# THE NATURE AND PREVALENCE OF SEXUAL EXPLOITATION IN YOUNG PEOPLE: DEVELOPING AN EXPLANATORY MODEL OF VULNERABILITY IN A NORMATIVE SAMPLE

by

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A thesis submitted in partial fulfilment for the requirements for the degree of Doctor of Philosophy at the University of Central Lancashire

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**ABSTRACT**

This PhD aimed to identify the nature and extent of child sexual exploitation (CSE) in a young adult sample. It also aimed to identify some of the vulnerability and protective factors for CSE, as well as the potential long-term outcomes for victims. Inter-personal factors were chosen in this thesis, with variables being informed by several psychological and criminological theories. Regarding the nature and prevalence of CSE, across all four studies findings indicated that around half of participants were approached sexually by an adult. Further, around 1 in 4 of participants were successfully exploited, after an adult persuaded or coerced them into engaging in sexual acts. The most frequent type of approach by a perpetrator was through technology.

Study one examined adulthood attachment style, social loneliness, locus of control and self-esteem among a young adult sample, composed of 198 students from a UK university. There were 51 males and 144 females, aged from 18 to 30 years. Contrary to hypotheses, findings revealed no significant differences in self-esteem, social loneliness or attachment style when comparing CSE victims with those who were approached sexually by a perpetrator and were not exploited, and with individuals who were never approached sexually. The results also revealed that individuals who were approached sexually by an adult but were *not* exploited, exhibited a more internal locus of control compared to those who were never approached sexually. This could suggest that having greater perceptions of control in life protected them against an exploitation attempt.

Study two aimed to examine resilience among CSE victims. The sample of 263 participants was recruited from the student and general population, comprising of 39 males and 224 females aged from 18 to 25 years. As predicted, the perceived quality of the caregiver bond prior to the age of 16 was significantly associated with experiencing CSE. This means participants who reported CSE, perceived their primary caregiver as lacking in warmth and affection during childhood. Contrary to expectations, CSE was *not* associated with past or current resilience, or current attachment style. Instead, the quality of the primary caregiver relationship and childhood poly-victimisation predicted coping style in childhood, as well as relationship anxiety and avoidance in adulthood. Further, the quality of the caregiver relationship predicted higher resilience in adulthood. This means that experiencing multiple forms of abuse in childhood, as well as a poor bond with the primary caregiver, may contribute to a less functional coping style in childhood

and adulthood, and with an insecure attachment to others in adulthood. Further, the link between poly-victimisation relationship insecurity was mediated by participants' beliefs about trust. This suggests that multiple victimisation in childhood influences beliefs about how well others can be trusted, which then adversely impacts on adult attachment style.

Study three aimed to examine a range of potential vulnerability factors for CSE, and positive schemas in adulthood. The sample of 138 participants was recruited from the student and general population, with 24 males, 113 females and one non-binary individual, all aged from 18 to 30 years. Contrary to expectations, higher levels of adolescent risk taking, poor bonds with the primary caregiver and fewer important childhood relationships was *not* associated with CSE. Further, there was no significant relationship between CSE and positive schemas in adulthood. Instead, childhood poly-victimisation and the quality of the caregiver bond were relevant. Poly-victimisation was associated with positive schemas through its impact on the perceived quality of care received from the primary caregiver. This suggests that where individuals experience multiple forms of childhood adversity, this may affect the perceived quality of care within the primary caregiver relationship, which in turn may adversely affect the development of positive schemas in adulthood.

Study four aimed to examine early maladaptive schemas among CSE victims, as well as examining the link between childhood poly-victimisation, maladaptive schemas and adult attachment style. The sample of 211 participants was drawn from the student and general population, with 182 females, 25 males and one transmasculine individual aged from 18 to 30 years. Partially confirming hypotheses, findings indicated that where individuals disclosed their CSE, those who perceived a negative response from others reported greater relationship anxiety. However, no significant link was found between a negative response and relationship avoidance. Thus, individuals who perceived stigmatisation and blame from others, reported an anxious attachment style. Finally, and in line with hypotheses, individuals who experienced CSE and poly-victimisation, presented with higher scores in schemas within the disconnection/rejection cluster. Overall this suggests that victims may develop an expectation that their needs for love, safety, nurturance and empathy, will not be met.

There were several practical applications of the findings in this PhD research. This includes the development of a preliminary model of CSE vulnerability, as well as key changes to policy and practice for CSE victims.

# CONTENTS

## LIST OF TABLES

## LIST OF FIGURES

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**Chapter 1**

**Setting the scene**


**1.1    Rationale for the current research**

Child sexual exploitation (CSE) is a form of sexual abuse where children or young people 'exchange' sexual behaviours for affection, food, accommodation, drugs and gifts (Barnardo's, 2011). There is no specific criminal offence for CSE. Instead, offenders may be convicted under the Sexual Offences Act of 2003, which specifies a range of contact, non-contact and trafficking offences. In its current form, the Sexual Offences Act has been criticised, as it fails to consistently offer protection to CSE victims. For instance, children's charities and organisations have lobbied for greater protections for victims aged 16 years and above. The Children's Society has argued that while the law may protect older adolescents from familial sexual abuse, and abuse by those in a position of trust, it fails to act in other cases where there is an imbalance of power. This is due to the idea that this age group are legally able to consent to sexual activity (Pona & Baillie, 2015). This issue is discussed further in chapter two of the introduction.

Within the Sexual Offences Act, a CSE victim may also be convicted of an offence. It is illegal to take, possess, make, and distribute indecent images of children under the age of 18 years. While this could result in a conviction for an adult who compels a child to share a naked image of themselves, a victim can also be convicted of this offence. This may occur in cases where a child has been persuaded to share a naked image with a peer. Furthermore, it is acknowledged that some CSE victims may become involved in criminal activity during the course of their abuse (Jay, 2014). There are occasions where children are initiated by perpetrators into substance and alcohol use, which may result in anti-social behaviour. Consequently, CSE victims may be criminalised for their behaviour, while their own abuse is not recognised (Jay, 2014). In order to address this, official guidance has been provided to the police on how CSE links to other types of non-sexual offences (College of Policing, 2019). Furthermore, the Modern Slavery Act introduces a legal defence for sexual trafficking victims who are compelled to commit criminal offences. In some cases, a child under the age of 18 years may avoid a conviction if they have committed an offence as a direct consequence of having been enslaved or trafficked (Modern Slavery Bill, 2014).

Despite official guidance and legislation being available, CSE victims continue to face difficulties during the course of their contact with the legal system. In 2014 the Children's Society conducted an independent inquiry into the effectiveness of CSE and trafficking legislation in the UK. Findings revealed a continued lack of understanding of CSE and grooming among the police and social care professionals. Furthermore, concerning attitudes were highlighted among those groups, such as occasions where victims were blamed following their disclosure of their CSE. Some professionals viewed CSE as consenting, or stated that the child's behaviour had contributed to their abuse. The inquiry argued that this posed a barrier to successful prosecution of offenders under the 2003 Sexual Offences Act (Children's Society 2014). According to the inquiry, this was particularly evident where CSE victims were above the legal age of consent (Pona & Baillie, 2015). All of these issues are discussed in chapter two of the introduction.

In an attempt to increase knowledge and improve legislation around CSE in the UK, children's charities have undertaken research to examine the nature and extent of the problem. Their overriding purpose was to lobby the Government to adapt existing policy and practice, thereby assisting professionals to safeguard children when this type of abuse is reported. Prevalence has, however, been difficult to establish. This is due to the hidden nature of CSE and the reluctance of many children and young people to report it (Barnardo's, 2011). Efforts have also been hampered by the repeated failure of some local authorities to recognise CSE (Berelowitz, Ritchie, Edwards, Gulyurtlu, & Clifton, 2015). Furthermore, some victims may choose not to access specialised CSE support services and thus, they may not come to the attention of professionals. There are a number of factors which prevent CSE from being recognised or disclosed and this will be discussed in chapter two.

Prevalence rates are also difficult to establish due to the variations in how CSE is defined throughout the UK. This leads to inconsistencies in how CSE is recorded in survey data. Further, there have been unhelpful attitudes among child care professionals towards victims of CSE. Consequently, some victims have been reluctant to report their abuse. Or, when CSE is reported, children may not be viewed as victims. Therefore, cases of CSE may not be recorded as such. These issues are discussed in detail in chapter two. Due to the difficulties in establishing the nature and extent of CSE, there are likely to be groups of children and young people who are not represented within existing

research or policy. Therefore, this thesis has taken steps to identify those who are unlikely to be identified by previous research, by recruiting students and the general population.

Regarding the nature of CSE, much of the previous research has focused on identifying typologies. Typologies describe the features of CSE encounters and the methods used by perpetrators to sexually exploit children and young people. For example, some children are befriended by a perpetrator; they are invited to various locations, often with other perpetrators present, and where alcohol and substances are provided. This is to establish dependence, whereupon victims are then coerced or persuaded to engage in sexual behaviours. This has been termed the 'party house scenario' (Barnardo's, 2011). Another typology, termed the 'boyfriend model', involves one perpetrator who may groom a child to believe they are in an intimate relationship. The child may then be persuaded to engage in sexual behaviours for affection or goods. The perpetrator may also persuade or coerce the child to engage in sexual contact with their adult associates (Barnardo's, 2011). Typologies are informative and may enable a responsible adult to recognise an exploitative encounter. However, some perpetrators work to create distance between the victim and service providers or caregivers (Jago, 2010). Consequently, the behaviours in each scenario may not come to the attention of a responsible adult. Furthermore, there are some professionals who incorrectly perceive the sexual encounter as consenting. Yet, in all cases the child is being sexually abused. In addition, typologies may emphasise stereotypical forms of CSE and other victims may be overlooked if they do not fit within them. Thus, the use of typologies is limited at best, and potentially misleading.

Existing research has predominantly focused on identifying the characteristics of those who have experienced CSE, often termed 'vulnerability factors' or 'risk-factors'. These are life events and behaviours thought to increase the likelihood of CSE taking place. Childhood adversity is one factor, with many individuals presenting with a prior history of sexual abuse, poor parenting or maladjustment in the home (drugs, alcohol, violence), a history of residential care, drug or alcohol use and homelessness (e.g. Barnardo's, 2011; Coy, 2009; Cusick, Martin & May, 2003; Jago, Arocha, Brodie, Melrose, Pearce & Warrington, 2011; Klatt, Cavner & Egan, 2014). Yet, this research is limited by methodological challenges. This includes sampling bias, where much of the data is obtained from individuals already involved with children's services as a result of experiencing childhood adversity. Other samples comprise of individuals accessing

specialist support for substance misuse and other difficulties such as going missing from care. Additionally, there are no control groups in most studies. As such, the vulnerability factors that are identified may not be representative of those who experience CSE. This thesis therefore examines whether some of the vulnerability factors identified in CSE research, reliably separate those who have experienced CSE from those who have not.

Another limitation of previous research is that it fails to explain how individuals with no history of abuse or maltreatment are then sexually exploited. Therefore, consideration should be given to the aspects of normative childhood development that might increase vulnerability for CSE. While CSE can occur at any age, young people aged between 13 and 17 years are considered most at risk (Jago, et al., 2011). Consequently, the literature on adolescent development may reveal key areas of vulnerability that could be examined empirically. Researchers have begun to identify possible vulnerabilities including risk-taking behaviours and the child's exploration of their sexuality (Palmer, 2015). These are normative processes during adolescence, however since these behaviours often occur without the supervision of a protective adult, individuals may be exposed to perpetrators (Skubak Tillyer, Tillyer, Ventura Miller & Pangrac, 2011). However, adolescent risk-taking requires further examination and with different samples of participants.

Finally, the impact of CSE victimisation is not yet understood. According to the Department for Children, Schools and Families (2009), CSE causes physical and psychological harm to victims. Further, these effects may endure and result in long-term impairments, and even suicide or murder. Despite this claim, few researchers have empirically examined the potential impact of CSE. Where difficulties are observed amongst survivors, the evidence is primarily anecdotal or it has been collated during the course of an independent inquiry. Given that individuals present with pre-existing vulnerabilities, it is not clear to what degree any long-term difficulties can be attributed to their experience of CSE alone. Therefore, this thesis examines some of the potential long-term difficulties for adult survivors, following CSE and other forms of childhood adversity.

It is noteworthy that previous CSE research has focused solely on risk and vulnerability with no consideration of protective factors. There are likely to be a range of factors relating to the individual or their environment that may protect against CSE.

Numerous factors could also buffer against developing difficulties in the long-term. This knowledge would be useful in applied settings as it could reveal aspects of a child or young person's life that can be targeted in order to prevent CSE from taking place. This research could also reveal types of specialist support or intervention that is needed for adult survivors of CSE. Vulnerability and protective factors are discussed in detail in chapter four of the introduction.

## 1.2 Theoretical underpinnings

This PhD research is underpinned by psychological theory. At present the theory relating to CSE is significantly under-developed, and an overwhelming majority of existing CSE research is not driven by theory. While theories relating to child sexual abuse (CSA) *could* be relevant to our understanding of CSE vulnerability, to date they have not been adequately tested. One example is the General Strain Theory (GST: Agnew, 1992), which has been applied to CSE. Broadly, this theory posits that difficult life events such as victimisation result in strain for a child, which then leads to difficult emotions such as anger or frustration. Some individuals may attempt to alleviate these emotions through dysfunctional coping methods such as substance use or aggression (Turanovic & Pratt, 2012). These methods may increase the risk of victimisation for some individuals. For example, this theory is applied by Reid (2011) to the exchange of sexual behaviours for money or substances, termed commercial sexual exploitation. Reid describes how vulnerability for this form of CSE emerges in the context of adversity. Reid postulates that child maltreatment occurs when caregivers experience various types of strain. Maltreatment is also considered to be a source of strain for children and as discussed, this leads to the development of dysfunctional coping. This coping is employed by victims to 'escape' their maltreatment, either physically or indirectly through substance use. It is postulated that these escape strategies create vulnerability for CSE by increasing a child's exposure to perpetrators. Reid (2011) further adapted the General Strain Theory to incorporate self-denigration, which involves negative attributions towards the self. Self-denigration is proposed to emerge as a result of childhood abuse, further increasing vulnerability for CSE. A strength of this theory lies in the recognition that adverse developmental experiences may shape internal vulnerability factors such as coping ability and attitudes towards the self.

There are, however, a number of limitations which mean the GST cannot provide a complete account of CSE vulnerability and these are discussed in chapter four. First, it fails to account for protective factors that would enable children to avoid CSE despite experiencing maltreatment and caregiver strain. Furthermore, it cannot explain how youth with no prior maltreatment or dysfunction are sexually exploited. Additionally, consideration is only given to commercial sexual exploitation. Therefore, this theory should be tested with other pathways into CSE. The introduction chapters discuss other theories which address these limitations. Appropriate theories for CSE should describe how an individual's vulnerability may fluctuate over time, through the interaction of different risk/vulnerability and protective factors. These interacting processes may include biological factors, family, peers, school and neighbourhood factors, as well as the broader environment. Theory should also account for why some survivors experience a range of long-term difficulties and why some do not. A suitable theory for CSE could be utilised to create a framework for applied settings. This would include appropriately assessing risk of CSE and identifying ways in which to minimise the likelihood of re-victimisation. Potentially useful theories are evaluated in chapters three and four, including those which have informed variable selection in this thesis.

## 1.3 Organisation of the chapters

The following introductory chapters describe the issues surrounding existing definitions of CSE, as well as the barriers to obtaining accurate prevalence rates within the United Kingdom and beyond. Then, the psychological and criminological theories that could be applied to CSE are evaluated. As part of this evaluation, vulnerability and protective factors are discussed, along with the potential long-term impact for CSE survivors. This includes identifying factors that might protect against the development of long-term difficulties amongst those who have experienced CSE.

**Chapter 2**

**The nature and extent of child sexual exploitation**

**2.1    Structure of this chapter**

Within policy and research there are numerous definitions for CSA and which overlap with CSE.  However, there are aspects which distinguish CSE from CSA.  Many definitions of CSE emphasise some form of exchange for sexual behaviours.   Yet, definitions have evolved over time in response to increased understanding.   There are some forms of CSE, particularly those which take place in gangs and through the use of technology, where an exchange may not be present.  Or, CSE may take place alongside CSA and other forms of abuse.  This chapter discusses several issues with regard to how CSE is defined, and how this may impact on obtaining accurate rates of prevalence.

This chapter first defines CSA and CSE, noting the key differences and commonalities.  This chapter then discusses how knowledge and understanding of CSE has increased following several high-profile investigations and case reviews across the United Kingdom, as well as research that has been undertaken by leading children's charities.   These developments have informed policy and practice in relation to safeguarding children and young people.  Despite this, the nature and extent of CSE is still not fully understood and this chapter goes on to outline the numerous issues which lead to groups of youth being overlooked and under-represented in prevalence research. This chapter will argue that due to the difficulties in obtaining representative prevalence rates, current policy and practice is less likely to reflect the experiences of all children and young people who are vulnerable to, or have experienced CSE.

**2.2    Definitions of child sexual abuse and exploitation**

The UK Government provides clear guidance to professionals on their responsibilities for safeguarding children.  This includes presenting a definition of CSA to guide professionals' interventions with those at risk of, or who have been identified as experiencing, sexual abuse.  Recent guidance defines CSA as the act of:

*'Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children'*

(HM Government. Working Together to Safeguard Children, 2015, p. 93).

Within the same guidance, CSE is further defined as a form of sexual abuse:

*'It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology'.*

(HM Government. Working Together to Safeguard Children, 2015, p. 93).

In these definitions, a child is defined as anyone who has not yet reached their 18th birthday. Several CSE definitions distinguish between children and young people, however, the age at which a child becomes a young person is not generally agreed upon (Fox, 2016). In the above definitions, one factor which distinguishes CSA from CSE is the emphasis on a power imbalance in the case of sexual exploitation. However, in CSA, a power imbalance also exists and which enables an abuser to force or entice a child to engage in sexual activity. Regarding the power imbalance, it is important for existing definitions to offer clear guidance. For example, a power imbalance may exist due to the perpetrator's gender, sexual identity, cognitive ability, physical strength, status, and

access to economic or other resources (Department for Education, 2017). In Scotland, there are further details in relation to the factors which create an imbalance of power:

*'Any involvement of a child or young person below 18 in sexual activity for which remuneration of cash or in kind is given to the young person or a third person or persons. The perpetrator will have power over the child by virtue of one or more of the following – age, emotional maturity, gender, physical strength and intellect'.*

(Scottish Executive, 2003, p. 1).

Another factor that distinguishes CSE in the above definitions is the presence of an exchange, whereby a child or young person receives something as a result of them engaging in sexual activity. However, the exchange may not be immediately clear to others. Further, there are cases where CSE takes place alongside CSA, adding complexity to the issue. For instance, CSE that takes place within gangs and groups may involve female victims exchanging sexual activity for protection from assault by gang members. They may also experience sexual abuse from rival gang members as a form of punishment or retaliation (Berelowitz, Clifton, Firimin, Gulyurtlu & Edwards, 2013). As such, it may be challenging for professionals to recognise CSE in this context and therefore CSE may be overlooked.

While there is some variation in CSE definitions that are adopted by professionals throughout the UK, the most widely accepted definition among professionals in child services was developed by the Department for Children, Schools and Families. Their definition offers more detail in relation to the exchange of goods for sexual behaviours, including occasions where the child may not appear to receive anything, such as in the use of technology:

*'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain'*

The DCSF guidance also states that violence, coercion and intimidation may be used to secure victim compliance. However, it is important to consider that many children and young people do not experience these behaviours and thus, they may fail to recognise CSE as an abusive encounter (Barnardo's, 2011). This is covered in the Welsh Government guidance, which attends to the issue of informed consent:

*'Child sexual exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, protection or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent'*

(National Action Plan to Tackle Child Sexual Exploitation, 2016, p. 1).

The concept of grooming is also included within the most recent guidance for professionals. The term is not used specifically, however the grooming process is described in more general terms:

*'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology'*

(HM Government. Working together to safeguard children, 2018, p. 104).

It is noteworthy that the two definitions above fail to make clear that *any* sexual activity that takes place under the age of 16 would be considered illegal and therefore unequivocally defined as sexual abuse. Informed consent would not be possible regardless of the influence of grooming and vulnerability. Rather, the above definitions

would be more suitably applied in cases where CSE is present among those who are above the age of legal consent, and where the perception of victim responsibility increases (Jago, 2010). This would be an important distinction to make within current definitions, to avoid reinforcing a perception that a child under the age of 16 may *appear* to consent to sexual activity, and which unhelpfully focuses on the child's behaviour in the abusive interaction. This is a key issue to address, since many professionals have unhelpfully perceived children under the age of 16 to consent to their abuse.

Therefore, definitions should emphasise that in all cases CSE is a form of sexual abuse. Children and young people have not consented to their abuse, even where there is an exchange of goods for sexual behaviours. This has previously been described as a *'constrained choice'*. That is, a decision made by an individual to engage in sexual behaviours *'against a background of social, economic and emotional vulnerability'* (Harper & Scott, 2005, p5). This means that some children or young people may feel they have to exchange sexual behaviours in order to provide for basic needs such as food or accommodation or to support their drug or alcohol use. Often these needs are present due to a range of social difficulties including maladjustment in the home or instability with their care provision (Coy, 2009).

This concern may be addressed in the near future, as the Government is in the process of a consultation on developing a CSE definition which addresses the issue of consent. It is reported that in the new definition, it will be emphasised that children and young people cannot consent to being sexually exploited (Manchester Safeguarding Boards, 2017). Some researchers have even argued against using the term 'exchange' in current definitions, as this may overlook the power imbalance inherent in the abuse (Eaton, 2019). While evolving definitions create an opportunity to address some of the unhelpful aspects of existing definitions, this could also add complexity in regard to achieving consistency across geographical regions and different child care professionals. Yet, it is crucial that existing definitions are amended in response to improved understanding of CSE so that professionals are left in no doubt as to how to recognise CSE.

With the above considerations, a suitable definition of CSE is proposed in this chapter. The proposed definition attends to aspects of CSE that overlap with CSA and those which differentiate it. This could address any confusion among professionals, who

may struggle to understand the difference. Further, the proposed definition includes a detailed description of the power imbalance and how this precludes informed consent where an individual is aged 16 and over. Finally, it emphasises that where victims are aged under 16, this is unequivocally sexual abuse. Therefore, the following definition is offered:

*'Child sexual exploitation is a form of sexual abuse which affects males and females under the age of 18. Yet, any individual can experience sexual exploitation regardless of their chronological age. As with sexual abuse, there is a power imbalance between a perpetrator and their victim. Several factors may lead to a power imbalance that is in favour of the perpetrator, including gender, cognitive ability, physical strength, status, economic resources, age, maturity, emotional development, mental health, or another factor that places the victim at a disadvantage. Consequently, the perpetrator(s) may be an adult or a peer, if any of those factors are present in a sexually exploitative encounter. As with sexual abuse, the perpetrator(s) of CSE could be male or female, and while coercion and force may be used to secure victim compliance, this may not be present.*

*What separates CSE from sexual abuse, is the presence of an 'exchange'. More specifically, a victim may be expected to engage in a sexual interaction with a perpetrator, for tangible goods, or other intangible factors that may be missing in the victim's life. For example, affection, attention, protection, or safety from physical harm, either at the hands of the perpetrator or another individual. The sexual behaviours may include direct physical contact with a perpetrator, or indirectly such as through technology, including the internet or mobile telephone. In all cases, this should be considered sexually abusive as the victim is unable to provide informed consent due to their age (under 16 years). Where the victim is aged 16 or over, an encounter is considered sexually exploitative if there is a power imbalance which favours the other individual. Sexual exploitation may also take place alongside other forms of sexual, physical and emotional abuse, and there may be more than one perpetrator involved'.*

While the proposed definition is more detailed than the other definitions presented in this chapter, sufficient detail is necessary in order to support professionals to recognise CSE. The existing definitions discussed in this chapter are adopted in practice by professionals within UK Children's Services. Those definitions have featured

consistently within policy and practice documents across different regions throughout the UK. While some of the definitions attend to the issue of informed consent and power imbalance, there are still cases where children and young people are viewed as having consented to sexual contact with adults (Harper & Scott, 2005; Jago et al. 2011). This is evident in language used by professionals to describe victims, where children are perceived as having agency in an exploitative encounter. For example, some children are described as *'sexually promiscuous',* with adult perpetrators being described as *'boyfriends'* (Beckett, 2011; Jay, 2014). It could be argued that this language conveys blame on the part of the victim and moves focus away from the perpetrator.

This type of language was highlighted within the Oxfordshire Serious Case Review into CSE (Bedford, 2015). When some victims were reported to the authorities, their vulnerability was not acknowledged. For example, police reports described some female children as *'prostituting themselves'* and *'putting themselves at risk'*. Further, some children who were sexually exploited reportedly presented with 'challenging' behaviours, including going missing from home, engaging in substance use and who exhibited some hostility towards professionals. In many cases, professionals were noted to have focused on victims' problematic behaviour. The review stated that professionals should have considered the underlying reasons for such behaviours. Further, that those challenging behaviours may have emerged due to the chaotic and violent nature of their abusive experiences, or as a means to prevent professionals from disrupting the abuse (Bedford, 2015). The review found that there was a general failure of professionals in the local authority and the police, to attend to or follow up on signs of dysfunction in the lives of CSE victims. This was described as a lack of 'professional curiosity', and in some cases, this meant that CSE continued to take place for a number of years without disruption.

The use of biased language towards victims has been examined widely within criminological research, as it has implications for how victims of crime are treated in society and the legal system. The use of biased language relates to the notion of the 'deserving victim', a concept that has been widely debated within victimology literature. Researchers have observed that a hierarchy exists among victims, where some individuals are viewed as deserving of victim status and others are viewed as being responsible for their experiences (McEvoy & McConnachie, 2012). In historical victimological theory and research, some victims were classified in the hierarchy based on how much they were

perceived to have contributed to, or caused, their own victimisation. This was termed 'precipitation'. When victims are viewed as having contributed to their experiences, blame is assigned to them, whereas others are viewed as innocent (McEvoy & McConnachie, 2012). This debate extends to victims of sexual abuse, where it is argued that an 'ideal victim' is vulnerable, they should appear to others as being powerless in the encounter and that they are dominated by the perpetrator. Where they fail to meet these requirements, they may not be conferred victim status in society (Javaid, 2016b). Even where victims are acknowledged to be vulnerable, they may still be denied victim status due to how this vulnerability is perceived by society. This would include individuals who are homeless, who abuse substances and who are involved in prostitution (Walklate, 2011). These individuals may be perceived as having contributed to their own victimisation, due to their high-risk lifestyles.

Arguably, CSA and CSE victims should be perceived as 'ideal victims', due to the power imbalance inherent between a child victim and an adult perpetrator. However, empirical research reveals that in society there are negative attitudes towards child victims, some of whom are blamed for their own sexual abuse. This was observed in a French study of 384 adults drawn from the general and student populations, 232 of whom were women (Esnard & Dumas, 2013). Participants were asked to read fictitious cases involving male or female victims. Victims were described as either a child of age 7, or an adolescent of 12 years. In each vignette the perpetrator was described as being either a male or a female adult, and aged 35 years in both cases. Participants were interviewed and victim blame was measured by their responses to seven questions relating to the victim's responsibility, culpability and credibility. Regarding significant findings, overall, participants viewed the perpetrator as being more responsible than the victim. However, male participants blamed the victim to a greater degree than female participants did, particularly when the victim was male. Male participants also blamed the perpetrator to a lesser degree than female participants, particularly when the perpetrator was described as female. Further, participants blamed the victim regardless of whether the victim was described as a child or an adolescent.

Researchers concluded that male victims were blamed to a greater degree due to masculine ideals that males should be physically able to resist their abuser. This idea is considered later in this chapter. Researchers further argued that this could have implications for young males' psychological development, if they encounter blame while

their identity is forming in adolescence. It could also be argued that such attitudes may even prevent some victims from disclosing their abuse due to fears around how it will be perceived. Or, they may retract a disclosure if they experience blame from others. However, these arguments are based on the assumption that such attitudes are communicated to victims either directly or indirectly. One cannot assume that negative attitudes translate to negative behaviours to victims, particularly where findings are derived from hypothetical scenarios. If an individual holds attitudes which suggest some CSE victims are to blame for their abuse, this may not extend to the children in their own lives, especially those with whom they have a close relationship. Therefore, it is important to obtain the views of victims and to examine whether they have perceived these attitudes upon disclosing their sexual abuse to others.

A factor which adds complexity to the notion of the 'ideal victim', is that some individuals are both victims and perpetrators of crime (McEvoy & McConnachie, 2012). This extends to CSE, where some children are involved in seeking other youths for adult perpetrators to exploit. In addition, there are children who, during the period of their exploitation, engage in anti-social behaviour, including aggression, substance and alcohol use, and truancy (Bedford, 2015; Lillywhite & Skidmore, 2006). It was already discussed that these behaviours influence how victims are perceived by those in authority (Bedford, 2015). This is also evident in empirical research. For example, in a US study, police case files were examined for 126 children who experienced commercial CSE (Halter, 2010). As discussed earlier, commercial exploitation involves the exchange of money or substances, for sexual behaviours. Throughout the cited article however, the author describes this as 'juveniles who are involved in prostitution'. Arguably this language is suggestive of agency, despite the children being aged from 12 to 17 years. When reviewing the case files, the researcher identified language which indicated the children were either treated as victims, delinquent offenders, or both. They also searched for factors that might be linked with police officers attributing victim or offender status and subjected these to statistical analysis. Findings suggested that youth were significantly more likely to be viewed as victims if they co-operated with the police and if they had no prior criminal record. This could suggest that a victim's behavioural presentation may influence police attitudes, potentially influencing their treatment by the authorities.

In terms of limitations, the study did not utilise a specific type of qualitative analysis to examine the language in the case files. Thus, the researcher did not use a

systematic procedure to identify the variables associated with perceived culpability. This should be considered a major limitation, potentially leading to bias in the variables selected. Further, there was only one male victim in the sample. Thus, it is not clear if male youth would be more likely to be criminalised, given that male victims may be blamed to a greater degree than females (Esnard & Dumas, 2013). Finally, the researcher concluded that their findings suggest the police engage in an informal assessment of the likelihood that victims will engage in further 'prostitution'. They go on to argue that the police may decide to treat these victims as offenders, in order to 'protectively detain' them. They describe this as a 'paternalistic protective response' (Halter, 2010, p157). This is a notable assumption, where the police's treatment is interpreted as a caring action and with no qualitative evidence to support this hypothesis. An alternative explanation is that the female youth may not possess the characteristics of an 'ideal' victim of CSE. Therefore, they encounter a punitive response and treated as criminals, rather than as vulnerable individuals. This underlies the importance of methodological rigour, to minimise bias and prevent research findings being interpreted solely through the lens of the researcher's own values and beliefs. What the cited study does reveal, however, is that where CSE victims come into contact with authorities, prior offending and lack of co-operation may result in them being viewed as culpable. This is likely to impact on their treatment by authorities, meaning child victims may not receive appropriate safeguarding or supportive measures. Furthermore, studies such as these indicate that accurate information on the nature and prevalence of CSE is unlikely to be obtained from conviction data, or referrals to specialist support organisations.

In summary, CSE definitions have evolved over time and current definitions should guide effective practice of children's services professionals. However, definitions do vary, and often fail to include sufficient detail to guide professionals in recognising CSE. There is evidence that some professionals still view CSE differently to other forms of sexual abuse and which may impact negatively on victims. Examples include perceiving victims to have consented to or being held responsible for their abuse. These attitudes may even lead professionals to overlook signs that someone is being sexually exploited. This is problematic because such beliefs and assumptions will interfere with current efforts to understand the full nature and extent of CSE in the UK. Further, attributions of victim blame will arguably reduce the likelihood of CSE victims receiving appropriate intervention and support. This may affect their recovery in the long-term.

Therefore, this chapter reveals that the language used to describe sexual abuse and exploitation is important. Language may represent the attitudes of those who use it and which could influence how CSE is defined, recorded and responded to. Consequently, one cannot rely on officially recorded figures on the nature and extent of CSE. Cases of CSE may have been overlooked due to victims being viewed as responsible or to blame for their abuse, even where the victims are children. When interacting with victims of CSE, including in a research context, this should be described objectively, carefully and with no judgement evident in the language that is used. Researchers should be mindful that language which conveys blame or responsibility may pose a barrier to victim disclosure. Furthermore, this could lead to self-blame and shame for victims, which has implications for their recovery (Yancey & Hansen, 2010). This will be discussed further in chapter 3.

In the next section of this chapter the nature of CSE will be explored. First, there is an evaluation of the approaches adopted by children's charities and organisations to describe CSE. Early efforts involve the creation of typologies, which have evolved over time to incorporate the numerous forms CSE could take. However, this section argues that typologies have limited utility and may serve to reinforce unhelpful assumptions regarding how CSE may appear. Consequently, groups of children and young people who do not fit known typologies, may be overlooked by professionals and authorities.

## 2.3 Typologies of child sexual exploitation

Early exploration of CSE focussed on commercial CSE, which involves the exchange of sexual behaviours for money or substances. At times this has been unhelpfully termed 'child prostitution' and up until the late 1990's, children were still arrested and convicted for prostitution (Barnardo's, 2017). Leading children's charities campaigned on behalf of those who were exploited commercially and this led to significant changes in how these victims were viewed and treated within society. Children came to be viewed as victims of abuse rather than active agents. Since this time, understanding of CSE has increased. Children's charities began to identify the various methods by which perpetrators sexually exploited children or young people and the numerous contexts in which CSE took place.

Barnardo's (2011) initially identified three forms, or models, of CSE that they had observed amongst children and young people. First, the 'inappropriate relationship' model was described, whereby a victim may believe they are in a romantic relationship with their perpetrator. The second was termed the 'boyfriend' model of CSE, which involves a perpetrator grooming the victim into a relationship and then using coercion or threats to persuade them to engage in sexual activity with their associates. The third model was termed the 'organised' or 'networked' form of CSE, which includes trafficking. This involves children or young people being transported to different towns and cities and coerced to engage in sexual activity with multiple perpetrators. This can involve the buying and selling of victims for sex and it can also take place in parties, where victims may be used to recruit other young people for the purposes of CSE.

In all of these typologies, the focus was on female victims and adult male perpetrators. Therefore, these typologies did not represent the experiences of many youth who were exploited, nor did they capture the different characteristics of perpetrators who engaged in CSE. For example, male victims were largely ignored in the early typologies, and cases where children were sexually exploited by peers and by adult females. Further, CSE can take place online and therefore without direct contact with the perpetrator. Consequently, the existing typologies were expanded to incorporate a wider range of experiences, so as not to overlook key groups of children or young people. Other types that are discussed below include peer exploitation, online perpetrated CSE, gang-facilitated CSE and the trafficking of children for the purposes of CSE (Barnardo's, 2017). However, it is acknowledged that many of the models overlap and perpetrators may utilise more than one form in order to engage a child or young person in CSE (Barnardo's, 2017).

Following the identification of the early models or typologies, charities and organisations began to explore sexual exploitation by peers and as part of a peer group or gang setting. This type of CSE was initially identified during the examination of gang and youth violence in the UK. Peer CSE involves individuals of the same age, offering something in exchange for sex. Despite the victim and perpetrator being the same or similar age, a power imbalance may still exist. For instance, through one individual using coercion, control or manipulation (Barnardo's, 2017). Peer exploitation may take place within an apparent relationship between the victim and perpetrator. It can also take place in the context of a wider peer network, such as within groups of peers or a gang.

Much of the knowledge around peer and gang exploitation has emerged from the Office of the Children's Commissioner for England, which commissioned research as part of an Inquiry into Child Sexual Exploitation in gangs and groups (Beckett, Brodie, Factor, Melrose, Pearce, Pitts, Shuker & Warrington, 2012; Berelowitz, et al., 2013). As part of this research, quantitative data was obtained from Local Safeguarding Children's Boards, police forces and health services, such as sexual health clinics, substance misuse services and Child and Adolescent Mental Health Services (CAMHS). Interviews were also conducted with children and young people who were sexually exploited within gangs, the parents and carers of victims, as well as interviews and focus groups conducted with youth living in regions affected by gangs. Within the inquiry, gangs are defined as:

*'Relatively durable, predominantly street-based, social groups of children, young people and, not infrequently, young adults who see themselves, and are seen by others, as affiliates of a discrete, named group who (1) engage in a range of criminal activity and violence; (2) identify or lay claim to territory; (3) have some form of identifying structural feature; and (4) are in conflict with similar groups'*

(Berelowitz et al., 2013, p16).

In addition to the above, groups are defined as:

*'Two or more people of any age, connected through formal or informal associations or networks, including, but not exclusive to, friendship groups'*

(Berelowitz et al., 2013, p16).

As part of Beckett's research (Beckett et al., 2012), interviews were conducted with 150 young people aged between 13 and 28. Around half of the sample were male (52%) and half were female (48%). The interviews revealed that perpetrators of CSE in gangs and groups were predominantly male and victims were predominantly female. Further, CSE was generally utilised as a means for males to exert power and control over females. From the narratives of the young people involved, researchers noted that females were generally viewed as sexual objects and with no consideration given to their agency.

Sexual exploitation appears to serve several functions in gang or group contexts, including to initiate young people into a gang. For example, females may be expected to perform sexual acts in order to be accepted into the gang. Males would also be expected to engage in sexual activity in order to be accepted. This includes participating in group-

based sexual activity, such as raping a female gang member or a rival gang member. Some females are expected to engage in sexual behaviours to receive protection from violence or to achieve status within the gang or group. Young women also reported 'setting up' people from rival gangs, including feigning sexual interest in order to gain their trust and gather information. If the rival gang member discovered their purpose, then the females would be subject to further sexual and physical violence. This was also used by some males as a means to retaliate against or punish rival gang members, by sexually assaulting a female family member or girlfriend (Beckett et al., 2012; Berelowitz et al., 2013). There are also cases where a gang may engage in CSE for financial benefit. For example, gang members may not be directly involved in the sexual acts, but they may arrange for females to be sexually exploited by other individuals in exchange for money (Barnardo's, 2017).

Those deemed at greatest risk of CSE are females who associate with gang affiliated men, but without any formal relationship to them. For example, females could be vulnerable to sexual exploitation if they do not have a partner or a family member within the gang. However, formal relationships also increase vulnerability for some females, as they may be targeted by other gangs in order to punish or retaliate against them. They are also sexually assaulted by their own partners, if their relationship encounters difficulties. Furthermore, some females are expected to engage in sexual activity with other gang members once their relationship has ended (Beckett et al., 2012; Berelowitz et al., 2013). It is thought that the sexual exploitation of males in gangs is under-reported. However, in some cases it is noted to be used as a form of punishment, whereby a targeted male gang member is required to remove his clothing or required to perform humiliating sexual acts. This may be in order to settle a dispute, including perceived disrespect, or another behaviour that is perceived as unacceptable within the gang. Therefore, the evidence obtained from the inquiry into gangs and groups, suggests that the early typologies (Barnardo's, 2011) fail to capture the complexity of CSE.

While there are numerous forms of contact CSE, there are cases where direct contact between a victim and perpetrator is not present. Over time the use of technology amongst youth has increased steadily. There are concerns that this is an effective tool that perpetrators can use to groom and then sexually exploit victims, while unobserved by responsible adults. In 2013, the Child Exploitation and Online Protection Centre (CEOP) examined emerging threats to children in the UK for online sexual exploitation and abuse. Of concern, was that children aged between 8 and 11 years did not know 12%

of their online friends in person. For those aged 12 to 15 years, this increased to 25%. Where CSE was noted to have occurred, CEOP collated information on the characteristics of the abusive encounters. The most frequent method for perpetrators to sexually exploit victims was through social networking sites, which was present in 48.5% of cases. This was followed by instant messaging and chat, in 31% of cases, and with gaming sites and mobile phones accounting for 10% of cases. A total of 16% of CSE cases took place in more than one online environment. Researchers noted that in only 6.8% of cases, victims met with the perpetrator offline. CEOP further observed that 21.2% of reports involved children or young people producing self-generated indecent images. This included around 16,200 still images and 113 moving images. Most of these images were reportedly captured in the child's home, including in bedrooms and bathrooms (CEOP, 2013). This data indicates that in some cases, and in contrast with early typologies of CSE, it may not involve direct physical contact between victims and perpetrators. Further, an exchange may not be immediately evident in online encounters, where victims may engage in sexual behaviours for attention, affection, or another intangible factor.

In summary, while typologies or models of CSE can be helpful in revealing the various behaviours that perpetrators use to exploit victims, these can be restrictive. Typologies arguably reinforce stereotypical forms of CSE and fail to consider the variation which exists in perpetrator characteristics and behaviours (Martellozzo, Nehring & Taylor, 2010). This is problematic, and may limit understanding in relation to CSE. Notably, in a number of survey studies certain typologies appear to be favoured when attempting to obtain rates of prevalence, with other forms of CSE being overlooked in data collection. This is discussed in the next section, which describes the current state of prevalence research and the challenges in obtaining accurate and representative figures in the UK and beyond.

## 2.4    Overall prevalence of child sexual exploitation

There are numerous studies that aim to identify the prevalence of CSE in the UK and beyond. In this section the recent prevalence estimates of CSA are presented, which could enable meaningful comparisons to be made with CSE figures.

The Crime Survey for England and Wales (Office for National Statistics, 2016) collates survey data from adults aged 16 to 59 on their experiences of abuse during

childhood. This includes witnessing domestic abuse, witnessing and experiencing psychological abuse, physical abuse and sexual assault. The overall survey takes the form of a face to face interview. However, it is acknowledged that some respondents may not wish to disclose sexual assault in a face-to-face interview. Therefore, sexual assault is explored in a self-completion module, where participants write down their response. Within the survey, sexual assault is defined as:

*'Any sexual assault' includes sexual assault by rape or penetration (including attempts) and other sexual assault including indecent exposure or unwanted touching'*

(ONS, 2016, p7).

The survey further elaborates on the two categories of sexual abuse:

(1) Sexual assault by rape or penetration (including attempts): sexual assault by penetration of a [mouth, vagina or anus; or mouth or anus] with a penis, or penetrated their [vagina or anus; or anus] with an object (including fingers).

(2) Other sexual assaults including indecent exposure or unwanted touching: this includes indecent exposure (as in, flashing), or being touched sexually whether it was agreed to or not (for example, groping, touching of breasts or bottom, kissing).

(ONS, 2016, p34).

Regarding prevalence, in the most recent ONS report women were more likely to report having experienced sexual assault in childhood (11% of women) than men (6%). It was noted that 42% of child abuse survivors reported experiencing more than one form of abuse, with 23% reporting two forms, 14% experiencing three forms and 4% reporting four types of abuse during childhood. The survey report acknowledges that prevalence rates are likely to be under-represented as some individuals may choose not to disclose their abuse. However, the sampling methods are also likely to have impacted on prevalence rates. For example, the survey omits adults who are living in communal establishments. This includes people residing in care homes, or residential homes for adults with a learning disability. Therefore, the rates of prevalence do not include these groups of individuals. Additionally, the survey includes adults up to the age of 59, therefore omitting the older age group from the figures. Consequently, the ONS survey would under-estimate CSA prevalence in the England and Wales, as those key demographics are excluded from the sample.

Other UK population surveys have obtained different prevalence rates for CSA, particularly when children and young people are asked about their experiences of abuse. According to Radford et al., (Radford, Corral, Bradley & Fisher, 2013), adults may struggle to accurately recall their experiences during childhood. While the majority of young adults are thought to remember their experiences of childhood, it is argued that they may struggle to recall abuse which took place at a young age. Therefore, Radford and colleagues examined the prevalence of multiple forms of abuse and adversity among children, young people and young adults. The sample comprised of 2,275 children and young people aged between 11 and 17 years and 1,761 young adults aged 18 to 24 years. A further 2,160 parents and caregivers provided data on children aged under 11 years. Females represented around 51% of the sample. Findings revealed that during their lifetime, 1.3% of females aged under 11 years, 20.8% of females aged 11 to 17 years and 31% of females aged 18 to 24 years, reported experiencing sexual victimisation by a peer or adult. Regarding males, 1% of those aged under 11 years, 12.5% aged 11 to 17 years and 17.4% of males aged 18 to 24 years reported sexual victimisation by a peer or adult. Researchers noted that the prevalence rates for childhood adversity and abuse were greater than substantiated cases, from figures recorded by the Department for Education.

The cited survey illustrates that different prevalence rates may be obtained depending on the age range of the survey sample. Therefore, the survey by Radford et al., (2013) may support the use of a younger adult sample when examining the nature and prevalence of CSE. However, in terms of limitations, there were only two questions which inquired about participants' experience of sexual victimisation. In another paper by Radford (2018), it is argued that lower prevalence rates are generally observed in studies that asked only one question to determine history of abuse, rather than several questions. Therefore, the figures obtained by Radford et al., (2013) may still under-represent CSA prevalence among children and young adults in the UK.

With regard to CSE prevalence, some researchers have noted difficulties in distinguishing CSA from CSE due to many overlapping characteristics. This can result in differences in how both are categorised within prevalence data (Kelly & Karsna, 2017). For example, in a systematic review of CSE, Mitchell and colleagues noted inconsistencies in how CSE was defined within the literature and a range of terms being used to describe it (Mitchell, Moynihan, Pitcher, Francis, English & Saewyc, 2017). They identified terms such as 'coerced' or 'pressured' sexual activities, 'prostitution',

'victimisation' and 'maltreatment'. Terminology is also likely to be an issue in how survey questions are framed. Some individuals may not wish to identify as a victim, or they may not view their experiences as abusive (Radford, 2018). Therefore, if a survey asks participants about their experiences of victimisation or abuse, they may fail to report it. An additional challenge is that various articles use different timeframes in which CSE takes place. Some studies ask for participants' experiences over a narrow timeframe, for example the last 12 months, while others examine lifetime prevalence. This can lead to varying figures (Wager, Armitage, Christmann, Gallagher, Ioannou, Parkinson, Reeves, Rogerson & Synott, 2018). Furthermore, prevalence studies vary in whether they include both suspected and confirmed CSE cases within their data. In the prevalence studies below, this variation is evident.

In 2018 the National Crime Survey began to collate figures on CSE related crimes from the Police across England and Wales. In the first available report, a total of 15,045 CSE related crimes were reported to have been committed in the year ending March 2018 (Office for National Statistics, 2019). Prior to this, prevalence figures were obtained separately from a number of sources. For example in London, prevalence data was obtained from interviews with 100 professionals from police, health and educational services in 30 London boroughs, as well as some individuals from voluntary sector services and young people themselves (Harper & Scott, 2006). This took place over an 18-month period from 2003 to 2005. The survey identified 507 young people where CSE was described as either known or indicated. Of the 507 identified, 175 were described as confirmed cases of CSE. The majority, 490 cases, were female victims. At the time interviewees admitted that they did not focus their attention on males, meaning that males were likely under-represented in this research.

The types of CSE varied in the above survey, and included victims being exploited by family members, adults and by peers with whom they perceived to be in a relationship. In some cases, professionals noted that female victims had been coerced by their adult 'boyfriend' into having sexual contact with other males. There were also exchanges of sexual activity for goods such as money, substances, accommodation or favours and with some trafficking reported. Researchers noted that in three boroughs, professionals reported concerns about sexual exploitation in the context of peer groups and gangs. Involvement in commercial CSE was rarely identified by professionals and it was not common for victims to be known to exchange money for sexual activity in public.

However, researchers suggested that some young people may have been reluctant to disclose this form of CSE and therefore true rates of commercial CSE in London were not known.  In light of the above limitations, the London survey was unlikely to provide accurate prevalence rates for CSE.  Indeed, this is evident when compared with the most recent crime statistics for the London Metropolitan region, where there were 1,244 crimes relating to CSE in the year ending March 2018 (ONS, 2019).

In Manchester, the most recent CSE strategy also involved obtaining data from various sources, including Manchester City Council, Police and Central Manchester Foundation Trust (Manchester Safeguarding Boards, 2017).  The figures were referrals and investigations from the previous 2 years only.  Data from the police revealed that in 2015 there were a total of 490 individuals referred, aged between 13 and 16 years, with 199 listed as victims of CSE.  There were a further 253 referrals on the social care system. Females represented 87% of those referrals, 27% of referrals had at least one episode in local authority care and 40% were linked to a 'Troubled family record'.  However, no further details were offered in relation to the latter.  Another 179 children were referred by hospital staff, having been identified as being sexually exploited.  A further 166 children were referred by a community service under the category of CSE.  However, no further details of these referrals were provided in the Manchester Safeguarding Board report, including how many of those cases were confirmed CSE or suspected.    Those figures are lower than the most recent figures from the National Crime Survey, which revealed that in Manchester there were 1,235 CSE related crimes in the year ending March 2018 (ONS, 2019).  This may indicate that in recent years the authorities have become more successful in recognising and pursuing CSE offences.  However, it is argued later within this chapter that figures such as these are still likely to under-represent the scale of CSE in the UK.  Further, it is argued that more reliable figures can be obtained directly from victims.

There are existing prevalence surveys that have obtained information on CSE from those who are directly affected by it.  For example, Barnardo's commissioned research which explored the nature and extent of CSE in Northern Ireland, focussing on youth in care or those missing from care in a two-year period between 2009 and 2011 (Becket, 2011).  Figures were obtained from 1,102 risk assessments that were completed by social workers across five trusts in Northern Ireland, a figure representing 65.4% return rate.  Figures were also obtained from a youth survey administered to all young people

on the child benefit register and who turned 16 in February and March 2010. Risk assessment data revealed that Social Workers identified CSE to be a concern among one in seven young people, representing 13.3% of the sample. A concern was defined as known or suspected CSE. CSE was confirmed in 32.4% of cases and suspected in the remaining 67.6%. Cases of confirmed CSE were higher for females than males, representing 83% of all cases. However, researchers felt that the low prevalence of males was due to under-reporting by males and the tendency for professionals to overlook their vulnerability for CSE. This was a pattern noted by Harper and Scott (2006).

In addition to the above, most individuals suspected to be at risk of CSE were reported to be between the ages of 12 and 15 years when concerns were noted by professionals. Furthermore, significantly higher rates of concern were noted amongst youth in residential care compared with those in at-home placements. In half of cases, CSE concerns emerged following their entry into care. Indeed, residential care has been identified in empirical research as being linked with CSE vulnerability (Brown, Brady, Franklin, Bradley, Kerrigan & Sealey, 2016a). Researchers acknowledged that prevalence rates were based on whether concerns were recognised by professionals, and that figures obtained were likely to be under-estimates of CSE in Northern Ireland (Becket, 2011). Others have suggested that more accurate figures are likely to result from self-reported CSE, where figures will exceed those obtained from official records (Wager et al., 2018).

Regarding the nature of CSE reported by Beckett (2011), there were seven types noted by researchers, with the most common being defined as a 'party house scenario'. This was first described in chapter one, where a young person is exploited by more than one individual. They are groomed, provided with drugs or alcohol and then introduced to a wide network of other perpetrators and coerced into sexual activity. Females and looked after children were more frequently associated with this category of exploitation, however figures were reportedly too small to submit to significance testing. Therefore, it is not clear whether looked after children are indeed particularly vulnerable to CSE. Another type of CSE, often termed the 'boyfriend model', represented a further 23.8% of cases. This involved a young person believing themselves to be in an intimate or romantic relationship with their abuser. A further 16.3% of cases involved commercial sexual exploitation, through exchanging sex for money, goods or the discharge of a debt. Twice as many males as females were noted to fit into this category. Given that the London

study (Harper & Scott, 2006) did not identify many cases of commercial CSE, this may be one reason why males were under-represented in that sample. It is possible that males are more likely to experience commercial CSE than other types. However, it is not known whether this form of CSE is common among males across all regions of the UK as it has not been examined widely.

Becket (2011) found that the remaining cases involved sexual exploitation by a peer, family or community member, as well as internet sexual exploitation, forced marriage and being trafficked from abroad for the purposes of sexual exploitation. In only a few cases there were additional features noted in relation to the exploitative encounters, including the use of physical and emotional abuse by the perpetrator. Further data were obtained from a youth survey of 786 individuals aged 16 years, comprising of 63.6% females and 36.4% males. Individuals were provided with a definition of grooming and asked a series of questions aimed at establishing whether they had ever experienced this. Grooming was defined as someone attempting to build the trust of the young person, with the aim of encouraging them to engage in sexual activities. A total of 11.1% of the sample reported being approached in this way by an adult, on at least one occasion. Of those individuals, 74.6% of victims were under the legal age of consent when an approach was made by an adult. Additionally, 85.5% of these were female and 14.5% were males.

In the above survey, the social work risk assessments had revealed very few individuals with concerns regarding online exploitation. However, in the youth survey data, 27.4% of individuals reported that an adult had groomed them online. This reveals the difficulty in monitoring the use of technology by children and young people by adults or those in authority. Furthermore, it is recognised that in most surveys, questions regarding technology facilitated CSE are lacking (Radford, 2018). Consequently, there are likely to be a number of barriers to identifying the full nature and extent of technology facilitated CSE in existing research. In the Beckett (2011) survey, of those who reported being groomed online, the majority stated that they had refused to engage with the requested sexual behaviours, or they had ended all contact prior to any request being made. A further 25% reported engaging in sexual behaviours following a request or demand. It was noted that of the youth who reported experiencing grooming, 61.8% did not inform a parent or a person in authority about this (Beckett, 2011). Again, this reveals

the hidden nature of CSE due to the reluctance of some youth to report this, or their inability to recognise their experiences as exploitative.

Other surveys have struggled to obtain any reliable indicators of CSE across different geographical regions. This was evident in a report by the Scottish Government, who commissioned research into the nature and extent of CSE (Brodie & Pearce, 2012). The study took place during a 6-month period in 2012. Researchers began by undertaking a review of the literature on CSE prevalence in the UK, with a particular focus on Scotland. However, they noted an absence of reliable data or empirical research. Around the same time as this, similar research was commissioned by the Centre for Excellence for Looked after Children (Lerpiniere, Hawthorn, Smith, Connelly, Kendrick & Welch, 2013). Data was obtained from case audits, where one Local Authority in Scotland provided information on 75 looked after children on their caseload. Around half of these children were female, and children were aged up to 16 years. Social Workers were asked to identify confirmed cases of CSE and to use professional judgement to identify those suspected of experiencing CSE. A total of 8% of the sample were confirmed to have experienced CSE in the past year. When children suspected of CSE were added to this figure, prevalence rates increased to 21.3% of the sample. Young people in residential care were significantly more likely to have experienced CSE than children in at-home placements, as were those subjected to previous violence and sexual abuse. For those in residential care, 24.4% were suspected or known to have experienced CSE. For those in at-home placements, the rate was 16.6%.

Researchers acknowledged that due to this data being obtained from only one local authority, it was not possible to conclude that such figures are representative of Scotland. This is a common critique of prevalence studies and surveys. Where data is obtained from vulnerable young people who are referred to specialist projects or services (Brodie & Pearce, 2012), they cannot be said to represent the experiences of all young people. Furthermore, there are groups of vulnerable young people who are likely not known to statutory agencies or specialist support services (Brodie & Pearce, 2012). Widening the search, Brodie and Pearce (2012) conducted a rapid response survey. They obtained data from five out of 32 local authorities in Scotland on CSE among looked after children, as well as those reported missing. Professionals confirmed that, at the time of the survey, there were no formal or systematic methods by which this type of data was recorded. Where data was recorded locally, this was not collected or recorded centrally.

As a result of this, the full nature and extent of CSE in Scotland was not known (Lerpiniere, et al., 2013). This challenge was also noted by the professionals from the council and voluntary sectors who were interviewed as part of the wider Scottish CSE research (Brodie & Pearce, 2012).

The Beckett (2011) study, discussed earlier in this section, reveals the challenges of identifying CSE through the use of technology. This is particularly the case if prevalence rates are based on adults or professionals identifying potential concerns through this medium. Furthermore, professionals are noted to focus on physical aspects of CSE and neglect to ask victims whether they were filmed or photographed by the perpetrator (Martin & Alaggia, 2013). Consequently, efforts have been made to obtain a more accurate picture of online grooming and CSE. For example, in 2013 the Child Exploitation and Online Protection Centre (CEOP) examined threats to children in the UK for online sexual exploitation and abuse. In 2012 they received 1,145 reports of online CSE from members of the public. Of these, 69% were deemed to be failed attempts at CSE due to the potential victim being 'vigilant'. Females represented the majority of reports (80%). Similarly, in their Digital Dangers report (Palmer, 2015) Barnardo's obtained data from their annual survey of CSE services in 2014, which included in-depth interviews with practitioners, service users, their parents and carers. During that year, twelve out of fifteen services reported working with a total of 259 young people who were abused online, which represented 19% of service users. Of these individuals, 234 were female and only 25 were male. However, at that time practitioners were not required to routinely log whether technology had been used during the course of CSE, and therefore researchers acknowledged that these figures likely under-represent the prevalence of CSE through use of technology among their CSE service users. Researchers believed that further barriers to obtaining accurate prevalence rates were that youth may not perceive their online experiences as abusive and therefore may not report it.

Additional barriers to disclosure were obtained from in-depth interviews with 34 staff in their CSE services, as well as 11 young people and 8 parents and carers. Interview transcripts were not submitted to qualitative analysis. Instead, possible themes were identified by the researcher from information obtained in interviews. Some of the young people interviewed stated that they had not previously disclosed their online abuse due to shame, feeling afraid of repercussions, perceiving that they loved the perpetrator, or feeling embarrassed. Supporting this evidence, staff who were interviewed informed

researchers that in all but one case, the children had not disclosed their online abuse. Instead, they were referred when their abuse was discovered accidentally by a parent or another individual. Twenty-one youth were identified as having met the perpetrator offline and which resulted in contact sexual abuse. None of these individuals had reported this to an adult (Palmer, 2015). This survey data highlights the many barriers to identifying online CSE. Therefore, existing figures cannot provide reliable estimates as to the prevalence of online grooming and CSE in the UK. This is because the figures were obtained from those who came to the attention of CSE services and online CSE was not routinely explored at that time. As discussed, this is a noted limitation of existing survey data, where questions regarding online CSE are minimal (Radford, 2018).

Some helpful data on the prevalence of online CSE is evident in a 2018 rapid evidence assessment, which is a systematic review conducted within a narrow timeframe. This was conducted in order to explore the scale of online facilitated child sex abuse and it was commissioned as part of an independent inquiry into child sexual abuse (Wager et al., 2018). Online facilitated abuse was defined as:

*'Online grooming and receiving sexual requests, being exposed to pornography, some sexting activities, online-facilitated child sexual exploitation (CSE) (e.g. offering of gifts, money or affection in return for sexual activities taking place or orchestrated online, but enacted during an offline meeting with the perpetrator or others) and engaging with online images of CSA (including searching, viewing downloading, exchanging, producing and commissioning of images)'*

(Wager et al., 2018, p10).

As part of the evidence assessment, data was obtained from unpublished dissertations, as well as unpublished and in print data from the Register of Child Protection Research, from the period of 1999 to 2018. To ensure that the research was of acceptable quality, researchers critically appraised each study, rating each on their scientific rigour, including methodological strengths and weaknesses. Data was collated from self-report surveys from various countries within Europe and the United States. Findings revealed that for females, between 16% and 28% received wanted or unwanted online sexual requests. For males, this ranged from 5% to 25%. There were reportedly no suitable samples available from England or Wales. Additionally, there were no figures regarding the prevalence of exploitation through the production, distribution or sale of

indecent images. The researchers did find that around 1% of online images were produced by those in the UK. They further identified that 1 in 5 of the images reported to CEOP were self-produced by children and young people. The findings of the rapid evidence assessment reveal similar rates of prevalence as those obtained from the survey of CSE service users (Palmer, 2015), albeit with more variation. Researchers noted this was due to the different methods used by some of the studies to capture online CSE, including counting the numbers of offences, perpetrators, or victims. This was further complicated by variations in definitions within the different studies.

Regarding gang based CSE, the 2012 Beckett inquiry revealed that in a 14-month period between 2010 and 2011, there were 2,409 children and young people confirmed as victims of CSE in gangs or groups. A further 16,500 children were identified as being 'high risk' of CSE (Beckett et al., 2012). Researchers noted that gang related CSE was under-reported due to some young people perceiving this as normal, fears of retribution and a lack of confidence in authorities to offer protection following disclosure. However, professional failings were also revealed, as 49% of Local Child Safeguarding Boards (LCSB) were unable to inform the inquiry how many CSE victims had been identified in their local area (Berelowitz, et al., 2013). Only nine LCSBs stated that they were collecting prevalence data on gang related CSE, with eleven not collecting any data. In addition, only 21% of the health agencies who were approached had formal processes in place to record how many children and young people were deemed at risk of CSE.

Where definitions of CSE are broader and more inclusive of different typologies, more accurate data may be obtained. For example, data from Barnardo's database of service users revealed 9,042 victims of CSE from 28 different services across England, Scotland and Northern Ireland (Cockbain, Ashby & Brayley, 2015). The majority were female (N=6,056) and the remaining were male (N=2,986). Researchers observed that this represented a higher prevalence of males when compared to the 2013 research by CEOP and the Office for the Children's Commissioner for England. They felt this was due to the broader definition of CSE used, rather than focusing only on gangs, groups and online CSE. As with previous studies, there was an over-representation of looked after children among the service users when compared with rates among the general population. Additionally, significantly more males (48%) than females (28%) were known to have a criminal record and which exceeded the rates in the general population.

Therefore, it is possible that CSE leads to increased involvement in offending for males, or that youth offenders are more vulnerable to this form of abuse.

Males were also significantly more likely to have a disability such as autism, or a behavioural or physical disability, and were less likely to have peers who were sexually exploited when compared with females. This could indicate that males with disabilities are particularly vulnerable to CSE. Overall rates of disability for males was 35% compared with 13% of females. Indeed, disability may potentially increase vulnerability for both males and females (Brown, Brady, Franklin & Crookes, 2016b). It is thought this is partly due to the attitudes of adults towards those with disabilities. For example, individuals with a learning disability may fail to receive information on sex and relationships due to other peoples' assumptions that they do not have sexual urges or identity, or that they are incapable of understanding sex (Fox, 2016). Therefore, adults may not be vigilant in situations where such children are exposed to perpetrators. For some children, their vulnerability for CSE may be due to factors relating to their disability, in that they may present as sexually disinhibited or desire intimacy from others. Further, their disability may prevent them from being able to recognise risky situations or harmful encounters (Fox, 2016). As such, while the cited study by Cockbain et al. (2015) included children with disabilities, they are likely to be under-represented in samples obtained from support organisations and children's charities.

In terms of additional limitations, there were high levels of missing data on males. Researchers admitted that this impacted on analyses, and that many of their findings were obtained from exploratory analyses. Another limitation is that data were obtained from CSE support services. Not all children with CSE vulnerability come to the attention of organisations such as these. In summary, the cited study has a number of strengths in terms of their ability to capture a large sample of males, as well as revealing some potential vulnerability factors among that group. However, inadequate recording of data means that firm conclusions cannot be drawn regarding vulnerability or prevalence.

Trafficking can add complexity to the issue of obtaining accurate rates of CSE, as the transporting of children and young people for the purposes of abuse can interfere with local efforts to identify it. First, trafficking will be defined and then rates of prevalence will be discussed. Trafficking is described by the United Nations as the recruitment, transportation, transfer, harbouring or receipt of individuals for the purpose of

exploitation (Palermo Protocol, United Nations, 2000). This includes exploitation for the purposes of sexual exploitation, forced labour or services, slavery, servitude or the removal of organs. The UN further describes the means that are used by perpetrators during trafficking, where victims are controlled by threats or the use of force, coercion, abduction or deception. A power imbalance is described, whereby a victim is likely to be vulnerable and where the perpetrator will exert power over them. The UN definition also describes a process whereby the perpetrator may receive payments or other benefits as a result of trafficking victims. The UN acknowledges that children, who are under the age of 18, cannot consent to trafficking, even in the absence of threats, coercion or force.

In the above definition, emphasis is placed on force and coercion as part of the methods used by traffickers against adult victims. However, it is argued that such emphasis could mean some perpetrators avoid being sanctioned, unless it is demonstrated that they have used such methods of control (Kelly, 2003). However, when an individual experiences terror, such as during a traumatic event, they may present as compliant or submissive (Reid, 2012), making it difficult to prove coercion under the above definition.

In 2013, the term modern slavery was introduced to describe all offences regarded as human trafficking, including sexual exploitation, forced labour and domestic servitude. It is recognised as a global problem and a hidden crime. On 10th June 2014, the modern slavery bill was introduced in the House of Commons to address it. When considering trafficking, it is acknowledged that this takes place both internationally and internally. Internal trafficking involves someone being brought into the UK and then moved around within its borders. Others are born in the UK and then trafficked within. It is noted that there is not always a financial dimension for perpetrators. In some cases, perpetrators will 'share' victims with others (Brayley & Cockbain, 2014). Perpetrators might also transport victims to different locations to exploit them, or deliver them to other perpetrators. This can be over short distances within a single town, mid-length distances to isolated places such as parklands or local beauty spots, or longer trips between towns and cities.

The National Crime Agency (NCA) records and publishes quarterly figures on human trafficking and modern slavery, which includes trafficking for the purposes of sexual exploitation. Prevalence figures are obtained from the National Referral Mechanism, which is a framework for identifying and supporting potential victims in the

UK. It was first introduced in 2009 and potential victims are referred by a number of Government organisations including the police, the UK border force, Local Authorities and various charitable organisations. Referrals are made from these bodies to either the Home Office Visas and Immigration or the NCA's modern slavery human trafficking unit. Figures have been published from 2012, and since that time referrals have increased steadily each year. In 2015 the referral mechanism received 3266 referrals of potential victims, which they stated was a 40% increase from 2014 (Office for National Statistics, 2016). Whilst the most common referral type for minors each year was labour and criminal exploitation, in 2015 there were 217 minors deemed potential victims of CSE. This included 112 minors who were non-UK national and a further 105 UK nationals. In 2016, there were 3805 referrals made, representing a 17% increase from 2015. Regarding the sexual exploitation of minors, 147 non-UK nationals were referred, and a further 215 UK nationals. In 2017, there were 5145 potential victims referred, representing a 35% increase on the previous year. Regarding minors, there were a total of 559 referred for potential CSE, with no figures available on their UK residence status (Office for National Statistics, 2017).

There are similar barriers to obtaining accurate rates of prevalence for CSE and trafficking. According to Brayley and Cockbain (2014) internal trafficking can create particular challenges to prevention, detection and investigation of CSE. Transportation to unfamiliar locations increases the victims' reliance on their abusers to get home. This can encourage compliance with sexual demands and later impede the identification of crime scenes and criminals. Furthermore, if trafficking spans different areas, this can frustrate effective multi-agency collaboration and information sharing (Brayley & Cockbain, 2014). This follows a theme across the prevalence studies presented in this section, in that there are many limitations which prevent the authorities from accurately identifying CSE in the UK.

*Summary of prevalence studies*

The prevalence studies cited in this section suggest that currently there are no reliable figures on the nature and extent of CSE in the UK. Furthermore, given that none of the cited studies sample the general population of youth, it is not possible to make meaningful comparisons with prevalence figures for child sexual abuse. Possible themes

have emerged in relation to the cited studies. First, that residential care may be a factor that raises vulnerability for some children and that greater numbers of females may experience CSE compared with males. However, in two of the studies males were noted to be under-represented due to professionals failing to recognise CSE among this group. Further, the characteristics of victims are not consistently subjected to statistical analysis, meaning that firm conclusions cannot be drawn from survey data. These limitations, and the other issues discussed in this chapter, highlights the problem of obtaining prevalence data which relies on professionals recognising and recording CSE concerns.

The problem of relying upon figures obtained from officially documented or referred cases, is further emphasised by the disparity in findings when professional ratings are compared with youth self-report. This is clearly observed in Beckett (2011), whereby online CSE was noted by professionals in very few cases. However, 27.4% of youth reported experiencing online grooming by a perpetrator and over half did not report this to a responsible adult. Consequently, the nature and prevalence of CSE is more suitably established though engaging with those directly affected. Namely, youth or young adults in the general population. It is likely that there are groups of youth who do not come to the attention of authorities or children's services.

Among the limitations in prevalence research is the presence of unhelpful attitudes regarding sexual consent. These attitudes persist among child care professionals and consequently, many children and young people are over-looked or even blamed for their abuse. The next section will discuss this issue in more detail, explaining why particular groups of youth are often under-represented in CSE research.

## 2.5    Issues in identifying child sexual exploitation

It has already been discussed in this chapter that there are factors which impact on the accurate recording of CSE. This includes the presence of unhelpful attitudes amongst those in authority, where some victims are blamed for their abuse. Consequently, officially recorded figures are likely to be unreliable. There are a number of additional factors which make it challenging for professionals and researchers to recognise CSE. There are also factors which prevent victims from either recognising or disclosing their abuse. These factors are discussed below.

First, CSE can be one among many complex and over-lapping issues affecting children and young people. For example, victims may also be witness to marital problems in the home, they may witness or experience physical violence, sexual abuse, bullying, going missing from home and experiencing or witnessing substance misuse (Brodie & Pearce, 2012). Therefore, when CSE victims come to the attention of authorities or support organisations, this could be due to other challenges in their lives and their CSE may not be recognised or recorded. This means that CSE may not be included within prevalence studies of child adversity or abuse.

In terms of other barriers, it is argued that stereotypes exist regarding those who are affected by CSE and which can result in some professionals overlooking certain children and young people who do not fit this (Fox, 2016). This may be due to a number of high-profile cases which are reported upon in the media, as well as the serious case reviews and independent investigations in geographical regions such as Rotherham, Rochdale and Oxford. These tend to emphasise one typology of CSE, whereby individuals or organised groups of adult males sexually exploit adolescent females (Fox, 2016). However, as discussed, there are numerous forms of CSE and many victims do not fit a particular typology. In their consultation and research report on the diversity of CSE, Fox (2016) acknowledges that certain victims are often overlooked, including young males, those with disabilities, individuals from minority ethnic backgrounds or different faiths, and individuals who identify as Lesbian, Gay, Bisexual, Trans, Queer, Questioning, Intersex or Asexual (LGBTQIA). Furthermore, some children and young people may identify with a number of different groups and which adds to the complexity in terms of barriers to their CSE being identified. Therefore, issues relating to a victim's identity may pose barriers to obtaining accurate prevalence rates, as victims may feel reluctant to disclose their CSE, or these issues may prevent others from recognising it. These identity issues will be considered in detail below.

As discussed, males are often under-represented in CSE research. This is problematic since their health and social needs may differ to those of females, potentially leading to failures in providing appropriate care to sexually exploited males (Mitchell, et al., 2017). This means that the current female-centred service provision may fail to meet boys' needs (Cockbain et al., 2015). Historically, CSE involving boys and young men was thought to be less visible. Some sexual exchanges occurred in less open places, including toilets, parks, bus and train stations, cruising areas, and multi-purpose shopping

areas and arcades (Chase & Statham, 2005; Lillywhite & Skidmore, 2006). Furthermore, some professionals were unable to see beyond aggression and risk-taking, that for some boys may have been masking their CSE (Lillywhite & Skidmore, 2006). Regarding male behaviour, there are a number of gendered assumptions and stereotypes which exist in society. For example, there is an expectation that males do not experience sexual violence or abuse, because masculinity is associated with having sex. Therefore, males may not be viewed as victims in an exploitative encounter (Fox, 2016). This relates to the notion of hegemonic masculinity, which has been extensively debated in the victimisation literature. It is beyond the scope of this thesis to provide a detailed critical evaluation of hegemonic masculinity as the literature for this concept is extensive. However, this concept is defined below and its relevance to CSE is discussed in light of the existing research which examines this concept.

Hegemony relates to the ability of one group to dominate within society with the acceptance or consent of others. Hegemonic masculinity refers to actions in society that enable men to dominate women (Connell & Messerschmidt, 2005). This domination is reinforced across society, through cultural and institutional practices, and through behaviours in the home. These practices must arguably scrutinise men's behaviour whilst also discrediting women (Connell & Messerschmidt, 2005). Hegemonic masculinity also puts some men at a disadvantage to others, as not all men have power in this structure. It is argued that if a male is unable to achieve society's notions of masculinity, this adversely affects their identity as a man (Javaid, 2015). This concept is relevant for victimisation research because the characteristics or ideologies of hegemonic masculinity are thought to influence the lives of sexual assault victims. For example, a patriarchal belief that is said to exist in society, is that a male cannot experience sexual assault or rape (Javaid, 2016a). Therefore, masculinity is incompatible with victim identity because offences such as rape undermine the social ideals of masculinity (Javaid, 2015). Thus, when heterosexual males are sexually assaulted by other males, they may fear others challenging their sexuality (Fox, 2016; Weiss, 2010). This means that the many beliefs and assumptions regarding masculinity will prevent some male victims from disclosing their abuse (Javaid, 2016a; Weiss, 2010). It is further argued that, even using the term 'male rape' instead of rape, implies that this is an unusual event and thus a sub-category of 'normal' rape (McLean, 2013).

Hegemonic masculinity produces a number of expectations for males in society. For example, when males are sexually abused, victims are blamed if they do not attempt to resist their abuser. This is due to the expectation that men should escape or fight in a confrontation (Davies & Rogers, 2005). Conversely, it is viewed as unacceptable for a male to reject the sexual advances of a female perpetrator (Davies & Rogers, 2005). Where males are sexually assaulted or raped by females, this also undermines the stereotypic idea that women are sexually and physically subordinate (Javaid, 2016a). Consequently, this event challenges the expectation that males should be sexually dominant and in control (Javaid, 2016a; Weiss, 2010). Furthermore, the idea that women perpetrate sexual abuse conflicts with the stereotyped view of women as caregivers (Martellozzo et al., 2010). Thus, male victims may be particularly reluctant to report their sexual abuse, particularly if the perpetrator is female, as their hegemonic masculinity could be challenged (Javaid, 2016a). Javaid further argues that this might even prevent men from acknowledging their experiences as abusive in the first instance. As discussed earlier in this chapter, there is empirical research which suggests these masculine expectations are indeed placed on male victims, even when they are still children (Esnard & Dumas, 2013).

There are a number of empirical studies which examine the presence and impact of hegemonic masculinity. These may have relevance for CSE, as findings may explain the low rates of disclosure among CSE victims. Weiss (2010), proposed that for both men and women, society defines appropriate and unacceptable sexual practices. For those who experience sexual abuse, this event conflicts with cultural norms regarding sexual practices for men and women, meaning that some victims will experience shame (Weiss, 2010). This shame may pose a barrier to reporting their abusive experiences. To explore these barriers Weiss examined data from the US national crime victim survey, gathering data from open ended questions where interviewers asked victims to describe why they did not report their sexual abuse. The sample was comprised of 1050 victims of rape, sexual assault and attempted rape. From this sample, a total of 136 narratives were identified as containing references to shame. Of the narratives, 116 were female victims and 20 were male. Among the males, half of the perpetrators were noted to be female. These narratives were explored by the researcher using a grounded theory approach. Shame was considered by the researcher to involve three elements: self-blame, humiliation and fear of public scrutiny.

Within the female narratives, was language which suggested victims anticipated being viewed negatively by others. For example, some refused to report their experiences as they feared their behaviour would be scrutinised, or that they would be labelled and stigmatised. The researcher argued that this anticipation of rejection threatened victims' identities as women. Among the male narratives, the researcher noted three themes relating to the following: shame due to not being able to defend themselves, humiliation and fear of being exposed if they reported their abuse. The researcher concluded that these reactions were also due to their masculine identities being challenged. They concluded, therefore, that victim shame was gendered. However, there were no indications that any of the victim narratives contained references to their identity as men and women. Therefore, the conclusion is a notable assumption, where the findings were interpreted through the lens of the researcher's own attitudes and beliefs. This was particularly evident in one narrative, where the male victim said to the interviewer that he did not call the police as he saw the abuse as a private matter. From this single statement, the researcher argued one could infer that his assault threatened his identity as a man. While objectivity is arguably an unrealistic goal in qualitative research, it is important that researchers acknowledge the bias that exists in their interactions with participants (Plummer, 2001). Furthermore, researchers must exercise caution not to impose their own perspective on narratives, where this may not reflect the views of victims. In order to minimise bias, the narratives should have been subject to examination by a second researcher.

What the narratives in the cited study (Weiss, 2010) do reveal, is that all victims may fear scrutiny of their behaviour by society, regardless of their gender. This anticipation may prevent them from disclosing their abuse, rather than issues relating to gender identity. This could reasonably apply to victims of CSE, where they may decide against reporting this due to the expectation that their own behaviour will be scrutinised. However, the research by Esnard and Dumas (2013) suggests that the concept of hegemonic masculinity is still relevant for CSE research and practice. This concept reveals that a number of expectations are placed on males in society, including male children. This includes how males are expected to behave, including in a sexual context. Where males do not meet these expectations, they may be blamed for their own sexual abuse. Consequently, they may not be viewed as victims and which could result in cases not being recorded and safeguarding measures not being applied.

In addition to gender, there are other issues relating to identity and which may impact on prevalence rates for CSE. It is recognised in the CSE literature that children and young people who identify as LGBTQIA could be vulnerable to CSE, particularly for individuals who do not feel accepted by people in their lives. They may search for support and guidance online or in adult gay clubs, potentially exposing them to perpetrators who exploit their confusion, curiosity or lack of knowledge around what constitutes healthy relationships (Fox, 2016). Thus, issues around their sexuality may increase their vulnerability for this type of abuse. Further, these issues may also prevent children and young people from feeling able to disclose their experiences. For example, there may be unhelpful attitudes regarding sexuality amongst those in authority and which may act as a barrier to disclosure. Negative attitudes may even be present among professionals who are trained to offer support to victims of sexual abuse.

This may be evident in a UK study, where semi-structured interviews were undertaken with rape counsellors, therapists, voluntary agency caseworkers and police officers, all of whom worked with male victims of rape (Javaid, 2018). Some participants completed qualitative questionnaires rather than an interview, which were then scrutinised by the researcher. The sample comprised of 70 participants, of whom 33 were male and 37 were female. The researcher used an 'inductive method', where theory was generated from the data using thematic analysis. A number of themes were identified from the interview and questionnaire narratives. First, gay males were perceived as particularly vulnerable to being raped, due to their subordination in the gender hierarchy. In addition, homophobic attitudes were identified by some participants, where they perceived that male rape victims were not taken seriously by some authority figures. It is possible that such attitudes could prevent some male victims from reporting their abuse to the authorities, as they may expect to encounter such attitudes. Where individuals encounter a negative response following their disclosure, it is argued that this could be a form of secondary victimisation, as their hegemonic masculinity is challenged by their encounters with the police (Javaid, 2015).

However, there are limitations in regard to the methodology employed and which appears to be a common theme within masculinity research. First, it lacked methodological rigour, in that there was no second researcher to cross-rate the themes which emerged. Consequently, the themes that were identified may have been influenced by the researcher's values and expectations. Another limitation is that while the study

examined negative attitudes towards victims, one could question whether participants felt able to be open and honest in their views. During a semi-structured interview context, there is no anonymity afforded to participants. The participants in the cited study may have feared repercussions from their employer if they presented with homophobic or other negative attitudes towards male victims of rape. Indeed, in their narratives participants frequently referred to what they had observed or witnessed, rather than directly expressing such views. Participants' beliefs and attitudes could have been more accurately obtained by immersion in the workplace, with researchers overtly observing individuals as they undertook their roles (Martellozzo, 2015).

In consideration of the above limitations, the full nature and extent of negative attitudes to male victims is not clear, as participants' responses in interview may have been biased towards presenting themselves positively. What the cited study does indicate however, is that there *may* be unhelpful attitudes present among professionals who work directly with victims of abuse. These attitudes could indeed translate to behaviour, where victims notice or perceive these attitudes during interactions with authority figures. This could be supported by findings by Weiss (2010), where some victims failed to disclose their abuse due to fears they would be stigmatised or labelled by others, or that their behaviour would be scrutinised. It is therefore possible that some LGBTQIA victims may anticipate stigma or scrutiny and which may prevent them from disclosing CSE. This further supports the argument that official figures on the prevalence of CSE are inaccurate. Further, that those figures are unlikely to represent all groups of individuals who are sexually exploited.

Ethnicity and race may be another identity factor that could impact on disclosure and recognition of CSE. According to the UK Government there is no agreed international definition of ethnicity or race. The Office for National Statistics states that the definition has evolved over time and has included elements such as country of birth, nationality, and religion. It further outlines the complexity of the issue:

*'Collecting data on ethnic group is complex because of the subjective, multifaceted and changing nature of ethnic identification. There is no consensus on what constitutes an ethnic group and membership is something that is self-defined and subjectively meaningful to the person concerned'*

(Ethnic Group, National Identity and Religion: ONS.gov.uk)

Consequently, the variation in how ethnicity and race is defined, means that prevalence figures will vary in response to this. Furthermore, factors relating to ethnicity can also act as a barrier to identifying CSE among some children and young people. In some cases, families may struggle to report their concerns due to language difficulties (Jay, 2014). Religion may add further challenges in recognising CSE. Religion is a complex concept, with variations in how people define themselves. Different aspects of religion are measured in surveys, including religious affiliation, belief or practice. Therefore, as with ethnicity and race, prevalence rates may vary depending on how these concepts are defined in surveys and the full nature and extent of CSE is unlikely to be understood.

In addition, cultural and religious views may act as barriers to identifying CSE. For example, in some cultures a female's virginity is expected to be preserved. Thus, a female victim may fear the consequences of reporting a sexual assault. Further, in some cases males are expected to be heterosexual and it is deemed unacceptable to identify as gay or bisexual. This relates to the concept of hegemonic masculinity, which was discussed earlier in the chapter. Yet, cultural expectations of men and women, including their sexual practices, may vary across cultures and which can change over time. The degree to which those expectations are endorsed or enforced may also vary, depending upon geographical location and the attitudes of communities and even across individual families (Connell & Messerschmidt, 2005). Where those expectations are strongly held, either in a community or particular family, this may result in some individuals failing to disclose CSE. For example, due to fears of reprisals from the family or community, including the risk of 'honour' violence, or that future marriage prospects will be affected (Jay, 2014; Fox, 2016). Consequently, CSE that is perpetrated against children from a minority ethnic background may be particularly hidden. This is problematic, as their needs are likely to be overlooked in current policy and practice.

Acknowledging this issue, a pilot study was undertaken by the Muslim Women's Network UK (MWNUK), in an effort to understand the experiences of Asian and Muslim girls and young women (Gohir, 2013). Individual case studies were collated through consultation with professionals and other adults who knew the victims. For example, social services, the police, voluntary organisations and family members. The victims

were not interviewed directly. However, a group of male and female youth were interviewed and their attitudes and behaviours were explored. While the study did not establish the prevalence of CSE among this group, it revealed that Asian / Muslim victims may have specific vulnerability factors associated with their culture. Of the 35 case studies that were collated, the majority of victims were of Muslim faith and were aged between 13 and 14 years old. Two thirds of the cases were of British Pakistani heritage. Among the case studies, researchers identified a number of factors that may have increased their vulnerability for CSE. This included self-injury, disability, sexual abuse in the family, witnessing intimate partner violence, and having strict or neglectful parents. Furthermore, a third of the victims were reported to have experienced prior childhood sexual abuse. Researchers noted that many CSE victims may have been attempting to escape their difficult home environment, with perpetrators exploiting this by offering love and marriage to them. Many of the victims were reported to lack sexual knowledge, having been removed from sex education classes by their parents. Researchers felt this may have increased their vulnerability as they lacked understanding regarding sexual consent, nor how to safeguard themselves (Gohir, 2013).

Regarding perpetrators, they were primarily reported to be from the same ethnic background as the victim. Researchers proposed that shared culture, heritage and faith, meant the victims were more accessible to the perpetrators. In some cases, adult females assisted male perpetrators in grooming victims and in other cases, they witnessed the abuse. It is possible that victims of Asian / Muslim heritage may be most vulnerable to organised, group based CSE, as researchers identified that in 86% of cases the victims were exploited by a network of adults, with evidence of trafficking between different regions. Researchers identified that among this group of victims, a barrier to disclosure related to shame and dishonour. Perpetrators were known to have threatened to circulate sexual images and recordings of victims if they did not comply. This issue was also noted to be relevant in the communities where victims resided, as members of their community denied that CSE was taking place. Researchers argued that that some adults prioritised the honour of their community over safeguarding victims (Gohir, 2013). While the case studies focused on female victims, some of the professionals who were interviewed raised concerns about Asian male victims. Researchers argued that CSE in this community may be even more challenging to identify due to cultural attitudes around masculinity, and the stigma that may be associated with being a male victim of CSE. Therefore, there are

likely to be a range of barriers specific to minority ethnic victims which prevent CSE from being identified or reported. Consequently, the nature and extent of CSE among different minority ethnic groups, or their experiences, is not understood.

These barriers have been identified in other samples from minority ethnic backgrounds in the UK. A study was undertaken in Birmingham and Coventry, to examine issues which prevent young South Asian women from accessing CSE services. This was prompted by the finding that despite south Asian people representing 22.5% of Birmingham's population and 12.7% of Coventry's population, South Asian women are consistently underrepresented in services which provide support to sexual abuse victims (O'Neill-Gutierrez & Chawla, 2017). Therefore, researchers examined the barriers to recognition and reporting among this population of females. Interviews were undertaken with 16 professionals from various support services. Researchers did not obtain input from South Asian females, due to reported time constraints and concerns over how to ensure their safety.

The research highlighted a number of barriers which related to shame, which is translated as 'sharam' and honour, translated as 'izzat'. These two concepts are said to form the identity of some South Asian communities and which informs the choices and actions of individuals and groups. According to the researchers, individuals experience shame if they breach the cultural expectations regarding honourable actions and behaviours. It is stated that in some communities, honour is of the utmost importance and arguably, the responsibility falls to women to preserve it (O'Neill-Gutierrez & Chawla, 2017). The professionals who were surveyed in the study believed that these concepts acted as barriers to reporting for victims, who feared that they would 'tarnish' the reputation of their community. Additionally, if victims decide to disclose their abuse to family members, they may be pressured not to disclose further. This is because families are noted to be subject to the same pressures as victims, where they may be ostracised from the community due to the abuse. In some cases, victims are threatened with being disowned by the family if they decide to disclose their abuse more widely. These barriers have been observed in other studies of South Asian victims (Gill & Harrison, 2018). Professionals did note that many South Asian parents are supportive of their children following their abuse, and that some communities are now willing to face and address the issue of CSE (O'Neill-Gutierrez & Chawla, 2017). However, despite some progress being made it is evident that there are unique pressures facing some CSE victims not to

disclose their abuse.  Consequently, they are unlikely to receive support, and in some cases their abuse may continue for a number of years.  Furthermore, some victims may experience further abuse at the hands of their families following disclosure.  Therefore, the full extent of abuse and adversity that some children from minority ethnic backgrounds face, in unknown.  Furthermore, this ongoing and repeated abuse may contribute to a number of adverse physical and mental health issues for some individuals.  This will be discussed further in chapter three.

In addition to identity factors, the presence of a learning disability may act as a barrier to recognising CSE.  It was discussed earlier in this chapter that children with disabilities appear to be at increased risk of abuse (Brown et al., 2016b).  Despite this, many victim surveys do not record whether or not a child victim has a disability.  Furthermore, some children may not have received a formal diagnosis in the first instance and their disability may not be recognised by others (Franklin & Smeaton, 2017).  Consequently, the prevalence of CSE among children and adolescents who have a learning disability remains unclear and it is likely to be under-estimated in existing figures.  There are other barriers which prevent disabled children from being recognised as victims of CSE.  This was explored in a UK study which examined the support available for young people with learning disabilities who are vulnerable or who have experienced CSE (Franklin & Smeaton, 2017).  In their research, a learning disability was defined as impaired functioning and intelligence which began prior to childhood.  This definition includes those with a significantly reduced ability to acquire new skills or to understand information, and who experience difficulties in coping independently.  As part of their research, an online survey was distributed to all local authorities in the UK.  Interviews were also conducted with 34 individuals who worked in CSE and or learning disability services.  In addition, 27 young people with learning disabilities, who were deemed vulnerable to or had experienced CSE, were interviewed.  There were 7 males and 20 females, aged from 12 to 23 years.  Data was then subjected to inductive coding, where two researchers worked collaboratively to code themes in the interview data.

Interview findings revealed that professionals were aware of problems in how society viewed and responded to disabled children.  For example, it was recognised that some professionals may focus on obtaining evidence from caregivers, rather than obtain the child's views.  In some cases, professionals may lack the confidence to engage with a child, particularly if the disability involves communication difficulties.  These attitudes

and responses can add a further barrier, as they arguably disempower disabled children and affect their confidence to disclose their abuse (Franklin & Smeaton, 2017). Furthermore, a number of professionals suggested that the challenging behaviours displayed by some children with learning disabilities, masked their CSE vulnerability. It was noted that in some cases professionals may incorrectly attribute signs of CSE to a child's disability. Consequently, there may be occasions where their abuse continues over a long period of time and which could increase the likelihood that those children will experience significant long-term adversity. This will be discussed further in chapter three, which evaluates the theory and literature on the impact of chronic and repeated abuse.

This section highlights the numerous factors that could prevent CSE from being disclosed to those in authority or to professionals who work in specialist support organisations. Accurate figures could be obtained through conducting surveys where the CSE experience is described objectively and with no connotations of blame. Language is therefore an important consideration for researchers, as terminology may influence whether a victim feels able to report on their experiences. Researchers should also consider whether to utilise the term victim within a survey. Feminist researchers have often challenged terminology due to its inherent power. For example, the label of victim is said to confer powerlessness and passivity (Walklate, 2004), yet the term survivor is associated with agency (Anthias 2013). However, this chapter has revealed that the notion of agency has a complex relationship with victim status and may actually be unhelpful (Javaid, 2015). Some argue that the label should be selected by those who have been victimised (McEvoy & McConnachie, 2012). Therefore, a solution would be that surveys should avoid using either term. In this thesis, the term victim is used, to acknowledge that participants have been a victim of crime. It is accepted that individuals who have experienced CSE may prefer to describe themselves as survivors, and have the right to do so.

## 2.6    Concluding comments

Definitions of CSE have evolved over time in response to increasing understanding of the different forms this can take. Whilst models or typologies can be informative, they may lead to assumptions among professionals regarding CSE, leading

to key groups of children and young people being overlooked. There are many barriers to obtaining accurate rates of prevalence, with barriers originating from victims who may not recognise this as a form of abuse, or who may fear the consequences of disclosure. Other barriers relate to the reliance on professionals and authorities to identify vulnerability for CSE, or recognise those who are actively being sexually exploited. This is due to the hidden nature of CSE, as well as unhelpful attitudes regarding victims. For example, there is evidence that some child victims are blamed for their abuse, even where there is a clear power imbalance in favour of the adult perpetrator. Male victims may be particularly vulnerable to encountering negative attitudes, as there may be expectations in society that males should be able to resist or fight against attempted sexual abuse. However, such attitudes may not translate to negative responses to victims. Therefore, researchers should endeavour to obtain the views of victims directly, following their disclosure of abuse. Yet, a common limitation in masculinity research is the tendency for researchers to impose their own values upon the evidence obtained from victims of abuse. Arguably this further disempowers victims of abuse, through failing to appropriately understand their experiences. Therefore, research surveys should obtain the views of victims and avoid inferring the meaning behind their words.

There are other methodological issues which affect the accuracy of prevalence figures. Some studies emphasise a particular model of CSE at the expense of other forms, meaning that rates of prevalence vary depending on the type of CSE being investigated or recorded. The failure to obtain accurate prevalence rates and make meaningful comparisons with CSA figures, lies in the tendency of many research studies not to utilise a control group, or obtain samples from the general population. Instead, many studies have relied on non-representative convenience samples obtained from support services or looked after children referrals. A potential solution to such challenges is to access a general population sample and incorporate a wide definition of CSE; one that does not necessarily define exploitative behaviours as CSE, but instead asks participants whether they have ever experienced different types of sexual interactions with adults. This should also minimise the likelihood of including language that confers blame or responsibility, and which could act as a further barrier to accurate reporting of CSE.

**Chapter 3**

**Theoretical perspectives on the impact of child sexual exploitation**

**3.1     Structure of this chapter**

To date, much of the sexual exploitation literature has lacked theoretical underpinning, yet there are several theories of sexual abuse that may be relevant for CSE. Some are useful in identifying a range of potential outcomes for survivors, and with empirical support. Several theories consider difficulties and resilient functioning, including the factors that are associated with these outcomes. Therefore, this chapter evaluates a number of eminent theories of child sexual abuse, with the purpose of identifying the vulnerability and protective factors that are tested in this thesis. Some of the more suitable theories that are evaluated in this section, describe a process whereby vulnerability and protective factors interact to shape healthy or problematic functioning throughout the lifespan.

This chapter argues that no single theory can effectively account for the range of outcomes observed in sexual abuse research. The potential outcomes are varied, with difficulties noted across domains of mental and physical health, and social functioning. This thesis focuses on interpersonal functioning, which includes a number of factors relating to the self and attachment to others. Consideration is given to experiences outside of CSE experience that may also shape interpersonal functioning. This includes additional forms of victimisation or maltreatment, the quality of the caregiver relationship and with other key individuals, as well as how others respond to disclosures of abuse. All of these factors have the potential to influence CSE victims' views of themselves and the world, which can have implications for their longer-term functioning.

**3.2     Examining the impact of CSE**

According to the Department for Children, Schools and Families (2009), CSE results in long term physical and psychological harm for children and young people. Yet, few researchers have empirically examined the potential impact of CSE. Where difficulties are observed in survivors, the evidence is primarily anecdotal or it has been collated during the course of an independent inquiry. For example, the Independent Inquiry into Child Sexual Exploitation in Rotherham (Jay, 2014) examined 66 case files

of children who had been sexually exploited.  During the period of their abuse, some of the victims presented with self-injury, trauma and drug use.  Where records were available several years after the abuse, a *'disproportionate'* number were noted as being victims of domestic violence and others had developed long-standing drug and alcohol addiction. Some had developed post-traumatic stress disorder (PTSD) as well as other emotional and psychological problems that were not stated in the report.  However, it was not clear whether those difficulties were associated with CSE, or whether other factors in their lives were responsible.  Therefore, the impact of CSE is not yet understood, since empirical research is limited in terms of the characteristics of adult survivors.

Given that CSE is a form of sexual abuse, prominent theory and research from sexual abuse literature may be applicable.  There are a range of difficulties observed in sexual abuse survivors and which relate to different domains of functioning, including psychological, emotional, social and physical health.  Difficulties that are inter-personal in nature could have particular relevance for survivors of CSE.  This is because during the grooming process perpetrators frequently isolate victims and create difficulties with their family, friends and in other key relationships (Casey, 2015).  Along with the sexual abuse itself, this could lead to difficulties in self and social functioning and which continues through to adulthood.  There are several theories which may reveal potentially relevant inter-personal difficulties for CSE survivors.  These are evaluated below.

### 3.3    The traumagenic dynamics theory

A seminal theory of child sexual abuse, the traumagenic dynamics theory (Finkelhor & Browne, 1985), proposes that four factors, termed dynamics, emerge as a result of child sexual abuse and which lead to various difficulties for victims.  These dynamics are thought to shape a child's cognition and emotion, which causes dysfunction by altering their self-concept, world view and their affective capacities.  Many of the resulting difficulties are inter-personal in nature, affecting both social and romantic relationships.

One dynamic is traumatic sexualisation, whereby sexual development is adversely affected by the abuse.  This is thought to occur because some perpetrators provide rewards in exchange for developmentally inappropriate sexual behaviours.  Consequently, children learn to use sex in order to meet different needs, however these needs are not

stated by Finkelhor and Browne (1985). A possible example, is that individuals may learn to use sexual behaviours in order to 'survive' outside of the home. In a US study of urban and rural adolescents, Thrane, Hoyt, Whitbeck and Yoder (2006) examined why abuse and neglect was linked with running away for some individuals. Amongst a sample of 602 adolescents aged 12 to 22 years, 40% of whom were male, findings revealed that rural youth who ran away at a younger age relied on sexual and non-sexual means to obtain money, food, shelter or substances. Thrane et al., (2006) unhelpfully used the term 'deviant subsistence strategies' to describe these behaviours. This indicates deviance on the part of the young person, whereas many of these behaviours are more suitably described as sexual exploitation. The researchers explored youths' experiences of sexual abuse and assault as a separate variable termed 'street victimisation', further suggesting that their exchange of sex for goods was not abusive. They argued that young adolescents have limited options to support themselves due to their age. Consequently, they may learn that sexual behaviours are a means to survive by providing much needed goods.

The traumagenic theory goes on to state that sexually abusive acts can create confusion for a child regarding appropriate sexual behaviours or values. Therefore, some victims may associate sexual activity with fear and distressing memories. Finkelhor and Browne (1985) argue that this causes many victims to experience sexual dysfunction during adulthood, such as experiencing an aversion to sex and negative attitudes towards their bodies. These outcomes are supported by recent empirical research, among females with a history of childhood sexual abuse. In a US study of 222 women, for survivors of sexual abuse, negative perceptions of their bodies were associated with an inhibitory sexual response in adulthood (Kilimnik & Meston, 2016). This is thought to occur because children learn to associate their own bodies with the abuse, leading to negative appraisals which later impair sexual function (Pulverman, Kilminik & Meston, 2018).

Male samples are much less frequent in the literature, with few recent studies examining sexual functioning in this group. Where sexual functioning *is* explored, this often focuses on 'risky sexual behaviour', which includes early age at first intercourse, use of drugs and alcohol prior to sex, unprotected intercourse and multiple sexual partners (Fergusson, McLeod & Horwood, 2013; Homma, Wang, Saewyc, & Kishor, 2012; Wekerle, Goldstein, Tanaka & Tonmyr, 2017). It could be argued that the focus on 'risky' behaviours is unhelpful or stigmatising, since it places onus on victims' decision making rather than how their abuse has shaped the cognitions and emotions they attach to sex.

Indeed, male adolescents, who experienced childhood sexual abuse, reported engaging in sex as a means to cope with negative affect more often than those with no abuse history (Wekerle, et al., 2017). This could suggest that some males cope with abuse related distress by engaging in behaviours that either increase positive affect or reduce negative affect. These coping behaviours could be perceived as 'risky' because they may result in harm to themselves or others. Consequently, rather than focus on sexual behaviours that are deemed by some to be problematic, theory should consider the underlying cognitive and affective motivations.

According to the traumagenic dynamics theory, the nature of the abuse is another factor which determines the degree of traumatic sexualisation. For instance, when a child is made to actively participate in their sexual abuse or if they are 'enticed' to engage, this is thought to be particularly sexualising. Conversely, it is deemed to be less sexualising when the child has a passive role or where force is used by the perpetrator (Finkelhor & Browne, 1985). Yet, no evidence is provided to support these arguments and empirical research reveals a range of other factors that may play a greater role in dysfunction. A longitudinal study in the US followed male and female children to early adulthood, all of whom experienced sexual abuse (Feiring, Simon & Cleland, 2009). Shame and self-blame, rather than abuse severity, accounted for sexual difficulties in adulthood. Namely, sexual concerns and dysfunctional sexual behaviours as measured by the trauma symptoms inventory. Therefore, it is likely that an individual's response to their abuse, for instance stigmatisation and distorted self-schemas, leads to later dysfunction (Briere & Jordan, 2009).

The traumagenic theory accounts for stigmatisation in the development of other difficulties. Some survivors experience shame and guilt resulting from their abuse and which may become integrated within their self-image (Finkelhor & Browne, 1985). The theory suggests these feelings are communicated directly to the victim from the perpetrator, or, when survivors perceive that other individuals express negative attitudes about the sexual abuse. Consequently, a victim may believe they are different, they assume others will reject them and their self-esteem could be affected. This is thought to be linked with subsequent re-victimisation and coping impairment, which can contribute to depression and suicidal behaviour for some individuals (Finkelhor & Browne, 1985). Re-victimisation is defined as that which occurs following an initial abusive experience, and which is perpetrated by a different individual (Pittenger, Huit & Hansen, 2016).

There has been extensive research examining victim blame, which is even communicated by professionals who work directly with victims of sexual abuse. In a UK study, researchers examined police officers' attitudes towards adult female victims of rape (Sleath & Bull, 2012). The study sample comprised of 123 participants from two UK police forces, with 63 females and 60 males. Half of the sample were required to read a scenario involving rape by a stranger and half read a scenario involving rape by an acquaintance. Rape was defined as physically forced sex, as the researcher felt rape was a biased term. After reading the scenario, participants completed several questionnaires relating to victim and perpetrator blaming and acceptance of rape myths. Findings revealed that acceptance of rape myths significantly predicted victim blaming. Further, there were no significant differences in rape myth acceptance between male and female police officers. In addition, victims were significantly more likely to be blamed in an acquaintance scenario than a stranger scenario. Even where officers had received specialist training on working with sexual assault victims, there were no significant differences in rape myth acceptance. The study was limited by the small sample of officers, drawn from only two police forces in the UK. This may not be representative of the general attitudes of police officers towards rape victims.

The above study does, however, highlight that even in a situation where victims were physically forced to engage in sexual behaviours, there are some in authority who still apportion blame to a victim. While the study focused on adult victims, it has implications for child victims of CSE. In some cases, there is no force or coercion evident in the CSE incident, as the victim may be groomed to engage in sexual behaviours by the perpetrator. It is therefore possible that some CSE victims will be even more likely to experience blame from those in authority. The above study also highlights once more, the problem of obtaining prevalence rates from official police or crime reports. If those negative attitudes are directed to victims of CSE, this could prevent some individuals from pursuing a conviction. However, in the cited study it is not clear whether the police officers' attitudes influenced their treatment of actual victims of sexual abuse. Therefore, it is important for research studies to explore victims' perceptions of how they are treated by others. In addition, stigmatisation could be particularly relevant for victims from a minority ethnic background. In the report on Asian / Muslim victims of CSE (Gohir, 2013) in chapter two, it was noted that victims did not report their abuse due to fears around bringing shame and dishonour to their families. Indeed, those who were

interviewed as part of the survey observed that in their communities, victims were viewed in a negative light. Some victims were described as having *'bad characters'* and *'tempting'* the male perpetrators (Gohir, 2013). Consequently, the dynamic of stigmatisation could have particular salience for females from certain minority ethnic backgrounds. As discussed, this could have implications for their long-term functioning or recovery from their abuse, as it could prevent them from accessing specialist support or intervention.

Stigmatisation could be relevant for victims of online CSE. This form of CSE has the potential to be particularly damaging for victims, as it could lead to further harm outside of the immediate exploitative situation. For example, where the victim has shared indecent images or recordings of themselves with a perpetrator, they have no control over whether these are shared more widely. If indeed these images are shared by the perpetrator, the victim may experience psychological harm in the form of shame or humiliation. They may also anticipate stigmatisation if they are recognised in public, or if their images are found by individuals in their community or family (Henry & Powell, 2015). Furthermore, the victims themselves may be convicted of sharing indecent imagery. This would be an additional harm for victims, where they are blamed and punished by the authorities despite their vulnerability.

As stated within the traumagenic dynamics theory, if victims do experience stigmatisation, this could lead to self-blame. This is problematic, as for victims of sexual abuse, self-blame is consistently associated with higher levels of dysfunction for a range of psychological and emotional difficulties (Yancey & Hansen, 2010). This particular dynamic may be relevant for CSE, since it is argued that stigmatisation could be higher for this group (Cole, Sprang, Lee & Cohen, 2016). For example, in a study of 43 young people who were exploited through exchanging sex for money, termed commercial CSE, this group were significantly more likely to be criminalised though their involvement with the juvenile justice system when compared to 172 youth who were sexually abused but not involved in commercial CSE. Where commercial CSE victims came to the attention of professionals in the first instance, this was through their own involvement in criminal activity, rather than the abuse (Cole et al., 2016). This could mean they are labelled as offenders first and foremost and which could be stigmatising. Yet, the traumagenic theory does not adequately describe how negative experiences following the abuse, such as being

blamed, shapes an individual's view of themselves. The development of the self is given more attention within other theories in this chapter.

Another dynamic relates to betrayal, which is thought to occur when sexual abuse is committed by a person on whom the child relies or trusts. Thus, where abuse is perpetrated by a family member, it is postulated that this is more likely to cause betrayal than if committed by a stranger. However, research is inconsistent in this regard. In a review of the literature on the psychological outcomes following sexual abuse, Campbell Dworkin and Cabral (2009) cited research which revealed greater levels of trauma symptoms where the perpetrator was unknown to the victim. Yet, other studies have found an association between sexual assault by a partner and subsequent PTSD (Campbell et al., 2009). Instead, it has been suggested that the severity and duration of the abuse is relevant, rather than the perpetrator relationship. For instance, caregivers have increased access to the child and therefore the abuse may occur frequently and over a longer period (Yancey & Hansen, 2010). This means that for some survivors, increased dysfunction may be attributable to the duration and severity of their abuse rather than the perpetrator relationship.

In support of this, a US study of 285 males and females drawn from students, psychiatric in-patients and out-patient samples, found that the number of perpetrators and abuse duration was associated with psychological distress in adulthood (Steel, Sanna, Hammond, Whipple & Cross, 2004). Participants' ages ranged from 18 to 60 years, with 42% of the sample composed of males and 58% females. Results revealed that other abuse-related variables were also associated with psychological distress in adulthood, including relation with the perpetrator, degree of force, resistance, participation, age of onset and frequency of abuse. However, this relationship was mediated by self-blame and the coping approach following the abuse (Steel et al., 2004). This means that various characteristics of the abuse may shape an individual's coping style and self-view, both of which contribute to later psychological distress. The study by Steel et al. (2004) emphasises the importance of exploring the underlying cognitive and affective processes among survivors of abuse, in order to understand later dysfunction. However, it is also argued that physical contact is not necessary for harm to occur. This would be relevant for victims of online CSE, where psychological harm could result from their experiences with a perpetrator (Henry & Powell, 2015). It has even been suggested that online CSE could have a much more detrimental impact than other forms of sexual abuse. This is

because indecent images may be perpetually shared and viewed by multiple perpetrators. Consequently, victims may experience a loss of control, humiliation and they may never feel safe (Martin & Alaggia, 2013).

The traumagenic dynamics theory further postulates that betrayal could occur when a victim's account is not believed, or if they are ostracised or blamed for the abuse. Indeed, an unhelpful reaction to abuse disclosure is consistently associated with long term mental health difficulties among men and women (Easton, 2014; Ullman & Filipas, 2005). It is suggested that victims may internalise the negative response and which can increase self-blame (Campbell et al., 2009). It is also possible that this negative response leads to an erosion of protective factors in an individual's life, as it may interfere with the quality of a victim's relationship with others. Supportive relationships are arguably important in helping victims to develop resilience. Yet, resilience is not included within the traumagenic theory.

In recent decades, the construct of resilience has been widely investigated among victims of sexual abuse. It is defined as positive functioning following adversity and it is widely considered to be a dynamic process rather than an enduring personality trait (Masten, 1994). This means that different factors or events can affect whether a person has resilience throughout their lifespan. The literature considers that there are two aspects of resilience. First, a person may be described as resilient if they are functioning well in different life domains, such as in relationships, education, or if they do not experience mental and or physical health problems. However, resilience might be evident in some of those domains but not others (Haskett, Nears, Sabourin Ward & McPherson, 2006; Vanderbilt, Adriance & Shaw, 2008). Second, resilience relates to the numerous factors which are associated with the individual or their surroundings and which contribute to healthy functioning. Individual factors could include strengths such as coping skills, competence, temperament and self-efficacy, which can help them to function well in different domains of life. External factors include those relating to the family or the wider social environment, which are considered to be supportive and which may assist in their healthy development or recovery (Fergus & Zimmerman, 2005).

Those resilience factors were examined by Howell and Miller-Graff (2014) in their US study of 321 university students aged between 18 and 24 years. Participants were predominantly female and they reported experiencing various forms of childhood

maltreatment and abuse. Findings revealed that greater childhood poly-victimisation in the home was associated with lower resilience in young adulthood. Poly-victimisation relates to the presence of multiple forms of prior abuse or adversity. Resilient functioning was measured by the CD-RISC, a questionnaire designed to examine recent ability to cope with stress and adversity (Connor & Davidson, 2003). A range of resilience factors were identified among this group. This included emotional intelligence and social support from friends (but not the wider family), which were significantly associated with resilience. Due to the cross-sectional nature of the cited study, it is not clear whether positive peer relationships helped shape emotional intelligence in spite of participants' abuse history, leading to resilience in young adulthood. Alternatively, emotional intelligence could have enabled survivors to form co-operative and rewarding peer relationships in the first instance, leading to resilient functioning. Referring to the traumagenic dynamics theory, if those participants had received a negative response to their abuse disclosure, this could have harmed the quality of a valued friendship. Consequently, victims may not have had sufficient emotional support to aid in their recovery, leading to lower resilience. This study reveals the importance of examining protective factors and resilient functioning among survivors of abuse. However, this is overlooked within the traumagenic dynamics theory, as discussed.

It is further suggested by the traumagenic dynamics theory that a victim's perception of their abuse is of importance. For example, Finkelhor and Browne (1985) argue that a child could experience betrayal if they initially perceived the abuse to be loving or nurturing. Furthermore, that this may account for later problems with emotional intimacy for some sexual abuse victims, as well as further victimisation by their adult partners. Indeed, difficulties in both partner and peer relationships are observed among those who were sexually abused (Aspelmeier, Elliott & Smith, 2007; Colman & Widom, 2004). This dynamic could have particular relevance for individuals who have experienced CSE, as many individuals do not immediately recognise this as a form of abuse and may incorrectly view the perpetrator as an intimate partner (Barnardo's, 2011; Phoenix, 2012). It is possible that during young adulthood they may come to see the encounter as exploitative and this may impact on their ability to trust romantic partners. Therefore, CSE victims may develop an insecure attachment style that affects the quality of their relationships in adulthood (Hudson & Fraley, 2017).

A feeling of powerlessness is the final dynamic and which is described as relating to a child's will, a sense of efficacy and desire (Finkelhor & Browne, 1985). The theory states that an act of sexual abuse obstructs these elements, which are further impacted by the use of coercion or manipulation by the perpetrator. Furthermore, a sense of powerlessness may be influenced by failed attempts by the victim to stop the abuse. Conversely, it is argued that if a child successfully stops the abuse, they may feel empowered. However, no literature is forwarded to support this particular claim. According to Finkelhor and Browne (1985), powerlessness may relate to subsequent anxiety and poor coping among many survivors, which in turn could link with re-victimisation, depression and suicidal behaviours. They further propose that this dynamic may result in aggression and anti-social behaviours for some individuals, which are utilised as a dysfunctional attempt to regain control.

The powerlessness dynamic was examined in a US study which explored the link between locus of control and sexual risk-taking among women who had experienced childhood sexual abuse (Mosack, Randolph, Dickson-Gomez, Abbott, Smith & Weeks, 2010). Sexual risk-taking related to engaging in unprotected sex and using substances during sex. Therefore, the study examined the dynamic of powerlessness, and whether this led to high-risk behaviours that have long-term health implications for victims, including sexually transmitted infections (Mosack et al., 2010). Powerlessness was examined by assessing participants' locus of control, which relates to the degree of control individuals feel they have in life. Those with an internal locus of control perceive they have the ability to control events, as a result of their own efforts and actions. Those with an external locus of control may believe that life is controlled by external factors, such as luck or due to the actions of others (Rotter, 1966). In the cited study, 388 women aged 18 years and above were recruited through street outreach projects and were identified as having substance use problems or being involved in sex work. Over 40% of the sample were reported to have experienced childhood sexual abuse. Findings revealed that participants with a CSA history reported more sexually transmitted infections and unprotected sex compared with non-abused women. Contrary to expectations, CSA victims did not differ in locus of control compared with women with no CSA history.

While the above study may challenge the role of powerlessness in sexual risk-taking, this may be due to how locus of control was measured. Researchers examined locus of control in relation to health, rather than general beliefs about controllability of

life events. It is possible that global beliefs about control may have been relevant for sexual risk-taking behaviours. Additionally, childhood sexual abuse was established by a single item, asking participants whether anyone had ever sexually abused or raped them during childhood. As discussed in chapter two, lower prevalence rates are generally observed in studies that ask only one question to determine history of abuse, rather than several questions. Furthermore, individuals may not recognise their experiences as abusive (Radford, 2018). As such, the control group in the cited study may have included individuals who were sexually abused, as the method to establish abuse history was inadequate. This would likely mask any true differences in locus of control between those who were sexually abused and those who were not.

Feelings of powerlessness, or an external locus of control, may be particularly relevant for some CSE victims. Furthermore, those with a prior history of maltreatment and abuse might already perceive themselves as having limited control over life events. The experience of CSE may further erode their sense of controllability, in that to meet important needs, some children may feel they have to exchange sex for basic goods. Their ability to meet such needs legitimately, will be limited due to their youth (Thrane et al., 2006). To date, there are no studies which examine locus of control among CSE victims. This would be an important avenue for research, given that locus of control has been implicated in general wellbeing, ability to manage stress and educational success for young people (Ahlin & Lobo Antunes, 2015). As such, this individual factor may have implications for long-term resilient functioning among CSE victims.

In summary, the traumagenic dynamics theory could be applied to CSE, yet to date, it has not been tested on a sample of CSE victims. It is possible that CSE victims may develop several dynamics which relate to their inter-personal functioning. Specifically, they may present with low self-esteem and social isolation resulting from stigmatisation. They may develop difficulties in trusting others due to the exploitative nature of their abuse. Powerlessness may also be relevant, as some individuals may perceive limited control over life events. Each of these dynamics could impact on the quality of their attachment to others and which is supported by the sexual abuse literature. Attachment could be of particular relevance for CSE survivors, since many victims do not immediately recognise that they are being sexually exploited and they may view this as an intimate relationship (Barnardo's, 2011; Phoenix, 2012).

There are several limitations of the traumagenic theory that other relevant theories could address. The theory acknowledges that sexual abuse may not be solely responsible for each of the dynamics and subsequent difficulties. For instance, functioning could be influenced by previous dysfunction in the home and prior victimisation. Yet, with no literature cited to support this assertion, the impact of prior abusive experiences can only be inferred. Additionally, the theory does not attend to resilience: the individual strengths and external resources that may protect against later difficulty. Finally, the underlying role of cognition and affect are not sufficiently explored. Research suggests that, rather than features of the abusive experience being directly related to their functioning, an individual's response to their abuse is crucial. Relevant factors could include coping style and cognitions relating to the self. Therefore, attention will now be given to an approach that considers the role of self and self-regulation in long-term functioning.

## 3.4    Developmental psychopathology

Developmental psychopathology is an approach, rather than a theory. The literature within this approach may, however, address some of the above limitations. It is argued that healthy functioning should be examined in order to understand why dysfunction emerges for some individuals (Cicchetti & Toth, 2009). Therefore, this approach considers normative development alongside problematic development (Cole & Putnam, 1992). It allows for multiple outcomes to emerge from a set of vulnerability factors, as well as multiple pathways to a particular outcome (Cicchetti & Toth, 2009). Developmental psychopathology is drawn from a number of different development and lifespan theories (Cicchetti & Rogosh, 2002). It integrates empirical research findings from numerous fields, including genetics, neuroscience, and sociology (Cicchetti & Toth, 2009). When applied to sexual abuse, this approach argues that along with other factors in an individual's life, the abuse shapes important capabilities which affect later functioning. The influence of other factors was acknowledged within the traumagenic dynamics theory, including prior abuse and dysfunction. However, developmental psychopathology offers a more detailed consideration of these issues. For instance, it explains how a victim's coping efforts can shape their development, something which is overlooked by traumagenic theory (Spaccarelli, 1994).

It is argued that sexual abuse affects the development of self-regulation ability, comprising of affect regulation and impulse control (Cole & Putnam, 1992). It also

affects development of the self. The self is defined as a social construct which emerges from interactions between an individual and other people. Of particular importance are the interactions between an individual and their key relationships in infancy and early childhood. Cole and Putnam (1992) propose that the outcomes identified in the sexual abuse literature all share characteristics which suggest that the above capabilities are responsible. These characteristics include:

1) Disturbances or confusion in self-identity, including a feeling of separate selves, lack of memory for self, disturbance in body image;
2) Poor affect regulation or impulse control, which includes self-critical and self-disruptive behaviours;
3) Relationship insecurity, including lack of trust, suspiciousness, lack of intimacy and isolation.

They argue, therefore, that research should extend beyond the identification of difficulties and symptoms. It should attend to underlying mechanisms relating to the sense of self, social competence, inter-personal functioning, self-regulation and coping. Indeed, many children who have experienced chronic inter-personal trauma present with difficulties in emotional regulation and coping. This includes difficulties labelling and expressing their emotional states, managing emotions and appropriately communicating their wants and needs (Cook et al., 2005). This can lead to a range of long-term difficulties for victims of sexual abuse. For example, in a US study of 733 university students, women who experienced childhood sexual abuse presented with higher rates of avoidant coping strategies compared with abused men, which included withdrawal and attempts to forget their abuse (Ullman & Filipas, 2005). It is thought that those coping and self-regulation difficulties emerge due to problematic experiences in the caregiver relationship. This is because emotional regulation is learned through interactions with primary caregivers (Sheffield-Morris, Silk, Steinberg, Myers & Robinson, 2007). This is specifically through observing parents' behaviours, parenting practices and due to the emotional climate of the home. Therefore, in an abusive home environment, children could be less likely to observe healthy emotional expression and management, creating heightened stress and providing fewer opportunities to develop appropriate emotional regulation and coping strategies (Sheffield-Morris et al., 2007; Twardosz & Lutzker, 2010).

The developmental psychopathology approach further considers how abuse, which takes place at different developmental stages, can lead to different outcomes for different victims. This is because cognitive and emotional capacities develop at differing paces throughout each stage in childhood and adolescence (Cicchetti & Rogosh, 2002). When sexual abuse takes place in adolescence, it is thought that an immature coping repertoire lacking reflection, reasoning or planning, may contribute to impulsivity in response to difficult emotions (Cole & Putnam, 1992). They cite examples from the sexual abuse literature that may support this argument, such as where adolescent sexual abuse victims present with substance use, going missing and sexual risk taking. They argue that further psychological problems may arise if the individual relies on dysfunctional coping such as dissociation or denial. This argument may be supported by more recent empirical research. A US study of 3,785 male and female adolescents examined the link between multiple forms of childhood abuse and a range of risk-taking behaviours in adolescence (Layne et al., 2014). The age range of the sample was between 13 to 18 years of age and was composed of 63% females. Findings indicated that with each additional form of abuse experienced, the odds of presenting with risk taking behaviours significantly increased. These behaviours included truanting, attachment difficulties, substance use and sexual risk-taking. Among females, prior abuse also increased the odds of experiencing sexual exploitation (Layne et al., 2014).

The above study could indicate that adolescent participants developed risk-taking behaviours as a means to cope with the emotional impact of their adverse childhood experiences. However, the researchers did not examine the underlying psychological processes, such as the coping style or emotional regulation ability of participants. Consequently, the function of the risk-taking behaviours is unknown. As discussed earlier within this chapter, behaviours that are labelled as 'risky' could be utilised by some individuals as a means to cope with their abusive experiences (Wekerle, et al., 2017). Therefore, instead of focusing solely on problematic behaviours, it is also important for researchers to examine the functions these may serve for individuals and the underlying cognitive processes.

A major strength of the developmental psychopathology approach is that it provides an explanation for how a range of adverse outcomes emerge following abuse. It allows for an individualised approach, acknowledging the multiple developmental pathways towards problematic and positive outcomes (Cicchetti & Toth, 2009). It also

recognises there are opportunities for strengths to emerge, rather than focusing solely on problematic development. Finally, it recognises that development takes place in the context of numerous interactions between the individual and other external factors (Cicchetti & Rogosh, 2002; Cicchetti & Toth, 2009). It therefore highlights the importance of examining a range of individual and external factors that may be influential in functioning among survivors of CSE. This includes processes relating to the self and self-regulation.

Regarding limitations, researchers have criticised Cole and Putnam's (1992) focus on intra-familial abuse and questioned whether this approach can be applied to other forms of sexual abuse (Freeman & Morris, 2001). Instead, Cole and Putnam (1992) focus on father-daughter abuse yet provide no supporting research to indicate this would exert a stronger impact on the developing self and self-regulation compared with other forms of abuse or adversity. Others have suggested that commercial CSE could lead to a greater degree of dysfunction, as for some youth this involves isolation, dependency on perpetrators and repeated abuse by multiple perpetrators. Consequently, it is argued that this will likely result in cumulative harm for commercial CSE victims (Selvius, Wijkman, Slotboom & Hendriks, 2018). Therefore, other types of abuse could be equally detrimental if this is repeated and if it involves a range of different types of abuse. This is termed poly-victimisation, which is overlooked by Cole and Putnam (1992).

Poly-victimisation describes multiple types of victimisation, such as exposure to and being subject to violence, sexual abuse, bullying, maltreatment and psychological or emotional abuse (Finkelhor, Ormrod & Turner, 2007). The effects of poly-victimisation have been examined widely. For example, in a longitudinal study of over 2000 children aged 2 to 17 years, data was collected at two points, 12 months apart. Findings revealed that participants who had experienced poly-victimisation during the past 12 months, exhibited elevated trauma symptoms at the end of the year, compared with those who experienced the same type of victimisation repeatedly (Finkelhor et al., 2007). The proportion of males and females was not reported in the sample characteristics. The researchers suggested that in existing research, poly-victimisation could be responsible for adverse outcomes rather than single forms of victimisation such as sexual abuse.

In terms of limitations, for children who were aged 2 to 9 years, the primary caregiver was interviewed during data collection rather than the child. If the child was

experiencing abuse in the family home and at the hands of their primary caregiver, arguably this would be under-reported among that sample. The researchers acknowledged this limitation. Further, those abusive parents may also under-report trauma symptoms in their children. Therefore, the cited study by Finkelhor et al (2007) is unlikely to capture the full extent of poly-victimisation and its impact on that sample of children.

Similarly, a study in the Netherlands examined self-reported quality of life among those who experienced both physical and sexual abuse under the age of 16 (Afifi, Enns, Cox, de Graaf, ten Have & Sareen, 2007). Quality of life was measured by a questionnaire which examined factors relating to mental and physical quality of life. This included physical functioning, general health, mental health and social functioning, during the 4 weeks prior to the study. The study examined 7000 adults who were described as being representative of the Dutch population in terms of gender. Findings revealed no significant relationship between childhood sexual abuse and quality of life. However, sexual abuse by more than one perpetrator was related to reduced mental quality of life. Poly-victimisation was associated with reduced mental and physical quality of life ratings. Researchers speculated on the possible mediating factors in this relationship. For example, they argued that childhood abuse could lead to low self-esteem shame or stress, which then reduces quality of life.

In terms of limitations, to assess sexual abuse participants were asked whether they had ever been sexually touched against their will, or forced or pressured into sexual contact against their will. Given that sexual abuse may involve grooming and victims may not perceive that force was used, this could lead to an under-reporting of sexual abuse and which may account for the lack of significant association between sexual abuse and quality of life. Even with the stated limitations, the two studies cited above highlight that poly-victimisation should be controlled for when examining the impact of sexual abuse and exploitation. Further, that underlying psychological processes should be examined as mediators of the relationship between poly-victimisation and adverse outcomes.

Poly victimisation has since been considered by other researchers and within a developmental psychopathology framework. This includes abuse which takes place within and outside of the family unit. It is argued that multiple forms of victimisation

represent an accumulation of adverse events and which is particularly damaging (Pynoos, Steinberg & Piacentini, 1999). Pynoos et al. (1999) present a detailed model of child traumatic stress which includes poly-victimisation and other relevant factors. The model identifies a number of individual factors, such as abuse related appraisals, an individual's response to their abuse and their resilience. It also identifies external factors, including the impact of stressors which emerge after the abuse, family characteristics, reminders of the trauma, prior abuse, attachment experiences, and subsequent abuse. According to Pynoos et al. (2009) these factors emerge over time and interact with one another to produce healthy or problematic functioning throughout childhood, adolescence and beyond. Regarding poly-victimisation, they propose that this interferes with the acquisition of healthy coping skills. It can also affect positive care-giving and support, which might further interfere with an individual's healthy functioning (Pynoos et al., 1999). This has particular relevance for CSE, because many survivors report prior experiences of abuse and maltreatment, such as poor parenting, exposure to drugs, alcohol and violence. Further, many have a history of residential care, have gone missing from home, have truanted and experienced homelessness (Barnardo's, 2011; Beckett; 2011; Coy, 2009; Cusick, 2002; Cusick, et al., 2003; Jago et. al., 2011; Lebloch & King, 2006; Pearce, Williams & Galvin, 2002). These experiences could shape their coping ability through inadequate parenting providing few opportunities to learn or observe appropriate coping and self-regulation (Sheffield-Morris et al., 2007). Consequently, this could impact on resilience throughout their adolescence and young adulthood.

In summary, the developmental psychopathology approach highlights a number of factors which shape development and later functioning among survivors of abuse. Factors include other forms of abuse and adversity, as well as the quality of care-giving and support in the victim's home environment. As discussed, these factors appear to impact on the development of important capabilities during adolescence and beyond, including coping and self-regulation. All of these factors will likely influence whether or not an individual develops problems in different domains of functioning. This could be applied to survivors of CSE to understand the various pathways to healthy or problematic functioning in this group. The role of emotional regulation and coping is acknowledged within other theories of sexual abuse. For example, the theory of emotional avoidance, which provides a more detailed account of how these capabilities are affected by abuse. This theory is evaluated below, and its relevance for CSE is discussed.

## 3.5    The theory of emotional avoidance

Another theory that examines the role of coping and self-regulation in functioning, is the theory of emotional avoidance (Polusny & Folette, 1995).  It would fit within a developmental psychopathology approach, through its ability to account for healthy and problematic functioning and individualised developmental pathways.  Therefore, this theory also moves away from unidirectional causal models of sexual abuse (Polusny & Folette, 1995).  The theory is described as being underpinned by Bronfenbrenner's ecological systems theory (1977), which posits that development is influenced by the numerous interactions between an individual and the different social systems in which they live.  These systems include the care environment, surrounding social context and the wider culture and they will be discussed in more detail later within this chapter.  The theory of emotional avoidance utilises ecological systems theory to explain how, following abuse, different outcomes emerge due to the numerous interactions between different social systems and individuals themselves (Polusny & Folette, 1995).  Therefore, it unites and develops key elements of the traumagenic dynamics theory with the developmental psychopathology approach.  However, the theory of emotional avoidance does focus primarily on the individual.  This section argues that more consideration should be given to the surrounding social systems and a wider range of individual factors which could influence outcomes following the abuse.

In line with a developmental psychopathology approach, it is postulated that the wide range of outcomes that are observed in the literature, are the result of victims' efforts to cope.  For instance, some victims may attempt to alleviate the thoughts, emotions and memories associated with their abuse.  This coping is described as being both conscious and unconscious and includes strategies which are avoidant and self-destructive (Polusny & Folette, 1995).  According to the theory, these methods are utilised by individuals because the removal of unpleasant internal states is negatively reinforcing.  They support their argument with literature which finds that some sexual abuse survivors use suppression and denial to cope.  Further, that these types of responses are associated with trauma and other severe psychological difficulties such as depression and anxiety.  This could be supported by research on 17,000 adults (Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube & Giles, 2006) from the adverse childhood experiences study (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 1998).  Individuals who experienced various forms of childhood abuse or adversity, presented

with a range of problematic health behaviours, as well as numerous health and social difficulties in adulthood. Problematic health behaviours included substance abuse, smoking and alcoholism. According to Anda et al. (2006) these could have emerged as a dysfunctional means to cope with their experiences in childhood and then contributed to poor long-term health. Therefore, some of the adverse outcomes observed in survivors could represent dysfunctional coping behaviours. Other outcomes, such as psychological, emotional and health problems, could be the result of having used these dysfunctional coping behaviours for a prolonged period of time.

This process could occur among CSE victims, since researchers have observed substance and alcohol abuse among some individuals who have experienced this form of abuse (Reid & Piquero, 2014). For example, in a Canadian study, 361 male and female youth aged between 14 and 26 years were recruited from the At-Risk Youth Survey (Stoltz, Shannon, Kerr, Zhang, Montaner & Wood, 2007). Participants were approached through street outreach and had used illicit substances in the past 30 days. They were asked about their experiences of trading money or other goods for sex, termed commercial CSE. However, the researchers unhelpfully describe this as 'sex work' at times throughout the article. It could be argued this legitimizes their abuse by adults. In terms of findings, there was a high prevalence of childhood abuse in the sample, ranging from 32% reporting prior sexual abuse to 93% reporting emotional neglect. Researchers felt these rates were comparable to prevalence rates found in other substance use samples. For this sample of substance users, sexual and emotional abuse were significantly associated with sexual exploitation.

In terms of limitations, the cited study is descriptive, with no exploration of the function of their substance use. For example, whether participants' childhood abuse is associated with their substance use, and whether this was used as a means to cope with their difficult experiences. The researchers hypothesise that, following their abuse, victims may develop psychological and emotional vulnerabilities. This leads to inadequate coping skills that result in using dysfunctional survival strategies such as exchanging sex for goods. They argue that participants' substance use could be indicative of their poor coping. Alternatively, they suggest that childhood abuse creates a propensity for 'risk-taking' behaviours such as these. However, the researchers did not test any of these hypotheses in the study. Furthermore, there was no comparison group, with all of the sample reporting recent substance use and spending their time on the streets. As

discussed in Chapter two, CSE is not always visible and therefore many exploited individuals may have been missed in the cited study.

In terms of how coping and self-regulation develops, the theory of emotional avoidance acknowledges the role of wider systems which surround the child. For instance, Polusny and Foette (1995) argue that sexually abusive families may be characterised by male dominance and social isolation. They further argue that a child who is raised in such an environment will be unable to access social systems outside of the family unit that would teach adaptive coping (Polusny & Folette, 1995). However, these arguments are not sufficiently developed or supported by their review of the literature. For example, it is not clearly explained how a home environment that is characterised by male dominance, fails to teach positive coping. Furthermore, it does not account for mothers who exhibit positive parenting and warmth to their children, thereby supporting resilience despite the presence of intimate partner violence (Graham-Berman, Gruber, Howell & Girz, 2009). In their review of the literature, Polusny and Folette (1995) also reflect on the role of culture, specifically, a Western culture which supports the notion of male dominance alongside the sexualisation of women. They argue that such values support the use of sexual violence against females and children. Again, this idea is under-developed in their application of the theory of emotional avoidance. Feminist theory can offer a more detailed consideration of how aspects of culture and society disadvantage female survivors of abuse. For example, it is argued that sexually exploited girls are socially and economically marginalised (Cooney & Rogowski 2017), which increases their vulnerability to further abuse. Feminist theory is evaluated in chapter four, where its application to CSE is discussed.

In summary, the theory of emotional avoidance postulates that difficulties are exhibited by many sexual abuse victims due to their use of dysfunctional coping methods. This includes using dysfunctional methods of avoidance, such as denial and suppression. The theory describes how the care environment interacts with sexual abuse to shape the development of coping style. This can lead individuals to use problem behaviours to manage their abuse related distress, such as substance use. While the theory has some empirical support, it focuses on sexual abuse within the immediate family unit, and it has not been examined among samples of CSE victims. Therefore, it is not known whether CSE, along with other factors in the care environment, are associated with poor coping and later dysfunction. The theory also tends to narrow its focus to the immediate factors

surrounding the individual. It does not sufficiently account for other people in the social system that might shape the development of coping ability and the self. For example, peers, teachers, the wider family and other important relationships. These factors are more clearly examined by other researchers and within the ecological systems theory. Therefore, consideration will now be given to the wider social systems and how these can shape development.

## 3.6    Ecological systems theory

Other researchers have applied the ecological systems theory (Bronfenbrenner, 1977) to sexual abuse and with consideration to a wider range of social systems than Polusny and Folette (1995). The ecological systems theory is more realistically described as an explanatory model, which draws from transactional, developmental and life-course theories. It postulates there are five nested social systems surrounding an individual. Ontogenic factors relate to the individual and their personal history. The microsystem is the immediate family context. The mesosystem refers to the interconnections between elements of the microsystem. Outside of this is the exosystem, or the larger social environment. Then, the macrosystem, which relates to societal and cultural factors. It is postulated that all of these systems interact with one another to shape functioning over time.

Over time the ecological systems theory has been developed by Bronfenbrenner to incorporate the Person, Process, Context, Time model (Bronfenbrenner, 2005). Broadly, this development emphasises the changes which occur over time and the reciprocal interactions between an individual and other people. Person, refers to the characteristics that individuals bring to their interactions. These are separated into three categories, termed force, demand and resource characteristics. Force includes temperament, motivation and persistence. Demand characteristics relate to identity factors such as race, gender and physical appearance. These are said to influence attitudes and expectations of others. Resources include intelligence, skills, and access to material and social resources. All of these person characteristics are said to shape an individual's environment either passively, through how others respond to them, or actively, through their skills and attitudes influencing their interactions (Tudge, Mokrova, Hatfield & Karnik, 2009).

Next, process refers to proximal processes which are the complex reciprocal interactions occurring repeatedly over time between an individual and their environment. The nature of these interactions is said to be influenced by an individual's personal characteristics, their environment and the time period in history in which the interaction takes place (Tudge, et al., 2009). Within Bronfenbrenner's model, the context stage includes the four systems which surround the individual and which were described earlier: the microsystem, exosystem, mesosystem, and macrosystem. Finally, time is described as the chronosystem, which captures the changes occurring over time across each of the systems and how these changes influence development. This includes transitions across different developmental stages in a person's life.

Ecological systems theory has been widely adopted within child maltreatment research and this section describes how it could be applied to CSE. This theory was utilised by Campbell, Dworkin and Cabral (2009) to explain women's recovery from child sexual abuse. They identify a number of individual factors that are stable, including personality, ethnicity and biological factors, along with literature that may explain their role in functioning following the abuse. Pre-existing mental health conditions are also thought to shape later adaptation, such as prior suicide attempts, depression, or anxiety. Other factors include victims' beliefs and attitudes and which are influenced by other ecological systems. One such example is that, following disclosure of their abuse, a survivor could be blamed for their own abuse, either by their character or their behaviour. In line with some of the theories presented thus far, Campbell et al. (2009) suggest this can have an adverse effect, because the implicit and explicit messages that are perceived following disclosure lead to self-blame for some individuals. As discussed, perceived blame could be particularly relevant for CSE victims, since professionals have been found to attribute blame to some individuals for their own abuse, or incorrectly perceived them to have consented to sex. This was observed within the Serious Case Review into CSE in Oxfordshire (Bedford, 2015) and the Independent Inquiry into CSE in Rotherham (Jay, 2014). Thus, some CSE victims may perceive a negative response following their disclosure of abuse and which could include feeling blamed by others.

A negative response to disclosure could impact on long-term functioning among CSE survivors. Support may be found in a Canadian study of 348 adults who reported to be in romantic relationships (Godbout, Briere, Sabourin & Lussier, 2014). The study examined childhood experiences of sexual abuse, perceived parental support following

disclosure, attachment security and psychological distress. Findings revealed that participants with parents who were unsupportive following their disclosure, reported greater attachment anxiety and psychological distress. Conversely, those who perceived parents to have been supportive, presented with similar levels of attachment anxiety and distress as participants with no experience of abuse. Where parents intervened in the abuse after disclosure, participants reported greater comfort with intimacy when compared with the non-abused group. It was argued that when survivors received poor support, this may have reinforced messages that they were worthless and that attachment figures are unreliable or untrustworthy.

The role of relationships is given much focus within the ecological system's theory, as it postulates that a survivor's functioning is shaped by the quality of their social support. Indeed, literature suggests that having supportive relationships with family, friends, or another close relationship, is protective. For example, a UK epidemiological study of 541 male and female adolescents examined the link between a number of social factors and resilience in adulthood (Collishaw, Pickles, Messer, Rutter, Shearer & Maughan, 2007). Participants who experienced sexual and physical abuse, were compared with those who did not. Findings revealed those who experienced childhood abuse, were at significantly greater odds of being diagnosed with a psychiatric disorder in adulthood. Among individuals with a history of abuse, a significant number reported no psychiatric disorder during adulthood and were thus defined as resilient. Factors associated with resilient functioning included the presence of one parent rated as caring, having peer relationships in adolescence and stable adult partner relationships (Collishaw et al., 2007). In terms of limitations, researchers acknowledged that an exploration of coping strategies and cognitive styles would have added much needed depth to understanding resilience in this group. Indeed, it would be helpful to examine how positive relationships at each developmental stage influenced coping style among those described as resilient, compared to those who reported mental health difficulties. Or, if the presence of helpful coping assisted individuals to form meaningful relationships with others.

In their application of this theory, Campbell et al. (2009) emphasise the role of an individual's coping following sexual abuse. They describe unhelpful coping methods as being avoidant, including substance use and withdrawal from others. However, they acknowledge that for many survivors, avoidance can be useful in the short term. Indeed,

in the US study by Thrane et al., (2006) running away may have been a strategy which enabled adolescents to escape an abusive care environment. However, this also raised their vulnerability for sexual exploitation later, as a means to survive outside of the home. In contrast, adaptive coping strategies are described as being problem-focused, including behaviours such as expressing emotions and seeking support (Campbell et al., 2009). This is thought to contribute to healthy functioning and has consistent empirical support. For example, in a systematic review of research which examines resilience in survivors of child sexual abuse, problem focused coping was consistently associated with healthy functioning in adulthood (Domhardt, Münzer, Fegert & Goldbeck, 2015).

The influence of wider social systems is evident in other studies. The ecological systems theory was tested in a US study of 237 male and female children aged 11 to 16 years (Williams & Nelson-Gardell, 2014). The majority of the sample (80%) was female. The study aimed to predict resilience in adolescents who experienced sexual abuse. Resilience was indicated by an absence of self-reported psychological symptoms and behaviour problems as observed by caregivers. Findings indicated that lower levels of school engagement, lower hope and expectancy for the future, lower levels of caregiver support and prior levels of abuse all contributed to lower resilience in adolescence. It is of note that the sample was primarily female (80%), examining only one form of abuse. Therefore, it is not clear whether other forms of abuse influenced functioning and whether the findings can be applied to males. It does suggest however, that a multitude of factors at different levels of the child's social systems can influence healthy development and should therefore be examined.

The findings from the cited study may be supported by a meta-analysis of risk-factors for Post-Traumatic Stress Disorder (PTSD) in children and adolescents aged 6 to 18 years (Trickey, Siddaway, Meiser-Stedman, Serpell & Field, 2012). The studies that were selected for analysis utilised valid and reliable child PTSD measures. In contrast to the study cited above, many of the 62 studies featured in the meta-analysis achieved adequate representation of male participants. This varied from 26% to 69% males in each sample. Regarding findings, large effect sizes were observed for a number of risk factors in the ontogenic (individual), microsystem (family context) and exosystem (social setting) levels. This included low social support, poor family functioning and social withdrawal. There were several risk factors relating to dysfunctional coping methods, such as thought suppression and distraction. Researchers concluded that these risk-

factors may trigger or maintain trauma symptoms after the traumatic event. Therefore, the environment after the abuse plays a vital role in victim recovery as it may influence the development of individual capabilities (Trickey et al., 2012).

Outside of the micro and exo systems, is the macrosystem. According to Campbell et al. (2009) the research in this domain is limited. Arguably, this is difficult to examine as its elements are abstract (Pittenger, et al., 2016). One aspect of the macrosystem is culture, specifically one which condones male violence to women (Campbell et al., 2009). This would fit with a feminist perspective of sexual violence, and which is discussed later in this chapter. Campbell et al (2009) describe how a 'rape prone culture', perpetuates myths and stereotypes regarding women, and which places responsibility on them for sexual abuse (Campbell et al., 2009; Zaleski, Gundersen, Baes, Estupinian & Vergara, 2016). This may have some empirical support, as barriers to disclosure were examined among sexual abuse victims and from an ecological systems perspective (Collin-Vèzina, De La Sablonnière-Griffin, Palmer & Milne, 2015). The study was qualitative and data was analysed using grounded theory. Interviews were conducted with 67 male and female adults, with the sample being obtained from counselling and mental health services in Canada. Themes emerged within the Macrosystem, with some participants reporting societal stigma associated with being the victim of sexual abuse, the lack of visibility of abuse and lack of discussion around sexuality in society. Evidence of hegemonic masculinity ideals may have been evident in the accounts of some males, who reported being afraid of potential homophobia if the perpetrator was male. This study suggests that aspects of culture can exert different effects depending on a victim's gender. There are however, generalisability issues in light of the methodology of the study, which included the views of a small sample of individuals who accessed psychological services in one region in Canada. Furthermore, findings do not reveal whether the barriers identified contributed to psychological difficulties in the sample. However, it could indicate that victims of sexual abuse who do not disclose are less likely access specialist support. This could contribute to or exacerbate difficulties that are emerging due to their abuse.

Other factors that would fit within the macrosystem, are the cultural ideals and expectations that are imposed upon females from certain minority ethnic backgrounds. In the exploration of Asian / Muslim CSE victims presented in chapter two, professionals noted that ideals around honour prevented victims from disclosing their abuse. Those

ideals also influenced the community's response when CSE was identified. For example, there were cases where, following discovery of CSE, victims received no support. Additionally, there were cases where families of victims blamed them for their abuse. Some victims experienced further abuse by their family, some were forced into marriage and taken out of their family home. In one case, a victim was forced to undergo surgery to repair her hymen prior to marriage (Gohir, 2013). In all of these cases, the victims experienced further abuse and adversity following CSE and which was driven by cultural ideals. As discussed in chapter two, some of these victims had experienced prior abuse and adversity, which may further impact on their recovery. While the findings of the Muslim Women's Network were not subject to statistical analysis, there are other empirical studies on poly-victimisation that would suggest these experiences will result in a range of long-term psychological, physical and social difficulties for victims (Anda et al., 2006). Consequently, cultural and religious norms may further increase vulnerability for long term dysfunction among victims from a minority ethnic background.

In summary, Campbell et al. (2009) present a detailed consideration of the ecological systems theory for child sexual abuse. This theory may have particular relevance for survivors of CSE because many individuals report difficulties in their lives and which fit within each of the systems. For instance, prior experiences of abuse, poor parenting or maladjustment in the home (drugs, alcohol, violence), having run away from home, truanted, and their own drug and alcohol use (Barnardo's, 2011; Beckett; 2011; Coy, 2009; Cusick, 2002; Cusick, Martin & May, 2003; Jago et. al., 2011; Lebloch & King, 2006; Pearce, Williams & Galvin, 2002). To date however, this theory has not been tested empirically with a sample of CSE survivors. In terms of limitations, Campbell's application of the theory is less well developed at some levels, including cultural (macrosystem) factors. For example, there is a dearth of literature which examines how societal attitudes towards gender and ethnicity may influence adaptation following abuse. However, this is recognised as a common theme in ecological systems research (Whittle, Hamilton-Giachrits, Beech & Collings, 2013). Furthermore, exploration is limited in regard to the beliefs or attitudes of survivors. This application of the ecological systems theory focuses on self-blame and how this is shaped by victims' contact with different social systems. There are likely to be other cognitive factors that are influenced by the abuse and other life events, and which influences long-term functioning among CSE

victims. This is addressed within the final theory in this section, where attention is given to how each social system can influence an individual's psychological needs and their self-schema.

## 3.7    Constructivist self-development theory

The constructivist self-development theory was first proposed by McCann and Pearlman (1990a). It considers in more detail the development of the self and which could have relevance for CSE survivors. The theory is considered to be a personality theory, underpinned by developmental theory, self-psychology and cognitive theory (McCann & Pearlman, 1990a). It was initially forwarded as a means to understand and work with therapists' responses to their clients' trauma, termed vicarious trauma. It describes a process whereby adaptation following important life events is influenced by underlying psychological needs and schemas. This section argues that the constructivist self-development theory could be combined with the ecological systems theory to provide a deeper insight into the individual factors which influence functioning in the context of connected social systems. Furthermore, this section describes its relevance for victims of CSE, whose experiences may lead to the development of negative beliefs about themselves and others. These beliefs could then lead to difficulties in adult functioning, particularly within intimate relationships.

In line with the ecological systems theory, McCann and Pearlman (1990a) propose that trauma develops as a result of numerous interactions between an individual's life experiences, abuse related variables, their wider social context, and the developing self. Within this theory the self is described as comprising various elements, including different psychological needs, self-identity and self-esteem. Other key elements include self-regulation capacities, cognitive schemas and ego resources. Self-regulation capacities are defined in this theory as the processes which enable individuals to regulate their inner states. This includes the ability to maintain connection with others, one's ability to tolerate strong affect, and to maintain a positive sense of self (Pearlman, 1998). More specifically, affect regulation is described as the process by which individuals can differentiate between emotions, tolerate unpleasant internal states, and use methods to regulate emotions rather than avoid or supress them. Those methods are described in the

literature as comprising of cognitive and behavioural strategies that enable individuals to regulate their internal states (Phillips & Power, 2007).

Self-esteem is less well defined in the theory, where this is described as the degree to which individuals feel worthy (Pearlman, 1998). In the personality literature there is much variation in how self-esteem is defined. Some theorists define it as a unidimensional construct which relates to the degree of positive or negative attitudes towards the self (Rosenberg, 1979). Others have argued that there are two dimensions, comprising of self-liking and self-competence (Tafarodi & Milne, 2002). Self-liking relates to valuing oneself, or feeling worthwhile. Self-competence relates to the belief that one possesses power and efficacy (Tafarodi & Milne, 2002). It is important for constructs such as self-esteem to be defined clearly within a theory, to ensure that it can be tested appropriately (Akers, 2012). Ego resources are more suitably defined by McCann and Pearlman (1990a). Their description of ego-resources appears to overlap with the numerous resilience factors identified in the literature, including intelligence, desire for personal growth, empathy, consequential thinking, an ability to establish relationships and an ability to make self-protective judgements. The theory proposes that the self develops in a social context from infancy onwards and following interactions with key individuals. Significant life events are thought to have different meanings for different people and thus have the potential to disrupt the developing self (McCann & Pearlman, 1990a).

Within this theory there are five domains which relate to psychological needs, which are said to motivate behaviour (Pearlman & Courtois, 2005). They are: a need for safety, trust, intimacy, control and esteem. These needs are influenced by developmental experiences, including attachment relationships and potentially traumatic events. This is because events such as these can influence the gratification or frustration of important needs and which shapes development (McCann & Pearlman, 1990a). The interactions between developmental experiences and psychological needs are thought to shape cognitive schemas (Pearlman & Courtois, 2005). That is, schemas are cognitive manifestations of psychological needs (McCann and Pearlman, 1990b). They are frameworks that involve beliefs, expectations and assumptions about the self, the world and others. Schemas influence perception and how individuals make sense of their life experiences (McCann & Pearlman, 1990b). They can be deemed positive or maladaptive (McCann & Pearlman, 1990a) and they can be reinforced or altered, depending on

relational experiences throughout development. Maltreatment is one such life event that is thought to influence the development of schemas, which can vary due to individuals' unique response to it (McCann & Pearlman, 1990b).

As discussed, maltreatment is thought to challenge an individual's evolving beliefs about the self, the world and/or others. Where these beliefs are adversely affected, maladaptive schemas can be developed. These are negative and pervasive beliefs that are implicit, persistent, and which are the result of dysfunctional interactions with caregivers during early childhood (Young, 1999). Furthermore, maladaptive schemas are described as somewhat stable, and are influenced over time by various ongoing and/or repeated dysfunctional experiences. As a result, and in line with constructivism, individuals are said to construct their own realities (Young, 1999). As individuals age, these cognitive structures become more complex and this is due to the ongoing interactions between the individual and their environment (McCann & Pearlman, 1990b). Young et al., (Young, Klosko, & Weishaar, 2003) identified eighteen maladaptive schemas within four clusters or domains, and with some further schemas being unclassified. These are presented in Table 1 overleaf.

Table 1: Early maladaptive schema and their corresponding cluster.

| Cluster | Theme | Schema |
|---|---|---|
| Disconnection and rejection | The expectation that others will not consistently meet one's needs for love, safety, nurturance and respect. | Emotional deprivation; Mistrust/abuse; Emotional inhibition; Defectiveness/shame; Isolation/alienation. |
| Impaired autonomy and performance | Expectations about oneself and the environment, which then interfere with an individual's perceived ability to function in life. | Dependence/incompetence; Abandonment/instability; Vulnerability to harm/illness; Enmeshment/undeveloped self; Failure; Subjugation/invalidation. |
| Impaired limits | Deficiency in regards to ones' own internal limits, responsibility or goal orientation, which can lead to difficulties in respecting other people's rights. | Entitlement/grandiosity; Insufficient self-control/self-discipline. |
| Excessive responsibility and standards | An emphasis on meeting strict internal rules and expectations, often at the expense of one's own happiness or wellbeing. | Self-sacrifice; Unrelenting standards/hyper-criticalness. |
| Unclassified schemas | These schemas are as yet unclassified due to insufficient literature. It is therefore not clear how these cluster with the above schemas. | Approval seeking/recognition seeking; Negativity/pessimism; Punitiveness. |

In terms of how maltreatment links with early maladaptive schemas, abusive caregiver interactions are thought to be internalised by children, shaping their core beliefs (Lumley & Harkness, 2007). Early maladaptive schemas are implicated in a range of

difficulties, including anxiety and depression.  This was examined in a Canadian study of 76 depressed adolescents aged between 13 and 19 years, with 24 males and 52 females (Lumley & Harkness, 2007).  Results suggested that childhood adversity, inclusive of physical, emotional and sexual abuse, was associated with maladaptive self-schemas.  Further, that schemas relating to danger, mediated the link between physical and emotional abuse, and anxiety symptoms.  Researchers argued that such experiences cause the child to anticipate further threat or violence.  In turn, this could lead to feelings of anxiety.  In addition, schemas relating to emotional deprivation and social isolation mediated the link between physical abuse, and anhedonic symptoms.  Researchers proposed that physically abused children learn to believe that they are not loved or cherished by others.  These beliefs then drive the anhedonic symptoms of their depression (Lumley & Harkness, 2007).  The cited research suggests that different types of abuse may influence the development of particular maladaptive schemas, which in turn could lead to adverse outcomes.  However, sexual abuse was not examined in the cited study, as it was not significantly associated with symptom severity.  The researchers did find a significant association between sexual abuse and schemas relating to danger and worthlessness.  It is therefore possible that CSE may influence the development of certain schemas.  However, to date, this has not been examined.

The above study by Lumley and Harkness (2007) indicates that dysfunctional caregiving experiences shape specific maladaptive schemas, such as those relating to disconnection and rejection from others (Young & Brown, 1994).  According to Young there are five schemas within this domain.  Each involve a belief that one's needs for love, safety, nurturance, empathy, sharing emotions and belonging, will not be met by key individuals, such as family, partners and peers.  Young argues that these schemas are typically associated with a family environment characterised by emotional detachment, restriction, rejection, or abuse.  In terms of empirical support, Cukor and McGinn (2006) conducted a study on 48 US female out-patients who were receiving treatment for depression or anxiety disorder.  Overall findings indicated that women reporting childhood abuse had a significantly greater degree of depression when compared with women who had no experience of abuse.  Further, they exhibited more maladaptive schemas.  In addition, the relationship between childhood abuse and adult depression was mediated by schemas within the disconnection/rejection domain. Researchers argued that this finding *implies that women with a history of abuse learn to believe that they are*

*defective, experience shame about themselves, find it hard to trust others, feel emotionally deprived, abandoned, and isolated, and that these cognitive beliefs may ultimately lead to depression'* (Cukor & McGinn, 2006, p30).

The cited study is limited by the small sample size, where women's functioning was investigated in a clinical setting. Further, it is not clear whether these findings would be replicated when examining different outcomes, including adult attachment or interpersonal relationship functioning. It does, however, suggest that underlying cognitive structures such as schemas, are shaped by early experiences in the care environment. Over time, these schema cause difficulties in different domains of life due to how they influence cognitions and affect. It is possible that schemas within the disconnection and rejection domain could be relevant for victims of CSE, as their experiences may result in shame and victims may find it difficult to trust others. As discussed, the relationship between maladaptive schemas and CSE has not yet been examined empirically.

Maladaptive schemas have been linked with attachment insecurity in other research. A longitudinal study in Canada investigated the relationship between childhood attachment, adult attachment and early maladaptive schemas (Simard, Moss & Pascuzzo, 2011). Sixty participants were followed for 15 years from the age of 3 years, with attachment being examined at key stages throughout childhood and young adulthood. Maladaptive schemas were also examined during young adulthood. Findings revealed that in adulthood, a greater number of maladaptive schemas were present among those with a preoccupied attachment style compared to those reporting a secure attachment. They argued that this link could be due to the higher levels of psychological distress present among those with a preoccupied style of attachment. There were no differences between individuals with secure, avoidant or disorganised attachment, in terms of maladaptive schemas. Yet, other studies have found associations between each insecure adult attachment style and maladaptive schemas (McClean, Bailey & Lumley, 2014). It is of note that the cited study (Simard et al., 2011) did not examine whether participants had experienced childhood abuse and which may have influenced attachment style and the development of maladaptive schemas.

Within the abuse literature it is perhaps understandable that much attention is given to adversity and difficulties in functioning. Yet, there is emerging literature in the

area of positive schemas. Through considering positive schema development, this would enable researchers to incorporate resilience into current theory on abuse. Indeed, some researchers have argued that positive schemas should be examined in order to understand how an individual's positive beliefs relate to their emotional wellbeing (Keyfitz, Lumley, Hennig & Dozois, 2013). Further, that specific positive schemas should be examined in relation to how they link with specific outcomes.

In a Canadian study, Keyfitz et al. (2013) examined how different positive schema themes were related to childhood functioning. Specifically, they examined functioning in regard to depression, anxiety and resilience. Resilience was defined as personal competence and acceptance of self. The five positive schema themes were: self-efficacy, success, worthiness, optimism, and trust. The sample consisted of 172 male and female adolescents recruited from four schools. Findings indicated that a theme of worthiness negatively predicted depression, beyond the effects of negative schemas. This meant that high self-worth predicted lower depression. A theme of self-efficacy negatively predicted anxiety beyond the effects of negative schemas. This meant that self-efficacy, control and self-mastery were related to lower anxiety in the sample. Further, as global positive schemas increased, resilience increased. Negative schemas were not associated with resilience. Thus, researchers concluded that having lower levels of negative schemas did not necessarily lead to resilience. They felt this supported the idea that positive schemas exist on a separate continuum to negative schemas and should therefore be examined separately. To date, researches have not examined how CSE may influence the development of positive or maladaptive schemas.

In addition to psychological needs and associated schemas, the Constructivist Self-Development Theory describes a number of important capabilities and how these can be adversely affected by childhood adversity. For example, affect tolerance, self-worth and connection to others (Pearlman & Courtois, 2005). This aspect overlaps with many of the theories already evaluated in this chapter, whereby inadequate care giving fails to provide the child with appropriate emotional regulation skills. Consequently, individuals may seek to manage their emotional states through dissociation or other unhelpful behaviours such as self-injury, aggression, suicidality, eating disorders, 'risky' sexual behaviours and substance use. These behaviours are proposed to emerge in an effort to self-soothe or contain their emotional distress (Pearlman & Courtois, 2005).

In terms of limitations, the Constructivist Self-Development Theory does not consider other factors which relate to the developing self, such as the ideas that are discussed within feminist and hegemonic masculinity literature. Feminist literature argues that gender is socially constructed, and which is an aspect of identity. Masculine identity and the norms which relate to masculinity, are thought to impact on victims' recovery following sexual abuse. For instance, in a US study, 487 adult males aged 19 years and above were recruited online from three support organisations for survivors of child sexual abuse (Easton, 2014). The researcher examined factors that were associated with mental distress amongst this group. Factors that were significantly associated with distress, included the use of force by the perpetrator and the victim's conformity to masculine norms. More specifically, victims who identified with stereotypical masculine characteristics, such as self-reliance, emotional control and disdain for homosexuality, presented with greater distress in adulthood. The researchers hypothesised that these characteristics may have impeded their support seeking behaviours (Easton, 2014). Intersectionality may have also been relevant in this study, with household income being significantly negatively correlated with mental health symptoms. This could suggest that economic disadvantage may mean that some men do not have sufficient resources to aid their recovery (Easton, 2014). Further, in the cited study, there was no control group comprising of men who were not sexually abused in childhood. This would be important, as masculine norms and low income may be linked with poor mental health regardless of whether individuals are sexually abused in childhood. The cited study does highlight the importance of including a sufficiently large sample of males in research, as there may be different factors which affect their functioning following sexual abuse.

In summary, within the Constructivist Self-Development Theory individual factors are given prominence. It is argued that individual psychological development must be understood and therefore attended to in empirical research. This will enable researchers to understand differences as well as similarities in how people respond to potentially traumatic events (McCann & Pearlman, 1990a). This has particular relevance for CSE, where the focus to date has been on identifying the aspects of the individual's care environment that could be associated with their CSE. Further, the emphasis has arguably been on prior dysfunction among those who experience CSE rather than their strengths and protective factors. To date, there has been no examination of coping, resilience or positive schema development among CSE victims. These factors should be

examined in the context of the different social systems as described within the Ecological Systems Theory. This will provide a more thorough consideration of the impact of CSE than currently exists in the literature. Attention should be given to a range of factors that could shape both healthy and problematic development, whilst allowing for an individualised approach (Cicchetti & Toth, 2009). The overall aim would be to identify a range of potential needs for specialist intervention, services and support for CSE victims. Furthermore, the findings may reveal key individual, familial and social factors on which to focus treatment and intervention. A common theme among the theories presented in this section is that whilst some of the individual psychological constructs, such as early maladaptive schemas, are relatively stable, they are also responsive to new and adaptive experiences. Thus, a CSE survivor's long-term adaptation could be positively influenced by targeted treatment and support following their abuse.

## 3.8     Concluding comments

Much of the CSE literature is descriptive, with few studies utilising control groups and many focusing on survivor behaviours which are often described as 'risky' or problematic. A more helpful approach would be to examine the cognitive and emotional processes underlying these behaviours, to understand how CSE can increase vulnerability for difficulties in adulthood. The theories evaluated in this section reveal a number of inter-personal factors worthy of examination in this group. First, CSE could adversely affect individual factors such as coping style, perceived controllability of events, self-esteem and maladaptive schemas. Additionally, CSE could increase vulnerability for difficulties in relationships, through creating problems with trust, contributing to an insecure attachment style and social loneliness. Individual strengths should also be examined, with consideration given to resilience and positive schemas.

In addition, there are a number of vulnerability and protective factors that may also influence long-term functioning among survivors. For example, the ecological systems theory and the constructivist self-development theory highlighted the role of the surrounding social systems and how these shape individual factors. This includes childhood poly-victimisation, whereby an accumulation of adverse events could reduce resilience and further contribute to inter-personal difficulties in adulthood. Another factor is the quality of the caregiver relationship and supportive relationships with other key

individuals during childhood, which can also influence victims' response to adversity. Finally, for those who decide to disclose their CSE to others, the reaction they receive could also influence their adaptation. Each of these factors could influence healthy or problematic functioning among survivors.

The final two theories that were evaluated in this chapter may have greatest utility for CSE. They may offer a detailed explanation of how the interconnected social systems shape individual characteristics, which then influences long-term functioning. Those two theories may also explain vulnerability for CSE and the factors which protect against it and this will be discussed in chapter 4. This chapter revealed that individually, no single theory can suitably identify all of the factors that shape victims' long-term functioning. It is crucial to understand the long-term outcomes associated with CSE, in order that survivors are offered suitable support or intervention during their childhood, adolescence and beyond. Yet, it would be preferable to intervene before an exploitative encounter has taken place, and take action to safeguard those who are vulnerable to this form of abuse. As such, it is important to examine the factors in a child or adolescent's life that may either increase their vulnerability or reduce it. The next chapter evaluates several theories which may help to identify potential vulnerability and protective factors.

**Chapter 4**

**Theoretical perspectives on vulnerability and protective factors for CSE**

## 4.1     Structure of this chapter

The empirical literature is limited regarding the factors which may increase vulnerability for CSE or protect against it.   This chapter argues that to date, current understanding is limited to a small number of adverse life events or experiences that are present among some individuals who experience CSE.  Yet, a range of other factors in different areas of an individual's life are likely to be relevant.  Consideration must also be given to those who are sexually exploited despite the absence of abuse or adversity in their history, with attention to normative processes in a child's life that may leave them vulnerable to perpetrators.  Further, one must explore why individuals who present with a number of vulnerability factors, are able to avoid being sexually exploited.   This particular idea is underpinned by soft-determinism, in that while various factors may influence people's behaviour, there are individual factors which guide their decision making (Akers, 2012).  Several theories are evaluated in this chapter that have varying utility regarding CSE vulnerability.

Sexual abuse has been extensively examined in the field of criminology, including why some individuals are vulnerable to this type of crime.  Consequently, there may be theories in this field that can help to understand why some individuals are vulnerable for CSE.  Criminology has already been discussed in terms of its application to CSE.  Specifically, why some victims are blamed or labelled and why others are viewed as innocent and deserving of victim status.   The concept of victim blame is also a consideration when examining vulnerability; researchers must be cautious not to infer blame or responsibility when identifying the individual or personal characteristics of sexual abuse victims.  This will be discussed later within this chapter.

Victimology is a branch of criminology which originated in the 1940's, with one of its goals to understand the aetiology of victimisation (Franklin, Franklin, Nobles & Kercher, 2012). This began by examining the personal characteristics and behaviours of victims, leading to the identification of victim typologies.  In chapter two it was discussed that, by scrutinising the behaviour of victims and how this contributes to crime, this has connotations with blame and culpability (Walklate, 2004).   Yet, it is argued that the

pursuit of vulnerability factors does not equate with the suggestion that victims are responsible for their own victimisation (Franklin et al., 2012). However, researchers must exercise caution in their choice of language while examining victim vulnerability, so as not to infer blame. This extends to the language that is used to report research findings. Victim behaviour should not be described as problematic or in negative terms. Instead, researchers should describe individual vulnerabilities that the perpetrator consciously or unconsciously searches for. This would be a small but meaningful difference, as responsibility is shifted from the victim to the perpetrator. In the literature that is evaluated in this chapter, consideration is given to how victim vulnerability is described.

## 4.2    Routine activity theory

One criminological theory that could explain vulnerability for CSE, is Routine Activity Theory (Cohen & Felson, 1979), as it has been applied to women's sexual victimisation. The theory centres on the individual factors that may contribute to victimisation. It postulates that crime occurs in the presence of offenders, suitable victims and in the absence of capable guardians who may act to prevent crime (Cohen & Felson, 1979). The Routine Activity Theory was later extended to include factors relating to the perceived 'attractiveness' of suitable victims (Cohen, Kluegel & Land, 1981). This would include the visible indicators suggesting that an individual is vulnerable, or that their capacity to protect themselves is limited (Franklin, 2011). One such factor is high-risk behaviour, as some victims are noted to engage in risk-taking and impulsive behaviours which expose them to perpetrators (Franklin et al., 2012). For example, substance or alcohol use and 'risky' sexual behaviour (Franklin, 2011). It is suggested that adolescents may be particularly vulnerable to victimisation, as their lifestyles may include heightened risk-taking, as well as participation in unstructured activities with limited adult supervision (Skubak Tillyer et al., 2011). Franklin and colleagues (2012) posit that low self-control underpins such behaviours, and that this should be examined when testing the theory. Self-control has been described as involving a poor future orientation, low tolerance of frustration and low diligence (Schreck, 1999). Individuals who possess these characteristics are said to be impulsive, seek immediate gratification and therefore expose themselves to high-risk situations (Skubak Tillyer et al., 2011).

Routine Activity Theory has been tested extensively. In a US study, 2,233 females were surveyed from universities across the state of Texas with the aim of identifying vulnerability for sexual assault (Franklin et al., 2012). Sexual assault was defined as another individual forcing or coercing them to engage in sexual behaviours in the past 2 years and participants were required to offer a yes or no response. Self-control was examined with a 24-item questionnaire that has been widely used in the victimisation literature. Variables were also examined which related to their routine activities in public settings. Proximity to offenders was established through several variables such as sorority membership, time spent on campus and in attending parties. Guardianship related to their number of close friends. Findings revealed that victims of sexual assault presented with significantly lower self-control than individuals with no victimisation experience. Some of the proximity variables were also found to be significantly associated with sexual victimisation. However, when controlling for the routine activity factors, self-control remained significant. This could suggest that self-control is crucial in understanding why some adolescents are vulnerable for sexual assault, as low self-control may lead to behaviours such as excessive alcohol consumption. Researchers proposed that this could increase their perceived attractiveness to perpetrators (Franklin et al., 2012).

In terms of generalisability, the sample was unique to US university life and which is notably different to the UK. For example, sorority membership is unique to US universities. Furthermore, guardianship may not have been appropriately measured, in that a high number of close friends does not necessarily confer guardianship and protection in situations where offenders are present. The definition of sexual assault was also restrictive. As discussed, coercion may not be present in sexually exploitative encounters and it may not necessarily take place in a public domain. This would be evident in online CSE, which may take place while victims are in the family home. The researchers in the cited article suggest that general theories such as the Routine Activity Theory, can appropriately explain female victimisation. However, what is lacking in the cited study, is consideration of hegemonic masculinity. For example, Franklin et al., (2012) did not examine the attitudes towards male and female sexual practices in society and that may have been operating in the sexual assault of these women. More specifically, it could be argued that high-risk routine activities will only result in female victimisation if the male perpetrators possess dysfunctional attitudes towards women. The sexual

offending literature suggests that some perpetrators possess hostile and derogatory attitudes towards women, and which could underpin sexual assault or rape for some offenders (Milner & Webster, 2005). Indeed, the researchers did acknowledge the potential role of sexual entitlement, rape myth acceptance and attitudes to gender roles among perpetrators (Franklin et al., 2012).

Other studies have failed to observe a link between self-control and vulnerability. Skubak Tillyer et al. (2011) tested the Routine Activity Theory with a sample of adolescents. They examined whether a link existed between self-control and violent victimisation in the past 12 months. While researchers examined vulnerability for violence, their findings could be relevant to victims of CSE, as the study reveals how an absence of a capable and attentive guardian may expose a child to a high-risk situation. The study analysed longitudinal data from the National Study of Adolescent Health in the US. The sample was composed of 3,989 participants, from grades 7 to 12. The specific age range of participants was not reported, nor was the gender composition of the sample. The researchers examined the following high-risk behaviour variables: peer delinquency, and participants' own involvement in anti-social behaviour and violent offending. Guardianship was measured through the quality of attachment to parents and the degree of parental control experienced. Researchers argued that these guardianship factors are particularly relevant, as social bonds and attachments are likely to provide individuals with protection against offenders. This is due to spending increased amounts of time with guardians, being able to approach their guardians when fearful, and with guardians being vigilant in terms of their safety (Skubak Tillyer et al., 2011). Findings revealed that adolescents with lower parental attachment were significantly more likely to be victimised than those with higher levels of attachment. Contrary to expectations, those reporting higher levels of parental control were more, not less, likely to be violently victimised. Researchers suggested that a high degree of control only protects adolescents while they are in the presence of the parent, and high control may leave them poorly prepared to safeguard themselves when the parent is not available.

Contrary to their hypotheses, self-control was not significantly associated with violent victimisation. It is therefore possible that high-risk behaviour and guardianship is most important in terms of vulnerability. However, the researchers proposed that this could be due to how self-control was defined and measured in their study. They utilised a definition of self-control that was forwarded by Hirschi (2004) to examine self-control

among offenders. Hirschi's reformulated definition described an individual's ability to consider the potential consequences of a decision, and the perceived importance of such consequences. To examine this construct in their own study, Skubak Tillyer et al., (2011) created a 5-item measure, arguing that it examined the ability to look at consequences. However, the questions appeared to examine a general problem-solving approach, rather than examine the consequences of engaging in anti-social behaviour. As such, this may not accurately represent participants' views on the consequences of their anti-social acts. Further, as this was not a validated measure it may be lacking in construct validity; it may not have captured the relevant aspects of self-control. Indeed, many researchers have encountered problems in creating an appropriate measurement of Hirschi's revised construct of self-control (Ward, Boman & Jones, 2015). Consequently, the cited study may not have appropriately examined self-control and therefore its role in vulnerability remains unclear.

In terms of other limitations, the cited study operationalised a narrow definition of anti-social peer behaviour, focusing only on friends who drank alcohol or smoked cannabis or cigarettes. There was also a narrow definition of participants' own anti-social behaviour, examining whether they had ever stolen from a store, a house or a building. Consequently, the findings are not likely to have captured the strength of the link between high-risk behaviour and victimisation. In addition to self-control, guardianship was not examined using a validated measure. Instead, researchers asked participants to answer several questions, rating how close they felt to their parents, or how caring they perceived them to be. It is not likely that this approach suitably measures the construct of parental attachment, as they claim. Parental attachment, or bonding, would arguably require participants to appraise a range of interactions and behaviours exhibited by their parents (Parker, Tupling & Brown, 1979). Such a measure should be subjected to empirical testing, to examine validity and reliability. As such, the nature of the relationship between parental attachment and vulnerability to victimisation remains unclear in the cited study. However, the study does offer important avenues for exploration in victim vulnerability, namely poor parental attachment and risk-taking behaviours. These factors arguably expose an individual to situations where perpetrators are present and in the absence of a capable guardian to offer safety or protection.

Some researchers have found links between self-control and repeat victimisation, as individuals may engage in high-risk lifestyles after their initial victimisation. In turn,

this may expose them to other harmful situations and leading to further victimisation (Turanovic & Pratt, 2014). This is because some traumatised individuals may be less able to perceive risk in dangerous situations (Messing, La Flair, Cavanaugh, Kanga & Campbell, 2012). Consequently, they may engage in high-risk behaviours such as substance use, which then increases their vulnerability to further victimisation (Messing et al., 2012). However, it is possible that trauma, rather than self-control, is responsible for this link. For example, some researchers hypothesise that PTSD symptoms impair an individual's ability to detect cues for danger, or engagement in self-protective behaviours. This is due to difficulties in concentration, that affects their ability to attend to salient information in the environment (Risser, Hetzel-Riggin, Thomsen & McCAnne, 2009). Furthermore, there are symptoms of trauma that may be inaccurately interpreted as low self-control. Post-Traumatic Stress Disorder (PTSD) is characterised by the following: intrusive thoughts, avoidance of trauma triggers, negative thoughts and feelings, and hyper arousal or reactive symptoms. Hyper arousal and reactive symptoms could include presenting with reckless or self-destructive behaviour, and having difficulties in concentrating. These symptoms appear to mirror some of the self-control characteristics that are examined in the context of Routine Activity Theory (Skubak Tillyer et al., 2011).

In terms of self-control, this may be relevant to CSE vulnerability, however the concept may be problematic. In chapter two it was argued that language choice is important as some terminology is suggestive of unhelpful attitudes towards victims. It could be argued that low self-control has negative connotations for victims, as it may suggest deficiency and agency on the part of victims. Victim blaming is indeed evident in the language used in the self-control literature. For example, in their exploration of self-control and sexual assault, Franklin and colleagues emphasise that victims should not be blamed or held accountable for their abuse (Franklin et al., 2012). However, this statement immediately follows a recommendation that individuals should make 'prudent behavioural choices' and undertake actions aimed at guarding against threats to their safety. This arguably contradicts the claim that victims should not be held to account, as it suggests their behaviour is problematic. Further, in the study which examined self-control and repeat victimisation in adolescents, researchers recommend that victims should be encouraged to:

*'Make changes to the problematic behaviours that may have facilitated, provoked or precipitated their prior victimisation'* (Turanovic & Pratt, 2014, p46).

Thus, victims are clearly described as having facilitated or provoked the perpetrator. In summary, self-control may be relevant in explaining why some individuals are vulnerable to crime. However, this concept may be problematic as it suggests that victims are responsible for their abuse. Further, the types of behaviours that criminologists classify as self-control may be indicative of trauma symptomatology. Yet, other aspects of the Routine Activity Theory could suitably explain why some individuals are more vulnerable to CSE than others. To date, this theory does not appear to have been tested on a CSE sample. This could be particularly relevant for victims of online perpetrated CSE, as their use of technology may expose them to perpetrators, in the absence of capable guardians (Henry & Powell, 2015). In this thesis, a number of variables are tested and which fit within the Routine Activity Theory. Arguably, exposure to offenders should be measured through examining engagement in high-risk behaviours during adolescence. Unlike the cited study above, a wide range of high-risk behaviours should be considered, while utilising a validated measure to examine this construct. Guardianship should be examined utilising a validated measure of parental attachment, asking participants to rate the quality of parental bond and the degree of parental control experienced in childhood and adolescence.

There are limitations to the Routine Activity Theory which mean that it cannot, alone, account for CSE vulnerability. While individual vulnerabilities are considered within this theory, its scope is narrow. Arguably, the emphasis on self-control is problematic, as discussed. For example, this section revealed a lack of agreement in the appropriate definition and measurement of this construct. Furthermore, this concept may be too closely linked with the idea of victim precipitation, whereby individuals are viewed as being responsible for, or facilitating their abuse. There are other individual vulnerabilities that are considered within the other theories in this chapter, and which do not imply that the victim is at fault. For example, the Constructivist Self-Development Theory considers how a victim's core beliefs may be shaped by adversity or abuse, and which may result in unmet needs that are sexually exploited by a perpetrator. Furthermore, the Routine Activity Theory fails to examine individual factors that may protect against victimisation. Therefore, its focus appears to be on individual deficits rather than strengths. Finally, the theory would benefit from further exploration of the concept of guardianship, and how the caregiving or family environment could raise

vulnerability or reduce it. Another criminological theory that considers a wider range of individual and familial vulnerability factors, is discussed below.

## 4.3    Life course theory

Another criminological theory that has been applied to CSE, is the Life Course Theory. Reid (2012), undertook a review of research into trafficking in the US, searching for factors in children's lives which fit this perspective. For example, Reid examined whether there were combinations of vulnerability factors which emerged during different stages in life and which related to being trafficked for sexual exploitation. The review was reportedly undertaken with a gendered approach, with the aim of identifying shared and individual vulnerability factors for males and females. They proposed that the economic vulnerability of females over the life course may limit their choices compared with males. This economic disadvantage could increase their vulnerability for this type of exploitation (Reid, 2012). In the cited article Reid did not test the theory. Instead, the review involved obtaining empirical literature and government reports on the characteristics of children from North America who were trafficked for sexual exploitation and those who were commercially exploited. Reid identified a number of themes in this literature and concluded that there appeared to be several shared structural factors in the lives of male and female children that could raise their vulnerability. This included family poverty and various forms of adversity in the home. There were also a number of shared individual factors for males and females, including homelessness, a history of abuse, and history of foster care or group home living. There were reportedly gender differences in vulnerability factors. Contrary to expectations, female vulnerability was observed to involve psychosocial disadvantage rather than economic disadvantage. For example, there were indications of poor relationships and family dysfunction in the lives of females who were trafficked for CSE. Male vulnerability for CSE related to sexual identity and preference, with gay, bisexual and transgender individuals being potentially vulnerable, as well as rejection from their family due to this.

Regarding life course factors, adolescent vulnerability appeared to be linked to homelessness and running away from home in Reid's (2012) review. Childhood vulnerability related to adversity in the home and caregiver dysfunction. Drug use was reported to be a vulnerability factor across both life stages. Reid concluded that the

review supported the application of Life Course Theory to CSE and trafficking vulnerability. However, across all of the articles and reports that were examined, there was much variation in regards to how each vulnerability factor was measured as well as variation in the types of factors that were examined. Arguably this would create challenges in identifying common themes. The review also lacked methodological rigour. A meta-analysis was not undertaken; therefore, the effect sizes of vulnerability factors were not examined. There were no indications that the researcher evaluated the quality of the articles selected for the review. Further, it was not clear from the review why some children and adolescents, who possess individual and structural vulnerabilities, are *not* trafficked or commercially exploited. Thus, protective factors were overlooked in the review. The review also lacked in explanation as to why some of the structural and individual factors may increase vulnerability. For example, it was not clear why caregiver dysfunction and poor relationships increases vulnerability for some children. Reid proposed that these factors may cause some children to seek belonging and acceptance outside of the family unit and which may underpin their involvement in commercial CSE and trafficking. However, there was no research evidence forwarded to support this argument. Some of these limitations are addressed in Reid's application of the General Strain Theory, where an explanation is forwarded on how a problematic caregiving environment can shape individual CSE vulnerability in children and adolescents.

## 4.4    General strain theory

One theory that has been forwarded to describe why some children are vulnerable to CSE, is the General Strain Theory (Agnew, 1992). As noted in chapter one, this was applied by Reid (2011) to describe how vulnerability for commercial CSE emerges in the context of adversity. In their article, the term 'exploitation in prostitution' is used. However, to avoid associating sexual abuse with an adult practice and one that was previously criminalised (Barnardo's, 2017), the term commercial CSE will be used in this section. This is the exchange of sex or sexual behaviours, for money or substances.

General Strain Theory posits that adverse life events, such as victimisation, results in strain, which then leads to difficult emotions such as anger or frustration. Some individuals may attempt to alleviate these emotions through dysfunctional coping methods, such as substance use or aggression (Turanovic & Pratt, 2012). According to

Reid (2011), the victimisation may even result from strain in the life of the perpetrator. More specifically, Reid proposes that child maltreatment occurs when caregivers experience various sources of strain. For example, intimate partner violence, maternal depression, lack of social support and parental criminality. Caregiver strain is postulated to adversely affect parenting and consequently, this erodes the bond between caregiver and child, in some cases leading to neglect and abuse (Reid & Piquero, 2016). It is argued that strain could particularly increase the likelihood that caregivers will abuse or neglect children who have disabilities. For example, it is suggested poor social support, poverty, poor emotional wellbeing and limited community services could lead to stress, which impacts on the quality of parenting for a disabled child (Algood, Sung Hong, Gourdine & Williams, 2011). In Reid's application of this theory, abuse is considered to be a source of strain for children and leads to the development of dysfunctional coping. According to Reid, this coping is employed by some children to 'escape' their maltreatment, either physically or indirectly through substance use. It is postulated that these escape strategies lead to vulnerability for CSE through increasing a child's exposure to perpetrators (Reid & Piquero, 2016).

This argument could be supported by findings from the 2011 survey of CSE in Northern Ireland (Becket, 2011), where Social Workers recorded information on potential vulnerability factors that are present in the lives of youth with noted CSE concerns. The most frequently reported factors were emotional neglect by a caregiver, (present in 83.1% of cases), a breakdown in familial relationships, (present in 80.4% of cases), followed by a lack of positive relationship with a nurturing adult (present in 61.6% of cases). Additional common forms of adversity in the home included family history of domestic abuse (present in 59.2% of cases), substance misuse in the home, (present in 58.5% of cases), and family history of mental health difficulties (present in 57% of cases). Many of these experiences were equally present in males and females. However, it is important to note that some support organisations have noted an increase in children who are referred to their services for online CSE concerns, with no prior involvement by the local authority, the police, and no identified problems in the family unit (Palmer, 2015). Therefore, this theory may fail to explain vulnerability among different groups of sexually exploited youth.

Reid further adapted the General Strain Theory by adding an additional element that describes how strain also leads to self-denigration and which further increases

vulnerability for CSE. They cite the traumagenic dynamics theory in support of this argument, stating that sexual abuse can lead to the development of negative self-schemas. These self-schemas, as well as negative expectations of others, are said to underlie further vulnerability to exploitation and revictimization (Reid, 2011). Within the theory, this is thought to occur because abused children choose environments in which they will be treated badly (Reid & Piquero, 2016). Reid (2011) examined the role of self-denigration in vulnerability for commercial CSE, with a sample of 174 US women, the majority of whom were from a minority ethnic background (94% of the sample). Findings were said to largely support the hypothesised pathways between maltreatment, caregiver strain and involvement in commercial CSE; specifically, individuals who reported higher levels of maternal strain experienced higher levels of maltreatment in childhood. Those who were maltreated ran away from home at higher rates, and engaged in substance and alcohol use younger, when compared with those who were not abused. The researchers proposed that these behaviours were a means for the children to cope with their own maltreatment.

Furthermore, as predicted, those with higher self-denigration and denigration of others, experienced higher levels of maltreatment in childhood. They were also more likely to experience commercial CSE in childhood. The researchers felt this highlighted the role of these beliefs in vulnerability for revictimisation. However, self-denigration was examined only in terms of sexual attitudes: participants were asked questions such as whether they had ever used sex to get what they needed, whether they got into trouble due to their sexual behaviours, whether they believed only 'worthless' men would be interested in them sexually, and whether they ever used sex to control others. This is a narrow conceptualisation of self-denigration and it could be argued that these attitudes are indicative of deeper psychological processes. Specifically, those attitudes could be driven by maladaptive schemas within the disconnection and rejection domain, whereby maltreated individuals believe they are defective, bad, and unlovable (Young, et al., 2003). Consequently, they may struggle to meet their needs for care and affection through healthy intimate relationships, believing they are unworthy. Therefore, dysfunctional attitudes towards sex may be indicative of dysfunctional self-schemas.

In the cited study (Reid, 2011), the predicted link between substance and alcohol use, running away and commercial CSE, was not significant. Whilst researchers felt this could be due to the small sample size, it is possible this could be due to such a narrow CSE typology being examined. It is possible those vulnerability factors are relevant for

other forms of CSE.  Alternatively, there may be other factors that are relevant in terms of vulnerability for commercial CSE.  Another limitation lies in the cross-sectional design of the study, which means it is not possible to conclude that parental strain resulted in maltreatment, which then led to the use of avoidant coping strategies in this sample.

In addition to the above, it is of note that the sample were from a predominantly minority ethnic background and participants were noted to be from low-income households.  Despite this, the authors do not discuss issues around intersectionality and how this may have influenced vulnerability in the sample.  Intersectionality is a framework describing the relationships between different aspects of social identity that a person has e.g. their gender, class, race, sexual orientation, and the oppression or social exclusion they are subjected to because of those factors (Anthias, 2013).  The researchers only briefly allude to race and income in the discussion, and only in the context of limitations of their research for generalisability of findings.  Researchers do not offer an explanation of how race and poverty may also have increased the amount of strain in those households, or how those intersectional factors may have contributed to the types of strain that were examined.  It is possible that the females in the cited study made a 'constrained choice', whereby their economic and social vulnerability may have led to their involvement in commercial CSE.

Given the methodological limitations of the cited study, the theory was tested again in a longitudinal study, with a sample comprising of both males and females in the US (Reid & Piquero, 2016).  The researchers followed 1,354 youth offenders from adolescence to adulthood, examining their involvement in commercial CSE.  The sample was predominantly male (86%) and the youth were aged between 14 and 18 years at the time of their initial criminal conviction.  Data collection took place at 6-month intervals for a period of 3 years, and then annually for a further 4 years.  Preliminary analyses revealed that rates of commercial CSE were equivalent amongst males and females.  Given the historic focus on females being victimised through this form of CSE, this could indicate that males have been consistently overlooked in research and policy, as argued previously.  Findings appeared to support the application of this theory, with increased levels of caregiver strain being linked with the quality of the parent-child relationship among males and females.  The quality of this relationship was further associated with youth running away, early substance and alcohol use and early sexual initiation.  Poor caregiver relationship was also associated with negative psychosocial emotion, which

focused on elements of anger, frustration and inter-personal distress. Regarding the link between those factors and CSE, this was only significant for males in the sample, with negative psychosocial emotion and early initiation into sex being significantly associated with commercial CSE.

A strength of this theory's application lies in the recognition that developmental experiences may shape internal vulnerability factors such as coping ability and attitudes towards the self and others. This is supported by the empirical literature presented in chapter three. For example, the seminal research by Anda and colleagues (Anda et al., 2006), which implicates maladaptive coping strategies with long-term health problems, and the studies which implicate cognitive schemas in depression and wellbeing in adulthood (Keyfitz et al., 2013; Lumley & Harkness, 2007). In turn, these individual vulnerability factors could raise vulnerability for various types of victimisation, including commercial CSE.

There are, however, a number of limitations which mean the General Strain Theory cannot fully account for CSE vulnerability. First, consideration is only given to commercial CSE in Reid's application of this theory. The researchers acknowledged that CSE does take multiple forms and therefore this theory should be tested with other types. For example, it is not yet known whether General Strain Theory is relevant for those who are exploited through technology, or in cases where CSE does not involve an exchange of tangible goods. This would include situations where a perpetrator demands or persuades a child to engage in sexual behaviours for affection and attention, or where they receive gifts, food and trips in a vehicle.

Second, General Strain Theory fails to account for protective factors that would enable children to avoid CSE despite experiencing maltreatment and caregiver strain. Furthermore, it cannot explain how youth with no prior maltreatment or dysfunction are sexually exploited. It is likely that the quality of the parent-child relationship is a key element in this theory, as the bond could be poor whether maltreatment or strain is present in the home or not. Additionally, there are likely to be other factors outside of the immediate care environment that influence vulnerability. Caregiver strain is likely to be one among many factors in a child's life that could raise their CSE vulnerability. In light of these limitations, the Ecological Systems Theory is revisited, as this helps to integrate

the various social and developmental factors in a child's life, that could raise their vulnerability or offer protection against CSE.

## 4.5    Ecological systems theory

The Ecological Systems Theory (Bronfenbrenner, 1977, 2005) could provide an account of how the social systems surrounding an individual, influences psychological needs, to create vulnerability for or protect against CSE. As discussed, this theory would be more suitably described as an explanatory model. Arguably this model can integrate the helpful aspects of criminological theories evaluated in this chapter. For example, the concept of family strain and poor guardianship are considered by examining the quality of familial relationships in the microsystem. Exposure to perpetrators is considered by examining risk-taking behaviours at the ontogenic level. These vulnerability factors, and others, are discussed in more detail within this section. The Ecological Systems Theory expands on criminological theories by attending to the different social systems in which victims live, and how factors within these systems could contribute to CSE vulnerability. Furthermore, aspects of this theory have been tested with different samples of CSE victims and this literature is evaluated in this section.

A prospective US study examined vulnerability for commercial CSE from an ecological systems approach. It examined factors at the ontogenic, microsystem and exosystem levels. Children with documented sexual and physical abuse, and neglect, were compared with a control group matched on demographic characteristics (Wilson & Spatz-Widom, 2010). The sample of 1575 children were then revisited after a 20-year period. The researchers theorised that child abuse and neglect would trigger a cascade of effects for children across each of the social systems. This includes a neurological response to stress which would result in problems with social and emotional regulation, impacting on different domains of life. They predicted that neglectful and abusive environments would lead to problem behaviours, which then raise vulnerability for commercial sexual exploitation. Indeed, findings revealed that individuals with child abuse histories were twice as likely as controls to have exchanged sex for money. Further, abused individuals were at increased risk of running away, engaging in crime and engaging in sex earlier (under the age of 15) compared with controls. This early sexual initiation mediated the link between childhood adversity and involvement in commercial CSE. However, the researchers suggested that some of these early sexual experiences

may themselves have been exploitative, indicating a history of repeated CSE victimisation. Researchers suggested that poor family relationships could lead adolescents to attempt to find an emotional connection elsewhere. For example, through engaging in sexual relationships in early adolescence and which increases their vulnerability for CSE. However, it is not possible to conclude that neglect and abuse affected the quality of emotional bonds in their lives as this was not examined in the cited study. Other factors may have been responsible for their entry into commercial CSE, including a desire to escape the abusive home environment and which may have exposed them to perpetrators. Alternatively, CSE may have occurred due to a need to obtain money or goods to support their survival outside of the home.

Other studies have identified a potential link between problematic care environments and CSE vulnerability. In a US study which examined commercial CSE and trauma, participants were drawn from the 14,088 National child traumatic stress network data set. Of the 215 participants selected, 43 individuals reported experiencing commercial CSE and the remaining participants formed a matched demographic comparison group who experienced sexual abuse (Cole et al., 2016). The sample were predominantly female (80%) and were aged between 10 and 20 years. However, the CSE group were aged between 18 and 20. Both participant groups reported significantly higher rates of dysfunction within the home compared with the National dataset. The CSE group presented with significantly higher rates of trauma symptoms, as well as greater engagement in 'risk' behaviours. Researchers proposed that the abused children may be confused about intimacy, which could increase their vulnerability for exploitation by adults who appear to be kind and offer safety. However, the study is limited by a small CSE sample who were identified based on being asked whether they had exchanged sex for money, drugs or other resources. This definition lacks sufficient detail, meaning some exploited individuals were likely overlooked. However, the two studies cited above reveal the potential role of the care environment in creating vulnerability for CSE. It is possible that abuse and dysfunction could impact on the caregiver bond, creating various needs that are exploited by a perpetrator. Yet, the caregiver bonds must be examined more directly in order to confirm this hypothesis. Further, this must be examined with other forms of CSE, rather than commercial CSE.

The above hypothesis could be supported by Whittle and colleagues, in their review of literature relating to online grooming for CSE (Whittle et al., 2013). They argue

that the Ecological Systems Theory can explain both vulnerability for and resilience against online grooming. As part of the literature review, qualitative research is discussed, where perpetrators are asked to describe how potential victims are selected. Some perpetrators describe looking for vulnerabilities which include confusion over sexual orientation, being of minority ethnic background, female, and a perceived 'neediness'. The latter could indicate that care needs are evident in some children's interactions and which are exploited by perpetrators. This is supported by a more recent exploration of perpetrator grooming methods, where 11 male offenders were interviewed in a Spanish prison (Santisteban, del Hoyo, Alcázar-Córcoles & Gámez-Guadix, 2018). Perpetrator accounts were checked for accuracy against official records of their offences. Some perpetrators admitted to enquiring about their victims' home lives, and would note problems such as domestic violence, divorce and lack of parental monitoring. Further, some perpetrators considered what needs they felt were lacking in the child's life. Some victims reportedly admitted to perpetrators that they had experienced current or previous neglect, abuse, or felt uncared for. Those needs reportedly determined the strategies some perpetrators used in order to sexually exploit their victim. Whilst this may lend further support for the link between maladjustment, low levels of care and sexual exploitation, such findings are limited by small sample sizes. Thus, the characteristics of those who are deemed vulnerable to online CSE are not yet understood and more testing is needed among samples from a range of countries (Whittle et al., 2013).

Another study, which benefits from a large sample, could reveal why factors in the care environment increase vulnerability for CSE. Wolak, Mitchell and Finkelhor (2003) examined why some adolescents seek close relationships in the online environment. The sample, taken from the UK youth internet safety survey, involved conducting telephone interviews with 1501 youth aged between 10 and 17 years. Females who reported having close online relationships were significantly more likely to report high parent-child conflict and were considered 'highly troubled', when compared to those who did not have close online relationships. Highly troubled meant they reported experiencing depression, physical or sexual victimisation, and negative life events such as the death of a family member, moving house, divorce or separation, or parental job loss. For males, some of the factors associated with having close online relationships included low communication with parents and being highly troubled.

The researchers hypothesised that online relationships may provide comfort and support for those who have difficult relationships with parents. Whilst these online relationships could be protective for some adolescents, researchers acknowledge this could also increase their vulnerability for online CSE. This is supported by the finding that troubled youth were more likely to form romantic online relationships compared to youth without such problems. These findings implicate two levels of the ecological system, in that difficulties in the family unit can create vulnerability at the individual level, through creating needs for care and attention that could be exploited by perpetrators. Regarding limitations, there was no examination of historic abuse or neglect in the home, only physical and sexual abuse in the last 12 months. A history of poly-victimisation could have underpinned some of the difficulties in caregiver-child interactions, which then created the needs for care and attention. Additionally, the researchers acknowledge that due to the cross-sectional design it is not clear if difficulties with parents preceded the online relationships or whether the online relationships created difficulties in parent-child interactions.

A study in the US further examined the link between poly-victimisation and quality of family relationships (Turner, Shattuck, Finkelhor & Hamby, 2016). Telephone interviews were conducted with adolescents aged between 10 and 17 years, with an equal proportion of males and females. Around 18% of the sample reported poly-victimisation. This group were reportedly more likely to have been abused in multiple settings and with multiple perpetrators. They were described as having the most 'problematic profile' compared to non-victims, and with participants who were victimised in only one setting. Problematic profiles were those reporting lower levels of perceived family support and the highest trauma symptom scores. In terms of limitations, it is not clear how prior abuse is linked with aspects of the problematic profile measured in the study. For instance, the study does not explore the cognitions and emotions that are affected by the abuse and which then increases vulnerability for trauma symptoms. Researchers also stated that for poly-victims there is no 'safe haven' where healthy development can be supported, creating further vulnerability. However, given that protective factors were not examined in the study, it is not known whether other key relationships provided a 'safe haven' from the abuse and to buffer against the low levels of perceived family support. Finally, the researchers suggested that low family support increases vulnerability for other adverse experiences, such as being victimised in other settings. However, this was not tested.

In further support of the above research findings, a UK qualitative study interviewed adult females who reported commercial CSE during childhood (Dodsworth, 2014). The sample of 12 females were aged between 18 and 52 years, and they were first exploited commercially when they were under the age of 18. Participants were asked to describe how they perceived the risk and protective factors in their lives prior to being sexually exploited. Five women described how negative care experiences such as abuse, neglect, rejection and local authority care, led them to search for approval and affection that was lacking. These individuals tended to present with dysfunctional coping methods. For example, they reported using substances to cope with pain. Five other women felt they had positive childhood relationships, characterised by affection and positive self-worth. According to the researcher, their pathways to commercial CSE involved agency. These women felt they had decided to exchange sex for money in order to provide the lifestyle they needed. Whilst based on such a small sample, this study could provide further support for the presence of care needs among some individuals who experience CSE. These care needs could be present due to difficult caregiver relationships, which may or may not be associated with abuse or other forms of maltreatment in the home.

Each of the above studies highlight the need to examine possible links between multiple forms of abuse, neglect and maltreatment, the quality of caregiver and other key relationships, and sexual exploitation. These factors comprise of several ecological systems which could interact to raise vulnerability for CSE. This could also reveal factors that might protect against an exploitation attempt. For instance, in their consideration of the Ecological Systems Theory, Whittle and colleagues identified a range of possible resilience factors within the various ecological systems, including parental involvement and monitoring, as well as strong relationships with friends, school and parents (Whittle et al., 2013).

It is important to consider that some children who experience CSE may not have a history of maladjustment in the home. There are some children and young people who are sexually exploited despite failing to present with some of the vulnerability factors that are implicated in CSE. Whittle et al., (2013) propose that normative processes such as adolescent risk-taking, impulsivity and a desire for autonomy or independence could increase vulnerability to online grooming. Arguably this could also increase vulnerability for other forms of CSE and account for why prevalence rates appear to be higher amongst adolescents when compared with children. For instance, individuals aged 13 to 17 years

are deemed most at risk of being exploited sexually by adults (Jago, et al., 2011; Wolak, Finkelhor, Mitchell & Ybarra, 2008).

Adolescence is a period of development that is characterised by recklessness, impulsivity and risk taking (Gullone, Moore, Moss & Boyd, 2000; Romer, 2010). This propensity is thought to occur through two processes which operate simultaneously. First, because individuals begin to move away from the family unit and towards adult oriented and novel activities. At the same time, the pre-frontal cortex is insufficiently developed, which means that the associated risks are not adequately assessed and controlled by a young person (Romer, 2010). The prefrontal cortex, a region of the brain responsible for planning, judgment, and inhibition, is not fully mature until early adulthood (Johnson, Blum & Giedd, 2009). Consequently, it is suggested that adults are more likely than children or adolescents to consider the risks, benefits and long-term consequences associated with decision making (Halpern-Felsher & Cauffman, 2001).

There is some research which indicates that youth *do* have the ability to consider potential risk even before adolescence. However, those youth may struggle in deciding upon an appropriate behavioural response. For example, a historical study in the UK examined decision making in 585 children aged between 9 and 12 years (Dickson & Hutchison, 1988). Findings indicated that children were able to recognise situations that carried a potential risk to their own safety, however the behavioural response chosen did not reflect their insight. Thus, despite acknowledging the potential for harm, children did not necessarily select a behaviour that would protect them. Similar findings have been observed with adolescents, where problem solving ability in a laboratory setting was not consistent with their behaviour in a real-world context (Steinberg, 2010). It has been proposed that their behaviour may be influenced by factors such as the social context and poor impulse control (Steinberg, 2010). In addition, adolescent decision making is thought to be influenced by emotional arousal. This is supported by empirical research in which adolescents complete decision-making tasks which require emotional control (van Duijvenvoorde, Jansen, Visser, & Huizenga, 2010). According to Whittle et al. (2013), these types of studies could be relevant for online CSE, as the grooming process likely involves a degree of emotional arousal for the child. Consequently, they may engage in poor decision-making during their interactions with a perpetrator. This could be evident when children send indecent images or engage in sexual discussions with the perpetrator. Therefore, in an emotionally arousing situation, such as when a perpetrator

makes a sexual approach, children may be more likely to respond impulsively and are successfully exploited.

Furthermore, it is possible that some children and adolescents have an increased propensity for risk-taking. If so, these individuals may be more likely to experience CSE when they are approached by a perpetrator. For children who have experienced prior abuse or maltreatment, increased risk-taking could elevate their vulnerability for CSE even further. Indeed, research has revealed an association between multiple types of adverse childhood experiences and a range of risk-taking behaviours in adolescence, including being subject to sexual exploitation (Layne, et al., 2014). Yet, there were no comparisons made with children who had not experienced adversity, and risk-taking was limited to behaviours exhibited within the past 30 days. A narrow time frame will provide only a limited picture of adolescent risk-taking. This link could be supported by the observations of perpetrators who had groomed children online, in a study cited previously in this section. Some perpetrators stated that they searched for victims who displayed risk-taking behaviours or appeared to seek 'adventure' (Webster et al., 2012). Yet, the potential role of risk-taking must be established empirically and from the perspective of those who have experienced CSE.

Therefore, vulnerability at the individual level may include normative aspects of development that could increase individuals' exposure to perpetrators, or influence their decision making during the grooming process. Each of these factors should be tested with different samples and with a more inclusive definition of CSE, which this thesis aims to address. In the previous chapter it was stated that the literature relating to Ecological Systems Theory is less developed at the macro system. To understand CSE vulnerability at the societal level, feminist theory may offer suitable explanations for female vulnerability.

## 4.6    Feminist theory

It is argued that explanations of sexual crime are incomplete if they fail to consider the role of gender (Walklate, 2004). It is further argued that some researchers offer only a 'token acknowledgement' of gender rather than a detailed consideration (Heidensohn, 2012). Indeed, CSE is described as a form of gender-based violence, as it disproportionately affects females (Friskney, 2019). Therefore, feminist theory is

considered in terms of its relevance to CSE vulnerability in this thesis. This section argues that gendered theory should extend beyond feminism to include masculinism and the transactional relationships between these. Further, how these issues interact with other identity variables such as race and class. It is beyond the scope of this thesis to provide an extensive evaluation of feminist theory as there are many variants, and with diverse perspectives among these. Some of the different branches of feminism which feature within criminology and victimology are briefly defined here. Then, an overview of how they may fit with CSE vulnerability is proposed.

Feminist theory is underpinned by the idea that the identities of males and females are socially constructed rather than due to biological differences. The process of gender socialisation is thought to involve communicating masculine and feminine cultural norms to individuals, as well as promoting the characteristics and behaviours associated with their gender (Slater, Guthrie & Boyd, 2001). It is suggested that boys are socialised for independence and achievement, whereas girls are socialised for nurturance and responsibility (Slater, et al., 2001). However, one must avoid promoting such ideas as universally accepted truths. It is important to underpin such arguments with empirical evidence, particularly as society may continually change and globalisation may influence the messages that children are given regarding their roles in society. Indeed, Slater goes on to argue that the concept of gender socialisation fails to account for individuality and the varied experiences of females in any given society (Slater, et al., 2001).

As discussed, there are several feminist perspectives. Broadly, liberal feminism is underpinned by the pursuit of equal opportunities and legal rights for women and men. Liberal feminists strive for unbiased structures, procedures and policies. Radical feminism aims to explain and end the oppression of women by men. Oppression is thought to be driven by patriarchy: the societal view that women are the property of men and where men exploit and control female sexuality. Radical feminism views sexual violence, and women's fear of it, to be a tool for social control. Further, it proposes that sexual violence is driven by social and cultural expectations of men and women (Javaid, 2016b). This perspective also argues that oppression is perpetuated through societal structures, such as those relating to law and criminal justice. Some have argued that technology is a social structure that can, at times, perpetuate traditional gender roles and ideals. It is argued that this may be evident in the use of hate speech and online sexual harassment of women (Henry & Powell, 2015). Radical feminism has been critiqued for

categorising all men as sharing the same characteristics and are therefore deeming all men capable of rape. Further, that men and women are categorised too broadly, whereas in reality men and women's experiences are not universal or static (Walklate, 2004). Additionally, it does not account for incidences where men commit sexual assault and rape against other men (Javaid, 2016b). Post-modern feminism may address this issue, as it emphasises diversity of women and their experiences. Socialist feminism extends the idea of oppression through identifying the ways in which women are both dominated by men and oppressed within capitalist society. Thus, it examines the relationship between capitalism and patriarchy (Walklate, 2004).

A common thread among feminist approaches is the emphasis on vulnerability for sexual violence at the societal level. Some researchers have noted a paucity of research which seeks to identify individual vulnerability from a feminist perspective. Consequently, feminist theory is under-developed at the individual level (Gerassi, 2015). This is a notable limitation, since one cannot categorise females as having a single perspective, or having similar experiences (Kelly, 2003). This may support the inclusion of feminist theory within the Ecological Systems Theory, which is notably developed at the individual level and poorly developed at the societal level. Yet, some have suggested that gender is not sufficient to account for victimisation vulnerability and that other key aspects of identity are overlooked (Anthias, 2013). This relates to the concept of intersectionality, which includes factors such as gender, class, race, sexual orientation and how these factors link with oppression or social exclusion (Anthias, 2013).

The concept of intersectionality may link with CSE vulnerability. It has been argued that globalisation has disproportionately affected women and which has led to them being trafficked from poorer countries to richer ones, for the purposes of sexual exploitation. Therefore, the intersections of poverty and race may strengthen their vulnerability to sexual exploitation (Anthias, 2013). The political economy perspective offers an explanation for this, as it argues that this form of violence is driven by economic and political processes. For instance, social welfare reform can exacerbate poverty and it is argued that the women who are most affected, become dependent on the resources provided by sexual partners (Gerassi, 2015). This could provide more depth to the concept of 'constrained choices' that was discussed earlier in this thesis (Harper & Scott, 2005), whereby some females exchange sexual favours for goods due to their social and economic vulnerability. It is argued that without such vulnerabilities, some individuals

may not have made this 'choice' (Gerassi, 2015; Kelly, 2003). Some theorists have extended this argument to adult females who are involved in prostitution, debating whether any individual can be viewed as having freely chosen to engage in this (Kelly, 2003). Even if some women are not involved in prostitution, their own economic hardship could confer vulnerability on their children. It is possible that for some CSE victims today, their own constrained choices result from the social and economic burdens experienced by their mothers and the resulting hardship in the family unit. Consequently, this explanation would fit within Reid's (2011) application of General Strain Theory to commercial CSE.

## 4.7    Concluding comments

This chapter argues that for some individuals, their vulnerability for CSE may be due in part to unmet needs which emerge following challenges in the care environment. These challenges could be present due to maltreatment or abuse, which affects the quality of the caregiver-child bond. Alternatively, these challenges can be the result of normative parent-child conflict, particularly emerging during adolescence and which can affect the quality of the caregiver relationship. These needs could be exploited by perpetrators either online or through contact CSE. Other normative factors include risk-taking behaviours that may expose some individuals to perpetrators, or increase their vulnerability through impaired decision making. Yet despite these potential vulnerability factors it is possible that psychological needs could be met by other key individuals, such as a supportive adult outside of the family, a peer or a sibling. These individuals may provide a 'safe haven', by meeting their psychological needs, thereby protecting against an exploitation attempt. This could explain why some individuals are *not* sexually exploited despite presenting with a range of vulnerability factors in their immediate care environment.

Researchers must examine both vulnerability and protective factors for CSE in order to adequately inform safeguarding efforts. Research could reveal important areas of a child's life that require further support or intervention. It may be necessary to adopt a gendered perspective in order to understand the full range of ecological systems that shape vulnerability. For example, through consideration of structural inequalities that may particularly affect females (Cooney & Rogowski, 2017), as well as factors such as

poverty and race. However, as with all CSE research, the experiences of males should not be overlooked. Thus, it is necessary to obtain representation from males and females, to examine whether vulnerability and protective factors differ across gender.

**Chapter 5**

**Addressing the research problem**

## 5.1 Structure of this chapter

This chapter describes how the limitations of CSE theory and literature have informed the aims and predictions of this thesis. In this thesis, attention is given to achieving more accurate rates of prevalence for CSE, as well as identifying factors that may increase vulnerability for this type of abuse or protect against it. In addition, the potential adverse impact of CSE is examined, whilst accounting for healthy functioning. This chapter concludes by describing the selection of variables that are tested in this thesis. These variables are underpinned by the theory and literature presented in the preceding chapters.

## 5.2 Rationale for the PhD research

There is extensive theory and research in the area of child sexual abuse and which may have relevance to CSE. Despite this, the CSE literature consistently lacks a theoretical underpinning. Instead it is descriptive in nature, with numerous studies describing characteristics that appear to be present in the lives of those who are sexually exploited. These characteristics are predominantly linked with maltreatment or dysfunction in the care environment. Yet, sampling bias is likely to preclude any efforts to generalise findings beyond those who are involved in children's services or specialist support services for CSE. A lack of theory will limit our understanding as to what makes some individuals vulnerable to this form of abuse and what factors could protect against it. This means that efforts to safeguard or disrupt CSE may be affected. Furthermore, with no apparent empirical literature on the long-term outcomes following CSE, the emotional and psychological needs of CSE victims are not clear. Consequently, current provision within policy and practice may not be adequate and some victims may go on to develop psychological, social and emotional problems in adulthood.

To ensure that recommendations from policy and practice are targeted appropriately, it is crucial to understand the full nature and extent of CSE in the UK. There are many studies which have aimed to identify prevalence rates locally and nationally in the UK. However, these are hampered by numerous methodological issues

which limit their generalisability. For instance, it was discussed that many figures rely upon professionals and authorities recognising vulnerability for, or signs of CSE. This is despite the numerous barriers which prevent professionals from effectively recognising this form of abuse, and the factors which prevent children and young people from making disclosures (Beckett, 2011). Data that are obtained from youth directly, suggest more extensive rates of prevalence. Therefore, prevalence rates should be obtained from samples of youth or young adults rather than referrals to local authority or support organisations. This links with another limitation of prevalence studies, in that samples are frequently 'high risk' in terms of having already been referred to CSE support services, or having had local authority involvement. As discussed in the preceding chapters, there are no control groups or general population samples, which precludes any meaningful comparisons being made with sexual abuse prevalence figures. It was discussed that prevalence studies are also limited by the lack of consistency in how CSE is defined. It is now acknowledged there are multiple forms, or types, of CSE. However, many studies collect data on a single type, resulting in groups of youth being overlooked. For inclusive policy and practice, data must be obtained on the full range of behaviours that are known to be involved in CSE.

As stated, theory and empirical research into sexual abuse could be applied to CSE. Historically, the sexual abuse literature has focused on adversity, aiming to understand how maltreatment and abuse leads to a range of adverse outcomes for victims. There were many difficulties observed amongst survivors of abuse, including a range of social, physical, emotional and psychological problems in adulthood. As stated in chapter three, difficulties that are inter-personal in nature could have particular relevance for survivors of CSE. This is because during the grooming process, perpetrators frequently isolate victims and create difficulties with their family, friends and in other key relationships (Casey, 2015). Along with the sexual abuse itself, this could lead to difficulties in self and social functioning and which continues through to adulthood.

The traumagenic dynamics theory (Finkelhor & Browne, 1985) suggested that these difficulties are the result of a compromised self-concept, world view and affective capacities following abuse in childhood. The traumagenic dynamics that could be particularly relevant for CSE victims, include low self-esteem and social isolation resulting from stigmatisation. Victims may go on to develop difficulties in trusting others due to the exploitative nature of their abuse. Powerlessness may also be relevant, as some

individuals may perceive limited control over life events. Each of these dynamics could impact on the quality of their attachment to others in the long-term.

Individual capabilities have featured amongst a range of other theories of abuse, including the developmental psychopathology approach (Cole & Putnam, 1992). What elevates this approach from the traumagenic dynamics theory, is that it allows for healthy development rather than a sole focus on adversity and dysfunction. It does so by identifying a number of other factors in victims' lives, in addition to sexual abuse, that can influence their capabilities. For instance, healthy and problematic development is thought to emerge from the numerous interactions between an individual and their surroundings over time (Cicchetti & Rogosh, 2002; Cicchetti & Toth, 2009). Interactions between the individual, their social environment and other key life events, can influence the developing self and self-regulation abilities. To date, however, there has been no examination of coping ability or resilience factors among CSE survivors.

Another strength of this approach when compared with the traumagenic dynamics theory, is that it more clearly explains how poly-victimisation shapes development. Multiple forms of abuse and adversity are thought to be particularly damaging when compared to single forms of abuse, as it represents an accumulation of traumatic stress and which can overwhelm an individual's capabilities (Pynoos, Steinberg & Piacentini, 1999). It was noted that the serious case reviews and independent inquiries into CSE reveal the presence of prior abuse and adversity in the lives of some victims. For example, the Independent Inquiry into Child Sexual Exploitation in Rotherham (Jay, 2014) examined 66 case files of children who were sexually exploited. They noted that, in many cases, children had already experienced dysfunction in their care environment. Furthermore, in the years following their abuse, a 'disproportionate number' were victims of domestic violence, had developed long-standing drug and alcohol addiction and experienced a range of mental health problems (Jay, 2014). However, caution must be exercised when inferring cause and effect in such studies. Empirical research will help to identify whether various adverse outcomes are indeed linked with CSE, as well as additional forms of adversity and abuse, or, whether other factors are relevant.

Suitable theory must allow for an individualised response to adversity or abuse. Some survivors may develop trauma following a single exposure to abuse or maltreatment and others may thrive despite experiencing repeated or chronic abuse. Therefore, in

addition to the nature or frequency of the abuse, other factors are likely to underpin healthy and problematic outcomes. The theory of emotional avoidance (Polusny & Folette, 1995) attempts to provide an individualised account of healthy and problematic development, through applying Bronfenbrenner's Ecological Systems Theory (1977) to intra-familial abuse. In line with the developmental psychopathology approach, it emphasises the multiple interactions between an individual and their surroundings, and which shape important capabilities. More specifically, it argues that the various outcomes observed among survivors of abuse are the result of their efforts to cope. Coping ability, in turn, is influenced by other individuals and experiences outside of the abusive event. In empirical research, some individuals develop dysfunctional methods of coping and emotional regulation in order to alleviate the emotions, memories and thoughts that are associated with their abuse (Polusny & Folette, 1995). Indeed, dysfunctional methods such as avoidance and suppression are implicated in a range of adverse outcomes in the literature (Anda et al., 2006). Conversely, social systems outside of the abusive environment can teach adaptive coping and which could lead to healthy functioning (Polusny & Folette, 1995). Research reveals that among survivors of child sexual abuse, problem focused coping is consistently associated with healthy functioning in adulthood (Domhardt et al., 2015). However, to date, the coping style of CSE survivors has not been examined.

Another application of the Ecological Systems Theory was forwarded by Campbell, Dworkin and Cabral (2009) to explain women's recovery from child sexual abuse. They identify a wider range of influential factors within the different social systems surrounding an individual. One factor is how others respond when an individual discloses their sexual abuse. Campbell et al. (2009) suggest that a negative response can lead to self-blame for some individuals, which could influence long-term functioning. For example, this may lead to sexual difficulties for some victims (Feiring, et al., 2009). As discussed, responses to disclosure should be examined amongst CSE survivors, since professionals have previously tended to blame some individuals for their abuse (Bedford, 2015; Jay, 2014).

Within the Ecological Systems Theory, other factors that are thought to influence functioning include the quality of social support. For victims of CSE, protective factors have received very little attention in the literature. Yet, drawing from the sexual abuse literature, healthy functioning could be influenced by the presence of a supportive

caregiver, peers or other adults (Collishaw et al., 2007). Notably, resilience has received limited attention in the CSE literature, meaning that current understanding is limited in regard to the individual and social factors that could support healthy functioning in adulthood.

In addition to coping and resilience, there are other individual factors that are implicated in long term functioning and which have not been examined among CSE survivors. Specifically, cognitive-schemas. The Constructivist Self-Development Theory (McCann & Pearlman, 1990a) offers a detailed account of how schemas are developed. As stated, the self is thought to comprise of psychological needs, self-identity, self-esteem, self-regulation and cognitive schemas. Abuse and other life events are thought to satisfy or thwart important psychological needs. Over time, this leads to the development of various cognitive schemas, which are the manifestations of those needs. Schemas are said to influence perception and interpretation, and can be positive or maladaptive. Positive and maladaptive schemas have been implicated in healthy and problematic outcomes within the sexual abuse literature. However, to date, schemas have not been examined amongst CSE survivors. Regarding adverse outcomes, schemas within the disconnection/rejection domain could have particular relevance for survivors of CSE, particularly if they have experienced other forms of abuse and adversity. This is because those with a history of abuse, may *'learn to believe that they are defective, experience shame about themselves, find it hard to trust others, feel emotionally deprived, abandoned, and isolated'* (Cukor & McGinn, 2006, p30).

As discussed, the CSE literature is limited regarding the factors which may increase vulnerability for CSE or protect against it. Despite a number of adverse life events being shared by some who experience CSE, there are numerous individuals who are exploited with no dysfunction evident in their lives. The Routine Activity Theory (Cohen & Felson, 1979) could be applied to explain vulnerability for CSE, yet to date it has not been tested on this population. It offers an explanation of how individuals are deemed as attractive to perpetrators, such as through their engagement in high-risk activities or behaviours. Further, that an opportunity may arise to sexually exploit victims in the absence of a capable guardian. One factor that has been forwarded to indicate poor guardianship, is the quality of parental bond and parental control. This theory could be applied to CSE, within an ecological systems framework, to examine the other close

relationships in a child's life, outside of the immediate caregiving environment, that could protect against CSE.

Another criminological theory could be useful, namely, the General Strain Theory (Agnew, 1992). This theory was applied to commercial CSE (Reid, 2011; Reid & Piquero, 2016) and it may apply more generally to other forms of CSE. It appears to extend the ideas presented within Routine Activity Theory, by explaining why capable guardians may be absent or ineffective. Reid postulated that for some individuals, the presence of dysfunction in the home can act as a form of strain that impairs the quality of the parent-child relationship. In turn, this could lead to the development of dysfunctional coping by some youth, specifically, substance and alcohol use, and running away. Consequently, this could increase vulnerability for CSE as it may lead to youth 'self-selecting' themselves into dysfunctional environments, leading to revictimization through commercial CSE. Yet, this theory was based on samples with limited generalisability and in relation to commercial CSE. It is not yet clear whether it is relevant for other forms of CSE. As with the Routine Activity Theory, the General Strain Theory reveals how the parent-child bond could increase vulnerability for CSE, however it does not account for individuals who are exploited despite no apparent dysfunction or adversity. Neither theory considers the role of protective factors in sufficient detail. For example, there are likely to be several factors that are nested within each level of the ecological systems, that protect against sexual exploitation. These factors may also protect against problematic long-term functioning.

As stated, the Ecological Systems Theory has utility in this regard, as it could reveal normative processes that could increase or reduce vulnerability for CSE. First, the quality of the caregiver-child relationship could be negatively affected even without the presence of adversity or abuse, leading to unmet psychological needs. Those needs could be exploited by perpetrators either online or through contact CSE. Other normative factors include risk-taking behaviours that may expose some adolescents and children to perpetrators, or increase their vulnerability through impairing their decision making. Yet, there could be a range of protective relationships in the lives of children and adolescents which meet their psychological needs and therefore protect against an exploitation attempt. All of these factors should be examined in order to understand the process of vulnerability for CSE.

113

**5.3    Variable selection**

In summary, the inter-personal variables that are outlined above and that are tested in this thesis are detailed below.  Each of these variables nest within several of the ecological systems and they test various aspects of the theories that were evaluated in this section:

- Poly-victimisation;
- The quality of bond with the primary caregivers during childhood;
- The number and quality of supportive relationships outside of the immediate family unit;
- Coping style in childhood;
- Risk-taking behaviours in childhood and adolescence;
- Self-esteem, positive and maladaptive schemas in adulthood;
- Attachment style, trust beliefs and social loneliness in adulthood;
- Locus of control in adulthood;
- Resilience in adulthood.

**5.4    Aims and predictions of this PhD research**

Following the above rationale, there are a number of aims and associated predictions within this thesis.  First, it was argued that the existing empirical literature is lacking in relation to the long-term functioning of CSE victims.  Consequently, the potential impact of CSE is not yet understood.  This applies to difficulties in adulthood as well as healthy functioning.  In light of this, the following aim was identified:

*Aim 1:* To examine the individual characteristics of young adults who have experienced CSE and those who have not.

*Predictions:*

1) Those who were sexually exploited in childhood will report a more external locus of control, lower self-esteem, higher levels of social loneliness and a less secure attachment style in adulthood, than those who were not sexually exploited;

2) Poly-victimisation in childhood will be associated with an insecure attachment in adulthood;

3) This association will be mediated by beliefs about trust;

4) Poly-victimisation and poor bonding with the primary caregiver, will be stronger predictors for an insecure adult attachment, poor coping and low resilience, than CSE experience;

5) Childhood sexual exploitation will be associated with lower global positive schemas in adulthood;

6) Poly-victimisation during childhood will be associated with lower global positive schemas. This will be mediated by the perceived level of care by the primary caregiver in childhood.

7) The number and quality of important relationships during childhood will be associated with global positive schemas in adulthood.

In addition to the above, it was argued that the existing empirical literature is limited regarding the factors which increase vulnerability for CSE or protect against it. Whilst some common adverse life events are reported by CSE survivors, there are individuals who are exploited and who do not present with these experiences. Consequently, it is important to identify a range of potential vulnerability and protective factors against CSE within different social systems which surround the individual. Furthermore, it is important to consider normative processes which could increase vulnerability, rather than emphasise dysfunction and adversity. Consequently, the following aim was identified:

*Aim 2:* To examine the factors which increase vulnerability for CSE, and those which protect against it.

*Predictions:*

1) Those who experienced poor bonding with their caregivers in childhood, will have experienced CSE;

2) Those who have experienced poor bonding with the primary caregiver, have fewer important childhood relationships and exhibit increased risk-taking, will have experienced CSE;

3) Increased anti-social and rebellious risk taking under the age of 16 will be associated with childhood sexual exploitation.

*Ethical considerations*

Due to the sensitive nature of the research topic, where participants would be asked to report on their experiences of childhood adversity, consideration was given to safeguarding and support. Prior to taking part in the research, participants were advised on the nature of each study and they were informed that they would be asked questions which related to sexual experiences prior to the age of 16. Contact details of the researcher and director of studies were also provided. Participants were encouraged to contact either individual if they had been affected by any of the issues raised during the research. Furthermore, participants were provided with up to date contact details of various support organisations for survivors of sexual abuse. If a participant contacted the researcher with specific details of sexual offences, including perpetrator information, this would be reported to the police or the university safeguarding team.

**Chapter 6.    Study One[1]**

**Child Sexual Exploitation: Nature, prevalence and distinguishing characteristics in adulthood**

**6.1    Research questions**

Prior to study one the following predictions were made:

1) Participants who were sexually exploited in childhood will report lower self-esteem, a less secure attachment and higher levels of social loneliness than those who were not sexually exploited;

2) Those who were sexually exploited will also report a more external locus of control than those who were not sexually exploited.

**6.2    Method**

*6.2.1    Participants*

Ethical approval was obtained from the University of Central Lancashire.  One hundred and ninety-eight students took part in the study.  Males comprised 25.8% of the sample (n=51) and females 72.7 % (n=144), with 1.5% not reporting their sex (n=3).  The mean age of participants was 20.18 years (SD = 2.37, range from 18 to 30).  Young adults were recruited for the study due to a number of questions relating to experiences of child sexual exploitation (CSE) via the internet and mobile telephones, and as such the participants were required to have experience of such technology.  Further, they were selected in order to increase the likelihood that key elements of the exploitation experience could be more easily recalled, such as their age during the exploitation attempt and the nature of the sexual behaviours involved.

The majority of the sample described themselves as White British ethnic origin (78%, n=159) and the remainder described themselves as White Irish (1%, n=1), White other (3%, n=6) Asian (13.5%, n=27), Black African (0.5%, n=1), Black Other (0.5%,

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[1] A shorter version of this chapter has been published: Ireland, C. A., Alderson, K., & Ireland, J. L. (2015).  Sexual exploitation in children: Nature, prevalence and distinguishing characteristics in adulthood. *Journal of Aggression, Maltreatment & Trauma, 24,* 6, 1-20.

n=1), Mixed (3%, n=6) and Other (0.5%, n=1). One participant did not report their ethnic origin.

### 6.2.2   Procedure

All participants were approached by the researcher on the University campus for recruitment. Upon consenting, a copy of the questionnaire pack was provided to each participant. Completed packs were returned to the researcher at a designated location. To allow for anonymity, participants were not asked to record personal details on the questionnaires. All participants were provided with a debrief sheet at the end of the questionnaire pack, detailing avenues for further support for victims of abuse.

### 6.2.3      Measures

All participants completed questionnaire booklets, which contained the measures detailed below. For each of the four studies in this thesis, the questionnaires are included in the appendices.

<u>Measure to assess child sexual exploitation (Ireland, Alderson & Ireland, 2015)</u>

This was a checklist of 12 items which examined the nature and extent of CSE experiences prior to the age of 16. Definitions of CSE were based on those within the available literature and were reviewed by the research team who had specific clinical expertise in working with young people who had experienced CSE. Each item contained a number of questions aimed at establishing the age of the perpetrator (if known), the age at which the perpetrator approached the participant sexually and whether the participant engaged in the sexual behaviours as requested/demanded. The response format varies, with some questions requiring a response of either yes/no, some requiring written input and a selection of several pre-determined options. Examples of questions are as follows:

(1) *Below the age of 16, did you ever feel you were expected to perform sexual acts as a result of someone you believed to be over the age of 18 giving you gifts (jewellery, mobile phone, clothes, money)?*

(2) *Below the age of 16, have you ever felt you were expected to perform sexual acts as a result of accepting accommodation from someone you believe was over 18?*

The Revised UCLA Emotional Loneliness Scale (Russell, Peplau & Cutrona, 1980):

This 20 item scale measures current social loneliness, by examining the degree of satisfaction with social relationships. The response format is a 4-point likert scale. Responses range from 'never' to 'always', with no neutral response option. Higher scores indicate a greater degree of loneliness. Internal consistency has been assessed, with coefficient alpha ranging from .89 to. 94 (Russell, 1996). Examples of questions include:

*(1) I feel in tune with the people around me;*

*(2) I lack companionship.*

The Locus of Control of Behaviour Questionnaire (Craig, Franklin & Andrews, 1984):

This is an 18-item questionnaire assessing the degree to which individuals view events as being either within or outside of their control. Thus, it conceptualises locus of control as a unidimensional construct. The response format is a 5-point likert scale, with responses ranging from 'always disagree' to 'always agree'. Higher scores indicate a more external locus of control. Internal consistency has been assessed, with a coefficient alpha of .79 (Craig et al., 1984). Examples of questions include:

*(1) "Other people do not control what happens to them";*

*(2) "When I aim to do something, I do it".*

The Self-esteem Scale (Rosenberg, 1965):

In this thesis, Rosenberg's conceptualisation of self-esteem is adopted, where it is defined as a unidimensional construct relating to the degree of positive or negative attitudes towards the self. Therefore, the Rosenberg scale was utilised for study one, which is a 10-item questionnaire designed to assess self-worth or self-image. This is a 4-point likert scale; with responses ranging from strongly agree to strongly disagree. Higher scores indicate higher levels of self-esteem. Internal consistency has been assessed, with Cronbach's alpha ranging from .77 to .88 (Rosenberg, 1965). Examples of questions include:

*(1) I feel that I am a person of worth, at least on an equal plane as others;*

*(2) I feel that I have a number of good qualities.*

Experiences in Close Relationships-Revised (ECR-R) Adult Attachment Questionnaire (Fraley, Waller & Brennan, 2000):

Adult attachment is widely considered to be dimensional rather than a categorical construct. As such, attachment style varies on a continuum from secure, to insecure attachment. There are thought to be two dimensions: anxiety and avoidance (Fraley & Waller, 1998), which are examined in Fraley's (2000) 36-item measure. Each item is rated on a 7-point likert scale with responses ranging from strongly disagree to strongly agree. Higher average scores on each sub-scale indicate a greater degree of anxiety and avoidance. Lower scores indicate a more secure style of attachment. In study one, participants were advised not to complete this questionnaire if they had never experienced an intimate relationship with a partner. Internal consistency has been assessed, with Cronbach's alpha of .95 on the anxiety subscale and .93 on the avoidance subscale (Sibley & Liu, 2004). Examples of questions include:

*(1) I'm afraid that I will lose my partner's love;*

*(2) I often worry that my partner will not stay with me.*

## 6.3    Results

This results section presents the data screening process, followed by preliminary analyses which explore the internal consistency of the measures and prevalence of childhood sexual exploitation (CSE) in the sample. Then, the main analysis examines the link between CSE and several individual characteristics in adulthood, all of which relate to inter-personal functioning.

### 6.3.1    Data screening

The data set was examined to check for data entry errors, missing values, univariate and multivariate outliers. Univariate outliers were identified using the outlier labelling rule method (Hoaglin, & Iglewicz, 1987). This approach enabled calculation of upper and lower parameters for the data for each experimental group (Tabachnick & Fidell, 2007). One case fell outside of these parameters and was therefore classified as a univariate outlier. This item was replaced with the next lowest score in the group minus

120

one unit (Tabachnick & Fidel, 2007). Mahalanobis distance indicated that there were no multivariate outliers in the data set.

A total of 1,304 data items (7.43%) were missing. However, participants were advised to skip the 36 item Experience in Close Relationships-Revised scale if they had never experienced a partner type relationship in adulthood. Thirty participants omitted this measure and with these cases removed there were only 225 items (2.17%) missing from the entire data set. Little's MCAR test indicated that the data were missing completely at random ($x2 = 42.12$, df $= 35$, p $= 1.00$). These missing items were replaced with group means: due to the low number of missing items, each of the procedures for replacing missing items are said to produce similar results (Tabachnick & Fidell, 2007).

### 6.3.2 Preliminary analyses

This section presents the internal consistency of the measures administered in this study and the nature and prevalence of CSE in this sample.

*Internal consistency*

Table 2 details the Cronbach's alpha of each questionnaire administered, at the overall and sub-scale levels. The measure to assess CSE was not subject to analysis as this is a checklist, not a psychometric.

*Table 2: Internal consistency of the UCLA, LCB, SES, and ECR-R*

|  | Number of items | Overall (n) |
| --- | --- | --- |
| **UCLA** (loneliness) | 20 | .30 (194) |
| **LCB** (locus of control) | 18 | .80 (194) |
| **SES** (self-esteem) | 10 | .91 (198) |
| **ECR-R** (attachment) | 36 | .82 (168) |
| Anxiety subscale | 18 | .81 (168) |
| Avoidance subscale | 18 | .55 (168) |

All but two scales demonstrated acceptable internal consistency of .80 or above (Lance, Butts & Michaels, 2006). The UCLA and ECR-R Avoidance subscale were unacceptable. However, in subsequent studies in this PhD the Cronbach alpha for the ECR-R Avoidance scale ranged from .89 to 1.00. The implications are considered in the discussion.

*Prevalence of childhood sexual exploitation*

Just under half of participants (46.9%, n = 93) reported being approached by an adult in a sexual manner when they were under the age of 16. Of those who were approached, 44 (22.2% of the sample) were successfully exploited when a perpetrator requested or demanded they engage in some form of sexual behaviour.

Table 3 shows the sex of those who were approached sexually and those who subsequently engaged in sexual behaviours (i.e. were sexually exploited). The most frequent type of approach by adults was through the use of technology, specifically: sexual suggestions or attempts to engage the individual in sexual discussions by telephone, texts or over the internet (33% of the entire sample, n=67).

*Table 3: Sex of participants who reported being approached sexually by an adult*

| Sex of participants | Number approached sexually (% of males/females) | Number who engaged in sexual behaviours (%) |
| --- | --- | --- |
| Men, n = 51 | 9 (17.7) | 3 (5.9) |
| Women, n = 144 | 83 (57.7) | 40 (27.8) |
| Sex not reported, n = 3 | 1 (33.3) | 1 (33.3) |

### 6.3.3  Main analyses

Participants were separated into three experimental groups to differentiate between their experiences of CSE. Group 1 (n=105) reported never being approached sexually by an adult (no experience), Group 2 (n=49) reported being approached in a sexual way yet refused to engage in the sexual behaviours demanded of them (experience not exploited) and Group 3 (n=44) reported being approached in a sexual way by an adult

and were then sexually exploited (experience successfully exploited). Means and standard deviations for each of the psychometric measures is presented in Table 4.

*Table 4: Means and standard deviations for 3 participant groups across psychometric measures[2]*

| Measure | Group 1: (No approach) | | | Group 2: (Approached not exploited) | | | Group 3: (Approached exploited) | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Mean | SD | N | Mean | SD | N | Mean | SD |
| Locus of control | 100 | 48.3 | 8.6 | 48 | 44.7 | 6.7 | 43 | 46.4 | 7.7 |
| Self-esteem | 80 | 21.0 | 6.2 | 42 | 18.1 | 4.7 | 43 | 17.1 | 6.0 |
| Loneliness | 80 | 33.4 | 4.2 | 42 | 34.6 | 4.6 | 43 | 35.2 | 4.1 |
| Anxiety subscale | 80 | 53.5 | 18.6 | 42 | 67.4 | 18.1 | 43 | 66.7 | 23.2 |
| Avoidance subscale | 80 | 79.0 | 6.4 | 42 | 82.0 | 7.7 | 43 | 78.5 | 5.9 |

A MANOVA was performed to investigate the links between CSE experience and sex of participants on social loneliness, relationship attachment style and self-esteem. These three measures were included together as there is a theoretical reason for doing so (Field, 2009). For instance, attachment theory (Bowlby, 1969) proposes that early experiences with caregivers shape a child's core beliefs about the self and others, termed the internal working model. In a securely attached individual, they may present with high self-esteem and believe that they are worthy of the care and attention of others. They may perceive others as reliable and willing to meet their needs for care, safety, affection and support. The internal working model provides a template for future relationships and may therefore influence the quality of relationships with others (Riggs & Kaminski, 2010). This could be in regard to a social relationship or with a romantic partner. For the remaining measure, locus of control, a factorial ANOVA was undertaken as this was not theoretically linked with the other outcomes.

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[2] High scores on each scale indicate a greater degree of: relationship anxiety and avoidance, loneliness, a more external locus of control and high self-esteem.

Regarding assumptions, normality was checked visually on a histogram and data appeared normally distributed. Skewness and kurtosis figures were not considered an appropriate source, as in a sample of around 200, small deviations from normality can produce significant results (Field, 2009). Furthermore, according to the central limit theorem the sampling distributions of means are expected to be normally distributed (Field, 2009). To examine homogeneity of variance, Hartley's Fmax was calculated for each dependent variable to obtain a ratio representing the highest and lowest group variance. The resulting ratios were close to 1, meaning that the assumption for homogeneity of variance was met and the variances were roughly equal (Field, 2009).

For the MANOVA, Using Pillali's trace there was a significant effect of sex, $F (4, 156) = 5.05$, $p = .001$ but there was no significant main effect of CSE experience, $F (8, 314) = 1.89$, $p = .06$ on each of the three measures. There was also no statistically significant interaction between sex and CSE experience, $F (8, 314) = 1.13$, $p = .34$. Univariate procedures that were used to test for sex differences revealed significant $F$ values for each of the four scales. Further exploration was not undertaken however, as sex did not form part of the hypotheses for study one. Table 3 presents the mean scores for each scale. Results indicate that there are no significant differences in self-esteem, social loneliness or attachment style among those who were sexually exploited under the age of 16, and those who were never approached sexually.

A factorial ANOVA revealed a significant main effect of CSE experience on locus of control, $F (2, 185) = 4.06$, $p = .02$. There was no main effect of sex, $F (1, 185) = 3.42$, $p=.07$. Post-hoc analysis revealed that mean locus of control scores for the group who had been approached but *not* exploited (M=44.7, SD=6.7), were significantly different to the group who were not approached (M=48.3, SD=8.6, $p = .03$). This meant that individuals who were approached sexually by an adult but were not exploited, exhibited a more internal locus of control. That is, they were more likely to attribute events in life to their own efforts and abilities, when compared to those who were not approached.

### 6.3.4 Summary of findings

There were no differences in self-esteem, social loneliness or attachment style regardless of CSE experience, when examining the three experimental groups. It is possible that protective factors may have minimised the impact of CSE and this requires exploration. Protective factors will be examined in the later studies in this thesis. The

influence of protective factors could be supported by the finding that locus of control scores were significantly different depending upon CSE experience. Individuals who were approached sexually by an adult but were *not* exploited, exhibited a more internal locus of control compared to those who were not approached. Locus of control is associated with resilience among some individuals who have experienced childhood adversity (Haskett et al, 2006). Therefore, the findings of study one could indicate the presence of resilience, which buffered against the impact of CSE in each of the domains investigated. As stated, protective factors will be examined in subsequent studies in this thesis. Furthermore, it is possible that single forms of abuse, such as CSE, are not associated with inter-personal difficulties during young adulthood. Poly-victimisation could be relevant and therefore, study two will examine whether poly-victimisation rather than CSE, is associated with long-term difficulties.

**6.4     Discussion**

Study one explored the potential long-term impact of child sexual exploitation (CSE). This was achieved by examining inter-personal functioning amongst young adults who reported experiencing CSE prior to the age of 16. Specifically, study one examined adulthood attachment style, social loneliness, locus of control and self-esteem. Inter-personal characteristics such as these were thought to have particular relevance for survivors, since CSE can disrupt important relationships for some individuals (Casey, 2015). This form of abuse could therefore have a lasting impact on self and social functioning among survivors.

Regarding prevalence of CSE, just under half of participants (46.9%) reported being approached by an adult in a sexual manner when they were under the age of 16. One fifth (22.2% of the entire sample) were successfully exploited when a perpetrator persuaded or demanded they engage in some form of sexual behaviour. The prevalence of CSE in this sample was higher than rates of CSA previously reported. For instance, in the most recent figures from the Office for National Statistics (ONS), 11% of women and 6% of men reported experiencing sexual abuse when they were under the age of 16 (ONS, 2016). The difference in findings could be due to how CSE and CSA are defined. As discussed, CSA definitions do not capture all forms of sexual abuse, due to the restrictive definitions used. In the ONS survey sexual assault comprises of two categories: Attempted or actual assault by rape or penetration and behaviours such as indecent exposure or unwanted touching (ONS, 2016). That definition requires participants to decide whether or not they have experienced sexual assault or abuse. Yet, many victims do not recognise their experiences as abuse (Barnardo's, 2011). Consequently, some individuals may fail to endorse the survey item and remain unrecognised as victims. In study one, the CSE checklist did not use terminology such as sexual assault or rape, but defined it with objective and descriptive language (Radford, 2018). This could be particularly important in obtaining accurate prevalence rates for males. According to the ideas within the hegemonic masculinity literature, some males are reluctant to admit to being raped or sexually assaulted, as this may challenge their masculinity (Javaid, 2016a). This would be considered a strength of this thesis: that definitions of CSE did not require participants to make a judgement as to whether their experiences were abusive.

The ONS definition also includes a restrictive category of non-contact sexual abuse: indecent exposure. This does not capture other forms of non-contact sexual

exploitation. For example, there are occasions where children are persuaded to post indecent images of themselves on the internet, to engage in sexual discussions with an adult online, or engage in sexual behaviours remotely (DCSF, 2009). These types of behaviours were captured in the study one checklist, with four items capturing CSE which took place online or through mobile telephones. This is considered to be another strength of study one, as questions regarding technology facilitated CSE are generally lacking in survey research (Radford, 2018). Finally, the ONS definition does not capture commercial CSE, whereby victims are forced, pressured or coerced to exchange sexual activity for money or substances. The study one checklist contained two items which examined this form of CSE and without using biased and inappropriate terms such as prostitution or sex work. With all of the above considerations, the ONS figures would be expected to under-represent CSA as it fails to capture its various forms, including CSE. Study one utilised a more inclusive definition of CSE and arguably this produces more accurate rates of prevalence.

The variation in how CSE is defined in prior research makes it difficult for meaningful comparisons to be made with the prevalence rates of study one and the other CSE survey data reported in chapter two. This is also due to the varied populations from which samples are drawn in CSE surveys. However, study one figures could be compared to some of the existing surveys that are based on self-report, rather than the observations of professionals. For example, in the Northern Ireland youth survey (Beckett, 2011), 11.1% of the sample reported being groomed by an adult on at least one occasion. Study one revealed a much higher prevalence, as 46.9% of the sample were approached sexually by an adult. There are several reasons for this difference. Study one captured a range of perpetrator behaviours that were clearly of a sexual nature, rather than focusing on grooming behaviours, which may not necessarily result in a sexual approach. For example, in study one participants were asked whether an adult had ever made sexual advances, or whether they had ever felt they were expected to perform sexual acts in exchange for accommodation. The Beckett (2011) survey presented a more general definition of grooming, which they described as a process where someone attempts to build a relationship or gain the young person's trust. It is possible that some of the participants in the Beckett (2011) study failed to appropriately recognise grooming behaviours, therefore resulting in a low rate of prevalence.

In line with the Beckett (2011) study, in study one the majority of those approached sexually by an adult were female. However, this finding may be influenced by the small number of males who took part in study one, and which will be discussed in the limitations section. There were similar rates of prevalence for online sexual exploitation, with 27.4% of youth in the Beckett study (2011) and 33% of study one participants reporting that a sexual approach was made by an adult online. In the Beckett study (2011), 25% of youth engaged in sexual behaviours following a request or demand. Again, this is similar to study one in this thesis, where 22.2% were sexually exploited following an approach. Therefore, prevalence amongst the student sample in study one, appear similar to those obtained from the youth survey in Ireland.

Regarding the adult characteristics of the study one sample, there were no differences in self-esteem, social loneliness or attachment style, regardless of CSE experience. More specifically, there were no significant differences in each of these constructs when comparing those who experienced CSE under the age of 16, to those who were never approached sexually, or those who were approached but avoided being exploited. These constructs were selected in order to test elements of the Traumagenic Dynamics Theory (Finkelhor & Browne, 1985). Stigmatisation was tested through examining self-esteem, and betrayal was tested through exploring loneliness and attachment style. The dynamic of powerlessness was examined through the locus of control of participants. While study one findings may suggest that CSE does not influence those particular dynamics, it could also be argued that CSE has a more complex relationship with inter-personal functioning. For example, whilst CSE is considered to be a form of sexual abuse, there are some key elements which separate them. Namely, CSE involves an 'exchange' of sexual behaviours for something, or an inaccurate perception by the victim that the encounter is consenting. Therefore, a victim may not experience a sense of betrayal from this event as postulated by the Traumagenic Dynamics Theory (Finkelhor & Browne, 1985). Consequently, victims may not experience shame, and therefore their self-esteem would be unaffected by CSE. Indeed, this theory emphasises the importance of a victim's perception of their abuse, which influences their response to it. In the young adult sample from study one, those who experienced CSE may not perceive this as a form of abuse and consequently, they may not have developed difficulties in self-esteem, attachment or social loneliness that are observed in sexual abuse victims.

There are alternative explanations for study one's findings, however. The age group of participants in study one was restricted to young adults aged between 18 and 30, with the mean age being 20 years. This was to capture individuals who likely had access to the internet during their childhood and adolescence, to examine CSE through use of technology. Additionally, this would maximise the likelihood of participants accurately recalling their experiences of CSE prior to the age of 16 (Radford et al., 2013). However, it could be argued that self and social functioning is continually developing among this age group and that such difficulties have not yet emerged. Therefore, it is possible that the link between CSE and adult characteristics were moderated by participants' age. Therefore, the traumagenic dynamics that were examined, may have not yet have emerged in the sample. In the Adverse Childhood Experiences research (Anda et al., 2006; Felitti et al., 1998), the sample included adults aged 19 and above, with a mean age of 56 years for women and 58 years for men. The presence of health and social problems were examined throughout the lifespan. Significant associations were observed between the number of adverse childhood experiences and relationship problems in adulthood. Researchers postulated that early stressors disrupt neuropeptides that play a role in social bonding and attachment. Thus, victims may experience difficulties in forming long-term attachments and over a period of time they may encounter repeated difficulties in relationships. It could therefore be argued that in study one, the age group that was selected did not allow for sufficient experience of adult relationships nor the opportunity to encounter problems in that context. An insecure attachment style and social loneliness may have been evident at a later stage in adulthood. Therefore, the dynamic of betrayal may still be relevant for victims of CSE, particularly if they have experienced additional forms of abuse and adversity.

Alternatively, there may be protective factors that have buffered against the development of inter-personal difficulties in this sample. According to the developmental psychopathology approach (Cicchetti & Rogosh, 2002), healthy and problematic functioning is influenced by the numerous transactions between an individual and their key relationships throughout their lives (Cole & Putnam, 1992). While the caregiver relationship is crucial for development, research suggests that inter-personal capabilities are responsive to new and protective experiences. This includes having social support from friends, which can increase self-reported resilience among adults who have experienced childhood abuse (Howell & Miller-Graff, 2014). This would also fit within

the ecological systems framework, whereby development is influenced by the numerous interactions between an individual and each of the social systems surrounding them. Therefore, it is possible that in the study one sample there are factors across each of their social systems that have protected participants against developing problems with social loneliness, self-esteem and attachment style. This relates to the concept of resilience, which is defined as positive adaptation following adversity. An individual can demonstrate resilience in some, but not all aspects of their lives (Vanderbilt, Adriance & Shaw, 2008). It is considered to be a dynamic construct, which is responsive to changing circumstances and experiences. Arguably the study one sample, which is drawn from a university student population in the UK, are demonstrating resilience in at least one aspect of their lives: educationally. It is also possible that this sample possess individual resilience factors, meaning that aspects of their thinking or behaviour could be contributing to healthy inter-personal functioning (Fergus & Zimmerman, 2005).

This could be supported by the finding that CSE was significantly associated with locus of control in study one. This individual characteristic is associated with resilience (Haskett, et al., 2006) and relates to what degree a person believes they are in control of their life. Study one findings suggested that individuals who were approached sexually by an adult but were *not* exploited, exhibited a more internal locus of control compared to those who were not approached. This could suggest that having greater perceptions of control in life protected them against an exploitation attempt. Participants may have felt able to resist an attempt by a perpetrator, and take action to avoid sexual exploitation. However, due to the cross-sectional nature of this study, this factor would require further exploration in future research. This finding reveals the importance of examining resilience and its role in adult functioning. It is also a novel finding in the field of CSE research, which has been dominated by descriptive studies that explore vulnerability and difficulty in the lives of those affected. This particular finding in study one could suggest that there are individual factors that may protect some children and young people from being sexually exploited. The implications for practice are detailed in the general discussion.

In addition to protective factors, the Ecological Systems Theory (Bronfenbrenner, 1977, 2005) proposes that prior abuse or dysfunction shapes development throughout the lifespan. This would be captured within the ontogenic system and chronosystem, where adversity during different developmental stages can result in a number of difficulties for

an individual. Poly-victimisation is an ontogenic factor that can lead to changes across different developmental stages, whereby the traumatic stress of multiple forms of abuse or adversity can accumulate. Over time, this cumulative impact can interfere with the development of important capabilities, such as coping and emotional regulation (Pynoos et al., 2009; Trickey et al., 2012). Dysfunctional coping methods are associated with many long-term social, physical and mental health problems for those who have experienced poly-victimisation (Anda et al., 2006; Felitti et al., 1998). Therefore, in study one, it is possible that a single form of abuse, CSE, was not associated with inter-personal problems in young adulthood. Poly-victimisation should therefore be examined in the subsequent studies, along with individual capabilities such as coping style and resilience.

## 6.5    Limitations

This sample were drawn from a UK university and it is not possible to conclude that these findings are representative of all UK universities, or the general population as a whole. Additionally, this sample could be demonstrating educational resilience and they may also possess higher levels of resilience across other domains when compared with the general population. Therefore, when examining constructs that are related to resilience, it is important to examine the general population as well as students. This was the aim of the later studies in this thesis. Furthermore, study one did not obtain equal representation of males and females. Consequently, the findings may not be generalisable to males. With these limitations in mind, the CSE measure that was used in study one must be administered to other samples in the UK and beyond, in order to obtain comparable rates of prevalence. Efforts must also be made to obtain a large sample of males. Finally, while the definition of CSE in this study was deemed to be inclusive of many typologies, it did not fully capture gang or peer exploitation. Therefore, study one may still under-estimate CSE prevalence in the UK.

Another methodological consideration lies in the measures that were used to examine the psychological constructs in the Traumagenic Dynamics Theory (Finkelhor & Browne, 1985). The Rosenberg self-esteem scale aims to establish a person's self-esteem through examining positive and negative feelings towards the self. Rosenberg conceptualised self-esteem as a unidimensional construct. However, other researchers propose this has two dimensions: self-liking and self-competence (Tafarod & Milne,

2002). It could therefore be argued that the stigmatisation dynamic was not suitably captured by the measure that was used in this study. In study one, self-esteem was also selected as a means to examine one aspect of the self-construct, and thus partially test the Constructivist Self-Development Theory (McCann & Pearlman, 1990a). Within that theory it is argued that sexual abuse is one among many important life events that can disrupt the developing self. However, it is possible that self-esteem is not an appropriate representation of the self. Other aspects of the self and which warrant examination are cognitive schemas and self-regulation ability (McCann & Pearlman, 1990a). Consequently, it is still possible that the developing self *was* adversely impacted by CSE in this sample. The chosen method of measurement could have obscured this. In subsequent studies in this thesis, cognitive schemas and self-regulation are therefore examined.

## 6.6    Concluding statement

Study one provides helpful data on the nature and prevalence of CSE amongst a young adult sample, drawn from a population of university students in the UK. Therefore, the data does not rely upon professionals and other responsible adults recognising this abuse, nor does it rely upon victims labelling this as an abusive encounter. Thus, study one may provide a more accurate prevalence rate of CSE in the UK, when compared with existing survey data. In order to establish whether the prevalence rate in study one is representative of other UK universities and the general population, the CSE checklist that was designed for this thesis must be administered to other samples.

The findings from study one could suggest that adult functioning among CSE victims is influenced by protective factors. This moves away from a strict emphasis on vulnerability and adversity, which is evident in much of the existing CSE literature. Instead, this thesis considers individual strength and healthy development. Thus, the concept of resilience is examined in study two. The existing literature identifies a number of factors that could influence healthy or problematic functioning for CSE victims, including the quality of the caregiver-child relationship (Collishaw et al., 2007; Whittle et al., 2013) and coping style (Domhardt et al., 2015). It could be further argued that a poor-quality relationship with a caregiver could increase vulnerability for CSE, as it may result in a number of unmet psychological needs, as detailed in the Constructivist Self-Development Theory (McCann & Pearlman, 1990a; Wolak, et al., 2003). These needs

could be exploited by a perpetrator, who may offer affection and attention in exchange for sexual behaviours. Therefore, vulnerability for CSE is examined in study two.

In the abuse literature, resilience is also influenced by the presence of other forms of abuse or adversity (Anda et al., 2006) and therefore poly-victimisation is examined in study two. Indeed, it has been suggested that many individuals who experience CSE may have experienced other types of maltreatment and adversity (Barnardo's, 2011; Coy, 2009; Sharp, 2012). It is important to examine this empirically, along with their role in long-term functioning. While in the current study there was no significant relationship between CSE and adult attachment style, there is consistent evidence which suggests that sexual abuse leads to difficulties in romantic and sexual relationships. Therefore, the Traumagenic Dynamics Theory is further examined in study two, as the dynamic of betrayal is tested through examining attachment style and trust beliefs among CSE victims.

**Chapter 7.    Study two**

**Child sexual exploitation, poly-victimisation and resilience**

**7.1    Research questions**

Based on the findings from study one, study two built on this by examining the links between CSE and resilience, as well as the role of poly-victimisation in adult functioning. The following predictions were made:

3) Those who experienced a low-quality bond with their caregivers in childhood, will have experienced childhood sexual exploitation.
4) Poly-victimisation in childhood will be associated with an insecure attachment in adulthood;
5) This association will be mediated by beliefs about trust;
6) Poly-victimisation and poor bonding with the primary caregiver, will be stronger predictors for an insecure adult attachment than CSE experience;
7) Poly-victimisation and poor bonding with the caregiver, will be stronger predictors for poor coping and low resilience than CSE experience.

**7.2    Method**

*7.2.1    Participants*

The sample comprised 263 participants aged between 18 and 25 years, with a mean age of 20.87 years (SD=2.29). Participants were drawn from the general population and a UK University. It was not possible to report how many participants were in each group because some participants (N = 69) did not report their current student status. The sample was comprised of 224 females (85.2%) and 39 males (14.8%). Due to the small number of males in the sample, statistical comparisons could not be made between males and females. The majority of the sample described themselves as White British ethnic origin (63.7%, n=167). The remainder of the sample were White Other (9.9%, n=26), Asian Pakistani (6.5%, n=17), Other (4.6%, n=12), Black African (4.2%, n=11), Asian Indian (3.8%, n=10), White Irish (2.3%, n=6), Chinese (1.5%, n=4), Black Caribbean (1.1%, n=3), Asian Other (0.8%, n=2), Mixed White Black Caribbean (0.8%, n=2), Mixed

White Asian (0.4%, n=1) and Mixed Other (0.4%, n=1). One participant did not report their ethnic origin.

### 7.2.2 Procedure

Participants were recruited through online forums and websites, where a link was posted along with brief details of the study. Having first sought permission from the website hosts, this was posted on two websites that belonged to organisations aimed at supporting victims of sexual abuse: www.survivorsuk.org and www.napac.org.uk. The social media company 'Facebook' was also used to recruit participants and 'Linked-in': a professional online networking forum.

Having accessed the weblink, individuals were required to review detailed information on the study and provide consent by checking a box on the first page. If consent was provided then participants were asked to complete a number of questionnaires, visible only when consent was provided. Inclusion criteria involved having access to a computer, the internet and an ability to read and understand English.

### 7.2.3 Measures

Participants were required to complete the following questionnaires, and which are included in the appendices:

<u>Measure to assess child sexual exploitation (Ireland et al., 2015)</u>

This was the same measure that was used in study one. To obtain further information regarding the exploitation event, additional questions required participants to state whether the perpetrator was known to them: a family member, friend of the family, acquaintance or unknown to them.

<u>A checklist to assess multiple forms of victimisation</u>

A brief, six item check-list was designed by the researcher. Participants were asked about their experiences of having witnessed and/or been the victim of physical and emotional abuse. Data on emotional and physical victimisation was utilised for the analysis. Examples of items include:

*(1) Did you ever witness, or were you ever aware of any fighting or violence in your home when under the age of 16 (involving your carers)?*

*If YES, were you ever the victim of any physical violence (hitting with hand or object, shoving, punching, slapping or kicking)?*

*(2) Did you ever witness, or were you aware of any emotional or verbal abuse in your home when under the age of 16 (involving your carers)?*

*If YES, were you ever the victim of any emotional or verbal abuse in your home when under the age of 16?*

The Parental Bonding Instrument (Parker, Tupling & Brown, 1979):

This 25-item measure explores the perceived quality of parenting/care during first 16 years of life. Response format is a four-point likert scale, ranging from 'very unlike' to 'very like', with no neutral response option. Bonding is represented by two dimensions: parental care and over-protection, with higher scores indicating higher levels of care and over-protection. Participants were asked to complete this for a primary caregiver, as well as a second caregiver if one was present in childhood. Internal consistency has been assessed, with coefficient alpha ranging from .92 to .94 for the care scale and .87 to .88 for the over-protection scale (Safford, Alloy & Pieracci, 2007). Examples of questions include:

*(1) My caregiver spoke to me with a warm and friendly voice;*

*(2) My caregiver helped me as much as I needed.*

The Coping Styles Questionnaire (Roger, Jarvis, & Najarian, 1993):

This 41-item measure explores how individuals behave when faced with stress and it was used to represent resilience during childhood. The Coping Styles Questionnaire is based on literature which suggests there are different components of coping, which represent adaptive or maladaptive approaches to problem solving. Two types of adaptive coping styles are identified in this measure: rational and detached. The two maladaptive types are emotional and avoidant.

Response format is a 4-point likert scale, ranging from never to always, with no neutral response option. High scores indicate a higher degree of avoidance and rational coping. On the detached scale however, low scores indicate emotional coping, and high scores indicate detached coping. Participants were asked to think about how they dealt with situations prior to the age of 16 and how they *typically* responded to stress during

that period.  Internal consistency has been assessed, with coefficient alpha of .85 for rational coping, .90 for detached, .74 for emotional and .69 for avoidance coping (Roger et al., 1993).  Examples of questions include:

*(1) I feel overpowered and at the mercy of a situation;*

*(2) I work out a plan for dealing with what has happened.*

The Connor Davidson Resilience Scale (Connor & Davidson, 2003):

The 10-item version of the Connor Davidson Resilience Scale was utilised in study two, which measures recent ability to cope with stress and adversity.  Response format is a 5-point likert scale, ranging from 'not true at all' to 'true nearly all the time', with no neutral response option.  Resilience is represented by persistence/tenacity, strong sense of self-efficacy, emotional and cognitive control under pressure and ability to 'bounce back' from adversity.  Consequently, this measure represents some of internal assets that are associated with resilient functioning in the literature.  High scores on this scale indicate a higher degree of resilience.  Internal consistency has been assessed, with coefficient alpha of .85 (Notario-Pacheco, Solera-Martínez, Serrano-Parra, Bartolomé-Gutiérrez, García-Campayo & Martínez-Vizcaíno, 2011).  Examples of questions include:

*(1) I am able to adapt when changes occur;*

*(2) I have at least one close and secure relationship that helps me when I am stressed.*

The Relationship Structures Questionnaire – Short Version (ECR-RS; Fraley, Niedenthal, Marks, Brumbaugh & Vicary, 2006):

This 9-item measure assesses relationship anxiety and avoidance in a variety of close relationships, with a 7-point likert scale ranging from 1 to 7.  Responses range from 'strongly disagree' to 'strongly agree', with a neutral response option.  High average scores on each sub-scale indicate high levels of relationship anxiety and avoidance.  Participants were asked to consider a relationship with an adult partner.  If currently not in a relationship, they were advised to answer with respect to a previous partner or a relationship they would like to have.  Internal reliability has been assessed for this 9-item version, with Cronbach's alpha of between .83 to .87 on the anxiety subscale and between

.81 and .92 on the avoidance subscale (Fraley, Heffernan, Vicary & Brumbaugh, 2011). Examples of questions include:

*(1) It helps to turn to this person in times of need;*

*(2) I usually discuss my problems and concerns with this person.*

<u>Trust in Close Relationships Scale (Rempel, Holmes & Zanna, 1985).</u>

This 18-item scale was designed to gauge levels of trust in one's relationship partner. This can be separated into three sub-scales comprising of the following dimensions: predictability, dependability and faith. Alternatively, all of the items can be summed to produce an overall trust in close relationships score. Response format is a 7-point likert scale, ranging from strongly agree to strongly disagree, with a neutral response option. Higher total scores indicate high levels of trust. Participants were advised not to complete this questionnaire if they had never experienced an intimate relationship. Internal consistency reveals coefficient alpha ranging from .88 to .92 (Miller & Rempel, 2004). Examples of questions include:

*(1) My partner has proven to be trustworthy and I am willing to let him/her engage in activities which other partners find too threatening;*

*(2) Even when I don't know how my partner will react, I feel comfortable telling him/her anything about myself, even those things of which I am ashamed.*

## 7.3    Results

This section describes the data screening process, followed by preliminary analyses exploring the internal consistency of the measures adopted, as well as the prevalence of CSE in this sample. Finally, the main analyses are presented, and which explore the links between multiple forms of childhood abuse including CSE, perceived bonding with caregivers during childhood and adult functioning. Specifically, resilience and attachment style in adulthood.

### 7.3.1   Data screening

The data set was examined to check for data entry errors, missing values, and univariate and multivariate outliers. Two univariate outliers were identified from

ungrouped data (Tabachnick & Fidell, 2007) and replaced with the Winsorised mean (Erceg-Hurn & Mirosevic, 2008; Kyu-Kwak & Hae Kim, 2017). This involved modifying outliers with a less extreme value. Mahalanobis distance revealed five potential multivariate outliers, which were removed from the data set. This resulted in a total sample size of 258.

A total of 11.6% item responses were missing from the data set, however this study contained a number of hierarchical questions: participants omitted the second parental bonding instrument and the trust belief questionnaire if not applicable. After these measures were omitted, a total of 331 items were missing (1.5% of the data set). Little's MCAR test indicated that the data were missing completely at random ($x2 =$ 76.07, df = 129, p = 1.00). The amount of missing data was considered to be minor and therefore group mean substitution was utilised (Tabachnick & Fidell, 2007; Widaman, 2006).

### 7.3.2   Preliminary analyses

This section presents the internal consistency of the measures administered in this study and the nature and prevalence of CSE in this sample. Table 5 details the Cronbach's alpha of each measure administered, at the overall and sub-scale levels.

*Table 5: Internal consistency of the PBI, CSQ, CD-Risc, ECR-RS and trust belief scale*

|  | Number of items | Overall (n) |
|---|---|---|
| **PBI** (parental bonding) | 25 | .79 (251) |
| Care subscale | 12 | .96 (251) |
| Over-protection subscale | 13 | .85 (251) |
| **CSQ** (coping style) | 41 | .80 (258) |
| Avoidance coping | 10 | .78 (258) |
| Rational coping | 10 | .79 (258) |
| Detached coping | 21 | .89 (258) |
| **CD-Risc** (resilience) | 10 | .89 (258) |
| **ECR-RS** (attachment) | 9 | 1.00 (258) |
| Anxiety subscale | 3 | 1.00 (258) |
| Avoidance subscale | 6 | 1.00 (258) |
| **Trust beliefs** | 18 | .94 (204) |

All scales demonstrated an acceptable internal consistency of .80 and above (Nunnally, 1978), except for the Avoidance (.78) and Rational Coping scales (.79) and the Parental Bonding Inventory (.79). However, they were only marginally below and therefore deemed to be acceptable for the study.

*Prevalence of childhood sexual exploitation*

A total of 148 participants (57.4% of the sample) were approached sexually by an adult and 109 were not (42.2%). Of those who were approached, 76 individuals (29.5% of the sample) were successfully exploited when a perpetrator requested or demanded they engage in some form of sexual behaviour. A further 28 participants were approached in a sexual way through use of technology, but no request for sexual behaviours from the participant was made by the perpetrator. Table 6 shows the sex of those who were approached sexually and those who subsequently engaged in sexual behaviours when requested to do so (i.e. were sexually exploited).

*Table 6: Sex of participants who reported being approached sexually by an adult*

| Sex of participants requested | Number approached sexually (% of males/females) | Number who engaged in sexual behaviours (%) |
|---|---|---|
| Men, n = 36 | 10 (27%) | 4 (11%) |
| Women, n = 221 | 138 (62%) | 72 (33%) |

Technology was the most frequent method of approach, with 108 participants reporting that an adult made sexual suggestions or tried to engage them in sexual discussions by telephone, via text, or over the internet (102 females and 6 males). The victimisation history of participants is presented in table 7, where participants reported whether or not they had experienced sexual, emotional or physical abuse during childhood.

*Table 7: Prevalence of multiple forms of childhood victimisation*

| | N (% sample) | N (% men) | N (% women) |
|---|---|---|---|
| No victimisation experience: | 93 (36%) | 25 (67%) | 68 (31%) |
| One form of victimisation: | 95 (37%) | 8 (22%) | 87 (39%) |
| Two forms of victimisation: | 38 (15%) | 3 (8%) | 35 (16%) |
| Three forms of victimisation: | 32 (12%) | 1 (3%) | 31 (14%) |

### 7.3.3 Main analyses

As with study one, for this analysis participants were separated into three groups: (1) those with no experience of being approached sexually by an adult, (2) those who were approached but were not exploited, and (3) those who were approached and successfully exploited. In study two, participants were omitted from the main analysis if a sexual approach was made but a response was *not* requested or demanded by a perpetrator. For instance, where someone over the age of 18 was sent pictures or video images of nudity, or of someone performing a sexual act. A total of 28 participants were omitted. This was to ensure that the participants in the exploited group, had been forced

or coerced to exchange sexual behaviours for something. Mean scores and standard deviations for each of the outcome variables are presented in Table 8.

*Table 8: Means and standard deviations for 3 participant groups across outcome variable psychometric measures[3]*

| Measure | Group 1: (No approach) | | | Group 2: (Approached not exploited) | | | Group 3: (Approached exploited) | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Mean | SD | N | Mean | SD | N | Mean | SD |
| Avoidance coping | 109 | 15.1 | 5.1 | 45 | 15.8 | 5.4 | 76 | 18.0 | 5.8 |
| Rational coping | 109 | 15.2 | 5.3 | 45 | 15.0 | 4.7 | 76 | 13.6 | 4.6 |
| Detached coping | 109 | 30.8 | 9.7 | 45 | 25.9 | 9.5 | 76 | 24.0 | 8.7 |
| CD Risc | 109 | 25.2 | 6.6 | 45 | 24.3 | 7.7 | 76 | 23.8 | 8.1 |
| ECR-RS Anxiety | 109 | 3.5 | 1.7 | 45 | 3.9 | 1.8 | 75 | 4.3 | 1.9 |
| ECR-RS Avoidance | 109 | 2.5 | 1.1 | 45 | 2.3 | 1.3 | 75 | 2.8 | 1.5 |
| Trust Belief | 84 | 87.6 | 18.3 | 43 | 89.2 | 20.1 | 70 | 83.6 | 23.4 |

*Exploring vulnerability for childhood sexual exploitation*

Multinomial logistic regression was undertaken to predict participants' experience of being sexually exploited by an adult, based on the perceived quality of the caregiver bond during childhood (care and over-protection scales). This included the primary caregiver and if applicable, the secondary caregiver.

Prior to analysis, tests were performed to check that data met all necessary statistical assumptions. A potential violation of the linearity of the logit was identified for the parental bonding instrument (PBI) care scale and its natural log. The implications of this, in terms of the generalisability of results, will be considered in the discussion section. The remaining assumptions were met.

Multinomial logistic regression revealed that for the *primary* caregiver, a test of the full model with care and over-protection against a constant only model was

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[3] Higher scores on each scales indicate a greater degree of: avoidance, rational, and detached coping, relationship anxiety and avoidance, higher resilience and beliefs regarding trust.

statistically significant, $\chi^2$ (4, n=224) = 21.23, p< .001. This indicated that the quality of primary caregiver bond reliably distinguished between individuals who were approached sexually by an adult when under the age of 16 and those who had not. This indicated that participants who were sexually exploited by a perpetrator when under the age of 16, differed in the quality of their bond with their primary caregiver, when compared with individuals who were never approached sexually. There was a good model fit $\chi^2$ (360, n=224) = 372.38, p =.31, using a deviance criterion, Nagelkerke $R^2$ = .10. Comparisons of log likelihood ratios showed a significant improvement with the addition of Care $\chi^2$ (2) = 19.88, p< .001, indicating that perceived level of care was reported as lower among those who experienced CSE, compared with participants who were never approached. Level of care reliably separated those who were never approached sexually and those who were approached and successfully exploited b = -0.09, Wald $\chi^2$ (1) = 16.9, p< .001.

Where data was available for a second caregiver, analysis was *not* statistically significant, meaning there were no differences in perceived levels of care or over-protection regardless of CSE experience. This meant that participants who were sexually exploited did not differ from those who were never approached sexually, in the quality of their bond with a second caregiver. Therefore, for the subsequent analyses, data on the second caregiver was not considered further.

*Exploring the individual characteristics of participants who have experienced childhood sexual exploitation.*

A series of hierarchical multiple regression analyses were undertaken to examine the relationship between the following predictor variables: poly-victimisation in childhood, the quality of the bond with the primary caregiver and child sexual exploitation, with the following outcome variables: childhood coping approach, adult attachment style and resilience in adulthood.

Tests were performed to check that each analysis met all necessary statistical assumptions. No violations were found relating to multicollinearity, non-normality, heteroscedasticity, non-independence of errors.

*Attachment style*

Separate multiple regression revealed at step one a significant bivariate relationship between multiple victimisation and scores for relationship anxiety $R^2 = .11$, $F_{inc}$ (1, 217) = 26.01, p< .001 and scores for relationship avoidance $R^2 = .04$, $F_{inc}$ (1, 217) = 9.28, p = .003.

Step two revealed a significant relationship between caregiver relationship (care and over-protection) and relationship anxiety, $R^2 = .18$, $F_{inc}$ (1, 217) = 9.73, p< .001, increasing the variance from 11% to 18%. For relationship avoidance, $R^2 = .15$, $F_{inc}$ (1, 217) = 13.86, p< .001, increasing the variance from 4% to 15%. At step three the addition of CSE did not increase the amount of variance in relationship anxiety $R^2 = .18$, $F_{inc}$ (1, 217) = 0.14, p>.05 or relationship avoidance, $R^2 = .16$, $F_{inc}$ (1, 217) = 0.96, p>.05.

In terms of significant contributions to the models, participants who reported higher relationship anxiety in adulthood experienced multiple forms of childhood victimisation and viewed their primary caregiver as lacking in affection and warmth. Those reporting relationship avoidance in adulthood, viewed their primary caregiver as lacking in affection and warmth.

*Cross validation*

Cross validation is more accurately termed the squared population coefficient of cross validation, and it examines how well the regression model predicts the scores of different samples from the same population. If there is a drop in predictive power, then the model is said not to generalise well beyond the study sample (Field, 2009). There are several methods available to cross validate a regression equation, with varying accuracy among methods (Walker, 2007). The Rozeboom and Lord formulae have been found to perform well (Walker, 2007; Salh, 2015).

Application of both the Rozeboom and Lord formulae produced adjusted $R^2$ of 0.125 and 0.116 respectively for relationship avoidance, and 0.156 and 0.148 for anxiety. This meant that, if the models were derived from the population, they would account for approximately 2.3% or 3.2% less variance in relationship avoidance, and 2.2% or 3.0% less variance in relationship anxiety. The implication of this will be considered in the general discussion.

*Exploring the indirect effects of trust beliefs on the link between poly victimisation adult attachment style*

Regarding the mediation model, there are several methods available to test hypotheses relating to indirect effects. Despite being commonly used in psychological research, the Baron and Kenny (1986) approach is not recommended. This has generally been found to have very low statistical power (MacKinnon, Lockwood, Hoffman, West & Sheets, 2002), meaning that genuine mediation effects may be missed. The Sobel test is also not recommended, being described as the least powerful method. Despite this, the Sobel test is still widely used in mediation analysis (Hayes & Scharkow, 2013). Instead, bootstrapping is recommended by some researchers. It makes no assumptions regarding the shape of the sampling distribution and has more power to detect significant effects than other methods such as the Sobel test or the Baron and Kenny (1986) approach (Hayes, 2012; MacKinnon et al., 2002). Therefore, the bootstrapping mediation model in study two was performed in SPSS using PROCESS (Hayes, 2012) for the relationship anxiety and avoidance scales of the ECR-R. In the bootstrapping procedure, if the 95% confidence interval does not include zero, then the mediation effect is said to be significant.

For relationship anxiety, the total effect was significant $t = 4.33$, $p < .001$. The indirect effect was significant, with bootstrap confidence intervals above zero (0.0247 and 0.3457). For relationship avoidance, the total effect was significant $t = 2.05$, $p = .04$. The indirect effect was also significant, with bootstrap confidence intervals above zero (0.176 and 0.2432).

These results indicate that victimisation in childhood may influence an individual's beliefs about whether they can trust their partner in adulthood, which then impacts on their style of attachment in partner type relationships. More specifically, when participants experience multiple forms of victimisation in childhood, they report lower levels of trust and which may lead to an insecure attachment with their partners. Table 9 shows the mean scores and standard deviations for the trust belief scale, based on history of childhood abuse as reported by participants.

*Table 9: Means and standard deviations for the trust belief scale, separated by childhood victimisation*

| Victimisation history | N | Mean | SD |
|---|---|---|---|
| No victimisation | 72 | 87.9 | 17.6 |
| One form of victimisation | 84 | 90.4 | 20.5 |
| Two forms of victimisation | 33 | 84.0 | 23.1 |
| Three forms of victimisation | 29 | 78.2 | 21.3 |

*Childhood coping style*

This part of the analysis examined the possible links between childhood poly-victimisation and the quality of caregiver bonds, with self-reported coping style during childhood. Furthermore, whether poly-victimisation and inadequate bonding are stronger predictors of a poor coping style than CSE. Correlations and coefficients are presented in Table 10.

Separate multiple regression revealed at step one, a significant bivariate relationship between multiple victimisation and scores for avoidance coping $R^2 = .10$, $F_{inc} (1, 218) = 25.43$, $p < .001$, rational coping $R^2 = .04$, $F_{inc} (1, 218) = 9.14$, $p = .003$ and detached coping $R^2 = .13$, $F_{inc} (1, 218) = 33.58$, $p < .001$.

Step two revealed a significant relationship between caregiver relationship (care and over-protection) and scores for avoidance coping, $R^2 = .14$, $F_{inc} (1, 218) = 4.61$, $p = .011$, increasing the variance in avoidance coping to 16%. For rational coping, $R^2 = .19$, $F_{inc} (1, 218) = 20.87$, $p < .001$, the variance increased to around 19%. For detached coping, $R^2 = .25$, $F_{inc} (1, 218) = 18.14$, $p < .001$, increasing the variance to 25%. At step three, the addition of CSE did not increase the amount of variance in avoidance coping, $R^2 = .15$, $F_{inc} (1, 218) = 0.92$, $p = .40$, rational coping, $R^2 = .20$, $F_{inc} (1, 218) = 0.35$, $p = .70$ or detached coping, $R^2 = .27$, $F_{inc} (1, 218) = 2.94$, $p = .06$.

Regarding significant contributions to the models, as perceived care increased (indicating a caregiver relationship involving warmth and affection) so too did rational and detached coping, whereas, avoidance coping decreased. This suggests that a warm and affectionate relationship with a caregiver may be linked with an adaptive style of coping when faced with problems or difficulties in childhood or adolescence. As the

number of victimisation types increased, detached coping decreased and avoidance coping increased. This indicates that poly-victimisation may also be linked with a less adaptive style of coping during childhood and adolescence, whereby an avoidant approach is utilised.

Calculation of the adjusted $R^2$ utilising both the Rozeboom and Lord formulae indicated that if the model was derived from the population it would account for approximately 2.2% or 2.9% less variance in scores for rational coping, 2.0% or 2.7% less variance in detached coping, and 2.3% or 3.1% less variance in avoidance coping. The cross-validity of the regression models is considered in the discussion.

*Resilience in adulthood*

This part of the analysis examined the possible links between childhood victimisation and the quality of caregiver bonds, with resilience in adulthood. Furthermore, whether poly-victimisation and inadequate bonding are stronger predictors of low resilience than CSE.

At step one the relationship between multiple victimisation and resilience was *not* significant $R^2 = .01$, $F_{inc}$ (1, 218) = 1.22, $p = .27$. With the addition of caregiver relationship at step two, significance was achieved $R^2 = .10$, $F_{inc}$ (1, 218) = 10.96, $p < .001$, but increasing the variance to only 10%. The addition of CSE did not increase the amount of variance in resilience $R^2 = .10$, $F_{inc}$ (1, 218) = 0.96, $p = .39$.

Regarding significant contributions, as perceived care increased, resilience scores increased. As perceived over-protection increased, resilience decreased. This meant that participants who were higher in resilience viewed their primary caregiver as warm and affectionate. Those with lower resilience, experienced a caregiver who exerted control rather than encouraging autonomy. Correlations for all measures are presented in Table 9.

Calculation of the adjusted $R^2$ utilising both the Rozeboom and Lord formulae indicated that if the model was derived from the population, it would account for approximately 2.4% or 3.3% less variance in scores for resilience. This is considered within the general discussion.

*Table 10: Correlations and coefficients for the coping styles, attachment styles and resilience questionnaires*

| Measure | Steps & predictors | | B | SE B | β |
|---|---|---|---|---|---|
| Avoidance coping | 2. Multiple victimisation | .321*** | 1.22** | 0.39 | .02 |
| | PBI Care | -.310*** | -0.10* | 0.05 | -.17 |
| | PBI Over-protection | -.183** | 0.07 | 0.05 | .08 |
| | 3. No approach vs approach not exploited | | -1.37 | 1.13 | -.10 |
| | No approach vs approach exploited | | -0.29 | 1.14 | -.03 |
| Rational coping | 2. Multiple victimisation | -.199** | -0.12 | 0.34 | .02 |
| | PBI Care | .438*** | 0.24*** | 0.41 | .44 |
| | PBI Over-protection | -.185** | -0.01 | 0.05 | -.02 |
| | 3. No approach vs approach not exploited | | -0.44 | 0.98 | -.04 |
| | No approach vs approach exploited | | -0.82 | 0.98 | -.08 |
| Detached coping | 2. Multiple victimisation | -.362*** | -1.66* | 0.65 | -.17 |
| | PBI Care | .476*** | 0.40*** | 0.08 | .36 |
| | PBI Over-protection | -.251*** | -0.12 | 0.09 | -.09 |
| | 3. No approach vs approach not exploited | | -4.20* | 1.87 | -.17 |
| | No approach vs approach exploited | | -3.94* | 1.88 | -.19 |
| CD Risc | 2. Multiple victimisation | -.074 | 0.40 | 0.54 | .06 |
| | PBI Care | .245*** | 0.16* | 0.07 | .20 |
| | PBI Over-protection | -.262*** | -0.20** | 0.07 | -.20 |
| | 3. No approach vs approach not exploited | | -1.97 | 1.55 | -.11 |
| | No approach vs approach exploited | | -1.90 | 1.56 | -.12 |

| Measure | Steps & predictors | | B | SE B | β |
|---|---|---|---|---|---|
| ECR-RS Anxiety | 2. Multiple victimisation | .325*** | 0.32* | 0.13 | .18 |
| | PBI Care | -.389*** | -0.06*** | 0.02 | -.27 |
| | PBI Over-protection | .204** | 0.02 | 0.02 | .07 |
| | 3. No approach vs approach not exploited | | -0.19 | 0.38 | -.04 |
| | No approach vs approach exploited | | -0.15 | 0.38 | -.04 |
| | | | | | |
| ECR-RS Avoidance | 2. Multiple victimisation | .201** | 0.02 | 0.09 | .02 |
| | PBI Care | -.378*** | -0.05*** | 0.01 | -.34 |
| | PBI Over-protection | .207** | 0.01 | 0.01 | .08 |
| | 3. No approach vs approach not exploited | | -0.36 | 0.26 | -.11 |
| | No approach vs approach exploited | | -0.20 | 0.26 | -.08 |

**p<.001
**p<.01
*p<.05

### 7.3.4   Summary of findings

As predicted, the perceived quality of the caregiver bond prior to the age of 16 was significantly associated with experiencing CSE.  This meant that participants who reported CSE, perceived their primary caregiver as lacking in warmth and affection during childhood.  Further, CSE was *not* associated with past or current resilience, or current attachment style.  As expected, the quality of the primary caregiver relationship and childhood poly-victimisation predicted coping style in childhood, as well as relationship anxiety and avoidance in adulthood.  This indicates that experiencing poly-victimisation in childhood, as well as a poor bond with the primary caregiver, may contribute to a less functional coping style in childhood and adolescence, and with an insecure attachment to others in adulthood.

As predicted, childhood poly-victimisation was associated with increased relationship insecurity through its effects on participants' beliefs about trust.  This suggests that poly-victimisation in childhood influences beliefs about how well others can be trusted, which then adversely impacts on adult attachment style.  This appears to be the case for both anxious and avoidant styles of attachment.

Partially in line with hypotheses, the quality of the caregiver relationship, but not childhood poly-victimisation, predicted higher resilience in adulthood.  This meant that greater warmth and affection with the primary caregiver may contribute to high levels of resilience in adulthood, whereas greater control or dominance may lead to lower resilience.

A high level of perceived care consistently emerged as the strongest predictor in each regression model.  However, the predictors that were examined in this study only accounted for up to 25% of variance in some of the outcomes measured.  This means that caregiver bonds and victimisation history are only two of a number of factors that likely influence functioning in childhood, adolescence and young adulthood.  Therefore, there may be other factors in a victim's home environment and wider social setting that may adversely affect their functioning, some of which are considered later in this thesis.

**7.4     Discussion**

Study two examined resilience and attachment style among individuals who have experienced CSE. Specifically, whether there was an association between poor caregiver bonds, poly-victimisation and CSE in childhood, and lower resilience and insecure attachment in adulthood. In addition, study two further examined the nature and prevalence of CSE, this time in a student *and* general population sample. This would enable comparisons to be made against other prevalence studies, including study one.

Regarding prevalence rates, results were similar to those obtained in study one. A total of 148 participants (57.4% of the sample) reported being approached sexually by an adult when under the age of 16 years. Of those who were approached, 76 individuals (29.5% of the sample) were successfully exploited when a perpetrator requested or demanded they engage in some form of sexual behaviour. In line with study one, technology was the most frequent method of approach, with 41.1% of the sample reporting that an adult made sexual suggestions or tried to engage them in sexual discussions by telephone, via text, or over the internet. Therefore, prevalence rates were generally higher in study two and the reasons for this are unclear. The current study included the general population as well as students. It is possible that the prevalence in the general population could be higher than in students. However, a total of 69 participants did not report whether or not they were full-time students. Therefore, the general population group was not sufficiently large to enable meaningful comparisons to be made.

As predicted, the perceived quality of the caregiver bond prior to the age of 16 was significantly associated with CSE. This meant that participants who experienced CSE perceived their primary caregiver as lacking in warmth and affection during childhood. This could suggest that a low-quality bond increases vulnerability for CSE in that it creates an unmet need for affection or attention. According to the Constructivist Self-Development Theory (McCann & Pearlman, 1990a), unmet psychological needs can influence behaviour and shape development. Arguably, psychological needs could be met by other supportive individuals in participants' lives if these are not met by a primary caregiver. However, if supportive individuals are not available, this could raise vulnerability for CSE as some perpetrators actively look for victims who present with needs for care and attention (Santisteban et al., 2018). This argument fits with findings

from the Northern Ireland CSE survey (Becket, 2011). Social workers identified factors which they felt could be relevant for youth presenting with concerns for CSE. Emotional neglect by a caregiver was present in 83.1% of cases, a breakdown in familial relationships was present in 80.4% of cases, followed by a lack of positive relationship with a nurturing adult and which was present in 61.6% of cases. Furthermore, this argument could be supported by findings from the qualitative study of females who were commercially exploited in the UK when under the age of 18 years. Some of the women reported searching for approval and affection that was lacking at home (Dodsworth, 2014). A strength of this PhD research is that caregiver bond was empirically examined, whereas much of the existing CSE literature is speculative. Vulnerability factors are rarely subject to statistical analysis and therefore in existing research it is not clear whether they are reliable indicators of vulnerability.

The explanation above, appears to fit with the empirical literature on adolescent online behaviour. For instance, Wolak, et al. (2003), examined why some adolescents seek close relationships in the online environment. Females who reported having close online relationships were significantly more likely to report high parent-child conflict when compared to those who did not have close online relationships. For males, they reported low communication with parents. The researchers hypothesised that online relationships may provide comfort and support for those who have difficult relationships with parents, thereby increasing vulnerability for CSE. In study two, it is possible that a poor bond increased participants' vulnerability for CSE through creating an unmet need for care or affection. However, given the current study is cross sectional, the direction of this relationship is not clear. Instead, CSE could be one factor in participants' lives which harmed the quality of their perceived bond with their caregiver. For example, there are reports from local authority inquiries that some perpetrators groom victims to such an extent that this creates difficulties with their family, friends and in other key relationships (Casey, 2015).

In addition to CSE vulnerability, study two examined the potential outcomes associated with CSE. Study two tested an element of the Theory of Emotional Avoidance (Polusny & Folette, 1995), which is underpinned by the Ecological Systems Theory (Bronfenbrenner, 1977, 2005). The theory postulates that victims develop dysfunctional methods to cope with the distress of their abuse, such as using avoidance. Furthermore, it is argued that in abusive households, victims are not taught appropriate coping methods

and which can lead to a number of long-term difficulties (Polusny & Folette, 1995). Study two findings may confirm this aspect of the theory and which is discussed presently. Contrary to expectations, CSE was *not* associated with childhood coping style or resilience in adulthood. It did not account for any additional variance over and above the quality of the primary caregiver bond and childhood poly-victimisation. Given that the CSE checklist in study two examined abuse by any adult, these findings could suggest that non-familial abuse, such as CSE, is less damaging for victims. Therefore, individuals do not need to develop avoidant coping methods to supress negative affect. However, this would conflict with the literature which suggests extrafamilial abuse is harmful for victims. For example, higher levels of trauma symptoms were observed for sexual abuse victims where the perpetrator was unknown to them (Campbell et al., 2009). Furthermore, researchers have argued that stranger abuse can be particularly harmful where the abuse is repeated and when there are multiple perpetrators (Selvius et al., 2018).

The latter argument could indicate that CSE alone is not sufficient to influence dysfunctional coping because it is a single form of abuse. This could be supported by the finding that poly-victimisation was influential in terms of childhood coping style. Poly-victimisation would be described as an ontogenic factor within the Ecological Systems Theory and which shapes development (Bronfenbrenner, 1977, 2005). Results in study two revealed that poly-victimisation was associated with an emotional and an avoidant coping style in childhood. This fits with the existing literature on poly-victimisation, where difficulties are thought to emerge as part of an accumulation of adverse events (Pynoos, Steinberg & Piacentini, 1999). Thus, the relationship with the perpetrator is considered to be less relevant and instead, the cumulative impact of traumatic stress causes harm. For example, Finkelhor et al (2007) found that poly-victimisation was associated with elevated trauma symptoms in children and adolescents. Additionally, Howell et al (2014) found a significant association between childhood poly-victimisation and lower resilience in adulthood. Further, among adolescents who experienced sexual abuse, lower levels of caregiver support and prior levels of abuse all contributed to lower resilience in adolescence (Williams & Nelson-Gardell, 2014). In terms of explanations, it is postulated that poly-victimisation interferes with the acquisition of adaptive coping skills (Pynoos et al., 2009), whereby victims attempt to alleviate the thoughts, emotions and memories associated with their abuse by selecting strategies that are avoidant and self-destructive (Anda et al., 2006; Polusny & Folette, 1995).

However, the above explanation is complicated by the fact that in study two, poly-victimisation was established by asking participants whether, in addition to CSE, they had experienced emotional or physical abuse in the home. Consequently, cumulative stress may not have led to difficulties in coping style in the study two sample. Instead, dysfunctional coping may have emerged due to physical and emotional abuse being committed by a caregiver or another family member. Arguably, to appropriately examine the influence of poly-victimisation on coping and other capabilities, one must also examine extra-familial abuse. Regardless of the explanation, the study two findings do suggest that CSE alone may not be sufficient to influence dysfunctional coping in victims. This would challenge the assumption within CSE inquiries and serious case reviews that this form of abuse can lead to long-term problems for victims (Jay, 2014). Instead, prior abuse in the home could increase CSE victims' vulnerability to longer-term problems, through the development of an avoidant coping style. This is because parenting style and parent-child attachment are considered to be crucial in shaping appropriate coping and self-regulation abilities in childhood (Sheffield-Morris et al., 2007). This explanation could be supported another finding in study two, where the perceived quality of bond with the primary caregiver was significantly associated with childhood coping style, adult resilience and attachment style. More specifically, along with poly-victimisation, low levels of care were associated with avoidance coping in childhood. Therefore, in study two, poly-victimisation in the home and low levels of care from the primary caregiver may be distressing for children, who learn to cope with this through engaging in avoidant coping strategies. This could have implications for longer term functioning, as dysfunctional coping in adolescence could contribute to numerous difficulties in adulthood (Anda et al., 2006).

Regarding protective factors in study two, the quality of bond with the primary caregiver was important for an adaptive coping style in childhood. In the Ecological Systems Theory (Bronfenbrenner, 1977, 2005), the caregiving relationship is a microsystem factor which is influential in shaping ontogenic factors such as coping and self-regulation (Campbell et al., 2009). Findings revealed that high levels of care from the primary caregiver were associated with a rational coping style in childhood. A detached coping style was associated with fewer types of victimisation in the home and high levels of care. These coping styles are considered to be adaptive. Detached coping involves achieving a sense of detachment from stressful events and rational coping is

task-oriented, whereby the individual attempts to address the problem (Roger et al., 1993). Furthermore, in study two, high levels of care and low over-protection from the primary caregiver was associated with another ontogenic factor: resilience in adulthood, measured as the recent ability to cope with stress and adversity. This finding has been observed in other studies of resilience. For example, in a UK epidemiological study of adolescents, amongst those who experienced childhood abuse, a significant number reported no psychiatric disorders during adulthood. A caring parent was amongst several factors associated with their resilience (Collishaw et al., 2007). Therefore, in study two, greater warmth and affection with the primary caregiver may have led to the development of an optimum coping style in childhood and which continued to adulthood. This type of caregiving may provide the child with the necessary skills and qualities to effectively manage stress and difficulty in young adulthood. Thus, from an Ecological Systems perspective, the caregiving relationship appears to influence the chronosystem, which relates to the changes which occur for an individual across different developmental stages. Again, CSE did not account for any additional variance in resilience over and above poly-victimisation and caregiver bond. As discussed, this suggests that CSE alone is not sufficient to impact on resilience in adulthood.

In the current study it is unclear why poly-victimisation in the home was *not* associated with adult resilience. Poly-victimisation would be classified as an ontogenic factor within the Ecological Systems Theory (Bronfenbrenner, 1977, 2005). This contrasts with findings from a US study which utilised the same measure of resilience: the CD-RISC. In their study of university students, greater childhood poly-victimisation was associated with lower resilience in young adulthood (Howell & Miller-Graff, 2014). It is possible that for some participants in the current sample, despite abuse in the home, there appeared to be a warm and supportive caregiver available. This relationship may have been protective, by shaping participants' ability to cope with the distress of their childhood abuse, and which led to higher resilience in young adulthood. Furthermore, it is possible that there were other protective factors in participants' lives which buffered against the impact of poly-victimisation in the home. Indeed, in the US study cited above there were several protective factors that were significantly associated with resilience, including emotional intelligence and social support from friends (Howell & Miller-Graff, 2014). Therefore, in study three, protective factors outside of the caregiving relationship are examined.

The caregiver bond was influential in terms of another ontogenic factor: adult attachment style. In line with the extensive attachment literature, results indicated that participants with an avoidant attachment style in adult relationships, viewed their primary caregiver as lacking in affection and warmth. While poly-victimisation was significantly associated with relationship avoidance at step one in the regression model, it became non-significant after the addition of care from the primary caregiver, suggesting this was the stronger predictor. Findings also revealed that participants with an anxious style of attachment experienced poly-victimisation and also viewed their primary caregiver as lacking in affection and warmth. Relating this to the Constructivist Self-Development Theory, a poor bond with the primary caregiver could result in psychological needs not being met for the child (McCann & Pearlman, 1990a). Over a period of time, these thwarted needs may have influenced the development of certain cognitive schemas that impact on participants' ability to form a secure attachment to others (Simard, Moss & Pascuzzo, 2011; McClean, Bailey & Lumley, 2014). This is because interactions between a child and their caregiver are thought to shape internal working models, which are core beliefs about the self and the self in relation to others. These working models provide a template for the child's expectations of others, particularly in relationships (Riggs & Kaminski, 2010).

In addition to the caregiving relationship, childhood maltreatment can lead to dysfunctional cognitive schemas about the self and the world, including beliefs that the child is unlovable, that others cannot be trusted, and which creates vulnerability for various difficulties in adulthood (Lumley et al., 2012). This explanation may be supported by another finding in study two, in that the link between poly-victimisation and adult attachment, was mediated by trust beliefs. As such, this finding may partially support the betrayal dynamic (Finkelhor & Browne, 1985) as it suggests poly-victimisation in childhood creates a sense of betrayal, and a belief that other people cannot be trusted. This is likely to have a wide-ranging impact, particularly in the context of a romantic relationship. Thus, from an Ecological Systems perspective, this finding demonstrates how different ontogenic factors can interact with one another to impact on relationships in the exosystem. An examination of cognitive schemas may have added stronger support to the proposed mechanism, as trust beliefs are only one of a number of core beliefs that are influenced by abuse and the caregiver bond (Young et al., 2003).

In terms of how study two findings fit within existing CSE literature, there are a number of observations. The Department for Children, Schools and Families (2009) argues that CSE results in long-term physical and psychological harm for victims. Where adverse outcomes are observed among victims, such as in the course of an independent inquiry (Jay, 2014), these are frequently attributed to CSE. However, such claims are not supported with empirical research. As discussed, the findings in study two could suggest that CSE alone is not responsible for some of the long-term difficulties that are observed among victims. Any difficulties in social and psychological functioning, such as resilience, coping and adult attachment style, may be due to the presence of other forms of adversity. Specifically, childhood poly-victimisation and low levels of perceived warmth and affection care from the primary caregiver. Therefore, a strength of this PhD thesis is that through empirical testing, some of the existing assumptions and arguments regarding the impact of CSE may be challenged. The policy and practice implications are detailed in the general discussion. Further, study two revealed that low levels of care and affection from a caregiver may increase a child's vulnerability for CSE, as it could create unmet needs for affection and attention that are exploited by a perpetrator. This is considered to be another strength of this thesis, in that current understanding in relation to CSE vulnerability, is limited.

## 7.5    Limitations

While there are a number of strengths in this thesis, the limitations must be acknowledged. First, poly-victimisation and primary caregiver relationship accounted for up to 25% of variance in the outcomes measured in this study. This means that caregiver bonds and poly-victimisation are only two of a number of factors that influence functioning in childhood, adolescence and young adulthood. The Ecological Systems Theory argues that there are numerous relationships outside of the immediate care environment and which influence development. Therefore, study three examines factors outside of the home that may shape functioning.

Furthermore, the Rozeboom and Lorde formulae (Salh, 2007; Walker, 2007) were calculated in order to estimate how well the regression equations generalise to other samples in the population of interest. Calculations revealed that if the regression models in study two were derived from the population, they would account for between 2% to 3% less variance in scores for adult attachment style, resilience and childhood coping, as

measured in this study. This would be most problematic for resilience, as the caregiver relationship accounted for only 10% of variance in CD-RISC scores in the first instance. The implications of this, are that when applying the study two findings to the wider population of CSE victims, one may over-emphasise the role of the caregiver bond in adult resilience. This will be considered further in the general discussion, where other variables that may shape long-term development are discussed.

There were limitations in regard to sample characteristics in study two. A sizeable number of participants did not answer a question relating to their student status, meaning that it was not possible to categorise them as being from the general or student population. Consequently, the general population sample was not sufficiently large for comparisons to be made on the nature and prevalence of CSE, or to compare these groups during hypothesis testing. Future studies should ensure that questions relating to demographic information is not optional, and that participants are required to state this information before proceeding to the questionnaire battery. In addition, the small sample of males in this study meant that comparisons could not be made regarding CSE vulnerability, or the adult characteristics of males and females. This is despite a methodology which specifically sought male victims of abuse. The implications of this will be discussed in the general discussion.

A final limitation relates to the cross-sectional nature of study two. Therefore, while vulnerability for CSE could be linked with the caregiver bond, it is not possible to draw firm conclusions regarding the direction of the significant association. This finding would have to be replicated in another sample before one can be confident that a poor caregiver bond raises CSE vulnerability. In addition, there are likely to be a number of other factors that influence vulnerability for CSE. The introduction highlighted a number of possible factors, and which are discussed in the concluding statement.

## 7.6 Concluding statement

Study two examined the nature and prevalence of CSE in another sample of young adults, drawn from the student *and* general population. Findings were broadly consistent with those obtained in study one. It is possible that around half of children and adolescents will be approached sexually by an adult at some point prior to the age of 16 years. However, in order to qualify this statement similar findings must be obtained from

other student and general population samples. Therefore, study three examines the nature and extent of CSE in another sample of young adults.

Theory and literature are consistent in their message that the bonds between an infant and their primary caregiver are crucial in helping to shape attachment and self-regulation. Furthermore, that abuse and adversity can disrupt these particular capabilities. Study two findings appear to fit with this existing body of literature. Furthermore, they may challenge some of the existing assumptions about the long-term impact of CSE. Namely, that CSE may not be solely responsible for some of the long-term difficulties that are observed among victims, as is currently assumed. Instead, poly-victimisation in the home and low levels of care from a primary caregiver may be influential. However, it is not yet clear whether poly-victimisation exerted its effects due to the cumulative impact of distress for victims. This may have been due to the abuse taking place in the family unit, and where the relationship with the perpetrator may be most relevant. Therefore, study three will examine the role of poly-victimisation within the family unit and outside of it.

In terms of vulnerability for CSE, study two suggests this could be increased by low levels of care and warmth from the primary caregiver. Consequently, CSE perpetrators may exploit their unmet needs for affection or attention. This will be examined again in study three, before drawing any firm conclusions regarding CSE vulnerability. Furthermore, study three will test aspects of the Routine Activity Theory (Cohen & Felson, 1979) by examining normative processes that could raise vulnerability. Existing theory and literature would suggest that risk-taking behaviours could be relevant. This may expose individuals to CSE perpetrators in the absence of capable guardians (Franklin, 2011; Franklin et al., 2012; Skubak Tillyer et al., 2011). Therefore, the availability of supportive relationships and risk-taking are examined in study three, with attention to the degree and type of risk-taking. Arguably, anti-social and delinquent behaviours could be indicative of impaired decision making and result in greater exposure to perpetrators (Skubak Tillyer et al., 2011). For example, through alcohol and illicit substance use. The empirical literature has observed these behaviours amongst youth who have experienced commercial CSE (Cole et al., 2016; Reid & Piquero, 2016; Stoltz et al., 2007).

Finally, in study three, the Constructivist Self-Development Theory (McCann & Pearlman, 1990a) will be tested by examining whether poly-victimisation, caregiver bond and CSE, shape cognitive schemas about the self and the world (Lumley et al., 2012). This will arguably address two of the problems in existing CSE literature. First, that strength and resilience is overlooked in existing CSE research. Second, that knowledge is lacking around the individual characteristics of victims.

**Chapter 8.    Study Three**

**Child sexual exploitation, poly-victimisation and global positive schemas**

## 8.1    Research questions

Based on the findings in study two, study three progressed to explain a wider range of vulnerability factors for CSE, relating to adolescent risk-taking and the presence of supportive relationships outside of the family unit. Study three also aimed to replicate the link between caregiver bond and CSE vulnerability, to establish whether or not study two findings were unique to that sample of young adults. Furthermore, study three examined in more detail the link between poly-victimisation, caregiver bond, CSE and another adult characteristic: positive schemas in adulthood. The following predictions were made:

8) Those who have experienced poor bonding with the primary caregiver, have fewer important childhood relationships and exhibit increased risk-taking, will have experienced CSE;

9) Increased anti-social and rebellious risk taking under the age of 16 will be associated with CSE.

10) Childhood sexual exploitation will be associated with lower global positive schemas;

11) Poly-victimisation during childhood will be associated with lower global positive schemas. This will be mediated by the perceived level of care by the primary caregiver in childhood.

12) The number and quality of important relationships during childhood will be associated with global positive schemas in adulthood.

## 8.2    Method

### 8.2.1   Participants

The sample was comprised of 138 participants aged between 18 and 30 years, with a mean age of 22.4 (SD=3.5). Participants were drawn from the student and general population, with a total of 108 full-time students (78.3% of the sample) and only 28 from the general population (20.3%). A further 2 did not report their student status. The sample was comprised of 113 females (81.9%), 24 males (17.4%) and 1 non-binary

individual. The sample were predominantly White British (N=86, 62.3%), White other (N=24, 17.4%), Asian Indian (N=8, 5.8%), Asian Pakistani (N=5, 3.6%), Black African (N=4, 2.9%), Asian Other (N=3, 2.2%), White Irish (N=2, 1.4%), Chinese (N=2, 1.4%), Mixed White Asian (N=2, 1.4%), Black Caribbean (N=1, 0.7%) and Mixed White and Black African (N=1, 0.7%).

## 8.2.2  Procedure

Participants were approached through various online forums and websites, where a link was posted along with brief details of the study. Permission was sought for websites that belonged to organisations aimed at supporting victims of sexual abuse. The link was also posted on various social media sites. If individuals accessed the weblink, they were first required to review detailed information on the study and provide consent by checking a box on the first page. If consent was provided then participants were asked to complete a number of questionnaires, visible only when consent was provided. Inclusion criteria involved having access to a computer, the internet, and an ability to read and understand English.

## 8.2.3  Measures

Participants were required to complete the following questionnaires:

<u>Measure to assess child sexual exploitation (Ireland et al., 2015)</u>

The same measure that was used in study two was administered, where participants were asked to report on their experiences when under the age of 16. In order to gather further information on the exploitation experience, an additional question required participants to state the sex of any perpetrators, if known.

<u>Adverse Childhood Experiences (ACE) checklist (Anda, et al., 2006).</u>

The Adverse Childhood Experiences checklist is a 21-item checklist designed to obtain the prevalence of a range of adverse childhood events. Participants were asked to report whether or not they had experienced these events under the age of 16, with a response of yes/no required for each item. Examples include whether they experienced and/or witnessed physical, sexual and emotionally abusive behaviour by an adult and whether anyone they lived with had drug and/or alcohol misuse problems. Total scores

were utilised to provide a measure of adverse childhood experiences. Examples of items include:

*Did a parent or other adult in the household…*

*(1) Often or very often swear at you, insult you, or put you down?*

*(2) Sometimes, often, or very often act in a way that made you fear that you might be physically hurt?*

<u>Parental Bonding Instrument (Parker, Tupling & Brown, 1979).</u>

This was the same instrument used in study 2, as it has been used extensively with various samples and demonstrates acceptable psychometric properties overall (Safford et al., 2007). The 25-item measure explores the perceived quality of parenting/care during first 16 years of life, with two sub-scales of care and over-protection. Response format is a four-point likert scale, with higher scores indicating higher levels of care and over-protection. Participants were asked to complete this for a primary caregiver, and a second caregiver if one was present during childhood.

<u>Positive Schema Questionnaire (Keyfitz, Lumley, Hennig & Dozois, 2013).</u>

This 36-item measure examines positive schema content, with higher total scores indicating higher global positive schema content. Scores can also be derived for four sub-scales, comprising of: self-efficacy, success, trust, worthiness and optimism. Response format is a six-point likert scale, ranging from 'completely untrue' to 'describes me perfectly' and with no neutral option. Internal consistency was assessed, with Cronbach's alpha of .93 (Keyfitz et al., 2013). Examples of questions include:

*(1) I look at the bright side of things;*

*(2) I am close to other people.*

<u>Network of Relationships Inventory – Behavioural Systems Version, Short Form (Furman & Buhrmester, 2009).</u>

This 11-item scale measures the quality of support and negative interactions with others. It can be used for different relationships in an individual's life. Response format is a 5-point likert scale, ranging from 'little/none' to 'the most', with no neutral option. Higher average scores on each of the two subscales indicates higher support or more

negative interactions. In this study, participants were asked to complete one version for an important adult in their lives (not a caregiver), a sibling, and/or an important friend who were available when participants were under the age of 16 years. Participants were asked to omit this measure if they did not have any of those individuals in their lives when under the age of 16. Internal consistency has been assessed, with coefficient alpha ranging from .94 to .96 on the support scale and .89 to .93 on the negative interaction scale (Furman & Buhrmester, 2009). Examples of questions include:

*(1) How much did this person show support for your activities?*

*(2) How much did you and this person get on each other's nerves?*

Adolescent Risk-Taking Questionnaire – Behaviour Version (Gullone, Moore, Moss & Boyd, 2000).

This 22-item measure asks participants to rate how frequently they engaged in a range of behaviours that involve an element of risk. They were asked to rate these behaviours when under the age of 16. Response format is a five-point likert scale, ranging from 'never' to 'very often', with no neutral option. Higher total scores indicate a greater degree of risk taking. Scores can also be derived for four sub-scales comprising of different types of risk-taking behaviour: thrill-seeking, rebelliousness, recklessness and anti-social behaviours. Internal consistency has been assessed, with coefficient alpha ranging from .87 to .96 (Gullone et al., 2000). Examples of questions include:

*Below is written a list of behaviours which some people engage in. Read each one carefully and tick the box in front of the word that best describes your behaviour:*

*(1) Smoking;*

*(2) Roller-blading.*


## 8.3 Results

This section presents the data screening process, followed by preliminary analyses exploring the internal consistency of the measures adopted. The main analyses follow, exploring the link between important relationships during childhood and participants' experience of CSE. Additionally, the links between CSE and positive schemas in adulthood are examined.

### 8.3.1 Data screening

The data set was examined to check for data entry errors, missing values, and univariate and multivariate outliers. A total of 10.8% item responses were missing from the data set. However, once the hierarchical measures were omitted, there were only 38 items (0.31%) missing from the entire data set. Little's MCAR test indicated that the data was missing completely at random ($x2 = 63.64$, df = 60, p = 1.00). The missing items were therefore replaced with group means (Tabachnick & Fidell, 2007).

Univariate outliers were identified by standardising scores and two potential outliers were identified. Extreme values are expected to occur in large sample sizes. Therefore, in a dataset of around 150, as in study three, one would expect around 0.405 data points at three or more standard deviations from the mean (Carter, Schwertman & Kiser, 2009). Based on this guidance, the two observations were deemed likely to be outliers. Therefore, the two data points were replaced with Winsorised scores. Mahalanobis distance revealed three potential multivariate outliers, which were removed from the analysis. This left a total sample size of 135.

### 8.3.2 Preliminary analyses

This section presents the internal consistency of the measures administered in this study and the nature and prevalence of CSE in this sample. Table 11 details the Cronbach's alpha of each measure administered, at the overall and sub-scale levels.

*Table 11: Internal consistency of the PBI, ARQ, NRI-BS and PSQ*

|  | Number of items | Overall (n) |
|---|---|---|
| **PBI** (parental bonding) | 25 | .55 (135) |
| Care subscale | 12 | .22 (135) |
| Over-protection subscale | 13 | .86 (135) |
| **ARQ** (risk taking) | 22 | .73 (135) |
| Thrill-seeking | 7 | .38 (135) |
| Rebellious | 5 | .85 (135) |
| Reckless | 5 | .37 (135) |
| Antisocial | 5 | .53 (135) |
| **PSQ** (positive schema) | 36 | .61 (135) |

|  | Number of items | Friend<br>Overall (n) | Adult<br>Overall (n) | Sibling<br>Overall (n) |
|---|---|---|---|---|
| **NRI-BS** (relationships) | 11 | .72 (135) | .68 (135) | .61 (135) |
| Supportive | 5 | .83 (135) | .65 (135) | .86 (135) |
| Negative | 6 | .89 (135) | .92 (135) | .94 (135) |

The internal consistency of the Parental Bonding Inventory suggested the care subscale was unacceptable in this sample, as was the Positive Schema Questionnaire. However, in the other studies, the parental bonding care sub-scale demonstrated acceptable consistency. Additionally, out of the four Adolescent Risk-taking Questionnaire sub-scales, only the Rebelliousness scale demonstrated acceptable internal consistency. The implications of these results will be considered in the discussion.

*Prevalence of childhood sexual exploitation*

A total of 69 participants (51.1% of the sample) were approached sexually by an adult and 66 were not (48.9%). Of those who were approached, 25 (18.5%) were successfully exploited when a perpetrator requested/demanded they engage in some form

of sexual behaviour. A further 17 participants were approached in a sexual way through the use of technology but no request for sexual behaviour was made. As in study 2, these participants were omitted from some of the analyses in order that the CSE sample involved some form of exchange with a perpetrator.

Table 12 details the types of approach made by perpetrators and Table 13 illustrates the characteristics of perpetrators, if these were reported by participants. Technology was the most frequent method of approach, with 47 participants reporting that an adult made sexual suggestions or tried to engage them in sexual discussions by telephone, via text, or over the internet.

*Table 12: Sex of participants who reported being approached sexually by an adult*

| Sex of participants | Number approached sexually (% of males/females) | Number who engaged in sexual behaviours (%) |
| --- | --- | --- |
| Men, n = 24 | 5 (20.8) | 3 (12.5) |
| Women, n = 110 | 63 (57.3) | 24 (21.8) |
| Non-binary, n = 1 | 1 (100) | 0 |

*Table 13: Perpetrator characteristics: relationship to the victim and perpetrator sex*

| Perpetrator characteristics | Number reported |
| --- | --- |
| Family member | 5 |
| Family friend | 4 |
| Acquaintance | 32 |
| Unknown/stranger | 42 |
| Male perpetrator | 65 |
| Female perpetrator | 4 |

*Prevalence of adverse childhood experiences*

In addition to the CSE checklist, participants completed the adverse childhood experiences checklist to examine whether they had experienced additional forms of childhood abuse or adversity. The mean number of adverse childhood experiences in the sample was 3 types (SD 3.0), with the maximum number reported being 14. Table 14 details the prevalence of adverse experiences in childhood as reported by participants.

*Table 14: Prevalence of adverse childhood experiences*

|  | N (% sample) | N (% men) | N (% women) |
| --- | --- | --- | --- |
| No adversity reported: | 26 (19.3) | 6 (25) | 20 (18.2) |
| One form of adversity: | 31 (23.0) | 3 (12.5) | 27 (24.5) |
| Two forms of adversity: | 19 (14.1) | 5 (20.8) | 14 (12.7) |
| Three forms of adversity: | 16 (11.9) | 2 (8.3) | 14 (12.7) |
| Four or more forms of adversity: | 43 (31.9) | 8 (33.3) | 35 (31.8) |

### 8.3.3 Main analyses

For the analyses, participants were separated into three groups: (1) those with no experience of being approached sexually by an adult, (2) those who were approached but were not exploited, and (3) those who were approached and successfully exploited. In this study, participants were omitted from this part of the analysis if a sexual approach was made but a response was not requested or demanded by a perpetrator, as discussed. A total of 17 participants were omitted, leaving a final sample size of n= 118. The means and standard deviations for each psychometric measure is presented in Table 15.

*Table 15: Means and standard deviations for participant groups across psychometric measures[4]*

| Measure | Group 1: (No approach) | | | Group 2: (Approached not exploited) | | | Group 3: (Approached exploited) | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Mean | SD | N | Mean | SD | N | Mean | SD |
| **PBI** (Primary caregiver) | | | | | | | | | |
| Care | 66 | 21.4 | 2.9 | 25 | 21.1 | 3.6 | 27 | 18.7 | 4.8 |
| Overprotect | 66 | 14.6 | 7.2 | 25 | 13.9 | 7.5 | 27 | 18.0 | 7.9 |
| Global | | | | | | | | | |
| Positive Schema | 66 | 155.9 | 30.2 | 25 | 152.1 | 33.8 | 27 | 143.2 | 27.8 |
| **ARQ** (risk taking) | 66 | 17.4 | 7.0 | 25 | 17.8 | 8.7 | 27 | 19.4 | 9.8 |
| **NRI-BS** (relationships) | | | | | | | | | |
| Supportive friend | 47 | 3.4 | 0.9 | 19 | 3.6 | 0.9 | 16 | 3.5 | 0.9 |
| Negative friend | 47 | 1.5 | 0.7 | 19 | 1.5 | 0.4 | 16 | 1.7 | 0.7 |
| Supportive adult | 37 | 2.8 | 0.7 | 16 | 2.9 | 0.7 | 16 | 2.9 | 0.6 |
| Negative adult | 37 | 1.4 | 0.6 | 16 | 1.4 | 0.8 | 16 | 1.4 | 0.4 |
| Supportive sibling | 57 | 2.6 | 0.9 | 21 | 2.7 | 1.2 | 20 | 2.8 | 1.1 |
| Negative sibling | 57 | 2.5 | 0.9 | 21 | 2.3 | 1.1 | 20 | 2.2 | 1.0 |

*Exploring vulnerability for childhood sexual exploitation*

Multinomial logistic regression was undertaken to predict CSE based on the following childhood experiences: the number of important relationships in childhood, the quality of their bond with the primary caregiver and increased risk taking under the age of 16.

Statistical assumptions testing revealed no violations prior to undertaking multinomial logistic regression. In the analysis, a test of the full model against a constant only model was not statistically significant, $\chi^2$ (6, n=118) = 12.20, p = .06, indicating that the predictors did not reliably distinguish between individuals who were approached

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[4] Higher scores on each scale indicate a greater degree of: risk-taking and global positive schema, high levels of care and high levels of over-protection from a caregiver. High scores on the supportive scales suggest high levels of support from a friend, sibling or caregiver and high scores on the negative scale indicate more negative interactions with each individual.

sexually by an adult under the age of 16 and those who were not. Specifically, adolescent risk taking, the quality of the bond with the primary caregiver and the number of important childhood relationships did not predict child sexual exploitation.

Multinomial logistic analysis was also undertaken to predict experience of being sexually exploited by an adult, based on the type of risk taking reported by participants. Namely, the anti-social and rebelliousness scales of the NRI. A test of the full model against a constant only model was not statistically significant, $\chi^2$ (4, n=118) = 4.19, p = .38, indicating that the type of risk taking did not reliably distinguish between experience of CSE. This suggests that antisocial and rebellious behaviours do not predict child sexual exploitation.

*The relationship between childhood sexual exploitation and global positive schema*

A one-way ANOVA was performed to examine the link between CSE and global positive schemas in adulthood, which are beliefs about worthiness, optimism, trust towards others, self-efficacy and success. During the analysis, the group who were never approached sexually were compared against the other two groups: those who were approached but not exploited and those who were successfully exploited. Then, the latter two groups were compared.

Statistical assumptions testing revealed a slight deviation from normality across groups, with significant positive skew and a leptokurtic distribution when standardised skewness and kurtosis figures were examined. Possible explanations for this, and the implications, are considered in the discussion.

A one-way ANOVA revealed there was no significant main effect of CSE experience on global positive schemas, F (2, 115) = 1.69, p = .19. Therefore, the output from the subsequent post-hoc analyses were not interpreted. These findings suggest there is no relationship between participants' experience of childhood sexual exploitation and their positive schemas in adulthood.

*The extent to which poly-victimisation and parental bonding predicts global positive schema*

Correlations were undertaken to examine the relationship between poly-victimisation and global positive schemas in adulthood. Then, mediation analysis was

performed to examine whether perceived level of care by the primary caregiver mediated this relationship.

Pearson's correlation revealed a significant negative relationship between the number of adverse childhood experiences and global positive schemas, r = -.31, p (one tailed) < .001. This indicates that as the number of adverse childhood experiences increase, global positive schemas decrease, with a moderate magnitude.

The mediation model was performed in SPSS using PROCESS (Hayes, 2012). In the bootstrapping procedure, if the 95% confidence interval does not include zero, then the mediation effect is said to be significant. The total effect of adverse childhood experiences and positive schemas was positive, t = -3.82, p< .001. The indirect effect was significant, with bootstrap confidence intervals of below zero (-3.0214 and -.6739). These findings suggest that poly-victimisation is associated with adult positive schemas through its impact on the perceived quality of care received from the primary caregiver. More specifically, multiple forms of childhood adversity or abuse in the home and community, may negatively impact on the perceived warmth and affection provided by the primary caregiver. This perceived lack of care may adversely impact on beliefs about the self, the world and others, leading to lower positive schemas in adulthood.

*The extent to which the quality of important childhood relationships predicts global positive schema*

Whereas the first set of analyses in study three examined the links between childhood adversity and global positive schemas, this set of analyses examined the role of protective factors. Specifically, whether positive schemas are shaped by having a number of important relationships with key individuals in childhood: a sibling, a friend and an adult who was not a primary caregiver. Furthermore, whether the quality of these relationships predicts global positive schemas. This was tested in a series of hierarchical regression analyses, to examine whether these supportive relationships predicted additional variance in global positive schemas, over and above poly-victimisation and the quality of caregiver bond. Correlations and coefficients are presented in Table 16.

Assumptions testing revealed no violations in relation to multicollinearity, non-normality, heteroscedasticity, non-independence of errors. Subsequently, a series of hierarchical multiple regressions were undertaken for each of the important childhood

relationships reported by participants, comprising of a sibling, friend and/or an adult if relevant. Step one included the number of adverse childhood experiences and perceived bond with the primary caregiver (the care and over-protection scales). At step two, the number of important relationships was entered (from one to three). At step three, the quality of the relationship was entered, inclusive of the supportive and negative interaction sub-scales.

Sibling relationship

Multiple regression analyses revealed at step one a significant bivariate relationship between adverse childhood experiences, quality of caregiver bond, and global positive schemas, $R^2 = .18$, $F_{inc} (3, 106) = 8.02$, $p < .001$. Adversity and caregiver bond accounted for 18% of the variance in global positive schema scores. At step two, the addition of number of important childhood relationships did not increase the amount of variance in global positive schemas, $R^2 = .18$, $F_{inc} (3, 106) = .06$, $p = .81$. At step three, the addition of supportive and negative interactions did not increase the amount of variance in global positive schemas, $R^2 = .21$, $F_{inc} (3, 106) = 2.14$, $p = .12$. This suggests that for participants who had an important sibling during childhood, the quality of this relationship was not associated with positive schemas in adulthood.

A supportive adult

Results revealed at step one a significant bivariate relationship between adverse childhood experiences, quality of caregiver bond, and global positive schemas, $R^2 = .15$, $F_{inc} (3, 72) = 4.32$, $p = .01$, and accounted for 15% of the variance in global positive schema scores. At step two, the addition of number of important relationships did not increase the amount of variance in global positive schemas, $R^2 = .15$, $F_{inc} (3, 72) = 0.50$, $p = .48$. At step three, the addition of supportive and negative interactions did not increase the amount of variance in global positive schemas, $R^2 = .16$, $F_{inc} (3, 72) = 0.45$, $p = .64$. This suggests that for participants who had an important adult in their lives during childhood, the quality of this relationship was not associated with positive schemas in adulthood.

<u>A supportive friend</u>

Results revealed at step one a significant bivariate relationship between adverse childhood experiences, quality of caregiver bond, and global positive schemas, $R^2 = .15$, $F_{inc}(3, 85) = 5.18$, $p = .002$, accounting for 15% of the variance in global positive schema scores. At step two, the addition of number of important relationships did not increase the amount of variance in global positive schemas, $R^2 = .16$, $F_{inc}(3, 85) = 0.50$, $p = .48$. At step three, the addition of supportive and negative interactions did not increase the amount of variance in global positive schemas, $R^2 = .16$, $F_{inc}(3, 85) = 0.03$, $p = .97$. This indicated that for participants who had an important friend during childhood, the quality of this relationship was not associated with positive schemas in adulthood.

Regarding significant contributions to each model above, as perceived care increased (indicating a caregiver relationship involving warmth and affection), so too did global positive schemas in adulthood.

Calculation of the adjusted $R^2$ utilising both the Rozeboom and Lord formulae indicated that if the models were derived from the population it would account for approximately 4.5% or 6.0% less variance in positive schemas (sibling relationship), 6.7% or 9.1% (other adult) and 5.7% or 7.7% (friend). The implications of this will be considered within the general discussion.

*Table 16: Correlations and coefficients for the positive schema questionnaire*

| Relationship | Steps & predictors | | B | SE B | β |
|---|---|---|---|---|---|
| Sibling | 2. ACE figure (total yes responses) | -.327*** | -1.35 | 1.06 | -.14 |
| | PBI Care | .409*** | 2.81** | 0.94 | .33 |
| | PBI Over-protection | -.218** | -0.08 | 0.42 | -.02 |
| | No. of important relationships | .055 | -0.83 | 3.42 | -.02 |
| | 3. Supportive sibling | .226** | 5.90 | 3.01 | .20 |
| | Negative sibling | -.109 | 0.86 | 3.13 | .03 |
| Other adult | 2. ACE figure (total yes responses) | -.313** | -2.27 | 1.50 | -.20 |
| | PBI Care | .350** | 2.56* | 1.24 | .27 |
| | PBI Over-protection | -.141 | 0.26 | 0.57 | .06 |
| | No. of important relationships | -.051 | -5.38 | 7.60 | -.08 |
| | 3. Supportive adult | -.060 | -2.72 | 5.12 | -.06 |
| | Negative adult | .078 | 4.12 | 5.55 | .08 |
| Friend | 2. ACE figure (total yes responses) | -.268** | -0.90 | 1.39 | -.08 |
| | PBI Care | .380*** | 3.10** | 1.08 | .35 |
| | PBI Over-protection | -.147 | 0.10 | 0.47 | .03 |
| | No. of important relationships | -.083 | -3.70 | 5.23 | -.07 |
| | 3. Supportive friend | -.030 | -0.06 | 3.33 | -.00 |
| | Negative friend | -.014 | -1.12 | 4.70 | .02 |

**p<.001
**p<.01
*p<.05

### 8.3.4   Summary of findings

Contrary to expectations, higher levels of adolescent risk taking, poor bonds with the primary caregiver and fewer important childhood relationships were *not* associated with CSE.  This somewhat conflicts with findings in study two, where the perceived quality of care from the primary caregiver predicted CSE.  Contrary to the hypotheses, anti-social and rebellious risk-taking behaviours were not associated with CSE.  Together, these findings indicate that none of these factors increased vulnerability for CSE following a sexual approach by a perpetrator.  However, this will be considered further in the discussion.

There was no significant relationship between participants' experience of CSE and their positive schemas in adulthood.  Instead, and in line with study two findings, childhood poly-victimisation and the quality of the caregiver bond were relevant.  As hypothesised, poly-victimisation was associated with adult positive schemas through its impact on the perceived quality of care received from the primary caregiver.  This suggests that, where individuals experience multiple forms of childhood adversity, this may affect the perceived quality of care within the primary caregiver relationship, which in turn may adversely affect the development of positive schemas in adulthood.

The quality of the primary caregiver bond accounted for between 15% and 18% of variance in global positive schema scores, suggesting that when the primary caregiver relationship is characterised by increasing warmth and affection, global positive schemas increase.  However, the amount of variance suggests that other factors are relevant in the development of positive schemas.  Contrary to expectations, the number of other important relationships during childhood did not account for additional variance in global positive schemas over and above caregiver bond.  Furthermore, the quality of these relationships did not account for any additional variance.  This could suggest that the number and quality of key relationships are not suitable protective factors as they do not appear to influence positive schemas. Regarding how well these models generalise, cross validation was poor, indicating a reduction of between 4.5% and 9% of variance in positive schema scores.  The implications will be considered in the discussion.

## 8.4    Discussion

Study three examined a range of potential vulnerability factors for CSE, across several ecological systems (Bronfenbrenner, 1977, 2005). This included adolescent risk-taking behaviours (an ontogenic factor) and the number of supportive relationships during childhood (an exosystem factor). Furthermore, as study two found a significant link between the quality of the bond with the primary caregiver and CSE (a microsystem factor), this was examined again in the current study in an attempt to replicate this finding. If this finding was observed in another sample of young adults, it may add validity to the link between poor caregiver bonds and CSE vulnerability. Further, this would test an element of the Routine Activity Theory (Cohen & Felson, 1979) where a warm and affectionate bond with a caregiver may suggest the presence of a capable guardian. The perceived attractiveness of the victim, which is frequently examined through an individual's exposure to perpetrators, was measured by the degree and type of risk-taking behaviour. Study three also examined whether these childhood factors were associated with positive schemas in adulthood. This would test an element of the Constructivist Self-Development Theory (McCann & Pearlman, 1990a), which proposes that the interactions between a child, their important relationships and adversity, may either frustrate or meet their needs for safety, trust, intimacy, control and esteem. Furthermore, the frustration or gratification of these needs, are said to shape cognitive schemas.

Regarding prevalence of CSE, 51.1% of the sample were approached sexually by an adult when under the age of 16 years. Furthermore, 18.5% of the sample were successfully exploited when a perpetrator requested or demanded they engage in some form of sexual behaviour. As with studies one and two, technology was the most frequent method of approach, with 34.1% of participants reporting that an adult made sexual suggestions or tried to engage them in sexual discussions by telephone, via text, or over the internet. This could lend further support to the conclusion in study two, that around half of children will likely experience some form of sexual approach by an adult when they are under the age of 16 years. The implications of this, along with recommendations for policy, is detailed within the general discussion.

Study three obtained data on perpetrator characteristics, which revealed that in most cases they were previously unknown to participants. A total of 32 individuals were either approached sexually, or successfully exploited, by someone they classed as being

176

unknown. A further 32 participants described the perpetrator as an acquaintance. There were four female perpetrators reported, with the majority of approaches made by men. While the prevalence of female perpetrators appears to be low in this sample, it is an important finding. In chapter two it was noted that stereotypes regarding CSE victims and perpetrators act as a barrier to effectively recognising it. For instance, there are cases where professionals may have overlooked some victims because they did not fit a stereotyped view of CSE (Fox, 2016). Furthermore, there are societal attitudes that women are incapable of sexual assault, as this behaviour conflicts with the idea of women as caregivers (Martellozzo et al., 2010). Anecdotally, Fox (2016) noted a case where the Police failed to ask questions when a female adolescent, who repeatedly went missing, was found to be in the home of a woman. The woman was later found to be sexually exploiting the child. Therefore, it is important for child care professionals to consider women as being capable of perpetrating CSE, in order that cases are not overlooked.

Contrary to hypotheses, none of the identified vulnerability factors were significantly associated with CSE. The degree of adolescent risk-taking (ontogenic factor), the quality of the bond with the primary caregiver (microsystem) and the number of important childhood relationships (exosystem) did not predict CSE. Additionally, the type of risk-taking reported by participants did not predict CSE, namely, the anti-social and rebelliousness scales of the Adolescent Risk-Taking Questionnaire: Behaviour Version (Gullone et al., 2000). This could indicate that the Routine Activity Theory (Cohen & Felson, 1979) is not applicable to some types of victimisation, such as CSE. In terms of where these findings fit in the existing literature, it follows a pattern of inconsistency regarding the role of substance and alcohol use. For some individuals, prior substance use may increase vulnerability for CSE as they seek to fund their use through exchanging sexual behaviours for money or substances. For other individuals, their substance use may begin during their exploitation, as some perpetrators provide drugs and alcohol as a means to control victims (Barnadro's, 2011). The type of CSE that is experienced may therefore be relevant. Study three used an inclusive definition of CSE, comprising of numerous typologies. It is possible that risk-taking behaviours and poor guardianship only increases vulnerability for specific typologies, such as commercial CSE. Behaviours such as substance or alcohol use could increase vulnerability for commercial CSE, as youth may seek to fund their use through sexual activities and thus, exposing them to perpetrators.

An alternative explanation for the study three findings, is that the link between risk-taking and CSE is moderated by another factor. It was postulated in chapter three that for some adolescents, risk-taking behaviours could be utilised as a means to cope with their abusive experiences (Wekerle, et al., 2017). Therefore, an individual's coping style, which is another ontogenic factor, could moderate the link between risk-taking and CSE. Specifically, that for individuals who adopt an avoidant coping style, risk-taking behaviours could increase their vulnerability for CSE. However, study three did not examine the coping style of CSE victims and therefore, this is speculative.

As discussed, and in contrast with study two, there was no significant link between the quality of primary caregiver relationship and CSE. This could suggest that for the study three sample, a poor bond with the primary caregiver did not increase their vulnerability for CSE. This contrasts with the literature on parental attachment and vulnerability for violent victimisation (Skubak Tillyer et al., 2011). Research suggests that a poor attachment to caregivers means that children may feel unable to seek their support when fearful and that parents may be less vigilant of their safety. Further, where parents exert higher control, this leaves children poorly prepared to safeguard themselves (Skubak Tillyer et al., 2011). However, in study three, there was no link between perceived care and over-protection, and CSE. It is of note that the internal consistency of the parental bonding instrument was unacceptable in study three. For the care sub-scale, Cronbach's alpha suggested that 78% of variance in scores was error variance and only 22% was reliable variance. Cronbach's alpha is affected by the sample it is administered on and thus, it is recommended that coefficient alpha is assessed each time the measure is administered (Tavakol & Dennick, 2011). Consequently, the role of caregiver bond is less clear in study three. This requires further testing on different samples to establish whether poor bonding is associated with CSE vulnerability.

In terms of the other vulnerability factors that were examined in study three, findings suggest that there were no links between CSE and the number of important relationships outside of the family unit. In terms of how these fit with existing findings, to date the role of social relationships and CSE vulnerability has not been empirically tested. However, study three findings can be evaluated against the general criminology literature. The number of supportive relationships was expected to increase CSE vulnerability in two ways. First, and in line with Constructivist Self-Development Theory, having fewer supportive relationships outside of the family unit may result in

unmet psychological needs, which are identified and exploited by perpetrators (Santisteban et al., 2018). Second, and in line with Routine Activity Theory, the victim would have no capable guardians to monitor and safeguard them from an exploitation attempt (Cohen & Felson, 1979; Franklin et al., 2012). However, study three did not find an association between the number of supportive relationships and CSE vulnerability. As stated, this may indicate that the Routine Activity Theory may not explain vulnerability for all types of CSE.

Alternatively, the lack of a significant association could be influenced by the type of relationships that were examined in study three. Participants were asked to identify whether they had a peer, a sibling and another adult outside of the immediate family whom they felt had an important role in their life during childhood. The total number of relationships were examined, from none to three, and without examining their quality. It is possible that the number of relationships alone is not sufficient to either reduce or raise vulnerability for CSE. Instead, the quality of these relationships could be relevant, as this might determine whether there are important needs which remain unmet for the child and which could link with vulnerability. Further, the quality of bond with those other individuals may suggest a capable guardian, from whom individuals seek appropriate support and guidance when approached by a perpetrator. As such, future research should further test Routine Activity Theory, by examining the quality of several relationships that could provide capable guardianship.

In terms of adult functioning, in study three there was no significant relationship between participants' experience of CSE and their global positive schemas in adulthood. Instead, there was a significant association between poly-victimisation and global positive schemas. In study two, it was not known whether the link between poly-victimisation and adult functioning was due to the cumulative impact of traumatic stress, or that the abuse was perpetrated by a family member. Study three utilised the adverse childhood experiences checklist, which examines extra-familial and intra-familial abuse (Anda et al., 2006). Study three findings therefore lend support to the argument that long-term functioning is influenced by the cumulative impact of multiple forms of abuse and adversity. In this case, it appears to contribute to lower positive schemas in adulthood, specifically, beliefs about worthiness, self-efficacy, optimism, and trust (Keyfitz et al., 2013). This would be an important finding in this thesis, as positive schemas have received less attention in the literature than early maladaptive schemas.

Furthermore, findings revealed that low levels of care with the primary caregiver mediated the relationship between poly-victimisation and lower positive schemas in adulthood. Therefore, the presence of multiple forms of abuse and adversity may interfere with positive caregiving and support, or it may affect the quality of bond with the child (Pynoos et al., 1999). Thus, in study three, participants may have perceived lower levels of care and warmth from the caregiver, leading to unmet needs and which disrupted their developing self (McCann & Pearlman, 1990a). This finding appears to support the Constructivist Self-Development Theory, which details the numerous interactions between adverse developmental experiences and psychological needs, which then shape cognitive schemas (Pearlman & Courtois, 2005; McCann & Pearlman, 1990b). This finding also suggests that the Constructivist Self-Development Theory requires further refinement, to incorporate resilience. In its existing form the emphasis is on problematic development and dysfunction. Therefore, its scope is narrow. Given that positive and maladaptive schemas are understood to exist on a separate continuum, it is possible there are different factors that are associated with these. Future research should aim to further explore the pathways to positive schemas.

This particular study three finding could also support Reid's application of the General Strain Theory to CSE (Reid, 2011; Reid & Piquero, 2016). When that theory was previously tested on victims who experienced commercial CSE, findings supported a link between sources of stress and strain in the home, and the quality of the parent-child relationship (Reid, 2011; Reid & Piquero, 2016). The researchers argued that strains such as substance use and relationship problems impacted on parenting quality, leading to child neglect and which increased their vulnerability for CSE. The current study utilised the Adverse Childhood Experiences (ACE) checklist (Anda, et al., 2006). It includes several events which could be described as sources of strain for the caregiver and which could reasonably impair the quality of parenting. For example, the items include whether caregivers experienced mental illness, substance or alcohol abuse, domestic violence, separation, divorce, or whether a parent ever went to prison. Therefore, in the current study it could be argued that with increasing amounts of strain in the home, this leads to a reduction in the quality of care given to the child. This could impair the quality of the bond and over time this could lead to fewer positive schemas, as the child may believe that other people cannot be relied upon to meet their needs for safety, nurturance or love

(Young et al., 2003). However, to test this hypothesis, maladaptive schemas should be examined.

Study three examined whether positive schemas were associated with having a number of important relationships with key individuals in childhood: a sibling, a friend and an adult who was not a primary caregiver. Furthermore, whether the quality of these relationships predicted global positive schemas. This was considered an important avenue for exploration, in that cognitive schemas could be influenced by positive experiences of caregiving and support outside of the immediate family unit and across wider ecological systems, namely, the exosystem (Bronfenbrenner, 1977). Contrary to expectations, the number of other important relationships during childhood did not account for additional variance in global positive schemas over and above caregiver bond. Furthermore, the quality of these relationships did not account for any additional variance. This could suggest that the number and quality of key relationships are not suitable protective factors as they do not appear to influence positive schemas. This could be explained by the argument that for individuals who experience poly-victimisation, there is no 'safe-haven' where healthy development can be supported. Consequently, this increases their vulnerability for trauma (Turner et al., 2016).

Alternatively, it is possible that in study three, the failure to observe a link between other relationships and positive schemas is due to the types of relationships examined in the exosystem. It is reasonable to argue that a peer and a sibling would not have the capability or means of providing a safe haven from abuse and adversity. These particular relationships, whilst potentially offering emotional support to victimised children, could not provide the necessary respite from their adversity. Furthermore, these individuals may not have had the capability to influence the development of the child's cognitive schemas, which begin to emerge during childhood and adolescence. Future research could examine other relationships in the exosystem which provide respite outside of the home, as well as positive experiences which shape ontogenic factors such as beliefs about the self, the world and other people.

## 8.5    Limitations

As with the previous study, the quality of the primary caregiver bond emerged as the strongest predictor of the outcome variable. However, in study three, perceived care

only accounted for between 15% and 18% of variance in global positive schema scores in each of the regression models. This suggests that other factors are of greater relevance. Yet, it is also possible that the type of questionnaire that was chosen to measure the quality of caregiver-child bond, was not suitable. The parental bonding instrument (Parker et al., 1979), used in studies two and three, is widely used in the empirical literature. It is designed as a retrospective measure, where adult respondents complete this based on how they remember their caregivers during the first 16 years of their lives. Responses could be influenced by memory/recall, as well as a bias regarding the perceived level of care and over-protection offered during childhood. However, to address these issues this would require a prospective study, where adolescents are required to report on their perceptions of the child-caregiver relationship prior to assessing their functioning in young adulthood.

In addition to the above, cross validation revealed that poly-victimisation and caregiver bond could account for around 4.5% to 9.1% less variance in global positive schema scores, if derived from other samples in the population of interest. Given that the regression models accounted for only 15% to 18% of variance in positive schema scores in the first instance, this represents a sizeable reduction. Consequently, caution must be exercised when attempting to generalise these findings beyond the sample in this study. Future studies should aim to examine the predictors and outcomes of interest, in other samples. This is considered within the general discussion.

Another limitation relates to the way in which CSE was defined in this study, and which could have implications for the vulnerability factors that were examined. As discussed, based on the commercial CSE literature described above, it is possible there could be specific vulnerability factors relating to different CSE typologies. It is possible that an increased propensity for anti-social and rebelliousness risk-taking might only raise vulnerability for commercial CSE. Therefore, future research could separate participants into different CSE typologies, to examine whether there are differences in regard to vulnerability factors. In the current study the sample was not sufficiently large to perform such analyses, as only 25 participants reported being successfully exploited when under the age of 16.

Finally, the sample size in study three was smaller than the other studies in this thesis. One possible explanation is the length of the questionnaire battery, which was

large and may have resulted in participant fatigue. A total of 19 participants failed to complete the final two questionnaires: the risk-taking and positive schema questionnaires, and they were omitted from the analysis. Consequently, in study four, consideration is given to the number of items in each of the measures used.

## 8.6    Concluding statement

In study three, none of the vulnerability factors that were examined were associated with CSE. This included the degree and type of risk-taking behaviour in adolescence, and the number of supportive relationships outside of the immediate family. The role of the caregiver bond remains somewhat unclear in terms of CSE vulnerability. This will be considered in the general discussion, along with the avenues for future research in the area of CSE vulnerability. While study three found no significant association between risk-taking, supportive relationships and CSE, these findings add value to the existing literature. As discussed, to date there is a dearth of empirical literature on vulnerability for CSE. Current understanding is based on survey data collated from support organisations and independent inquiries into CSE. Researchers have identified a number of factors that they believe are linked with vulnerability for CSE. However, this is speculative and to date, very few studies have subjected those vulnerability factors to empirical testing. Study three variables should be examined in future research studies and with different samples, with the aim of replicating or challenging these findings. Only through empirical research will CSE vulnerability be fully understood. This will be considered further in the general discussion.

Study three examined global positive schemas, which are beliefs around worthiness, self-efficacy, optimism, and trust (Keyfitz et al., 2013). Low levels of care with the primary caregiver, mediated the relationship between poly-victimisation and lower positive schemas in adulthood. It was argued that poly-victimisation may interfere with the quality of caregiving and which leads to unmet needs for victims. Over time this could lead to fewer positive schemas developing, where the victim learns that other people will not meet their psychological needs and that they are not worthy of care or attention. These findings appear to follow a pattern of results which have emerged in this thesis, in that multiple, rather than individual forms of abuse, play an important role in adult functioning. This means that CSE alone does not appear to adversely impact on

adult functioning. Instead, adult functioning appears to be influenced by a wider pattern of adversity and abuse, mediated by low levels of care within the primary caregiver relationship. This has important implications for policy and practice for CSE victims and will be considered in the general discussion. Study four narrows its focus to other adult characteristics that may be linked with childhood poly-victimisation. This is in order to create a policy to guide professionals on suitable intervention and support for CSE victims. The aim of the intervention will be to protect against long-term psychological and inter-personal difficulties for victims.

While poly-victimisation may influence the development of positive schemas, it is not necessarily the case that victims will develop maladaptive schemas. It is postulated that positive and maladaptive schemas do not exist on a continuum, instead, they are separate constructs or processes (Keyfitz et al 2013). One process is thought to generate avoidance behaviours, negative affect, and a negative future orientation, leading to maladaptive schemas. Another process is thought to influence approach behaviour, positive affect, and a positive orientation, leading to positive schemas (Keyfitz et al 2013). Therefore, study four examines links between poly-victimisation, CSE and early maladaptive schemas.

Study four also examines other factors which influence adult functioning. In study two of this thesis there was a significant relationship between poly-victimisation, the quality of caregiver bond, and adult attachment style. Attachment style will be examined again in study four, to test this in another sample of young adults. A factor that could influence adult attachment is the type of response victims encounter when they disclose their abuse to others. Victims of CSE may arguably encounter more negative responses than victims of other forms of sexual abuse, as they do not fit the notion of the 'ideal victim' (McEvoy & McConnachie, 2012). For example, chapter two discussed a number of studies and surveys where negative language was used to describe CSE victims and which suggested they were to blame for their abuse. It is important to empirically examine the types of response that CSE victims receive and whether this has implications for their long-term functioning. Existing literature suggests that a negative response from others could lead to self-blame among victims, leading to long-term difficulties such as sexual difficulties, depression and anxiety (Cukor & McGinn, 2006; Feiring et al., 2009). This could have important policy and practice implications for CSE victims and therefore, study four will examine the response to disclosure.

**Chapter 9.    Study Four**

**Child sexual exploitation, poly-victimisation and early maladaptive schemas**

## 9.1    Research questions

Based on the findings in study three, study four progressed to build on this by examining the link between poly-victimisation, CSE and maladaptive schemas. Furthermore, study four considered whether receiving a negative response to CSE disclosure was associated with long-term functioning, namely, an insecure adult attachment style. The following predictions were made:

13) Where participants have disclosed CSE, a more negative response from others (turning against) will be associated with an insecure attachment during adulthood (anxiety and avoidance).

14) Individuals, who have experienced CSE, will present with higher negative schemas in the disconnection/rejection domain compared with those who have not experienced CSE. Specifically, higher scores on the following: emotional deprivation, mistrust/abuse, emotional inhibition, defectiveness/shame and social isolation/alienation.

15) Poly-victimisation in the home will also be associated with greater maladaptive schemas.

16) Poly-victimisation will account for a higher proportion of variance in adult attachment style scores, than childhood sexual exploitation.

## 9.2    Method

### 9.2.1    Participants

The sample was comprised of 211 participants aged between 18 and 30 years, with a mean age of 22.3 (SD=2.8). Participants were drawn from the student and general population, with a total of 168 full-time students (79.6% of the sample) and 42 from the general population (19.9%). One participant did not report their student status. The sample was comprised of 182 females (86.3%), 25 males (11.8%) and 1 individual who identified as trans-masculine. Three did not report their gender. The sample were predominantly White British (N=143, 68.8%), White other (N=23, 11.1%), Asian Indian (N=13, 6.3%), Asian Pakistani (N=11, 5.3%), Black African (N=4, 1.9%), White Irish (N=4, 1.9%), Asian Other (N=3, 1.4%), Chinese (N=1, 0.5%), Mixed Black Caribbean

(N=1, 0.5%) and Mixed White and Mixed Other (N=2, 1%). Two individuals did not report their ethnicity.

### 9.2.2 Procedure

To obtain a sufficiently large sample, two methods were used to recruit participants. The online method involved posting a link to the study along with brief details, on various online forums and websites, for charities and social media. When individuals accessed the weblink they were first required to review detailed information on the study and provide consent by checking a box on the first page. If consent was provided then participants were asked to complete a number of questionnaires, visible only when consent was provided. Inclusion criteria involved having access to a computer, the internet, and an ability to read and understand English.

Due to the low response rate for study three online, for study four, participants were also approached on the University campus for recruitment. Upon consenting, a copy of the questionnaire pack was given to each participant. Completed packs were returned to the researcher at a secure designated location. To allow for anonymity, participants were not asked to record personal details on the questionnaires. All participants were provided with a debrief sheet at the end of the questionnaire pack.

### 9.2.3 Measures

Participants were asked to complete the following measures:

<u>Measure to assess sexual exploitation (Ireland et al., 2015)</u>

The sexual exploitation checklist from study 3 was used, with 12 items exploring different forms of sexual exploitation under 16 years. Within each item there are a number of questions aimed at establishing the type of approach made by a perpetrator, the age of the participant at the time of the approach, the gender of the perpetrator and whether they were known to the participant. Also, if a perpetrator requested or demanded a sexual response, then participants were asked whether or not they engaged in this behaviour.

<u>Adversity in the home</u>

The ACE checklist was not utilised due to its length. Instead, it was reduced to an 11-item checklist to minimise the overall number of questions in the study four questionnaire battery. For example, separate items that were contained in the ACE checklist relating to abuse directed to a mother or father, were collapsed into single caregiving items. The checklist contained items which related to various forms of physical or emotional aggression by a parent or another adult in the home, whether someone in the family home experienced substance and/or alcohol abuse problems or mental illness. Response format is yes or no, with the total score indicating the degree of exposure to adverse childhood events within the care environment. Examples of questions are as follows:

*(1) Did a parent or other adult in the home often or very often swear at you, insult you or put you down?*

*(2) Did a parent or other adult in the home often or very often push, grab, slap, punch, kick or throw something at you?*

<u>Social Reactions Questionnaire - Shortened Version (SRQ-S; Ullman, Relyea, Sigurvinsdottir, & Bennett, 2017).</u>

This 16-item measure examines the responses of other individuals following disclosure of abuse. Three sub-scales represent different types of response: turning against, unsupportive acknowledgment, and positive reactions. Response format is a 5-point likert scale, ranging from 'never' to 'always', with no neutral option. Higher average scores indicate a greater degree of each response type. Participants omitted this scale if they did not experience CSE or if they experienced CSE but chose not to disclose their experiences. Internal consistency has been assessed, with Cronbach's alpha ranging between .77 to .93 (Ullman, 2000). Examples of questions are as follows:

*Please indicate how often you experienced each of the listed responses from people:*

*(1) Told you that you were irresponsible or not cautious enough;*

*(2) Reassured you that you are a good person.*

<u>The Relationship Structures Questionnaire – Short Version (ECR-RS; Fraley, Niedenthal, Marks, Brumbaugh & Vicary, 2006).</u>

This was the same 9-item measure administered in study one and three, as this measure has demonstrated acceptable psychometric properties and it has been widely used in attachment research. This is a 7-point likert scale, with high average scores indicating high levels of relationship anxiety and avoidance. Lower scores suggest a more secure attachment. Participants were asked to consider a relationship with an adult partner whilst responding. If currently not in a relationship, they were advised to answer with respect to a previous partner or a relationship they would like to have.

<u>Young's Early Maladaptive Schema Questionnaire - Short Form (EMS-SF; Young & Brown, 2014).</u>

This 90-item measure examines 15 early maladaptive schemas within four clusters: (1) disconnection and rejection, (2) impaired autonomy and performance, (3) impaired limits and (4) excessive responsibility and standards. Response format is a 6-point likert scale, ranging from 'completely untrue of me' to 'completely true of me', with no neutral option. Higher average scores for each schema indicate a greater degree of maladaptive schemas. Internal consistency has been assessed, with Cronbach's alpha of .95 (Lumley & Harkness, 2007). Examples of questions include:

*(1) I haven't had someone to nurture me, share him/herself with me or care deeply about everything that happens to me;*

*(2) I find myself clinging to people I'm close to because I'm afraid they'll leave me.*

## 9.3    Results

In this section the data screening process is described, followed by the internal consistency of the measures adopted and the prevalence of CSE in this sample. The main analyses follow, examining the link between CSE, poly-victimisation and early maladaptive schemas in adulthood. Where participants disclosed experiencing CSE to other people, the response they received was examined regarding any association with their attachment style in adulthood.

### 9.3.1 Data screening

A total of 2.4% item responses were missing from the data set. Little's MCAR test indicated that the data were *not* missing completely at random ($x2 = 734.9$, df = 593, p< .001). Missing data appeared concentrated on several variables. Namely, the following schema domains: impaired autonomy and performance, impaired limits and excessive responsibility and standards. Given these variables were not critical to the analysis, they were removed, as recommended by Tabachnick and Fidell (2013) and the resulting MCAR test was not significant ($x2 = 92.7$, df = 120, p = .97). For the remaining variables, missing items were replaced with group means given the amount of missing data was minimal. However, for the main analysis participants were removed from the dataset if more than 10% of items were missing from the Young's Schema Questionnaire (N=12).

There were no univariate outliers. Mahalanobis distance revealed three multivariate outliers and these cases were removed from the data set. This left a total sample size of N = 208.

### 9.3.2 Preliminary analyses

This section presents the internal consistency of the measures administered in this study and the prevalence of CSE in this sample. Table 17 details the Cronbach's alpha of each measure administered.

*Table 17: Internal consistency of the SRQ-S, ECR-RS and the YSQ-SV*

|  | Number of items | Overall (n) |
|---|---|---|
| **SRQ-S** (reaction to disclosure) | 16 | .90 (29) |
| Positive reaction | 4 | .76 (29) |
|  |  | If item 2 deleted, .81 |
| Turning against | 6 | .88 (29) |
| Unsupportive acknowledgement | 6 | .82 (29) |
| **ECR-RS** (attachment) | 9 | .90 (206) |
| Anxiety subscale | 3 | .90 (206) |
| Avoidance subscale | 6 | .89 (206) |
| **YSQ-SV** (maladaptive schema) | 90 | .97 (183) |
| Emotional deprivation | 5 | .85 (208) |
| Mistrust/Abuse | 5 | .88 (208) |
| Emotional inhibition | 5 | .78 (208) |
| Defectiveness/Shame | 5 | .92 (208) |
| Social isolation/Alienation | 5 | .87 (208) |

Each of the scales demonstrated good to excellent levels of internal consistency (Lance, Butts & Michaels, 2006), except for the Emotional Inhibition sub-scale of the YSQ-SV and the Positive reaction sub-scale of the SRQ-S. For the latter, the removal of item 2 led to improvement (.81).

*Prevalence of childhood sexual exploitation*

A total of 121 participants (58% of the sample) were approached sexually by an adult when under the age of 16, and 87 participants were not approached (42%). Furthermore, 56 participants (27% of the entire sample) were successfully exploited when a perpetrator requested or demanded they engage in some form of sexual behaviour. A further 19 participants were approached in a sexual manner through the use of technology, but no request for sexual behaviour was made. Therefore, these participants were omitted from some of the main analyses.

Table 18 details the types of approach made by perpetrators. Contrary to findings from the other studies in this thesis, the most frequent type of approach involved participants being introduced to an adult perpetrator by their friend. A total of 67 participants reported that a friend introduced them to another friend or acquaintance who was over the age of 18, who then made sexual advances towards them. Regarding perpetrator characteristics, these are presented in Table 19. In the majority of cases, perpetrators were reported to be male and were either acquaintances or previously unknown to the participant.

*Table 18: Sex of participants who reported being approached sexually by an adult*

| Sex of participants | Number approached sexually (% of males/females) | Number who engaged in sexual behaviours (%) |
|---|---|---|
| Men | 13 (52) | 8 (32) |
| Women | 104 (58.1) | 46 (25.7) |
| Other/missing | 9 (100) | 3 (33.3) |

*Table 19: Perpetrator characteristics if reported by participants*

| Perpetrator characteristics | Number reported |
|---|---|
| Family member | 5 |
| Family friend | 4 |
| Acquaintance | 66 |
| Unknown/stranger | 58 |
| Male perpetrator | 112 |
| Female perpetrator | 15 |

*Prevalence of adverse childhood experiences*

The mean number of adverse childhood experiences was 2.3 types (SD 2.5), with the maximum number being 10. Table 20 details the prevalence of adverse events experienced in the family home as reported by participants.

*Table 20: Prevalence of adverse childhood experiences in the family home*

|  | N (% sample) | N (% men) | N (% women) |
|---|---|---|---|
| No adversity reported: | 59 (28.6) | 8 (32) | 51 (28.5) |
| One form of adversity: | 42 (20.4) | 4 (16) | 36 (20.1) |
| Two forms of adversity: | 30 (14.4) | 4 (16) | 26 (14.5) |
| Three forms of adversity: | 23 (11.1) | 2 (8) | 20 (11.2) |
| Four or more of adversity: | 52 (25) | 7 (28) | 44 (24.5) |

**Main analyses**

As with the previous studies, for this part of the analysis participants were separated into three groups: (1) those with no experience of being approached sexually by an adult, (2) those who were approached but were not exploited, and (3) those who were approached and successfully exploited. Those who did not receive a demand or request to exchange sexual behaviours for something (N = 19) were omitted.

Participants who were classified as full-time students (N = 165) were analysed along with the general population (N = 42). Those who participated online (N = 133) were analysed along with those who completed the paper version of the study (N = 75). This is because separate MANOVAs revealed no significant differences between any of these groups on each of the dependent variables. The means and standard deviations for each measure is presented in Table 21.

*Table 21: Means and standard deviations for 3 participant groups across psychometric measures[5]*

| Measure | Group 1: (No approach) | | | Group 2: (Approached not exploited) | | | Group 3: (Approached exploited) | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Mean | SD | N | Mean | SD | N | Mean | SD |
| **ECR-RS** (attachment) | | | | | | | | | |
| Anxiety scale | 87 | 3.0 | 1.8 | 44 | 3.8 | 1.6 | 56 | 4.1 | 2.2 |
| Avoidance scale | 87 | 2.3 | 1.1 | 44 | 1.2 | 1.2 | 56 | 2.9 | 1.5 |
| **YSQ-SF** | | | | | | | | | |
| (maladaptive schemas) | | | | | | | | | |
| Defectiveness/shame | 88 | 2.0 | 1.1 | 45 | 2.5 | 1.3 | 56 | 3.1 | 1.7 |
| Mistrust | 88 | 2.6 | 1.1 | 45 | 3.4 | 1.3 | 56 | 3.5 | 1.3 |
| Emotional inhibition | 88 | 2.7 | 1.1 | 45 | 3.2 | 1.3 | 56 | 3.1 | 1.4 |
| Emotional dependence | 88 | 1.9 | 1.0 | 45 | 2.4 | 1.1 | 56 | 2.7 | 1.5 |
| Isolation/alienation | 88 | 2.5 | 1.2 | 45 | 3.0 | 1.4 | 56 | 3.0 | 1.4 |

*Examining the relationship between response to CSE disclosure and adult attachment style*

For participants who disclosed having experienced CSE, correlations were undertaken to examine whether there was an association between receiving a negative response from others and attachment style during adulthood.

Of the 56 participants who reported being successfully exploited during childhood, 25 participants chose not to disclose their abuse to another person. A total of 27 participants chose to disclose their abuse and a further 4 participants did not report whether or not they disclosed their abuse. Pearson correlation revealed a significant, moderate relationship between response (turning against) and relationship anxiety r = -.34, p (one tailed) = .03. There was no significant relationship between response and relationship avoidance r = -.22, p (one tailed) = .13. Findings suggest that where

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[5] Higher scores on each scale indicate a greater degree of relationship anxiety and avoidance, and a greater degree of maladaptive schema within each of the domains listed.

individuals disclose their sexual abuse, if the other person appears to turn against (stigmatise or blame) them, this could contribute to an anxious attachment style within adult partner type relationships.

*Examining the association between CSE and schemas within the disconnection/rejection domain*

A MANOVA was performed in order to compare participants who were sexually exploited with those who were not, on schema scores within the disconnection/rejection domain. Discriminant function analysis was performed, which allows for a meaningful comparison between experimental groups. This form of analysis identifies which combination of dependent variables, separate the independent variables. This combination of dependent variables is termed a canonical variable. In this study, a canonical variable would identify the different schemas within the disconnection/rejection cluster that maximally separates those who were successfully exploited and those who were never approached.

Prior to undertaking the MANOVA analysis, testing revealed no violations in relation to multivariate normality and equality of co-variance matrices. Box's M value of 54.31 was associated with a p value of .008, which was interpreted as non-significant based on Huberty and Petoskey's (2000) guideline of $p<.005$. As such, the covariance matrices between the groups were assumed to be equal.

The MANOVA revealed a significant main effect, Pillais' Trace = .18, F (10, 366) = 3.52, p< .001. The first eigenvalue was equal to .16 and accounted for 78.8% of the model variance. However, in terms of the multivariate effect size, the canonical correlation associated with the first eigenvalue was equal to .16. This implies that 13.5% of the variance in the canonically derived dependent variable was accounted for by child sexual exploitation. This means that participants' scores for schema within the disconnection/rejection domain were significantly different depending on their CSE experience.

As the independent variable was associated with three levels, two eigenvalues and canonical correlations were extracted by the MANOVA. As discussed, the first eigenvalue was equal to .16, accounting for 78.8% of the model variance. Further, that 13.5% of the variance in the discriminant function derived scores was accounted for by

childhood sexual exploitation experience. By contrast, the second eigenvalue was equal to .04 and a corresponding canonical correlation of .20, which was *not* statistically significant (Wilks $\Lambda$ = .96, F [4, 183], p = .11).

To interpret the statistically significant MANOVA effect, the standardised discriminant function coefficients were consulted. The standardised discriminant function coefficients suggested that the three levels of the CSE variable were maximally differentiated by a canonical variate with greater weightings from the defectiveness/shame (.95) and mistrust (.80) subscales, followed by the emotional inhibition (.54) subscale. Furthermore, the correlations between the subscale scores and the canonically derived scores were all moderate to large in magnitude (range = .32 to .81). This means that participants especially differed in their scores on the defectiveness/shame, mistrust and emotional inhibition scales, depending upon their experience of CSE. More specifically, individuals who experienced CSE reported higher scores on a certain cluster of maladaptive schemas within the disconnection/rejection domain when compared to individuals who were never approached sexually. Higher scores were particularly in relation to defectiveness/shame, mistrust and emotional inhibition.

*The extent to which childhood adversity predicts maladaptive schema*

Correlational analysis was also performed on childhood adversity scores and schemas within the disconnection/rejection domain. Pearson's correlation revealed a significant and moderate relationship between the number of adverse childhood experiences and each of the schemas within the disconnection/rejection domain. The strongest relationship, or highest magnitude, was between childhood adversity and emotional deprivation, r = .43 (one tailed) = .01. Correlations indicated that as the number of adverse experiences in the home increases, scores within the disconnection/rejection domain increase. These are illustrated in Table 22.

*Table 22: Correlations for childhood adversity and early maladaptive schemas*

| Disconnection/rejection | Childhood adversity |
|---|---|
| Emotional deprivation | .43** |
| Mistrust | .40** |
| Social isolation/Alienation | .39** |
| Defectiveness | .36** |
| Emotional inhibition | .33** |

**p<.01

*The extent to which CSE predicts insecure attachment styles in adulthood*

Separate hierarchical multiple regressions were performed to examine how much variance in adult attachment style was accounted for by poly-victimisation in the home, early maladaptive schemas and childhood sexual exploitation. Correlations and coefficients are presented in Table 23.

Statistical assumptions testing revealed no violations relating to multicollinearity, non-normality, heteroscedasticity or non-independence of errors. Separate multiple regression revealed at step one a significant bivariate relationship between the number of adverse childhood events and scores for relationship anxiety, $R^2 = .06$, F $_{inc}$ (1, 202) = 13.84, p<.001 and scores for relationship avoidance $R^2 = .08$, F $_{inc}$ (1, 202) = 16.55, p<.001.

At step two, with the addition of defectiveness/shame and mistrust schemas to relationship anxiety, $R^2 = .441$, F $_{inc}$ (2, 200) = 67.52, p<.01, increasing the variance accounted for from 6% to 44%. For relationship avoidance, $R^2 = .24$, F $_{inc}$ (2, 200) = 21.23, p<.001, increasing the variance from 8% to 24%. At step three, with the addition of the remaining three maladaptive schemas (emotional inhibition, emotional dependence and isolation/alienation) $R^2 = .49$, F $_{inc}$ (3, 197) = 5.68, p<.005, increasing the variance to 49%. For relationship avoidance, with the addition of the remaining schema $R^2 = .39$, F $_{inc}$ (3, 197) = 15.88, p<.001, increasing the variance to 39%.

At step four, the addition of CSE did not increase the amount of variance in relationship anxiety $R^2 = .49$, $F_{inc}$ (2, 195) = 0.34, p>.05 or relationship avoidance, $R^2 = .39$, $F_{inc}$ (2, 195) = 0.96, p>.05.

Therefore, in terms of significant contributions to the model, as mistrust, defectiveness/shame and emotional dependence increased, relationship anxiety increased. This suggests that those particular schemas may contribute to an anxious attachment style in a partner type relationship. Furthermore, as emotional dependence increased, relationship avoidance also increased. However, as isolation/alienation increased, relationship avoidance decreased, suggesting this schema is associated with a more secure style of attachment.

Calculation of the adjusted $R^2$ utilising both the Rozeboom and Lord formulae indicated that if the models were derived from the population it would account for approximately 3.1% or 3.6% less variance in relationship anxiety, and 3.7% and 4.4% less variance in relationship avoidance. The implications of this will be considered in the general discussion.

*Table 23: Correlations and coefficients for the attachment style measure*

| Measure | Steps & predictors | | B | SE B | β |
|---|---|---|---|---|---|
| ECR-RS Anxiety | 2. Adversity score (total yes responses) | .253*** | -0.01 | .04 | -.06 |
| | Defectiveness/shame | .622*** | 0.52*** | .11 | .38 |
| | Mistrust | .610*** | 0.49*** | .11 | .34 |
| | 3. Emotional inhibition | .430*** | -0.11 | .12 | -.07 |
| | Emotional dependence | .645*** | 0.57*** | .14 | .37 |
| | Isolation/Alienation | .532*** | -0.15 | .13 | -.11 |
| | 4. No approach vs approach not exploited | .091 | 0.22 | .27 | .05 |
| | No approach vs approach exploited | .175** | 0.03 | .25 | .01 |
| ECR-RS Avoidance | 2. Adversity score (total yes responses) | .275*** | 0.03 | .03 | .06 |
| | Defectiveness/shame | .461*** | 0.17 | .11 | .19 |
| | Mistrust | .422*** | 0.14 | .09 | .15 |
| | 3. Emotional inhibition | .401*** | 0.16 | .09 | .15 |
| | Emotional dependence | .557*** | 0.54*** | .10 | .54 |
| | Isolation/Alienation | .292*** | -0.44*** | .10 | -.48 |
| | 4. No approach vs approach not exploited | .095 | 0.19 | .19 | .06 |
| | No approach vs approach exploited | .192* | 0.23 | .18 | .08 |

***p<.001
**p<.01
*p<.05

### 9.3.4 Summary of findings

Partially confirming hypotheses, where individuals disclosed their CSE, those who perceived a negative response reported greater relationship anxiety. However, contrary to expectations, no significant link was found between negative response and relationship avoidance. Thus, individuals who perceived that, following their disclosure, others stigmatised or blamed them, had an anxious attachment style. This could suggest that a negative experience is one factor that can adversely affect a developing attachment style. Or, it is possible that such individuals already presented with an insecure attachment style within their relationships prior to disclosing their abuse. This will be explored in the discussion section.

Findings suggest that poly-victimisation and maladaptive schemas are other factors that could be related to adult attachment style. However, maladaptive schemas (in the disconnection and rejection cluster) emerged as a stronger predictor than childhood poly-victimisation, accounting for between 39% and 49% of variance in adult attachment scores (both relationship avoidance and anxiety). Following a pattern of findings from previous studies in this thesis, CSE did not account for any additional variance in the outcome variable. Findings indicated that the two schemas accounting for the greatest amount of variance in adult attachment were: defectiveness/shame and mistrust/abuse. This suggests that individuals with a greater degree of insecure attachment may believe themselves to be defective, bad, unwanted, inferior or unlovable. Further, they might expect others to hurt, abuse, lie or take advantage of them. An unexpected finding is that as isolation/alienation increased, relationship avoidance decreased, suggesting a more secure style of attachment. Explanations for this finding will be considered later in this thesis.

In line with hypotheses, individuals who experienced CSE presented with higher scores in the disconnection/rejection domain. A particular combination of schemas within that cluster differentiated this group: the defectiveness/shame and mistrust/abuse schemas, followed by emotional inhibition. Poly-victimisation was also significantly associated with maladaptive schemas. As predicted, as the number of adverse childhood experiences increased, scores within the disconnection/rejection domain increased. Overall this suggests that, with increasing forms of abuse and adversity, and if they

experience CSE, individuals may develop an expectation that their needs for love, safety, nurturance, empathy and expression and sharing of emotions, will not be met.

## 9.4 Discussion

Study four examined early maladaptive schemas among CSE victims, as well as examining the link between childhood poly-victimisation, maladaptive schemas and adult attachment style. Rates of CSE prevalence were broadly in line with study two, with 58% of the sample being approached sexually by an adult when under the age of 16. Furthermore, 27% of the sample were successfully exploited when a perpetrator requested, coerced or demanded they engage in some form of sexual behaviour. Contrary to findings from the other studies in this thesis, the most frequent type of approach involved being introduced to an adult perpetrator by their friend. Specifically, 31.8% of participants reported that a friend introduced them to another friend or acquaintance over the age of 18, who then made sexual advances towards them. The most frequent approach in previous studies was through the use of technology. Overall, the prevalence rates across each of the four studies in this thesis are broadly similar. Together, all of the studies suggest that around half of children under the age of 16 will likely be approached in a sexual manner by an adult. Further, that this is likely to take place through the use of technology, where perpetrators may attempt to engage a child in sexual discussions, or persuade them to send naked photographs or recordings. The prevalence rates in this thesis, and their implications, will be considered in more detail in the general discussion.

In study four, most perpetrators were described by participants as an acquaintance prior to making a sexual approach (n=66) and a further 58 perpetrators were previously unknown to participants. The majority of perpetrators were male, and with a higher number of female perpetrators when compared with study three (n=15). Again, this reveals the importance of considering females as being capable of perpetrating CSE and their role is not always as a conduit to a male abuser. It is noteworthy that of the 56 participants who reported being successfully exploited during childhood, almost half chose not to disclose their abuse to another person. This echoes some of the findings within other prevalence studies, and where many victims decide not to disclose their experiences to a responsible adult. For example, in a survey of online CSE, of the youth who experienced online grooming, 61.8% did not inform a parent or a person in authority about this (Beckett, 2011). As discussed in the introduction, there are numerous barriers

which prevent children and adolescents from making a formal disclosure following CSE. This finding highlights the importance of obtaining prevalence figures directly from those affected, rather than from official records or referrals to support organisations. Those sources are likely to under-represent the rates of prevalence in society.

One barrier to disclosure is that victims may fear how professionals or other individuals will respond. Therefore, the current study examined the type of response that victims obtained following their disclosure and whether this impacted on their functioning in adulthood. This was to test an element of the Campbell et al., (2009) application of the Ecological Systems Theory. It is argued that victims may internalise the blame from others, and which can lead to distorted self-schemas (Briere & Jordan, 2009; Feiring et al., 2009). In study four, there was a significant, moderate correlation between the type of response received following disclosure and relationship anxiety in adulthood. Findings revealed that, when individuals disclosed their CSE, if the other person appeared to blame or stigmatise them, this was associated with an anxious attachment style. Therefore, study four findings may indicate that the exosystem, which includes how other people react to an abuse disclosure, shapes ontogenic factors such as attachment style. However, due to the small sample of individuals who reported disclosing their abuse, this explanation would be tentative. This will be discussed in the limitations section.

The above finding, that response to disclosure may influence long-term outcomes, fits with the wider empirical literature. Associations have been observed between a negative response from others and a range of adverse outcomes for sexual abuse victims, including mental health difficulties and insecure attachment (Campbell et al., 2009; Easton, 2014; Ullman & Filipas, 2005). In terms of how a negative response impacts on attachment, according to the Traumagenic Dynamics Theory (Finkelhor & Browne, 1985) sexual abuse and negative attitudes from others leads to shame and guilt for victims. This influences their self-image, and they come to believe that they are different, they assume others will reject them and which could affect their self-esteem. Victims may then view attachment figures as unreliable and untrustworthy, which then impacts on their attachment style (Godbout et al., 2014). The current study indicated that a negative response could be linked with an anxious attachment style, which is characterised by a strong need for closeness but where this is impeded by a belief that their partner may not love them completely. This is underpinned by an internal working model whereby an

individual believes they are not worthy of love (Hudson & Fraley, 2017). It is possible that those who received a negative response to their CSE disclosure did not receive the care and support they desired from others. Along with their sexual abuse experience, this may lead to a belief that others will reject them, and which could communicate that they are unworthy or unlovable. This could generalise more widely and shape their expectations of intimate partners.

Contrary to expectations, relationship avoidance was *not* significantly associated with a negative response to disclosure. People high in avoidance generally believe that others will be unwilling or unable to meet their needs for care, love or attention. Those high in attachment avoidance may therefore tend to avoid high levels of intimacy in their relationships (Hudson & Fraley, 2017). It was expected that a negative response to others may strengthen expectations around the tendency of others not to meet their needs. However, it is possible that those high in relationship avoidance would decide to avoid disclosing their abuse in the first instance, or minimise their abusive experiences, as they might expect a negative response. To test this hypothesis, future research should examine the attachment styles of those who choose not to disclose their abuse, and those who choose to disclose it.

Even with the above consideration, this should be considered a novel and important finding in this thesis. It adds value to existing CSE literature, as currently there appears to be no empirical research on the potential impact of receiving a negative response from others. It was discussed in chapter two that many CSE victims are blamed for their own abuse (Beckett, 2011; Bedford, 2015; Jay, 2014). Arguably, CSE victims may receive more of a negative response from others compared with sexual or violent abuse victims, as they do not fit societal expectations of an 'ideal victim' (Javaid, 2016b). For instance, as part of the sexual exploitation, victims may present with challenging and anti-social behaviours, which prevents some professionals from recognising their vulnerability (Bedford, 2015). Study four findings suggest that for victims, along with the existing dysfunction and abuse in their lives, a negative response to their disclosure may contribute to the development of long-term difficulties, such as their adult attachment style. As such, study four highlights the importance of reacting appropriately to CSE disclosure. This will be discussed further in the general discussion, with suggestions for policy and practice.

It was stated above that childhood abuse, as well as a negative response to disclosure, could shape victims' beliefs that others will reject them and that they are unworthy or unlovable. This explanation could be further supported by other findings from this study, whereby early maladaptive schemas were associated with having been sexually exploited in childhood. Participants' scores for schemas within the disconnection/rejection domain were significantly different depending on their CSE experience. Those who experienced CSE reported higher scores on schemas within the disconnection/rejection domain when compared to individuals who were never approached sexually. This cluster was felt to be most relevant for CSE victims because for some individuals their sexual abuse can lead to a belief that they are defective. Further, they may find it hard to trust others, and feel emotionally deprived, abandoned, and isolated (Cukor & McGinn, 2006). These findings would appear to support that prediction.

Discriminant function analysis revealed higher scores in three particular schemas in the disconnection and rejection cluster: defectiveness/shame, mistrust/abuse and emotional inhibition (Young & Brown, 1994). The defectiveness and shame schema comprise of a belief that one is defective, unwanted or inferior. Further, that one is unlovable, with a sense of shame regarding perceived flaws. This may result in sensitivity to criticism, rejection or blame. Next, the mistrust and abuse schema include expectations that other people will hurt, abuse, manipulate or take advantage. Further, that harm is intentional or due to negligence by others. Finally, the emotional inhibition schema involves an excessive inhibition of feeling, communicating, or acting. This could be due to feelings of shame, a fear that others will disapprove, or of losing control. Inhibition may be evident in regard to anger and aggression, affection and love. One may experience difficulties in sharing emotions or thoughts, expressing vulnerability, or communicating their wants and needs to others. Furthermore, one might inhibit positive impulses, including joy and sexual arousal. These findings would appear to lend support to the application of the Constructivist Self-Development Theory (McCann & Pearlman, 1990a) to CSE victims. For instance, these findings appear to suggest that CSE victims experience shame, leading to self-denigration, where they perceive themselves to be defective or inferior. The abusive experience may lead victims to believe that others will not meet their needs or that they will be further hurt and abused. Their shame could lead CSE victims to supress or withhold their thoughts and emotions from others.

The current findings therefore suggest that CSE could be one important life event which influences the schemas in the disconnection and rejection cluster. While some individuals may not recognise their CSE as abuse, this could still influence their beliefs and expectations of themselves and others. There are cases whereby CSE victims are referred to children's charities and where they disclose having been mistreated by perpetrators. For example, there are accounts where children and adolescents were coerced and assaulted into complying with perpetrators' demands, and which made them feel afraid and ashamed. However, those victims still felt they loved the perpetrator (Barnardo's, 2011). Additionally, there are accounts of Lesbian Gay Bisexual Transgender Questioning Intersex and Asexual (LGBTQIA) victims, who felt they did not have a helpful template of what a healthy and consenting relationship should be (Fox, 2016). Some individuals perceived it was normal to perform sexual acts in exchange for gifts or items. Where such a power imbalance exists in a sexual encounter, the needs of one individual will be prioritised at the expense of the other person's needs. This type of abusive behaviour may communicate to CSE victims that the other person's needs are important and that their needs are secondary or unimportant. This could influence the development of schemas within the disconnection and rejection cluster since these are underpinned by a general expectation that others will not consistently meet one's needs for love, safety, nurturance and respect (Young et al, 2003). The association between CSE and maladaptive schemas should be considered a novel finding and which adds value to existing CSE literature. As discussed in study three, there is a dearth of research which empirically examines the potential outcomes of CSE. The implications of this finding for policy and practice will be considered in the general discussion of this thesis.

It was stated in the introduction chapters that schemas within the disconnection and rejection cluster could lead to a number of difficulties for sexual abuse survivors, including depression, anxiety and an insecure attachment to others (Cukor and McGinn, 2006; Lumley & Harkness, 2007; Simard, et al., 2011). Study four therefore examined the link between childhood poly-victimisation, early maladaptive schemas and adult attachment style. In line with previous studies in this thesis, study four examined whether CSE accounted for any additional variance in adult attachment scores, over and above childhood poly-victimisation. Hypotheses were partially confirmed. First, as mistrust/abuse, defectiveness/shame and emotional deprivation increased, relationship anxiety increased. Mistrust/abuse and defectiveness/shame schemas were entered at step

two in the regression model based on the finding that they separate the CSE participant group from the other two experimental groups. The results suggest that those three schemas may contribute to an anxious attachment style in a partner type relationship. As discussed previously in this section, an anxious attachment style is characterised by a strong desire for emotional intimacy but an anxiously attached individual may perceive their partner as not offering enough care and attention. The internal working model which characterises an anxious attachment style appears to fit the themes of the three schemas accounting for the greatest variance in scores. First, the mistrust and abuse schema involve expectations that one will be hurt, humiliated or abused by others. The defectiveness and shame schema is underpinned by a feeling that one is defective, bad, inferior and unlovable. Finally, the emotional deprivation schema involves an expectation that one's desire for emotional support and connection will not be met.

Emotional deprivation also appeared relevant to an avoidant attachment style. As emotional deprivation increased, relationship avoidance also increased. This schema and attachment style are both characterised by an expectation that others are unwilling or unable to meet their attachment needs. An unexpected finding was that, as social isolation/alienation increased, relationship avoidance appeared to decrease, suggesting a more secure style of attachment. The isolation and alienation schema involves a feeling that one is isolated or different from the rest of the world or other people. One may feel they are an outcast, or have been excluded from a group or community. However, it could be argued that one can still feel connected to others and as part of a group, yet still fear to open up to them. Consequently, whilst an avoidant attachment style might create distance from others in relationships due to low levels of self-disclosure, this may not be the same as feeling unconnected or different to others. Thus, one may feel emotionally connected to others, and yet still struggle to engage in a high level of disclosure or express vulnerability.

Findings suggested that CSE did not account for any additional variance in adult attachment scores. This appears to be a theme which has emerged in the previous studies in this thesis. Based on the literature on child sexual abuse, one might expect *some* additional variance to be accounted for by CSE when it was entered in the final step of the regression models. Therefore, this finding could suggest that other forms of abuse and maltreatment are more relevant for adult attachment style. However, this finding could also be due to some characteristic of the sample within this study, or there could be

another explanation. At this stage it is not clear why CSE did not appear to account for any additional variance in adult attachment scores. On balance, it is most likely that this finding reflects the extensive literature on poly-victimisation, which finds that increasing forms of abuse and adversity results in greater dysfunction for victims (Anda et al., 2006).

Overall, the results indicated that the two schemas accounting for the greatest amount of variance in adult attachment scores were: defectiveness/shame and mistrust/abuse. In line with attachment theory, this suggests that where individuals develop schemas involving a negative self-concept and negative expectations of others, this leads to an insecure attachment style in adulthood; whilst cross-validation revealed a potential loss of around 3% to 4% of variance, if the models were derived from the population from which the sample was drawn. Given that early maladaptive schemas accounted for 39% to 49% of variance in attachment scores in this study, this still indicates that schemas may play an important role in adult attachment style.

## 9.5    Limitations

In study four, there was a very small sample of participants who disclosed their sexual exploitation. Consequently, this should guide the reader in regard to how much weight is placed on the finding that a negative response following disclosure is associated with attachment anxiety. Caution must therefore be applied before generalising this to CSE survivors. Future research must examine this potential link, with larger samples and which are drawn from different populations of CSE survivors. Furthermore, the current study did not ask participants to explain why they chose not to disclose this to others. This may have revealed important barriers to disclosure in this group. This should be examined in future research, as it may help professionals to understand some of the concerns for CSE victims and identify ways in which to increase rates of disclosure. Chapter two explored why CSE is considered to be a hidden problem by professionals and researchers. Identifying and managing barriers to disclosure should be considered a priority, to ensure that victims are safeguarded and supported.

In terms of other limitations, as with the previous studies in this thesis, study four is cross-sectional. This means that the direction and temporal order of the relationships observed, is not clear. For instance, data was not available regarding the age at which participants disclosed their CSE to others. At the point of disclosure, their attachment

style may have been sufficiently developed and which may have actually influenced their perceptions of how the other person responded. It is noteworthy that anxious attachment was a feature of this association. In their large-scale online study (N = 150,000), Hudson and Fraley (2017) noted that individuals high in attachment anxiety required more time, affection and self-disclosure from a partner before they felt close, when compared to avoidantly attached individuals. Consequently, this is likely to influence their perception of other people's responses to them in the context of a meaningful relationship. In the current study, participants high in attachment anxiety may have perceived the other person as having turned against them, if they did not receive the reaction they desired/needed.

## 9.6    Concluding statement

Findings from study four suggested that, where individuals disclosed CSE, and if they perceived that person to have blamed or stigmatised them, this may have contributed to attachment insecurity in adulthood. This may suggest that for CSE survivors, a negative response could be one among a number of factors which influences their internal working model. If they perceive others to turn against them following their disclosure, this could communicate to them that they are not worthy of love, and that others will not provide the love and attention they desire. Or, an anxious attachment style may have created a high expectation of others in regards to what constitutes a positive response. Individuals high in attachment anxiety may generally feel less satisfied with how others manage their disclosure of abuse.

Regarding adult functioning, early maladaptive schemas were examined in study four. Findings suggest that CSE may contribute to the development of maladaptive schemas relating to disconnection and rejection. In particular, CSE victims appear to present with higher scores on three schemas in this cluster: defectiveness/shame, mistrust/abuse and emotional inhibition. It is noteworthy that, in study three, CSE was not significantly associated with global positive schemas. In study four however, CSE was significantly associated with early maladaptive schemas. This finding could support the argument that positive and maladaptive schemas are separate constructs and are not on a single continuum. Therefore, they should be examined separately (Keyfitz, et al., 2013).

In each of the regression models, maladaptive schemas in the disconnection and rejection cluster emerged as a stronger predictor than poly-victimisation, accounting for between 39% and 49% of variance in adult attachment scores (both relationship avoidance and anxiety). When these schemas were entered into the regression model, poly-victimisation became non-significant. This suggests that schemas were exerting more of an impact on adult attachment scores as opposed to childhood adversity. This finding could indicate that rather than the abuse itself influencing adult attachment, it is the underlying psychological processes that are influential. It was stated within the introduction that the sexual abuse often focuses on identifying links between abuse characteristics and outcomes, whilst overlooking the psychological and emotional processes which underpin them. For example, there are a number of studies which focus on the link between poly-victimisation, abuse duration and severity, with various difficulties across social and emotional functioning and mental health. Yet, this offers limited guidance for policy and practice. It is important to examine individual factors such as cognitive schemas, emotional regulation and resilience, in order to reveal key areas for specialist intervention and support for abuse survivors. As such, this thesis adds value to existing literature, by highlighting cognitive processes that may underpin the difficulties that victims experience in adulthood.

**Chapter 10**

**General discussion**

**10.1    Structure of this chapter**

This section places the findings of this thesis in context with existing theory and research on child sexual abuse. The findings from all four studies are incorporated in a preliminary model of child sexual exploitation, which is underpinned by several theories evaluated in this thesis, including Ecological Systems Theory (Bronfenbrenner, 1977, 2005; Campbell, Dworkin & Cabral, 2009) and Constructivist Self-Development Theory (McCann & Pearlman, 1990a; McCann & Pearlman, 1990b; Pearlman & Courtois, 2005). This is followed by details on how the model could inform policy and practice in children's services. Finally, the methodological strengths and limitations of this thesis are discussed, along with avenues for future research.

**10.2    Overall findings**

*The prevalence and nature of CSE*

Regarding prevalence, the findings from this thesis suggest that around half of children under 16 years may be approached sexually by an adult. Prevalence rates from samples across the four studies ranged between 47% to 58%. Findings suggest that around 1 in 4 children under the age of 16 years may be successfully exploited, after an adult persuades or coerces them into engaging in sexual acts. The prevalence rates, which are higher than the Office for National Statistics recent figures on child sex abuse (ONS, 2016), may be due to how CSE was defined in this thesis. The checklist that was devised for this thesis incorporated numerous typologies of CSE. It did not label this as sexual abuse or exploitation, and used neutral language to describe different sexual acts in which a perpetrator might attempt to engage a child (Radford, 2018). Thus, participants were not required to make a judgement on whether they perceived their experiences as abusive. This is important, as some victims are reluctant to admit to being sexually exploited, or struggle to recognise their experiences as such (Beckett, 2011). Finally, the data was not reliant on professionals or other adults recognising CSE. As discussed in chapter two, existing prevalence studies are limited by the numerous barriers that prevent professionals from recognising CSE. It could be argued that, with the above considerations, this thesis

provides a relatively accurate picture of the nature and extent of CSE amongst children under 16 years of age.

Technology was the most frequent method of approach that was used by adult perpetrators, a finding that was observed in three of the four studies. Given the potential challenges in effectively monitoring or supervising children's use of technology, this finding is likely to be of concern to parents, caregivers and professionals in child services. Online CSE may be particularly difficult to recognise and respond to, as a sizeable number of children and adolescents do not report this to a responsible adult (Palmer, 2015). Therefore, in this chapter, consideration is given to how future research could examine vulnerability for this type of CSE.

*Vulnerability and protective factors against CSE*

In study two, the perceived level of care from the primary caregiver was reported as lower among those who experienced CSE, compared with participants who were never approached. This indicated that participants who reported CSE, perceived their primary caregiver as lacking in warmth and affection during childhood. This is a key finding of this thesis. It could suggest that a poor caregiver bond increases vulnerability through creating an unmet need for care or affection. This need could be exploited by a perpetrator, who may provide affection and attention if a child performs sexual acts. Indeed, some perpetrators admit to seeking victims who present with vulnerabilities such as a need for care (Santisteban et al., 2018; Whittle et al., 2013). However, as the second study was cross sectional, the direction of this relationship was not clear. Alternatively, CSE could be one factor in a child's life which harms the quality of the bond with their caregiver. This has been suggested in the existing literature, as some perpetrators seek to create instability in victims' relationships (Jago et al., 2010). Arguably, this could maintain vulnerability for CSE, as this enables perpetrators to maintain access to the victim, and ensures victims are emotionally dependent on them (Jago et al., 2010).

However, contrary to expectations, in study three this association was not significant. One explanation is that the sample in study two may have differed from participants in study three on a variable that was not examined. For example, participants may have differed on socioeconomic status. Poverty may act as a source of strain for a family (Reid, 2011; Reid & Piquero, 2016), which could have impaired the quality of

caregiver bond and then led to increased vulnerability in study two. Alternatively, and the most likely explanation, is that the internal consistency of the psychometric measure was problematic in study three. As discussed, the coefficient alpha suggested that around half of the variance was error variance. Therefore, the role of primary caregiver bond remains unclear in study three, and it requires examination in future research.

Other vulnerability factors were examined in study three. Contrary to expectations, adolescent risk taking and the number of important childhood relationships were not associated with CSE. It was discussed that the number of important relationships may not be relevant. Instead, the quality of these relationships could be important, as this might determine whether a child's psychological needs are met by individuals outside of the caregiver relationship. Furthermore, it was discussed that an increased propensity for risk-taking might only raise vulnerability in certain types of CSE. Specifically, that risk-taking behaviours such as substance and alcohol use, could raise vulnerability for commercial CSE. This is because when a child uses substances, this may be exploited by perpetrators who provide money or substances for sexual activity (Thrane et al., 2006). In time, this may lead to dependency on substances and further dependency on the perpetrator. Furthermore, risk-taking may only raise vulnerability for adolescents, as these behaviours are arguably more typical of that age group (Gullone et al., 2000). Consequently, the role of adolescent risk-taking remains unclear in regard to CSE vulnerability, and requires further exploration.

In terms of protective factors, study one revealed that locus of control was associated with CSE experience. Individuals who were approached sexually by an adult but were *not* exploited, exhibited a more internal locus of control compared to those who were not approached. Individuals with an internal locus of control perceive that many events in their lives are within their control and they have the power to affect change. This finding could suggest that having greater perceptions of control in their life protects children and adolescents against an exploitation attempt. This is a key finding in this thesis, as protective factors such as locus of control have not been empirically examined in the existing CSE literature. This requires further exploration in future research, as replication will be necessary before firm conclusions can be made regarding this protective factor. This would be an important avenue for research given that locus of control has been implicated in resilience, including general wellbeing and ability to manage stress for young people (Ahlin & Lobo Antunes, 2015).

*The potential impact of CSE*

Key themes emerged from this thesis in regard to the long-term impact of CSE. Findings indicated that CSE was *not* associated with self-esteem, social loneliness, or attachment style in a young adult student sample. Nor was CSE associated with resilience or global positive schemas. Instead, childhood poly-victimisation and the quality of the bond with a primary caregiver, emerged as key predictor variables. This is considered an important finding in this thesis, as it challenges existing assumptions regarding the impact of CSE. It has been argued that CSE leads to a range of long-term difficulties for victims (DCSF, 2009; Jay, 2014). However, this may be due to the cumulative effects of repeated adversity and abuse in victims' lives (Anda et al., 2006). For instance, study two revealed that the quality of the primary caregiver bond and poly-victimisation predicted a less adaptive coping style during childhood and an insecure attachment style in young adulthood. The quality of the primary caregiver bond, but not childhood poly-victimisation, predicted higher resilience in adulthood. It was discussed that a warm and supportive caregiver may have been particularly important in shaping participants' ability to cope with stress in young adulthood. Alternatively, it is possible that there were other protective factors in their lives which buffered against the impact of poly-victimisation. Taken together, these findings suggest that CSE alone does not lead to difficulties in interpersonal functioning for victims.

In contrast with the other studies in this thesis, study four identified a potential long-term outcome of CSE. Participants who experienced CSE reported higher scores on schemas within the disconnection/rejection cluster when compared to participants who were never approached sexually. Discriminant function analysis revealed higher scores in three particular schemas: defectiveness/shame, mistrust/abuse and emotional inhibition (Young & Brown, 1994). This means that CSE victims may view themselves as defective or unwanted, they may experience difficulties in expressing thoughts and feelings, and expect others to hurt or abuse them. This finding has important implications for policy and practice, as research has implicated maladaptive schemas in problems such as depression, anxiety and an insecure attachment to others (Cukor and McGinn, 2006; Lumley & Harkness, 2007; Simard, et al., 2011). To date, there are very few empirical studies which have examined the potential impact of CSE and consequently, this finding adds value to the field. This is discussed within the practical implications section of this chapter.

Another factor that could influence long-term functioning, is how other people respond to a disclosure of sexual abuse. There was a significant, moderate correlation between a negative response (blaming and stigmatisation) and relationship anxiety in adulthood. This finding could have particular salience for the minority ethnic victims in this thesis, where they are particularly vulnerable to encountering a negative reaction from their family and community (Gill & Harrison, 2018). Two explanations were forwarded to account for this particular finding, due to the cross-sectional nature of the study. First, it is possible that individuals who received a negative response to their CSE disclosure did not receive the care and support they desired from others. Along with their sexual abuse experience, this may have led to a belief that others will reject them, and which could generalise more widely and shape their expectations of intimate partners (Godbout et al., 2014). Alternatively, since attachment style forms as a result of the early bonds between an infant and their caregiver, at the point of disclosure participants' attachment style is likely to have been sufficiently formed. Features of their attachment style may have influenced their perception of how the other person responded. Individuals high in attachment anxiety require a greater degree of demonstrative actions from a partner before they feel close, when compared to avoidantly attached individuals (Hudson & Fraley, 2017). Consequently, anxiously attached individuals who have been exposed to CSE may have perceived the other person as having blamed or stigmatised them if they did not receive the reaction they expected.

Caution must be applied before generalising the above findings beyond the sample of study four, as very few individuals chose to disclose their CSE to another person. Even with this limitation, this is a key finding in the thesis. It suggests that professionals should respond carefully to disclosures of CSE, as victims may present with existing vulnerabilities which increase their sensitivity to signs of rejection. Further, if the professional's response lacks sensitivity or conveys blame and responsibility to the victim, for some individuals this could further strengthen their insecure attachment style. This will be discussed within the policy and practice implications section. First, the above findings will be considered against the theories that were discussed in the introduction.

## 10.3 Theoretical context

As discussed, to date the CSE literature has lacked theoretical underpinning. In the introduction it was argued that, currently, there is no individual theory with sufficient

scope to explain the complexities of CSE. Namely, the multitude of factors that may raise vulnerability for, or protect against this, while also accounting for why some CSE victims experience long-term difficulties and why others demonstrate resilience. The introduction chapters concluded that two psychological theories in particular had the greatest application for CSE: The Constructivist Self-Development Theory (McCann & Pearlman, 1990a; McCann & Pearlman, 1990b; Pearlman & Courtois, 2005) and the Ecological Systems Theory (Bronfenbrenner, 1977, 2005; Campbell, Dworkin & Cabral, 2009). These theories may explain how the interconnected social systems shape individual characteristics, which may then influence vulnerability for CSE and long-term functioning. It was further argued that existing criminological theories may explain the mechanisms through which the different ecological systems shape an individual's functioning. Those which are particularly relevant for CSE, include the Routine Activity Theory (Cohen & Felson, 1979; Cohen, et al., 1981; Franklin et al., 2012) and the General Strain Theory (Agnew, 1992; Reid, 2011; Reid & Piquero, 2016). The findings in this thesis will now be critically evaluated and then discussed in the context of the above theories. Consideration is given to whether the evidence in this thesis is sufficiently strong to support each theory.

*The developing self*

Within the Constructivist Self-Development Theory (McCann & Pearlman, 1990a), the self is a social construct that is composed of ego-resources, self-identity, self-esteem, self-regulation capacities, psychological needs and cognitive schemas. All of these concepts were defined in chapter four. This thesis examined several of these: self-esteem, self-regulation, and cognitive schemas, including early maladaptive schemas and global positive schemas. In the Ecological Systems Theory (Bronfenbrenner, 1977, 2005), these constructs would be described as ontogenic, or person factors. Of particular interest in this thesis, was how these are influenced by several of the ecological systems surrounding an individual.

Specifically, this thesis tested three elements of the revised Ecological Systems Theory, which is termed the Process Person Context Time model (Bronfenbrenner, 2005). The context was examined by selecting variables from the microsystem (the immediate care environment) and the exosystem (the wider social setting). This included the quality

of relationship with each caregiver, a sibling, a friend and another adult outside of the family. Of particular interest was how these relationships influenced the developing self. Caregiver bond also represented a proximal process, as this is the result of reciprocal interactions between the caregiver and the individual throughout their childhood and adolescence (Bronfenbrenner, 2005). As discussed, person factors were examined in this thesis, which included cognitive and emotional resources such as schemas, coping style, resilience and attachment style. Person factors such as these are said to be influenced by both the context and proximal processes (Tudge et al., 2009). This is also a tenet of the Constructivist Self-Development Theory, which postulates that the formation of the self is shaped by interactions between an individual, other people, and through their response to important life events (McCann & Pearlman, 1990a). In addition to personal resources, this thesis examined ontogenic factors which relate to the personal history of an individual, including poly-victimisation and CSE experience.

In this thesis, self-regulation was represented by childhood coping style and resilience in adulthood. As discussed, CSE did not appear to be the most influential factor in regard to self-regulation. Instead, when participants experienced poly-victimisation they tended to present with a less adaptive coping style in childhood, characterised by increased avoidance and less detached coping. Further, the quality of the primary caregiver bond appeared key to developing a more adaptive coping style. As *perceived* warmth and affection increased, rational and detached coping during childhood increased, whereas avoidance coping decreased. Greater warmth and affection from the primary caregiver also contributed to higher levels of resilience in young adulthood. Greater control or dominance by the caregiver was associated with lower resilience. It was expected that CSE would account for some variance in the aspects of self-regulation that were examined in this thesis, yet this was not the case. Therefore, self-regulation appeared to be impacted by the cumulative impact of abuse and adversity, as well as the perceived quality of the caregiver bond, rather than a single form of abuse such as CSE.

The above findings appear to support the Constructivist Self-Development Theory, in that self-regulation is shaped by important life events such as poly-victimisation in the home and the perceived quality of the child-caregiver bond. Poly-victimisation may result in a less adaptive coping style in childhood, because in an emotionally abusive home a child's emotions may not be acknowledged or validated. Further, any distress or vulnerable emotion may be met with further abuse, or humiliation.

The child may therefore learn to utilise avoidant methods of coping as a form of defence (Pearlman, 1998) and which may impact on the quality of their bond with the primary caregiver. For those who experience poly-victimisation, these individuals may habitually utilise an avoidant coping style in an attempt to alleviate the thoughts, emotions and memories associated with their abuse (Polusny & Folette, 1995). This may result in lower resilience in adulthood, where victims have a poor sense of self-efficacy when faced with stressors and they may struggle to exercise cognitive and emotional control when distressed (Connor & Davidson, 2003). In terms of how positive caregiving may shape a more adaptive coping style, this could develop through a child's observation of how their caregiver understands and responds to emotions and challenges. In a securely attached relationship, the caregiver may encourage and validate negative affect, responding calmly to this in a consistent and nurturing manner. They may also teach adaptive strategies to enable the child to learn how to regulate their emotions (Sheffield-Morris et al., 2007). Therefore, the findings suggest that CSE may not, by itself, influence the development of self-regulation. Instead, this is influenced by the cumulative impact of multiple types of abuse and adversity, as well as the bond with the primary caregiver.

To test a theory, all relevant constructs must be appropriately defined and suitable measures must be chosen to represent them (Akers, 2012). In this thesis, two measures were chosen to examine self-regulation, exploring participants' coping styles in childhood and resilience in adulthood. The latter examined self-efficacy, persistence in the face of difficulty, as well as emotional and cognitive control under pressure (Connor & Davidson, 2003). These measures were selected as they arguably capture one's ability to tolerate unpleasant internal states and use adaptive methods to regulate emotions (Pearlman, 1998). However, it is argued that while emotional-regulation is a sub-category of the coping construct, it should be examined separately. This is because certain coping styles describe actions that are not related to emotions (Phillips & Power, 2007). Therefore, while this thesis examined some aspects of self-regulation as defined by the Constructivist Self-Development Theory, this may require further exploration using measures which emphasise affect tolerance and regulation. This will be discussed in the future avenues for research section in this chapter.

Regarding other aspects of the self, this thesis examined self-esteem, which also features within the Traumagenic Dynamics Theory (Finkelhor & Browne, 1985). The measure that was selected defined self-esteem as a unidimensional construct relating to

feelings of worthiness (Rosenberg, 1965). Findings did not indicate a significant link between CSE and self-esteem in adulthood. In consideration of several findings in this thesis, it is possible that poly-victimisation and caregiver bond are more influential in the development of self-esteem. However, this is speculative, as those variables were not examined in study one and this should be tested in future CSE research. However, there is theoretical and empirical support for this argument, in that abuse, as well as low levels of care and affection, may communicate to children that they are defective, inferior or unwanted (Cukor & McGinn, 2006; Young et al., 2003). Over time, this could begin to influence self-esteem. Lending further support to this argument, this thesis found significant links between poly-victimisation, caregiver bond, and cognitive schemas, which is another aspect of the self (McCann & Pearlman, 1990a).

More specifically, there were significant links between poly-victimisation, caregiver bond, and positive and maladaptive schemas. Furthermore, CSE was significantly associated with early maladaptive schemas. Individuals who experienced CSE, scored higher on defectiveness and shame, mistrust and abuse, and emotional inhibition schemas. In terms of how these schemas may have developed, the Constructivist Self-Development Theory postulates that all individuals have a number of psychological needs which should be met by key individuals in their lives (Pearlman & Courtois, 2005). These include a need for safety, trust, intimacy, control and esteem. Relationships and life experiences can lead to the gratification or frustration of these needs and which then influences the development of cognitive schemas. Thus, when individuals experience CSE, this life event may thwart some or all of those needs. Consequently, victims may come to believe that as a result of their abuse, they are defective, unwanted, inferior, and/or unlovable. Furthermore, they may learn from this experience that other people will hurt, abuse, manipulate or take advantage of them. As a result, they may be reluctant to share emotions or thoughts with others, express vulnerability, and they may avoid communicating their wants and needs (Young & Brown, 1994).

As discussed, the Constructivist Self-Development Theory emphasises adversity and difficulty. Thus, it requires further refinement to incorporate resilience and strength. This thesis extended the scope of this theory to examine global positive schemas. Findings revealed a significant association between poly-victimisation and the quality of care from the primary caregiver, and global positive schemas in young adulthood.

217

However, CSE did not contribute any additional variance in positive schema scores. These findings may support one aspect of the Constructivist Self-Development Theory, in that poly-victimisation may interfere with the quality of caregiving and which leads to unmet psychological needs for victims. Over time these unmet needs could lead to fewer positive schemas developing, as the victim internalises this negative treatment (Lumley & Harkness, 2007; Pearlman & Courtois, 2005). It was discussed that these findings may also support the application of the General Strain Theory to CSE (Reid, 2011), in that adversity and abuse could lead to increasing levels of strain in the home, resulting in a reduction in the quality of care given to the child. This could impair the quality of the caregiver-child bond, and which could be a source of strain for the child.

Regarding the social systems which surround an individual, this thesis examined whether other important relationships in the micro and exosystems influenced positive schemas. Namely, a sibling, a peer and another adult outside of the immediate family. However, as discussed, the number or quality of these relationships did not account for additional variance in global positive schemas over and above caregiver bond. It is possible that the number and quality of key relationships are not suitable protective factors in regard to positive schemas. Alternatively, the relationships examined in this thesis may not have provided a 'safe haven', or respite, from maladjustment. Suggestions are made later in this chapter in regard to other suitable relationships within the different social systems which surround a child. It is possible that other factors within the micro and exosystems shape global positive schemas.

In summary, this thesis appears to partially support the application of the Constructivist Self-Development Theory to CSE. Findings appear to suggest that CSE is one of several key life events which shape maladaptive schemas within the disconnection and rejection cluster. However, CSE alone does not appear to influence other aspects of the self, including self-regulation, positive schemas and self-esteem. Instead, and in line with the Constructivist Self-Development Theory, other life events appear to be more influential in shaping these elements of the self, including poly-victimisation and low levels of care from the primary caregiver.

*Social functioning*

This thesis examined individual characteristics which relate to social functioning, including social loneliness and attachment style in young adulthood. A theme which emerged across all four studies is that CSE was not significantly associated with factors such as these. Yet, for those who disclosed their CSE, where they perceived the other person to have blamed or stigmatised them, this was associated with an anxious attachment style in adulthood. This could support one argument from the Ecological Systems Theory, in that a negative response to disclosure is damaging for some victims (Campbell et al., 2009). Arguably, when others appear to blame or stigmatise a CSE victim, this may influence their expectations of others in romantic relationships. They may believe that other people are unwilling to provide the care and attention they need. Alternatively, this finding could support the Constructivist Self-Development Theory, which argues that individuals construct their own realities by interpreting the actions of others through a lens of their previous relational experiences. Individuals who are high in attachment anxiety appear to demand a high level of demonstration from others to feel emotionally close (Hudson & Fraley, 2017). Consequently, CSE victims with this attachment style may particularly sensitive to rejection.

As discussed, poly-victimisation and caregiver bond appear to be influential in adult social functioning. Results indicated that trust beliefs mediated the link between poly-victimisation and adult attachment style. This suggests that multiple forms of abuse and adversity in childhood, leads to beliefs that other people cannot be trusted, which then contributes to an insecure attachment within adult relationships. It is possible that trust is eroded because the child learns through their experiences that other people cannot be relied upon to meet their psychological needs and/or their basic care needs. Trust beliefs are a feature of certain cognitive schemas, which are implicated in adult functioning. In terms of adult attachment style, maladaptive schemas in the disconnection and rejection cluster emerged as a stronger predictor than poly-victimisation for relationship avoidance and anxiety. Together, these findings suggest that factors relating to the self, termed ontogenic or person factors, interact with factors in the immediate family context, termed the microsystem. Arguably, these interactions are proximal processes which take place repeatedly over time and through different life stages. In line with the Ecological Systems Theory, these repeated interactions continually shape individual factors, such as attachment style and cognitive schemas.

In summary, the Ecological Systems Theory (Bronfenbrenner, 1977, 2005) and the Constructivist Self-development Theory (McCann & Pearlman, 1995a) could account for why some CSE victims experience inter-personal difficulties in young adulthood. The findings in this thesis suggest that CSE, as a single form of abuse, may not be sufficient to cause these difficulties. Instead, when CSE interacts with other factors within the ontogenic, micro and exosystems, this does appear to impact on long-term functioning. When CSE is experienced alongside multiple forms of abuse and adversity in childhood, where there is a poor bond with the primary caregiver, and/or where they perceive others to have responded negatively to their disclosure of abuse, this could be problematic. These experiences appear to influence the development of important resources, including attachment style, trust beliefs, coping style and cognitive schemas. However, as a single form of abuse, CSE may be sufficiently problematic that this still influences the developing self, leading to the development of early maladaptive schemas. The implications of these findings are discussed later in this chapter, as these may reveal important targets for policy and practice.

*Vulnerability for CSE*

The Ecological Systems Theory (Bronfenbrenner, 1977, 2005) and the Routine Activity Theory (Cohen & Felson, 1979) informed the selection of variables that could raise vulnerability for, or protect against CSE. Together these theories describe how the various social systems which surround an individual may either protect against, or increase vulnerability for CSE. In this thesis, caregiver bond and other supportive relationships represented capable guardianship within the Routine Activity Theory. Exposure to perpetrators was established through engagement in risk-taking behaviours.

In terms of significant findings, this thesis did not permit firm conclusions to be drawn regarding CSE vulnerability. However, the findings may indicate that one factor in the microsystem may raise vulnerability for CSE; specifically, the primary caregiver bond. This finding could partially support the General Strain Theory, in that low care and affection is a source of strain for a child, as it leads to unmet psychological needs that are exploited by a perpetrator. Further, and in line with the Routine Activity Theory, a low-quality bond may impact on the caregiver's ability to act as a capable guardian. This is because if a child is approached sexually by a perpetrator, they may feel unable to seek safety and support from their caregiver due to their unsatisfactory bond.

This thesis failed to observe a significant relationship between CSE and the number of other relationships in the exosystem, or wider social context. This could suggest that social relationships are not protective against an exploitation attempt and do not provide suitable guardianship. However, as discussed, this may be due to the types of social relationships that were examined in this thesis. The wider social context may indeed be relevant in terms of increasing vulnerability for CSE, or protecting against it. Good quality social relationships may provide capable guardianship and protect children against a CSE attempt. Certain individuals may be capable of providing monitoring, so that a perpetrator does not have an opportunity to sexually approach a child. Alternatively, if a sexual approach is made, the child may seek out these individuals and notify them, thereby disrupting the exploitation attempt. This requires further exploration, examining a wider range of relationships in the exosystem, and with consideration given to the quality of these relationships.

Other vulnerability factors that were examined in this thesis failed to separate those who experienced CSE and those who did not. Based on the Routine Activity Theory, and with a developmental psychopathology perspective, risk-taking behaviours were selected as a potential vulnerability factor. Risk-taking is arguably a normative aspect of adolescent behaviour that could increase their exposure to CSE perpetrators. Certain risk-taking activities may also increase the perceived attractiveness of the child, such as substance or alcohol use. Perpetrators may view this as an opportunity to create dependency through coercing or pressuring the child to exchange sexual behaviours for substances. However, risk-taking was not significantly associated with CSE in this thesis, which could disconfirm the Routine Activity Theory in accounting for why some individuals are exploited. It could indicate that risk-taking does not increase their exposure or attractiveness to perpetrators. However, as discussed, this relationship could be moderated by the type of CSE. This could raise vulnerability for typologies such as commercial CSE. Instead, the high prevalence of technology facilitated CSE in this thesis may have obscured any links between risk-taking and vulnerability.

## 10.4 Towards an explanatory model of child sexual exploitation

Based on the findings of this thesis and a developed reading of the current literature, a preliminary model of CSE is proposed. This model attends to vulnerability

and protective factors which relate to CSE and long-term functioning.  It is informed by the theories discussed in this chapter, the available research that informed such theories, and the research findings in this thesis. It is a preliminary model that requires further testing.  Suggestions for vulnerability and protective factors are drawn from General Strain Theory, Routine Activity Theory and Constructivist Self-Development Theory, and underpinned by various ecological systems.  The proposed model is presented in Figure 1, and is explained below.  Those factors outlined in blue font, relate to direct findings from this thesis.

**Vulnerability Factors for CSE**

- Biological factors e.g. a learning disability (impaired functioning & intelligence);
- Experienced multiple forms of prior abuse/neglect;
- A poor perceived bond with the primary caregiver;
- Caregiver strain (poverty, mental health difficulties, poor social support);
- Local authority care.

Leading to →

**Strain for the child, due to**

- Unmet basic needs (food, shelter);
- Unmet psychological needs (does not feel safe, difficulty trusting others, limited intimacy, no sense of control over life events & low self-esteem);
- Poor coping & emotional regulation approach.

**Increased risk of CSE**

**Situational factors**

Being exposed to perpetrator(s) with no capable guardian to monitor or offer safety to the child;
The child experiences difficulties perceiving risk/danger.

**If CSE is successful**

**Long-term functioning**

*Increases vulnerability for negative impact:*
- Shame & self-blame, due to perceived blame from others following their disclosure of CSE;
- Additional forms of abuse & adversity (repeated victimisation by the CSE perpetrator(s), or abuse by other individuals);
- Early maladaptive schemas;
- Poor coping & emotional regulation (suppression, avoidance, denial, difficulty understanding & regulating internal states).

*Protects against CSE impact:*
- Other supportive relationships outside of the immediate family;
- Positive schemas;
- Adaptive coping & emotional regulation (reflection, reasoning, planning, expresses & regulates internal states, seeks support).

**Decreased risk of CSE**

**Protective Pathway**

**Protective Factors for CSE**

- The child perceives a close bond with their primary caregiver;
- A supportive and stable relationship with another person.

Leading to →

**Resilience for the child, due to**

- Adaptive coping & emotional regulation ability;
- A secure attachment to others;
- A belief that they have control over life events;
- Having their basic and psychological needs met.

**Figure 1: Protect Model Against CSE (PM: CSE):** Thesis findings denoted in blue

The proposed model in Figure 1 describes vulnerability and protective factors across each of the ecological systems. These factors are the product of numerous interactions between each system, throughout the life-course (Bronfenbrenner, 1977, 2005). The model proposes that an individual's existing vulnerability and/or protective factors will interact with situational factors, to increase or reduce vulnerability to CSE.

The proposed model identifies several factors in the immediate care environment, including the presence or absence of different types of abuse, and the quality of bond with the primary caregiver (Collishaw et al., 2007). These factors will arguably determine whether important psychological needs are met for a child, which is a tenet of the Constructivist Self-Development Theory (McCann & Pearlman, 1995a). In line with General Strain Theory (Agnew, 1992), if these needs are unfulfilled, this could be a source of strain for the child, leading them to seek opportunities to meet these needs elsewhere. Beyond the immediate care environment there may be other protective adults who offer a safe haven from the dysfunctional care environment. These individuals may also be willing and capable of meeting the child's unmet psychological needs. However, if these needs are not met by an appropriate adult, it is possible the child may be vulnerable to CSE. This is because some perpetrators are known to offer affection and attention if the child engages in sexual acts (Barnardo's, 2011).

The quality of peer friendships could be another factor outside of the family unit that either raises vulnerability for CSE or protects against it. In line with Routine Activity Theory (Cohen & Felson, 1979), some friends may offer protection in high-risk situations, while others may provide a gateway to perpetrators. Within the Routine Activity Theory, this is described as a lack of capable guardianship. Other factors that indicate a lack of capable guardianship and that have been highlighted in existing CSE research, include adolescent risk-taking and being placed in residential care (Beckett, 2011; Lerpiniere et al., 2013). These factors may provide perpetrators with an opportunity to approach children, where responsible adults are not consistently available to monitor them.

The proposed model identifies several individual factors that may raise vulnerability for CSE. Within the Routine Activity Theory there are factors which expose a child to a perpetrator in the absence of a capable guardian, and those which increase the child's 'attractiveness' to a perpetrator (Cohen et al., 1981). The factors in the proposed

model are identified from existing literature and include learning disability (Brown et al., 2016), where some children are noted to lack knowledge around sexual urges, or have unmet needs for intimacy (Fox, 2016). A perpetrator may exploit these factors, if the child's caregiver is not vigilant in situations where they interact with adults (Fox, 2016). Conversely, appropriate levels of parental monitoring and involvement, for any child, may reduce vulnerability for CSE (Whittle et al., 2013). For some children, it is argued that their disability may limit their ability to recognise danger (Fox, 2016), further raising their vulnerability if they are approached sexually by a perpetrator. Existing trauma is another individual factor that is believed to impair one's ability to perceive risk or danger (Messing et al., 2009; Messing et al., 2012), as is substance or alcohol use. Indeed, some perpetrators are known to provide substances and alcohol to children and then demand sexual activities in return (Barnardo's, 2011). Regarding protective factors, an internal locus of control may enable a child to avoid CSE when a perpetrator makes a sexual approach. This could enable a child to engage in protective actions by exiting a high-risk situation, or seeking protection from an adult.

The presence of vulnerability and protective factors in each of the ecological systems will arguably shape the development of individual characteristics, including attachment style, coping ability, resilience and cognitive schemas. Furthermore, the type of response that a victim receives following their disclosure of CSE appear to influence adult functioning. In line with the theory and literature presented in the introduction, the Protect model identifies other vulnerability and protective factors which also shape adult functioning.

## 10.5    Practical applications

It was discussed in the introduction chapters that existing CSE research lacks theoretical and empirical underpinning. Therefore, it could be argued that current CSE policy has an insufficient evidence base. While the existing empirical literature offers guidance on how to support victims of sexual abuse, this is limited by an inherent tendency to blame victims. Therefore, policy and practice which emerges from this literature is likely to place responsibility on victims to ensure their own safety. This is evident in the article by Franklin et al. (2012), who argue against holding victims accountable for their abuse, yet their recommendations imply victim precipitation. For

example, they recommend that victims must act to guard against further threat. This includes attending programmes which encourage victims to make changes to 'problematic behaviours' that 'provoke' victimisation and to assist them to avoid engaging in 'risky activities' (Turanovic & Pratt, 2014). These types of interventions are widely recommended for children who are deemed to be vulnerable to CSE. However, such recommendations indicate a failure to understand the complex processes which increase vulnerability. Researchers fail to consider the reasons why some children engage in behaviours which expose them to danger. As discussed, there is literature which suggests risk-taking could be a coping strategy that enables individuals to cope with distress from prior abuse and adversity (Wekerle, et al., 2017). Consequently, it is important to address the function of these behaviours in order to reduce re-victimisation risk.

Arguably, where victim behaviour is viewed as problematic, this will result in further disadvantage rather than protection. In the research by Halter et al (2010) into commercial CSE, they recommended that professionals should report CSE victims to the police, arguing that this will result in protective action. However, the researchers believed that protective action involved treating commercially exploited youth as offenders. This recommendation, which criminalises the victim instead of the perpetrator, will lead to long term disadvantages in terms of employment and other opportunities. Researchers have a responsibility to make policy and practice recommendations that prioritise the victim, and where the burden of responsibility is always placed on the perpetrator. These issues are considered in the practical applications of this thesis.

*Applications for assessment and intervention with children and young people*

Regarding applications, this thesis argues that the Constructivist Self-Development Theory and Ecological Systems Theory could be utilised to structure individualised assessments for children who are deemed to be 'at risk' of CSE. Currently, professionals in children's services rely on checklist tools which contain a range of vulnerability factors and warning signs for CSE that have no empirical support (Brown et al., 2016b). The two theories stated above, would direct professionals to a range of individual needs, capabilities and characteristics that may increase or reduce

vulnerability. The proposed model in Figure 1 could guide professionals to specific factors that could be examined for each child.

In an assessment context, the proposed model could inform recommendations for professional support or interventions for victims. The findings of this thesis suggest that CSE may not be solely responsible for long-term difficulties, and instead these might arise following an accumulation of adversity. Therefore, when referring victims to specialist intervention and support, priority may need to be given to those who have experienced multiple forms of abuse and adversity in the home and community. In terms of the type of support that is needed for victims, they may need assistance in developing their emotional regulation abilities and their ability to cope effectively with stressors. Furthermore, given that their cognitive schemas may have been adversely affected by their abuse, any support that is given to victims should aim to explore their cognitive schemas and help to modify any dysfunctional beliefs about the self and others. Maladaptive schemas may need to be targeted before they become reinforced and then impair longer term functioning. Furthermore, professionals may need to inquire as to the quality of relationships in the home, examining the child's *perception* of the bond with their primary caregiver. This is because a poor bond with a primary caregiver may be important in terms of CSE vulnerability and long-term functioning. Therefore, intervention may need to be extended to the family unit, where support is given to improve the child-caregiver relationship.

*Applications for working effectively with children and young people*

There are existing programmes that aim to teach individuals how to reduce their CSE risk through modifying their behaviour. However, this places responsibility onto the child as it suggests their behaviour is problematic. Instead, these programmes should aim to increase resilience, by helping children to understand the nature of exploitation. This should include teaching knowledge around healthy and unhealthy relationships, and the nuances around sexual consent and power imbalance. Children should be assisted to recognise and communicate their psychological needs and boundaries. They should be supported to recognise and understand their worth. Further, these interventions should be adapted for individuals with learning disabilities, compensating for cognitive or communication difficulties. Intervention should also be adapted to be culturally sensitive.

Professionals will need to identify strategies to safely reach children in communities where victims may be fearful of reporting CSE due to concerns over honour and shame. Those victims face the added challenge of encountering racism and stereotyping by professionals (Gill & Harrison, 2018) and therefore training and development needs to attend to issues relating to cultural sensitivity and understanding. This thesis has revealed other important considerations for professionals, which are detailed below.

The findings of this thesis highlight that professionals must respond carefully and thoughtfully to CSE disclosure. Existing guidance is available for professionals on how to work effectively with CSE victims. This generally emphasises the need to build trusting relationships with victims, and with suggestions on the type of advice and help they may need (Barnardo's, 2017). What appears to be lacking, however, is detailed guidance on effective inter-personal interactions with victims if they disclose CSE. It cannot be assumed that all child care professionals have suitable knowledge on the nuances of communication, or recognise problematic aspects of their own inter-personal style. Some professionals may not understand that victims may be sensitive to verbal and non-verbal signs of blame and rejection. Teaching professionals how to effectively respond to disclosure would be an important addition to current guidance, as problematic interactions may prevent some victims from further engaging with safeguarding and support services. For example, some victims admit to a fear of having professionals scrutinise their behaviour, which they seek to avoid (Weiss, 2010). Therefore, some victims may choose not to continue their contact with professionals, to avoid experiencing further distress.

In terms of specific guidance, professionals should be taught practical skills relating to active listening, appropriate eye contact and body-language. Further, they should be assisted to practice how they might respond if a victim decides to disclose their abuse. They may need guidance on how to present themselves calmly, objectively, and how to validate any difficult emotions that are expressed by the victim. Professionals may need clear advice that they should not focus on the victim's own behaviour. For example, they should refrain from asking the victim whether they attempted to resist or fight their abuser. This would be an important consideration, as such questions place responsibility on the victim. When describing a CSE encounter to the victim or to other professionals, they may need to be taught appropriate terminology. For example, that one must not describe CSE in a way that would indicate consent, or describe the victim's

behaviour as precipitating the abuse. It is important to consider that some professionals may hold unhelpful attitudes regarding CSE and sexual consent, which will likely impact on how they interact with CSE victims. Therefore, professional supervision and training would need to address any unhelpful attitudes regarding victims of CSE, while highlighting how these prevent some victims from reporting their abuse.

## 10.6    Methodological strengths and limitations

This PhD aimed at address some of the methodological limitations of existing CSE research. First, young adult samples were obtained in this research, to capture those who grew up with access to the internet and mobile telephones. This would arguably provide reliable data on the full nature and extent of online facilitated CSE, which is overlooked by many existing surveys (Radford, 2018). Furthermore, the samples in this thesis were drawn from the student and general populations, whereas many studies have gathered data from specialist CSE organisations or local authority referrals. Consequently, existing prevalence studies are limited by biased samples, where abuse or neglect has already been identified. Therefore, it could be argued that prevalence figures in this thesis are more representative of the general population, compared with existing survey data. Finally, there are very few existing studies which utilise comparison groups. In this thesis, there were two comparison groups: those who have never been approached sexually by an adult, and those who were approached sexually, but avoided CSE. This was to assist in the identification of protective factors, which revealed locus of control as a potential protective factor against CSE.

There are also a number of limitations that must be considered. Regarding the sample characteristics, in study two, some participants failed to report their student status. This meant that meaningful comparisons could not be made between the student and the general population during the main statistical analysis. However, in study four, there were no significant differences between the student and the general population on each of the outcomes that were examined. Therefore, this could indicate that findings in this thesis could be generalised to both the student and general populations. Regarding the issue of generalisability, it is important to consider the effect size and cross validation of the regression models in each study. Some predictor variables only accounted for a small amount of variance in the outcomes that were examined. Consequently, the loss of

variance following cross validation, exerts a greater impact. Therefore, it is likely that there are other influential variables which contribute to individual characteristics such as resilience, cognitive schemas, coping and attachment style. Suggestions are made in the future avenues for research section.

There are other limitations which relate to the sample characteristics. In this PhD research, efforts were made to achieve equal representation of males and females. The studies were advertised on websites for several organisations which offered support to male sexual abuse survivors. Despite this, males were under-represented in each of the four studies. Thus, it cannot be said that the findings of this research can be applied to male survivors of abuse. Based on the feminist and hegemonic masculinity literature, there may be key differences in vulnerability for males and females and their needs may be different (Mitchell et al., 2017). In addition to gender representation, this PhD research may have excluded victims with learning disability, as participation required the ability to read and comprehend a large number of questionnaire items. There are suggestions on how to obtain a more representative sample in the future avenues for research section.

A final limitation of this PhD research, is that it is cross sectional. Consequently, the presence of significant associations in each study cannot permit conclusions to be drawn regarding the temporal order of variables. Alternative explanations for each finding were considered in the individual discussion sections. Furthermore, the cross-sectional nature of the research did not permit an examination of changes in CSE vulnerability over time (Wager et al., 2018). For example, whether there are vulnerability and protective factors that are unique to an individual's developmental stage. This would be an important consideration, as it relates to an element of the Ecological Systems Theory termed the chronosystem (Bronfenbrenner, 2005). The chronosystem describes how changes, which occur over time, shape an individual's development. This is discussed further within the future avenues for research section.

## 10.7    Future avenues for research

This thesis identified an association between the perceived quality of caregiver bond and CSE vulnerability. Therefore, future research should examine factors which could impact on the caregiver bond across different stages of the child's development. This may reveal targets for intervention which could support a warm and caring

relationship, and therefore buffer against CSE risk. Arguably, vulnerability may even begin to develop prior to birth. There is extensive literature on how maternal stress, including factors such as psychological trauma, poor nutrition, and substance misuse, affects the developing foetus. These factors may result in developmental difficulties that, following birth, may result in further strain for caregivers. This is because the child's unique care needs can cause stress for caregivers and which can impair the quality of their bond with the child (Algood et al., 2011). This may account for why children with a physical or learning disability are particularly vulnerable to abuse or neglect (Brown et al., 2016b). Therefore, future studies should examine a range of vulnerability factors in the caregiving system before and after birth, and their impact on the child. For example, these factors could increase CSE vulnerability as the child may perceive a poor bond with their caregiver. This could result in unmet psychological and physical needs that are later exploited by a perpetrator. Furthermore, the child may not have the necessary supervision or support from a responsible adult to protect them against perpetrators.

There are other sources of caregiver strain that should be examined in future CSE research, including vulnerability and protective factors across the wider ecological systems. Factors in the surrounding systems can indirectly impact on the quality of attachment between the caregiver and child, and which may further increase their vulnerability for CSE. For example, research should examine whether CSE vulnerability is associated with poverty, as well as limited support from the extended family and the wider community (Algood et al., 2011). Furthermore, research should examine whether there are protective factors in the surrounding ecological systems that increase a child's resilience. For example, whether good quality social support or community resources help to buffer against vulnerabilities in the immediate care environment. When examining the role of caregiver strain and CSE vulnerability, a qualitative approach may be beneficial. This would enable researchers to examine in detail the impact of vulnerability and protective factors on the child, and the link with CSE vulnerability. A qualitative approach would be particularly important for participants with a learning disability (Radford, 2018), who may lack the capability to complete psychometric measures. A qualitative approach would also permit researchers to examine the potential role of other individual vulnerability factors, including gender, race or ethnicity, sexual orientation, and the intersections between these.

In addition to individual vulnerability factors, it would be important to examine whether the type of CSE is relevant. For example, whether there are unique vulnerability and protective factors for gang perpetrated, technology assisted or commercial CSE. The typology of CSE could also be relevant in terms of the long-term impact on victims. The severity of outcomes could vary depending on whether a victim is exploited through the use of technology, or through direct physical contact with a perpetrator. For example, technology facilitated CSE may result in ongoing stress for victims, who may fear that indecent imagery will be shared with peers or family members (Martin & Alaggia, 2013). Over time, the cumulative impact of stress could have an adverse impact on their wellbeing. This could also be the case for commercial CSE, whereby the impact of repeated victimisation by multiple perpetrators could accumulate over time and result in severe social and health problems (Anda et al., 2006).

It is important for future research to examine other factors that could impact on long term functioning for CSE victims, including protective factors. For example, whether a supportive relationship, and a positive response to disclosure, could buffer against the impact of CSE. Regarding abuse disclosure, future research should examine the wider cultural factors that may act as a barrier for CSE victims. This would include negative attitudes towards CSE victims, and masculine and feminine expectations. These factors were discussed in the introduction, were it was stated that negative attitudes may be communicated to CSE victims by individuals in their local communities, their family unit and social group. A qualitative approach would enable researchers to examine whether such factors prevent some victims from disclosing their CSE. This could also influence recovery following CSE. Thus, the personal impact of negative attitudes and stigmatisation should be examined further.

Finally, future research should aim to unite CSE with other forms of exploitation. Where any individual is persuaded or coerced to engage in behaviours for the benefit of another individual or group, this is deemed to be exploitation, regardless of its nature. For example, individuals may be subjected to labour exploitation, domestic servitude, and exploitation through drug production and distribution. Arguably, there may be common vulnerability and protective factors among victims who experience different forms of exploitation. Indeed, the National Referral Mechanism data, detailed in the introduction, highlights that individuals may experience more than one form of exploitation, such as sexual exploitation alongside domestic servitude. Therefore, while it is important to

create an explanatory model for CSE, this should also be tested on other forms of exploitation.

## 10.8    Final conclusion

Findings suggest that around half of children under the age of 16 will be approached sexually by an adult. Around 1 in 4 children may be successfully exploited. In terms of protective factors against CSE, study one revealed that individuals who were approached sexually by an adult but were *not* exploited, exhibited a more internal locus of control compared to those who were not approached. This could suggest that having greater perceptions of control in life protects children and adolescents against an exploitation attempt. Regarding vulnerability, participants who reported CSE, perceived their primary caregiver as lacking in warmth and affection during childhood. This could lead to unmet needs that are exploited by a perpetrator and which requires further exploration.

There were key themes which emerged across the studies in regard to the long-term impact of CSE for survivors. Childhood poly-victimisation and the quality of the bond with a primary caregiver, emerged as key factors in adult functioning. This thesis suggests that long-term difficulties may emerge as part of an accumulation of adversity, which impacts on coping style, attachment style and cognitive schemas. Another factor that may influence long-term functioning, is how other people respond to a CSE disclosure. For individuals who chose to disclose their CSE, blame and stigmatisation was associated with an anxious attachment style. This suggests that the response to a CSE disclosure may be important in regard to victims' long-term functioning.

As discussed, there are practical applications for the results of this thesis. Existing CSE policy and practice could be enhanced, ensuring that victims are provided with specialist support to buffer against the long-term impact of their abuse. It was suggested that intervention may need to be extended to the family unit, as a poor caregiver bond may increase a child's CSE vulnerability. Additionally, suggestions were made on how professionals should respond to a CSE disclosure. Existing policy assumes that professionals have insight into their own inter-personal style when interacting with CSE victims, when this may not be the case. As discussed in the introduction, unhelpful attitudes may contribute to long-term difficulties for sexual abuse victims.

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Research information sheet and consent form

I am a Forensic Psychologist in Training based at HMP Risley and under the supervision of Dr Carol Ireland (Chartered Psychologist, Forensic Psychologist and Course Director on the MSc in Forensic Psychology, UCLan). I am conducting research for the purpose of working towards gaining a diploma in Forensic Psychology.

I want to explore peoples' experiences of having been approached by an adult in a sexual manner whilst under the age of 16, either through the internet, in person or by mobile telephone. I am also interested in personal factors, such as self-esteem and attachment style among those who have been approached by an adult in a sexual manner. If you could spare 25 minutes of your time to complete the following questionnaires, I would be very grateful.

There are five questionnaires to complete. Please note that the first questionnaire explores your experiences during childhood and adolescence. Some questions here ask you about sexual experiences you may have had before the age of 16.

This questionnaire is **completely anonymous.** At no point will you be asked to record your name. As the questionnaires will be completely anonymous, please answer all the questions as honestly as possible.

You do not have to take part in this research. **If you do decide that you want to take part, then you need to be aware that once you have submitted your completed questionnaires it will not be possible for your information to be withdrawn from the research.** All completed questionnaires will be stored securely by the researcher and will be used only for the purposes of this research, which may involve publication in a peer reviewed journal. **It is important to note that you DO NOT HAVE TO TAKE PART IN THIS STUDY and you have the RIGHT TO WITHDRAW from the research at any point up to the submission of the questionnaire.**

Please place your completed questionnaire in the envelope provided. Once the questionnaire is completed, please return it to the student information room on the first floor of the Darwin Building (DB124). **There is a box labelled 'Kirsty Alderson – Forensic Psychology'. Please place your completed questionnaires in this box.**

There is contact information on the final page for both myself and my supervisor, so if you would like additional information about the study please do feel free to contact us. **There are also contact details for organisations that deal with victims of sexual abuse in case you are affected by any of the issues raised by this questionnaire.**

By submitting your completed survey, you are providing formal consent for your data to be used in the analysis of this study.

## By ticking this box below, I understand the above and am happy to give my consent to take part.

<u>Demographic Information</u>

It would be helpful if you would complete the following questions. You are reminded that all responses will be treated in the strictest confidence and used only for research purposes. This information will be used to provide more comprehensive data to the demographic information of the research sample.

Gender: Male / Female

Age:

Please state your ethnicity (please circle):

| | | |
|---|---|---|
| White - British. | 1 | |
| White - Irish. | 2 | |
| White - Other (please specify): | 3 | …………………………… |
| Black - Caribbean | 4 | |
| Black - African. | 5 | |
| Black - Other (please specify) | 6 | …………………………… |
| Asian – Indian | 7 | |
| Asian – Pakistani | 8 | |
| Asian – Bangladeshi | 9 | |
| Asian - Other (please specify) | 10 | …………………………… |
| Chinese | 11 | |
| Mixed - White & Black Carib | 12 | |
| Mixed - White & Black African | 13 | |
| Mixed - White & Asian | 14 | |
| Mixed - Other (please specify) | 15 | …………………………… |
| Other (please specify) | 16 | …………………………… |

The following questions are designed to explore some of your early sexual experiences, i.e. <u>below the age of 16</u>.  These questions are of a sensitive nature, including questions of a sexual nature. **Some people may find the content of this questionnaire distressing and participants should be aware that they will be asked about their own sexual experiences under the age of 16 years. If you are offended by descriptions of sexual behaviour, or if this makes you uncomfortable in any way, please do not continue to read.** Alternatively, please feel free to omit any questions you are not comfortable answering.

**Please circle your response to each question below, and answer the additional questions. Please remember that all of these questions relate to your experiences when <u>under the age of 16 years</u>.**

1)      Prior to the age of 16, had a friend ever introduced you to a friend or acquaintance *you believed* to be over 18 who had then made *sexual advances* towards you?

| Yes | No |
|-----|-----|

**If NO, go straight to question 2. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|--------------|------------|

Did you engage in sexual acts with them?

| Yes | No |
|-----|-----|

What gender was this person?

| Male | Female |
|------|--------|

2) Below the age of 16, did you ever feel you were *expected* to perform sexual acts as a result of someone you believed to be over the age of 18 giving you gifts (jewellery, mobile phone, clothes, money)?

| Yes | No |
|-----|-----|

**If NO, go straight to question 3. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|---------------|------------|

What was your relationship with this person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---------------|---------------|--------------|----------------|

Did you perform the sexual acts you felt you were expected to?

| Yes | No |
|-----|-----|

What gender was this person?

| Male | Female |
|------|--------|

3) Below the age of 16, have you ever felt you were *expected* to perform sexual acts as a result of someone you believed to be over the age of 18 giving you lifts in their car or taking you out on trips?

| Yes | No |
|-----|-----|

**If NO, go straight to question 4. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|--------------|------------|

What was your relationship with this person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---------------|---------------|--------------|----------------|

Did you perform sexual acts you felt you were expected to?

| Yes | No |
|-----|-----|

What gender was this person?

| Male | Female |
|------|--------|

4) Below the age of 16, have you ever felt you were *expected* to perform sexual acts as a result of someone you believe to be over the age of 18 buying you drinks or giving you drugs?

| Yes | No |
|-----|-----|

**If NO, go straight to question 5. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|---------------|------------|

What was your relationship with this person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---------------|---------------|--------------|----------------|

Did you perform the sexual acts you felt you were expected to?

| Yes | No |
|-----|-----|

What gender was this person?

| Male | Female |
|------|--------|

5) Below the age of 16, have you ever felt you were expected to perform sexual acts as a result of accepting accommodation from someone you believe was over 18?

| Yes | No |
|-----|-----|

**If NO, go straight to question 6. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|--------------|------------|

What was your relationship with this person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---------------|---------------|--------------|----------------|

Did you perform the sexual acts you felt you were expected to?

| Yes | No |
|-----|-----|

What gender was this person?

| Male | Female |
|------|--------|

6) Below the age of 16, has a person you believed to be over 18 ever made sexual suggestions to you or tried to engage you in sexual discussions by telephone, via text, or over the internet?

| Yes | No |
|-----|-----|

**If NO, go straight to question 7. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|--------------|------------|

What was your relationship with this person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---|---|---|---|

What gender was this person?

| Male | Female | Don't know |
|---|---|---|

7) Below the age of 16, has a person you believed to be over 18 years old ever asked you to send pictures or video recordings of yourself over the internet or mobile phone in a state of undress or in a sexual or suggestive pose?

| Yes | No |
|---|---|

**If NO, go straight to question 8. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|---|---|---|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|---|---|---|

How old were they actually?

| _____ years | Don't know |
|---|---|

What was your relationship with this person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---|---|---|---|

If yes, did you send pictures/video recordings?

| Yes | No |
|---|---|

What gender was this person?

| Male | Female | Don't know |
|---|---|---|

8) Below the age of 16, have you ever *been sent* pictures or video images of nudity or someone performing a sexual act by someone you believe to have been over 18?

| Yes | No |
|---|---|

**If NO, go straight to question 9.  If yes, how old were you?**

| 12 years or under | 13 – 14 years old | 15 years old |
|---|---|---|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|---|---|---|

How old were they actually?

| _____ years | Don't know |
|---|---|

What was your relationship with this person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---|---|---|---|

What gender was this person?

| Male | Female | Don't know |
|------|--------|------------|

9)   Below the age of 16 have you ever had a sexual relationship with someone you believed to be over the age of 18?

| Yes | No |
|-----|-----|

**If NO, go straight to question 11. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|--------------|------------|

What gender was this person?

| Male | Female |
|------|--------|

10) Below the age of 16, has someone over the age of 18 ever asked you to have *sexual contact* with another person with whom you are not in a partner type relationship with? [Sexual contact means sexual touching of you by the person, you touching the person sexually, or oral sex].

| Yes | No |
|-----|-----|

**If NO, go straight to question 12. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|---------------|------------|

What was your relationship with the person who asked you to have sexual contact with another person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---------------|---------------|--------------|----------------|

Did you engage in this request for sexual contact?

| Yes | No |
|-----|-----|

What gender was this person?

| Male | Female |
|------|--------|

11) Below the age of 16, has someone over the age of 18 ever asked you to have *sexual intercourse* with someone?

| Yes | No |
|-----|-----|

**If NO, go straight to question 13. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time that asked you?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|---------------|------------|

What was your relationship with the person who asked you to have sexual intercourse with someone?

| Family member | Family friend | Acquaintance | Unknown to you |
|---------------|---------------|--------------|----------------|

Did you engage in this request for sexual intercourse?

| Yes | No |
|-----|-----|

What gender was this person?

| Male | Female |
|------|--------|

12) Below the age of 16, have you ever had sexual contact with someone because you were afraid you would be harmed if you didn't?

| Yes | No |
|-----|-----|

**If NO, go to the end of this questionnaire. If YES**, how old were you?

| 12 years or under | 13 – 14 years old | 15 years old |
|-------------------|-------------------|--------------|

How old did you believe the other person was at the time?

| 18 – 20 years old | 21 – 24 years old | Over 25 years of age |
|-------------------|-------------------|----------------------|

How old were they actually?

| _____ years | Don't know |
|---------------|------------|

What was your relationship with this person?

| Family member | Family friend | Acquaintance | Unknown to you |
|---------------|---------------|--------------|----------------|

What gender was this person?

| Male | Female |
|------|--------|

Locus of Control Scale

There are a number of statements below that relate to your personal beliefs about what happens in life. There are no right or wrong answers.

For each statement, please indicate how strongly you agree or disagree, by ticking the box which matches your views.

Please answer all questions, thank you.

| | Always agree | Agree | Unsure | Disagree | Always disagree |
|---|---|---|---|---|---|
| 1. I see a problem coming and do something about it before it happens. | | | | | |
| 2. What happens to me just seems to happen by accident. | | | | | |
| 3. Coincidence/accident controls what will happen in the future. | | | | | |
| 4. I can only control my problems with help from others. | | | | | |
| 5. When I aim to do something, I do it. | | | | | |
| 6. The problems I have now, will never be solved. | | | | | |
| 7. It's up to me whether I solve my problems or not. | | | | | |
| 8. It takes hard work to be successful, it doesn't happen by accident or chance. | | | | | |
| 9. I don't control my life, it is controlled by things other than myself. | | | | | |
| 10. Other people do not control what happens to them. | | | | | |
| 11. To cope with the problems I have, I need help from someone who knows what to do. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 12. I feel physically different when I get stressed and I can't help it. | | | | | |
| 13. I control what happens in my future. | | | | | |
| 14. When I am feeling stressed I can't stop myself from breathing in a fast and irregular way. | | | | | |
| 15. I understand that a problem I had yesterday is different to a problem I have today. | | | | | |
| 16. I feel confident that I can manage my problems in the future. | | | | | |
| 17. For me, sorting out my problems happens by chance or accident. | | | | | |
| 18. I get blamed for stuff I have no control over. | | | | | |

The Experiences in Close Relationships Scale

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just what is happening in your current relationship. For each statement, please circle a number to indicate how much you agree or disagree with the statement.

If you have not had a partner type relationship, then you do not have to complete this questionnaire.

1. I'm afraid that I will lose my partner's love.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

2. I often worry that my partner will not want to stay with me.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

3. I often worry that my partner doesn't really love me.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

4. I worry that romantic partners won't care about me as much as I care about them.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

6. I worry a lot about my relationships.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

7. When my partner is out of sight, I worry that he or she might become interested in someone else.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

9. I rarely worry about my partner leaving me.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

10. My romantic partner makes me doubt myself.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

11. I do not often worry about being abandoned.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

12. I find that my partner(s) don't want to get as close as I would like.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

13. Sometimes romantic partners change their feelings about me for no apparent reason.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

14. My desire to be very close sometimes scares people away.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

16. It makes me mad that I don't get the affection and support I need from my partner.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

17. I worry that I won't measure up to other people.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

18. My partner only seems to notice me when I'm angry.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

19. I prefer not to show a partner how I feel deep down.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

20. I feel comfortable sharing my private thoughts and feelings with my partner.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

21. I find it difficult to allow myself to depend on romantic partners.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

22. I am very comfortable being close to romantic partners.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

23. I don't feel comfortable opening up to romantic partners.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

24. I prefer not to be too close to romantic partners.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

25. I get uncomfortable when a romantic partner wants to be very close.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

26. I find it relatively easy to get close to my partner.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

27. It's not difficult for me to get close to my partner.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

28. I usually discuss my problems and concerns with my partner.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

29. It helps to turn to my romantic partner in times of need.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

30. I tell my partner just about everything.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

31. I talk things over with my partner.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

32. I am nervous when partners get too close to me.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

33. I feel comfortable depending on romantic partners.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

34. I find it easy to depend on romantic partners.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

35. It's easy for me to be affectionate with my partner.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

36. My partner really understands me and my needs.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |

Self-esteem Scale

Below is a list of statements relating to your general feelings about yourself.  For each statement, please indicate how strongly you agree or disagree, by ticking the box that matches your views.

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|
| 1. On the whole, I am satisfied with myself. | | | | |
| 2. At times, I think I am no good at all. | | | | |
| 3. I feel that I have a number of good qualities. | | | | |
| 4. I am able to do things as well as most other people. | | | | |
| 5. I feel I do not have much to be proud of. | | | | |
| 6. I certainly feel useless at times. | | | | |
| 7. I feel that I am a person of worth, at least on an equal plane with others. | | | | |
| 8. I wish I could have more respect for myself. | | | | |
| 9. All in all, I am inclined to feel that I am a failure. | | | | |
| 10. I take a positive attitude toward myself. | | | | |

UCLA Loneliness Scale

The statements below describe how people sometimes feel.  For each statement, please state how often you feel this way, by ticking the box that matches your views.

| | Never | Rarely | Sometimes | Always |
|---|---|---|---|---|
| 1. How often do you feel you are 'in tune' with the people around you? | | | | |
| 2. How often do you feel you lack companionship? | | | | |
| 3. How often do you feel that there is no-one to turn to? | | | | |
| 4. How often do you feel alone? | | | | |
| 5. How often do you feel part of a group of friends? | | | | |
| 6. How often do you feel that you have a lot in common with the people around you? | | | | |
| 7. How often do you feel that you are no longer close to anyone? | | | | |
| 8. How often do you feel that your ideas and interests are not shared by those around you? | | | | |
| 9. How often do you feel outgoing and friendly? | | | | |
| 10. How often do you feel close to people? | | | | |
| 11. How often do you feel left out? | | | | |
| 12. How often do you feel your relationships with others are not meaningful? | | | | |
| 13. How often do you feel that no-one really knows you well? | | | | |
| 14. How often do you feel isolated from others? | | | | |

| | Never | Rarely | Sometimes | Always |
|---|---|---|---|---|
| 15. How often do you feel you can find companionship when you want it? | | | | |
| 16. How often do you feel there are people who really understand you? | | | | |
| 17. How often do you feel shy? | | | | |
| 18. How often do you feel that people are around you but not with you? | | | | |
| 19. How often do you feel that there are people you can talk to? | | | | |
| 20. How often do you feel there are people you can turn to? | | | | |

# DEBRIEF SHEET

Thank you very much for participating in this research. **Please remember that all questionnaires are anonymous and confidential. You have the right to withdraw from this research until you submit your questionnaire.** Given that questionnaires are anonymous, I apologise that it will not be possible to withdraw your data after submission.

The aim of this research is to investigate how common it is for children and young adolescents to be approached by an adult in a sexual manner, either through the internet, in person or by telephone. I am also interested in levels of self-esteem, social loneliness, locus of control and attachment style among those who have experienced being approached by an adult in a sexual manner.

If you feel distressed or affected by any of the issues addressed in this research or require any further information please do not hesitate to contact myself, Kirsty Alderson (Email: KAAlderson@uclan.ac.uk), or my supervisor Dr. Carol A. Ireland (CAIreland@uclan.ac.uk). Alternatively you may wish to speak to another professional about the issues and if so please contact the charities below on the numbers provided.

- **VICTIM SUPPORT** - Victim Support helps people cope with the effects of crime. Helpline Telephone number: 0845 30 30 900

  E-mail: contact@victimsupport.org.uk

  Website Address: http://www.victimsupport.org.uk

- **SURVIVORS UK** – Survivors offers a helpline for men who have been sexually assaulted
  **Helpline Telephone number: 0845 1221201**

  **E-mail:info@survivorsuk.org**
  **Website Address:** http://www.survivorsuk.co.uk/

- **RAPE & SEXUAL ABUSE SUPPORT CENTRE** - Telephone support and counselling service for women who have been raped or sexually abused
  Helpline Telephone number: 08451 221 331

  Email: info@rasasc.org.uk

  Website Address: http://www.rasasc.org.uk/

**Thank you again for your assistance in completing these questionnaires**

| Research Information Sheet and Consent form |
| --- |

I am a Forensic Psychologist in Training based at HMP Risley and a Research Student at the University of Central Lancashire.  I am working under the supervision of Dr. Carol Ireland (Chartered Psychologist, Forensic Psychologist and Course Director on the MSc in Forensic Psychology, UCLAN). I am conducting research for the purpose of working towards gaining my Qualification in Forensic Psychology and as part of a PhD at the University of Central Lancashire.  If you would like to contact someone for further information, my details are as follows: Kirsty Alderson (Email: KAAlderson@uclan.ac.uk), or alternatively, my supervisor Dr. Ireland (CAIreland@uclan.ac.uk).

I want to explore people's experiences of **having been approached by an adult in a sexual manner whilst under the age of 16.**  I am also interested in how people deal with stress and what they think about relationships.  If you could spare **25 minutes** of your time to complete the following questionnaires I would be very grateful.  There are six questionnaires to complete. Please note that the first two questionnaires explore your experiences during childhood and adolescence.  Some questions here ask you about **sexual experiences you may have had before the age of 16.**


The questionnaires are **completely anonymous**. At no point will you be asked to record your name. As the questionnaires are anonymous, please answer all the questions as honestly as possible.

You do not have to take part in this research. **If you do decide that you want to take part, then you need to be aware that once you have submitted your competed questionnaires it will not be possible to withdraw from the research**. All completed questionnaires will be stored securely by the researcher and will be used only for the purpose of this research, which may involve publication in a peer reviewed journal. **It is important to note that you DO NOT HAVE TO TAKE PART IN THIS STUDY and you have the RIGHT TO WITHDRAW from the research at any point up to the submission of the questionnaire**.

There is contact information on the final page for both myself and my supervisor, so if you would like additional information about the study please feel free to contact us. **There are also contact details for organisations that deal with victims of sexual abuse in case you are affected by any of the issues raised by this questionnaire.**

**By submitting your completed survey you are providing formal consent for your data to be used in the analysis of this study**. Thank you, Kirsty Alderson.  There are now **2 SONA points** awarded to those who take part (UCLan students only).

**By ticking this box below I understand the above and am happy to give my consent to take part.**

Child Sexual Exploitation Measure: See Appendix A.

Demographic Information Sheet: See Appendix A.

A checklist to assess multiple forms of victimisation

1) Who were your primary carers when you were under the age of 16 (please circle)?

| Mother | Father | Grandparents |
|--------|--------|--------------|

Other (please state)…………………………………………………..

2) Were you ever taken into local authority care under the age of 16?

| Yes | No |
|-----|----|

If **YES**, how many times were you taken into care?

| Once | 2-3 times | 4 or more times |
|------|-----------|-----------------|

If **YES**, for how long were you in care?

| Less than a week | 1-6 months | 6-12 months | Over 1-3 years | 4 years or longer |
|------------------|------------|-------------|----------------|-------------------|

3) Did you ever run away from home when under the age of 16 (i.e. left home without informing your parents/carers where you were staying)?

| Yes | No |
|-----|----|

If **YES**, how long were you away from home?

| Less than a day | Overnight | Less than a week | Over a week | Over a month |
|---|---|---|---|---|

If **YES**, how many times did you run away from home?

| Once | 2-3 times | 4 or more times |
|---|---|---|

4) Did you ever witness, or were you ever aware of any fighting or violence in your home when under the age of 16 (involving your carers)?

| Yes | No |
|---|---|

If **YES,** how often would this occur?

| Once | 2-3 times | 4 or more times |
|---|---|---|

If **YES**, were you ever the victim of any physical violence (hitting with hand or object, shoving, punching, slapping or kicking)?

| Yes | No |
|---|---|

5) Did you ever witness, or were you aware of any emotional or verbal abuse in your home when under the age of 16 (involving your carers)?

| Yes | No |
|---|---|

If **YES,** how often would this occur?

| Once | 2-3 times | 4 or more times |
|---|---|---|

If **YES**, were you ever the victim of any emotional or verbal abuse in your home when under the age of 16?

| Yes | No |
|---|---|

6) Did you ever witness, or were you ever aware of any drug use in your home when under the age of 16 (involving your carers)?

| Yes | No |
|---|---|

If **YES,** how many times did this drug use occur?

| Once | 2-3 times | 4 or more times |
|---|---|---|

Parental Bonding Instrument

Think about your relationship with your main caregiver **when you were under the age of 16.** Please complete one of these questionnaires for each of the main caregivers in your life during childhood. You have been provided with two questionnaires.

Tick **(3) Very like, (2) moderately like, (1) moderately unlike, or (0) very unlike** for each statement below.

|  | Very like | Moderately like | Moderately unlike | Very unlike |
|---|---|---|---|---|
| 1. Spoke to me in a warm and friendly voice |  |  |  |  |
| 2. Did not help me as much as I needed |  |  |  |  |
| 3. Let me do those things I liked doing |  |  |  |  |
| 4. Seemed emotionally cold to me |  |  |  |  |
| 5. Appeared to understand my problems and worries |  |  |  |  |
| 6. Was affectionate to me |  |  |  |  |
| 7. Liked me to make my own decisions |  |  |  |  |
| 8. Did not want me to grow up |  |  |  |  |
| 9. Tried to control everything I did |  |  |  |  |
| 10. Invaded my privacy |  |  |  |  |
| 11. Enjoyed talking things over with me |  |  |  |  |
| 12. Frequently smiled at me |  |  |  |  |

| | Very like | Moderately like | Moderately unlike | Very unlike |
|---|---|---|---|---|
| 13. Tended to baby me | | | | |
| 14. Did not seem to understand what I needed or wanted | | | | |
| 15. Let me decide things for myself | | | | |
| 16. Made me feel I wasn't wanted | | | | |
| 17. Could make me feel better when I was upset | | | | |
| 18. Did not talk with me very much | | | | |
| 19. Tried to make me feel dependent on her/him | | | | |
| 20. Felt I could not look after myself unless she/he was around | | | | |
| 21. Gave me as much freedom as I wanted | | | | |
| 22. Let me go out as often as I wanted | | | | |
| 23. Was overprotective of me | | | | |
| 24. Did not praise me | | | | |
| 25. Let me dress in any way I pleased | | | | |

Coping Styles Questionnaire

Although people may react in different ways to different situations, we all tend to have a characteristic way of dealing with things which upset us.  Think about how you used to deal with situations during your **childhood (when you were under the age of 16).**  This can be challenging for people to recall, but think about how you *typically* reacted to stress during this period in your life.   Tick **(3) Always, (2) Often, (1) Sometimes, or (0) Never** for each statement below.

|  | Never | Sometimes | Often | Always |
|---|---|---|---|---|
| 1. Feel overpowered and at the mercy of the situation |  |  |  |  |
| 2. Work out a plan for dealing with what has happened |  |  |  |  |
| 3. See the situation for what it actually is and nothing more |  |  |  |  |
| 4. Become miserable or depressed |  |  |  |  |
| 5. Feel that no one understands |  |  |  |  |
| 6. Do not see the problem or situation as a threat |  |  |  |  |
| 7. Feel that you are lonely or isolated |  |  |  |  |
| 8. Take action to change things |  |  |  |  |
| 9. Feel helpless – there's nothing you can do about it |  |  |  |  |
| 10. Try to find out more information to help make a decision about things |  |  |  |  |
| 11. Keep things to myself and not let others know how bad things are |  |  |  |  |
| 12. Feel independent of the circumstances |  |  |  |  |
| 13. Sit tight and hope it all goes away |  |  |  |  |
| 14. Take my frustrations out on the people closest to me |  |  |  |  |

| | Never | Sometimes | Often | Always |
|---|---|---|---|---|
| 15. Resolve the issue by not becoming identified with it | | | | |
| 16. Respond neutrally to the problem | | | | |
| 17. Pretend there's nothing the matter, even if people ask | | | | |
| 18. Get things in proportion – nothing is really that important | | | | |
| 19. Believe that time will somehow sort things out | | | | |
| 20. Feel completely clear headed about the whole thing | | | | |
| 21. Try to keep a sense of humour – laugh at myself or the situation | | | | |
| 22. Keep thinking it over in the hope it will go away | | | | |
| 23. Believe that I can cope with most things with the minimum of fuss | | | | |
| 24. Daydream about things getting better in the future | | | | |
| 25. Try to find a logical way of explaining the problem | | | | |
| 26. Decide its useless to get upset and just get on with things | | | | |
| 27. Feel worthless and unimportant | | | | |
| 28. Trust in fate – that things will somehow work out for the best | | | | |
| 29. Use my past experience to try to deal with the situation | | | | |

| | Never | Sometimes | Often | Always |
|---|---|---|---|---|
| 30. Try to forget the whole thing has happened | | | | |
| 31. Become irritable or angry | | | | |
| 32. Just give the situation my full attention | | | | |
| 33. Just take one step at a time | | | | |
| 34. Criticise or blame myself | | | | |
| 35. Pray that things will just change | | | | |
| 36. Talk or think about the problem as if it did not belong to me | | | | |
| 37. Talk about it as little as possible | | | | |
| 38. Prepare myself for the worst possible outcome | | | | |
| 39. Look for sympathy from people | | | | |
| 40. See the thing as a challenge that must be met | | | | |
| 41. Be realistic in my approach to the situation | | | | |

Resilience Scale

292

The Experiences in Close Relationships Scale (short version).

Please answer the following questions about your partner or spouse. If you are not currently in a relationship with someone, answer these questions with respect to a previous partner or a relationship that you would like to have with someone.

Tick   **(1) strongly disagree,**
          **(2) disagree,**
          **(3) somewhat disagree,**
          **(4) neither agree nor disagree,**
          **(5) somewhat agree,**
          **(6) agree, or**
          **(7) strongly agree**

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. It helps to turn to this person in times of need |  |  |  |  |  |  |  |
| 2. I usually discuss my problems and concerns with this person |  |  |  |  |  |  |  |
| 3. I talk things over with this person |  |  |  |  |  |  |  |
| 4. I find it easy to depend on this person |  |  |  |  |  |  |  |
| 5. I don't feel comfortable opening up to this person |  |  |  |  |  |  |  |
| 6. I prefer not to show this person how I feel deep down |  |  |  |  |  |  |  |
| 7. I often worry that this person doesn't really care for me |  |  |  |  |  |  |  |
| 8. I'm afraid that this person may abandon me |  |  |  |  |  |  |  |
| 9. I worry that this person won't care about me as much as I care about him or her |  |  |  |  |  |  |  |

<u>The Trust Beliefs Scale</u>

Please answer the following questions about your partner or spouse. If you have never had a partner, <u>you do not have to complete this next section</u>. You can move on to the last questionnaire.

Tick **(1) strongly disagree,**
**(2) disagree,**
**(3) somewhat disagree,**
**(4) neither agree nor disagree,**
**(5) somewhat agree,**
**(6) agree, or**
**(7) strongly agree**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. I know how my partner is going to act. My partner can always be counted on to act as I expect | | | | | | | |
| 2. I have found that my partner is a thoroughly dependable person, especially when it comes to things that are important | | | | | | | |
| 3. My partner's behaviour tends to be quite variable. I can't always be sure what my partner will surprise me with next | | | | | | | |
| 4. Though times may change and the future is uncertain, I have faith that my partner will always be ready and willing to offer me strength, come what may | | | | | | | |
| 5. Based on past experience I cannot, with complete confidence, rely on my partner to keep promises made to me | | | | | | | |
| 6. It is sometimes difficult for me to be absolutely certain that my partner will always continue to care for me; the future holds too many uncertainties and too many things can change in our relationship as time goes on | | | | | | | |
| 7. My partner is a very honest person and, even if my partner were to make unbelievable statements, people should feel confident that what they are hearing is the truth | | | | | | | |
| 8. My partner is not very predictable. People can't always be certain how my partner is going to act from one day to another | | | | | | | |
| 9. My partner has proven to be a faithful person. No matter who my partner was married to, she or he would never be unfaithful, even if there was absolutely no chance of being caught | | | | | | | |

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 10. I am never concerned that unpredictable conflicts and serious tensions may damage our relationship because I know we can weather any storm | | | | | | | |
| 11. I am very familiar with the patterns of behaviour my partner has established, and that he or she will behave in certain ways | | | | | | | |
| 12. If I have never faced a particular issue with my partner before, I occasionally worry that he or she won't take my feelings into account | | | | | | | |
| 13. Even in familiar circumstances, I am not totally certain my partner will act in the same way twice | | | | | | | |
| 14. I feel completely secure in facing unknown, new situations because I know my partner will never let me down | | | | | | | |
| 15. My partner is not necessarily someone others always consider reliable. I can think of some times when my partner could not be counted on | | | | | | | |
| 16. I occasionally find myself feeling uncomfortable with the emotional investment I have made in our relationship because I find it hard to completely set aside my doubts about what lies ahead | | | | | | | |
| 17. My partner has not always proven to be trustworthy in the past, and there are times when I am hesitant to let my partner engage in activities that make me feel vulnerable | | | | | | | |
| 18. My partner behaves in a consistent manner | | | | | | | |

**(1) strongly disagree,**
**(2) disagree,**
**(3) somewhat disagree,**
**(4) neither agree nor disagree,**
**(5) somewhat agree,**
**(6) agree, or**
**(7) strongly agree**

# DEBRIEF SHEET

Thank you very much for participating in this research. **Please remember that all questionnaires are anonymous and confidential. You have the right to withdraw from this research until you submit your questionnaire.** Given that questionnaires are anonymous, I apologise that it will not be possible to withdraw your data after submission.

The aim of this research is to investigate **how common it is for children and young adolescents to be approached by an adult in a sexual manner**, either through the internet, in person or by telephone. I am also interested in coping style and attachment to others, among those who have experienced having been approached by an adult in a sexual manner.

If you feel distressed or affected by any of the issues addressed in this research or require any further information please do not hesitate to contact myself, Kirsty Alderson (Email: KAAlderson@uclan.ac.uk), or my supervisor Dr. Carol A. Ireland (CAIreland@uclan.ac.uk).

Alternatively you may wish to speak to another professional about the issues and if so please contact the charities below on the numbers provided.

- **VICTIM SUPPORT** - Victim Support helps people cope with the effects of crime. Helpline Telephone number: 0845 30 30 900

  E-mail: contact@victimsupport.org.uk

  Website Address: http://www.victimsupport.org.uk

- **SURVIVORS UK** – Survivors offers a helpline for men who have been sexually assaulted
  **Helpline Telephone number: 0845 1221201**

  **E-mail:info@survivorsuk.org**
  **Website Address:** http://www.survivorsuk.co.uk/

- **RAPE & SEXUAL ABUSE SUPPORT CENTRE** - Telephone support and counselling service for women who have been raped or sexually abused
  Helpline Telephone number: 08451 221 331

  Email: info@rasasc.org.uk

  Website Address: http://www.rasasc.org.uk/

**Thank you again for your assistance in completing these questionnaires**

**Appendix C: Materials used in study three.**

I am a Forensic Psychologist in Training based at Coastal Child and Adult Therapeutic Services (CCATS) and a Research Student at the University of Central Lancashire. I am working under the supervision of Dr. Carol Ireland (Chartered Psychologist, Forensic Psychologist and Course Director on the MSc in Forensic Psychology, UCLAN). I am conducting research as part of a PhD at the University of Central Lancashire. If you would like to contact someone for further information, my details are as follows: Kirsty Alderson (Email: KAAlderson@uclan.ac.uk), or alternatively, my supervisor Dr. Ireland (CAIreland@uclan.ac.uk). If you have any concerns about the research that you wish to raise with somebody who is independent of the research team, you should raise this with the University Officer for Ethics (OfficerForEthics@uclan.ac.uk).

I want to explore people's experiences of **having been approached by an adult in a sexual manner whilst under the age of 16. This means there will be questions asking you about non-consenting sexual experiences.** I am also interested in the quality of relationships you have had during childhood, your beliefs about yourself and your participation in different activities. If you could spare **20 minutes** of your time to complete the following questionnaires I would be very grateful. There are six questionnaires to complete. Please note that five of these questionnaires explore your experiences during childhood and adolescence. Some questions here ask you about **sexual experiences you may have had before the age of 16.**

It is possible that some of the questions may cause distress, as they ask for your experiences of sex, including abuse. The potential benefits of this research are that it will assist in identifying vulnerability and protective factors against abusive encounters.

The questionnaires are **completely anonymous**. At no point will you be asked to record your name. As the questionnaires are anonymous, please answer all the questions as honestly as possible.

You do not have to take part in this research. **If you do decide that you want to take part, then you need to be aware that once you have submitted your competed questionnaires it will not be possible to withdraw from the research**. All completed questionnaires will be stored securely by the researcher and will be used only for the purpose of this research, which may involve publication in a peer reviewed journal. **It is**

**important to note that you DO NOT HAVE TO TAKE PART IN THIS STUDY and you have the RIGHT TO WITHDRAW from the research at any point up to the submission of the questionnaire**.

There is contact information on the final page for both myself and my supervisor, so if you would like additional information about the study please feel free to contact us. **There are also contact details for organisations that deal with victims of sexual abuse in case you are affected by any of the issues raised by this questionnaire.**

**By submitting your completed survey you are providing formal consent for your data to be used in the analysis of this study**. I regret that it is not possible to withdraw after submission, as you cannot be identified due to the anonymous nature of the questionnaire.

Thank you, Kirsty Alderson.

<u>Demographic Information</u>

It would be helpful if you would complete the following questions. You are reminded that all responses will be treated in the strictest confidence and used only for research purposes. This information will be used to provide more comprehensive data to the demographic information of the research sample.

Gender:                                            Male                    Female

Age:

Are you currently a full time student?          Yes                    No

What is your highest level of completed education? High/Secondary School

College/Sixth Form

University

Please provide details of your primary caregiver(s) <u>when you were under 16</u>.  State their relationship to you (mother, father, grandparent, and so on) and their main occupation <u>when you were under 16</u>.

Caregiver 1: ……………………. Their occupation: ………………..

Caregiver 2: ……………………. Their occupation: ………………..

Please state your ethnicity (please circle):

White - British.                    1

White - Irish.                      2

White - Other (please specify):     3     ……………………………

Black - Caribbean                   4

Black - African.                         5

Black - Other (please specify)          6   …………………………….

Asian – Indian                          7

Asian – Pakistani                       8

Asian – Bangladeshi                     9

Asian - Other (please specify)         10   ……………………………

Chinese                                11

Mixed - White & Black Carib             12

Mixed - White & Black African          13

Mixed - White & Asian                  14

Mixed - Other (please specify)         15   …………………………….

Other (please specify)                 16   ……………….............

Adverse Childhood Experiences Checklist

Below are some questions designed to explore your childhood experiences i.e. <u>below the age of 16</u>. Please circle your response for each question below.

| | | | |
|---|---|---|---|
| 1. | Did a parent or other adult in the home often or very often swear at you, insult you or put you down? | Yes | No |
| 2. | Did a parent or other adult in the home sometimes, often or very often act in a way that made you fear you would be physically hurt? | Yes | No |
| 3. | Did a parent or other adult in the home often or very often push, grab, slap, or throw something at you? | Yes | No |
| 4. | Did a parent or other adult in the home hit you so hard that you had marks or were injured? | Yes | No |
| 5. | Did an adult or person at least 5 years older ever touch or fondle you in a sexual way? | Yes | No |
| 6. | Did an adult or person at least 5 years older have you touch their body in a sexual way? | Yes | No |
| 7. | Did an adult or person at least 5 years older attempt oral, anal or vaginal intercourse with you? | Yes | No |
| 8. | Did an adult or person at least 5 years older actually have oral, anal or vaginal intercourse with you? | Yes | No |
| 9. | Did you live with anyone who was a problem drinker or an alcoholic? | Yes | No |
| 10. | Did you live with anyone who used street drugs? | Yes | No |
| 11. | Was a household member depressed or mentally ill? | Yes | No |
| 12. | Did a household member attempt suicide? | Yes | No |
| 13. | Was your mother or stepmother sometimes, often or very often pushed, grabbed, slapped or had something thrown at her? | Yes | No |
| 14. | Was your father or stepfather sometimes, often or very often pushed, grabbed, slapped or had something thrown at him? | Yes | No |
| 15. | Was your mother or stepmother sometimes, often or very often kicked, bitten, hit with a fist or with something hard? | Yes | No |
| 16. | Was your father or stepfather sometimes, often or very often kicked, bitten, hit with a fist or with something hard? | Yes | No |
| 17. | Was your mother or stepmother ever repeatedly hit over at least a few minutes? | Yes | No |

| | | |
|---|---|---|
| 18. Was your mother or stepmother ever threatened with or hurt by a knife or gun? | Yes | No |
| 19. Was your father or stepfather ever threatened with or hurt by a knife or gun? | Yes | No |
| 20. Did a household member ever go to prison? | Yes | No |
| 21. Were your parents ever separated or divorced? | Yes | No |

Child Sexual Exploitation Measure: See Appendix A.

Parental Bonding Instrument: See Appendix B.

Network of Relationships Inventory

Please think about your relationships with the following people <u>when you were under the age of 16</u>: a sibling, a friend and an adult outside of the home (this could be a relative or another adult in your life). Choose the sibling, adult and friend who you feel had a particularly important role in your life <u>when you were under 16</u>. You have been provided with three questionnaires for this purpose. If you do not have siblings, please skip that questionnaire. Tick **(1) Little or none (2) Somewhat (3) Very much (4) Extremely or (5) The most** for each statement below.

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. How much did this person show support for your activities? | | | | | |
| 2. How much did you and this person get on each other's nerves? | | | | | |
| 3. How often did you and this person point out each other's faults or put each other down? | | | | | |
| 4. How much did this person turn to you for comfort and support when s/he was troubled about something? | | | | | |
| 5. How much did you and this person disagree and quarrel? | | | | | |
| 6. How much did you turn to this person for comfort and support when you were troubled about something? | | | | | |
| 7. How much did you and this person get annoyed with each other's behaviour? | | | | | |
| 8. How much did you show support for this person's activities? | | | | | |
| 9. How much did you and this person play around and have fun? | | | | | |
| 10. How much did you and this person argue with each other? | | | | | |
| 11. How much did you and this person say mean or harsh things to each other? | | | | | |

Risk-Taking Questionnaire

Below is written a list of behaviours which some people engage in. Read each one carefully and tick the box in front of the word that best describes your behaviour. There are no right or wrong answers.

Please tick the box that best describes your behaviour <u>when you were under the age of 16</u> **(0) Never done (1) Hardly ever done (2) Done sometimes (3) Done often or (4) Done very often.**

|  | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. Smoking |  |  |  |  |  |
| 2. Roller blading |  |  |  |  |  |
| 3. Drinking and driving |  |  |  |  |  |
| 4. Parachuting |  |  |  |  |  |
| 5. Speeding |  |  |  |  |  |
| 6. Stealing cars and going for joy rides |  |  |  |  |  |
| 7. Tao Kwon Do fighting |  |  |  |  |  |
| 8. Underage drinking |  |  |  |  |  |
| 9. Staying out late |  |  |  |  |  |
| 10. Driving without a licence |  |  |  |  |  |
| 11. Talking to strangers |  |  |  |  |  |
| 12. Flying in a plane |  |  |  |  |  |
| 13. Cheating |  |  |  |  |  |
| 14. Getting drunk |  |  |  |  |  |
| 15. Sniffing gas or glue |  |  |  |  |  |
| 16. Having unprotected sex |  |  |  |  |  |
| 17. Leaving school |  |  |  |  |  |
| 18. Teasing and picking on people |  |  |  |  |  |
| 19. Snow skiing |  |  |  |  |  |
| 20. Taking drugs |  |  |  |  |  |
| 21. Overeating |  |  |  |  |  |
| 22. Entering a competition |  |  |  |  |  |

<u>Positive Schema Questionnaire</u>

The following questions ask how you think and feel about yourself and others <u>now.</u> For each question please tick whether the following statements are **(1) Completely untrue of you (2) Very untrue (3) Somewhat untrue (4) Somewhat true (5) Very true or (6) Describe you perfectly.**

Completely untrue (1)

Very untrue (2)

Somewhat untrue (3)

Somewhat true (4)

Very true (5)

Describes me perfectly (6)

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 1. I look at the bright side of things | | | | | | |
| 2. I am close to other people | | | | | | |
| 3. I believe in myself | | | | | | |
| 4. I feel I can depend on people to keep my secrets | | | | | | |
| 5. I can achieve anything I set my mind to | | | | | | |
| 6. I can overcome the challenges I face | | | | | | |
| 7. I believe things will turn out well | | | | | | |
| 8. I feel loved by other people | | | | | | |
| 9. I deserve good things to happen to me | | | | | | |
| 10. I feel comfortable depending on other people | | | | | | |
| 11. I have the ability to be successful | | | | | | |
| 12. I can deal with difficult situations | | | | | | |
| 13. I know how to find something good in any situation | | | | | | |
| 14. I have people I can share my secrets with | | | | | | |

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 15. I think I have many good qualities | | | | | | |
| 16. I trust other people | | | | | | |
| 17. I will accomplish my goals | | | | | | |
| 18. I can adapt to new situations | | | | | | |
| 19. I usually see the positive side of things | | | | | | |
| 20. Other people make me feel good about myself | | | | | | |
| 21. I think I am a good person | | | | | | |
| 22. I feel comfortable letting other people take control | | | | | | |
| 23. If I try hard, I can usually do well | | | | | | |
| 24. I can respond well to challenges | | | | | | |
| 25. I always try to think of what I can do to make things better | | | | | | |
| 26. Other people understand me | | | | | | |
| 27. I value many things about myself | | | | | | |
| 28. Other people have my best interests in mind | | | | | | |
| 29. I do well when I try my best | | | | | | |
| 30. When I am challenged I know I can handle it | | | | | | |
| 31. When things are bad I can still think of something good | | | | | | |
| 32. Other people care about me | | | | | | |
| 33. I value myself | | | | | | |
| 34. I feel comfortable telling people important things about myself | | | | | | |
| 35. If I try I will succeed | | | | | | |
| 36. I can deal with tough things | | | | | | |

Thank you very much for participating in this research. **Please remember that all questionnaires are anonymous and confidential. You have the right to withdraw from this research until you submit your questionnaire.** Given that questionnaires are anonymous, I apologise that it will not be possible to withdraw your data after submission.  If you would like to know how to clear your browser history after having completed the questionnaire, please see: http://windows.microsoft.com/en-us/internet-explorer/manage-delete-browsing-history-internet-explorer#ie=ie-11

The aim of this research is to investigate **how common it is for children and young adolescents to be approached by an adult in a sexual manner**, either through the internet, in person or by telephone.  I am also interested in the quality of relationships in childhood, beliefs about the self and participation in different activities, among those who have experienced having been approached by an adult in a sexual manner.

If you feel distressed or affected by any of the issues addressed in this research or require any further information please do not hesitate to contact myself, Kirsty Alderson (Email:   KAAlderson@uclan.ac.uk),   or   my   supervisor   Dr.   Carol   A.   Ireland (CAIreland@uclan.ac.uk).

Alternatively you may wish to speak to another professional about the issues and if so please contact the charities below on the numbers provided.

- **VICTIM SUPPORT** - Victim Support helps people cope with the effects of crime.
  **Helpline Telephone number:** 0845 3030900 or 0808 1689111

  **E-mail:** contact@victimsupport.org.uk

  **Website Address:** http://www.victimsupport.org.uk


- **SURVIVORS UK** – Survivors offers a helpline for men who have been sexually assaulted
  **Helpline Telephone number:** 0845 1221201

  **E-mail:info@survivorsuk.org**
  **Website Address:** http://www.survivorsuk.co.uk/


- **RAPE & SEXUAL ABUSE SUPPORT CENTRE** - Telephone support and counselling service for women who have been raped or sexually abused
  **Helpline Telephone number:** 08451 221 331

  **Email:** info@rasasc.org.uk

  **Website Address:** http://www.rasasc.org.uk/

**Thank you again for your assistance in completing these questionnaires**

**Appendix D: Materials used in study four.**

| Research Information Sheet and Consent form |
| --- |

I am a Chartered and Registered Forensic Psychologist based at Coastal Child and Adult Therapeutic Services (CCATS) and a Research Student at the University of Central Lancashire. I am conducting research as part of a PhD at the University of Central Lancashire, under the supervision of Dr. Carol Ireland (Chartered Psychologist, Forensic Psychologist and Course Director on the MSc in Forensic Psychology, UCLAN). If you would like further information, my details are as follows: Kirsty Alderson (Email: KAAlderson@uclan.ac.uk), or alternatively, Dr. Ireland (CAIreland@uclan.ac.uk). If you have any concerns about the research that you wish to raise with somebody who is independent of the research team, contact the University Officer for Ethics (OfficerForEthics@uclan.ac.uk).

I want to explore people's experiences of **having been approached by an adult in a sexual manner whilst under the age of 16. This means there will be questions asking you about non-consenting sexual experiences.** I am also interested in whether or not you have experienced other forms of childhood abuse or maltreatment. Also, whether these experiences are linked with your beliefs and perceived closeness in your adult relationships. If you are **aged 18 to 30** and could spare **20 minutes** of your time to complete the following five questionnaires I would be very grateful. Please note that three of these questionnaires explore your experiences during childhood and adolescence. Some questions ask you about **sexual experiences you may have had before the age of 16.** Thus, it is possible that some of the questions may cause distress.

The potential benefits of this research are that it will assist in identifying factors that are linked with difficulties following childhood adversity. The questionnaires are **completely anonymous**. At no point will you be asked to record your name. As such, please answer all the questions as honestly as possible.

You do not have to take part in this research. **If you do decide that you want to take part, please be aware that once you have submitted your competed questionnaires it will not be possible to withdraw from the research**. All completed questionnaires will be stored securely by the researcher and will be used only for the purpose of this research, which may involve publication in a peer reviewed journal. **Please note that**

**you DO NOT HAVE TO TAKE PART IN THIS STUDY and you have the RIGHT TO WITHDRAW at any point up to the submission of the questionnaires**.

If you have completed a written version of the study questionnaires, please return your completed pack to the **Darwin Building, First Floor, between Room 132 and 135,** where there is a locked post-box **Number 34 (labelled 'Kirsty Alderson').** It is only accessed by myself and my supervisor, Dr. Carol Ireland.

Contact information for me and my supervisor is on the final page. If you would like additional information about the study please feel free to contact us. **There are also contact details for organisations that deal with victims of sexual abuse in case you are affected by any of the issues raised by this questionnaire.**

**By submitting your completed survey you are providing formal consent for your data to be used in the analysis of this study**. Thank you, Kirsty Alderson.

Demographic information: See Appendix C

Adversity checklist

Below are some questions designed to explore your childhood experiences i.e. <u>below the age of 16</u>. Please circle your response for each question below.

| | | | |
|---|---|---|---|
| 1. Did a parent or other adult in the home often or very often swear at you, insult you or put you down? | Yes | No |
| 2. Did a parent or other adult in the home often or very often push, grab, slap, punch, kick or throw something at you? | Yes | No |
| 3. Did you live with anyone who was a problem drinker or an alcoholic? | Yes | No |
| 4. Did you live with anyone who used street drugs? | Yes | No |
| 5. Was a household member depressed or mentally ill? | Yes | No |
| 6. Were you aware of a household member ever attempting suicide? | Yes | No |
| 7. Was a caregiver sometimes, often or very often pushed, grabbed, slapped or had something thrown at them? | Yes | No |
| 8. Was a caregiver sometimes, often or very often kicked, bitten, hit with a fist or with something hard? | Yes | No |
| 9. Was a caregiver ever threatened with or hurt by a weapon? | Yes | No |
| 10. Did a household member ever go to prison? | Yes | No |
| 11. Were your parents ever separated or divorced? | Yes | No |

Child Sexual Exploitation Checklist: See Appendix A.


Social Reactions Questionnaire

Please complete this questionnaire only if you have ever engaged in a sexual act with someone who was over the age of 18, when you were aged under 16 years.  This would include the following acts:

- Engaging in sexual acts of any kind, including sexual intercourse, sexual touching or oral sex;
- Sending pictures or video recordings of yourself over the internet or mobile phone in a state of undress or in a sexual or suggestive pose.

**If you have never engaged in sexual acts with someone over the age of 18, please do not complete this particular questionnaire.**  Thank you.


Q: Did you ever inform anyone that you had engaged in sexual acts with someone who was over the age of 18 (please circle)?

Yes                                              No


**If yes**, whom did you inform?  Please note the nature of your relationship with this person(s)

_____
____

_____

_____

_____


**If yes**, please complete the questions on the following page.

Below is a list of reactions that other people sometimes have when responding to a person with this experience. **Please indicate how often you experienced each of the listed responses from other people.**

The responses are:

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Never | Rarely | Sometimes | Frequently | Always |

Please place a tick for each response below.

| | 0 | 1 | 2 | 3 | 4 | From whom did you experience this response? |
|---|---|---|---|---|---|---|
| 1. Told you that you were irresponsible or not cautious enough | | | | | | |
| 2. Reassured you that you are a good person | | | | | | |
| 3. Treated you differently in some way than before you told them that made you uncomfortable | | | | | | |
| 4. Told you to go on with your life | | | | | | |
| 5. Comforted you by telling you it would be all right or by holding you | | | | | | |
| 6. Tried to take control of what you did/decisions you made | | | | | | |
| 7. Has been so upset that they needed reassurance from you | | | | | | |
| 8. Made decisions or did things for you | | | | | | |
| 9. Told you that you could have done more to prevent this experience from occurring | | | | | | |
| 10. Provided information and discussed options | | | | | | |
| 11. Told you to stop thinking about it | | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 12. Expressed so much anger at the perpetrator that you had to calm them down | | | | | |
| 13. Avoided talking to you or spending time with you | | | | | |
| 14. Treated you as if you were a child or somehow incompetent | | | | | |
| 15. Helped you get information of any kind about coping with the experience | | | | | |
| 16. Made you feel like you didn't know how to take care of yourself | | | | | |

The responses are:

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Never | Rarely | Sometimes | Frequently | Always |

Thank you

<u>The Experiences in Close Relationships Scale (short version):</u> See Appendix B<u>.</u>

<u>Early Maladaptive Schema Questionnaire (Short Version).</u>

Unauthorised reproduction or translation without written consent of the author is strictly prohibited.  A copy of the EMS-SV can be purchased at: http://www.schematherapy.com/id201.htm

**DEBRIEF SHEET**

Thank you very much for participating in this research. **Please remember that all questionnaires are anonymous and confidential. You have the right to withdraw from this research until you submit your questionnaire.** Given that questionnaires are anonymous, I apologise that it will not be possible to withdraw your data after submission. **Thank you again for your assistance in completing these questionnaires**

If you have completed this study online and would like to know how to clear your browser history after having completed the questionnaire, please see: http://windows.microsoft.com/en-us/internet-explorer/manage-delete-browsing-history-internet-explorer#ie=ie-11

The aim of this research is to investigate **how common it is for children and young adolescents to be approached by an adult in a sexual manner**, either through the internet, in person or by telephone. I am also interested in whether this experience, along with other forms of childhood abuse or adversity, affects what a person believes about themselves, the world and other people. Also, I will examine whether these experiences are related to the perceived quality of attachment during adulthood. Where childhood abuse is disclosed, I am interested in the reactions of other people and whether this also influences beliefs.

If you feel distressed or affected by any of the issues addressed in this research or require any further information please do not hesitate to contact myself, Kirsty Alderson (Email: KAAlderson@uclan.ac.uk), or my supervisor Dr. Carol A. Ireland (CAIreland@uclan.ac.uk).

Alternatively you may wish to speak to another professional about the issues and if so please contact the charities below on the numbers provided. If you have completed this study online, please make a note of the contact details of support organisations before leaving this page.

- **VICTIM SUPPORT** - Victim Support helps people cope with the effects of crime. **Helpline Telephone number:** 0845 3030900 or 0808 1689111

  **E-mail:** contact@victimsupport.org.uk

  **Website Address:** http://www.victimsupport.org.uk

- **SURVIVORS UK** – Survivors offers a helpline for men who have been sexually assaulted. You can contact via their website and engage in text message or web chat support. Or, alternatively:
**Helpline Telephone number:** 0845 1221201

  **E-mail:info@survivorsuk.org**
  **Website Address:** http://www.survivorsuk.co.uk/

- **RAPE & SEXUAL ABUSE SUPPORT CENTRE** - Telephone support and counselling service for people who have been raped or sexually abused
**Helpline Telephone number:** 0808 802 9999

  **Email:** info@rasasc.org.uk

  **Website Address:** http://www.rasasc.org.uk/

- **THE SURVIVOR'S TRUST -** To support and empower survivors of rape, sexual violence and/or childhood sexual abuse
**Helpline telephone number:** 0808 801 0818
**Email:** info@thesurvivorstrust.org

  **Website address:** http://thesurvivorstrust.org

- **SUPPORT LINE -** Confidential emotional support to children, young adults and adult survivors of childhood sexual, emotional and physical abuse
**Helpline telephone number:** 01708 765200
**Email:** info@supportline.org.uk
**Website address:** http://www.supportline.org.uk

Finally, if you have any concerns or complaints in regards to this research, please feel free to contact the university ethics officer at: officerforethics@uclan.ac.uk

Thank you again for your participation.