching you and then ask in a safe environment how many people have been through it, I'm convinced that at least 90% of the people or girls at university have gone through it"* (Arya).

Arya's quote above is illustrative of her view of the world since she experienced sexual assault. During my conversations with teens, the most personally impactful comments were how many of them talked about sexual assault as something almost inevitable to happen. Nadim, Tiana, Nia and Arya expressed how they believed the way the media portrays girls and women shows '*you can do anything to the woman without no permission'* (Nadim) or how seeing things about sexual assault in the news makes them realise '*I know I'm not the first and I'm definitely not the last'* (Nia). These four teens believe sexual assault is so embedded in society that it will never get better and campaigns like #MeToo emphasised this for them.

> *"I think it just made me realise like how common and how embedded into society it really is and how it probably never going to get better. Like amazing all that proof but it will never be like yeah there it is. And I think that is hard because it is like every single female and yeah some males, that I've met have some sort of story to talk about sexual assault or harassment. And it is like why? Every single female that I've met has some story, and it doesn't make any sense to why it is happing"* (Tiana).

> *"You know, but when you see it in the grand scheme of things, it's like wow it's even happened to like these celebrities, and it is in a way as well it also brings out the awareness that this is so common and it is so awful that it is so common"*(Nia).

Arya's case study at the beginning of this chapter stated how it is hard for her not to become bitter about knowing how many of her peers have experienced sexual assault.

> *"Yeah and I think that now that I've spoken to my friends about it and my friends all tell me things, and we've just spoken about it. We're a group of 5/6 girls who, we didn't know that we'd have these experiences, but when I spoke about my experience I said you know I need my friends around me to deal with this and we were like discussing it that actually none of us have NOT had an experience like this. And like one of my friends woke up in the middle of the night with her boyfriends' dick in her mouth and she was like crying, and they are still together. […]So we were just saying that everybody has had an experience like this or similar to this and it is really weird that you can go through uni and meet five people randomly and they have also had something like this happen to them*" (Arya).

Critically, teens' exposure to sexual assault and impressions of sexual assault being 'widespread, 'inevitable' and part of 'being a girl' is in stark contrast with their lack of experiences with adults who talk to them about sexual assault, consent and healthy relationships.

6.6 Conclusion

In this chapter, I have presented findings that show how teens' experiences with and following sexual assault are distinctly different from those of younger children and adults. I have demonstrated that the ISEM is a valuable theoretical tool because it reveals the complex mechanisms of how teens frame sexual assault and help-seeking. Teenage years are characterised by physical, emotional, social and educational transitions. These transitions impact how teens frame sexual assault and how they view help-seeking, but can also have a more direct influence on teens' vulnerabilities for experiencing sexual assault. Arya's case study was used to illustrate how important peers are for teens in giving meaning to their experiences of sexual assault. Further, Kushaneeh's and Tiana's narratives explored the impact of cultural background in framing sexual assault and help-seeking. These narratives show how cultural expectations and influences impact teens' understanding of and

exposure to experiences of sexual assault. Additionally, findings presented in this chapter highlight teens have a tendency to normalise behaviours which are sexually exploitative and abusive. Teens themselves attribute this to adults not speaking to them about sexual assault and consent, and sexual assault being embedded within society. Notably, language that is often used by SASS, NGOs and researchers (myself included) such as ‘sexual assault’ and ‘victim/survivor’ are not terms they identify with. The findings presented in this chapter offer insights into reasons for the existing gap between teens and SASS. In the next chapter (7) I will present the findings on teens’ experiences with (non-)disclosure of sexual assault and barriers to accessing SASS.

Chapter 7 "*A very life-changing decision*": Teens' experiences with (non)disclosure of sexual assault and barriers to support services

Case study Susie's story

Susie is a sixteen-year-old girl living with both her parents in a Birmingham suburb. When I ask her what made her decide to come in and talk to me, she says she feels like people do not speak about these things, *"that there is not a lot of support you can get"* and it would be better if there were.

Susie tells me that what she refers to as 'the incident' happened two and a half years ago when she was 13-years-old. Afterwards, she tried to forget about it because she was still going to school with 'the boy' who was two years older than her. She did not want to make it into 'a big thing' and was worried that if her mum found out what happened, she would be really upset. Susie also explains that she was young and did not know how she would even explain to anyone what had happened.

The incident happened after Susie just finished year 8, on the last day before the summer holiday. She told a couple of friends 'a little bit' of what happened. Susie explains that she ran into them right after the incident and that they could tell something was wrong.

I just kinda like I didn't tell I just told them that something had happened and then I just kinda told them everything like that. But it was over like a period of time that I told them. I didn't like tell them everything straight away.

Susie told her best friend what happened first and then gradually told her whole friendship group over the summer and when she first went back to school after the summer holiday. Susie's friends could tell she was upset, so she decided to tell them about the incident. Susie knew that her friends knew the boy because they all had mutual friends. A few friends in her year knew she was mad at him and she wanted them to understand why, so they would know what he was like and they could all avoid him as much as possible while they were at school.

Susie's friends initially all responded with shock, but they were very supportive. Susie explains they were shocked that it was him, but that they all felt awful for her. Susie explains her friends were and are always there for her when she is upset, and she can talk to them, and they listen to her. They would also help her to avoid him at school and distract her when they could not prevent her seeing him.

Nine months after the incident, the school found out what happened to Susie. One of Susie's friends started telling other students in the school. Susie was unhappy with this, and one day she and her friends had a fall out with the girl at school. The

teachers witnessed this and got involved. Her friend told the teachers why they were arguing, that she knew about the incident and had been telling people. In response, a group of teachers started speaking to Susie's group of friends. After this, the safeguarding teacher decided to call Susie's mum and dad and told them everything. However, Susie had never consented to her teachers speaking with her friends and parents.

For Susie, this was all quite scary. She never wanted people to know what had happened, and now the entire school knew. She had also spent nine months trying to forget all about it, and now it was being brought back up again. When the incident first came out, she was upset her parents were told because she believes it made her dad angry and her mum sad. However, Susie's mum told her she could tell something had been wrong, because of Susie's emotions and mood, and that she now finally figured out what was going on. Susie did think it was nice she no longer needed to keep anything from her mum.

Susie explains that after the incident, she was never really happy and would instead be 'upset'. Her mum would see that and ask what was going on? However, Susie did not want to tell her. Susie's mum used to work as a domestic violence counsellor and youth worker so Susie says she has a lot of knowledge about '*things like that'*. In general, Susie feels comfortable talking to her mum about things like sex. It is different with her dad Susie explains. He got angry about the incident, and Susie does not like talking to him about it as it makes her feel uncomfortable.

Susie's mum also informed the police after which the police came to Susie's house for a statement. Susie says she found giving the police a statement scary. After giving the statement at home, Susie had to go to the police station to record a video statement. Her mum went with her to the station but was not allowed in the room. Susie felt weird about giving a statement because she knew she was being recorded and that the video would be shown in court.

Because what happened to Susie became public knowledge within the school she found out there were two other girls in her school that were sexually assaulted by the same boy. She asked one of them if it was ok if she told the police about her and the girl agreed. The other girls were sisters, so when the police questioned one, they ended speaking to both girls. According to Susie, the police told her too much time had passed since her incident. Hence, there was not any proper evidence, and there were gaps in the other girls' stories, so the police did not go forward with a prosecution. Susie does believe the boy was cautioned, but that was it.

The whole process with the police lasted about six months, during which Susie

spoke to the police several times. On the one hand, Susie felt quite relieved the case was not going to court because she knew that would have meant it would have continued for longer. However, it would have made her feel better if the boy was prosecuted.

"Because like that is what he deserves. He doesn't deserve to like just get away with it."

Susie says she does not get along with the teachers at her school. She feels they let her down in the way they responded after they found out about the incident. According to Susie, they did not do much at all. She wonders, 'why weren't they supportive'? 'Why was the boy still allowed to go to school'? Susie did not feel the school was protecting her. The boy was still allowed to go to the school because he was doing his GCSE's. Susie does not understand this decision. She feels they could have just had him come in for his GCSE's if that was the case, but instead, he was still in lessons as usual and able to circulate within the school.

Susie says even now the teachers tell her they tried to keep it quiet outside of the school for her benefit, but for Susie, it just feels like they did not support her. She thinks this is because she goes to a Catholic school which has an outstanding reputation, academically. She feels like her school cares more about their reputation and what people think about them than supporting her.

So they just kind of if anything really bad happens, I feel like they just kind of pretend that it didn't. To make them just seem better and feel better about themselves.

7.1 Introduction

Susie's case study shows how complex disclosure can be for teens. She has been through a traumatic experience over which she had no agency. Then the disclosure of her sexual assault became another significant disruption involving her agency being reduced as she lost control over the disclosure process. The disclosure process itself impacted many aspects of her life including her social life and education, both crucial elements of every teen's life. In this chapter, I will present three themes (see table 7 *Themes and topics presented in chapter 7*) from the findings from teens' narratives, observations at a health clinic and focus groups and group interviews with practitioners. After experiencing sexual assault, teens are confronted with negotiating disclosing and help-seeking versus choosing not to do so. In this chapter, findings are presented which address SQ3 (*How do teens experience (non-)disclosure of sexual assault?*) by outlining findings on how teens have experienced the different pathways to disclosure, the reactions they received to their disclosures, and the barriers that prevented them from speaking about their sexual assault. As is demonstrated in this chapter with the ISEM these findings are better understood because it offers insights into the interactions between the systems as well as highlighting the impact of intersections of racism, sexism, gender identity, and cultural identity on teens' experiences with (non-) disclosure.

Table 7

Themes and topics presented in chapter 7

Theme	**Topics**
Types of disclosure	Pathways to disclosure
	Formal and informal disclosure
Reactions to teen disclosures of sexual assault	Inaction as the reaction
	Intersections of gender, race and culture
	Social media as a digital courtroom
Barriers to disclosure and help-seeking	Practical barriers
	Knowledge barriers
	Social barriers
	Cultural barriers
	Emotional barriers
	Trust barriers
	Language barriers

7.2 Types of disclosure

In this section I showcase the findings relating to the three pathways to disclosing sexual assault, which were previously identified in chapter 2 (*Literature* review). Furthermore, I address the need for differentiating to whom teens disclose: formal or informal systems.

7.2.1 Pathways to the disclosure of sexual assault

In contrast to the findings of the literature review (chapter 2), results of the current study show that teens' experiences could not be simply allocated to a single pathway to disclosure. Campbell et al. (2015) found three distinct pathways to disclosure: voluntary disclosure, involuntary disclosure and situational disclosure. Results from the meta-ethnography of the literature confirmed these pathways were experienced by teens participating in other studies as well. The experiences of the teens participating in the current study also fit within these pathways. However, teens experienced more than one or all pathways, either consecutively or paralleled to each other. Susie's experiences, as showcased in the case study at the beginning of this chapter, are an example of this. Susie encountered some friends directly after the sexual assault who could see she was 'upset about something'. As her friends witnessed this, she had to disclose to them (situational disclosure). Throughout the summer, she decided to tell her friend group more about what had happened (voluntary disclosure). One of Susie's friends decided to tell other students and teachers about the incident leading to Susie's parents and the police being informed about the sexual assault. This disclosure was explicitly against Susie's wishes at the time (involuntary disclosure). Susie lost more and more control over the disclosure process. A friend told school, school told her parents, her parents told the police, and the police made her give a statement. She describes these events like something happening to her that she has no choice over (meso-/exosystem interactions), as if she is an inactive character in her own narrative. The practitioners' data showed similar experiences, with many practitioners stressing how once a teen voluntarily discloses safeguarding protocols can mean the teen subsequently loses control over the process of disclosure (see also chapter 8.3.3 *The challenge of safeguarding*).

As discussed in chapter 6 (*How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault*), teens find themselves in a developmental stage where the search for autonomy and wanting to take care of themselves takes centre stage. However, the social structures they are part of push back against this search for independence and the right to make their own choices and exert agency. Addressing the dualism of structure versus agency is a crucial feature of critical realism's ontology (Bhaskar, 2017, p.32) and it has to be addressed to learn from the experiences of the teens participating in this study. The degree of agency Susie can keep over her disclosure process varies, and the same pattern can be seen in the narratives of other teens, for example, that of Nia.

Case study Nia

After experiencing sexual assault by her boyfriend, Nia decided not to disclose to anybody for a long time. She found it difficult to talk to her friends about the incident because she did not know how to explain it to them. Nia started by telling one friend parts of her experience and after a while told a couple of other friends as well. Nia tried to deal with everything by herself as much as possible; however, she was experiencing depression. Some days she did not want to go home at all because being in her room made her even more depressed. She would just walk around, avoiding going home. Nia was scared of her auntie knowing what happened, because she was afraid of how her auntie would react. However, Nia's friends became increasingly more concerned about Nia and decided to tell her auntie about 'the incident'. After Nia's auntie found out, she took Nia to the police to report the assault.

Using the ISEM framework, the interactions between the micro- and meso/exosystems, such as peer-family, peer-school or school-family, as seen in Susie's and Nia's narratives influence the disclosure process and entry into a formal system (e.g. the police). For Susie, the peer-school and subsequent school-family interactions were unhelpful as she then had to deal with the entire school and parents knowing and having to report to the police, which was a challenging experience for her. Unlike Susie's experience, Nia's friends acted out of concern for her. Nia does not blame her friends for telling her auntie and recognises they did it in her best interest. Her auntie's reaction was better than Nia expected, and Nia felt supported by both her auntie and her friends. Even though Nia lost control over her disclosure and decisions were made for her, she feels it was the best thing for her in the end. These findings echo Fehler-Cabral and Campbell's (2013) findings that teens perceive interactions between their systems positively *"when the reason and/or outcome of those interactions are helpful and wanted; and negatively when the reason/outcome of those interactions are unhelpful and unwanted"* (p. 79).

7.2.2 Formal and informal disclosure of sexual assault

When considering disclosure, it is essential to not only make a distinction in the pathways to disclosure, but also who is being disclosed to. The disclosures of teens in this study can be divided into 'informal disclosures' and 'formal disclosures'. An informal disclosure is the act of telling someone, like a friend, family member or partner, about the sexual assault (the second level of the ISEM). This type of disclosure occurs for a variety of reasons and is not

necessarily intended to ask for any concrete aid. A formal disclosure is informing a teacher or councillor at school or a formal help provider such as a doctor, social worker, advocate or police officer (the third level of the ISEM). In literature, formal disclosures are often meant when discussing 'help-seeking' and more often occur with the goal of either acquiring tangible help or information on where such help can be found (Campbell et al., 2015).

In the current study, five of the teens (Nia, Tiana, Susie, Arya and Elena) disclosed to a peer first. Tiana, for example, explains she has experienced sexual assault throughout most of her life growing up. What she considers to be the most significant incident was when she was about 16-years-old, and she was sexually assaulted by her 22-year-old boyfriend, whom she met when they were both working at the same place. At the time, she only told her best friend. For Tiana, telling her parents was never an option, and it was the main reason to not disclose to anybody else. In contrast, Nadim and Grace both first disclosed to people outside of their family and peer systems. For Grace this was an officer at the police station whilst Nadim disclosed to her teacher. About a month after Nadim experienced a sexual assault, her teacher taught a class about how to look after yourself and where you can go if you need help. During this lesson, the teacher used a case study with simple examples of what to do if something happened and how to report it. Nadim recognised something in this case study and realised that what happened to her was bad, and she decided to tell her teacher, who she trusted, about the sexual assault. The teacher informed Nadim's parents who in turn involved the police.

These findings are in line with Fehler-Cabral and Campbell (2013) who concluded that teens who have experienced sexual assault are more likely to seek support from peers and family than from formal support systems. Furthermore, both the findings of the current study and the literature show that teens turn to friends for help more often than they turn to family members (Black et al., 2008; Fehler-Cabral and Campbell, 2013; Campbell et al., 2015).The same was found in the review of grey literature (see chapter 2.5.4 *Disclosure of sexual assault*). Similar to Nadim's experience Gohir (2013) and Allnock, Miller and Baker (2019) concluded that in respect of formal disclosures teens were most likely to disclosure to one of their teachers.

7.3 Reactions to teen disclosures of sexual assault

> *"I think it's also the trauma. You know with whether it is school or a health clinic or whatever they have got confidentially in and the young person tells you something and damn it's quick for the whole world to find out. And the young person returning to education, their social groups after disclosing is very that's quite traumatic as well isn't it. And how again social media could be used to blow that up to shame the person. Do you know what I mean? And actually sometimes*

> *I think the aftermath of that can possibly feel more damaging and detrimental than the experiences itself"* (Social care worker, Children's charity).

The findings reveal the complexity of responses to disclosure due to these being influenced by personal relationships, organisational protocols, cultural beliefs and attitudes, and structural systems of sexism, racism and rape myths embedded in our society. As the quote above illustrates, once teens have disclosed they face a variety of responses. The teen narratives show some responses teens perceive as supportive, and others as negative. Furthermore, whilst initial responses to disclosure can be experienced as supportive these responses can turn negative, and vice versa. Susie's experience with her friend, who at first supported her but ended up telling other students and teachers, is an example of this. It is therefore not useful to divide these reactions into solely 'supportive' or 'negative' but instead, by using the ISEM, look at the structures they are part of.

7.3.1 Inaction as the reaction

One of the most detrimental responses teens reported was that of inaction after a disclosure from actors within their microsystem and meso-/exosystem (second and third level of the ISEM). For Susie, her disclosure initially improved her situation because she felt supported by her friends. However, once the school, her parents and the police became involved, this was no longer the case. As the whole school was now aware of what had happened, Susie started missing school. Her school, unfortunately, did not intervene or offer Susie any support.

> *"But like they didn't, I feel like they could have done something to like make sure that I didn't have to see him all that time when he was still in school after they found out"* (Susie).

This inaction on behalf of the school made Susie feel unsupported and damaged her relationship with the school and teachers.

Arya's case study in the previous chapter (see chapter 6 *How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault*) illustrates the impact that inaction by her friends after disclosing her first experience with sexual assault to them, had on her mental health and her social life. She struggled with people seeming to want to believe that what had happened was, actually, sexual assault. In a podcast about intersectionality Kimberle Crenshaw describes how women who disclose often have to deal with 'unpacking layers of denial' (Crenshaw & Barnes, 2019). Arya acknowledged this astutely in her narrative:

> *"I think it's with a lot of people it is like it is with me that subconsciously they know that it is sexual assault but then they don't want to accept it because they are friends with that person or they live with the person so they don't want it to be awkward, or they had some really nice memories with the person so he has a girlfriend now and if I were to say to her that this is what has happened I think it would be very difficult to deal with and so you choose rather not to deal with it"* (Arya).

Arya believes there are a lot of reasons that make it hard for teens to disclose sexual assault. One that had a significant impact on her was seeing how those around her who did disclose were treated. Arya has heard accounts of friends who have reported to the police and had horrible experiences. Furthermore, in her experience, society and institutions such as schools and universities response to sexual assault disclosures are unsupportive.

> *"So, I've had friends who reported it and had answers like that there's been multiple reports at this university of girls that have reported it, and nothing has been done about it. There was a protest recently where girls who had been assaulted were given a place to put down their shoes, and there was massive amounts of shoes outside the vice-chancellors building and they were just cleaned up overnight and nothing was said to anyone. And it was just everyone was made to act that it didn't even happen"* (Arya).

These experiences did not give Arya confidence in seeking out support. She always felt that she did not want to report only to become 'part of the statistics'.

The harmful effect of *inaction* after a disclosure of sexual assault is also tangible in Grace's narrative.

Case study Grace

Grace explained she had some incidents, the first one when she was around 10-years-old, the last one was two years before my interview with Grace. Even though she says everybody had their suspicions, Grace did not tell anybody what was going on. Grace felt like nobody cared. According to her, people would hear stuff about her, rumours, some of them true some of them not, but they would not understand what was going on.

"They thought it was me that wanted it. That it was me you know what I mean that was going out you know what I mean? So I thought, why should I tell them? But now I think about how everyone talked about me, and everyone knew what I was going through you know what I mean?".

Grace remembers telling her mother about an incident that happened when she was 10-years-old, and it was 'pushed to the side'. The lack of support from her mother then did not give Grace any confidence she could trust her. So, when something else happened, she did not disclose this. When things kept happening, and it started getting bigger and bigger, she still felt like she could not say anything. Inaction from her mother at an earlier disclosure meant Grace did not feel able could go to her. As a result, everything escalated for Grace, and she became deeply embedded in CSE.

What is noticeable here is that even though Grace was only 10-years-old and far below the age of consent, people 'assumed' she wanted 'it' and was able to give consent. Consequently, nobody intervened. In our society young black girls like Grace are consistently viewed as 'less innocent' and more 'adult-like' than white girls of the same age, a phenomenon called the adultification of black girls (Epstein, Blake & González, 2017, p.1)

7.3.2 The intersections of gender, race and cultural identity

The teens' narratives show they have to navigate different relationships of power. For example, Kushaaneh was fearful of telling her brother because she felt the men who assaulted her treated her like she was nothing. She had been powerless, which she did not want her brother to know. She was also angry at her brother and blamed him for what had happened. In her mind, if she had stayed in Afghanistan all those years ago, this would not have happened to her. Coming to the UK was a decision her brother made for her, not

something she was able to decide for herself.

Furthermore, Kushaaneh's community exists of people with the same cultural background as her. The amount of agency she has and is willing to exert is highly dependent on this community. Even if she was able to disclose at an earlier age, she was not willing to because of the impact this would have had due to the judgement she feared she would receive from her family and community. After learning about Kushaaneh's sexual assault, her brother did not speak to her for a week. He blamed her for not wearing a scarf but also blamed himself because he introduced Kushaaneh to the person that hurt her. Even though her brother later became supportive, his initial reaction confirmed Kushaaneh's earlier fears that she would be the one blamed for what happened to her. Her brother believes that not wearing a scarf is the reason for the sexual assault. This belief is enforced by Kushaaneh's mother, who told her she was no longer her daughter after hearing about the sexual assault. According to Kushaaneh, her mother blamed her because she believed it could have been prevented if her daughter would have completely covered up or at least worn a Hijab. Kushaaneh says her mother is concerned that nobody will marry her because of what happened. Kushaaneh now wears a scarf even though she says *'this is not who I am'*.

Tiana shared Kushaaneh's fears of how her parents and community would react. She, therefore, choose not to tell her parents but called her best friend instead who came over to sit with her immediately after the assault. For Tiana, the response from her friend was helpful because it made her feel she was there for her, and she was not being judged. Not feeling like she was being judged was especially crucial to Tiana, considering her expectation of judgement of family members and her community if they were to find out about the sexual assault.

In chapter 6.4 (*"Culture is key": how culture influences the teen experience of sexual* assault) I discussed how communities influence teens' experiences of sexual assault. In contrast, the impact sexual assault can have on a community in return is evident in Nadim's narrative.

Case study Nadim

Nadim and other children from her community were sexually assaulted by someone from within the community. When it became public knowledge, it impacted the entire community. According to Nadim, when people found out, they were angry and upset. Nadim remembers there were fights on the road, and people were arguing. People were scared and children, including herself and her siblings, had to stay in the house and were not allowed to go to the park unless their parents went with them. Nadim says her parents were worried, and after her experience with sexual assault, there were more rules in the house. According to Nadim, the response received to disclosure can depend on the type of sexual assault. She believes that what happened to her was scary, but that it was 'a minor thing' in comparison to rape. Nadim believes that in cases of rape it can affect a girl more seriously, partly because of the response from the community to it. Nadim believes that she received the support she did because in her case, she was touched but not raped. She, therefore, rates her experience as less severe. If she had lost her virginity as a result of the assault, and people would have known this, no one would want to marry her. It would have brought shame upon her and her family.

Nadim's case study shows cultural beliefs and attitudes influence the impact of sexual assault according to the 'degrees of severity'. For example, if virginity is lost as a result of sexual assault, as in Kushaaneh's case, this can have a more harmful impact on the teen and her future than if this is not the case.

Some practitioners recognised that teens' cultural identity can impact their experiences following sexual assault and described having a non-Western background as an additional 'vulnerability'.

> *"There could be cultural pressures I guess making them feel even less inclined to speak out about their experiences.[…] You know we know people who have suffered who have experienced abuse don't often don't come forward and you know are reluctant to speak. If there is a cultural element on top of that there is gonna be even more reason for that person not speaking out I guess"* (solicitor, Law firm).

Hill Collins and Bilge's (2016) four domains of power (interpersonal, structural, disciplinary, and cultural) support analysis of these findings within the framework of intersectionality. *"Power relations are about people's lives, how people relate to one another, and who is*

advantaged or disadvantaged within social interactions" (p.7). When power relations are analysed, we have to look at the *intersections* such as racism and sexism and *across* the domains of power (p.27). The narratives of Kushaaneh's, Tiana and Nadim are illustrations of the complex ways gender, race, religion and culture intersect and impact the lived experience. It is worth noting that the impact of religion is not limited to Muslim religion. For example, Susie believed the schools reaction to her sexual assault, or rather their inaction, was due to the school being Catholic and the norms and values that are expected and associated with a Catholic school (see *Case study Susie's story* at the beginning of this chapter).

7.3.3 Social media as a digital courtroom

In chapter 5.1.3 (*Social media: 'education in the playground')* I discussed findings indicating that practitioners worry about the impact of social media on teens' (sexual) health and wellbeing. As part of the chronosystem it is important to investigate the impact of social media on teens' experiences. According to many of the practitioners, social media plays a role in teens' experiences with sexual assault by exposing them to social pressures, misinformation about their sexual health and the normalisation of aggressive and coercive sexual behaviour. Practitioners also expressed concerns that teens risk being exposed to retaliation, like image-based sexual abuse[35]. In contrast, social media was barely mentioned by most of the teens who participated in this study and only for Nia was social media a substantial part of her experiences following her sexual assault.

[35] Also known as 'revenge porn'.

Case study Nia

Nia became pregnant as a result of the sexual assault by her ex-boyfriend. A couple of months after the sexual assault, Nia and her ex both ended up attending the same BBQ in a park. During this event Nia's ex became physical with her and Nia endured several punches and kicks in the stomach resulting in a hospital admission and the loss of her baby. Nia moved to Birmingham shortly after, but as she puts it, her '*past followed her to Birmingham*'. After the incident at the BBQ in the park, which was witnessed by many people, Nia's ex used social media to try to explain himself.

"So that's when the whole social media thing happened because he was just trying to basically damage my name and make out that I was this deluded person that was lying about everything and it became a case on social media where had to basically, it's still on twitter actually".

In response, Nia received a lot of online abuse and negative comments. This was despite Nia's friends trying to stick up for her by replying to these messages saying Nia's ex is not a good person and that he was abusive and had sexually assaulted Nia. As a result, Nia was relentlessly victim blamed to such an extent that she felt she had to explain herself.

"I got so much hate on social media because of it. You are a liar, I know him, I've known him this amount of years and he would never do that."

Nia felt pressured into disclosing on social media in order to protect her reputation. She says people did not seem to understand the gravity of the situation.

"So that was really hard for me to put on twitter because I was like I shouldn't have to do that but part of me was just sick of being called a liar. Like I knew if they know of my life I didn't want to be known as that girl that lied. But I didn't want to I didn't want people to think I was a victim. But I thought I'd rather explain myself and people understand my truth then people think I'm a liar and there is no truth to the story at all so".

After reading this post, many people were shocked. Nia says people told her it sounded like a movie. They knew Nia as a happy, bubbly person and did not

think this was all going on. Following this post, Nia received more support from people. However, there are still people who do not believe her and are vocal about it, abusing her online telling her she should 'go and kill herself'.

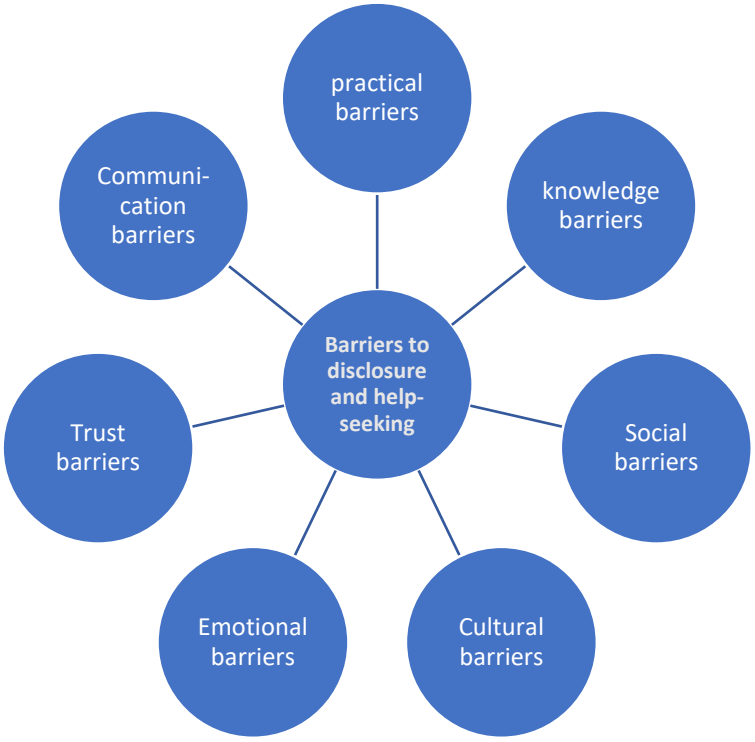
Nia thought by moving to a different city she could separate herself from the sexual assault she experienced and its aftermath, by geography. However, through the technology of smartphones and social media platforms the geographical boundaries were dissolved, resulting in Nia feeling forced to ‘out’ herself and disclose her experiences.

7.4 To disclose or not to disclose?: Barriers to disclosure and help-seeking

The teen narratives discussed above indicate that disclosing experiences of sexual assault can be a complicated and challenging process. The data shows teens experience many barriers to disclosure of sexual assault on all levels of the ISEM. These findings are in line with the results of both the systematic literature review and review of grey literature in chapter 2 (*Literature review*). However, the current study contributes to the knowledge about teens’ experiences by identifying barriers that are specific to teens, as well as the complexity of these barriers when put in the context of teens’ lived experiences. To offer a framework to address this complexity I have created a categorisation of 'barriers to disclosure and help-seeking for teens after sexual assault' based on the results of this study (see figure 5 *Barriers to disclosure and help-seeking for teens*). This categorisation is a result of the thematic analysis of the findings from all three datasets and shows that the different barriers can be divided in seven categories: practical barriers, knowledge barriers, social barriers, cultural barriers, trust barriers, emotional barriers and communication barriers. Each category includes a set of barriers that both teens and practitioners have reported as being deterrents to disclosure and help-seeking.

Figure 5

Barriers to disclosure and help-seeking for teens



7.4.1 Practical barriers

Teens and practitioners both described practical barriers to disclosure and help-seeking. For example, a geographical barrier was mentioned by several practitioners. Practitioners explained teens often have to travel a long way or take several buses to get to services. In addition to the long journey, teens also need the financial means to access services. Costs of travel can also be a practical barrier for teens. For example, they might need money for bus fares.

During an observation in the waiting room of a sexual health clinic, one of the health practitioners approached me and asked me about my research. She was very interested in the topic and started telling me about her experiences working with teens. She mentioned that one of the most significant practical issues is that sexual health clinics do not offer services that are specifically designed for young people. She believes young people want to be able to make walk-in appointments. However, because there are only limited slots, this is often not available to them.

> *"You have to be there at 9 am to have a slot to be seen at some days. Today people coming in at 9 am had to wait for hours. Those walk-in times are not fitting*

for young people because of school" (health practitioner quoted in observation notes, 5 March 2020).

As illustrated by the quote below, the lack of staff trained to work with young people is also presented as a barrier:

> *"For various reasons ranging from the cost of rent to the availability of staff etc. The staff at the LGBT Centre are not able to see young people because they are not clinically trained therefore they are not able to do the young person assessment. You know they can't assess and deem the patient is competent because they're not clinical. So they can see patients who I believe from 18 and above when there is clinical staff there and I think there is only clinical staff there 2 days a week at the Centre while they are open, the doors are open 7 days a week. So it might be that a young person might present to the LGBT Centre having been sexually assaulted and they might be foreseen but they would probably have to be redirected. This is definitely something that is missing.* (Senior charge nurse, Charity for LGBTQ+).

Teens might also experience practical barriers when trying to access online SASS. Nadim mentioned practitioners should not count on all teens being able to access online support services, as households may not have access to technology. Although Nadim's interview took place in January 2020, her observation on access to technology increased in relevance since the Covid-19 pandemic forced many support services to suspend their services or move them online. The pandemic has put a magnifying glass on 'digital poverty'. According to Holmes and Burgess (2020) *"Digital exclusion is another facet of the deep inequalities which run through the social fabric of the UK, and is more widespread than many people are aware of"*. Holmes and Burgess's (2020) research shows that even before the Covid-19 outbreak, 22% of the UK's population experienced digital exclusion. They conclude that there is a clear link between poverty and digital exclusion, claiming that less affluent people have a reduced chance of being online.

7.4.2 Knowledge barriers

One of the findings of the literature review (see chapter 2 *Literature review*) is that a lack of knowledge about services is often considered by practitioners to be a barrier for teens to access services. This was also concluded by the youth advisors participating in Cody's (2015) study. Still, the teens participating in the studies identified in the systematic review did not express this lack of knowledge. In contrast, teens who participated in this study often

showed a lack of knowledge about SASS. There are a number of barriers that fall within this category. First, findings shows that teens often do not identify their experiences as coercive or sexual assault. Arya's case study (see chapter 6 *How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault*) for example, showed how she was not sure what happened to her was sexual assault and when her housemates told her it was not, this prevented her from seeking out support.

Further examples of knowledge barriers are not knowing which SASS are available and having the wrong information about SASS.

> *"I didn't know where to start. I didn't know whether to start with a doctor, a friend, I couldn't do my family, and normally your family are the people that tell you you need to talk to somebody. But I didn't have that. And I closed myself into this ball, and I let myself drink and do all these things that I really didn't want to do and then I would get upset that I was doing that"*(Kushaaneh).

> *"Not knowing about who to ask. Who to email and where to find the actual information. Because I feel like, maybe it's just me but also a lot of my friends you can't find information that you are looking like I don't know maybe there should be like posters around that tell you 'if you need help with this' you can talk to this email or this contact information. I feel like the barrier was literally not knowing that it is out there"*(Nia).

In their interview, two solicitors who specialise in cases with children and young people who have experienced sexual assault expressed their concern about how teens might not even know that a legal route is an option for them. They are often dependent on a caregiver or other adult to advocate for them. During a focus group discussion at a charitable organisation specialising in CSE, the participants expressed their worries about how people in the community know little about CSE and the available services. As a result, family and friends might be prevented from helping teens access formal support services.

7.4.3 Social barriers

Findings show the social reasons for not disclosing or accessing support services were some of the strongest barriers for teens to overcome. Teens spoke of how not wanting to lose friends, fear of social exclusion by their peers and/or community, fear of parental sanctions, wanting to protect people (including the person who assaulted them) and how in their experience sexual assault is embedded in society, all influenced their ability to disclose or not.

Many of these social barriers relate to sexual assault being stigmatised. Even sexual health clinics can become sites of stigmatisation. For example, people cueing to access one of the sexual health clinics in Birmingham were treated to a ‘have you seen the queue of shame?’ by the builders next door (health practitioner quoted in observation notes, 5.03. 2020). Kushaaneh endured years of sexual assault. However, she felt she could not tell anybody out of fear of being socially excluded from her entire community.

> *No. I didn't want to, I couldn't, like there was a point when I did want to that was when he was consistent that was after my miscarriage that was when I wanted to that was shortly before but I always thought for 3 or 4 years so between 13 and 17 I didn't want to because obviously of my culture I don't think, I thought I relied on him so much if I say something to somebody I've got nobody after that.* (Kushaaneh)

Arya was also worried about the impact disclosure would have on her social circle. She thought that if she got help, it would become 'a big deal' amongst all of her friends. Arya was also afraid that if people knew, she would not be believed. Arya's friends had told her it was nothing, making her wonder what people who were also close to him would say.

Teens expressed concern for both parents and friends. In their narratives, they described how they did not want to disclose to their friends and parents to protect them. Susie was afraid that the knowledge would hurt her mother. A barrier that was also described by some of the practitioners who participated in this study.

> *“You know there is parts of them that don't want to have those conversations with their main carers because they are protecting them, they don't want to hurt them, they don't want them to know the truth and feel responsible”* (ISVA, Charity supporting survivors of sexual violence).

Teens' narratives show that protecting the relationships they have with their family is an important reason not to disclose. Susie and Nia both had caregivers who worked professionally with people who have experienced abuse. They described in their narratives how they did not want to tell them because they were afraid it would change their relationship.

> *“But like because of her job and things like because obviously she's got a lot of knowledge and that was one of the reasons why I didn't want to tell her because I just feel like I wanted her to still be my mum not like someone who was like had*

to get me through that. That wasn't like her job that wasn't what she needed to do" (Susie).

"I know because my auntie has like dealt with like people who got abused before and stuff like that. I didn't want to be another not like one of her cases, but she would treat me like that you get it" (Nia).

Fear of parental sanctions is a barrier expressed by several teens. For example, Nia, who was afraid that her auntie would be angry with her because she did not know Nia was in a relationship with an older guy. Tiana was also scared of how her parents would respond if they were to find out about the sexual assault. After Tiana disclosed to her best friend, she told her they should go to the police to report it, but Tiana did not want to do this. Tiana knew she was underage and that her parents would be involved if she decided to go to the police. Tiana explains how this made it even harder because it made her feel like she could not do anything about it. It made her feel 'weak and powerless'. However, she was afraid of the consequences of her parents learning what happened. At the time, her parents were not aware that she even had a boyfriend, and she was seeing him when she was supposed to be at school.

Some of the practitioners also experienced teens who would not talk about being sexually assaulted because they were protecting the person who assaulted them. Sometimes, as in Kushaaneh's case, it feels like the person who assaulted them is the only person they have, and they are dependent on them. In other situations, the person is someone in their family or close to their family. Less is known about the social barriers teenage boys' experience. However, in my discussion with three ISVAs, they noted that in their experience for teenage boys, sexual assault is often associated with child sexual exploitation and criminal exploitation by gangs. Therefore, for the ISVAs, the barrier is not just the stigma of 'a young lad being assaulted' it is also criminally embedded, making it even harder for those boys to disclose. In another focus group, three health advisors discussed similar experiences saying they know some teenage boys experience sexual assault during gang initiations but that they will rarely present at the sexual health clinic.

7.4.4 Cultural barriers

"I hit rock bottom and even with the culture thing I couldn't express myself the way I wanted because people would judge me for it. I had friends they were Muslim as well, I couldn't tell them. I had to keep it close inside of me, and it was like a sort of stigma. Is that stigma?" (Kushaaneh).

This category includes barriers such as the stigmatisation of sexual assault and sexual health services, gender roles and shame. When talking about cultural and religious beliefs and customs, the participants in this study (both teens and practitioners) consistently presented them as vulnerabilities and barriers. The category of cultural barriers is closely related to the category of social barriers, especially the impact of stigma which I have addressed in 7.3.3 (*Social barriers)* and will further address in the discussion (chapter 10 *Discussion: Recognising the complexity of teens' experiences following sexual assault*). Teens' experiences show how the cultural aspect is often highly significant in their narratives and how it adds another dimension to the complexity of disclosure and help-seeking. During the focus groups and group interviews practitioners often discussed seeing fewer teens with 'certain cultural backgrounds' using their services.

> *"You know we know people who have suffered who have experienced abuse don't often don't come forward and you know are reluctant to speak. If there is a cultural element on top of that, there is gonna be even more reason for that person not speaking out I guess. I think probably what I would say about that is that the vast majority of our clients aren't from minority groups. We are not seeing them. They are not coming through, and that probably tells a story actually. And the ones that we see very few, I think we almost can't comment on their experiences because we just we don't see them in big enough numbers and I'm not sure why. I'm not sure why that is, but there is probably a whole sort of section of people who for whatever reason aren't coming forward […]. So you know I think we're in Birmingham now, and the people that we're seeing aren't representative of the population. They're all sort of, generally speaking, they are all white kids."* (Solicitor, Law firm).

The teen narratives also show these cultural barriers. For example, Tiana wanted to prevent her parents from finding out because, in her experience, in African culture, 'it usually gets spun around on the woman'. Tiana was afraid she would be blamed for what happened to her. According to her, people would say she should not have been there in the first place and she should not even have had a boyfriend. Kusheenah received little understanding and support from her family, including when it came to help-seeking. She was discouraged from going to SASS and instead her mum advised Kusheenah to go to the Imam and pray. From Tiana and Kusheena's perspectives within their culture people adhere to certain gender roles where there are specific expectations of both men and women. As a result, women are being blamed for the abusive behaviour of men.

Practitioners often mentioned how, in particular teens from Asian communities

experience barriers.

> *"One area, in particular, a lot of people when I was working with the Asian community, when we talk about a sense of shame it is a massive thing, but I don't think anybody has yet been able to take it on board and recognise it and work with it. Again that prevents probably the Asian community accessing our service. I know sometimes when people from the Asian community do access our service they request to work with a white person because if they work with an Asian person what happens to them is it spreads.* (Social care worker, Children's charity)

During a group interview (26.06.2019), the health practitioners discussed some of their experiences working with teens from Asian communities. One health practitioner remembered how she tried to help a young Asian girl who had attended after an assault, but refused to report it because the person who assaulted her had taken pictures of her and threatened if she told anyone he would show the images to her parents. She did not want to report it or take anticonception. She would attend repeatedly but said it did not matter because if her family would know it would be even worse for her. Another health practitioner added that one of her patients was a young lady from an Asian community who stopped using her contraceptive implant because it made her put on weight which led to uncomfortable questions from her mother. These findings are in line with studies in the US which show that Asians and Asian Americans are more reluctant to ask for support because they are concerned about the potentially negative consequences (Kim, Sherman & Taylor, 2008, p. 518). Above are examples of teens who managed to access the sexual health clinic. Nadim states she has never been to a sexual health clinic.

> *"Like in our community if someone sees you going into a health clinic like a sexual health clinic they are like give you if they catch you like what are you doing in there, what is she like?"*(Nadim).

As a consequence, Nadim believes people might be scared to go into a clinic to get support and that it is therefore vital for people like her to have access to support at other sites. According to Nadim, going to a sexual health clinic, for any reason, is stigmatised in Asian and Muslim communities. Teen girls might be labelled as 'a slag' if they are seen accessing a health clinic.

7.4.5 Emotional barriers

Findings reveal teens experience several emotional barriers to disclosure such as: wanting to forget about it, not wanting to tell their story again, self-blame and self-protection strategies. The emotional ramifications of disclosure and help-seeking often delay or prevent teens from telling anybody about their experience. In Susie's case study, presented at the beginning of this chapter, it is mentioned how she 'just tried to forget about it'. For Susie, being reminded of the incident was emotionally too difficult. Tiana, Elena, Nia and Kushaaneh all expressed similar sentiments of 'just wanting to forget about it' and although for some of them this was a successful strategy in the short-term, long term the impact of sexual assault and having no support was considerably harmful to their (mental) well-being. Their narratives show several reasons for choosing to 'try and forget about it'. One of these is the prospect of being repeatedly required to tell their story. When asked what would have helped her at that time, Tiana says nothing would have. Even if her parents had a different mentality, she still would have had to tell her story several times to various people. Tiana thinks that having to tell her story over and over would have weighed on her even more. It is not until relatively recently that she has been able to talk about what happened. Tiana feels like she needed to 'mature, grow up, and learn about herself' first.

Some practitioners spoke of similar barriers. For example, three ISVAs all said that in their experience, teens often access their service with the expectation that they have to tell them everything like they had to do with the police. According to them, this is a barrier because it affects the way the teen engages with their service, and they often have to reassure teens first that they do not have to tell them the whole story.

7.4.6 Trust barriers

> *"Uhm I think a lot of our clients have got a mistrust of people like us, or people they perceive to be an authority. People who wear shirts and you know formal clothes. There can be a distrust there so. […] Because they feel that they've been let down before by adults or people in authority and there is probably a fear there that the same thing is going to happen again"* (Solicitor, law firm).

The narratives of the teens show that not having a trusted adult to talk to, issues around confidentiality, lack of anonymity, and safeguarding are barriers to disclosure and help-seeking. These findings are in line with research which shows that teenagers are generally more concerned about confidentiality when deciding on a physician's trustworthiness than adults are (Klostermann et al., 2005). Teens also become more aware of 'evidence' of adults' inauthenticity and ulterior motives (Griffith, Larson & Johnson, 2017). Teens described how a lack of anonymity, for example, their full name being called out at the services they

accessed, was a reason to avoid going. For others, like Arya, the lack of anonymity in the space of the SASS they accessed prevented them from disclosing once there. Arya described how she felt watched by some boys who were in the waiting room and therefore, did not feel comfortable to disclose on the questionnaire that she had to fill in. On several occasions during my observations in the waiting areas of sexual health clinics, I observed how patients would be called out by their full names. The field notes I took during Susie's interview show how I had to navigate protecting my participants with conduct which is standard practice at the sexual health clinic I was conducting interviews at.

> *Susie chooses to meet me at the clinic […]. Before we meet, she sends me a message saying she will be a bit late because of the weather. As I have no internet reception in the clinic, I tell the nurse at reception, that I am expecting a teen for an interview and if they can please come and get me when she gets there so I can walk her to the interview room. I go into the private room to make sure it is ready for the interview. After a view minutes, the phone inside the room rings. It is reception phoning to say 'the teen you are expecting is here and we told her to go and sit in the waiting room'. The thought makes me feel uncomfortable because I promised my participants anonymity and now I have to go out into the waiting room, which is full and call her by her first name* (Field notes, Interview Susie).

During one of my observations at a sexual health clinic, I spoke to a nurse who said they used to have a system where they would call in people with a number. However, a survey amongst adult service users concluded they preferred names over numbers (observation notes, 05.03.2020). The findings of the current study suggest this preference is different for teens who prefer the anonymity a number system offers.

Most support services present their services as being confidential. Teens highlighted how vital this confidentiality is, but also how a lack thereof prevented them from both accessing SASS as well as formal disclosure. Practitioners' data shows they recognise this need for confidentiality. When talking to practitioners about barriers to disclosure, the one issue that caused the most controversy was that of safeguarding. One of the counsellors (Children's charity) stated: *"Safeguarding is a barrier to disclosure. I mean you have to do it, but it does stop them."* Whilst practitioners recognised safeguarding as a barrier, most of them were adamant about the need for safeguarding. Practitioners stressed the importance of language when talking to teens about safeguarding. For example, they often spoke about safeguarding and how they 'have to sell it' to the teen. Most practitioners said they avoid the word 'safeguarding' and instead use words such as 'added help' and 'support'. Practitioners

also addressed that what, to the practitioner might seem necessary and in the best interest of the teen, to the teen might not be viewed the same way.

> *"Yeah when they're under 16, I find that difficult because I know I need to refer them but at the same time they've just gone through a horrible, horrible time, so things happened to them. You don't need to say I've got them, but at the same time, you want to give them support. I don't want them to feel as if I'm punishing them for that"* (Health advisor, NHS sexual health service).

Practitioners, therefore, valued being clear and transparent with teens from the beginning. Telling them that if they disclose anything that makes them think the teen, or somebody else, is at risk, they will have to act on it and contact social services or the safeguarding team.

Most of the teens knew about safeguarding. For some, it was the main reason not to disclose. Teens often expressed sentiments regarding their 'distrust' of the confidentiality of services. They are acutely aware that being a minor means, at the least, their parents will be involved.

> *"Yeah yes, because I was under-aged so they would have to be involved like safeguarding and stuff and so yeah"* (Tiana).

Grace, who in her narrative showed she was knowledgeable about the services available to her, expressed a profound distrust of these services. When asked what support services can do to win her trust, she said the following:

> *"Nah there is nothing. There is nothing. The thing is telling someone something like that it can be a very life-changing decision, especially with a young person. Just think about it, I'm 15, and I'm in care too, so that makes it a bit more of a bigger thing. Do you know what I mean? So obviously, I go to support services, I tell them, they report it to the police, the police come and see me, then obviously they have to tell my carers, the carers tell social services, or the police tells social services as well and then it's the social worker, and they also refer other people in place it's like six people or eight people I've got to see. [raises her voice] That's for somebody who's been through that. Why do I need eight people bombarding me, getting in my space do you know what I mean? When you've been through that you just want time to I don't know sit on your own"* (Grace).

Grace described how being in care makes her more vulnerable. By not disclosing Grace is

exercising the agency she has within the constraints of the structures around her. She knows that disclosure will trigger safeguarding procedures and the impact this will have on her, losing control over her disclosure. She chooses what is for her the lesser of two evils, which is not trusting anyone with disclosure and try to deal with it herself.

7.4.7 Communication barriers

Findings indicate that teens who are not native English speakers will experience more problems accessing SASS. For example, as mentioned by practitioners, there is no budget to hire interpreters.

> *"Also they used to have money that was used or language interpretation and now there is no money so that has become a barrier to access services" (Youth worker, Local authority).*

Communication barriers go beyond the ability of speaking a language. In chapter 6 (*How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault*), I described how teens frame sexual assault, and one of the conclusions was that teens often struggle with the terminology and language used by SASS. In this section, I will detail a few examples of how the use of language can become a barrier to disclosure and help-seeking. The teens described sexual assault, sexual abuse and sexual violence as a 'harsh word', 'scary to read' and associated them with violence and anger. While some of them did occasionally use the word 'assault' they rarely use the term 'rape' but instead preferred to describe their experience in terms such as 'the incident', 'something that happened' and 'that situation'. The language and terminology that is often used by SASS were considered both by teens and practitioners as a barrier, because teens might not be familiar with them and as a result label the service as not for them. In her narrative, Nia made it very clear how specific terminology and language had an emotional impact that prevented her from wanting to access that service.

> *"Nia: [Talking about a SASS leaflet] Uhm that's the thing. So understand like the fact that obviously, it's quite I think colours as well the colours are quite calming like I would, but it is the fact that you have got rape and sexual violence on the thing it's kinda like a trigger. Like oh my gosh. You know it, because for me personally I obviously do not use the word rape at all, so I feel like that is such a hard word for me to say. And literally, when it happened, I didn't want to say the word rape, so when I was telling my friends, I made them say the word for me or assume what the situation was. Because when you are in such denial of the situation, you don't because you think of all these things and people, you know*

what I mean? Like these news stories and I don't want to be associated with that even if that has happened to me. So me picking that [flyer] up means I'm accepting that is what happened to me and maybe that person is not ready to accept that has happened to them. So yeah that I find that a bit harsh.

Interviewer: Ok, so this is something that you wouldn't pick up?

Nia: I wouldn't pick it up. I would see the colours and think ok what is this, and then I would see the rape and sexual violence and think oww I would just leave it."

As discussed in chapter 1 (*Introduction*), within the literature, there is a discussion on what term is best to use when referring to those that have experienced sexual assault: 'victim' or 'survivor'. Both terms are regularly utilised by SASS when describing their services or even in the title of their service. However, the teens in this study often did not identify with either of them, and their narratives showed that using these terms deterred them from accessing certain services.

"Yeah, kind of because it makes things more real and it is like I don't know it's more daunting. Like oh ok am I now part of a group of people who' I don't know how to put it in words I can imagine it, but I don't know how to put it in words. It's like you've been slumped as part of, a group of people, who have experienced like hurt and stuff and you have to constantly deal with that. When you live as a survivor you're constantly dealing with that like oh this has happened, I went through this, this has happened rather than forgetting. I think you're constantly living in that moment. Yeah, that's what I'm trying to say.[…] For me, it's if I identify as a survivor I feel like I'd be constantly living in the moment. I'd be constantly thinking about what it is I am surviving or what it is I've survived, and I am trying to grow and move on. I don't want to refer back to that day. What I have experienced that is my experience, and I have learned from it and moved on" (Tiana).

"Yeah, I didn't want to become or be seen as a victim as such. Because I didn't feel weak. Although I was really depressed I didn't feel weak, and I didn't want to be seen like oh my god this happened to Elena and blah blah blah so yeah I definitely didn't want that like victim. I think because I know it wasn't my fault, I think when you the word victim is quite a negative word I guess it can be. I see it

like that sort of a victim less, less it's quite an I don't see it as a strong word as such. Sort of like victim ok something has happened to them, so they're like less, and a little bit weak, and I was like no that is not me" (Elena).

"And no one, I feel like a lot of girls like me would also not want to be thought of as I'm a victim and they want to just seem the way they are and like nothing can affect them" (Arya).

Instead, teens used colloquial language, language that was either descriptive of the experience or euphemisms like 'teenagers who face it'. The discomfort with specific terminology might also arise due to a lack of experience talking about issues like sexual assault. All teens who participated stressed that adults do not speak about these things with them. Not their parents, not in schools or churches and social clubs, and sometimes not even healthcare practitioners. Actually, for most of the teens 'people don't talk about it enough' was one of the main reasons they wanted to participate in this research. Their narratives also show not having the words prevented them from disclosing and help-seeking. For example, Susie who stated she was not mature enough to be able to speak about it when it first happened, but also that she was not taught how to talk about subjects like sexual assault. Elena explained in her narrative that when she felt a health practitioner was 'tip-toeing' around the subject, she felt uncomfortable to disclose. Elena recollected how she disclosed on a form she had to fill out in a kiosk at a sexual health clinic. During the following consult the health practitioner did not directly address it and it prevented her from seeking out help. This is indicative of teens' experiences with talking to adults about sexual assault.

"They won't actually say it, they'll just say, so when I went in for my STI check it [questionnaire] says like do you have a past of sexual assault or whatever and I ticked yes. And they just say well I've only been in once, but this is what he said: he was like 'just in regards to question 6, he doesn't actually say just in regards to sexual assault, and I get it could be a sensitive topic but if they are afraid to say it it's going to make you afraid to say it. So I was like what was questions 6? Because I was clueless. So he just turned the screen and showed me question 6, and I was like oh yeah what about it? And he was like is there anything you want to talk about today about that? And I was like oh no I'm fine about that I've had counselling and he was like ok and made a couple of notes. And that was all" (Elena).

In contrast, Elena had the opposite experience with her counsellor, who was more direct:

> *"She was just very, we talked and discussed everything, and we were going through why I'm feeling like that and why I'm feeling like this. I'm pretty sure she asked me so has anything happened, not has anything happened, but she did directly ask me, and she was very sensitive about it, but she did outright ask me. In a sensitive manner in a way that I felt comfortable and I was like actually yeah this did happen, and she wasn't tip-toeing around it or anything"* (Elena).

Findings show whilst specifically asking about sexual assault can encourage teens to disclose, using vague language can actually have the opposite effect. Teens also believed that if someone would have used more direct language and asked them if they had experienced sexual assault, they would have been more likely to have disclosed.

7.5 Conclusion

The findings presented in this chapter address the different types of disclosure of sexual assault, reactions to disclosures, and barriers to disclosure experienced by teens. In the literature review (chapter 2) three pathways to disclosure were identified: voluntary, involuntary and situational disclosure. The findings presented in this chapter show how teens can experience more than one or all pathways, either consecutively or paralleled to each other.

Furthermore, through the ISEM theoretical framework the data presented in this chapter shows the intricate ways in which teens experience (non-)disclosure. Findings indicate that teens have to navigate their disclosures within multiple, sometimes hostile environments. Whilst some teens have experienced support from the people they disclosed to, turning to friends and family or formal support systems comes with the risk of being exposed to disbelief, blame and stigma. Teens, more than adults who are less impacted by safeguarding procedures, risk losing control over their disclosure process, while at the same time disclosing does not guarantee an improvement in their situation. Narratives showed that peers and family could bridge the gap between the teen and SASS. However, as was evident in Susie's, Grace's, Elena's, Nia's and Kushaaneh's narratives, a formal disclosure does not always lead to support from formal services.

In this chapter, I have introduced a categorisation of barriers to disclosure for teens (practical barriers, knowledge barriers, social barriers, cultural barriers, emotional barriers, trust barriers, language barriers). This categorisation might not offer an exhaustive list of all the barriers teens experience. However, it does offer points of reference for support services to improve their services for teens, as different types of barriers need different solutions (see also chapter 9 *Participants' views on how to break down barriers to disclosure and improve sexual assault support services)*.

Another finding presented in this chapter is *language matters* and terms such as sexual assault, sexual violence, sexual abuse, victims and survivors are not commonly used among teens. Whilst these terms are commonly used in academia, SASS and media, using these terms can increase barriers to disclosure and help-seeking for teens.

Chapter 8 The impact of sexual assault, perceptions of and experiences with sexual assault support services

Case study: Grace's story

Grace is a 15-year-old who has been living in care for the last three years. Grace was placed in care because she experienced CSE and it was deemed unsafe for her to stay in the same city at her mother's house where she was living at the time.

I ask Grace why she decided she wanted to participate in this study. To which she responded, she saw the poster in the clinic and agreed with what it was saying and that she thinks that there should be more support. She added *'I don't know it's more from my experience'*. I told her that is why I was there because I would like to learn from her experiences, after which Grace continued to explain:

> *Cause like, but like when I came into care obviously I came because I was involved in CSE. And they just put me into care, but I didn't have anyone to support me. So I was literally going through everything in my head. Some stuff I hadn't even opened up about, and it was just I didn't get any support. Even up till now, I haven't had proper support for what I've gone through. I just gotta get through it on my own. [...] and I feel like when something happens to you everybody knows, but they don't support you. It's basically just labelling you as the girl that this has happened to.*

This feeling of having to get through it on her own is a theme throughout Grace's narrative. She would often repeat *'no one listened'*. According to Grace her involvement with CSE was only found out because one day, after she ran away from home, she ended up at a police station.

> *Well, I was at the police station because I was missing. I used to go missing a lot when I was involved in it [CSE]. I was at the police station, and they spoke to me. They did an interview, then they said you need to go with your mum now, and I said no, I don't wanna go, I can't. Because I would just have to go again, you know what I mean? It's pointless doing this every week. And then they were like I think we know what is going on and then this woman, she was speaking to me, she was very calm you know what I mean? So I thought I might as well talk to her. I don't know, and I did.*

Grace does not know who this woman was and whether she was a police officer, an investigator or a social worker. What she does remember is that she felt comfortable talking to her. Other people had asked her 'is something going on?' to which Grace always responded 'no'. She says this time was different because she needed somebody to say that they knew what was going on and that she could just tell them. After Grace disclosed her experiences with CSE, it was decided she was not safe in the area and instead of going home to her mum, she went into an emergency foster placement. Grace liked this emergency placement and wanted to stay, but she was next placed in a children's home as it was believed they would be better able to deal with what she had gone through.

What followed was two years of being placed in many different homes.

Apart from the period she was in a therapeutic children's home, Grace says she has not had any support to help her deal with what happened. Grace explains that now the only support she has comes from her carers. But, she stresses, all they can do is sit there and listen as they are not specially trained to deal with the trauma she has experienced. According to Grace, when it comes to social workers, they are very slow for putting things in place. She has been on waiting lists where she had to wait for six months for a counsellor.

"People do forget. They forget and then they're wondering why I don't want to talk to them no more. Why I have low self-esteem? Well, what do they expect?"

Grace tells me that people, such as family, carers and other professionals, have blamed her for what happened. People have asked her why she would go outside if that is where 'they' [the people forcing her into CSE] would find her? Why she would let them groom her? Was she wearing a short skirt? Yes? Well, they would tell Grace, that is why it happened.

"They don't understand because a lot of people think when you're in CSE, you can just go out of there, run home, lock the door and never come out again. But it doesn't work like that. But people think you didn't have to go out there, what are you supposed to do? What about when you go to school, and they know to what school you go? What about they know your address? Do you know what I mean? And these people don't care so."

Because of her experiences with victim-blaming, Grace prefers not to tell people about what happened to her. Another reason is that she feels people look differently at her when they know about her experiences. For example, Grace used to have a boyfriend, however, when she told him about her experiences with CSE, it changed their relationship. He had gone through the same thing as her, and when they were intimate (she stresses it was 'completely consensual' and she said 'yes'), he was too worried to hurt her. They talked about it but stopped dating because, in the end, it was not working.

Grace's experiences with CSE still profoundly impact her life. She describes how, at first, she would not go outside out of fear of being around people. Getting on the bus, walking down the street, going into public spaces were all things she could not do unless one of her carers were with her. It has been three years, and only now, she says, does she have the courage to do mundane things by herself like meeting people outside or going to town to go to the shopping mall.

When I ask Grace if she would know where to go if she ever needed support, she listed five different types of services in no time, from counselling services to charities and medical examination centres. Grace was quick to follow this list up with *'I wouldn't trust going there'*. I asked Grace, 'what could they do to win your trust?' After a long silence, she said:

"Nah there is nothing. There is nothing. The thing is telling someone

something like that it can be a very life-changing decision, especially with a young person. Just think about it, I'm 15, and I'm in care too, so that makes it a bit more of a bigger thing. Do you know what I mean? So obviously, I go to support services, I tell them, they report it to the police, the police come and see me, then obviously they have to tell my carers, the carers tell social services, or the police tell social services as well and then it's the social worker, and they also refer other people in place. It's like six people or eight people I've got to see." [whilst raising her voice] That's for somebody who's been through that. Why do I need eight people bombarding me, getting in my space do you know what I mean? When you've been through that you just want time to I don't know sit on your own."

When I asked her if she has somebody she can trust to talk to now, her response was clear:

"Even if something happens, I wouldn't be able. Nah, I wouldn't because what I went through. When I was taken into care, they just sat there and watch me suffer. Nah nah I couldn't go through that it would tear me apart. Everybody sitting there knowing but then people still not supporting me. I wouldn't be able to cope."

As a result, Grace says she mostly keeps to herself. Even though according to her what she needs most, is someone to talk to. Someone that will sit with her and listen no matter how long it takes. Someone who will understand when she gets angry or when she gets upset.

At the end of the interview, I turn off the recorder, and we talk a bit further. Grace tells me she does not like to talk to other young people. She finds it challenging to hang out with them because they do not understand what she has been through. She can do it, but it is easier with adults because she is used to having lots of adults around her. With peers, she cannot be completely herself or be open about what she has been through. When she is, they do not understand. And with the other young people in the home, it is hard as well because they have their own problems. According to Grace [experiencing CSE] *'it changes everything'*. When people know they tend not to understand or even blame her. Just because they have not been through what she has. I say this sounds quite lonely, to which she replied it is but that she hopes it will get better when she is older. I do not know what makes me say it, but I look at her and sincerely say, 'you'll be fine'. She responds with a tentative smile and says:

"Actually, I am quite courageous maybe someday when I'm your age I will tell a young girl that".

8.1 Introduction

In this chapter, I present the findings which address SQ1 *(What does the use of an intersectional/ecological theoretical framework contribute to academic and practitioner understanding of teens' experiences following sexual assault*?), SQ2 (*What differentiates teens from children and adults and how does this impact their experiences surrounding sexual assault?)*, SQ3 (*How do teens experience (non)disclosure of sexual assault*?), and SQ4 (*What do teens who have experienced sexual assault need from support services?*) by discussing two themes: the impact of sexual assault and (non-disclosure), and experiences with SASS (see also table 8 *Themes and topics presented in chapter 8*). These themes are explored by applying the ISEM which results in a better understanding of the complex mechanisms that intersect and shape the impact of (non-) disclosures as well as teens' experiences with SASS. As illustrated in Grace's case study, teens' narratives showed sexual assault and (non-) disclosure impacted many aspects of their lives which is set out in section 8.2. In section 8.3 new insights which emerged from the teen narratives, highlighting that most teens felt they did not receive the care they needed, are presented. Further, findings presented in section 8.3 indicate a one-size-fits-all or one-size-fits-most strategy for sexual assault support services does not reflect the complex and individualised experiences teens have with sexual assault. Practitioners' data confirm this finding; however, it also highlights the complexity of supporting teens following sexual assault and the constraints practitioners experience within their roles.

Table 8

Themes and topics presented in chapter 8

Theme	Topics
The impact of SA and (non-)disclosure	Teens' health and well-being after sexual assault
	Education
	Social isolation
	Loss of safety and trust post-sexual assault
Experiences with SASS	Teens experiences with the police
	Navigating help-seeking and support services after sexual assault
	The challenge of safeguarding

8.2 "*It shaped me in how I am today*": The Impact of sexual assault and (non-) disclosure on teens' lives

> *"But yeah, I just took a lot of time after it happened. I thought I would never be one of those people who, that it would never happen, but it happened. And I think it shaped me into how I am today. Completely different from how I was before that situation, and that's probably how it's going to be for the rest of my life"* (Nia).

The quote above illustrates the profound impact that sexual assault can have on teens' lives and shaping the way they form their identities. Findings of this study in relation to the impact of sexual assault are in line with the literature presented in chapter 1 (*Introduction*) and chapter 2 (*Literature review*). Particularly relevant is Allnock et al. (2021) who underlined the importance of narratives about gender, ethnicity, and sexuality which impact young people's mental health and emotional well-being. However, the unique contribution of the current study is the application of the theoretical framework of the ISEM. From this, findings show how considering 'cultural identity', 'racism', 'sexism' and 'gender identity' provides insight into the complex mechanisms these meta-constructs have on all levels of the ISEM facilitating an in-depth understanding of teens' lived experiences. In this section I will therefore present the diverse and complex ways in which sexual assault and (non-) disclosure impacted teens' lives.

8.2.1 Teens' health and well-being after experiences of sexual assault

All teen participants reported experiencing physical, mental and/or sexual health problems to some degree. Kushaaneh was the only teen to report severe physical injuries as a direct result of the sexual assault, including black eyes, a bleeding nose and the need for vaginal stiches. However, Nia was severely beaten by her ex-partner after the sexual assault which resulted in a miscarriage. The impact of sexual assault on the health and well-being of teens is shaped by multiple factors related to the personal characteristics (such as Bronfenbrenner's demand, resource and force characteristics) of the teen, the person who assaulted them, the assault itself and also post-assault experiences with (non-)disclosure, socio-cultural as well as religious norms and values.

Mental health: self-blame, self-harming, anxiety and depression

All teens talked about the significant impact the sexual assault had on their mental health. As illustrated in the case study above, Grace reported experiencing anxiety, which severely impacted her daily functioning preventing her from being able to meet people outside, walk down an empty street, get on the bus or go to public spaces on her own. Similarly, Arya reported suffering from anxiety, expressing that having to see the flatmate who assaulted her at home every day made her very anxious and prevented her from not thinking about it: *"it*

was always in the back of my mind". Additionally, many of the teens reported experiences of depression after the sexual assault. An excerpt from Kushaaneh's narrative, who had her first experience with sexual assault at age fourteen, reflects how she felt depressed and became suicidal after she was sexually assaulted:

> *"I was very depressed afterwards. I've had depression since I was 16, self-harming, cuts on my thighs. At the station I went to sit there and think you have just been used and abused you should just drop in front of that train. I think of my mother, I think of my father, I think of my mother, and I just want to do it even more because she says you're a waste of a girl, no one is going to want you now. I spoke to her maybe three months ago, and she asked me have you met anyone and she goes oh I don't suppose you could because how would you explain that to them. […] There was so many times, I think it was about three times I was like I sat at a station, and I just wanted to jump in front of it. I knew it was the fast train and there was always I used to go at 11 because I knew there weren't guards there and there were no guards around that platform because it is a very, very fast and I just sat there and thinking about all these things in my head. Regrets, shame, you're worth nothing, you were raped by three different men at the age of 18"* (Kushaaneh).

A key point from Kushaaneh's narrative is the cultural elements that have contributed to her mental health struggles. For instance, the belief that because Kushaaneh has lost her virginity due to the sexual assault, she is 'worth nothing' and her family's belief that nobody will 'want her now'. Nadim, who like Kushaaneh identifies as Muslim, believes that in certain communities, like Asian and Somalian Muslim communities, the victim of sexual assault is blamed. As is evident from Grace's case study at the beginning of this chapter, victim-blaming is not unique to the Muslim community. Most teens reported having experienced victim-blaming or having seen others experience it. However, Nadim described that sometimes when the [Muslim] community believes that you have lost 'something' because of the abuse, getting married can become more difficult. With 'something' Nadim is referring to the loss of a woman's virginity which, if it occurs under the 'wrong' conditions, can lead to stigmatisation and social exclusion.

Virginity[36] refers to the condition of not having had sexual intercourse, and in most cultures, for women, an intact hymen is proof of this state. Nadim's beliefs are consistent with Gohir's (2013) study which included a case study in which a girl was

[36] In relation to heterosexual intercourse

forced to undergo hymen repair surgery after she disclosed sexual assault (see chapter 2.5.4 *Disclosure of sexual assault*). In Muslim societies, 'virginity' is an important symbol that is part of a broader symbolic system in which the virtue of women is fundamental. Virginity is more than the technicality of an intact hymen; it involves beliefs about what is appropriate behaviour (Buitelaar, 2002). When a Muslim teen loses her virginity, she is at risk of shaming her family and becoming undesirable. For Nadim, this was not the case because she did not lose her virginity as a result of the sexual assault she experienced. According to her, she might have received different treatment from her family and community if she had. Nadim did get support from her family, teachers at school and her community. She believes that because of this support, she was able to better cope with what she experienced. Kushaaneh, contrastingly, attributed her depression and suicidal thoughts partly to being ostracised by her parents. Self-blame was a common feeling identified in the teens' narratives. Elena's narrative shows how self-blame impacted her mental health after she experienced sexual assault.

> *"I felt more like empty. […] It made me feel very, very depressed. But not depressed as in the way I felt before which was like general depression. It made me feel like, like I said, dirty and like just not I didn't understand I was thinking why did that happen to me? What could I have done differently? Why? And I felt angry, but now no, I do feel still angry now actually. Because you do, you feel like hold on, at first you feel down, in my experience anyway and depressed and that sort of like the blame game. You blame yourself, and then you're no, and then it's sort of anger, and well that wasn't like do you know what I mean?"* (Elena).

The findings of the current study are in line with existing literature which shows those who experience sexual assault often blame themselves (see chapter 2 *Literature review*). Self-blame has a function as it protects a person's belief in a just world (Fetchenhauer, Jacobs & Belschak, 2005, p.26). If it was your own behaviour that led to the assault, this means you can prevent it from happening again. However, teens' narratives showed that self-blame could also lead to self-destructive behaviours. Substance abuse, for example, was a common topic amongst teens. They reported using pain medication, smoking and drinking to suppress memories of the sexual assault or deal with the mental health issues that had resulted from it.

> *"And the way I dealt with it [I] didn't eat for 3 or 4 weeks, drank, smoked did what I thought was normal. I used prescription drugs Diazepam, Temazepam anything you can think of"* (Kushaaneh).

"So was just really embarrassed at the time so depression that kicked in I didn't realise what was going on. I wasn't eating, I wasn't going to college at the time, I wasn't sleeping it got to a point where I just couldn't take it anymore and I ended up overdosing at that point. Uhm yeah I end up overdosing and ended up in the hospital for like a week and a bit because of my liver, because I overdosed on painkillers I just tripped myself out completely" (Nia).

"I'd say I became a lot less social for a while and then I became the complete opposite direction which was just going out all the time, like just doing like drinking all the time, going out with my friends all the time because I thought that was just easier because then I wouldn't really have to think about it or deal with it" (Arya).

These findings are in line with research concluding blaming oneself for being sexually assaulted is not a helpful way of dealing with the experience (Fetchenhauer, Jacobs & Belschak, 2005, p.26).

Sexual health and relationships

Learning to navigate relationships and exploring sexuality is part of the transitional stage of adolescence (see chapter 1 *Introduction*). As Grace's case study shows, for teens who have experienced sexual assault, this can be very confusing. All teens, reported that the sexual assault has impacted their experiences with their sexual health, sex and relationships, even though their narratives show they differ in the manner in which these were altered. For Arya, the messaging she received around how someone 'should' feel after experiencing sexual assault prevented her from accepting it was sexual assault.

"I think that is partly because I felt I wasn't a victim. I don't like to be called that because sort of what is associated with that word. To me personally, it is always you are not going to want to feel that ever again, you're not going to want anyone close to you. So after you have experienced that you shouldn't want people in your space, you shouldn't want people touching you. You shouldn't want to feel sexual feelings for a long time until you know you've dealt with it, processed it and then let go of it and then maybe you'll be open to like one special person in your life. But I don't felt that way about it, and I think I thought I should" (Arya).

Arya became very introverted after the first sexual assault she experienced. A lot of her social life revolved around the friends she was living with and house parties that 'he' would attend as well. So instead, Arya chose to keep to herself. Looking back now, she reflected

that even her new relationship with one of her housemates was an escape because it meant they were always doing things together. This way, she did not have to see anybody else. Whist Arya states that her outlook on sex did not change after she first experienced sexual assault, it did change how she approached sex. She spoke about how she had become more cautious as to who she chose to 'sleep with' and would lookout for red flags. As she phrases it, her vetting process of somebody she would potentially sleep with became more stringent. According to Arya, her second experience with sexual assault affected her more than the first. After her first experience, Arya thought that she was doing everything to protect herself, and having that happen to her again made her feel dejected and disheartened. As a result, it changed her outlook on men and her own sexual agency.

> *"It was when I was 21, and that wasn't assault that was rape. That was no, I'm saying no, I'm saying no over and over again, and I'm crying. That was more that changed my attitude towards sex more. So in the way where at first I was like I don't want to have sex with anyone for a long time I don't want to even look at a boy for a very long time, and it created a very hateful attitude towards boys for just like a very short time, not even a long time. And then it became, I started to notice if I was having sex then it would be like, I was very much I would say yes to anything because I didn't want to say no and then have that feeling of what I had then so I felt, I would just say yes to things"* (Arya).

Arya explained that during sex, she would agree to things she did not want to do (such as not using a condom) out of fear that if she said no, they [men] would do it anyways. Even if this meant she would then feel stressed afterwards and visit a clinic to get tested. In a way, Arya is trying to protect herself from having to experience sexual assault again. If she does not say 'no' and agrees to everything, nobody can cross her boundaries again. Even though, by accepting everything she is crossing her boundaries. Arya was not the only teen whose sexual agency was compromised, although some of the teens expressed this differently. Some teens reported they no longer felt comfortable with sex after they experienced sexual assault. As a result, they reported having difficulties maintaining relationships, trusting someone enough to open up to them emotionally and physically, and being intimate. This was exacerbated when their experience with sexual assault was with someone they knew.

8.2.2 Education

Six out of eight teens stated that their experiences with sexual assault negatively impacted their school experience. Examples they discussed included: attending the same school as

the person who assaulted them, students gossiping about the assault, not being able to concentrate at school, having to repeat a year, not going to a preferred school to avoid the person who assaulted them, feeling unsupported by the school, or as shown in Grace's case study moving schools often. Elena's case study is an example of how sexual assault experiences can limit or divert educational 'choices'.

Case study Elena

Elena stated that she did not want to study A levels because even though the boy who assaulted her went to a different school, the schools were close together, and she tried to avoid seeing him. Instead, she went to college, and her first year there was very difficult. Due to her depression, Elena could not get out of bed in the morning, could not eat and did not want to see anybody. Elena says it became so bad that she attempted suicide several times. She survived, but was unable to 'cope with doing much of anything'. During her second year of college, Elena attended for one day a week as that was all she could manage. Elena's mum was able to take leave from work to care for her at home and help her with her studies. In Elena's experience, the college was unsupportive of her working from home, and even a doctor's note did not improve their position. Regardless, with her mum's help, Elena was able to study from home and 'do the bare minimum' she needed to do to pass. After this experience at college, Elena decided to take a gap year before starting university.

Susie's narrative (see also chapter 7 *Case study Susie's* story) illustrates how an involuntary disclosure, resulting in a sexual assault becoming public knowledge within a school, can develop into an uncomfortable school environment, culminating in teens skipping classes and potentially missing out on meaningful educational experiences. After more people at school were aware of the incident Susie's school experience changed, for example students would ask Susie 'what happened'? According to Susie, nobody said anything negative to her. Still, she did not want to talk about it, so missed lessons to avoid having to speak about it and have people speaking about it in lessons.

In contrast to the six teens who experienced a negative impact on their education because of the sexual assault, Nadim believes the support she received from her school after her disclosure was crucial for her continuing to do well at school.

> *"They used to take me out of the class with other children with behavioural issues and other issues. We would stay and do activities in the room. Fun activities and*

go on trips and do like different therapies like music activities. To get rid of what stuff like people's issues" (Nadim).

According to Nadim, school helped her to focus on getting well and achieving her goals and to overcome what had happened. She was comforted by other people 'having issues' and says the support received made her a stronger person. Contrary to Susie's experiences at school, which made her feel she was standing out, the interventions at Nadim's school were helpful for Nadim because she realised she was not the only young person who needed support. This is consistent with literature concluding teens often want to feel normal and not be distinguished from their peers (see chapter 2 *Literature review*). A point recognised in literature as a characteristic of adolescent development (Coleman, 2019, p. 122).

8.2.3 "*I don't feel safe still*": a loss of safety and trust post-sexual assault

A finding that has a far-reaching impact on teens' lives is many teens experiencing a general feeling of not being 'safe'. For Arya, it meant she started locking her bedroom door. Grace had to leave her home because it was no longer safe for her and Nia explained how she no longer feels safe in the city she grew up in because that is where she experienced the sexual assault.

> *"It is a trigger. I know it is difficult because it is my home. I was brought up there. I lived there with my mum and stuff like that. But it is a big trigger. That is why, [city] is my home but it is not anymore, I'm still trying to find home because that has too much negative associations. If it wasn't for my family and friends, I wouldn't ever go back there. I just can't literally it's how bad it is there"* (Nia).

Teen narratives showed that sexual assault can have a long-lasting impact on feelings of safety. Teens talked about feeling physically unsafe due to a fear of being assaulted again. Furthermore, all teens discussed how the assault affected trusting relationships they had with the perpetrator, family, friends and even communities. Considering teens are most often sexually assaulted by someone they know, for many, the assault itself involves a violation of trust. For Kushaaneh, the interview took place about a year after she experienced the last sexual assault, and even though she knows the men who assaulted her are incarcerated, she stated she still does not feel safe.

For many teens, not only was the sexual assault itself a violation of trust, so were the subsequent responses they received after disclosing. As reported earlier in this chapter, teens experienced victim-blaming, shaming and shunning (see also chapter 7 *"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*) by family, friends and the communities they were part of. This resulted

them having to re-evaluate certain relationships that now felt unsafe. For example, Arya who cut ties with the friends that did not believe her and Susie who stopped trusting her teachers who she felt put 'the boy's interests' before hers. Teens also reported the media plays a role in this.

> *"Tiana: Yeah they're usually not believed or the man they just brush it off like men are allowed to say whatever they want no matter who it offences and nobody gets judged about it. People get upset but nothing ever gets done.*
>
> *Me: Is that how you feel about the MeToo movement?*
>
> *Tiana: yeah because I feel like it shouldn't have to take thousands of people protesting, thousands of people constantly campaigning to have rights over our own body to have people be punished for assaulting somebody else. It shouldn't take that much. If someone has assaulted someone else they should have the repercussions for it. Why do I have to come together with 10 other people to say this person has done this. Why can't you believe the person that came up, the first person that said it why must there be hundreds of people to come forward before you believe it? It doesn't make sense."*

For teens who have experienced sexual assault, their experiences combined with a feeling of inevitability of sexual assault can lead to feeling unsafe. Nadim, for example, experienced sexual assault many years ago; however, as she explains, she remains much more aware of her surroundings, and so are her parents and sisters. She also spoke of losing the trust that people are generally good. "*Sometimes like you don't know what people are like. A part of me worries more".* According to Nadim, she worries more because she is aware of what can happen and that anyone is vulnerable to experiencing sexual assault. Similar beliefs were expressed by teens who regard sexual assault as embedded in society (see also chapter 6.4.3 *Experiencing sexual assault as embedded in society*).

8.2.4 Social isolation

Experiences of social isolation were evident in teens' narratives either due to mental health problems teens experienced as a result of the assault, or because the sexual assault impacted the relationships with family, friends and other peers. For example, Grace's case study at the beginning of this chapter showcases the impact her experiences with sexual assault have had on her social life. Grace says she struggles connecting with her peers because she feels misunderstood by them. As a result, she has become isolated. Similarly,

Elena experienced depression, which she said made her feel very isolated.

Case study Elena

Elena had her family around to support her; however, there were days where she could not cope seeing even them. Elena had a close-knit group of friends. For some of her friends, it was challenging to understand the gravity of Elena's depression, and they completely distanced themselves from Elena. Elena believes this was because they did not know what to say to her or how to approach her. She had a couple of friends who she felt were more understanding. They would text her every day with little updates to keep Elena in the loop and make sure that, even though she could not be at school, she still knew what was going on.

Grace and Elena's narratives show how experiencing sexual assault, and the subsequent mental health problems, might make it challenging for peers to relate. Not being able to go out with friends doing the things they used to enjoy doing together before the sexual assault might alienate them from their peers. For Nia, her experiences with social isolation were twofold. Firstly, Nia moved to a new city to start her first year of university. Being away from her supportive social network at home was difficult for her. Nia describes how she felt abnormal compared to everybody else. She did not want to tell anybody about 'the situation' even though it still heavily impacted her daily life and because of this, she felt she could not build a relationship with her peers and just kept to herself. Secondly, due to both the physical and mental health problems she experienced as a result of her assault, Nia missed out on what she says is 'a typical university experience'. Starting her first year at university in a new city not knowing anybody and having to miss out on many classes meant she did not get to bond with her classmates and subsequently was not invited to parties and other social gatherings. As a result, she barely met any new people her first year at university and became very isolated.

For some teens, losing friends was a direct consequence of the sexual assault. Arya, for example, says she has lost many friends, including many who knew what happened but continued associating with, or being friends with, the perpetrator. This was difficult for her to deal with.

> *"I may not be directly oh I'll never speak to you again, but it would automatically be a red flag to me that you are not a very good person or if you don't believe that's what happened than fair enough don't believe it but I can't I don't want to be friends with you"* (Arya).

Grace and Kushaaneh experienced social isolation because the person exploiting them deliberately worked to isolate them from their friends and family. The more isolated the teen is, the more dependent on that person they become. This is concurrent with literature specifically focused on CSE (see for example Pearce, 2019). Tiana also became isolated from her family. However, this was due to her not being able to disclose her experience with sexual assault to her family. Tiana believes she should have been able to talk to her family, specifically her mum, about what happened, but that this was not the case for her. Tiana believes her mother will not respond to her disclosing in a supportive matter. Whilst she has not tried to talk to her mother, her assumption that a disclosure of sexual assault will not be received well is informed by Tiana's previous experiences with her family, and beliefs and attitudes she believes are prevalent in her community.

8.3 Experiences with formal support services following sexual assault

The teens' narratives show the route to SASS is often not straightforward *(see also chapter 7 "A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*). Findings emphasise that just as disclosure of sexual assault is a process, so is receiving formal support. Furthermore, once teens enter SASS, this does not guarantee they immediately receive the support they need. Teens' narratives demonstrate that they are often referred to several practitioners, usually from different organisations, before they receive support. All teens who participated in this study did so because they felt there was much SASS could do to improve. Whilst some of them talked about how SASS had been helpful, their narratives focussed strongly on experiences they wished would have been different, which is reflected in this section. First, a commonality between the teens was that they associated SASS with going to the police and reporting the sexual assault (whether they chose to do so or not). Therefore, in section 8.3.1 I will focus on teens' experiences with the police following sexual assault after which I will present findings on teens' experiences with navigating help-seeking and support services in section 8.3.2.

8.3.1 "*I felt like I was the one on trial*": Teens' experiences with the police following a sexual assault

Six essential findings relating to teens' experiences with the police were discovered from the data: 1) parents or carers were often the ones to initiate reporting the sexual assault to the police, 2) encounters with the police were described as 'the worst experience of my life', 3) most teens were unsuccessful in their pursuit of justice, 4) teens particularly struggled with the language used by the police, 5) from the teens' perspective little is done by the police that recognises their specific challenges compared to adults, *6)* from the six teens who had experiences with the police, only two were referred to SASS.

Nia's narrative is a helpful illustration of the above findings.

Case study Nia

After Nia's auntie found out about the sexual assault, she took Nia to the police. The police took Nia's statement and recorded her during a video interview. Nia describes this as 'the worst experience of her life'.

"Because it was like, I had to experience everything, and I mean everything that happened to me that day when he did that stuff to me all those months ago. So I had to draw up pictures, I had to say which hands he used, I had to say in which part of the room we like I was in, had to describe the room, what he was saying, and it was like reliving the whole thing to this person that is he is obviously not allowed to comfort me in any way in the conversation but just take notes, take notes, take notes" .

The police asked Nia to show them her phone and her messages. When she came out of the interview room, she was told that because she communicated with 'him' after the sexual assault, through her friend, the case would not be pursued any further. Nia tried to explain the communication was only to inform her ex that she was pregnant; however, this did not make a difference. Nia also explained how she felt that the police did not believe her because of the way they asked questions.

"It's just little questions like ok I was in a relationship with him, but that doesn't mean that it didn't happen. Just because I knew the person. I thought I knew him as well. I was in shock. I didn't think that was gonna happen to me, but it still happened. So why are you saying that the fact that I was in a relationship was going to be something that will be used against me in court? Because I had messages with him and stuff like that they would use against me. So I felt like coming out is hard because something like the law doesn't fully believe you".

There are three aspects of Nia's narrative that stand out. First, according to Nia, the police used the content of her phone (instigating contact with the perpetrator after the assault) against her. Dee Barnes (Crenshaw & Barnes, 2019) argues this often happens with women who report sexual assault. She calls it a 'reversed restraining order', and it

means the expectation is that after a person has sexually assaulted you, you have to stay away from them. Second, the police informing Nia the sexual assault happened too long ago to be further investigated, also emerged from several of the other teens' narratives. This finding is particularly of concern considering the disclosure process can take a considerable amount of time due to the significant barriers to disclosure teens experience (see chapter 7 *"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*). Third, Nia mentioned the police asked specific questions that made her feel that they did not believe her. Several other teens' narratives showed the same experience. For example, police using words such as 'allegations', 'you are saying', 'did you allow this to happen' and 'you are claiming'. Whilst some of the teens expressed understanding of the requirement to use such phrasing in court, they did not understand why this should be the case during the interview. As a result, they experienced police interviews as depersonalising and felt like they were the ones who had to defend themselves.

Teens also described how they felt the police failed to offer emotional support, had little understanding for the vulnerable position teens are in when they are reporting a sexual assault, left them without the support of an advocate, and seemed to be more interested in the person who assaulted them than in the teen who experienced the assault. Kushaaneh's case study is illustrative of these experiences.

Case study Kushaaneh

For Kushaaneh, her experience with the police was especially challenging because she was taken into the police station immediately after she was discovered at the site of the sexual assault. She described how she was still bleeding from the assault, in need of stitches and had to wait to be brought to the hospital for medical attention for four hours because the police wanted to question her first. She recounts this experience as being on 'a conveyer belt' and feeling that she was 'damaged goods'.

"It was sort of like I felt like I was wasting their time and that is what I struggled with because you think the police, I don't think of them as bad people, but I don't think they should put me first. They put him first. And they wanted to establish everything about him. Not me. They were asking where he was born, has he ever hurt animals anything like this and I'm thinking he has just told two of his brothers to do this to me why are you asking about harming animals? I know this is, this is but I just think they never they didn't put me first in this. And it was only after two weeks they asked me if I wanted any support".

Kushaaneh believes her experience was impacted by the police officers all being men:

"They didn't even ask me 'are you ok'. Obviously it is men, and it is more of a, it is a touchy subject".

From a feminist perspective, gender, being a social structure, produces power inequalities (Coy, 2019, p. 213). When these power inequalities are not recognised by police it can make teens feel more vulnerable and impact their experiences with the police as well as their ability to give a statement.

According to Crenshaw (1991, p. 1242) experiences of women of colour with [sexual] assault are often a product of intersecting patterns of racism and sexism. As a result, women of colour are both marginalised due to their gender and their race. For teens of colour reporting to the police might pose additional challenges due to both a general unwillingness among people of colour to subject their private lives to the control and scrutiny of the police who they believe to be hostile towards the black community as well as a generalised community ethic against public intervention which is often a

characteristic of marginalised communities (Crenshaw, 1991, p. 1257).

The narrative data shows that experiences with the police can also delay or prevent teens from seeking out support from SASS because they do not want to have to tell their story again. However, not all experiences teens had with the police were negative. For example, Grace's case study at the beginning of this chapter shows how it was at the police station that she had felt comfortable to talk because the woman she spoke to was calm and direct and said 'we know what is going on' (more on what police and practitioners can do to improve services in chapter 9 *Participants' views on how to break down barriers to disclosure and improve sexual assault support services*)

8.3.2 Navigating help-seeking and support services after sexual assault

All eight teens interviewed had at least some experience with support services after their sexual assault, although the time between the sexual assault and accessing support services ranged from a couple of months to years. Notably, many of these were not specifically with services specialising in support after sexual assault. Nadim only received support from her school, whilst Arya had one phone conversation with a crisis hotline. The other teens reported experiences with various practitioners such as GPs, psychologists, counsellors (both from SASS and alternative services such as university counsellors), and sexual health advisors. In this section I present the findings from all three datasets which address both helpful and unhelpful experiences with SASS for teens.

Unhelpful experiences

Teens talked about encountering long waiting lists, practitioners who are not trained or have little understanding of trauma, a focus on the sexual assault and not on the person, and conversely tip-toeing around the topic of sexual assault. Further, findings show teens experienced practitioners not taking their preferences into account or failing to consult the teen on important decisions such as taking medication. Elena's narrative is an example.

Case study Elena

Elena who was taken by her mother to a local medical centre for a walk-in appointment so she could have an STI test, after she learned of Elena's sexual assault. In the medical centre Elena was seen by a nurse. Elena specifically did not want to go to a sexual health clinic, she did not tell the nurse about the assault but instead told her she had unprotected sex. Elena was not embarrassed that the assault happened, but she thought that telling her mum was enough. She already knew she did not want to report it to the police and just wanted to get checked out. At the medical centre, Elena was prescribed emergency contraceptive, even though she was never asked if she wanted to take it. This made her feel that she was not taken seriously. She believes if they had asked her if she wanted the contraceptive she would have told the nurse that the unprotected sex had not been consensual and therefore she would like the emergency contraceptive. Elena was also given condoms without being asked if she wanted these.

"I thought, oh great, brilliant. I wasn't given any leaflets. No, I definitely wasn't. I was given a purple pack of condoms, that's all I remember. Condoms and I was sent on my way. [...] I guess I was sort of, I wasn't pissed off I was just like oh brilliant, like because obviously I knew what happened and I know in all fairness they didn't know, but I just felt like well I didn't even want to have this sex, and now I've been given condoms to have sex that I don't even want to have now because of how I'm feeling. It just sort of was like, and I wasn't asked do you want to take some condoms I was just given them, and I know it's a small thing but when you are feeling like that it just makes you feel quite just like deflated".

Regardless of the type of support service, many teens talked about how they felt like they were 'not being heard', 'not listened to' or 'not understood'. Grace's case study is an example of how there is a difference between having practitioners, such as social workers, involved, and teens actually feeling supported.

> *"So they put me in a children's home, that didn't work. They put me in another one, that didn't work. Then I started to get behavioural problems, self-harming a lot and running away do you know what I mean smoking and whatever. Then I went to the next place, and I was there for like eight months. This was therapeutic placement because I was self-harming I had to go to them they dealt with like,*

they were specialists. Went there for eight months they were working with me for what I've been through. I talked to them a lot, but what happened was I got angry the more I talked about it, the more I would get angry, so I would talk about it and outbursts and ended up leaving there because it was, it got a bit too much. Because I hadn't had the support to be able to talk about it so. Because at every place, I ended up getting depressed" (Grace).

In the narrative above, Grace describes how practitioners were unable to cope with her 'behavioural problems' and as a result she was moved from placement to placement. This only increased her 'behavioural problems', which in turn increased the distance between her and the practitioners she needed help from. This is concurrent with Coy's (2019, p.219) observation that "*young women who express understandable and justifiable anger at being abused, neglected and abandoned, are all too often assessed as 'difficult'; their behaviour is not in line with constructs of femininity".* Even though Grace has had many professionals involved in her life since her original disclosure, she feels she was not supported at all and left on her own. Dolan and McGregor (2019, p. 173) argue that young people who have experienced CSE often receive 'passive empathy', which is *"static understanding only", as opposed to 'activated empathy', which is "understanding coupled with compassionate acts of support",* from professionals. This might account for Grace's feelings of 'nobody listens'. Dolan and McGregor (2019, p. 175-176) also stress that the timing of support is significant as many young people experience a 'honeymoon period of support' in which they initially receive both informal and formal support. Over time this wanes even though the impact of sexual assault can still cause harm years later, at which point there might be less support available.

Although neither Grace, Elena, nor any of the other black teens who participated, specifically mentioned that they experienced discrimination it is still important to consider how processes of situational racism and positional racism might have impacted the care they received (Bernard, 2019, p.199). For example, the feeling of 'nobody listens' expressed by Grace, and the invisibility of her experiences are in line with the concept of adultification. As Bernard argues "*for black children, the debilitating effects of racism powerfully influence the way traumatic events are experienced and the meaning given to them"* (Bernard, 2002, p. 241). As a consequence of the adultification of black girls they are consistently viewed not only as more adult than their white peers, but they are also more likely to take on adult roles and responsibilities (Epstein, Blake & Gonzalez, 2017, p.8). When black teens do ask for help, they may encounter practitioners who are insensitive to their experiences due to a lack of understanding of the specific issues affecting their lives (Bernard, 2019, p.201). Considering Elena was only 16-years-old at the time of her assault, that she had had

unprotected sex might be considered worthy of conversation or some further inquiry, regardless of whether or not she chose to disclose when she went into the clinic.

Many of the practitioners described SASS as being inconsistent or 'patchy' (see also chapter 6.2.2 *Engagement with services: "they just don't want to engage"*). They mean that many different organisations are offering a variety of services for those who have experienced sexual assault. However, in their experience, these services often do not work together, and some provide care to teens who report the care as 'not good enough'. Additionally, practitioners often described the needs of teens following sexual assault as 'complex' and not always in line with what a SASS can offer.

> *"Counsellor: I think the needs are complex because it's what we as what our needs are as services and what the young person's needs are and sometimes our needs can be quite prosecution heavy. And there is a reason for that, completely understand it. Absolutely hugely important. However, that isn't often not where the young person is. Sometimes they are, but often it is oh I want it to stop, or I need to release this.*
>
> *Youth Worker: the last thing on their mind will be prosecution.*
>
> *Counsellor: yeah. Because let's not be, we know that it can take years, and that is one of the big barriers"* (Counsellor, Children's charity & Youth worker, Local authority).

Helpful experiences

When teens did have helpful experiences with support services, they attributed this to 'enjoying' speaking to somebody they did not know (as opposed to a family member or friend), being asked directly about the sexual assault, and feeling validated. The positive impact that direct questions about sexual assault can have was also illustrated by the experience of a health advisor:

> *"Health advisor: sometimes with the self-assessment questionnaire they'll have had this trauma before, they supressed it and they ticked yes because it is on the form. There's another question of the self-assessment form that is 'do you need help about it?' the answer is no. But it is not long ago that I had somebody who had ticked all that so I did the rest of the full history, whatever they were coming for contraception, sexual health check, I did all that so that gave me time to build a relationship with the person and before I finished the consultation, I was like oh by the way on the self-assessment questionnaire I noticed you ticked yes to a form of abuse in the past, be*

it sexual, physical or emotional. Would you like to talk about it? She has already said no,

Interviewer: on the form?

Health advisor: Yeah. But we know sometimes that no is not a true no. So I said would you like to talk about it? And she said oh it is a long time ago, I was 17, I just put it in the back of my mind then. But then she, the conversation, she just literally told me

Interviewer: poured it out?

Health advisor: Everything. Without me saying 'and then what next, what happened?' She just, you know, gave me the information."
(Health advisor, NHS Sexual health service)

Some of the teens disclosed to practitioners whilst they were seeing them for another reason. For example, four years after the assault, Tiana went to a sexual health clinic to have an STI test. When talking to the nurse, she opened up about her experiences.

> *"I just started talking to the nurse, and she just started asking questions, and it was like I got really emotional and stuff and then she referred me to get counselling"* (Tiana).

Tiana had been in counselling for ten weeks when I spoke to her. Tiana describes herself as someone who holds her emotions to herself and does not like sharing her feelings. During counselling, she found it difficult to talk about what had happened. Still, Tiana said she noticed that over time it helped her communicate better. She has become more comfortable with sharing her emotions and not feeling ashamed for having feelings. According to her, this has allowed her to move on, grow and do a lot of self-reflection.

Two teens (Kushaaneh and Elena) had family members who were able to pay for private counselling after their experiences with NHS counsellors were unhelpful. The teens appreciated that privately funded counsellors had a lot more time, sessions could be scheduled when needed, and there was a consistency in care meaning both teens only had one counsellor enabling them to build a bond. Elena explained she benefited a lot from her sessions with a privately funded counsellor.

> *"She was just very, we talked and discussed everything, and we were going through where I'm feeling like that and why I'm feeling like this, and I'm pretty sure she asked me so has anything happened, not has anything happened, but she did directly ask me, and she was very sensitive about it, but she did outright ask me. In a sensitive manner in a way that I felt comfortable and I was like actually yeah this did happen, and she wasn't tiptoeing around it or anything"* (Elena).

Elena found the counsellor supportive because of her ability to explain why Elena might be experiencing certain feelings, such as guilt, and emphases on the sexual assault not being Elena's fault. Kushaaneh had similar experiences with a private psychologist paid for by her brother. These narratives emphasise how having direct conversations about sexual assault and consent can make teens feel they, and their experiences, are validated, which in turn makes their experiences with support services more positive.

8.3.3 The challenge of safeguarding

In chapter 6 (*How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault*), I argued that the protocol of safeguarding makes offering care to teens specifically different from services for children and adults. In chapter 7 (*"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*), it was presented how, for teens, safeguarding procedures can become a barrier to disclosure of sexual assault. In this section, I will present data that shows the challenge of safeguarding for both professionals and teens.

At the start of each focus group or group interview with practitioners, I asked them to describe working with teens who have experienced sexual assault in one word. Across all the sessions, the term most often used was 'challenging'. According to the practitioners, safeguarding procedures were one of the main contributors to the challenging nature of SASS because, when working with teens, practitioners often have to navigate a grey area.

> *"There is so many of them, and they're so grey aren't they. There are so few that are black and white like that and that you can just refer or not refer. It is always a discussion, isn't it?"* (Health advisor, NHS sexual health service).

Practitioners' experiences showed their struggle with trying to balance two competing interests. Safeguarding as a priority to protect the teen versus keeping the teen's trust, so they do not disengage with the service.

> *"And I think that's very difficult because that is how young people perceive it. You're telling me I can trust you but I can't really, so that is very difficult. And I guess it's about the quality in which you explain why it is essential and making absolutely clear from the get-go. Yes, what you tell me is confidential, but if you tell me absolutely anything about yourself, your safety and that of others, then we cannot maintain that. And in some ways that is a shame, you know that we can't provide the confidential service that we say we can if that makes sense?"* (Senior Charge Nurse, Charity for LGBTQ+)

Furthermore, practitioners discussed what, for many, is a difficult reality of practice: that safeguarding does not always lead to an improvement of the teen's situation. Practitioners described situations where the safeguarding team decided not to pursue the case any further regardless of the practitioner's concerns. One of the examples of the impact of safeguarding given by a practitioners was a teen who was safeguarded and was taken away from her home and school. *"So it took her that long* [to disclose] *and she the result of it was, she lost all her family. The result for her was that she was lifted and taken out of Birmingham."* (Youth worker, Local authority). For practitioners, these situations can be challenging because, by following safeguarding procedures, they risk losing the teens' engagement with the services. These findings are concurrent with the data from the teen narratives. For example, Grace's case study at the beginning of this chapter shows how she lost trust in practitioners after her initial disclosure. Furthermore, by choosing to engage with SASS Grace was put in care where she was exposed to further sexual assault.

Parallel to teens' experiences after disclosing, practitioners have described safeguarding as 'a loss of control' as once they have safeguarded a teen they 'just hope that everything works out for them'. The overall sentiment among practitioners was that safeguarding procedures are necessary, yet flawed. They might negatively affect the relationship practitioners have with the teen, prevent a teen from speaking out or using a service. At the same time, these procedures are put in place to protect young people. Whilst some practitioners expressed they had some room to consider individual circumstances in negotiating whether or not to safeguard a young person who discloses sexual assault, and the support of a team to make these decisions, others felt that safeguarding is always a priority describing it in terms such as 'it is essential' and 'we have to do this'.

8.4 Chapter conclusion

In this chapter it is demonstrated, through the application of the ISEM, how personal experiences, age, race, cultural and religious backgrounds and beliefs, organisational and governmental protocols intersect to shape the impact of sexual assault. For example, teens who come from cultural backgrounds that value women's modesty and virginity as fundamental to their reputation, experience additional pressures on their mental health and social relationships after sexual assault.

Overall, the results show that there are many medical, psychological (such as depression and anxiety) and social consequences (such as social isolation and being ostracised by family and community) of experiencing sexual assault which might interfere with teens' still ongoing development. Additionally, most participating teens experienced negative educational outcomes after experiences of sexual assault. As is illustrated by the data discussed in this chapter, specifically the transitional character (e.g. changing schools and friend groups, moving out of the parental home, etc.) of the teenage years can make teens disproportionally affected by the impact of sexual assault.

Additionally, in this chapter I have presented findings relating to teens' experiences with formal support services following sexual assault. Findings show teens had many experiences with support services they found *unhelpful.* Teens described feeling 'unsupported', 'not listened to', whilst the impact of their experiences with sexual assault were 'unvalidated'. Notably, teens did not find their experiences with the police beneficial to their recovery. Instead, the experiences with the police described by teens were damaging and only few were referred on to SASS by the police. Findings also indicate safeguarding protocols complicate offering support services to teens who have experienced sexual assault. Safeguarding can have a significant impact on teens' lives and their engagement with support services, whilst both teens and practitioners experience a loss of control after safeguarding protocols have been initiated, and good outcomes are not always the result. This finding is concurrent with Grace's case study presented at the beginning of this chapter.

Both teens and practitioners found direct conversations about sexual assault to be helpful. Some teens appreciated talking to 'a stranger' about their experiences, especially when as a result their experiences of sexual assault were validated and they were absolved from any blame.

Chapter 9 Participants' views on how to break down barriers to disclosure and improve sexual assault support services

Case study Nadim's Story

Nadim is a 19-year old British Pakistani girl born and raised in Birmingham. Nadim grew up with both of her parents and nine siblings. She was assaulted when she was in year 4 of primary school. Nadim kept the assault to herself for about a month, because she did not know what to do. She said she felt scared and embarrassed. Nadim explains that because she was so young, she did not understand what had happened to her, and she was afraid that people would bully and blame her if they found out.

One day Nadim's teacher taught the class about 'how to look after yourself and where you can go if you need help'. During this lesson, the teacher used a case study with simple examples of what to do if something happened and how to report it. Nadim recognised the behaviour described in the case study as something that happened to her as well and this made her realise it was bad and she had to tell someone. Nadim felt too embarrassed to talk to her family about what happened but did feel she could tell her teacher everything. After the lesson, Nadim decided to go to her teacher and told her what happened. Nadim says she choose this teacher because she was someone with whom she got along easily. The teacher used to support Nadim in class with her schoolwork, and they had a good relationship. After Nadim disclosed, she felt supported by her teacher, who told her it was not her fault and that it was really good that she had spoken up.

The teacher informed Nadim's parents after which the police got involved and Nadim had to give a statement. She remembers being in a room and having to write down and draw what had happened to her. Nadim also had to tell the police about what happened with the help of pictures. Her parents went with her to the police, and according to Nadim, they were shocked and sad to hear about the assault.

After disclosing the assault, Nadim got support in school.

> *"They used to take me out of the class with other children with behavioural issues and other issues. We would stay and do activities in the room. Fun activities and go on trips and do like different therapies like music activities. To get rid of what stuff like people's issues."*

For Nadim, this was helpful. She felt comforted by the fact that there were other people having issues and says the support has made her a stronger person. It helped Nadim to focus on getting well and achieving her goals and to overcome what had happened. At the advice of one of her teachers, Nadim also got online support.

At the time, she did not have a computer at home, so she used to go to the local library together with her sister to chat with Childline. They told her to do activities to take her mind of things which worked for her. For example, when Nadim was in secondary school, she took boxing classes to make her strong. It helped her take her mind off everything, and it also made her feel that it would not happen to her again.

Still, Nadim says that 'what happened' continues to impact her. Sometimes it makes her sad, and she still gets flashbacks. She also says she is much more aware of her surroundings. Nadim believes it is difficult for teens to disclose because they might feel embarrassed or think that they are the ones to blame. Her own family and friends were supportive, and Nadim was able to talk to them. Nadim learned that if anything would happen to her again, she can speak to her parents about it. However, she is also very aware that this is not the case for everybody.

"Anyone can be a victim. And also I would say you know in some communities like in our community some like people like they find out what happened, imagine you got abused they say like oh they don't want to they don't support sometimes they don't support the individual. But lucky in my situation there was support."

Nadim knows that there was a court case which her parents attended and that the man who assaulted her was sent to prison. Nadim believes this was because he did the same to other children. The man who assaulted her lived on the same road as Nadim. According to her 'he used to take children into his house and do things'. Nadim says she has spoken to one of the girls who experienced the same as her, and that she had decided to tell her mum. Nadim says the abuse had a significant impact on the whole neighbourhood. When people found out, they were angry and upset. Nadim remembers there were fights on the road, and people were arguing. People were scared and children, including herself and her siblings, had to stay in the house and were not allowed to go to the park unless their parents would come with them. Nadim believes it is essential that more work is done in communities to make people realise it is not the fault of the victim. According to her, educating people about these subjects is really important.

9.1 Introduction

In this results chapter, I introduce findings on two themes (see table 9). Chapter 7 *("A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*) included the findings relating to barriers to disclosure of sexual assault experienced by teens. The results discussed in this chapter primarily answer SQ4) *What do teens who have experienced sexual assault need from support services*? and SQ5) *How can sexual assault support services be improved for teens?* The findings presented in this chapter were all analysed by applying the ISEM as a result the intricate ways in which individuals interact with systems and structures, how these interactions impact their ability and choice to disclose sexual assault, as well as the influences of intersecting social positions becomes evident. In section 9.2 of this chapter, I present the four barrier-breakers identified from the data (teen narratives, practitioners' focus groups and interviews, and observations). Barrier-breakers are strategies and interventions that can help lower the obstacles teens experience in disclosing sexual assault and accessing SASS. Nadim's case study at the beginning of this chapter includes a few barrier-breakers, for example 'talking about sexual assault and consent'. Whilst Nadim's sexual assault took place in her pre-teen years, her narrative illustrates the benefits of interventions aimed at younger age groups[37]. Although barrier-breakers can be utilised to increase teens' ability to access SASS, all participants believe SASS can be improved upon in order to provide teens with more positive experiences once they enter these services. Therefore, in section 9.3, findings are presented from all three data sets that address the theme 'views on how to improve sexual assault support services'.

[37] See methodology chapter section 3.2.2 The six stages of the study (Inclusion- exclusion criteria) for further argumentation for the contribution of Nadim's narrative

Table 9

Themes and topics presented in chapter 9

Theme	Topics
Barrier-breakers	Talking about sexual assault and consent
	Media representation
	Safe spaces
	Visibility services
Views on how to improve SASS	Promoting knowledge, attitudes, beliefs and behaviour
	Teen-centred interventions
	Holistic family support
	Peer-focused interventions
	SASS working together
	Improving knowledge of sexual assault for first responders
	Improving access to SASS
	Societal education
	Funding for health and social policies

9.2 Barrier-breakers: Breaking down barriers to sexual assault disclosure

Through a meta-ethnographic approach in the literature review (see chapter 2 *Literature review*), I identified five barrier-breakers that were reported in the existing literature: peer influence, wanting to protect others, good relationship with trusted adult, validation, and being asked. The data from the teen narratives of the current study confirmed the importance of these five barrier-breakers. For example, Susie's experiences illustrate how peers can encourage disclosure. A girl who used to go to Susie's school contacted her to disclose a sexual assault. Susie advised her to go to the police and obtain support. Susie says that because this girl knew Susie had similar experiences, she felt comfortable enough to disclose to her. Additionally, both Susie and Arya decided to disclose to their friends because they wanted to protect them from experiencing sexual assault as well. Further, in Nadim's case, having a good relationship with her teacher meant she trusted her enough to tell her about the sexual assault. The positive influence validation can offer is shown by Arya's narrative. She believes that if her experience with sexual assault would have been validated by the friends she disclosed to, it would have helped her seek out support.

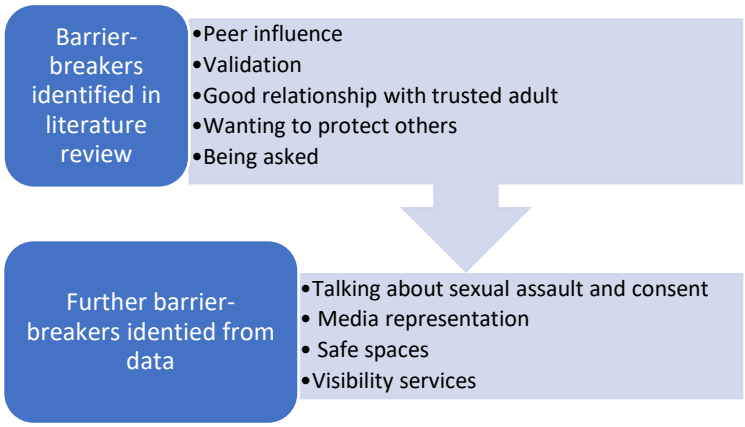
> *"I think right at the start if someone had said to me this was sexual assault than I would have been really angry and upset about it, but then I would dealt with it a lot sooner which means I think I would have been a lot more open to moving on from it a lot sooner" (Arya*).

Elena's narrative is an example of the importance of being asked about sexual assault (see section 6.3.7 *Communication barriers*). She stated that she needed practitioners to confidently and directly ask her about her experiences with sexual assault.

In addition to the five barrier-breakers that were found in the literature review, four further barrier-breakers emerged from the data (see figure 7). These additional four barrier-breakers (talking about sexual assault and consent, media, safe spaces and visibility services) are discussed further in sections 9.2.1 to 9.2.4. Analysing these barriers from the ISEM makes apparent how all these barrier-breakers can be placed on all levels of the model and specifically how important the interactions between the different levels are.

Figure 6

Barrier-breakers to the disclosure of sexual assault



9.2.1 Talking about sexual assault and consent

In the previous section, the importance of teens being asked about sexual assault was highlighted. However, barriers to disclosure can be lowered even before teens have experienced a sexual assault. According to the teens who participated in this study, it starts with adults talking to all teens about issues such as sexual assault and consent. Teens experienced a failure of recognition of sexual assault, not only during counselling sessions and at appointments at medical centers, but also at school. In the review of grey literature (chapter 2 *Literature* review) the important role of schools is pointed out (Beckett et al., 2013; Gohir, 2013). Seven out of the eight teens do not remember sexual assault being discussed at school in any significant way. The only exception was Nadim. All teens expressed in their narratives a belief that schools can play a significant part in lowering barriers to disclosure because if they cause sexual assault to be perceived as a taboo topic, teens will think it is neither appropriate nor safe for them to communicate their experiences of sexual assault.

"I was making up excuses, but it's because at that age you don't realise I never actually you know all these social places, I've never actually seen anything about consent. Never. And it is a really touchy subject, isn't it? You don't really know, and you can't really say if you're this then this I think it needs to be educated to people and like in schools. Because when I was in year 8 or 9, that's when I started to get properly into school I never really knew about nobody taught us about that. You had like this he/she subject I don't know what that was, but they didn't really talk about things like that. Not consent. And I feel like if people are choosing to have sex at younger ages and maturing before their time, they need to be taught these things. And I feel like that would, obviously I can't predict, but I think it would certainly educate people about this is not right. Or begin to believe like I feel like if I was obviously speaking English and I knew about consent and that an older person should not be with a younger person all these signs than I think I would have realised earlier. It would have prevented me from wasting all my childhood" (Kushaaneh).

Whilst all teens saw a significant role for schools in breaking the taboo around sexual assault, some also expressed how other social spaces should discuss these issues. Susie points out that youth organisations and places of worship help people with problems like alcohol abuse, but that nobody addresses anything to do with sexual assault. Susie believes this is because it is a taboo topic. In her experience, people do not understand it if they have not experienced it themselves. Susie wishes there was not such a stigma around it and that people would just talk about sexual assault and where to get support. She says she always really wanted to talk about it, but she '*did not know how to come out and say it and actually speak about it'*.

9.2.2 Media representation

Teens expressed how, for example, seeing certain storylines in their favourite soaps helped them to realise the meaning of their own experiences.

"Because I feel that soaps are really really good for that. Eastenders was really good and so was Coronation Street. Coronation Street there was a girl from my age as well Bethany, and she literally was drawn in by a man who was basically grooming her. Promised her everything. Even got engaged to her as well just like me but then he let his friends [silence] he did that, and she didn't even realise. She was like no; he loves me. And you know what? Soaps are there to show you what is right or wrong. I feel like a lot of storylines can be a bit absurd. And you

think it can be. But those are there so people can realise and people can sort of open up and you know there was a recent one as well that was about sort of like sexual abuse as a young person like when you were like 13, and there was a guy called Paul, and he realised, he thought he was in love with the guy, but it wasn't, it was grooming" (Kushaaneh).

For Tiana, who says she grew up with beliefs from her Nigerian family that normalised sexual assault, one of the things that helped her become more aware of her rights and sexual agency was being exposed to certain movies which enabled her to learn from opposite perspectives than those she was used to from her family and community. Furthermore, whilst most teens reported they had not heard about the #MeToo campaign or were not actively engaging with it, the resulting exposure of sexual assault by celebrities has had an impact on some of the girls.

"I started seeing it more, I haven't seen anything for a while actually, but when it first started coming out I saw it a lot, and I thought oh my god that is so strong I love that. […] But there were a lot of things like, I don't know if you've seen it? On Born in Britain and that people were like well people are just coming out, because of such a viral coverage of it people will also say they are making it up which is I think was just rubbish. They were basically saying people were coming out saying it happened, but it didn't that sort of thing, and I was just thinking why are you giving TV coverage time to this? When it's such a positive movement. So it did have some negative effect as in highlighting because of course anything is going to isn't it. Isn't it? If it comes out, there is always going to be the opposite side" (Elena).

In the narrative above, Elena expresses how empowering it felt to see women talk about sexual assault in mainstream media. At the same time, she addresses one of the major concerns about the media's portrayal of sexual assault in which those who have experienced sexual assault and openly disclose are being met with victim-blaming, disbelief and accusations themselves (see also section 9.2.5).

9.2.3 Safe spaces

"I think that is another thing why a lot of people don't want to get help. Because I feel like clinics and stuff they're not really welcoming. If you know what I mean? Like if something happened, like after experiencing that situation I wouldn't want to come after that and sit in that room like a hospital room, do you know what I

mean? […] I feel like there needs to be some kind of space where they can feel comfortable even if it's like bean bag chairs on the floor just colour like grey is not nice to see" (Tiana).

Several teen narratives mention the need for safe spaces for teens either because teens believe there is a lack of such spaces or because they find the current spaces 'uninviting' or 'uncomfortable'. In chapter 6 (*"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*) it was discussed how, for teens from Asian and Muslim communities, there are additional barriers to entering a sexual health clinic as they might face being stigmatised and shamed if seen entering a clinic by someone from their community. Therefore, Nadim stresses the need for spaces that are more neutral and easier to access anonymously.

"Like, do like the university like we meet here. Do more like go to a school like health thing in the university. Because in the […] campus there is help you can access. There are rooms you can go in and talk to them about anything. So I think that is a good way as well. There needs to be more private areas. Like, you know like the big library stuff should have more private areas so people can talk" (Nadim).

Previously in this chapter, it was discussed how peers are capable of lowering barriers to disclosure. According to Grace, teens should be able to access safe spaces where they can meet with other teens and practitioners who understand trauma.

"Like you don't live there but you go there like a house or a place where there is other young people that have been through what you have been. Cause I'm telling you nothing helps better than to talk to another young person that understands where you're coming from" (Grace).

In chapter 7.4.1 (*Practical barriers*) it was discussed how the teen narratives, practitioners and observational data show lacking easily accessible spaces adapted to teens' needs is a barrier to disclosure. The finding of a need for safe spaces and how these can function as a barrier-breaker is even more important in the context of youth services in England and Wales, which might offer such spaces, overall having 70% of their funding cut over the last decade, with the West Midlands (where the current study took place) losing 80% of its funding since 2010-11 (Weale, 2020) (see also the *Introduction*).

9.2.4 *"In your face"*: the visibility of sexual assault support services

> *"But it is just about initially knowing oh yeah that is there and I can use it. So a lot of people don't. I feel like it is my age you just don't go out and look for something and deal with anything yourself. If it is not in your face, they don't go out and look for it"* (Nia).

With the exception of Grace, the teens who participated in this study felt they were uninformed about the SASS available to them. For example, even when they had used the services of a sexual health clinic for an STI check, they were unaware that the clinic offered counselling as well or would be able to refer them to counselling. All teens described the importance of SASS needing to be visible in spaces they frequent such as schools, places of worship, bus stops and TV advertisements as well as online spaces.

> *"I feel like I didn't even know they do counselling here. Yeah so it just when you think of like Umbrella you think of like oh STD clinic where you go and get tested you don't think of anything other than that. I think that's just how it's marketed"* (Tiana).

> *"Susie: Well, I feel like the police should have told me about it. But also like in my school there should be like loads in school like leaflets all around school for like things that they can do to help. Like you know how in our school, I feel like they should speak more openly about it and encourage people to get help. But they just don't.*
> *Interviewer: Would that have helped you if someone in school had said*
> *Susie: yeah even if there was just like a poster on the wall or something like it would have just helped to know there is somewhere I could go.*
> *Interviewer: Do you have an idea what that poster would have to say?.*
> *Susie: Yeah, I feel like I don't know give a place and a name and what it is supporting you for."*

> *"Honestly, I feel like reaching out in a sense where it's all so basic it's like posters, or maybe I know uni have like sometimes when people are coming in they will have like a table and signs and stuff, and I feel like maybe just seeing that. Because that is orange because you know like that poster [recruitment poster for the current study] is orange. I've seen it from anything else. So just seeing that makes you want to know what it is and even if it's just a flyer or something. Maybe if it is something that you can collect and keep in your bag, or*

just I don't know. Maybe I get emails from other stuff through my uni email. You never know who might read it. If I'm aware of it that there is help there in that situation going through that situation, I know who to contact clear, that I know there is help" (Nia).

"Interviewer: What do you think are good ways, let's say there is a place like that, what would be a good way to let young people know it exists? How would you learn about that?
Grace: I don't know put things online? Refer it to local authorities? Because then there would be lots of people like me that are in care homes sitting here getting no support. You know what I mean? So I think it should be everywhere online and in schools. In schools, if someone is going through that or someone is suspected going through that give them relief and say you don't have to tell us, but you could go […] like a walk-in" (Grace).

The narratives above show how teens believe that when SASS are visible in teens' daily lives and are clear about the availability, aim and location of their services this can lower some of the barriers to disclosure. It is important here to note that teens felt that services needed to reach out to them more, instead of assuming teens would know where to look for support.

9.3 *"Young people are falling through the cracks"*: participants' views on how to improve sexual assault support services

"Like if you are trying to invite more people in to talk about their experience, there needs to be like more things that attract us to that" (Tiana).

Teen narratives showed they were both willing and capable of thinking about solutions and suggestions on how to improve SASS. Often teens were quite inventive in their recommendations. For example, Grace came up with the idea of a kit, containing items such as a diary, art supplies, a panic alarm, a blanket, a teddy and information leaflets, that could be handed out to teens after they have disclosed. In this section, I present the views of both teens and practitioners on how to improve SASS, as well as observational data in a sexual health clinic that contributes to these views. The findings presented in this section illustrate that both teens and practitioners believe interventions on all four levels of the ISEM (see chapter 3.4 *Introducing the Intersectional Social-Ecological Model*) are needed. This is in contrast with most health promotion research which targets predominantly the individual and microlevel (Golden & Earp, 2012; Wold & Mittelmark, 2018). Table 10 displays the

interventions in relation to improving SASS that were identified from the data and where they can be placed within the ISEM.

Table 10

Views on how to improve sexual assault support services

Theme	Intervention	ISEM level
Views on how to improve sexual assault support services	Promoting knowledge, attitudes, beliefs and behaviours that lower barriers	Individual level
	Teen-centred interventions	
	Holistic family support	Microsystem
	Peer-focussed interventions	
	SASS working together	Meso-/exosystem
	Increasing knowledge of practitioners	
	Improving access to SASS	
	Societal education	Macrosystem
	Investing in health and social policies	

9.3.1 Promoting knowledge, attitudes, beliefs and behaviours that lower the barriers to help-seeking

Here, I present interventions participants believed to be necessary to improve SASS from the individual level of the ISEM. As such, these interventions aim to change teens' attitudes and beliefs to be more positive about SASS and increase teens' knowledge of sexual assault and the availability of SASS. Many of the participating teens believe that one action SASS can take to increase the knowledge of teens about their services is hang up posters in areas that are frequently visited by teens such as schools, bus stops, places of worship, community centres, GP offices etc (see also section 9.2.4 *"In your face": the visibility of sexual assault support services*). Some teens specifically noted that the colour of the poster is important. For example, regarding the recruitment poster for the current study, Tiana said:

> *"I think what caught my eye was the fact that it was yellow. Yeah and everything else was just like blue and black I don't know it didn't stand out and I was looking around and it caught my eye so I started reading it"* (Tiana).

One of the participating youth workers explained they had some success with posters in the past that used emoji's as they are popular amongst teens.

> *"Yeah in a waiting room at SARC and also the […] clinic, the young umbrella champions one thing they came up with was a poster on the wall that showed the*

process. Emoji's was a big thing. Emoji's was a big thing because it a thing of this time but uhm making it more accessible to them before they got to the room so they can still make a decision and they're still in control whether they actually want to go into that room. Might be something to because that's what they use" (Youth worker, Local authority).

Another suggestion from the teen narratives was to increase teens' awareness of the availability of SASS with advertisements on TV and social media, and handing out flyers. This was echoed by some of the practitioners.

"I think things are improving and we've got to keep the service up to date and we've got to be dynamic and we've got to be mindful of how young people communicate and perhaps similar ways in which we started promoting our services are no longer appropriate but we've got a communication team that we do have a website and obviously the internet is where it is at isn't it? We do have adverts for teens on social media. I know the Birmingham LGBT Centre have pop-ups on commonly used gay hook-up sites like Grindr and Scruff and stuff like that and they actively promote our service on those sex apps if you like. So there are lots of things that are good that are happening, posters, we used to have them in youth centres which unfortunately might close but we do promote our services in GP practices I assume we promote our services in other places that people access like buses, trains places that young people regularly frequent I think we already do that" (Senior charge nurse, Charity for LGBTQ+).

The key take-away message of the practitioner's quote above is 'to be mindful of how young people communicate'. One of the discrepancies between practitioners and teens was that practitioners often mentioned using SASS social media accounts as a strategy to inform teens, while none of the teens who participated in this study follow any SASS on their social media.

Another strategy to increase teens' knowledge on sexual assault and the availability of SASS, proposed by both teens and practitioners, is the importance of education in schools that specifically addresses issues such as consent, sexual assault and CSE. Most of the teens who participated in this research recall only limited discussions on these issues, whilst some reported that it was never discussed. All teens believe that having education at school could have lowered barriers to disclosure and help-seeking after they experienced sexual assault.

9.3.2 Teen-centred interventions

Both teens and practitioners stressed the importance of teen-centred interventions. This means that any interventions utilised by SASS should take into account the developmental stage of teens and how this impacts the support they offer (See also chapters 6 *How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault* and 8 *The impact of sexual assault, perceptions of and experiences with sexual assault support services*). Many of the practitioners described SASS as being inconsistent or 'patchy'. They described a patchwork of different organisations, offering a variety of services for those who have experienced sexual assault that do not work together, have limited inter-service communication and as such are not well integrated. Further, practitioners reported such organisations provide care to teens that is 'not good enough'. Additionally, both the data from the practitioners and the teen narratives showed that the practitioner's needs, or that of the organisation they work for, might not align with the needs of the teen. For example, practitioners often described the needs of teens following sexual assault as 'complex' and not always in line with what a SASS can offer.

> *"Counsellor: I think the needs are complex because it's what we as what our needs are as services and what the young person's needs are and sometimes our needs can be quite prosecution heavy. And there is a reason for that, completely understand it. Absolutely hugely important. However, that isn't often not where the young person is. Sometimes they are, but often it is oh I want it to stop, or I need to release this.*
>
> *Youth Worker: the last thing on their mind will be prosecution.*
>
> *Counsellor: yeah. Because let's not be, we know that it can take years, and that is one of the big barriers"* (Focus group, 25.06.2019).

The exchange between the two participants above indicates that they believe some services are focussed on the prosecution of offenders, irrespective of whether or not this was the teen's intention when disclosing. This belief is concurrent with the teen narratives (see also section 8.3 *Experiences with formal support services following sexual assault*). Furthermore, both practitioners and teens reported teens often encounter several different practitioners and as a result are not always aware of what specific practitioners can offer them. Practitioners therefore stress the importance of an individual teen-centred approach.

> *"I think it has really challenges. There are so many different aspects that we try to address and bring together, so it works for the patient, and it is very variable and*

> *how they present and what we know about it, the time that we are seeing them, whether it is something that is disclosed kind of out of the blue during a consultation and it is challenging cause everybody is an individual, and what [other participant] is saying that what works for one person doesn't work for another person. So maybe you would have an idea what you would like to do, it is not one size fits all, so it has to be individualised. And I think that is challenging both for the service and the service user"* (Speciality Doctor, NHS Sexual Health Service).

In the quote above, the practitioner highlights how it is essential to individualise the services to adjust to a teen's needs. This is concurrent with the teens' narratives which show no two teens are the same, and neither are their circumstances or their needs. However, practitioners experience job constraints that can prevent them from individualising care such as high caseloads, a limited number of available appointments, and time limitations of appointments. The following observation illustrates an interaction between a teenage girl and a nurse at a sexual health clinic that provides some insight into the impact of such constraints on offering care to teens.

> *A young-looking black teenage girl and boy walk into the reception area. A nurse asks if they have an appointment and the girl says 'no I'm here for walk-in'. The nurse responds with saying they are fully booked up today and only take emergencies. 'Is it an emergency?' she asks. To me, the girl looks nervous and a bit uncertain. With big eyes, she looks at the boy then back at the nurse nods and says yes. The nurse hands over a note and says to the girl 'this is what we consider to be emergencies' and walks away. The girl looks over the note carefully and turns to the receptionist, confirming it is an emergency after which the receptionist asks her to take place in the waiting room. It takes about five minutes for the girl to be called into a room by a (different) nurse. While she goes into the room, the boy stays in the waiting room. The girl comes back to the waiting room after two minutes and sits down again* (observation notes, 20.12.2019).

Practitioners explained how the constraints of their profession, in combination with exposure to many distressing cases and not having access to enough support and supervision themselves, can impact not only the practitioner's emotional resilience but also how they respond to teens accessing their services. As one practitioner stated:

"You see so many of them it's difficult not to become desensitised over time because we see loads, loads a week" (Health advisor, NHS Sexual Health Service).

Whilst teen-centred interventions were important to both teens and practitioners, it is not an approach without challenges. During one of my observations in the waiting room of a sexual health clinic, I spoke to a health practitioner who said the sexual health clinic she worked for used to have a service specifically for young people, but they encountered many problems. For example, she reported that the space was not safe as it was relatively isolated, above a Boots store with access via only one set of stairs. Furthermore, it was in Birmingham city centre close to a known grooming location and fights used to occur between the young people who belonged to different gangs, resulting in one person being stabbed in the leg. The staff who worked there were often untrained and inexperienced in working with young people. Budget cuts had meant there was not enough staff to cover the services ("*we went from six practitioners to having two")* and prevent long waiting times (*"young people don't want to wait that long")*. According to the health practitioner, the young person clinic is bright and colourful. However, the space is now only used to train staff. Practitioners did not want to work there because if something happened it took too long before security would arrive. Practitioners felt isolated or threatened or felt continuous service was too much for them because of constantly safeguarding young people ("*I miss the young people but it is hard because of all the safeguarding")*. Currently the young person clinic is not in a separate space specifically geared towards young people. People of all ages share the clinic and the waiting rooms, which comes with its own challenges "*Young people can be a bit loud and gobby, adults don't want to sit with them".* The health practitioner believes it is a substantial loss not having a young people clinic and that now *"young people are falling through the cracks"* (Health practitioner quoted in observation notes, 5 March 2020). The importance of having a space specifically designed for teens was echoed by both practitioners and the teen narratives and was described as a barrier-breaker (see section 9.2.3 *Safe spaces*) to disclosure. For example, teens found it important that the support services they access have a comfortable environment. However, it is important to note that this 'comfortable' environment might look different for teens than it does for adults.

"I feel like what would help me even just there talking and stuff when I get emotional and I look at the wall and I just see white it's like uhg. If I saw like colour it would be like it would help me feel better. But that is me personally. Or even like paintings or pictures or quotes on the wall I could read like once in a while and be like oh ok. Like affirmation quotes that like empowered me and made me feel better stuff like that

would help" (Tiana).

"Yeah [a place] where you can go to you have loads of young people if you're ready to speak to them and then there is staff there where you speak to 1-on-1 and there is games. There is different ways you can talk about for example drawing pictures, playing games or watching movies just to help you do you know what I mean to come to terms with it. Because that's the thing it's about coming to terms with what you've been through" (Grace).

"It's much like our main clinic […] we've had the clinic assessed by the diversity team and equality team from the QE because for me that clinic is still archaic because it is still divided in pink and blue segregated areas. We could remove that probably by seeing patients across the building rather than one side. It's a very binary service, there is still a blue and pink waiting room and that creates difficulties for patients. And yeah I think you know when people go to the Birmingham LGBT Centre you know everything is gender neutral. There are no male and female toilets, there are just toilets. There are no male or female waiting rooms, there is just the waiting room. Many of the staff are from the LGBT community. It is a welcoming and calm environment. And it is one that certainly young people from that community may feel more comfortable" (Senior charge nurse, Charity for LGBTQ+)

Whilst Tiana's and Grace's narratives exemplify how spaces could be designed to reflect the needs of teens, the quote from the practitioner indicates that when designing inclusive spaces for teens, specific attention should be paid to the needs of LGBT+ teens who might not feel comfortable in spaces that were not designed with them in mind.

One of the most frequently mentioned areas for improvement by practitioners was individualising teen care: *"What's important again for services is that it is about individualising. Because every patient is different"* (Health advisor, NHS Sexual Health Service). Practitioners acknowledge how teens' circumstances (such as gender, race, cultural identity, prior victimisation, ALEs) and needs are complex and variable, and therefore necessitate an individualistic approach. Currently, practitioners often feel constrained from offering this individualistic care with funding issues, high workloads and protocols they need to adhere to cited as examples of obstacles. Consequently, some services are only permitted to offer a set number of sessions, while others are only offered when teens present acutely after a sexual assault, which statistically few do (Goddard, Harewood & Brennan, 2015).

9.3.3 Views on holistic family support and peer-focused interventions

Here, I present interventions participants believed to be necessary to improve SASS from the second level of the ISEM, the microsystem. As such, these interventions focus on utilising and strengthening close relationships of the individual with, for example, parents, peers and family members.

Holistic family support

The teen narratives show how teens who disclosed to family members received a myriad of reactions, some of which were perceived as more supportive than others. It is evident from these narratives that disclosure can have a significant impact on family members. For example, Kushaaneh's brother, after learning about Kushaaneh's sexual assault did not speak to her for a week. According to Kushaaneh, he blamed her for not wearing a scarf but also blamed himself because he was the one to introduce Kushaaneh to the person who hurt her. It impacted his mental health severely and he started drinking to cope. Elena experienced two different reactions from her mum to each of her experiences of sexual assault. According to Elena, her mum was supportive after Elena told her about the second sexual assault, which she experienced by someone she dated. However, as memories of previous abuse by her brother were triggered, Elena said it became more complicated. One part that hurt Elena was that her mum was still in contact with her brother, even after she knew what he had done.

> *"From the second sexual assault where I was, I'm still her priority, but it was hard because I did feel betrayed in a way a lot by my mum which is very different to the second instant which I told her about first. But she still supported me it is just so different. And I battled with that for a very long time because I didn't understand, I couldn't wrap my brain around why she would still want to talk to this person and be in contact"* (Elena).

According to Elena, it was easier for her mum to be supportive when it was a stranger who had hurt her as opposed to her own son. These two narratives are examples of how sexual assault can have an impact on not only the teen, but also their relationship with their family. The need for a holistic family support approach was raised by both teens and practitioners.

> *"There could be more services available to like people who've gone through it. And even like there should be support for the people that have been through it and the people that are looking after the people that have been through it because there is some children obviously that live with their parents, but their parents don't know how to deal with it. That's why it's they don't get the support that they need because their parents don't know how to deal with it"* (Grace).

> *"Yeah the other thing I experienced with this was there was no service for parents because most of the young people I worked with were abused by family member and culturally it's not talked about. And the parents needed more support than, not necessarily more than the young person but it was, it should have been a holistic family support and help and that was not the way"* (Youth worker, Local authority).

> *"So I think it depends on the environment because you can have the best of parents and you can have both that are quite mild and quite cool and you can have them that are everything is for them. And it triggers a lot of things for them as well. They might have had their own experiences. This is historical aspect as well. And it's all coming out into the open and we know this has been going on for ages. Being kept under the carpet and everything else but I think when I first started here I found a lot of the kids that I was seeing it triggers something in their main carer because they have also their own experiences, having to relive it, thinking that they have put measures in place to protect them, to insure hell no this is not going to happen to my child and then it happened. Well sadly enough none of us are exempt this happening. How much we talk about it, how much we educate our children we are not exempt and that is quite hard and challenging"* (ISVA, Charity supporting survivors of sexual violence).

The importance of holistic family support was also stressed in grey literature (Firmin et al., 2016; Warrington et al., 2017; Allnock et al., 2021) and even as part of the strategic direction of the NHS for 2018-2023 (England NHS, 2018). Although, as is evident in the quotes above, both teens and practitioners expressed beliefs that currently most SASS are not working from a holistic family support framework whilst considering that doing so could improve services in the future.

Peer-focused interventions

> *"Cause I'm telling you nothing helps better than to talk to another young person that understands where you're coming from"* (Grace).

The need for peer-focussed interventions such as support groups was voiced by many of the teens. Previously, it was concluded that peers can help lower barriers to disclosure and close the gap between teens and SASS (see chapter 2 *Literature review*). Allnock et al. 2021 addressed the need of some of their teen participants to connect with peers to counter experiences of social isolation and self-blame after experiences of sexual assault. All eight teens participating in the current study showed considerable eagerness

to help their peers: *"and I was thinking you know what use your experience to be a sort of teacher"* (Kushaaneh). Tiana also expressed how she hopes that in the future, she will be able to educate people on how to be safe and give consent. She would like to teach people about what sexual assault is, how to respect people, and how to set up personal boundaries. For most of the teens, it was the main reason to participate in the current study: *"I don't know it's not even for me. It's just for the other people that are struggling out there"* (Grace). Notably, none of the practitioners mentioned peer-focused interventions as a possible improvement of services. This discrepancy will be further addressed in the next chapter (Chapter 10 *Discussion: Recognising the complexity of teens' experiences following sexual assault*).

9.3.4. Interactions between systems: views on support services working together, increasing knowledge of practitioners and improving access to support services

The findings show how the interactions between the different meso-/exosystems that are part of teens' lives (such as family, peers, school, SASS, communities etc.) impact teens' experiences with SASS. Below, three interventions are suggested (SASS working together, increasing knowledge of first responders, and improving access to SASS) that in the views of both teens and practitioners could improve support services.

Sexual assault support services working together

In their narratives, some teens described having encountered several different practitioners after disclosure of sexual assault. Practitioners echoed this and expressed the need for better cooperation between organisations that offer SASS. Practitioners often described SASS in Birmingham as 'patchy'.

> *"Counsellor: I think it's just the nature of how many things are going now. Services are short because they get funding, they get funding and because they can deliver a target meet a need or whatever and then they will get it for 18 months and then not being successful in regaining any further funding and then training for the staff is incredibly expensive. I mean how much did PACE cost per head?*
>
> *Counsellor: was it 800 pounds?*
>
> *Counsellor: There you go. So if you are a small organisation maybe set up by parents who have experienced it through their young people, you know what I mean, it's difficult. So then there is always lots isn't there and then leaflets are still*

about of places that got annulled or not existing service still" (Children's Charity, 05.03.2020).

In Birmingham, there are many organisations offering SASS. Some are part of the NHS, some are charities dependent on donations and others are private practices. Whilst organisations often refer teens to each other according to the practitioners' experiences this often means they subsequently lose sight of that teen. One area of improvement addressed by practitioners is working together in order to offer teens aftercare.

> *"One of the problems is the aftercare, the care after. If a person reports abuse or CSE when the case comes to an end what happens to that young person? Because what happens is all the professionals drop off and that young person is alone and is alone for a long period of time. So that's always the concern that young people who decide not to access the service because when everything is sorted it is just me now, there is nobody that is here for me"* (Social care worker, Children's charity).

Another area practitioners believe SASS can improve in is transparency between organisations.

> *"Oh yeah multiagency people work. It is very difficult to get information from the council and organisation whether or not they [the teen] attended. We didn't want to know about what conversations they were having during the session we just wanted to know whether they attended the session and if we're moving forward with the young person. And I understand that, we try to work quite hard along with the health advisors but you never get feedback from the outside sources. For example what happened to them? For example, we refer them to RSVP or we refer them to women's aid or any outside agency, social care, but we keep contacting them to find out what's the outcome. But them towards us no. So maybe the teenagers have the impression that you know when we come here we're taken care off but after that nobody bothers so next time if something was wrong they will have a negative, towards, you see?* (Youth worker, Local authority).

> *"ISVA: we kinda work externally with CSE operational groups, we work with police and schools and we've all got our own kind of role within the children's team so alongside doing the direct work with referrals. […] So partnership is really important as well. Finding someone that the teenager does trust and tapping into that if it's at school or a mentor. You know getting good working relationships together to support that young person.*
> *Interviewer: especially when so many people are involved.*

ISVA: Yeah. And if you both got concerns actually you know it's really good to kind of work and find out she's just up the road with a friend and she's ok we were worried she went AWOL we haven't seen her but actually she is ok and that is quite reassuring as well" (Charity supporting survivors of sexual violence).

The youth worker's quote above illustrates some of the difficulties when organisations are not working together; not knowing if and how the young person's care is moving forward and potentially sending a message to the young person that 'nobody bothers', which might impact future help-seeking. In contrast, the ISVA's quote provides an example of the benefits when practitioners from different organisations work together. For example, utilising established trusted relationships and sharing concerns about a teen.

Increasing knowledge about sexual assault for first responders

The teen narratives discussed in previous chapters show how those who disclosed (either voluntarily or involuntarily) to police officers and school teachers often were not subsequently referred to SASS, despite existing safeguarding protocols. Even some of the teens who disclosed to practitioners within the field of SASS were not always subsequently referred to specialised care. In particular, the teen narratives that described experiences with the police often showed the police forces' lack of understanding of the impact of sexual assault and how to deal with teens who have experienced it. Practitioners also described experiences with other practitioners who were ill-informed about existing services and about the impact sexual assault can have on the teen. For example, practitioners who have specialised experience with CSE, described during the focus group how they often encounter other practitioners who have limited knowledge about CSE and its impact.

"We do have social workers at meetings and they ain't got a clue. We had recently with a colleague a girl got raped and she said to the girl 'why didn't you scream?'. So colleague had to say to the social worker about the 5 f's. Fight, Flight, Flop, Freeze and Befriend I think it is. And the social worker just didn't actually understand what colleague was saying and this shows the lack of understanding social workers have about CSE because the social workers approach it like 'yeah you should have screamed'. But she didn't understand it" (Social care worker, children's charity).

Furthermore, both teen narratives and the data from practitioners' focus groups and interviews showed the importance of practitioners having knowledge of how to work with teens on a trauma informed basis.

"I would also say education especially education in schools. You are left to your own

devices to find out. And I think even prior to starting to coming here I had little knowledge of CSE. You hear the word like floating around but you don't really know much about it. And so I think even like me doing a social work degree course that should be implemented in the course as well. I think if you are going to work with young people, vulnerable young people as well there should be more education around it" (Intern, Children's charity).

"Interviewer: What do you need in support? What for you is support?
Grace: Someone to talk to. Someone that is gonna sit there and listen how ever long it takes. Or what I need to talk about someone to be there for me. Someone that understands when I get angry, when I get upset, when I don't want to be alone but still can sit there and be like I know. Or for example, if I was to get up and start like screaming and shouting going through what I've been through for someone to understand. Do you know what I mean?

Interviewer: Someone to understand trauma?

Grace: yeah. And if I sit there rocking in a corner for someone to be like you know what I mean for someone to sit there with me until I calm down. […] All I say is just understanding. It's the best thing. Just understanding and supporting. That all you can really do you know what I mean? You can't take the pain away but you can be there for them and support them and kinda understand or try to understand as much as you can I suppose. It is hard when you haven't been through it yourself but."

In agreement with the teen narratives, practitioners stressed the importance of adults working with teens being informed and trained, to prevent re-traumatising teens who disclose. This is in line with findings from the review of grey literature (Jago et al., 2011; Gohir, 2013; Thiara, Roy & Ng, 2015). However, practitioners participating in the current study simultaneously often mentioned the difficulties with implementing training such as the cost of staff training. Educating those who work with teens about sexual assault and available SASS can facilitate healthy relationships between teens and trusted adults which has been found to be a barrier-breaker to seeking out help (see also section 9.1). Promoting these trusted relationships is especially important considering findings show teens who experience sexual assault often blame themselves. Practitioners have stated that it is up to them to validate the teen's experience and reassure them that the sexual assault was not their fault. This is in line with Dolan and McGregor (2019, p. 178) who declare: *"We know that for any young person to be resilient it is key that they see at least one of those adults who*

care for them or work with them as demonstrating 'real caring'. Building trust by showing a true understanding of sexual assault and its impact, validating teens experiences, and not adhering to victim-blaming and rape myths as a core relational practice can also contribute to overcoming challenges such as safeguarding and hence improve experiences of referrals to SASS for teens.

Improving access to sexual assault support services

For teens to benefit from SASS they first must be able to access them. According to practitioners, access might be prevented or made more difficult because of long waiting times and teens who present with sexual assault being required to wait in common waiting rooms, without staff knowing their attendance is because of a sexual assault. When practitioners were asked how this could be improved one of the ideas was to create a system that would flag any teens on arrival, especially when they are attending because they experienced sexual assault, and giving them priority over other patients. From the teen narratives the need for anonymity emerged. SASS could, for example, use numbers instead of names when calling teens out of the waiting room. Furthermore, the spaces where SASS offer their services themselves could improve on anonymity to lower the barriers to access for teens like Nadim who, as was evident from her narrative, are not able to attend regular services because they cannot be seen accessing them. Nadim suggested that services which are located in public areas, such as libraries and universities, could improve access for those teens.

Teens' narratives show the need for interacting with peers who have had similar experiences and safe spaces to facilitate these connections. This is consistent with Wold and Mittelmark (2018, p.24) who state that instead of putting emphasis on individualist and goal-orientated values, the key to promoting adolescent health is to promote teens' sense of community by finding a balance between individual autonomy and collectivistic values such as togetherness and connectedness. For example, Grace says it would be good to have a place where teens who have experienced sexual assault and are struggling with their mental health can go and talk to each other. Additionally, all three data sources (teen narratives, practitioners focus groups and interviews and observation in a sexual health clinic) show teens belonging to marginalised groups lack services that are attuned to their specific needs. This is not only the case for teens from certain cultural backgrounds but, for example, also for teens from the LGBTQ+ community, especially when services specifically designed for this demographic are not allowed to treat teens under the age of 18 (see chapter 7 "*A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services)*.

"I think that we, from a LGBT perspective, there are lots of improvements we could

make. We need our LGBT Centre the clinical services we offer are invaluable. They are in high demand and necessary you know in the age that we live in with promoting rights to the LGBT community and trying to overcome transphobia and homophobia we need to be providing more services to these people rather than, actually what appears to be reducing services. You could argue that everybody should be able to attend every clinic and of course that's the point and everybody would be made to feel welcome wherever they attended. But it is not just about us welcoming it. It's about how that individual feels walking into certain services and how they're maybe portrayed, looked at and seen by other members of the community. I particularly feel strong about members of the transgender community that are attending services that they want to be in a gender neutral facility and feel comfortable. And I think that is something we can't provide at the moment. I'm not saying they should have their own special service. I mean we do have transconnect which we see people of all ages in, but it is 3 hours a month. It is not you know, and lots of people that present to that community have lots of very complex and significant problems you know mental health problems, abuse histories, they often have very complex lives and we provide 3 hours a month service instead of 6 hours a week service for everybody else"
(Senior charge nurse, Charity for LGBTQ+).

The quote above from a practitioner working with the LGBTQ+ community reflects how LGBTQ+ teens face additional barriers (see also chapter 7 *"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services)* that need to be addressed in order to improve access to SASS. For example, having clinics with waiting areas and toilets that are gender neutral or supporting those that have, like LGBT+ charities, to be able to offer SASS to teens.

Furthermore, chapter 5 (*"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services)* describes how language can be a barrier for teens to disclosure and accessing SASS. When improving access to SASS the language that is used by such services should also be taken into account. It is important that teens are able to identify with the language used. The teens who participated in this study advise avoiding terms such as 'abuse', 'sexual violence', 'victims', and even 'survivors' and instead using language that they identify more with, which is more descriptive in nature (e.g. 'teens who have experienced').

9.3.5 Addressing social structures: rape myths, victim blaming and lack of funding

The participants in this study often referred to two critical factors within the macrosystem for improving SASS; educating society, and funding for health and social policies.

Societal education on sexual assault

The teen narratives showed many of the teens were exposed to rape myths (see chapter 6 *How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault*). Some of the narratives showed teens believing common rape myths themselves. For example, Nia who believes many women lie about being sexually assaulted.

> *"But because there are so many people that have lied about situations like this, you have this other side like let's say on social media that want to attack you that call you a liar like it doesn't matter anything you say, you can show them hard evidence and proof, and they still wouldn't believe it"* (Nia).

During the focus groups and interviews, practitioners reported experiences of working with colleagues who used phrases such as 'why did you not scream?' when talking to teens. Some of the practitioners' own beliefs are also common rape myths. For example, being able to have prevented an assault if the person had not drunk so much, or the need to actively give consent instead of the other person actively asking for consent, as the exchange between two health advisors below illustrates:

> *"Health advisor: A lot of people who are sexually assaulted blame themselves. It is very important that when they've disclosed it, that the clinician dealing with them shows them 'it's not your fault, I'm going to ask these questions for medical reasons, so we know how to help you but don't you ever blame yourself'. People will be like 'I shouldn't have gone to that party', 'I shouldn't have had a drink', 'I normally just have one glass and this time I had two'. And I tell them as much as we as a health care professional we don't condone people drinking a lot I just want you to know that if that person was a gentleman, he would have looked after you and made sure you're protected rather than take advantage of you. Because at that state where you've had a bit too much to drink, you just lose your inhibitions, your decision-making and a law-abiding-citizen would be, should have protected you not taken advantage.*
>
> *Health advisor: I think that's key. Just reassuring them. It's key to say consent, you said no to him, you didn't say yes directly, so it wasn't consented.*

Health advisor: and sometimes they say I was too scared to say no. and when you say but your body-language how did you react? 'I tried to push him' so by pushing this person you showed him that you didn't want it. You don't have to say the words. Pushing says stop. That is enough. And if they disobeyed that they've crossed the line, they've committed a crime" (NHS Sexual Health Service).

The quotes above illustrate how teens who experienced sexual assault, and practitioners who work for SASS, are not immune to misinformation and victim-blaming. It signals that sexual assault does not occur in social and cultural isolation and that messages blaming those who have experienced sexual assault for the assault are still prevalent. As Campbell, Dworkin and Cabral (2009, p. 226) argue: *"The trauma of rape extends far beyond the actual assault, and society's response to this crime can also affect women's well-being."* Both teens and practitioners highlighted the need for increased education around not only general knowledge on sexual assault, but also specifically on rape myths, victim-blaming, and consent.

Investing in health and social policies

Whilst practitioners' experiences were consistent with the teen narratives regarding the need to change SASS to a more supportive and teen-centred environment, practitioners also argued that decreased funding is responsible for reducing teen-centred services that previously existed. Insufficient funding was often believed to be a barrier to implementing changes that would improve SASS for teens.

"I think our impression is that what's available through the NHS is deficient. That there isn't enough resources for people to be seen quickly. People are on a long waiting list, and you know mental health just doesn't get the priority that we think it should. You know people having a crisis they can't be seen straight away, and we actually see the reverse of that when people aren't seen quickly enough, and they self-harm or they might end their lives. So our sense is that there is not enough resource there, publicly available. Obviously, if somebody's got the resources, they can access services privately, and I suspect that that is really good because they can be seen quickly and receive as much therapy as they need. But obviously, that is very expensive, and it is not available to everybody. […] *The waiting lists are way too long they are really long and that sort of across the board whether that would be CAMHS or […] or other charities. Uhm and that is obviously […] they are doing a great job, but funding resources and the number of staff available compared to the demand for their services. You know there is a big disparity there*" (Solicitor, Law firm).

"They used to have money that was used for language interpretation, and now there is no money so that has become a barrier to access services" (Youth worker, Local authority)

Yes this is the thing. Ultimately all of these things always come down to costs and that's it. That is how it is and I realise that. You know I'm not ignorant about these things costing money but perhaps could be redistributed things you know if we have a lesser service somewhere and a greater service elsewhere" (Senior charge nurse, Charity for LGBTQ+).

The quotes above illustrate how practitioners fully recognise the impact of reduced funding and the need for additional funding to improve on SASS.

9.4 Chapter conclusion

Despite the many barriers to disclosure of sexual assault, the data presented in this chapter has shown there are ways these barriers can be broken down. The literature review (see chapter 2) revealed five barrier-breakers (peer influence, validation, good relationship with trusted adult, wanting to protect others and being asked). Whilst the data of the current study confirmed these five barrier-breakers, four further barrier-breakers (talking about SA and consent, media, safe spaces, visibility services) were identified and presented in this chapter. Furthermore, in this chapter the views of both teens and practitioners, as well as observational data, on how SASS can be improved were presented. The findings discussed in this chapter showed both teens and practitioners have a multitude of ideas for how SASS could be improved. They conveyed how interventions that are multi-layered, interacting on multiple levels of the ISEM, could create more inclusive health promotion and intervention for teens. The implications of these findings will be further discussed in the next chapter.

Chapter 10 Discussion: Recognising the complexity of teens' experiences following sexual assault

10.1 Introduction

At the beginning of this thesis I argued that there is a gap between SASS and teens, preventing teens from gaining access to SASS (see chapter 1 *Introduction*). The aim of this study is to acquire knowledge about teens' experiences following sexual assault, gain insights into why there is such a gap, offer recommendations on how SASS can be improved, as well as contribute to the theoretical, methodological and ethical knowledge of how to include teens in research of sensitive nature (see also chapter 4.1 *Aim of study).* In this chapter I discuss the significance of the findings (as presented in chapters 6, 7, 8 and 9) in relation to existing literature as well as the implications for practice and health policy. Further, I discuss how these findings address the study's main research question (RQ) and sub-questions (SQ) (see table 11). The principal contribution of this study is that it gives in-depth insight into the complex, individualised experiences teens have following sexual assault, the ways in which the current structures are both working and lacking, and teens' specific needs from SASS.

Table 11

Main research question and sub-questions of the study

RQ	**What are the experiences of teenagers in Birmingham following sexual assault?**
SQ1	What does the use of an intersectional/ecological theoretical framework contribute to academic and practitioner understanding of teens' experiences following sexual assault?
SQ2	What differentiates teens from children and adults and how does this impact their experiences surrounding sexual assault?
SQ3	How do teens experience (non)disclosure of sexual assault?
SQ4	What are teens' experiences with sexual assault support services?
SQ5	How can sexual assault support services be improved for teens?

In relation to SQ1 the findings provide unique insights into the impact of the intersections of gender, race, cultural identity and age on teens' experiences following sexual assault. The ISEM is presented as a valuable theoretical framework to understand teens' experiences (section 10.2) As per SQ2, findings illustrate how the adverse life experiences teens narrated together with the characteristic transitional stage during the teenage years exposes teens to specific vulnerabilities in relation to sexual assault (section 10.3).

Concerning SQ3, the findings show a range of experiences with (non)disclosure of sexual assault highlighting the non-linear pathways to disclosure and barriers to disclosure. For example, the relevance of language, and impact of lack of knowledge of available SASS. Furthermore, how these barriers are interwoven within the agency versus structure dualism is underlined by complex constructs such as stigma, victim-blaming and cultural beliefs (section 10.4). In regard to SQ4 the findings increase understanding of teens' experiences with SASS. Specifically, how teens experience an emphasis on the legal narrative, view encounters with police as mostly traumatic and believe SASS are currently not meeting their needs (section 10.5). This leads to the findings addressing SQ5 which represent the views of both teens and practitioners on how SASS can be improved for teens and how barrier-breakers may be utilised to bridge the gap between teens and these services resulting in five strategies for improvement (section 10.6). I will end this chapter with a section on reflexivity (10.7) and consideration of the limitations and strengths of this study, as well as highlighting the unique contributions of this study (section 10.8).

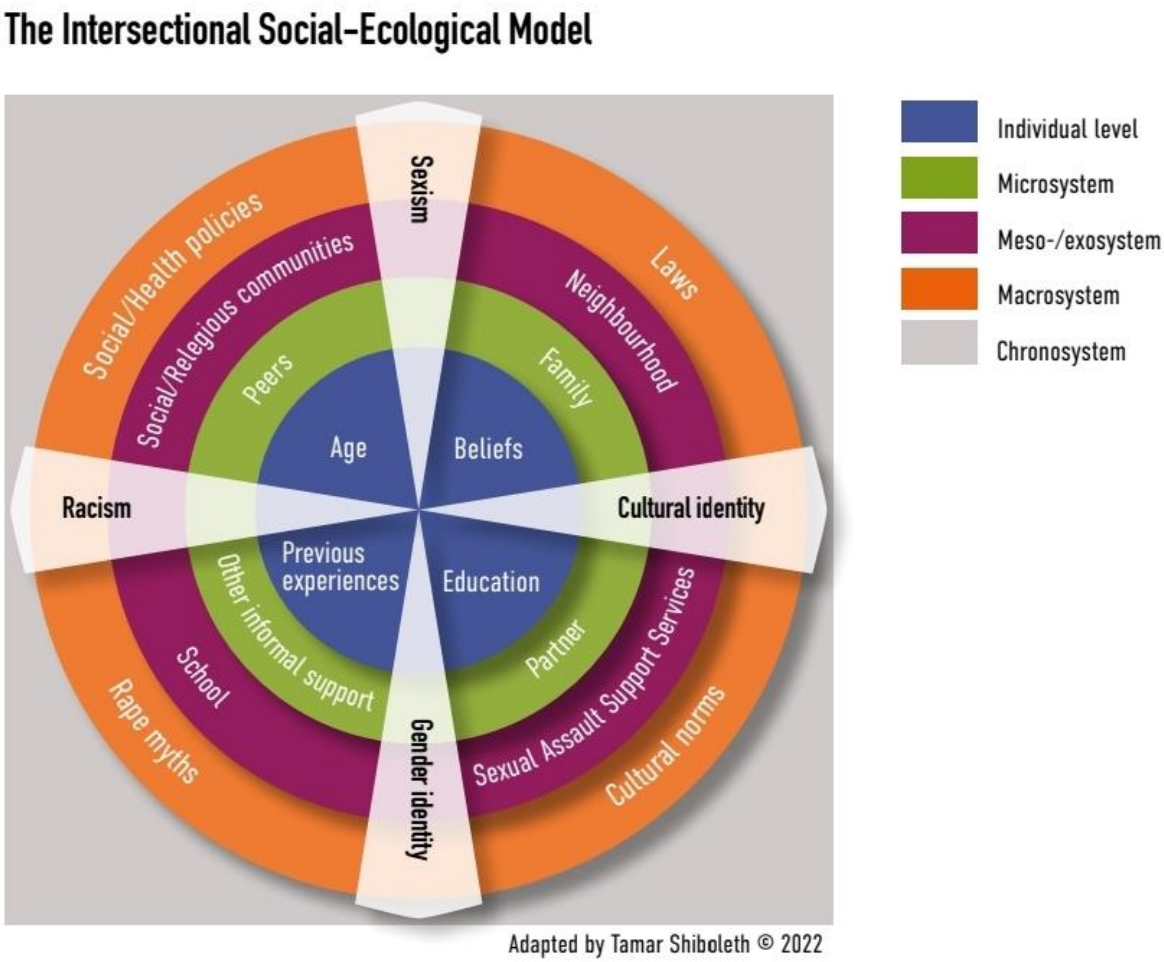
10.2 The Intersectional Social-Ecological Model: creating an integrated theoretical understanding of teens' experiences following sexual assault

In this section I discuss findings which address SQ1: 'What does the use of an intersectional/ecological theoretical framework contribute to academic and practitioner understanding of teens' experiences following sexual assault?' Whilst previous studies have often lacked a theoretical approach (see chapter 2 *Literature review*), this study's findings demonstrate the need for an Intersectional Social-Ecological Model (ISEM) theoretical framework that conceptualises and makes sense of the complex nature of teens' experiences following sexual assault (see section 3.4 *Introducing the Intersectional Social-Ecological Model* and figure 7 *The Intersectional Social-Ecological Model (ISEM)*).

The ISEM is distinguished from other social-ecological models by its integration of the intersection of gender and race and hence enables understandings to consider systemic structures of racism and sexism. A benefit of the ISEM is within health promotion research, the majority of interventions advised or developed target strategies focussing on individual beliefs, intentions, attitudes (individual level) and actions of social networks (microsystem). Interventions that go beyond this, targeting public policies and community action are rare (Golden & Earp, 2012; Wold & Mittelmark, 2018). For example, previous research has found evidence relating to disclosures of sexual assault and interventions for CSE on individual and interpersonal (microsystem) ecological levels, whilst limited evidence has been found to warrant a wider ecological approach (Dolan & McGregor, 2019, p.180). This might be because insufficient consideration was given to the extent of the interconnection between all four systems.

Figure 7

The Intersectional Social-Ecological Model (ISEM)



In contrast, the results and analysis of the current study show how important the meso-/exosystem and macrosytem are in order to address the complexity of sexual assault experiences. For example, findings showed how gender and cultural norms shape teens' beliefs and ideas of sexual assault, consequently influencing their ability to disclose, the impact (non)disclosure has on their relationships with others (family, peers, partner, and more) as well as broader reactions from their surrounding such as school and SASS (see section 6.4 *"Culture is key": How culture influences the teen experience of sexual assault*).

Using the ISEM compels the development and implementation of actions directed at all four levels whilst also accounting for systemic structures that impact the experiences with sexual assault. As such, the ISEM facilitates the understanding of how biological and

personal characteristics[38] (individual level), relationships of the teen with parents, peers and family members (microsystem), interactions between the teen and systems in the community (meso system) and interactions between formal systems such as SASS that exclude the teen (exosystem), as well as broader societal influences such as cultural norms, laws and policies (macrosystem) impact teens' experiences following sexual assault. Furthermore, by using the ISEM as a theoretical framework the importance of the intersections of the meta-constructs gender identity, sexism, cultural identity and racism are central to the analysis. This understanding occurs whilst simultaneously taking into account the social positioning of teens from minority groups and how this impacts their experiences.

10.3 Being a teen: transitions and adverse life experiences

In this section I discuss the findings relating to SQ2: 'What differentiates teens from children and adults and how does this impact their experiences surrounding sexual assault? The teen narratives demonstrate that 'teens' are not a homogenous group, and neither are their experiences. The findings from the narrative analysis show that personal characteristics, or social positionings from an intersectional viewpoint, such as age, gender and skin colour (demand characteristics) influenced teens' experiences, as well as practitioners' expectations and beliefs. Crucially, the intersections of gender, race and age impact experiences with and following sexual assault, and shape how teens give meaning to those experiences. In contrast, findings showed 'being a teen' comes with many assumptions about 'normal' teen behaviours such as 'moodiness' and disengaging from authority (see chapter 6.3.2. *Engagement with services: "They just don't want to engage"*). Practitioners described certain biases and generalisations towards teens, labelling them as 'hormonal' and 'having an attitude'. This finding is in line with Blackmore (2018) who states that behaviours such as self-consciousness and moodiness are often associated with being a teen (p. 7). As a result, findings illustrate teens are at risk of being misunderstood, not taken seriously or being left out of discussions about their needs by adults.

Allnock et al. (2021) established in their study that the impact of experiencing sexual abuse in adolescence differs from those of experiencing it at younger ages (see chapter 2.5 *Comprehensive review of grey literature*). Whilst findings indicate 'teens' are not a homogenous group due to individual circumstances and needs, contrarily there are some inherent characteristics of being a teen that impact their lived experiences, which will be discussed below.

[38] Withing ISEM personal characteristics are defined based on Bronfenbrenner's concepts of demand (such as age, beliefs and attitudes), resource (mental and emotional resources), and force (for example temperament and motivations) characteristics. See also section 2.3.1 Bronfenbrenner's Ecological Theory.

10.3.1 Transitions

The adolescent transitional stage comes with changes, uncertainty, but also a new found autonomy, resilience, an increased focus on self-reflection and growth (see chapter 6.2 *Developmental stage: Being a teen and in between*). These findings are congruent with Blackmore (2018, p. 7-19) who argues during the teenage years young people start reflecting on how their identity affects their lives. They develop a more complex sense of morality and how they are being perceived by other people, as well as a growth in political and societal awareness.

Practitioners described teens as particularly 'vulnerable' (see chapter 6.3.3 *Vulnerabilities*). Findings show teens experiences have been impacted by conditions created by being in a transitional phase of life. For example, Nia missed out on support because she moved to a different city to start university and her application for support was never transferred. Tiana expressed how she needed to 'mature', 'grow-up' and 'find out more about herself' before she felt able to disclose the sexual assault she experienced. Coleman (2019, p.120) argues the characteristics of transitions include: "*an eager anticipation of the future (wanting to be grown up), a sense of loss or regret for the stage that has been left behind (still showing childish behaviour or expressing childish needs), a sense of anxiety about what is unknown (worrying about the future), a major psychological readjustment (changes in all domains), a degree of ambiguity of status during the transition (no one knowing quite what status should be accorded to the young person during this stage)."* The findings from the current study, illustrate how the transitional characteristics as defined by Coleman (2019) influence teens' experiences surrounding sexual assault. This is in line with the findings of Allnock et al. (2021) who concluded that "*young people's developing cognitive capacity, emerging sexual identity, and changing relationships with the people and contexts in their lives, are all distinctive features of the adolescent life stage that shape how they are affected by sexual abuse, as is the associated tension of 'being caught' between childhood dependency and adult autonomy"* (p. 5).

10.3.2 Considering Adverse Life Experiences

Half of the teens who participated in this study experienced more than one sexual assault. This corresponds with the ONS numbers, where 48% of people who experienced sexual assault had previous experiences of sexual assault since the age of 16, and 21% reported more than three sexual assaults (ONS, 2018). One of the benefits of the narrative approach of the current study is that it allows analysis of the context and background stories of the teens who participated. They spoke of ALEs (see chapter 1.2.3 *Those who have experienced sexual* assault) such as homelessness, isolation, being a refugee, separation from family, experiences of war, parents' divorce, the death of a parent and being in care. These ALEs directly or indirectly impacted their experiences with and following sexual assault and have

featured throughout the result chapters (chapters 6, 7, 8, & 9).

All but one of the participating teens (Susie) are from minority backgrounds. Migrants and ethnic minorities are more likely to experience low socioeconomic status and poorer health outcomes (Nielsen & Krasnik, 2010). In chapter 2 (*Literature review*) literature is presented that addresses how poverty, family life, gender norms and culture impact teens' experiences with sexual assault and the responses to disclosures they receive. For example, teens from low-income areas have an increased risk of experiencing sexual assault (Williams, 2018). Further, it is suggested that teens with 'disrupted family relationships' (as is the case for Kushaaneh, Tiana, Nia, Grace and Elena) are less likely to disclose sexual assault (Schonbucher, 2013). It is an example of Mulla's (2014, p. 75) argument that:

> *"the narrative arc of disruption in which the moment of assault is taken as a radical redirection of an otherwise unremarkable life does not encompass the complex ways in which victims understand the violence that occurred in their lives. Neither does this narrative leave room for acknowledgment of the vulnerability and danger of poor women and men who navigate an everyday in which violence is not a singular occurrence."*

As such, the findings of the current study strongly suggest that teens' experiences following sexual assault, and therefore their needs from SASS are distinctly different from adults and younger children. The combination of 'being in transition' with experienced ALEs specifically, make interventions which consider teens' particular circumstances and needs crucial. Another specific element of teens' experiences following sexual assault which according to both practitioners and teens differentiates teens experiences from that of adults and younger children is 'safeguarding'. The impact of safeguarding protocols in the UK will be further discussed below (see 10.4.2 *Barriers to disclosure).*

10.4 Experiences with (non)disclosure: losing control or regaining agency?

In the sections below I will discuss the findings in relation to the pathways and barriers to disclosure addressing SQ3 'How do teens experience (non)disclosure of sexual assault?' The findings highlight a variety of teens' experiences with (non)disclosure of sexual assault.

10.4.1 Pathways to disclosure

In the literature review (chapter 2) three pathways to disclosure were presented: voluntary disclosure, involuntary disclosure and situational disclosure. The findings of the current study that were presented in chapter 7 *("A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*) showed that whilst teens' narratives supported the existence of these pathways, the data highlighted that teens can experience one or all pathways consecutively, or in parallel. Moreover, the findings

presented in the results chapters indicate that the characteristics and patterns of disclosures influence the pathways to legal and health care and the commitment to those services. The experience with support services and law enforcement appears to be influenced by the way the teens entered into these services, with teens being more favourable towards services when they disclosed voluntarily. This implies that the three different pathways to disclosure (voluntary, involuntary and situational) impact the subsequent engagement teens have with support services. This is supported by the literature presented chapter 2 (*Literature review*).

The findings of the current study show teens having to navigate complex disclosure processes, often not disclosing everything all at once. Instead, they might only disclose part of their experience first to test reactions. The findings from the literature review (chapter 2 *Literature review: Teens' experiences following sexual assault A meta-ethnography of qualitative research*) support disclosure is a process, rather than a one-off event. The results from the current study also demonstrated that for teens, peers are one of the biggest influences on the process of (non) disclosure which I will discuss further below.

Peer support

Findings of the current study show peers are often the first to receive a disclosure, which is supported by the literature (Schonbucher et al., 2012, 2014; Fehler-Cabral et al., 2013; McElvaney et al., 2014; Campbell et al., 2015; Warrington et al., 2017; Manay & Collin-Vézina, 2021, p. 1). This makes peers, not health care professionals, police or advocates etc., likely first responders and although the findings emphasise peers have the potential to function as a bridge to support services, they might also struggle with the appropriate and helpful way to respond. This was apparent in the negative reactions some teens received when disclosing to peers. Findings presented in chapter 7 (*"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support* services) show peer relationships can be considered as both a risk factor and resource when it comes to facilitating help-seeking. Teen narratives show how validation from peers (e.g. that an experience was a sexual assault) can help teens understand that they are not to blame for the sexual assault, which in turn can lower barriers to reporting to the police and accessing SASS. Receiving recognition or affirmation that their feelings about an experience are accurate and valid can offer teens substantial emotional support. It can also prevent teens from further victimisation, because once experiences are validated teens are more likely to feel empowered to either take themselves out of an unsafe situation, or ask for help to accomplish this.

Conversely, when experiences with sexual assault are not validated by peers it can be detrimental to the teen. Both the teen narratives and practitioners' experiences included teens' accounts in which sexual assault was unvalidated because either they were not believed, exploitative behaviours were normalised, or their account was not recognised as

sexual assault. This is in line with studies on teens' attitudes that show teens' views towards violence in relationships are worrying, with a widespread acceptance of forced sex and relationship violence in general (Barter, 2009). The findings indicate that the social complexities of peer relationships leave a distinctive mark on teens' experiences following sexual assault. This is explicitly different from adults who experience sexual assault because peer relationships are such a pivotal influence on teens' developments towards adulthood.

10.4.2 Barriers to disclosure

In chapter 2 (*Literature review*) five barriers to disclosure that are specifically relevant for teens were identified: normalising coercive behaviour, protective strategies, fear of (parental) sanctions, fear of social consequences and breach of confidentiality. With the data of the current study I was able to expand on this knowledge, resulting in the identification of seven categories of barriers to disclosure: practical barriers, knowledge barriers, social barriers, cultural barriers, emotional barriers, trust barriers and communication barriers (see also chapter 7.4 *To disclose or not to disclose?: Barriers to disclosure and help-seeking*). These categories contribute to a greater understanding of the obstacles teens face when accessing both informal and formal support.

For example, the results of the current study showed that teens often did not know where to go for support. Only Grace who has had extensive experience with formal support services could name several different services demonstrating she had this knowledge. Interestingly, in the literature review (chapter 2) it was presented how some authors (Ajuwon et al., 2004; Campbell, Greeson & Fehler-Cabral, 2013; Greeson, Campbell & Fehler-Cabral, 2014) speculated that teens might lack knowledge about their (legal) rights or do not know what services they can go to and where. The same conclusion was drawn in Cody (2015) and England NHS (2018). Conversely, in Ijadi-Maghsoodi et al. (2018) most participants showed both knowledge about sexual health services and motivation to stay healthy. This might be because of the similarities between Grace and the participants of the Ihadi-Maghsoodi et al. study, who were all young people residing in group homes with CSE experiences and consequently would have had encounters with social workers, psychologists and other practitioners.

An example which is critical to understanding teens' experiences relates to communication barriers. Practitioners noted that language is crucial and use of the wrong language, for example language that is construed as being patronising can significantly impact further engagement with the service (see chapter 7.4.7 *Communication barriers*). A new and relevant finding to have arisen from the current study is that teens often frame sexual assault and consent in different ways to SASS. Most teens did not relate to, or identify with, the terminology commonly used by SASS and them not engaging with services was the

corollary of the use of terms such as ‘sexual violence’. They preferred using colloquial language, language that was either descriptive of the experience or euphemisms like 'teenagers who face it' and ‘the situation’. This discrepancy shows how important language is. In Allnock et al. (2021) it was concluded that young people had variable understanding of terminology such as ‘mental health’, ‘emotional wellbeing’, ‘recovery’ and ‘resilience’. Young people also questioned the usefulness of such terms “*indicating that often these fell short of representing their complex experiences”* (p. 22). Studies on teens and other stigmatised behaviours such as ‘teen sexting’ have come to similar conclusions. For example, Anastassiou (2021) concluded in her study on teen sexting that young people often reported not having personal experiences with teen sexting, whilst during interviews she discovered that actually young people had ‘*extensive experience of receiving unsolicited nudes from boys and being asked to create and send nudes to boys’* (p. 284-285). It is conceivable that teens’ aversion to labelling language such as ‘victim’ and ‘survivor’ comes from the innate teenage experience of still having to establish who you are. As mentioned earlier in this chapter, the teenage years are a transitional phase during which the forming of identities is particularly significant. Therefore, teens may attach greater weight to these terms and as such evoke a reluctance or even unwillingness to identify with them, or use them to describe their experiences, resulting in a barrier to disclosure and accessing SASS. Further, findings indicate that the discomfort with current terminology could stem from a lack of experience with talking about issues such as sexual assault (see section 7.4.7. *Communication barriers*).

Findings highlight teens experience many barriers to disclosure and accessing SAS. This makes disclosing for teens incredibly complex. Some teens might experience one or two barriers, whilst others experience them all. The weight of certain barriers also depends on the context. In relation to the experienced barriers, the findings presented in the results chapters showcase the impact of the dualism between agency and structure. In regard to agency it is important to make a distinction between being capable to act and having the willingness to act (Albanesi, 2009). According to Albanesi (2009) only the latter can be considered to be ‘agency’. For example, Nadim was capable of going to a sexual health clinic to receive support. She knew where the clinic was and how to travel there with public transportation. She also understood the importance of going, yet, she was not willing to do so. The reason for this was that if she is seen in a sexual health clinic by somebody from her community, this could have negative social consequences. Her agency to make the decision of whether or not to go to the sexual health clinic is influenced by the social structure she is also part of. Thus, agency cannot be understood without taking into consideration social and cultural factors. In relation to teens’ barriers to disclosure of sexual assault, the structure versus agency dualism results in three crucial considerations: ‘safeguarding’, the impact of ‘culture, gender roles and the adultification of black girls’, and ‘secrecy as a protective

strategy against victim-blaming and stigma'. These considerations will be addressed in the next section

An ethical dilemma: Safeguarding as a barrier to disclosure

As a society, we require teens to conduct themselves maturely (such as reaching out to services and police investigations). At the same time, we treat them as children, of which safeguarding procedures are an example. The tension between these two perspectives can be difficult to negotiate. The structure seems inherently paternalistic ('we know what is best for you' e.g. safeguarding) impacting teens' ability to exercise their agency within the constraints of this structure (see also chapter 1 *Introduction*). The teen narratives presented in chapter 8 (*The impact of sexual assault, perceptions of and experiences with sexual assault support services*) show loss of control is often a consequence of disclosure, and the knowledge this will happen deters some teens from disclosing. The dualism between agency and structure is therefore especially poignant within the safeguarding structures that are in operation in the UK (see also chapter 1 *Introduction*) and the impact they have on nondisclosure of sexual assault amongst teens.

As Tiana's narrative illustrates (see chapter 7 '*A very life-changing decision': Teens' experiences with (non)disclosure of sexual assault and barriers to support services*) the prospects of losing control and not being able to exert agency, because reporting the sexual assault would result in the involvement of her parents, made her feel 'weak and powerless'. As a result, she did not disclose. Teens and practitioners identified safeguarding as one of the key components of how SASS for teens is different compared to children and adults. Findings presented in section 7.4.6 (*Trust barriers*) show practitioners believed safeguarding is both a deterrent to disclosure as well as a necessary intervention. Findings further show age is used as an indicator on whether or not to safeguard a teen who discloses sexual assault. Practitioners expressed children under sixteen should always be safeguarded whilst for teens aged 16 and 17 years old it can be a grey area (chapter 7.4.6 *Trust barriers*). This makes some sense from a legal perspective. The transition from childhood to adulthood comes with an accumulation of legal rights and responsibility. For example, in the UK, you can consent to sex at 16, learn to drive at 17 and vote at 18-years-old (Montgomery, 2009, p. 207). Still, whilst practitioners are obligated to safeguard all children under 18-years-old, using age as in indicator to maturity is problematic because it does not account for the development and maturation of individuals. It also does not account for any resource (such as education, living conditions, and parental and peer support) and force characteristics (such as temperament, motivations and resilience). Literature also suggests that gender might be a factor in safeguarding. For example, McNaughton Nicholls et al (2014) conclude that males are less likely to be perceived as 'vulnerable' compared to females. Females are therefore more likely to be referred to SASS whilst males are less likely to be referred to

services (Beckett et al., 2013; McNaughton Nicholls et al., 2014; Guerra et al. 2021).

Findings presented in chapter 7.4.6 (*Trust barriers*) and chapter 8.3.3 (*The challenge of safeguarding*) show safeguarding protocols by the UK government result in practitioners being required to make life-changing decisions for teens whilst affording limited agency to teens themselves. Practitioners experience safeguarding as requiring them to navigate a grey area between childhood and adulthood, deciding who to safeguard and who not to safeguard even though according to policy they have to safeguard all teens under 18 years old. Teens feel deterred from disclosing by this paternalistic approach. Tiana and Grace explicitly mentioned they did not disclose because they knew they would be 'safeguarded' and had no interest in this happening. As illustrated by the narratives from Tiana and Grace, as well as practitioners' experiences, UK safeguarding protocols directly impact teens' engagement with SASS. Engagement of teens with SASS is dependent on their expectations of the services. Safeguarding procedures challenge the trustworthiness of services. Similarly, a finding established in the literature review (chapter 2) addressed how teens worry about confidentiality being broken by both informal and formal support and as such 'breach of confidentiality' is considered a barrier to disclosure. Warrington et al. (2017) concluded that the safeguarding procedures of police and social care, whilst being critical, were also experienced as being damaging and stigmatising. However, safeguarding and its impact and necessity was not further critically discussed nor was it in the other (grey) literature reviewed.

Furthermore, as was established in chapter 2 (*Literature review*), applying Western values, such as obligatory reporting and involving official systems (e.g. safeguarding) to teens from non-Western backgrounds can cause additional trauma and social harm (Shalhoub-Kevorkia, 2015). Whilst some practitioners believe teens understand the need for safeguarding, others were critical and perceived it more as a barrier to disclosure and a potential breakdown of trust. As discussed, the latter was more congruent with the data from the teen narratives. Whilst some practitioners believe 'you can't not safeguard', other countries have implemented safeguarding policies which specifically do not include mandatory safeguarding of minors. The Netherlands, for example, argues mandatory safeguarding encourages practitioners to safeguard because they fear being reprimanded when they do not, instead of prioritising the child's best interest. Further, mandatory safeguarding is viewed as a barrier to disclosure and engaging with support services for both parents and children (*Kinderrechten.nl, n.d.).* Whilst leaving safeguarding up to the practitioners' discretion has its own challenges, it does encourage practitioners to consider the impact, both positive and negative, of safeguarding in each individual case. I perceive safeguarding as an ethical dilemma because the data shows the decision to safeguard is a conflict in which no matter which choice is made, an ethical principle will be compromised either the teens' right to agency and autonomy or the view safeguarding protects them from

further harm.

The impact of culture, gender roles and the adultification of black girls on disclosure

The process of disclosure, dealing with the responses once disclosed, and barriers to disclosure and help-seeking are challenging enough for all teens going through these experiences. However, teens who are marginalised or have additional challenges, for example, being in care, teens from the LGBTQ+ community, or because of their race and religion, like the majority of the teens who participated in this study, experience additional barriers and unsupportive responses. I will therefore discuss the findings in relation to disclosure and cultural influences in this section.

Within the ISEM, the macrosystem contains societal laws and policies as well as cultural expectations. In chapter 2 (*Literature review*) it was argued that the social and cultural context in which sexual assault occurs is highly relevant to understanding teens experiences. Teen narratives showed that all teens, due to their multicultural and/or religious backgrounds, are impacted by conflicting cultural expectations. For example, Kushaneeh's and Tiana's narratives which are presented in chapter 6.4 (*"Culture is key": How culture influences the teen experience of sexual assault*), showcase how a multicultural background results in navigating not one macrosystem, but two. The contradictory norms, values and beliefs within these systems can be the cause of substantial friction. For example, the data demonstrated the complexity of cultural influences on how sexual assault is framed and views on help-seeking after sexual assault. Findings showed certain cultural values can lead to teens being disproportionally affected by sexual assault and contributes to them not understanding their experiences as sexual assault.

In chapter 2 (*Literature review*) I presented how gender is a central theme within the literature regarding how sexual assault and consent are understood and constructed. The findings of the current study underlined the importance of gender and show how gender roles are often part of complex structures related to teens' experiences with (non)disclosure. Teens noted how women are blamed for the behaviour of men and how there are certain expectations of both men and women. Gender roles are not specific to certain cultures as all teen narratives, regardless of cultural background, showed the impact of gender roles. However, beliefs from specific cultures (such as the narratives from the teens from Nigeria and Afghanistan) have engrained gender roles that make it even more challenging for teenage girls to disclose sexual assault.

The findings are in line with Sexual Scripting Theory (see chapter 3.5 *Introducing the Intersectional Social-Ecological Model*). Teens are in the process of developing their own (sexual) scripts which might differ from those of their parents. Some of the teens found their cultural background varies significantly from the cultural scripts they have grown up with in England. For example, the analysis of the teens' narratives shows an emphasis on

'reputation' as in indicator of a women's worth within some cultures not only increases vulnerabilities to experiencing sexual assault but also decreases opportunities to access SASS. This is especially significant for these teens considering they, as young women, have a lot to lose when their reputation is affected including family, community and their futures as potential wives and mothers. Kushaaneh's narrative is an example of how the need to keep her reputation 'intact' led to repeated incidents of sexual assault (see chapter 6.4.1 *Cultural conflicts: Kushaaneh's story)*. Furthermore, narratives show the intersection of gender and race can impact black teenage girls' experiences following sexual assault as well as the responses from others to disclosure of sexual assault. Teens from certain cultural backgrounds, specifically black girls, are more often viewed as responsible for their sexual assault and often as less innocent than white girls their age *(Epstein, Blake & Gonzalez, 2017, p.1).* Even though the four teen participants who are black did not explicitly mention experiences with racism, literature suggests that the, sometimes subtle, processes of situational and positional racism have already impacted their experiences (Bernard, 2019, p. 199). For example, the processes of adultification of black girls (see also chapter 7.3.1 *Inaction as the reaction* and chapter 8.3.2 *Navigating help-seeking and support services after sexual assault*) attributes more accountability on black girls than their white counterparts, as well as imposing harsher and more drastic measures such as exclusion from education and placements in care (Epstein, Blake & González, 2017, p.1). Adultification can also be present in the language used to describe black children as 'streetwise', 'resilient' and 'mature', language which is normalised due to stereotypes associated with them (Davis, 2022).

In the UK, the case of Child Q is an example of the impact of adultification. Teachers thought 15-year-old Child Q smelled of cannabis and was suspected of carrying drugs, so she was searched by school staff. When this search did not result in locating any drugs, the Metropolitan Police Service was called in and Child Q was subsequently strip-searched without an appropriate adult present and with the knowledge she was menstruating (no drugs were found). The Local Child Safeguarding Practice Review (Gamble & McCallum, 2022) proclaimed "[…] *Child Q should never have been strip searched"* (p.15) and it was concluded "[…] *racism (whether deliberate or not) was likely to have been an influencing factor in the decision to undertake a strip search*" (p. 32) accrediting the experience of Child Q to that of adultification bias (p.34). In the report Child Q is quoted to have said "*Someone walked into the school, where I was supposed to feel safe, took me away from the people who were supposed to protect me and stripped me naked, while on my period […]* (p. 11). In the report 'All together now' by the Commission on Young Lives (2022), it is argued how the case of Child Q, and others like it, can have "*a damaging impact on Black young people's confidence in both schools and the police"* (p.21). In relation to sexual assault, black women face 'unique scrutiny' after disclosing as well as being perceived as more blameworthy than white women

in the same position. Conjointly, black women who have disclosed sexual assault to the police are less likely to have their cases come to trial. Where cases do get to this stage it is less likely these result in a conviction (Slatton & Richard, 2020, p.4).

The narratives described in this study have illustrated key issues and the ISEM is a framework that can be used to explore and understand the impact of structures such as victim-blaming, gender roles, sexism, racism and power dynamics that disadvantage all teens however disproportionately affects black teens. Findings showed that for many practitioners this was an uncomfortable topic to discuss (see chapter 6.4 *"Culture is key": How culture influences the teen experience of sexual assault)*. However, its importance is supported by literature, for example Crenshaw (1995, p. 359), who argues that cultural barriers make it even harder to disclose and take advantage of existing support systems. Furthermore, Bernard (2019, p. 202) argues: *"practitioners must be aware that black adolescents are confronting specific adversities in their lives that need to be disentangled in order to understand the barriers they have to navigate*". The impact of the intersections of race, gender and age mean that when teens do choose to disclose, they need to be able to rely on encountering practitioners that are sensitive to, and understanding of, the key issues that impact their lived experiences.

Secrecy as a strategy of control: the impact of victim-blaming and stigma

The data presented in the findings chapters showed how teens are exposed to victim-blaming and stigma. In the introduction of this thesis, I discussed Christie's (1986) concept of the 'ideal victim'. Bosma, Mulder and Pemberton (2018) argue that "*it goes against our intuition that someone competent becomes dominated or victimised, particularly by interpersonal (sexual) violence, and thus this type of person is unlikely to be considered as a wholly legitimate or blameless victim.*" (p.30). This notion is reflected in participating teens' feelings about the term 'victim'. As found in findings chapter 7.4.7 (*Communication barriers*), participants often did not identify with the term 'victim' as they associate it with 'being seen as weak'. Christie argues social constructions of the 'ideal victim' are characterised by 'innocence'. Bosma, Mulder and Pemberton (2018), expanding on Christie's 'ideal victim' argue that "*the especially blameless and innocent might trigger observer reactions that include blame and derogation"* (p.32). This would instigate stigmatisation and victim-blaming of teens who have experienced sexual assault. For example, by labelling behaviours of teens prior to or during the sexual assault considered as 'risky' (such as drinking alcohol) as a contributing factor to the assault.

The relevance of victim-blaming relates to the theory of a 'just world' described in chapter 8.2.1 (*Teens' health and well-being after experiences of sexual assault*) essentially claiming that people have an inherent belief that the world is a just world in which people get

what they deserve (Fetchenhauer, Jacobs & Belschak, 2005, p.26). Teens often are not seen as the 'ideal victim' due to behaviours that are constructed as 'risky', such as drinking alcohol and/or using drugs, being out late, and skipping school. Attributing the occurrence of a sexual assault to your own behaviour implies you can prevent it from happening again. As such victim-blaming, including self-blame by teens themselves, can positively impact people's well-being as it implies a sense of 'being in control'. However, victim-blaming can also have a derogative impact. For example, Grace's experiences with victim-blaming (see chapter 8 *Case study Grace*) are concurrent with damaging narratives that attribute agency as a form of blame to young people who experience sexual assault, or in Grace's case CSE, without recognising the structures that shape these 'choices'. As Beckett (2019, p. 30) argues: *"the exercise of agency does not necessarily negate the abusive or exploitative nature of an act".* Particularly the social and cultural barriers to disclosure presented in chapter 7 *('A very life-changing decision': Teens' experiences with (non)disclosure of sexual assault and barriers to support services*) were heavily impacted by the stigma attached to sexual assault.

The concept of stigma originates from Ancient Greece where visible signs were administered to people to categorise them as belonging to a particular group (for example, traitors and slaves). Consequently, people could be easily labelled and identified as 'tainted' or 'impure' and be avoided (Goffman, 1963, p. 9). Even though nowadays stigma is not based solely on physically visible signs, the impact can be the same. Stigma can lead to a variety of discriminatory responses, and once stigmatised, it can be tough to dispose of that label. For some teens, the attributes that are stigmatised (e.g. the sexual assault, being sexually active, having lost their virginity, even taking anti-conception) is out in the open either because it was discovered or because they decided to disclose. The teens that have their 'stigma' out in the open, Goffman calls disqualified because they are not able to escape the consequences of being stigmatised. When someone's stigma is not visible, only known by themselves, and concealed from the outside world, that person is called potential disqualified (1963, p.12). It is relevant to consider these concepts here because the teens who participated in this study all have experience being potentially disqualified. Being 'different' is often something teens want to avoid (Blakemore, 2018, p. 16). Some of them, because they realise the risks of people knowing they have experienced sexual assault, opt for not disclosing and keeping it a secret. This way, secrecy becomes a strategy to control how they are perceived by others, or more importantly, how they are not perceived. This is consistent with findings from both the systematic literature review and review of grey literature (chapter 2) that found that for some teens non-disclosure is a way of protecting themselves from the 'unknown of disclosure' and the possible negative social consequences.

10.5 Teens' experiences with formal support: the forensic narrative, being heard and respecting teens' autonomy

In this section I discuss findings relating to SQ4 'What do teens who have experienced sexual assault need from support services?'. The teen narratives demonstrate that if the conditions are not right teens are not receptive to support, even when offered. This was supported by the practitioners' and observational data. Teen narratives also demonstrated that teens share both good and bad experiences with each other. This highlights how having a positive experience is not only good for the teen in question, but potentially contributes to bridging the gap to support for their peers as well. It also means effective and appropriate care starts before teens enter the service and highlights the importance of the perceptions on support services. Here I showcase how findings indicate that putting the emphasis on a forensic narrative following a disclosure of sexual assault is prevalent, even though it is detrimental to teens' positive experiences with formal support structures (10.5.1). Further, I present the positive experiences teens reported having with support services, as well as reflecting on their unsupportive experiences (10.5.2).

10.5.1 Teens experiences with the police: questioning the forensic narrative,

The findings presented in chapter 7 (*"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*) showed that for teens who have experienced sexual assault, encounters with the police afterwards can be incredibly challenging. The same was found in the literature detailed in the literature review (Jago, et al., 2011; Greeson et al., 2014; Tener et al., 2014; Campbell et al., 2014; Campbell et al., 2015; Warrington et al., 20`7; Ijadi-Maghsoodi et al., 2018; Centre for Women's Justice, End Violence Against Women Coalition, Imkaan and Rape Crisis England & Wales, 2020; Allnock et al., 2021). In chapter 8 (*The impact of sexual assault, perceptions of and experiences with sexual assault support services)* six essential findings in relation to teens' experiences with the police were presented*:* 1) parents or carers were often the ones to initiate reporting the sexual assault to the police, 2) teens described encounters with the police as 'the worst experience of my life', 3) most teens were unsuccessful in their pursuit of justice, 4) teens particularly struggled with the language used by the police, 5) from the six teens who had experiences with the police, only two were referred to SASS, 6) the findings of the current study show that from the teens' perspective little is done by the police that recognises their specific challenges compared to adults. This is in contrast with the UKs commitment to offer a child friendly criminal justice system (see chapter 1.3.1 *The Lanzarote Convention*).

Teens' narratives revealed how the police have expectations of teens that are usually more associated with adult or mature responsibilities. As discussed earlier, the literature suggests black girls are even more at risk of such treatment (Epstein, Blake & González, 2017). Additionally, experiences with the police also display how teens felt criminalised, for

example by having to hand over their mobile phone. Nia's narrative is an illustration of the detrimental results of teens submitting to police 'requests' to access their phone. Nia's case was not pursued by the police after they found messages that indicated she had asked her friend to communicate with her ex, who sexually assaulted her, after the assault. Even though she did so only to inform him she had become pregnant as a result of the assault. Unfortunately, Nia's experience is not an isolated incident. In Campbell et al. (2014) a teenage girl was labelled as 'resisting participation in the legal system' because she did not want to hand over her phone to the police (chapter 2 *Literature review*). Mulla (2014, p. 6) also argues that for *"those who do not actively participate in the sexual assault intervention, there is a risk of being branded non-compliant by the medical and legal staff".*

In the UK there has been much discussion about the police requiring the person who reports a sexual assault to give them access to the content on their phones, whilst they cannot do the same for those who are accused of sexual assault. For example, the Guardian wrote that the police in England and Wales systematically drop rape investigations after those who reported the rape refuse to give them access to their phones (Bowcott, 2020). I question the assumption that not wanting to give up your phone is an act of resistance and not one of protecting privacy and exercising agency in a structure that provides teens with limited choices. Ten civil liberties organisations including Amnesty International and the Centre for Women's Justice argue that requesting to download the contents of a victim's mobile phone by the police is unlawful (Bowcott, 2020). As such, is it not a teens' right to keep their phone without being labelled as 'resisting' or 'not credible' as a witness? Why should a teen who was sexually assaulted give up their phone (while this is not required this from perpetrators)? It is a necessitous discussion, considering that teens' narratives showed during their contact with the police, teens felt they had to defend themselves. The police's use of victim-blaming language was cited as an illustration. Crucially, findings show that experiences with the police, or even perceived beliefs of what these experiences might be like, consequently negatively impact teens' willingness to access SASS. In chapter 7 (*"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*) I discussed how the idea of having to go to the police prevented teens from disclosing, either because they knew they would be safeguarded or because they had heard about negative experiences with the police from friends.

In contrast, the literature presented in chapter 2 (*Literature* review) suggests that when the police engage in behaviours that teens perceive as caring, compassionate and personable, this will have a positive impact on both the emotional well-being of the teen and their commitment to participate in the criminal justice system (Greeson et al., 2014). It was also stated that the police might act to bridge the gap between teens and health services (Campbell et al., 2015). The data of the current study is antithetical to these views as, with

the exception of Grace who was placed in care after disclosing to the police and Nia, the teens were not referred to further support services by the police. Furthermore, none of the teens who reported their experience of sexual assault to the police considered their encounter with the police as positive. Kushaaneh's narrative is an example of how the focus on the conviction of the perpetrator made her feel invalidated and as if she did not matter (See chapter 8.3.1 *"I felt like I was the one on trial": Teens' experiences with the police following sexual assault*). Critically, negative experiences with the police were a reason to not seek out support from SASS. The findings also indicate that many teens believe disclosure is focused on reporting sexual assault to the police. Even when going to other support services such as charities that provide counselling or sexual health clinics, associations with having to report to the police are made. For example, Arya who in her narrative explained she withdrew from seeking help because she was worried she would be forced to report it to the police. According to Mulla (2014) there is a discrepancy with this focus on a forensic narrative as: *"victims' narratives of suffering do not have the same start- and end- points as the forensic narrative."* (p. 30). Nia's narrative, described above, is an example. Her pregnancy following the sexual assault and the subsequent contact she had with the person who assaulted her profoundly impacted her experience whilst she received little understanding from the police for her circumstances.

10.5.2 Experiences with formal support services

The findings highlight the importance of teens' receiving support after experiencing sexual assault. The narratives of Kushaaneh, Elena and Tiana (see chapter 8.3.2 *Navigating help-seeking and support services after sexual* assault) exemplify teens who had positive experiences with SASS because they felt validated and as a result felt significant benefits to their mental health. This finding is in line with research concluding that early intervention can reduce the effects of ALEs, such as sexual assault, and enhance the mental health and well-being of young people (Tiet, Huizinga & Byrnes, 2010) and increase the propensity for resilience in the future (Seery, 2011). A key consideration is that early intervention is essential (Tiet, Huizinga & Byrnes, 2010). The findings show teens credit positive experiences with formal support services to: 'enjoying' speaking to somebody they did not know (as opposed to a family member or friend), being asked directly about the sexual assault, and feeling validated by the practitioner. Unhelpful experiences were attributed to: long waiting lists, a lack of understanding of trauma, a focus on the sexual assault not the teen who experienced it, not directly addressing the topic of sexual assault, not taking the teen's preferences into account or failing to consult the teen on important decisions such as taking medication, and not understanding the impact of a teen's cultural background. Additionally, teens spoke about how they felt they were 'not being heard', 'not listened to' or

'not understood' (see also chapter 8 *The impact of sexual assault, perceptions of and experiences with sexual assault support services*). In Grace's narrative she was particularly vocal about not having received any support and believing practitioner's 'never listen' to her. It might seem puzzling that a teen who has had many encounters with a range of practitioners would feel she was not supported and heard. Dolan and McGregor (2019, p. 176) adduce that when teens say 'they never listen' they possibly mean practitioners, or adults in general, offer what is known as static empathy ('I understand what you are experiencing') as opposed to active empathy ('and here is what I am going to do for you').

In general findings evince teens' experiences with SASS that they labelled as unhelpful might stem from an uncertainty about how to interact with teens, what the best ways to support them are, what can and cannot be expected of them, and beliefs on how much responsibility and autonomy teens should be able to exercise (chapter 7.2.2 *Navigating help-seeking and support services after sexual assault*) . Kwhali, Martin, Brady and Brown (2016) researched social workers' confidence, understanding and awareness of CSA. They found that whilst social workers have a strong sense of commitment and concern for children who are (at risk of) experiencing CSE, they face multiple challenges in their daily practice. Including, a lack of training, support from management and peers, agency communication and role clarity. Similar challenges were reported by the practitioners who participated in the current study.

The experiences with SASS described in both the teen narratives and the practitioner's experiences lead to some difficult questions. For example, did Grace's situation improve after she disclosed CSE? The CSE stopped, still she experienced further sexual assault whilst in care. Narratives like Grace's show that teens are very much aware of the implications of a disclosure. They are also aware that these implications are not (always) in their best interest. When looking at the experience from Grace's perspective, what did her disclosing CSE bring her? She was taken away from her mother, placed in care, moved to different cities, various settings, several schools, did not receive adequate support and even though the CSE stopped still experienced further sexual assault. The system being what it is, what are we asking teens to disclose for? Whilst uncomfortable, the findings from this study show it is an essential discussion to have.

10.6 Strategies for improvement: a multi-layered approach to barrier-breakers and more inclusive support services

Here I discuss findings in relation to SQ5 'How can sexual assault support services be improved for teens?'. In chapter 2 (*Literature review*) five barrier-breakers were found in existing literature: peer influence, validation, good relationship with trusted adult, wanting to protect others and being asked about sexual assault. In chapter 9.2 (*Barrier-breakers:*

Breaking down barriers to sexual assault support services) four further barrier-breakers, identified during analysis of the data of the current study, were presented: talking about sexual assault and consent, media, safe spaces and visibility services. Whilst these barrier-breakers address how barriers to disclosure can be overcome, they are mostly helpful to get teens 'past the front door'. Once teens are in contact with SASS, interventions have to be aimed at encouraging further engagement with support services.

Findings evidence how teens and practitioners believe sexual assault support services for teens need improvement (chapter 9.3. *"Young people are falling through the cracks": Participants' views on how to improve sexual assault support services*). This finding is in line with the literature (presented in chapter 2 (*literature* review). Especially services with specific knowledge of supporting BME women and girls following sexual assault are considered to be limited (Gohir, 2013; Thiara, Roy & Ng, 2015). Bronfenbrenner (2005) argued that human beings create the environments that shape the course of human development. "*Their actions influence the multiple physical and cultural tiers of the ecology that shapes them, and this agency makes humans- for better or worse – active producers of their own development"* (p. xxvii). This means that individuals influence the people and institutions of their ecology as much as they are influenced by them in return (Lerner, 2005, p. ix). As such the potential for systematic change, the plasticity of human development, is depended on research informed applications to policies and programs designed to improve and promote healthy human development (Lerner, 2005, p. ix). The interventions teens and practitioners believe are necessary can be placed on all four levels of the ISEM (individual, microsystem, meso-/exosystem and the macrosytem). In contrast, within health promotion research, the majority of interventions advised or developed target the individual level primarily focussing on individual beliefs, intentions, attitudes and actions of social networks. Interventions that go beyond the first two levels targeting public policies and community action are rare (Golden & Earp, 2012; Wold & Mittelmark, 2018). This approach is not supported by the data presented in chapter 9.3 (*"Young people are falling through the cracks": Participants' views on how to improve sexual assault support services*). Instead, interventions aimed at the fourth level of the ISEM (macrosystem) relating to broader societal influences such as laws, policies, cultural norms but also widely held beliefs such as rape myths are particularly important.

Teen narratives and practitioners' experiences showed how societal structures impacted experiences of sexual assault and any possible improvements to SASS. In their narratives teens described how they experience sexual assault as being embedded within society. Not only do they have their own experiences, sometimes multiple, they also see many peers encountering similar experiences. As such changes in the macro-system are needed to improve interventions on all other three levels, and vice versa. Below I will provide

a discussion on the five suggested strategies for improvement of SASS that originate from findings of all three datasets of this study (see table 12).

Table 12

Suggested strategies for improvement of SASS

	Strategy for improvement
1	Utilising peer relationships
2	Establishing co-operation between SASS and schools
3	Social media
4	Normalise conversations with teens while respecting their agency
5	Changing the narrative in the media

10.6.1 Strategy 1: Utilising peer relationships

For teens, the responses they receive from their peers are paramount. Whilst some teens have reported reactions from unhelpful peers (see chapter 5 *"A very life-changing decision": Teens' experiences with disclosure and non-disclosure of sexual assault and barriers to sexual assault support services*) others experienced peers who assisted them further the disclosure process. As concluded in the literature review (chapter 2), not only do teens often disclose to peers first (Fehler-Cabral et al., 2013; Campbell et al., 2015; McAlvaney et al., 2014; Schonbucher et al., 2012), they are also considered a primary source of support (Schonbucher et al., 2014; Stark et al., 2016), and often encourage further disclosure to parents or support services (Fehler et al., 2013; McAlvaney et al., 2014). Susie's narrative (see chapter 7 *Case study Susie*) is an example of the ability of peers to bridge the gap between teens and SASS, as well as how those who have experienced sexual assault themselves can become an intermediary for SASS. Therefore, ensuring all teens have general knowledge of sexual assault, consent and how to get support will provide them with the necessary tools to respond to a disclosure appropriately and beneficially (see also chapter 7 *"A very life-changing decision": Teens' experiences with (non)disclosure of sexual assault and barriers to support services*).

Another important finding is the need for peer-focussed interventions such as support groups and peer champions in schools, which was voiced by many of the teens. Interestingly, it was not a possible improvement of services mentioned by practitioners. Whilst peer support has been widely used in the UK for issues such as anti-bullying interventions in schools (Cowie & Hutson, 2005), it is currently underutilised by SASS.

Research has shown that in the context of bullying, peer champions in schools can make valuable contributions to students' well-being (Naylor & Cowie, 1999) and are preferred over teachers and siblings (Boulton, 2006). Also, students believe the presence of peer counsellors decreases bullying in school, means the school is doing more about bullying, and has a positive impact on the counsellors themselves as they report greater communication and interpersonal skills and an increased social self-esteem (Houlston, 2009). Warrington (2020) argues group work and peer support are already well recognised within trauma informed practice for adults. Still, it is a less well developed practice for young people because of concerns of exposing young people to additional risks through contact with other traumatised young people. Warrington et al. (2017) state a 'significant minority of interviewees' valued opportunities to connect with peers who had similar experiences (p.11). They conclude "*the role of both informal and more formal peer support recurs as a theme in children and young people's narratives, primarily in relation to disclosure, emotional support and experiences of 'going on' after abuse. Despite this, friends and peer support – and the needs of safe carers – rarely appear to be fully considered by professional interventions*" (p.166). Accepting that young people can support their peers in need in ways adults would not be able to, and supporting them to cultivate and exercise this ability, is in line with current trends in adolescent health promotion to combine ecological approaches with empowerment and structured interventions (Wold & Mittelmark, 2018, p. 23).

10.6.2 Strategy 2: Establishing co-operation between SASS and schools

Another strategy to increase teens' knowledge on sexual assault and the availability of SASS brought up by both teens and practitioners is the importance of education in schools that specifically address issues such as consent, sexual assault and CSE. A finding that is supported by the literature presented in chapter 2 (for example Cody, 2015 and Allnock, Miller & Baker, 2019). Most of the teens who participated in this research recall only limited discussions on these issues, whilst some say there was no discussion at all (see chapter 9.2.1. *Talking about sexual assault and consent*). All teens believe that education at school could have lowered barriers to disclosure and help-seeking after they experienced sexual assault. Even more so if SASS would have been actively involved in this education. Both teens and practitioners identified schools as one of the most significant sites where essential topics such as relationships, sexual assault and consent should be addressed. Research on dating violence victimization prevention among adolescents concludes that the risk of being exposed to physical and/or sexual dating violence decreased when school social support increased (Jankowiak et al., 2020). However, participants agreed that currently schools are lacking. These findings are supported by Coy and colleagues (2013) who found that young people in the UK:

> *"receive little useful help or guidance from either Sex and Relationships Education (SRE) or parents in how to negotiate sex, and want safe spaces to have these conversations. With no consistent and required content for SRE in England, young people's access to accurate information and spaces to explore the complexities of their lives and decision making are limited" (p.12).*

Furthermore, in discussions regarding what to include in Sex and Relationships Education (SRE) these issues are often viewed as something individual students 'bring with them' to school, whilst the schools are merely a site of intervention (Krebbekx, 2019, p. 17). However, schools as social sites in themselves are not just sites where concerns around sexual assault can be addressed through sex education. In line with the results of Krebbekx' (2019) research on sexuality and diversity in Dutch schools, teens' experiences show schools are sites where sexual coercive behaviours *"are made, play out, and create effects"* (p. 18). For teens, schools are one of the most important social sites and one of the few places most teens have access to. As such they are ideally positioned to play an important role in lowering barriers to disclosure and introducing teens to the availability of SASS.

10.6.3 Strategy 3: Recognise the limitations of social media

Growing up in this period and time brings specific challenges. As part of teens' chronosystem (see chapter 3.4 *Introducing the Intersectional Social-Ecological Model*), the findings suggest that 'social media' can be impactful. As such, social media has been brought forward by practitioners as one of the major challenges for today's teens. Practitioners have witnessed social media being used as a tool for exploitation and dispersing misinformation, which was also evident in teens' narratives (see chapter 6 *How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault*). The 'EU Kids Online 2020: Survey results from 19 countries' report shows that for most children across Europe, smartphones are the preferred means of going online, resulting in an 'anywhere, anytime' connectivity. The majority of children reported using their smartphones daily or almost all the time, a substantial increase compared to the EU Kids Online 2010 survey. Furthermore, the use of smartphones daily is more likely among teens aged 15-16 than with younger children. They also spend about twice as much time online than younger children. In most countries, the survey did not find a significant gender difference in visiting social networking sites (Smahel et al., 2020, p.6). Furthermore, research by Hamilton-Giachritsis, Hanson, Whittle and Alves-Costa (2020) shows that the emotional, psychological and behavioural outcomes of technology-assisted CSA appear to be the same as that offline CSA. As such Hamilton-Giachritsis et al. (2020) advocate for the role of technology as a facilitator of abuse and the additional complexities it brings to experiences of CSA to be accounted for in practice guidelines and polices.

Nia's narrative shows the merit of practitioners' concerns about social media as she experienced severe victim-blaming and online bullying on her social media accounts after disclosing her sexual assault. For black teens like Nia there might be another layer to disclosing sexual assault with a black man as perpetrator. Slatton and Richard (2020, p.7) argue: "*when a Black woman publicly comes forward with a claim of sexual abuse by a Black male assailant, she may risk being ridiculed because her claim may be perceived as an attack against Black men and thus an attack against the Black community*." In Nia's experience, the social media response to her disclosure was to protect the reputation of 'the good black men' by placing the blame with her and questioning her integrity.

Nia's narrative is an example that social media can have a major impact on the experiences of teens. Hanson (2019, p. 87) compares the impact of social media to that of a dripping tap. As Hanson argues, social media has amplified CSE partly because teens are being exposed to issues such as harassment and objectification, which in turn can reinforce harmful gender norms. To counteract the potential harmful characteristic of social media, some practitioners have advocated using it to engage with teens (see section 9.3.1. *Promoting knowledge, attitudes, beliefs and behaviours that lower the barriers to help-seeking*). The findings highlight practitioners assume that online campaigns such as #MeToo and offering services on social media are beneficial to teens. However, teens' narratives did not confirm this. On the contrary, as was concluded in chapter 6 (*How teens frame sexual assault and help-seeking after experiencing sexual assault within their social context*) teens are not likely to use social media to interact with formal systems. A possible explanation is that SASS and online campaigns like #MeToo are not occupying social media platforms often used by teens. The social media landscape is constantly evolving and dominant platforms amongst teens can quickly become unfashionable and replaced (Anderson & Jiang, 2018).

The findings illustrate that it cannot be assumed that simply because it is on social media, teens will consume and interact with it. This makes the utilisation of social media to improve support services a contested finding, as there is a discrepancy between practitioners' and teens' beliefs of its contribution in bridging the gap between teens and SASS. It also illustrates that social media cannot replace conversations between adults (for example teachers and practitioners) and teens on issues around sexual assault and consent. Not only did all participating teens report a lack of discussions with adults about these topics, they also experienced it as being stigmatised and taboo (see section 7.4.7. *Communication barriers*).

10.6.4 Strategy 4: Normalise conversations with teens about sexual assault whilst respecting their agency

All eight teens who participated in the current study stressed the importance of 'being asked' about experiencing sexual assault by adults, in the disclosure process. However, when teens are being seen as 'children' and as 'vulnerable' (see also chapter 6 *How teens frame sexual assault and help-seeking within their social context after experiencing sexual assault*) this might prevent direct discussions about sexual assault and consent from taking place. Normalising conversations about both sexual assault and consent is especially important considering one of the barriers to disclosure that was identified in the current study, the normalisation of coercive behaviours, makes it difficult for teens to identify specific behaviours as sexual assault.

However, these conversations will not contribute to teens ability to disclose if as a result of this conversation teens have limited agency and lose control over their disclosure process as well as their own support needs. Findings indicate that the mere perception of this happening already deters teens from disclosing experiences with sexual assault (see section 7.4.6. *Trust barriers*). Dolan and McGregor (2019, p. 187) argue the need for 'giving voice to children and youth' who have experienced sexual assault. They claim that many existing approaches derive from a paternalistic positioning of the young person as victim who is in need of help instead of the "*co-producer of the best response to their own situation".* However, Dolan and McGregor (2019, p. 187) also state that where professionals used to work 'for' rather than 'with' young people, this has now drastically changed and young people are given actual participation options. This seems to be in stark contrast with the results presented in the current study. Specifically, the role of safeguarding which made the teens who participated in this study feel that they were losing control of their own lives, and were limited in their agency and options (see section 10.3.1. *Safeguarding as a barrier to disclosure*). Indeed, literature suggests that whilst there is potential for teens to exercise at least a degree of agency or choice, this is critically within the constraints of a structure existing of circumstances that are challenging and rarely of their own making (Becket, 2019, p.34). Furthermore, stating that teens are given 'participation options' can in itself be considered a paternalistic position. It contradicts with the position that teens are the experts of their own lives and we should instead be investing heavily in the co-creation of interventions or following teens' directions and supporting whilst letting teens lead.

10.6.5 Strategy 5: Changing the narrative in the media

Findings evince that incorporating storylines about sexual assault in programs popular amongst young people might lower barriers to disclosure and can contribute to improve teens perceptions of SASS. For some teens seeing (parts of) their experiences mirrored on TV gave them the ability to recognise that the sexual assault was not their own fault

(see section 9.2.2. *Media representation*). This is in line with research by Riggs and Rasmussen (2021) who concluded "*media interventions could be useful in motivating adolescent girls to feel more efficacious about disclosing sexual assault"* (p. 361). Further, Coy and colleagues (2013) argue that contemporary socio-cultural landscapes are key in how teens negotiate their understanding and expectations of sex (p.12). However, research often highlights the negative impact of media on teens' perceptions of sexual assault.

According to Coy (2019, p. 222) sexualised sexism in popular culture normalises patriarchal violence whilst research shows that "*connections between pornography, perpetration of sexual aggression, attitudes that condone rape, and viewing young women as sexual objects*" are well-established topics in empirical research with teens. Furthermore, research shows that the representation of sexual assault in the media is often devoid of any context and nuance that adequately show the complexity and long-term impact of sexual assault. For example, Berridge (2011) explored sexual violence narratives in US teen programmes between 1990 and 2008, many of which are currently still being watched on streaming services and televised re-runs (for example: One Tree Hill, Buffy the vampire slayer & Dawson's Creek). Berridge's findings show how teen drama series' main focus is often issues of sexuality during the maturing of teen characters, including narratives representing 'sexual violence'. However, these narratives most likely are "*introduced, explored and 'resolved' all within the episode's timeslot"* (p.467). Furthermore, the narratives usually focus on a teen character choosing the wrong romantic partner, perpetrators are almost always minor male characters versus a female central character who is victimised, attempted rape is shown on screen whilst a fully realised rape always occurs off-screen (p.470), violent moments often include a physical struggle and the victim's audible protests (p. 471), and rape is prevented by a female friend calling in the help of a central male character who saves the day by displaying stereotypical masculinity such as physically threatening the perpetrator (p. 475). In addition, Berridge argues: "[…] *the emotional and physical aftermath of the abuse on the victim is rendered largely invisible"* (p. 479). These characteristics of the teen drama version of sexual assault narratives vastly differ from the real-life narratives of the teens included in the current study.

Nonetheless, despite the valid concern of the negative impact the media can have on teens' understanding of sexual assault and how they frame and make sense of their own experiences, the findings presented in the current study also demonstrate the power of storytelling and how portrayals of sexual assault in the media can resonate with teens. When accurate, storylines presented in the media have the ability to lower barriers to disclosure. Some charities are already working together with TV shows. For

example, a story arc on Coronation Street included the character 'Bethany' a 17-year-old who was shown being groomed and sexually exploited by her much older boyfriend. For this storyline Coronation Street worked together with the National Society for the Prevention of Cruelty to Children (NSPCC) to depict Bethany's experiences as accurately as possible and in the hope to *"raise awareness of the signs of grooming and encourage more victims to come forward and seek help"* (McIntosch, 2017). It was this storyline which was viewed by Kushaaneh and, according to her, directly contributed to her realising, for the first time, that 'maybe she was not to blame for what had happened to her'. Something the convictions of the men who raped her, had not accomplished.

10.7 Reflexivity: being an outsider, power dynamics and emotions

Before addressing the strengths and limitations of this research (section 10.8) I will address a crucial element of intersectional social research: reflexivity. Reflexivity "*disrupts power relations embedded in acts of naming and narrating others from the top down and allows space for research to be understood as a dynamic process that transforms researchers and participants"* (Rice, Harrison & Fieldman, 2019, p.415). As Rice, Harrison and Friedman (2019) argue, intersectionality is an important analytical tool for researchers to "*interrogate how their own allegiances affect research processes, to unmask how their positions of privilege/disadvantage influence their research, and to explore the dynamics and contradictory workings of power"* (p.413). Personally, I have experienced many privileged and disadvantaged positions throughout my life. For example, I am white, well-educated with a middle-class background. I also have experience with growing up in care and when I started this research I had just moved to a country and city that was unfamiliar to me. As a researcher I have brought my own experiences, views and knowledge to this research project which have undoubtedly influenced its outcome (Williams, 2016, p.73). In chapter 5.3 (*Positionality of the researcher)* I wrote about the ethical considerations of me, a white privileged woman, conducting research with mostly non-white participants. In this section I would like to address how my own social positions and demand characteristics such as age, gender and nationality shaped the access to participants, my interactions with participants and the ways in which I chose to showcase and analyse their stories. I specifically focus on three themes: *being an outsider, power dynamics, and emotions.*

To my participants I present as an *outsider*. As soon as participants met me it was clear that I was outside of 'the system'. External cues such as, the way I dressed (no uniform) indicated I am not a healthcare practitioner. My accent and sometimes considerable efforts to immediately recall certain words betray that I am not a native English speaker. I also utilised my role as a PhD student to emphasise this outsider position. By presenting myself as a PhD student, rather than a professional who is part of 'the system', I

put myself closer to the teens' position as they were often students themselves. As a result they might have felt more confident talking to me. In many cases being an outsider helped break the ice, both teens and practitioners often asked me where I was from, shared their own experiences with, or perceptions of, the Netherlands and asked me about my reasons for moving to Birmingham. However, when approaching organisations, particularly schools, I did not have knowledge about the inner working mechanism of schools or any contacts within them. This quite possibly contributed to me failing to recruit them.

Sometimes I felt this outsider role quite significantly. The sexual health clinics where I conducted my research were very different to my experiences with clinics in the Netherlands. Not being part of the medical field made me feel uncomfortable and insecure in these spaces. This started to change slightly when I commenced working on my research from an office in one of the clinic sites. As I became used to the space and acquainted with more people working there I started to feel less of a stranger and imposter and became more comfortable in my role as observer and interviewer. This experience has increased my awareness of *power dynamics* between me and participants, because I had an understanding about how they felt walking into that space, but also how they could see me as part of that space, despite personally not feeling that I was. These dynamics changed when teens chose the site of their interviews in places they were already familiar with. For example, when I conducted my interview with Arya it was her who brought me to her campus, showed me around and booked the room. During the interview she presented as more in control of her story and it was not until late in the interview that she told me about her second assault, which was the more significant assault for her. Because it was important for her to have that control, so she did not disclose her second experience with sexual assault until she felt she could trust me.

As mentioned previously in chapter 5.3 (*Positionality of researcher*) at times I have felt uncomfortable as a white woman sharing the stories of these teens who, with the exception of one, are from non-white backgrounds. Whilst I believe it would be unjustified to not include their voices, my whiteness did impact my interactions with them. Because I am white, some of the participants felt the need to explain how things work in their culture. For me, this was mostly positive as I could, on occasions, assume the role of 'naïve researcher' and ask more questions prompting them to expand on their experiences and thoughts. However, it also meant that perhaps I was not always asking the right questions, where I did not have the same background or experience as the participant.

The narratives presented in this thesis show the harrowing experiences of the teen girls who participated in this study. Exploring these experiences was *emotional,* for both them and me. Whilst participating in this study impacted the teens (see chapter 5.2.4 *"I felt quite powerful": the impact of participating*) it has also impacted me. I started re-evaluating my own

experiences and those of my friends. As a woman and having been a teenage girl, relatively recently, I could relate to much of what they were saying. Consequently, I became emotionally invested in them, as my interaction with Grace at the end of the interview evidences (see chapter 8 *Case study: Grace's story*):

> I do not know what makes me say it, but I look at her and sincerely say, 'you'll be fine'. She responds with a tentative smile and says:
> *"Actually, I am quite courageous maybe someday when I'm your age I will tell a young girl that".*

During my interactions with Grace I really *felt* for her. She had been through so much yet showed such great resilience. Having worked as a social worker with young people similar to her I had the very strong urge to help her. Our shared experiences of growing up in care (although my own experiences were vastly different from hers) might have contributed to this. That is perhaps why we had this small heart to heart. In that exchange I stepped outside of my role as a researcher, and however briefly, I felt quite uncomfortable about it afterwards. Had I overstepped? Had it been appropriate? Looking back on it now some considerable time has passed I appreciate her final words to me. They show her resilience and are quite illustrative of the strength I have seen in all my teen participants. One of the issues I experienced whilst writing this thesis was that because I did become emotionally invested and realised the considerable effort each participant had gone through to share their story with me, I felt an immense responsibility to do them justice. This also meant that whilst writing, my main challenge was to find the balance between representing their voices and showcasing mine (which I, hopefully, mostly conquered). In the next section I address the limitations, strengths and contributions of this research.

10.8 Limitations, strengths and unique contributions of the current research

In this section I describe the limitations, strengths and unique contributions of this research. First, I have to address the limited nature of the sample on which this research is based. Whilst the inclusion of eight teens might seem like a small number, because of the in-depth narrative approach a wealth of data is revealed. Additionally, by utilising a strategy of data- and methodological triangulation in which the teen narratives were complemented by practitioners' experiences (n=21) and observations in a sexual health clinic (N=5), I was able to approach the research questions from various perspectives. This contributed to the trustworthiness and authenticity of the findings (see section 4.3 *Reflection: Trustworthiness and authenticity of the study*).

Still, in relation to participation and recruitment a few shortcomings should be noted. The most obvious limitation of this research is the lack of primary data on the experiences of teenage boys. The data of the current study reinforces the importance of gender, gender norms and gender biases on teens' experiences following sexual assault. However, data about the experiences of teenage boys is limited as they were not recruited. I was also keen to include narratives of teens from the LGBTQ+ community. I therefor collaborated with a LGBTQ+ charity from the very start of this research (see section 3.2.2. *The six stages of the study*). Regrettably, as far as I am aware[39], I was not able to recruit any teens belonging to this community. Whilst a practitioner from the aforementioned LGBTQ+ charity did participate and offer some insights into the additional challenges for LGBTQ+ teens following sexual assault, I believe first-hand narratives from the teens themselves will be extremely valuable in acquiring more knowledge about their experiences. Furthermore, whilst carrying out the fieldwork, the significant role of police in teens' experiences became evident. I therefore attempted to include West Midlands police to learn from their experiences. Unfortunately, they declined participation (see section 3.2.2. *The six stages of the study*).

What makes this study unique is its innovative methodological approach. This is the first qualitative study in the UK that includes teens from general public, as opposed to services users or retrospective accounts from adults. Whilst the review of grey literature (see chapter 2.5 *Comprehensive review of grey literature)* included some UK based studies which included teens who have experienced sexual assault (Shuker, 2013; Beckett et al., 2013; Warrington et al., 2017; Roy & Cowan, 2020; Allnock et al., 2021; Beckett, Soares & Warrington, 2022) none of these studies recruited teens from the general public. Furthermore, teens from marginalised groups that often are excluded from research (for a variety of reasons) volunteered to participate in the current study. Gohir (2013) for example deliberately chose to exclude teens from participating in their research on the sexual exploitation of Asian girls and young women due to ethical reasons (see also chapter 2.5.7 *Limitations of the grey literature review*). Moreover, these teens are normally considered 'hard-to-reach' by both research and SASS standards. Talking to teens about the barriers of disclosure, especially teens who have not disclosed and come from marginalised groups, has proved to be essential in increasing understanding of the specific needs of teens who have experienced sexual assault. As a result, I was able to identify both barriers and barrier-breakers of disclosure of sexual assault not yet discussed by previous research.

[39] During the narrative interviews I did not specifically ask teens whether they identified as being part of the LGBTQ+ community. However, dating, sex, relationships, mental health and wellbeing were part of the conversations I had with the teens. Considering their willingness and ability to open up about all kinds of sensitive subjects I believe it would likely have been brought up if they identified as part of the LGBTQ+ community.

Additionally, this is the first study to use a theoretical approach that features the ISEM. This theoretical model which is an adaption of social-ecological theory and intersectionality (see chapter 3.4 *Introducing the Intersectional Social-Ecological Model*) proved to be invaluable in analysing the data obtained in this study. By putting teens experiences surrounding sexual assault within the context of 'being a teen' and identifying how the intersections of race, gender, sexism and racism impact those experiences, I was able to gain unique insights into their lived experiences. Research shows how race, gender, and class combine to shape the educational experiences of black girls resulting in unique obstacles black girls face (Morris, 2007). However, the current study shows these obstacles are not limited to their educational experiences. As a theoretical framework the ISEM contributes to unravelling some of the complexity inherent to social world phenomena like sexual assault. For example, teen narratives and practitioners' experiences showed how societal structures impacted experiences of sexual assault and any possible improvements to SASS must therefore consider these structures (see also section 10.5 *Strategies for improvement: A multi-layered approach to barrier-breakers and more inclusive support services*). The ISEM has proved to be an accessible and suitable tool to increase knowledge on the individual, social, cultural and structural aspects that have an effect on teens experiences following sexual assault. I believe it can be used to further assess and develop sustainable improvements to interventions by SASS.

Another strength of the current study is the thorough ethical considerations which were exercised from start to finish. One of the findings from the literature review (chapter 2) was a general lack of discussion of ethical considerations when conducting research with vulnerable participants on sensitive topics. For this study, I worked out a research process in which teens were encouraged to share their experiences whilst creating a 'safe space' for them to do so (see chapter 5 *Ethical considerations: how to safely include teens in research on sexual assault experiences*). The research protocol was meticulously assessed by four separate ethical research committees. As such, I believe this study is exemplary for safely including teens in research on sensitive topics whilst giving them the autonomy and agency to participate in a way that is right for them and gives them a platform where their voices are not only heard, but are given prominence.

10.9 Chapter conclusion

In this chapter I have presented how the analysis of the three datasets included in the current study let to findings addressing the research questions. As a result I was able to provide unique contributions to the knowledge about teens' experiences following sexual assault. In the next, and final, chapter I will discuss the five overarching conclusions derived from this study as well as the recommendations for future research and practice.

Chapter 11 Conclusion: 'Embracing complexity' take home messages and recommendations for further research and practice

11.1 Introduction

In the previous chapter (chapter 10 *Discussion: Recognising the complexity of teens' experiences following sexual assault*), I discussed the findings of this study and how they relate to the existing literature. In this chapter I recapitulate the main contributions of this study and how they relate to the research questions. The objective of this study is to answer the main research question (RQ*) 'What are the experiences of teenagers in Birmingham following sexual assault?*' (see table 13).

Table 13

Main research question and sub-questions of the study

RQ	**What are the experiences of teenagers in Birmingham following sexual assault?**
SQ1	What does the use of an intersectional/ecological theoretical framework contribute to academic and practitioner understanding of teens' experiences following sexual assault?
SQ2	What differentiates teens from children and adults and how does this impact their experiences surrounding sexual assault?
SQ3	How do teens experience (non)disclosure of sexual assault?
SQ4	What are teens' experiences with sexual assault support services?
SQ5	How can sexual assault support services be improved for teens?

As an answer to the RQ, five main contributions to knowledge, which are the result of the analysis and discussion of the findings, are presented as main points in this chapter. As the title of this chapter suggests, teens' experiences following sexual assault are complex. In chapter 3 (*The importance of theory: framing teens' experiences with sexual assault through the lens of critical realism and the intersectional social-ecological model*) 'complexity' is introduced as an ontological characteristic. Acknowledging this is essential to understanding the structures and mechanisms that generate events such as experiences of sexual assault. So whilst there are no 'easy solutions', as there never are with complex social issues, the findings do indicate several strategies that SASS can utilise in order to improve their services for teens. I will therefore end this chapter with recommendations for future research and practice.

11.2 First main point

Teens' experiences with sexual assault and needs from support services differ from those of adults and children due to undergoing (developmental) transitions, experiencing specific ALEs, and safeguarding practices. As such, teens require a tailored approach. Teens and practitioners that participated in this study believe that these needs currently are not being met sufficiently by sexual assault support services.

This main point addresses SQs1, 2, and 4. The findings emphasise that teens need support services designed with their needs in mind and that these needs differ in specific and profound ways from those of adults and younger children. The first step to closing the existing gap between teens and SASS is to recognise that the inherent characteristics of adolescence require an approach from support services that supports teens' need for autonomy, understands their predisposition to challenge authority without labelling them as 'resisting' or 'disengaging', and is mindful of the impact of the physical, emotional, social and psychological transitions part of this developmental stage (between child- and adulthood) (chapter 6.2 *Developmental stage: being a teen and in between)*.

Findings indicated a tendency to approach teens with both a 'children narrative' and 'adults narrative', expecting mature conduct from them whilst at the same time not taking their need for autonomy seriously. Further, the dualism between agency and structure experienced by teens means that whilst they might crave autonomy and independence, the way the system is currently structured limits the control they have and their ability to exercise their agency. It is therefore important that SASS understand the specific needs of teens and accommodate these needs wherever possible. For example, using the language and directness teens prefer when talking about sexual assault (chapter 8 *Participants' views on how to break down barriers to disclosure and improve sexual assault support services*) and keeping the teen in control of their own disclosure process, which could mean a different approach to safeguarding (see section 11.7).

11.3 Second main point

Disclosure is a non-linear process influenced by (previous) experiences, the specifics of the assault, contextual structures, social positionings and personal characteristics. Whilst teens in general experience specific barriers to disclosure (compared to adults and younger children), those belonging to marginalised groups experience additional challenges and obstacles.

This main point answers SQs1, 2 and 3. The findings highlight the importance of recognising disclosure as a process during which teens must navigate numerous obstacles which complicate disclosure. One of the unique contributions to knowledge of this study is presenting a categorisation of barriers to disclosure of sexual assault for teens consisting of eight categories (practical barriers, knowledge barriers, social barriers, cultural barriers, trust barriers, emotional barriers and communication barriers). Whilst each category consists of a set of barriers, examples of which are provided in chapter 7.4 (*To disclose or not to disclose?: Barriers to disclosure and help-seeking*), these barriers might vary depending on teens' individual, social and cultural circumstances. Teens might experience some or all of these barriers, with teens from marginalised groups facing additional challenges, due to SASS not being set up to accommodate their needs and/or teens believing services are not for them. As such it is not only important to look at actual experiences teens have with support services but also at the perceptions teens have of support services.

The findings further show peers are often disclosed to first. This highlights the importance of acknowledging the role of disclosures to peers in accessing SASS and subsequently utilising peer interventions to lower barriers to disclosure. The teens who participated in this study showed a great willingness to help improve both access to, and experiences with, SASS for their peers. Their narratives helped contribute mapping out barriers to disclosure, as well as possible strategies to break those barriers down (see section 11.6).

11.4 Third main point

The findings demonstrate disclosing sexual assault is currently not always in teens' best interests. Teens report feeling misunderstood, experience a loss of agency or even re-victimisation by their encounters with police, SASS and safeguarding practices. The current strong focus on a forensic narrative and safeguarding is therefore incompatible with their needs.

This main point answers SQs1, 2, 3 and 4. Findings show the impact of sexual assault cannot be addressed without considering the circumstances and other events in the teen's life and the reactions of family, friends and community to the disclosure of an assault. Teens who have experienced sexual assault and speak out can, for instance, face victim-blaming, disbelief, exclusion and loss of agency and control. The first reaction of those who the teens disclosed to is often to report to the police or recommend that the teen does. However, the narratives in this study show that this does not necessarily result in better outcomes for the teens. Some teens even described it as 'the worst thing to happen to them'. Most protocols of schools, universities and care providers are focussed on gathering evidence and reporting to police after a disclosure of sexual assault. This approach puts focus on the perpetrators, not on those who experienced sexual assault.

Several teens expressed how they felt their needs appeared relegated to second behind consideration of potential prosecution (chapter 8.3.1 "*I felt like I was the one on trial": Teens' experiences with the police following sexual assault*), even though the prosecution rates of reported sexual assaults is low (chapter 1 *Introduction*). As disclosure is a process, it is of the utmost importance that teens receive validation of their experiences from the people they choose to disclose to and that they are in control of their own disclosures. In contrast, whilst the need for formal support is showcased in the teens' narratives, teens often felt invalidated by such services.

Whilst practitioners experienced safeguarding protocols as both 'challenging' and 'necessary', for teens safeguarding is seen as an invasion of their autonomy and agency. Consequently, safeguarding protocols can strongly contribute to a break-down of trust teens have in police and SASS, undermining any efforts to bridge the gap between teens and formal support services.

11.5 Fourth main point

Teens often do not identify with terms such as 'victim', 'survivor' and 'sexual violence' and feel alienated from services that use such terms as teens can recoil from these labels being applied to them. Simultaneously, teens often normalise controlling and abusive behaviours and have difficulty identifying their experiences as sexual assault.

This main point addresses SQs1, 2 and 5. The data presented in this thesis show teens are growing up in a complex multicultural society which can lead to conflict and marginalisation. The assumption that teens are able to reach out to SASS, both physically and online, without consideration of the constraints that some teens might face, leads to health inequality. Further, resilience shown by the teens in their narratives is in stark contrast with the *'victim narrative'*, a narrative all participating teens shy away from as they do not identify with it. Support services using terms such as 'victim', 'violence' and to a lesser extent 'survivor' should reflect on the reasons why they use these terms, who they are hoping to reach and the effect the use of these terms might have on teens' perception of their services. For suggestions of terms to use see section 11.7.2 *Recommendations for practice* and figure 8 (*Infographic for Practitioners).*

When asked, teens struggled with defining 'sexual assault'. They displayed even more difficulty with defining 'consent'. It is an illustration of the normalisation of controlling and abusive behaviour. Arya's case study (Chapter 6 *Case Study Arya's story*) was indicative of abusive behaviours, such as assaulting someone whilst they sleep, being accepted as inherent to social and sexual interactions. Teens accredited their lack of knowledge on 'sexual assault' and 'consent' to it being a stigmatised and 'taboo subject' not being addressed by adults. Both teens and practitioners stressed conversations about these topics need to become common practice at schools and universities. Findings support the proposition of schools and universities being particularly suitable sites to actively and continuously discuss issues such as sexual assault and consent. For one, it is one of the few sites most teens have access to, as well as being important spaces where teens' socialisation and development is nurtured.

11.6 Fifth main point

The complexity of teens' experiences with and following sexual assault must be understood and addressed in order to improve sexual assault support services. Teens and practitioners' views on how to improve services demonstrate the need for an individualised and holistic approach utilising multi-layered strategies. Peer-focused interventions, inclusive safe spaces and open conversations between adults and teens about sexual assault and consent are fundamental.

This final main point answers SQs1, 4 and 5. Both teens and practitioners experience the care system as based on a one-size-fits-all, or one-size-fits-most, approach. Arguably, current interventions do not fit all or most teens as they are often based on strategies for adults. What is needed is an teen-centred individualised holistic approach. Such an approach would not only mean that services have the freedom and flexibility to shape their services around the individualistic needs of teens, but are capable of including support for those that are also affected by the teen's experiences (for example, parents, carers, siblings).

Previously, the categories of barriers to disclosure were discussed. Findings presented in this thesis solidify that there are strategies that could lower these barriers. These 'barrier-breakers' are interventions and approaches to improve SASS for teens and need to be realised on all levels of the ISEM (see 11.7). As the teen narratives illustrate, sexual assault does not occur in social and cultural isolation, neither does the impact and the response to it. As the trauma of sexual assault extends beyond the assault itself (see also chapter 8 *Impact of sexual assault and sexual assault support services*) any interventions to improve teens' well-being after experiencing sexual assault need to embrace this complexity.

Fundamental to any improvements is communication. Participating teens stressed the importance of confidential and direct conversations with adults about sexual assault, reporting they 'just needed someone to ask' instead of adults 'tip-toeing' around the issue. One of the most important take away messages is that for teens, *being asked creates an opportunity to tell*..

11.7 Bridging the gap: recommendations for further research and improving sexual assault support services

With the final section of this thesis I will highlight my recommendations for future research and strategies on how SASS could be improved for teens who have experienced sexual assault.

11.7.1 Further research

Due to the innovative nature of this study's methodological, theoretical and ethical approach I was able to present the unique contributions discussed earlier in this chapter. To build upon this newly acquired knowledge, there are a number of areas that require further investigation. I have identified five areas of study that I believe should be prioritised in further research:

1) Experiences of teens from the LGTBQ+ community
2) Experiences of teen boys
3) Streamlining referrals to SASS
4) Safeguarding protocols
5) Practitioners' experiences of offering support to teens who have experienced sexual assault

Concerted efforts were made to include teens from the LGBTQ+ community (chapter 4.2.2 *Six stages of the study*). However, unfortunately none were recruited for the current study. The findings presented in this study that refer to the experiences of LGBTQ+ teens indicate they encounter additional challenges and barriers to disclosure. As such, it is essential future research focusses on their experiences.

Whilst gender and gender roles were identified as important topics, no teen boys participated in the study. Only practitioners' experiences with teen boys, which they themselves acknowledged as being limited, were included. Specifically, the influence of gender on the experiences of barriers to disclosure needs more research. For instance, both boys and girls may experience the same categories of barriers, although they could operate differently for them, for example, due to the dynamics of experiencing stigma and cultural expectations (e.g. 'lad culture'). Furthermore, data from the practitioners suggest teen boys who experience sexual assault might be more often at risk of having these experiences whilst participating in criminal activities involving gangs and drugs, possibly adding a different dimension to teen boys' experiences.

Throughout the teen narratives there are many missed opportunities for police, health care workers and schools to intervene and/or refer to support services. This inaction has been damaging to the teens and shaped their (future) involvement and engagement with support services. Why are teens not being referred to support services? It is too easy to simply blame police, practitioners, teachers etc. for their inaction. It is more important to learn

why people do not refer (e.g. is it part of not knowing about SASS? Are people finding it difficult to have these discussions with teens?) and how referrals between practitioners can be better streamlined.

In relation to safeguarding protocols this study has identified various difficulties, establishing mandatory safeguarding protocols for teens who disclose sexual assault as an ethical dilemma. How giving control to teens can be managed whilst at the same time adhering to safeguarding procedures needs more exploration. In the discussion I addressed alternatives to current UK safeguarding (chapter 10.4.2 *Barriers to disclosure*). A pilot study exploring and implementing alternative approaches to safeguarding could be one of the most critical interventions to lower barriers of disclosure for teens (see also chapter 5 *Whose voice matters: Ethical considerations on how to safely include teens in research on sexual assault experiences*).

During the group interviews and focus groups with practitioners, it became clear that their experiences of working within SASS, and with teens who have experienced sexual assault, are diverse and complex. For example, their experiences with vicarious trauma and lack of supervision and training. It was beyond the scope of the current research to explore these themes further and give them the attention they deserve. However, I do believe that in order to improve SASS for teens further research should focus on practitioners' experiences in more depth.

11.7.2 Recommendations for practice

I have developed an infographic for practitioners offering them recommendations for supporting teens following unwanted sexual experiences based on the findings of the current study (see figure 8 *Infographic for Practitioners* below and Appendix 16 for a full-page version). Findings showed teens experience eight categories of barriers to disclosure and help-seeking. Ideally, strategies for improvement of SASS are aimed at all of these categories. First, the findings of this study provides a basis from which possible improvements can be developed, based on identified barrier-breakers and the suggestions from teens, practitioners, and observations. Whilst some recommendations are more straightforward to implement (e.g. regarding the visibility of SASS) others might require further investigation into their effectiveness and the mechanism on how best to implement them (e.g. 'safe havens'). With the findings of the current study I was able to identify the *need* for certain interventions. However, it was beyond the scope of this research to investigate fully *how* best to implement them. Second, to address the complexity of teens' experiences following sexual assault I advise strategies be implemented targeting all levels of the ISEM.

Figure 8

Infographic for Practitioners

1) *Whilst the focus often lies on teens accessing SASS this focus should shift to considering how SASS can serve and reach out to teens.* Fundamentally, teens should be part of any improvements that are made for them by SASS. The teens who participated in this research showed a great willingness to contribute to the improvement of support services for their peers. For most of them this was the reason they participated in the first place. Acknowledging that whilst *their* needs were not met, they hoped that by participating others would benefit and would have better experiences with support services. Teens' contributions are not utilised enough by SASS even though they could advance improving support services, as well as increase teens' confidence in using such services. Making them part of intervention strategies is fundamental to improving SASS.
2) *Increasing visibility of SASS by using TV ads and posters in spaces frequented by teens and working together with media to increase representation.* Findings showed the positive impact representation of teens' experiences in mainstream media had on lowering barriers to disclosure and help-seeking. Storylines in which teens recognise their own experiences are powerful. In regards to promotional/ educational material, teens suggested to avoid language such as 'victim', 'survivor' and 'sexual violence'. When terms such as 'sexual assault' are used they need to be clearly defined in comprehensive language (see appendix 6 *Recruitment poster* for an example).

   Participating teens had strong opinions about not only the language, but also the colour of posters and their locations. When materials reflect the language teens themselves would use it prevents alienating them at the outset, as well as signalling that adults are listening and validating teens' own experiences. Further, the findings highlight that disclosure is a process. Within all materials I encountered there was not an acknowledgement of this message about disclosure. SASS should emphasise disclosure is a *process,* teens do not need to tell their whole story, and can disclose when they feel ready to do so. Again, I strongly believe teens who have experienced sexual assault should be actively involved in the design and distribution of these promotional/educational materials.
3) *Intensive co-operation between schools/universities and SASS. Ideally, SASS to have a visible presence in schools to make it easier for them to reach out to teens.* SASS and schools/universities should invest in having continuous conversations with teens about sexual assault and consent within the classroom or during assemblies. The aim is to normalise these conversations and increase teens' (and teachers') knowledge by promoting attitudes, beliefs and behaviours that lower barriers. Teens,

especially those from marginalised backgrounds, might not be able or feel comfortable to visit SASS at locations that are visibly affiliated with (sexual) health services or counselling services. Having SASS embedded in spaces that are considered *safe* and *appropriate* for teens to visit such as schools and universities might lower barriers to access services.

4) *Facilitating peer support groups and peer mentoring programs.* Findings highlight teens would prefer support coming from their peers. Peer support groups and peer mentoring programs have already proved to have many benefits for issues such as anti-bullying (chapter 9.5.1 *Strategy 1: Utilising peer relationships*). Further, peers are often the first people teens disclose experiences of sexual assault to. This makes them likely first responders, not practitioners, teachers and other adults. As such, developing programs that increase awareness among teens aimed specifically at how to respond when a peer discloses could prove beneficial.
5) *Offering teen-centred individualised holistic support that is reflective of teens' specific needs from SASS whilst also operating from a family support framework.* Findings highlight teens' needs from SASS are different compared to that of adults and younger children. Findings further indicate a need to focus on close relationships of the teen with, for example, parents, peers and family members. The data of the current study show how important it is to take these relationships into consideration when improving SASS, as both teens and practitioners advocated a holistic approach to SASS. Findings identified many constraints in offering this type of individualised care that requires flexibility from services (such as limited budget, waiting times, shortage of staff). Whilst these structural constraints might prevent full implementation of care focussed on each teen's individualised needs, as well as their families, smaller steps could still lead to identifiable improvements. For example:
    - offering walk-in appointments outside of school hours
    - offering anonymised care (e.g. using numbers or colours instead of full names)
    - practitioners not wearing uniforms when working with teens
    - creating 'safe havens' specific to teens (either new spaces or utilising and co-operating with existing spaces teens already frequent e.g. schools, libraries, places of worship). SASS should avoid using spaces that look 'clinical' and 'medical'. Teens prefer spaces which have some colour (yellow was popular), include pictures and comfortable furniture (e.g. bean bags). Specific attention should be paid for services to be inclusive to teens from the LGBTQ+ community for example by offering waiting areas and toilets which are gender neutral.
    - Grace had the idea to offer teens who have disclosed sexual assault a kit. This 'Grace kit' could be filled with items which offer some comfort and information for

teens after a disclosure. It is an example of how SASS in co-creation with teens can develop relatively simple ways of supporting teens during the disclosure process.

- Interactions between systems in the community (such as churches and sports organisations) and the teen as well as interactions between formal systems (such as SASS) that exclude the teen need to be better streamlined (see 11.7.1). Both teens and practitioners stressed the importance of better co-operation between these systems.
- It is essential that all practitioners (and other adults who work with teens) know about sexual assault and consent, and are trained to offer support specifically to teens. If this is not possible (for example due to budget constraints), each team/department should at least ensure that one member of staff is trained to work with teens and is able to disseminate regularly to the full staff.

11.8 Chapter conclusion

In this final chapter, I have consolidated the contributions to knowledge of the current study into five main points. These offer a unique insight into teens' experiences following sexual assault. Subsequently, I introduced my recommendations for future research as well as recommendations for practice. Central within this chapter is the contribution of the ISEM in understanding the complexity of teens' experiences. The need for further research and development of service improvements actively including teens' lived experiences has been presented. Ultimately, this chapter demonstrates the power of storytelling and how a narrative study, *inclusive* of teens' voices, provides knowledge that is fundamental to research and practice.

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Appendix 1: Table search terms databases

Database	Search terms
PsycINFO	Teens OR teenagers OR young people OR young person OR youth OR adolescent OR minor OR high school students OR young adult AND Sexual assault OR sexual violence OR sexual abuse OR forced sex OR date rape OR dating violence OR rape OR sex crimes AND Qualitative methods/research OR interviews OR focus group OR case-study OR experience OR survivors experiences OR victims experiences OR grounded theory OR content analysis OR perspectives OR narratives AND Disclosure OR help-seeking OR social support OR peer group OR health care OR sexual health care OR support services OR barriers OR coping OR intervention OR care and treatment
EBSCO	adolescent, AND sexual abuse, AND qualitative studies
Social Care Online	teenager, or young adults, and sexual assault or sexual abuse, or rape, and qualitative or experience
CINAHL complete	Sexual abuse AND adolescent AND qualitative studies
ASSIA	Teen* OR adolescent* AND 'sexual assault' OR rape OR 'sexual violence' AND qualitative research AND help-seeking
Criminology	teenagers AND sexual assault AND qualitative OR adolescents AND sexual violence AND narratives
Lexis	Teenager OR adolescent OR young person AND sexual assault OR sexual violence OR rape AND experience OR qualitative OR narrative
Ethos	Teenagers OR adolescents AND sexual assault

Appendix 2: The eMERge meta-ethnography reporting guidance[40]

Table 1 The eMERGe meta-ethnography reporting guidance

No.	Criteria Headings	Reporting Criteria
Phase 1—Selecting meta-ethnography and getting started		
Introduction		
1	Rationale and context for the meta-ethnography	Describe the gap in research or knowledge to be filled by the meta-ethnography, and the wider context of the meta-ethnography
2	Aim(s) of the meta-ethnography	Describe the meta-ethnography aim(s)
3	Focus of the meta-ethnography	Describe the meta-ethnography review question(s) (or objectives)
4	Rationale for using meta-ethnography	Explain why meta-ethnography was considered the most appropriate qualitative synthesis methodology
Phase 2—Deciding what is relevant		
Methods		
5	Search strategy	Describe the rationale for the literature search strategy
6	Search processes	Describe how the literature searching was carried out and by whom
7	Selecting primary studies	Describe the process of study screening and selection, and who was involved
Findings		
8	Outcome of study selection	Describe the results of study searches and screening
Phase 3—Reading included studies		
Methods		
9	Reading and data extraction approach	Describe the reading and data extraction method and processes
Findings		
10	Presenting characteristics of included studies	Describe characteristics of the included studies
Phase 4—Determining how studies are related		
Methods		
11	Process for determining how studies are related	Describe the methods and processes for determining how the included studies are related: - Which aspects of studies were compared AND - How the studies were compared
Findings		
12	Outcome of relating studies	Describe how studies relate to each other
Phase 5—Translating studies into one another		
Methods		
13	Process of translating studies	Describe the methods of translation: - Describe steps taken to preserve the context and meaning of the relationships between concepts within and across studies- Describe how the reciprocal and refutational translations were conducted- Describe how potential alternative interpretations or explanations were considered in the translations
Findings		
14	Outcome of translation	Describe the interpretive findings of the translation.
Phase 6—Synthesizing translations		
Methods		
15	Synthesis process	Describe the methods used to develop overarching concepts ("synthesised translations")Describe how potential alternative interpretations or explanations were considered in the synthesis
Findings		
16	Outcome of synthesis process	Describe the new theory, conceptual framework, model, configuration, or interpretation of data developed from the synthesis
Phase 7—Expressing the synthesis		
Discussion		
17	Summary of findings	Summarize the main interpretive findings of the translation and synthesis and compare them to existing literature
18	Strengths, limitations, and reflexivity	Reflect on and describe the strengths and limitations of the synthesis: - Methodological aspects—for example, describe how the synthesis findings were influenced by the nature of the i ncluded studies and how the meta-ethnography was conducted. - Reflexivity—for example, the impact of the research team on the synthesis findings
19	Recommendations and conclusions	Describe the implications of the synthesis

[40] France et al. (2019) Improving reporting of meta-ethnography: the eMERGe reporting guidance. *BMC Medical Research Methodology, 19*(25), 1-13.

Appendix 3: Table Overview of Included Studies

Table 3 *Overview of the included studies*

Study	Authors	Year	Title	Themes	Main findings
1.	Ajuwon et al.	2004	Sexual coercion in young persons: exploring the experiences of rape victims in Ibadan	Rape; sexual harassment, young adults; sexual behaviour; coercive behaviours	Rape occurred mainly in familiar and private settings by known perpetrators; consequences were diverse and severe both physically and emotionally; rape is not an isolated event but often follows a series of attempts to persuade or coerce through verbal harassment or unwanted touch; rape as a weapon to teach a women a lesson; young people may perceive partner rape as inevitable; rape is rarely disclosed or reported
2a.	Fehler-Cabral & Campbell	2013	Adolescent Sexual Assault Disclosure: The Impact of Peers, Families, and Schools.	Disclosure; formal help-seeking.	Peer and family microsystems were decisive in willingness to enter formal help systems; disclosure became more complex the more people became aware of the assault; when the survivor had limited control over the disclosure process this resulted in greater reluctance to enter formal systems.
2b.	Campbell, Greeson & Fehler-Cabral	2013	With Care and Compassion: Adolescent Sexual Assault Victims' Experiences in Sexual Assault Nurse Examiner Programs	Adolescent patients; emotional well-being; psychological health outcomes; rape; sexual assault; Sexual Assault Nurse Examiner (SANE) programs	Nurses of the SANE programs were perceived to be sensitive to their patients' physical and emotional needs, compassionate, caring and personable; survivors deeply appreciated being believed and that nurses validated their accounts of the assault; findings suggest compassionate care must be developmentally informed.
2c.	Greeson & Campbell	2014	Cold or Caring? Adolescent Sexual Assault Victims' Perceptions of Their Interactions With the Police	Rape; help-seeking; criminal justice system; rapport; reporting	Overall, survivors had mixed perceptions of the ways in which law enforcement engaged with them interpersonally; insensitivity to emotions, being rushed, jumping into talking about the assault were negative experiences; when the police engage in behaviours that victims perceive as caring, compassionate and personable there was a positive impact on victims' emotional well-being and engagement in the criminal justice system.
2d.	Campbell et al.	2015	Pathways to Help: Adolescent Sexual Assault Victims' Disclosure and Help-Seeking Experiences	Adolescents; disclosure, help-seeking; rape; sexual assault.	There are 3 distinct disclosure patterns: voluntary, involuntary and situational disclosures; in all three patterns the initial disclosure was almost always to a peer; the pathway did influence the commitment and engagement with law enforcement investigations.
3.	Clasen, Blauert & Madsen	2018	" What Will My Friends Think?" Social Consequences for Danish Victims of Sexual Assaults in Peer Groups	Adolescents; reactions to sexual assault; long-term consequences; social relations; failure to thrive	47.4% of assaults were committed by someone from the social circle (not including family members); 30.5% reported to the police; fear of social consequences was the main reason for not reporting; participants described failure to thrive in school, isolation and exclusion from the peer group.
4.	Ijadi-Maghsoodi et al.	2018	Commercially sexually exploited youths' health care experiences, barriers, and recommendations: A qualitative analysis	Commercial sexual exploitation (CSE) of children; sex trafficking; qualitative research; health care experiences	Participants expressed reproductive health services (including STI screening) were more widely available compared to other types of health services; mental health services were generally limited to when youth were in detention centers or group homes; Most participants showed knowledge about sexual health, and a strong motivation to stay healthy. Barriers included feeling judged, concerns about confidentiality, fear, perceived low quality of services, and self-reliance (street smarts); youth de-emphasized ' victimhood' which shaped interactions with health care.

Table 3*(Continued)*

Study	Authors	Year	Title	Themes	Main findings
5.	Kavemann et al.	2018	Sexual re-victimisation of adolescent girls in institutional care with a history of sexual violence in childhood: empirical results and conclusions for prevention	Re-victimisation; sexual abuse; stigma; institutional care	Despite traumatic problems and psychological disorders, for teen survivors in residential care, improvement towards less vulnerability after sexual abuse and other forms of endangerment was possible; interventions and prevention need to combine trauma pedagogy, emancipatory sex education and violence prevention, entitlement to a self-determined sexuality, individual development and the licence to make mistakes without being judged.
6.	McElvaney, Greene & Hogan	2014	To Tell or Not to Tell? Factors Influencing Young People' s Informal Disclosures of Child Sexual Abuse	Child abuse; sexual abuse; family issues and mediators; prevention of child abuse; adolescent victims.	The key factors identified as influencing the disclosure process included being believed, being asked, shame/self-blame, concern for self and others, and peer influence; fear for the consequences of disclosure, concern for how both disclosure and nondisclosure would impact on themselves and others, and being both supported and pressurized by peers to tell an adult; the disclosure process is complex with intrapersonal and interpersonal dynamics reflecting the inherent conflict.
7.	Moore, Madise & Awusabo-Asare	2012	Unwanted sexual experiences among young men in four sub-Saharan African countries: Prevalence and context	Sexuality; young men; sexual debut; coercion.	Between 4 and 12% of young men stated that they were ' not willing at all' at sexual debut and between 3 and 6% said that they had ever experienced unwanted sex; conflicting information provided by the respondents serve to confound rather than illuminate the contexts, demonstrating that coercion for young men looks extremely different than coercion for young women.
8a.	Schonbucher et al.	2012	Disclosure of Child Sexual Abuse by Adolescents: A Qualitative In-Depth Study	Child sexual abuse (CSA); disclosure; adolescents; sexual maltreatment.	Less than 1/3 of participants immediately disclosed CSA; in most cases, recipients of both immediate and delayed disclosure were peers; more than 1/3 of participants had never disclosed the abuse to a parent; main motives for nondisclosure to parents were lack of trust or not wanting to burden the parents; many adolescent survivors of CSA have serious concerns about disclosure to their parents and consider friends as more reliable confidants.
8b.	Schonbucher et al.	2014	Adolescent Perspectives on Social Support Received in the Aftermath of Sexual Abuse: A Qualitative Study	Child sexual abuse (CSA); sexual victimization; adolescents; qualitative research.	Participants perceived parental support as the most necessary type of support, but were much more satisfied with support from peers. In particular, adolescents stated that they wished they had received more emotional support from their parents; about half of participants reported having received counselling, and counselling was seen as very helpful in dealing with the consequences of SA; only a few adolescents mentioned their school as a source of support;Intra-familial abuse, younger victim age at the time of abuse, an adult perpetrator, and severe abuse were all negatively associated with satisfaction with perceived support.
9.	Shalhoub-Kevorkian	2005	Disclosure of Child Abuse in Conflict Areas	Child protection laws; child protection policies; child sexual abuse; conflict areas; disclosure; intervention; Palestinian Israelis.	Girls attitudes not only conformed to general findings on disclosure of sexual abuse but also reflected socio-political fears and stressors; helpers struggled between their beliefs that they should abide by the state' s formal legal policies and their consideration of the victim' s context; the study reveals how decontextualizing child protection laws and policies can keep sexually abused girls from seeking help.
10.	Stark et al.	2016	Navigating Support, Resilience, and Care: Exploring the Impact of Informal Social Networks on the Rehabilitation and Care of Young Female Survivors of Sexual Violence in Northern Uganda	Sexual violence; informal support networks; adolescent girls, northern Uganda	Social stigma is identified to be the primary source of psychosocial distress following an incident of sexual violence, as well as the most significant barrier to recovery and reintegration; findings also suggest that the relationship between a girl and her perpetrator had a significant impact on the type of follow-up support she received particularly with regard to her ability to access justice; survivor accounts also indicate that family members played a complex role in girls' lives following an incident of abuse—in some cases providing significant support, while in others exposing girls to additional stigma or marginalization.

Table 3 *(Continued)*

Study	Authors	Year	Title	Themes	Main findings
11.	Tener et al.	2014	" It All Depends on the Guy and the Girl" : A Qualitative Study of Youth Experiences with Statutory Victimization Relationships	Compliant victim; statutory rape; youth; qualitative analysis.	The discussion of the relationship dynamics suggested a great deal of variation; some youths described the relationships in exploitive terms; more typically, the interviewed youth described the relationship as reciprocal, even some time after it had ended; the professional intervention often resulted in feelings of helplessness for the youth; the results suggest creative and flexible protocols are needed for handling these cases that recognize adolescents' developing autonomy.
12.	Williams	2010	Harm and Resilience among Prostituted Teens: Broadening our Understanding of Victimisation and Survival	Harm and resilience; survival-focused coping; prostituted teens; commercial sexual exploitation of children (CSEC)	The analyses suggest the need for a critical examination of commonly held assumptions about offender, victim and survivor roles; coping and survival is a key theme for high-risk runaway and homeless teens; based on their own reports, they see themselves as having ' survived' the extreme difficulties that violence in their natal homes and on the streets have presented; agencies need to understand how important this identification as ' survivor' is to the approach they take in assisting teens victimised by CSEC and why young women may rebuff their attempts at ' rescue' .

Appendix 4: Focus group topic guide

Professionals' views on sexual assault services for teens

PART A: Experiences with working with teen survivors of sexual assault (70 minutes)

	MAIN QUESTIONS	PROMPTS
Icebreaker Exercise *2-3 minutes*	Going around the group, could each of you share one word you would use to describe your experience of working with teen sexual assault survivors?	Facilitator writes words on flip chart
Introductory question *10 minutes*	Drawing on these words, or any other words or thoughts from this exercise: Please tell us about your experiences of working with teens who've experienced sexual assault.	How often do you encounter teens? Do you only work with teens? What services do you/or does your organisation offer? Do you feel supported as a professional?
Transition question *10 minutes*	What makes working with teens different from working with adults? "" with children?	What are teens' needs? How do you approach/interact with teens? How do you connect with them? How often/long do you see them for?
Focus questions (based on research questions) *15 minutes*	What difficulties do teens have with going to support services in your opinion? What do you need to counter this?	How do they find you? How do they contact you? Are there barriers? Why (not)?
Focus questions (based on research questions) *15 minutes*	What works when working with teen survivors? What could be done to reach more teen survivors?	Experiences of successful/unsuccessful interventions? What happened? What was your role?
Summarising 2-3 minutes	Facilitator summarises the main discussion points.	
Concluding question 2-3 minutes	Is there anything else that we haven't yet talked about that you would like to add?	

PART B: Views on proposed interview topics (10-15 minutes): *Interview guide teens will be shown to participants*

Introduction Question	In general, what do you think about this study?	Is this study important/necessary? Why/Why not? Would you motivate survivors to take part? Why/why not?
Transition Question	How do you think teen survivors can be reached and motivated to participate?	Would you have concerns about this study approaching teens? How could I address those concerns?
Focus question	What do you think about these examples of questions? [show examples by putting print-out of topic list on board]	What do you think about these topics? Which ones do like? Why? Are you missing any? Why? Are there any you don't agree with? Why?
Concluding	Is there anything else that we haven't talked about that you would like to add?	

Appendix 5: Teen interview topic guide

Interview Guide

Teens' experiences with sexual assault services

Interviewee Name: _____ **Date:** _____

Prior to interview: Told Others of Interview Local & Time ___, Extra Batteries ___, Pen & Pad ___, Support Contact Numbers___

Pre Interview Checklist	X
Understands qualitative study	
Received and read the PIS	
Answer participant's questions	
Consented to take part obtained	
Consented to record	

Field Notes (Details of where interviewed, who present, etc.)

Demographic Info

Age: _____

Ethnicity (self-identified): _____

Religion: _____

Daytime activities (school/work etc/at home etc.): _____

_____

Where do you live at the moment (parents; dorm etc.)? _____

Did you finish school? YES / NO

Do you go to School (YES/NO) College (YES/NO); University (YES/NO); Other _____

Did you grow up with:

- Both parents
- Single mother
- Single father
- Grandparents
- Blended family
- In care facility
- Other _____

How many brothers and/or sisters do you have?
Brothers _____ Sisters _____

Interview Guide

Teens' experiences with sexual assault services

Did your parents;

- Finish school? Mother (YES/NO) Father (YES/NO)
- Go to College? Mother (YES/NO) Father (YES/NO)
- Go to University? Mother (YES/NO) Father (YES/NO)

What kind of work do your parents do?
Mother _____ Father _____

- My parent(s) don't work _____

Time since sexual assault: _____

Received sexual assault services: yes/no

Email: _____

Phone number: _____

Participant Number: _____

RECORDER ON

Preamble/ ground-setting/:

What made you decide to participate in this study?

How would you like this interview to go?

My hope for today is to talk about the sexual assault supports you received. I won't be asking direct questions about your experiences of assault, and we don't have to talk about it if you don't want to. But we also don't have to *not* talk about it – it's completely your choice.

What should we do if you feel emotional or upset? What do you need (when to pause/stop, do you step out or do you want me to/ would you like me to follow you if you do etc.)?

What word do you use to describe your assault/ what word would you like me to use during the interview? [assault, 'incident,' rape, etc.]

1. Experience of support after assault

1.A. Formal Support Services

Tell me about the support you received after the [participants' preferred term for assault].

[Prompt and trace participants' experience of support from the assault(s) to present day. If no support received continue with 1B]

Prompts:

- Where/to who did you go first? Why?
- What happened there? Was this helpful? Why/not? How did people interact with you/ how did this make you feel?
- What happened next? [trace each step/service to present day]
- What was that experience like?

- How did you feel about [that service, intervention, advice given]?
- How could that [service, intervention, advice] have been better?
- How have your interactions with the doctors/nurses/other professionals been? Expand/tell me more/give an example
- Your concerns about (what stated in previous questions), have you raised them with nurses/doctors/other professionals?
- How did you feel about the information/advice they gave you?
- Do you feel you get all your questions answered?
- Do you have enough time with nurses/doctors/other professionals?
- Do you still use any of these support services today?
    - If no, why not?
    - If yes, which ones?
        - How do they support you? [Can you give me an example?]
        - How could this support/service be improved?

Before [participants' term for assault], did you know of any support services where you could go?

- If yes, which ones?
- If no, how did you find/learn about [support services discussed above]?

1.B Barriers Support Services

Tell me about why you didn't receive any support after [participants' preferred term for assault].

Are there things that make it more difficult to seek out help?

What could make it easier for you?

What do you need from support services?

- What can they do for you?

What do you think victims/survivors [use term participant] of sexual assault [use term participant] need from support services?

How do you think adolescent sexual assault [use participants' term] could be reduced or prevented, if at all?

1.C. Disclosure & Informal Supports

Did you tell anyone about [participants' term for assault]?

Who did you tell? Why/not?

How did this go?

How does this make you feel?

Is there anything you wish would have done differently? What? How could it have gone better?

Who can you talk to now?

Tell me about the help (if any) you received from:

- Friends?
- Family? (mother, father, sibling, aunt, other?)
- Partners (boyfriend/girlfriend)?
- Others? (classmates, teachers, employers, etc.)

Prompts:

- How did they help you? [Can you give an example of x?]
- How *didn't* they help you? [Can you give an example of x?]

2. Sexual Assault and Consent: thoughts and opinions

How would you describe sexual assault now?

Has the way you think about what sexual assault is changed after your own experience? If yes, how?

What do you think consent means? Has this changed before/after your own experience? How?

Where/how did you learn about consent and sexual assault [use participants term] ? (Ever learn in school? What did you learn?)

How do you give consent?

What are your thoughts on the way women and girls are portrayed in the media (tv, film, porn, news coverage) in relation to sex?
- How about on social media?

What helped/would have helped you to recognise behaviour as sexual assault?

3. Concluding Questions

Is there anything else we didn't discuss that you would like to talk about?

Do you have questions for me?

How do you feel about this interview?

- Do you have any feedback/advice for me?

RECORDER OFF

Post Interview Checklist	X
Debriefing: give information on where to seek help	
Type field notes and reflections	
Transcribe demographic details	
Save recorded interview in computer and hard drive	
Destroy this form and any written notes	

Appendix 6: Recruitment poster

Your Voice Matters!

HOW CAN SUPPORT SERVICES BE IMPROVED FOR TEENS WHO HAVE EXPERIENCED SEXUAL ASSAULT?

***ANY* SEXUAL ACT OR ACTIVITY *WITHOUT YOU ACTIVELY AGREEING TO IT* IS SEXUAL ASSAULT. THIS INCLUDES, BUT IS NOT LIMITED TO: UNWANTED TOUCHING, SEXUAL ABUSE AND RAPE.**

TEENS ARE MORE LIKELY TO EXPERIENCE SEXUAL ASSAULT THAN ANY OTHER AGE GROUP. UNFORTUNATELY, MANY DON'T SEEK ANY SUPPORT AFTERWARDS.

Are you between **13-19 years old**? Have you experienced sexual assault and would you like to help improve support services by talking about your experiences following sexual assault?
Do you have questions, or would you just like some more info on this study?
Please send an email to
tamara.shiboleth@mail.bcu.ac.uk

You won't have to talk about your sexual assault and you don't need any experience with support services.
You will stay **anonymous**!

Sexual assault is never your fault. There is help and support available

umbrella

BIRMINGHAM CITY University

Appendix 7: Child Protection Protocol

Child Protection Protocol

Guiding Protocol for: Teens' experiences with sexual assault support services

Principal Investigator: Tamar Shiboleth, PhD Student, School of Health, Education and Life Sciences (HELS), Birmingham City University

GUIDING PRINCIPLES:

The protection of children is central to all stages of this PhD research. This research seeks to ensure the views of teens who have experienced sexual assault are listened to and taken into account at all times.

This PhD research subscribes to the UN Convention on the Rights of the Child. This protocol also draws on the National Children's Bureau's Guidelines for Research. The procedure for obtaining consent and safeguarding was modelled after the protocol used by the Office of the Children's Commissioner (Coy, et al., 2013). The following principles will be upheld at all stages of the research:

- All children have the right to be protected;
- All children should be listened to and their views taken seriously;
- Children's needs should be looked at holistically and should not be defined only in terms of their vulnerability or abuse;
- All interventions must be child-centred;
- To effectively protect children the principal investigator must identify and work with safe and protective adults within children's families and communities;
- The principal investigator must always be aware of how issues of race, gender, disability, culture, sexuality and age impact on an individual child's life-experiences;
- The principal investigator must always be aware of how issues of race, gender, disability, culture, sexuality and age impact on their understanding of and response to keeping children safe;
- The principal investigator must work with local care programs and practitioners to ensure the protection of participant children.

PROCEDURES

The following procedures have been created based on the above principles:

1) **Consent:** The principal investigator will be responsible for obtaining consent. Informed consent forms will be obtained from teens themselves. Informed consent will be discussed in an age appropriate matter with all participants. Written consent will be required from all participants whereby two copies (one for the participant and one for the researcher) of a consent form are signed. Participating teens decide whether or not parent(s), caregivers are informed of their participation. All participants will be provided with study information sheets to read thoroughly before signing consent forms. During the informed consent procedure, participating teens will be made aware that there are limits to confidentiality when they reveal situations where they or another child/teenager is at (future) risk of serious harm. Participants will be informed about what information will be shared with whom at the beginning of interviews and focus groups. Participants will get the opportunity to ask questions prior, during and after the interview. Consent to take part will be renegotiated throughout young

people's participation: before the agreement to participant, at the beginning of the interview, again before and during focus groups. Participants will be clearly instructed that they can choose to withdraw their participation at *any* moment during the study. They will be assured that they don't have to answer any questions that make them feel uncomfortable without having to give any explanation. During the informed consent procedure the researcher will assess whether the participant is able to fully comprehend what consent and participation means. People who don't speak sufficient English will be excluded from the study. Due to the sensitive topic using a translator is not desirable. In case a participant cannot read, the researcher will go through the informed consent procedure with the participant and the participant will give consent verbally. Both will be recorded with an encrypted voice recorder.

2) **Preventing Distress:** All participating teens will be asked if they would like to talk alone with the principal investigator, or if they would like their caregiver, a sibling, friend or (home-based) carer to be present as well. Participants will be asked to talk about experiences with (sexual) health interventions and any barriers they experienced to reach out to formal care. Participants will not be asked probing questions about the sexual assault incident and/or traumatic events. If a participant chooses to speak about a sensitive issue and becomes distressed, the participant will be reminded that he/she does not have to continue if he/she does not want to.

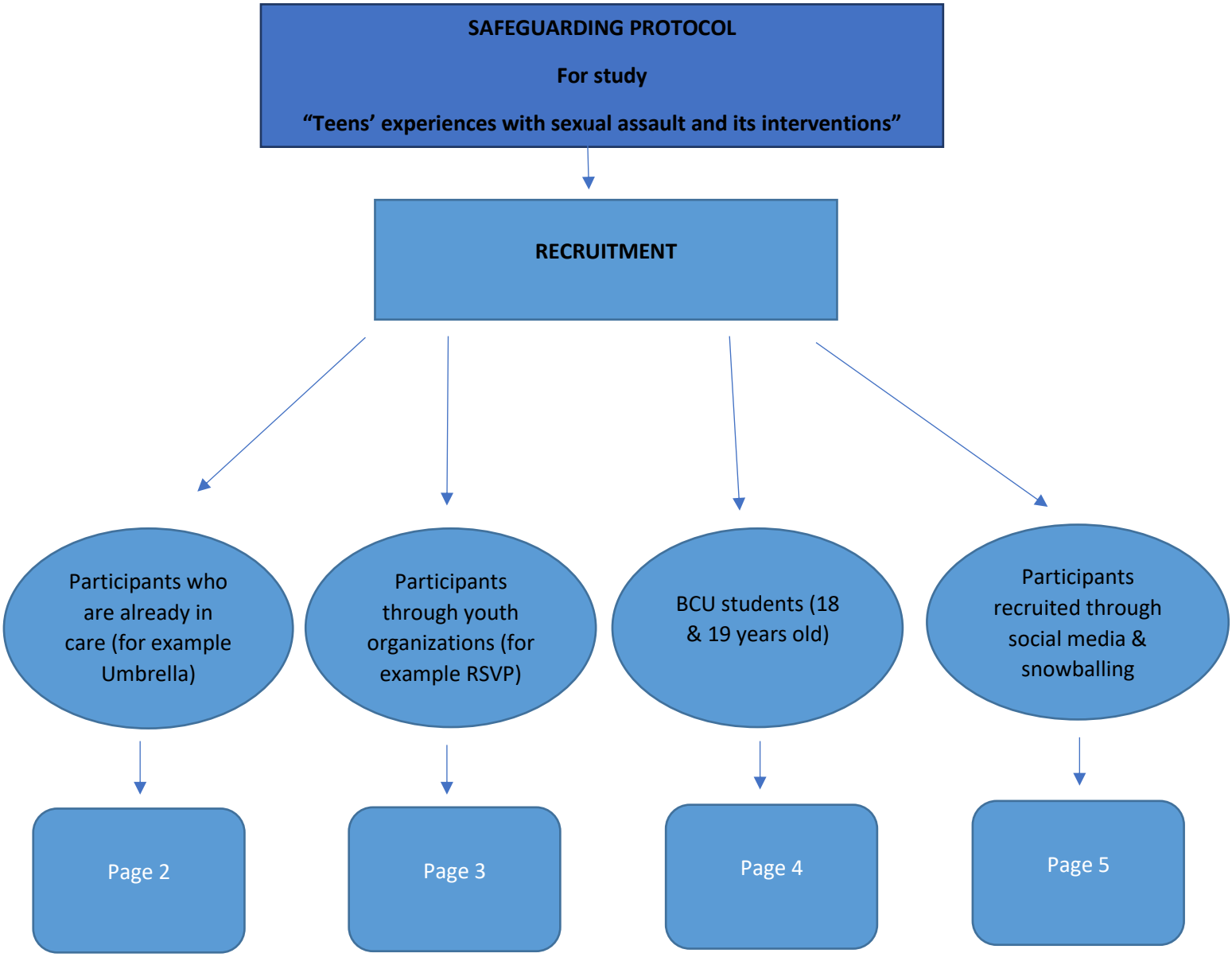
3) **Emotional Distress**: During the interview the participants will not be asked about the sexual assault itself, but the support around it. Still, there is a risk of participants becoming distressed. Before the interview the researcher will discuss with the participant what to do when things become emotional (for example, give the participant some space by pausing or stopping the interview).

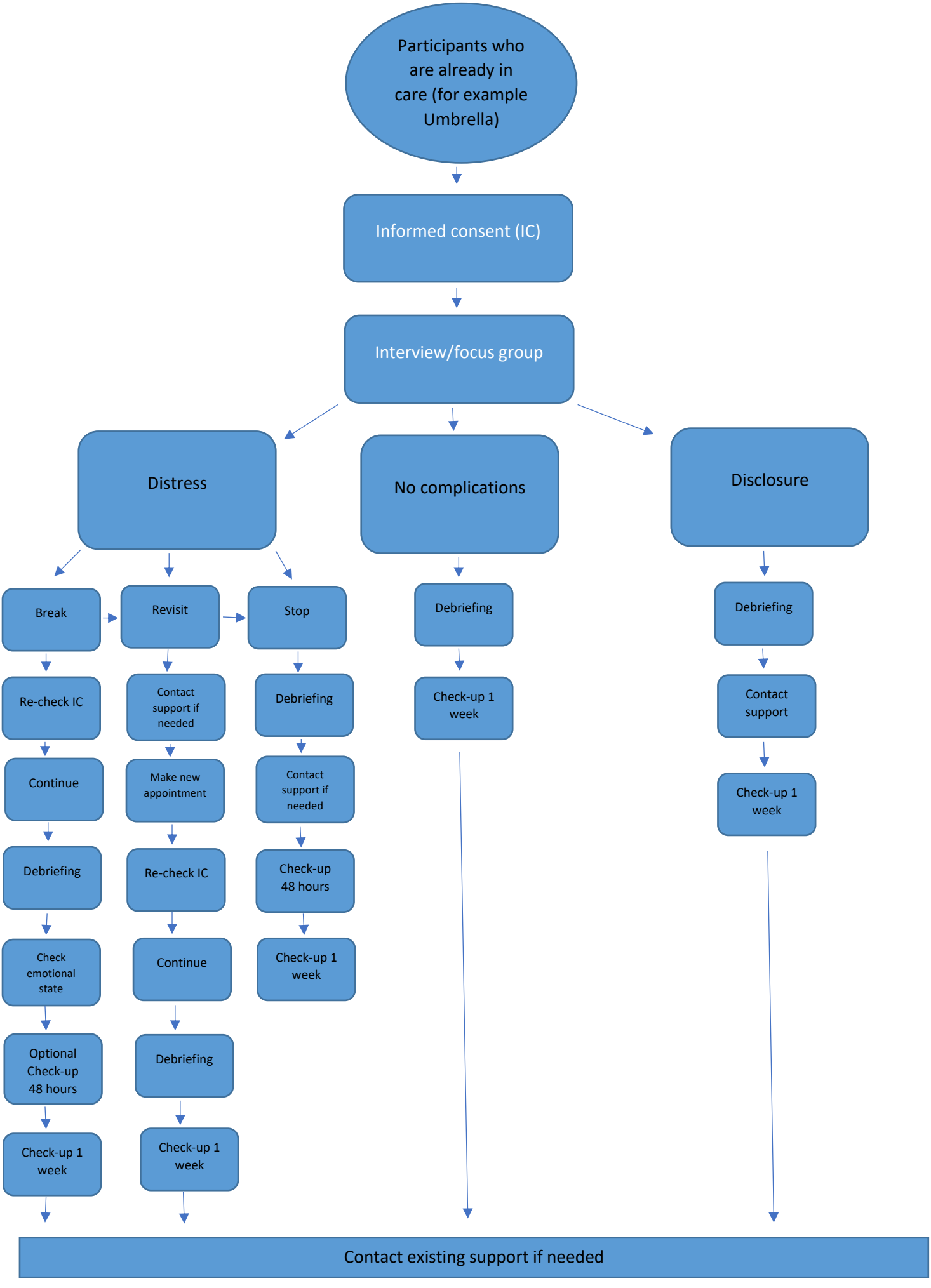
4) **Monitoring Distress**: All participants will have access to help or support if they require so. Information about local sources of help will be given to participants during the debriefing process which will take place at the end of every interview. A follow-up enquiry by telephone (or email if preferred) will take place a week after the interview to ensure the well-being of participating teens. If a participant seems particularly affected by the interview there will also be a follow-up within 48 hours after the interview.

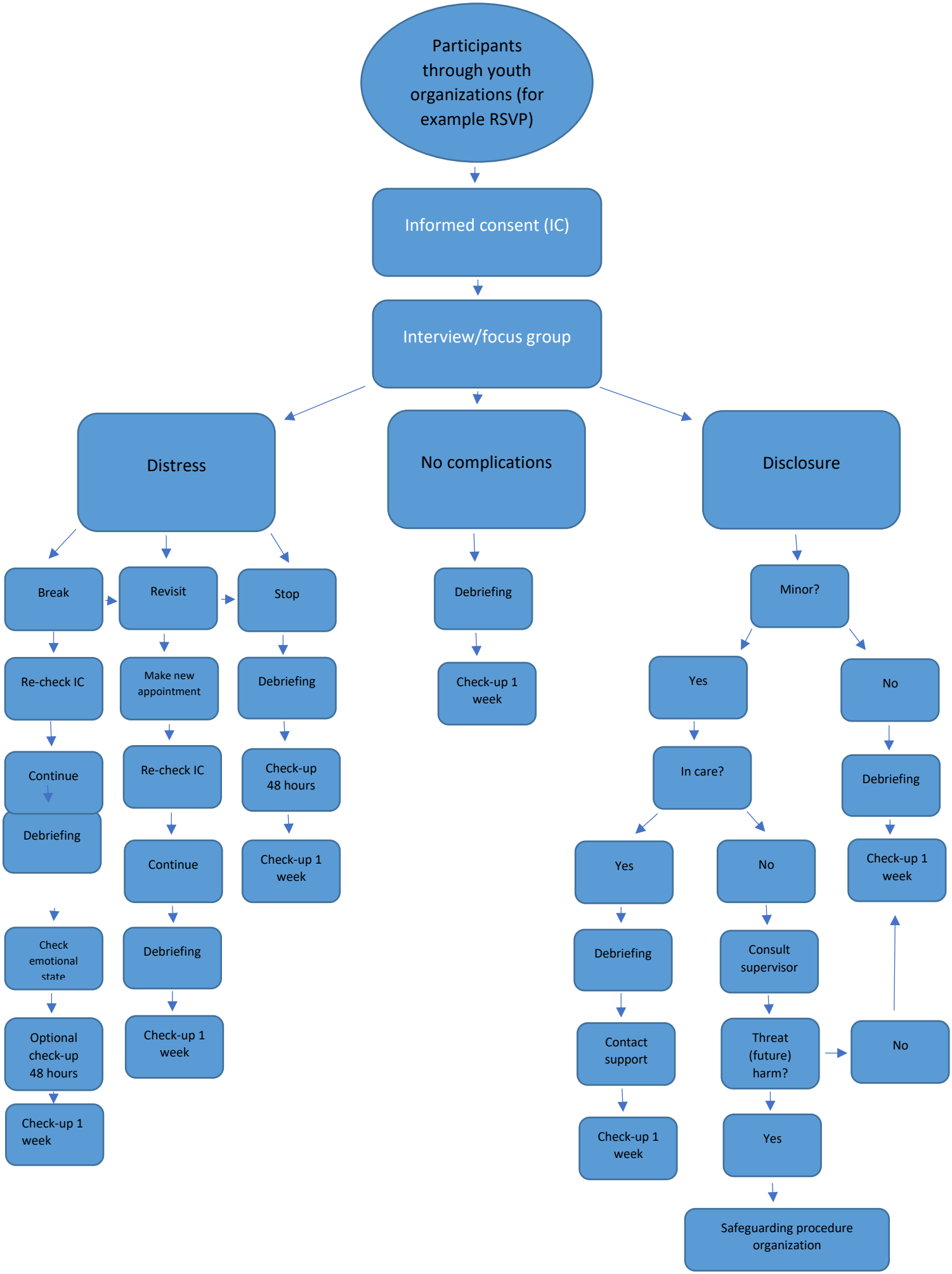
5) **Safeguarding**: If participants disclose ongoing abuse, maltreatment or risk of future harm during the interview the principal investigator will consult with the point person for safeguarding of the organization the participant came through or is receiving care from (for example Umbrella, RSVP, Birmingham LGBT). For participants that are not receiving care at the moment of participating, the point person for safeguarding from Umbrella will be consulted. After each interview the researcher will debrief with an academic supervisor. Two of the supervisors for this research project are working at Umbrella Clinics and can be consulted to assess whether referral is necessary. Respondents will be informed of the safeguarding protocol during the informed consent process. This safeguarding protocol has been developed in consultation with Umbrella.

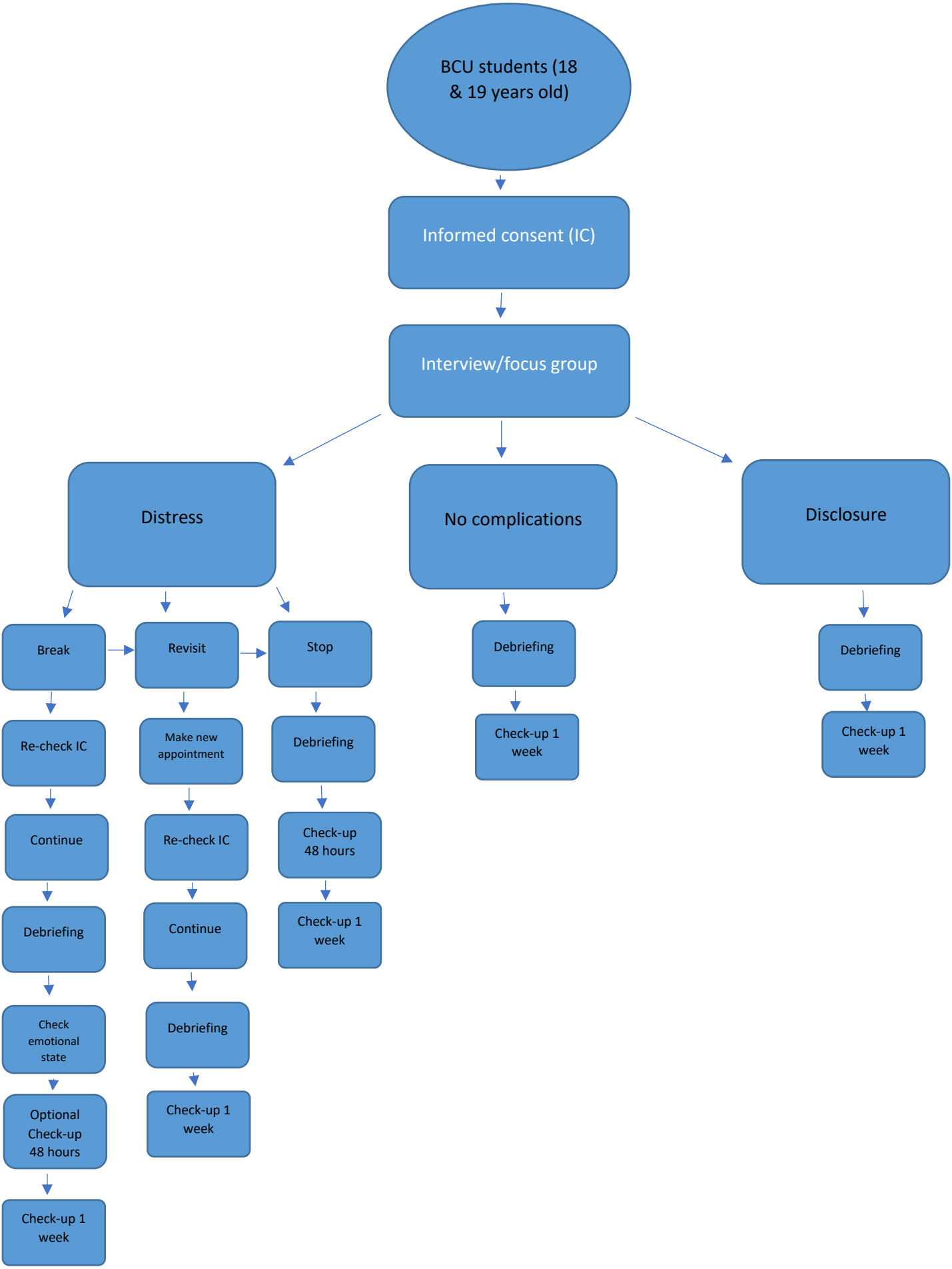
6) **Confidentiality**: Participants will be informed before consenting to participate in the research that confidentiality may be broken if the principal investigator suspects danger. In line with the 2018 GDPR, research data, including audio recorded interviews, will be deposed of securely after a period of five years.

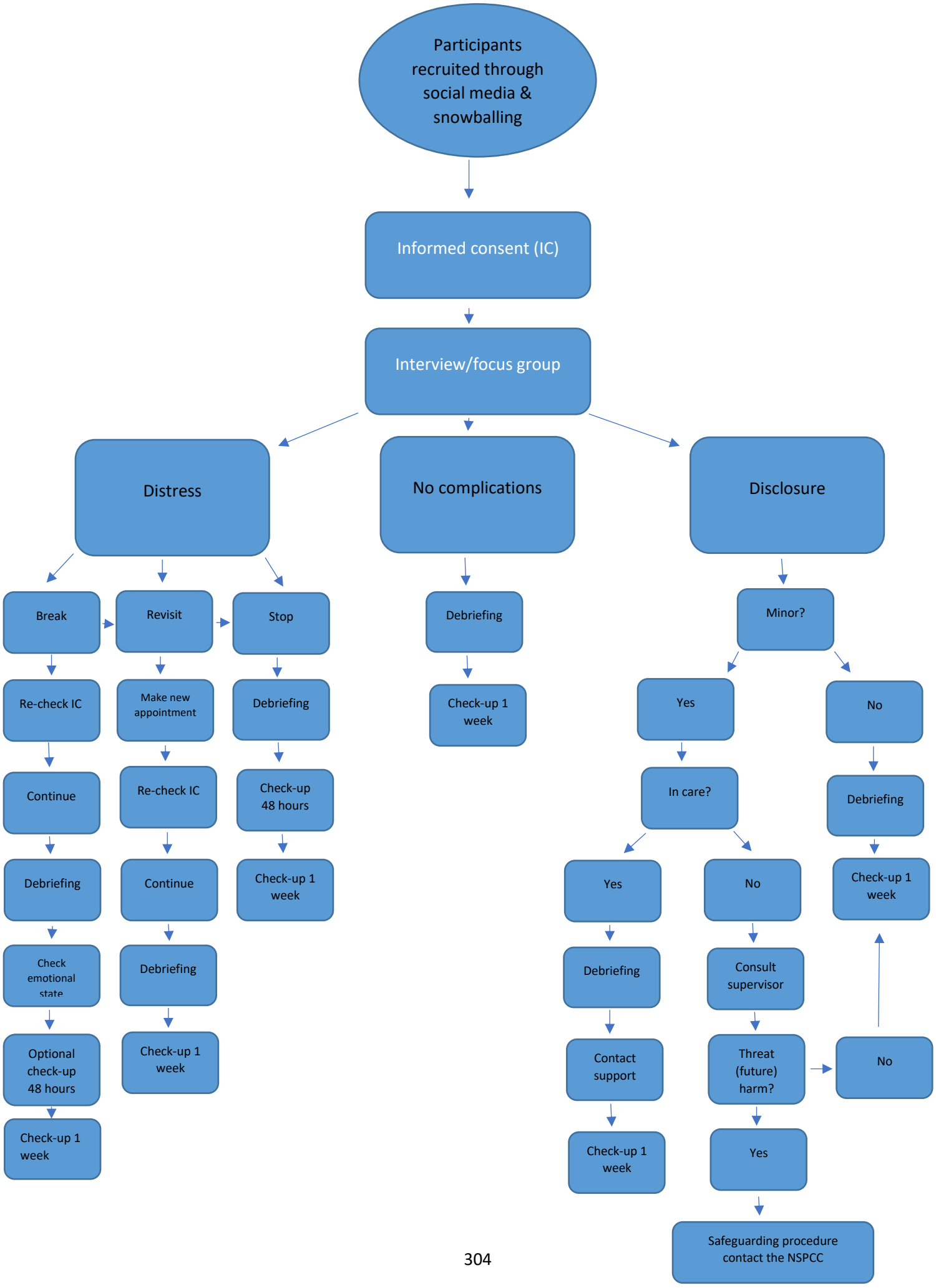
Appendix 8: Safeguarding protocol




Participants who are already in care (for example Umbrella)
Informed consent (IC)
Interview/focus group
Distress
No complications
Disclosure
Break
Revisit
Stop
Debriefing
Debriefing
Re-check IC
Contact support if needed
Debriefing
Check-up 1 week
Contact support
Continue
Make new appointment
Contact support if needed
Check-up 1 week
Debriefing
Re-check IC
Check-up 48 hours
Check emotional state
Continue
Check-up 1 week
Optional Check-up 48 hours
Debriefing
Check-up 1 week
Check-up 1 week
Contact existing support if needed


Participants through youth organizations (for example RSVP)
Informed consent (IC)
Interview/focus group
Distress
No complications
Disclosure
Break
Revisit
Stop
Debriefing
Minor?
Re-check IC
Make new appointment
Debriefing
Check-up 1 week
Yes
No
Continue
Re-check IC
Check-up 48 hours
In care?
Debriefing
Debriefing
Continue
Check-up 1 week
Yes
No
Check-up 1 week
Check emotional state
Debriefing
Debriefing
Consult supervisor
Optional check-up 48 hours
Check-up 1 week
Contact support
Threat (future) harm?
No
Check-up 1 week
Yes
Safeguarding procedure organization


BCU students (18 & 19 years old)
Informed consent (IC)
Interview/focus group
Distress
No complications
Disclosure
Break
Revisit
Stop
Debriefing
Debriefing
Re-check IC
Make new appointment
Debriefing
Check-up 1 week
Check-up 1 week
Continue
Re-check IC
Check-up 48 hours
Debriefing
Continue
Check-up 1 week
Check emotional state
Debriefing
Optional Check-up 48 hours
Check-up 1 week
Check-up 1 week


Participants recruited through social media & snowballing
Informed consent (IC)
Interview/focus group
Distress
No complications
Disclosure
Break
Revisit
Stop
Debriefing
Minor?
Re-check IC
Make new appointment
Debriefing
Check-up 1 week
Yes
No
Continue
Re-check IC
Check-up 48 hours
In care?
Debriefing
Debriefing
Continue
Check-up 1 week
Yes
No
Check-up 1 week
Check emotional state
Debriefing
Debriefing
Consult supervisor
Optional check-up 48 hours
Check-up 1 week
Contact support
Threat (future) harm?
No
Check-up 1 week
Yes
Safeguarding procedure contact the NSPCC

N.B.

1. Disclosure can happen not only during an interview or focus group, but anytime in the research process (for example during the check-up after one week), in this case the protocol for disclosure must be followed.

2. A participant can choose to stop participating *anytime* during the research without explanation. However, if disclosure has already occurred the protocol for disclosure must still be followed.

3. The safeguarding protocol will be explained to participants during the informed consent procedure.

Appendix 9: Consent form

BIRMINGHAM CITY University

PARTICIPANT CONSENT FORM

Study Title: Teens' experiences with sexual assault support services

Name of Researcher: Tamar Shiboleth

Project Code: *Participant identification number:*

	Initial box
1. I confirm that I have read the information sheet [date; November 2018] for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my [medical care or] legal rights being affected.	
3. I understand that relevant sections of my data collected during the study may be looked at by individuals from Birmingham City University and from regulatory authorities [and from the NHS Trust(s)], where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I understand that personal data about me will be collected for the purposes of the research study including [name, address, date of birth, ethnicity, sexuality, health status, audio recordings], and that these will be processed in accordance with the information sheet [date; November 2018].	
5. I agree to audio/video recording and the use of anonymised quotes in research reports, conference presentations and publications.	
6. I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details which may reveal my identity or the identity of people I speak about.	
7. I understand that signed consent forms and original audio recordings will be kept in a locked locker at Birmingham City University and that all electronic data will be stored in password protected files on an encrypted password protected external hard drive for the duration of five years.	
8. I understand that a transcript of my interview/focus group in which all identifying information has been removed will be retained for five years. I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.	

Version 2, Participant Consent Form, IRAS ID 261467, Date 08.03.2019

BIRMINGHAM CITY University

9. I understand that if I inform the researcher that I or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.	
10. I understand that I am free to contact any of the people involved in the research to seek further clarification and information [Researcher: Tamar Shiboleth, PhD Candidate at Birmingham City University. Email: tamara.shiboleth@mail.bcu.ac.uk].	
11. I agree to take part in this study.	

_____	_____	_____
Name of Participant	*Date*	*Signature*
_____	_____	_____
Name of Person taking Consent	*Date*	*Signature*

**1 copy for participant; 1 copy for researcher site file; 1 (original) to be kept in medical notes* (if participant is a patient).

Appendix 10: Debriefing form

Debriefing Form

Thank you for participating as a research participant in the present study concerning teens' experiences with sexual assault and its interventions.

The present study intends to find out how sexual health services can be improved for teenagers who have experienced sexual assault. Again, I thank you for your participation in this study. If you know anybody else that might be interested in participating please feel free to give them my contact information.

If you have any questions regarding this study, please ask the researcher (Tamar Shiboleth, email: tamara.shiboleth@mail.bcu.ac.uk) now or any time after the study. You can also contact the study's chief supervisor (Annalise Weckesser, email: annalise.weckesser@bcu.ac.uk).

Thank you again for your participation.

BIRMINGHAM CITY University

Debriefing Form – Teen Participants

Thank you for participating in this study concerning teens' experiences with sexual assault support services.

I hope participating in this study has been a positive experience for you. However, in the event that you feel you need further support, I encourage you to contact any of the organizations mentioned below. They are all Birmingham based organizations specialised in helping people who have experienced sexual assault. I will contact you a week after your participation to check on how you are doing. If you need additional help with finding a counsellor or any other health services please let me know. Thanks again for your participation.

If you have any questions regarding this study, please ask me (Tamar Shiboleth, email: tamara.shiboleth@mail.bcu.ac.uk) now or any time after the study. You can also contact my supervisor (Annalise Weckesser, email: annalise.weckesser@bcu.ac.uk). If you know anybody else that might be interested in participating please feel free to give them my contact information.

Organisation	Services	Website	Contact information
Umbrella Clinics	Umbrella clinics can help with emergency contraception, advice about and checks for sexually transmitted infections (STIs), and can arrange for you to see an Independent Sexual Violence Advocate (ISVA), who is a specialist sexual violence worker. You can choose to attend Umbrella's abuse survivors clinic (ASC). This clinic is run by an ISVA and offers support, advice, and non-urgent medical care for people over the age of 13 who have experienced sexual abuse. The ASC at Whittall Street Clinic also has an experienced doctor.	https://umbrellahealth.co.uk	0121 237 5700 Or use the online contact form to submit general enquiries.
Rape and Sexual Violence Project (RSVP)	RSVP offers empathic services to support and inspire children and adults of all genders who have been affected by sexual violence and abuse. Services are free, confidential and delivered with compassion, professionalism and humanity. Offering you the tools, and understanding, to enable you to overcome the effects of sexual violence and make positive, meaningful changes for a hopeful and confident future.	https://rsvporg.co.uk	0121 643 0301 / info@rsvporg.co.uk.
Birmingham LGBT	Birmingham LGBT is the city's leading charity advocating for and supporting lesbian, gay, bisexual and trans communities in Birmingham and beyond offering a range of services focused on improving the health & wellbeing of individuals.	https://blgbt.org	0121 643 0821 Or email: sexualhealth@blgbt.org LGBT aims to respond to e-mails within 48 hours. For urgent matters call them 7 days a week.
Childline	You can contact Childline about *anyting.* Whatever your worry, childline is there to support you and help you find ways to cope. You can also get help from other young people through their website.	https://www.childline.org.uk	Call Childline for free on: 0800 1111 Or get in touch online
Barnardos	Barnardo's provides a range of services to children, young people and families across the UK. Services address problems including sexual exploitation, substance misuse and homelessness,	https://www.barnardos.org.uk/	Find services in your area on: www.barnardos.org.uk/what_we_do/our_work/service-search.htm

Appendix 11: Participant information sheet practitioners

BIRMINGHAM CITY University

Participant Information Sheet - Professionals

Study: Teens' experiences with sexual assault support services

My name is Tamar Shiboleth. I am a PhD student at Birmingham City University and I would like to invite you to take part in my research study about teens' experiences with sexual assault support services. It's important that you know what this study is about, and what it involves, before you decide if you want to take part.

The purpose of the research
The purpose of this research is to learn more about teens' experiences with support services for sexual assault with the aim to find out how sexual health services can be improved for teenagers who have experienced sexual assault. This study seeks to: 1) identify what services are available to teenagers in Birmingham and the experiences teens have with them; 2) identify the needs teens have and obstacles they experience for using support services after sexual assault; 3) how sexual health practitioners can best reach teenagers who have experienced sexual assault.

Who is conducting the study?
This research study is being undertaken by Tamar Shiboleth PhD researcher at Birmingham City University in collaboration with Umbrella sexual health services. Tamar has a double bachelor degree in Social Work and (clinical) Psychology, and a master degree in Global Criminology. Tamar has worked as a family manager and youth probation officer for Child Protective Services in Amsterdam where she worked with teens who have experienced sexual assault.

Chief supervisor: Annalise Weckesser (annalise.weckesser@bcu.ac.uk).

Supervisors: Dr. Jonathan Ross (jonathan.ross@uhb.nhs.uk) and Dr. Rachel Caswell (rachelcaswell@nhs.net) from Umbrella Clinics.

Why have I been invited to take part?
In order to find out how sexual health services can be improved for teenagers who have experienced sexual assault, practitioners, like yourself, who work with young people that (might) have experienced sexual assault will be interviewed. Even though, this study's main focus will be teens' experiences, your expert knowledge on the topic is extremely valuable for a more holistic approach.

What type of study is this?
This research is part of my PhD study. It is a qualitative study using interviews, focus groups and some participatory techniques to ensure the voices of teens are central in the research.

What would I have to do if I decide to take part?
If you decide to take part in this research, you will be invited to attend a focus group together with other professionals. The focus group should take about 1 hour and can take place at Birmingham City University or any other location depending on the preferences of the attendees. During the focus group you will discuss your personal experiences with working with teens who have experienced sexual assault. You can refuse to answer any questions or discuss any topics which make you feel uncomfortable and you can stop participation at any time. If you are not able to attend the focus group, for whatever reason, I would like to schedule a (telephone) interview instead.

Do I have to take part?
Your participation is entirely voluntary and it is up to you to decide whether or not to take part. You can decide you don't want to take part at any time – before the focus group, during the focus group or afterwards. You don't need to give a reason. If you want to take part, but change your mind in the months after the focus group– that is within your right. If you contact me before 30th June 2020 then I can take out any information that comes from this interview.

What will happen to the information that I give you?
I will record the focus group to help me remember what everyone has said. This means that I won't need to take lots of notes during the focus group, and I can listen to it a few times to make sure I hear everything you tell me. I will type up the interview as soon as possible after we meet. All of the information you share with me is private and confidential. However, I may use some of the words you say in the report of this study. I will not name you, and will take out any information that would identify you.

My supervisors may help me as I think about and make sense of the different interviews I have, so they may read the write up of our talk. All of the information about you will be kept in a password-protected file and the interview will be recorded on an encrypted recorder so nobody else will be able to listen to it. Your name will be kept in a different place to the write up of our conversation, and I will make sure that there is no information that is kept that could identify you. I will keep the write up of our conversation for 5 years and then delete it.

What will happen with your personal information?

Birmingham City University (BCU) is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. BCU will keep identifiable information about you for 5 years.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study after30th June 2020, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible. You can find out more about how we use your information by contacting HEL_Ethics@bcu.ac.uk.

BCU will use your name, and contact details to contact you about the research study, and make sure that relevant information about the study is recorded for care, and to oversee the quality of the study. Individuals from BCU and regulatory organisations may look at your research records to check the accuracy of the research study. The only people in BCU who will have access to information that identifies you will be people who need to contact you to audit the data collection process. The

people who analyse the information will not be able to identify you and will not be able to out your name, or contact details.

What are the possible benefits of taking part?
I hope you will find the experience of taking part in the focus group interesting and useful. You will have the opportunity to receive a summary of the research when it is completed. I plan to publish the results of this study and present it at (international) conferences. If you want I can send you a summary of the research when I've completed it. I will also send this summary to Umbrella, RSVP, Barnardo's, LGBT Birmingham and other youth organizations so that they can share it with young people, families and youth workers.

What are the possible disadvantages and risks of taking part?
I understand that there are many demands on your time and there is some inconvenience in taking part in the focus group. The focus group will therefore be organised at a time and location which is convenient to you. During the focus group, you might be asked questions about certain topics which are sensitive or may upset you. You can refuse to answer any questions which you feel uncomfortable with, and are free to withdraw anytime without an explanation.

Who has reviewed the study?
This study has been reviewed and approved by the Ethical Committee of Birmingham City University and the Coventry and Warwickshire research ethics committee of the NHS Health Research Authority.

What if there is a problem?
If you are unhappy about the way you've been treated in this study, or have any worries about it, you can ask to speak to the project supervisor who will do her best to answer your questions and deal with any issues. The project supervisor is Annalise Weckesser (annalise.weckesser@bcu.ac.uk). You can also reach out to HEL_Ethics@bcu.ac.uk with any complaints.

If I want to take part, what should I do now?
If you decide you want to take part you can contact me on tamara.shiboleth@mail.bcu.ac.uk . If you have not already received an invitation for the focus group meeting you will receive one shortly. Before the start of the focus group I will answer any questions you have, explain the study and ask you to sign a consent form if you'd like to go ahead and take part.

Thank you.

Tamar Shiboleth

PhD Candidate|Birmingham City University| City South Campus
Westbourne Road| Edgbaston| Birmingham B15 3TN

Appendix 12: Participant information sheet teens

BIRMINGHAM CITY University

Participant Information Sheet – Teen participants

Study: Teens' experiences with sexual assault support services

Hi. My name is Tamar Shiboleth. I am a PhD student at Birmingham City University and I would like to invite you to take part in my research study about your experiences with any health or care services you received (for example from your doctor or a counsellor) after your sexual assault experience.

Or maybe you chose not to talk to anybody about it? I would like to learn more about this decision too. It's important that you know what this study is about, and what it involves, before you decide if you want to take part. You can talk about this with your family, friends, parents, guardians, support workers or anyone else you want to.

What is the research about?
I am doing this research to learn more about what it's like for teenagers who have experienced sexual assault to seek help afterwards as well what it is like not to tell people or not to seek out help. I hope that this will help us to understand more about teens' experiences so that we can learn how support services can be improved for teenagers who have experienced sexual assault.

Why have I been invited to take part?
I would like to speak to teens who are: aged 13 and 19 years old and have experienced sexual assault. Sexual assault includes rape but can also include someone intentionally touching you in a sexual way without you consenting to it. This can be someone you don't know but also someone you know or are in a relationship with. Sexual assault can affect anyone and both men and women can be offenders. It does not matter how old you were when you experienced the sexual assault or how long ago this was. I'm interested in your experiences and how you understand them.

What would I have to do if I decide to take part?
If you decide to take part in this research, I will arrange a time to meet with you so I can ask you some questions about your experiences. This should take about 1 hour, but we can split our meeting up into smaller chunks if this feels too long. It is important you know I won't be asking you questions about the sexual assault itself, but about what happened after. At the end of our meeting I will ask if you would like to meet again together with a few other participants to talk about the results of the research study and hear your opinions about them. This is called a focus group and it is optional of course. If you prefer we can stick to just one meeting. A week after our conversation I will give you a

call to check if everything is still going alright with you. If during this phone-call you tell me you might need some additional support I can help you reach out to the right people.

Do I have to take part?
No. It is really important you understand that it is up to you if you want to take part, or not. If you decide that you don't want to take part in this research, that's OK. You can decide you don't want to take part at any time – before the interview, during the interview or afterwards. You don't need to give a reason, and no one will be upset or annoyed.

This research is separate to any support you are getting, so taking part does not affect any support you get. If you want to take part, but change your mind in the months after the interview – that's OK too. If you contact me before 30th June 2020, I can take out any information that comes from this interview before writing up the results.

What will happen to the information that I give you?
I will record our conversation to help me remember what we have said. All of the information you share with me is private and confidential. However, I may use some of the words you say in the report of this study. I will not name you, and will take out any information that would identify you (for example your name or where you go to school). You can choose a pseudonym (a name that your contributions will be known by) for the study if you like.

My supervisors may help me as I think about and make sense of the different interviews I have, so they may read the write up of our talk. All of the information about you will be kept in a password-protected file and the interview will be recorded on an encrypted recorder so nobody else will be able to listen to it. Your name will be kept in a different place to the write up of our conversation, and I will make sure that there is no information that is kept that could identify you. I will keep the write up of our conversation for 5 years and then securely delete it.

What will happen with your personal information?

Birmingham City University (BCU) is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. BCU will keep identifiable information about you for 5 years.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study after 30th June 2020, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible. You can find out more about how we use your information by contacting HEL_Ethics@bcu.ac.uk.

BCU will use your name, and contact details to contact you about the research study, and make sure that relevant information about the study is recorded for care, and to oversee the quality of the study. Individuals from BCU and regulatory organisations may look at your research records to check the accuracy of the research study. The only people in BCU who will have access to information that identifies you will be people who need to contact you to audit the data collection process. The people who analyse the information will not be able to identify you and will not be able to out your name, or contact details.

Who else will know that I am taking part?
If you don't want anyone to know you are taking part in this study that is OK. However, if you would like to talk to your family, friends, parents, guardians, support workers or anyone else that is totally fine too. Umbrella, or another youth service, may know that you are taking part in this study if we meet at their offices.

What you say during the interview is private and confidential. That means that I would not tell your parent, guardian, Umbrella or any other youth service what you said when we met. Even though what you tell me is private, and I won't share it with other people outside of my research team, it's OK for you to talk with other people about it.

At the end of the interview I will give you an information sheet with the details of the services in Birmingham that are available to you and how you can reach out to them. The only time I would break our confidentiality is if I was worried that you – or someone else – was being, or was likely to be, hurt. If that happens, I would talk with you about it so that we can make a plan to get you the help and support you need. But it might mean I would have to report it to the necessary services even if you don't want me to. This is because the most important thing is for you to be safe.

Has anyone checked that the study is safe?
This research has been checked by a group of people at Birmingham City University called a Research Ethics Committee. They have decided that this research is necessary, fair and safe. Coventry and Warwickshire research ethics committee of the NHS Health Research Authority has also reviewed and approved this research.

What are the possible benefits of taking part?
Some people find it helpful to talk about their experiences to someone who is able to listen and really wants to understand. Aside from this, you probably won't get any direct benefits from taking part in this study. However, I plan to publish the results of this study and it may help people understand more about the experiences of teens who have experienced sexual assault.

If you want I can send you a summary of the research when I've completed it, so you can learn about other teens' experiences as well. I will also send this summary to Umbrella, RSVP, Barnardo's, LGBT Birmingham and other youth organizations so that they can share it with young people, families and youth workers. Maybe you would like to be able to talk about the results and give your opinion? If this is the case you will be able to participate in a focus group.

Could anything negative happen as a result of taking part?
Whilst I hope that this interview is a positive experience for you, I know that it can be difficult to talk about personal experiences. If anything we talk about is difficult for you, it's OK to stop the interview or take a break. It's up to you how much you tell me, and it's OK to not answer any question that makes you feel uncomfortable. If anything we talk about leaves you feeling upset or worried, we can talk about it and decide what we can do to help you get some support after the interview.

I will be giving you a sheet with some examples of people you can talk to, and I can also help you talk with a supporter if you would find that useful. If you are unhappy about the way you've been treated in this study, or have any worries about it, you can ask to speak to the project supervisor who will do her best to answer your questions and deal with any issues. The project supervisor is Annalise Weckesser (annalise.weckesser@bcu.ac.uk). You can also reach out to HEL_Ethics@bcu.ac.uk with any complaints.

If I want to take part, what should I do now?
If you decide you want to take part you can either contact me on tamara.shiboleth@mail.bcu.ac.uk or ask a parent to contact me on your behalf. We will work out the best time and place to meet. This can be wherever you prefer as long as we have a private space to talk. For example, I can meet you at, Birmingham City University, the Umbrella office, a youth service you feel comfortable in (if they agree) or your home (if your parents/guardian agrees and it feels comfortable for both of us). When we meet I will answer any questions you have, explain the study and ask you to sign a consent form if you'd like to go ahead and take part.

If you – or one of your supporters - have any questions, you can contact me at tamara.shiboleth@mail.bcu.ac.uk .

You can also contact my supervisor: Annalise Weckesser (annalise.weckesser@bcu.ac.uk).

Thank you.

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Appendix 13: Poster informing about observation

Appendix 14: Article Anastassiou, Shiboleth & Caswell (2019)

Teens, sexual assault and ethical research: how do we include their voice?

Andrea Anastassiou,[1] Tamara Shiboleth,[1] Rachel J Caswell [2,3]

Young people aged 16–19 years are the group reporting the highest prevalence in the last year of sexual assault in the England and Wales survey, with 1 in 10 reporting experience of sexual assault.[1] Of note, younger teens were not surveyed. Experiences of sexual assault can result in physical injury, an increased risk of revictimisation, and a range of other deleterious outcomes concerning their (sexual and mental) health as well as emotional and social problems.[2] Interventions are essential to alleviate or even prevent these outcomes, and research is important in order to improve this support for teens after sexual assault.

However, there is a marked scarcity of teen participation in studies where the findings could ultimately direct interventions and services following sexual assault. Without research inclusive of teen experiences, services will be offered that have been trialled in adults and as such may miss service issues that affect access to and acceptability of healthcare.[3] Teen research participation is invaluable for providing insights into the true, lived experiences of young people and capturing a level of nuance that cannot be obtained through interviews with adults or by retrospective accounts. Teen participation will also empower and give a voice to this frequently unheard group and help break the silence surrounding abuse which often exists.

The scarcity of teen-centred research into sexual assault may partly be the result of an inherent discomfort associated with conducting research of this nature. Regulation for engaging research participants is often defined by age rather than consideration of individual psychological development.[3] Indeed, anyone under the age of 18 is classified as vulnerable in research and ethics governance.[4] When a sensitive topic, such as sexual assault, is added to the equation, these challenges are compounded by taboos around abuse and sexualised experiences. Conversations with young people about sexual assault can produce uncomfortable emotional responses, including fears of retraumatising the teen, a reluctance of being a witness to more disclosures and a lack of knowledge regarding how to instigate these discussions. This can all result in deterring researchers, ethical committees and professionals from engaging with this group when the opposite is needed.

Unique ethical issues emerge when conducting teen research. These include power imbalances (between researchers and participants), issues surrounding (parental) consent and how to effectively safeguard teen participants, while not infringing on their right to be heard. The responsibility of researchers to safeguard participants while balancing teen autonomy and confidentiality is a notable example of an ethical dilemma. However necessary, safeguarding it can be a potential barrier to inclusivity. Consequently, researchers must carefully negotiate research protocols to keep teens safe during their participation without restricting opportunities to share their expertise. These protocols might differ from those upheld by clinicians but cannot be constructed without collaboration between professionals working with teens.

As such, it is vital to overcome ethical research barriers and design investigations that can safely capture the experiences of teens. There are several ethical research guides available depending on the different fields in which research with young people is conducted. Sexual health research with teens in the UK draws on the British Psychological Society, the National Children's Bureau Research Centre and the NHS Health Research Authority guidelines.[5–7] The problem with these guidelines is that they are relatively generic and fail to adequately consider the unique challenges of research with vulnerable participants around sensitive issues, such as sexual assault. Furthermore, in some cases, they appear to contradict each other (eg, around parental consent). It becomes complicated to apply these guidelines to individual research projects. Such complex ethical issues bring competing values into play and there may be no simple, clear-cut answers.[8]

However, it is our view that the silence so often surrounding teenage sexual assault needs to be removed from the paradigm of research. We argue a workable ethical dilemma decision-making tool is needed to facilitate researchers in designing research of this nature. Therefore, we have commenced the development of an 'Ethical Research Tool' that incorporates the particular challenges of research with young people around sexual health issues. Thus far, we have drawn on our research experience with young people on issues such as sexting and sexual assault. We have identified several 'ethical dilemmas' in collaboration with researchers and academics with a diverse level of research experience. The next step in achieving a well-rounded tool is to start conversations that include clinicians, researchers and young people. It is our hope that through this process we can produce a tool which will help researchers to overcome some of the challenges associated with conducting research contributing to closing the gap between teens and their healthcare.

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Appendix 15: Ethical Research Tool (Shiboleth & Anastassiou, 2022)

Appendix 16: Inforgraphic for Practitioners

HOW TO SUPPORT TEENS FOLLOWING (A SUSPICION OF) UNWANTED SEXUAL EXPERIENCES

CREATE SAFE SPACES SPECIFICALLY FOR TEENS

DO'S Create spaces where teens feel comfortable. Think about colors, furniture & pictures. Make them inclusive for *all* teens. Consult with teens: how would they like the space to look? Offer anonymised care (e.g. using numbers or colours instead of full names).

DON'TS Avoid using spaces that look 'clinical' or 'medical'. Avoid wearing uniforms.

HAVE OPEN CONVERSATIONS ABOUT UNWANTED SEXUAL EXPERIENCES AND CONSENT

DO'S Ask about their experiences in descriptive language as much as possible (e.g. Did someone touch/kiss/hold you when you did not want them to?'). Demonstrate that you are comfortable using certain words ('sex, 'rape', 'oral') so teens can use these words to tell you about their experiences. Aks about the language they prefer you to use (e.g. 'the incident').

DON'TS Avoid terms such as 'victim', 'survivor' and 'sexual violence' as teens report they do not like these words or relate them to their own experiences.

VALIDATE TEENS' EXPERIENCES

DO'S Believe them and emphasise this (e.g. 'I'm sorry that happened to you, know that it was not your fault'). Ask what they need from you and explain how you can support them. Remember disclosing sexual assault is incredibly difficult so tell the teen you appreciate them telling you.

DON'TS Show any form of victim-blaming (e.g. 'were you drinking?, 'did you say no?', 'did you say/do/wear/ antyhing?'). Discount their experiences as 'typical teenage behaviour'. Assume that teens are non-engaging or difficult even if they present that way.

THE TEEN'S NEEDS COME FIRST

DO'S Ask what the teen's needs are. Realise they might be different from what you or your organisation thinks is important. Discuss the options the teen has without judging them for their decisions. If the teen would like you to, involving family and peers in the support is beneficial.

DON'TS Assume you know what the teen needs or wants. Prioritise gathering evidence and reporting to the police over the teen's well-being as they might not want to report (at this point).

WORK TOGETHER WITH OTHER SERVICES AND ORGANISATIONS

DO'S Limit the number of practitioners involved and the times a teen has to tell their story by consulting with practitioners previously involved. Consult with a co-worker who (also) has expertise on the subject. When safeguarding is necessary discuss with the teen why and what will happen. Realise, for teens, the prospect of being safeguarded is a barrier to disclosure. Make sure to check in with the teen after a referral has been made, to see how they are getting on.

DON'TS Instigate safeguarding protocols without talking to the teen about it first. Refer the teen without making sure they are actually receiving support

BEING ASKED CREATES AN OPPORTUNITY TO TELL!

DO'S Ask the difficult questions. Make sure teens know disclosure is a process, they do not need to tell their whole story, and can disclose when they feel ready to do so. Even if the teen does not disclose to you immediately, you asking them if they have had unwanted sexual experiences might trigger a partial disclosure to you or someonelse at a later time.

For more information go to yvmproject.wixsite/research

Appendix 17: Grey literature

Grey literature included in comprehensive literature review

Author	Title	Themes	Affiliations	Methods
Allnock, Beckett, Soares, Warrington, Hagell, & Starbuck (2021).	Learning from the experts Understanding the mental health and emotional wellbeing needs of those who experience sexual abuse during adolescence	6 pillars of adolescent-centred responses to sexual abuse, mental health following SA, Teens' needs from SASS	University of Bedfordshire, Safer Younger Lives research centre, AYPH, UKRI, & NSPCC	Narrative literature review,participatory workshops with young people (N=26), individual interviews with young people (N=8), parents (N=1) & professionals (N=8), focus groups with professionals (N=38), parents (N=5). 32 young people participated in total 13-21 years old. ALL identified by services.
Allnock, Miller,& Baker (2019)	Key messages from research on identifying and responding to disclosures of child sexual abuse	Disclosures of Child Sexual Abuse children <18 years old.	University of Bedfordshire, Centre of Expertise on Child Sexual Abuse, NSPCC	No methods are mentioned.
Beckett, Brodie, Factor, Melrose, Pearce, Pitts, Shuker & Warrington (2013)	"It's wrong… but you get used to it" A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England	Gang-associated sexual violence, gender norms, experiences from both girls and boys.	University of Bedfordshire & Children's commissioner	Interviews and focus groups with young people aged 13 to 28 (n=188) all service users, focus groups with professionals (n=76) and literature and policy review.

Beckett, Firmin, Hynes, Pearce (2014)	Tackling Child Sexual Exploitation: A study of current practice in London	Scoping of the issue, local policies and procedures, training and awareness raising, identification and early intervention, responding to cases of CSE, overarching reflections on progress and challenges.	University of Bedfordshire, London Safeguarding Children Board, London Councils	Quantitative survey Children's Services (n=30) & semi-structured interviews with statutory and voluntary sector representatives (n=8)
Beckett, Warrington, Ackerley & Allnock (2015)	Children and young people's perspectives on the police's role in safeguarding: a report for Her Majesty's Inspectorate of Constabularies	Experiences children and young people with the police	University of Bedfordshire, IASR, HMIC, The International Center Researching Child Sexual Exploitation, Violence and Trafficking	Interviews (n=320 and surveys (n=13) with children and young people (n=45) between 7 to 19 y/o who had contact with police due to 'concerns about safety and wellbeing'. Recruitment through 17 agencies dispersed across England. Keyworkers identified potential participants.
Beckett, Soares & Warrington (2022)	'There's something there for everyone' Learning about the Lighthouse: Young people's perspectives on London's Child House	Evaluation of the Lighthouse' services	University of Bedfordshire, Saving Younger Lives, Mayor of London Office for Policing and Crimes	Interviewed 11 young people, aged 15-18 years, who had experience of engaging with the Lighthouse.

Brodie, D'Arcy, Harris, Roker, Shuker & Pearce (2016)	The Participation of young people in child sexual exploitation services: a scoping review of the literature	Participation, CSE	University of Bedfordshire, IASR, The international centre researching child sexual exploitation violence and trafficking, Alexi project.	Literature review
CWJ, EVAW, Imkaan & RCEW (2020)	The Decriminalisation of rape: Why the justice system is failing rape survivors and what needs to change	The decriminalisation of rape and sexual abuse.	The Centre for Women's Justice, The End Violence Against Women Coalition, Imkaan, Rape Crisis England & Wales	Intersectional analysis. Not research based but more closely related to an opinion piece (with some statistical info).
Cody (2015)	'They don't talk about it enough': Report on the 2014 consultations with Youth Advisors for 'Our Voices'	The project aims to promote the involvement of young people's efforts to prevent sexual violence against children across Europe	University of Bedfordshire	Consultations with youth advisors across Albania, Bulgaria & UK (N=42) age 11 – 25 y/o.
Cody, Bovarnick, & Peace (2020).	Our Voices Too Peer Support Initiatives for Young People who have Experienced Sexual Violence: Tensions, Challenges and Strategies	Peer support	University of Bedfordshire, The International Centre Researching Child Sexual Exploitation, Violence and Trafficking, OAK foundation	Semi-structured interviews and group interviews with key informants from organisations in Europe and North-America (n=25).
England, N.H.S. (2018)	STRATEGIC DIRECTION FOR SEXUAL ASSAULT AND ABUSE SERVICES Lifelong care for victims and survivors: 2018 - 2023	Priorities & strategic direction NHS support services	NHS	Unclear, case studies are included in the report.

Firmin, Curtis, Fritz, Olaitan, Latchford, Lloyd & Larasi,(2016)	TOWARDS A CONTEXTUAL RESPONSE TO PEER-ON-PEER ABUSE Research and resources from MsUnderstood local site work 2013 -2016	Contextual Safeguarding, peer-on-peer abuse	The International Centre Researching Child Sexual Exploitation, Violence and Trafficking, MSUnderstood, & Imkaan	PHASE 1 AUDIT: • an analysis of all strategic and operational documentation within a local area. • observations of multi-agency meetings – strategic, operational and case management • interviews and focus groups with practitioners • Interviews and focus groups with young people (where appropriate) PHASE 2 DEVELOPMENT: A plan was delivered in line with the areas for development identified in each audit report.
Gohir (2013)	Unheard Voices The Sexual Exploitation of Asian Girls and Young Women	Asian and Muslim young women, Sexual exploitation, barriers to disclosure, cultural aspects	Muslim Women's Network UK	Case studies (explicitly not involving those who experienced sexual exploitation), interviews (n=72) with practitioners, police, friends and relatives of victims. Plus 'limited literature review'.

Jago, Arocha, Brodie, Melrose, Pearce & Warrington (2011)	What's going on to Safeguard Children and Young People from Sexual Exploitation? How local partnerships respond to child sexual exploitation	Safeguarding	University of Bedfordshire, Comic Relief, NWG	• working with practitioners • establishing a Project Advisory Group • gathering and analysing qualitative and quantitative data • developing a model data collection system.
McNaughton Nicholls, Cockbain, Brayley, Harvey, Fox, Paskell, Ashby, Gibson & Jago (2014)	Research on the sexual exploitation of boys and young men: A UK scoping study Summary of findings	CSE boys and young men.	Barnardos NatCen Social Research that works for society, Nuffield Foundation	Mixed method, lit review, case studies Barnardo's and interviews with professionals.
Roy & Cowan (2020)	Key findings on sexual violence and Black minoritised women's interactions with the Criminal System (Reclaiming Voice, 2020)	Impact Corona on sexual violence prevalence, BME victims,	Esmee Fairbairn, Imkaan, University of Warwick	Interviews (n=36) with survivors across diverse ethnicities aged between their late teens and late 50s. + site visits to 7 specialist women's organisations, individual and group interviews with practitioners (n=37).
Shuker (2013)	Evaluation of Barnardo's Safe Accommodation Project for Sexually Exploited and Trafficked Young People	The Safe Accommodation Project, young people in care, at risk of CSE	University of Bedfordshire (Institute of Applied Social Research) and Barnardo's	Pre and post-training evaluation questionnaires (44 training courses for foster carers), interviews with young people, specialist foster carers, project workers, social workers Barnardo's and LAs. LA social workers as 'gatekeepers' of participating young people

Thiara, Roy & Ng (2015)	Between the Lines: Service Responses to Black and Minority Ethnic (BME) Women and Girls experiencing Sexual Violence	Generating evidence about the extent to which BME women and girls disclose and access SASS + gathering evidence on barriers and gaps to accessing support	ISLA foundation, Swell, University of Warwick and Imkaan	Multi-method approach National mapping survey for services (N=38) Interviews with professionals (N=10).
Warrington (2020)	Our Voices Too Creating a safe space Ideas for the development of participatory group work to address sexual violence with young people	Participatory group work/ peer support	Our Voices Too Youth Advocacy Project, University of Bedfordshire, OAK Foundation, IASR & The International Centre Researching Child Sexual Exploitation, Violence and Trafficking	Unclear

Warrington, Beckett, Walker & Allnock (2017)	Making Noise: Children's voices for positive change after sexual abuse Children's experiences of help-seeking and support after sexual abuse in the family environment	It sought to elicit children and young people's views and experiences of help-seeking and support after child sexual abuse (CSA) in the family environment.	Children's Commissioner, University of Bedfordshire, The International Centre Researching Child Sexual Exploitation, Violence and Trafficking, NSPCC	In-depth qualitative interviews with children aged 6 to 19 who were receiving support for experiences of CSA in the family environment (N=53). All interviewees were accessed through one of 15 third-sector therapeutic services from across England. This data was supplemented with focus groups (N=30) and survey data (N=75) with more generic cohorts of young people exploring possible barriers to disclosure and service access.