Gold standards and silver linings:

findings from a mixed methods study exploring delivery and engagement with therapeutic support online for childhood sexual abuse experiences

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Bluestar PROJECT

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Summary

This report forms part of an exploratory research study undertaken by the Bluestar Project at the Green House designed to understand who online psychosocial interventions work for and in what context they work best. The report summarises findings from interviews with therapists (n=22) and a survey of young people (n=23). We used a descriptive analysis for the survey and a thematic analysis for the qualitative data. We organised the data into five overarching themes relating to suitability, the nature of peer support, enablers and challenges to engagement, associated risks and beginnings and endings.

Key Insights

Online support is suited to older children/young people, though is dependent on access to tech.

For many young people, online support is convenient and reduces reliance on their caretakers to access it. It also increases access to support where suitable offline services were previously out of reach. Broadly, young people are adept with technology and online social communication. Practitioners also reported that most of their clients preferred to access support online as it offered a renewed sense of comfort and safety. These factors of comfortability and adeptness with online engagement increased attendance for some clients.

The suitability of online support for young people was found to vary across different factors, the most prominent of which was age. Younger children were more likely to struggle with technology, engagement and emotional regulation. Challenges to suitability can be managed with effective caretaker facilitation, though this was sometimes difficult to realise. Lastly, inadequate access to technology was reported as a major barrier to feasibility and manifested as reliance on inadequate or shared devices or sporadic access to the internet.

Peer support spaces provide a supportive community to children/ young people and can facilitate offline help-seeking.

Children/young people with traumatic experiences were often involved in online peer support spaces. Passive involvement makes space for those who might be worried about help-seeking, and anonymity facilitates a sense of safety. Through these online spaces, peers can share with a supportive audience and receive validation and advice, thereby achieving universality in their experiences. Through sharing their experiences, young people can begin to narrative their trauma, which can facilitate disclosure offline.

Moderators are essential to safe and productive peer support spaces. Facilitation involves ensuring all users feel listened to, group prompt questions and managing beginnings and endings. Moderators interrupt breaches of anonymity, work one-to-one with users experiencing crisis and mute or ban users that cause harm in the space.

Less exposing types of communication (e.g. text, audio) facilitate disinhibition and engagement for children/young people. Distraction and fatigue challenge engagement but can be managed though creative working.

For some clients, receiving support online was disinhibiting. They could be very engaged in sessions and form productive relationships with their practitioner, facilitated through adeptness and comfort with online communication. Other young people were challenged through distraction or fatigue. Relationship building may take longer when engaging online, though the slowed pace often helped young people feel comfortable and safe.

Broadly, young people preferred using less exposing types of communication like text or audio to access therapeutic support online.

> 'Sometimes it can be easier to say or admit things to people when you can't see their faces'. – *Young person*

In this sense, there was a tension between young people and practitioners, with practitioners tending to prefer more exposing modalities (e.g. face-to-face therapy) because this allowed for a greater perception of non-verbal communication. Practitioners who respected clients' preference to work online highlighted that this enhanced agency enabled therapeutic relationships to develop.

Working creatively greatly facilitated engagement, though there was varied confidence among practitioners as to how this could be achieved online. Those that did work creatively online either worked synchronously by distributing offline materials or collaboratively with digital resources.

Online support requires additional consideration of risk around privacy, distress management, safeguarding and data protection. The effectiveness of safety plannning is facilitated through co-production.

Risks associated with online therapeutic support identified in this research concerned privacy, distress management, safeguarding, online security and data protection.

Privacy is never guaranteed when accessing support from home. Some young people were challenged by household members who were intrusive and were subsequently inhibited and distracted in sessions. To minimise risk, practitioners worked with clients and caretakers to advocate for privacy during sessions, and some practitioners co-produced a protocol with clients and debriefed after each instance to manage breaches.

COVID-19 aggravated home-life and mental health stressors for many young people. While accessing support from home increased comfort for some young people, for others, it was seen to invite trauma into their safe spaces. Practitioners reported that it was more difficult to assess and manage distress when using less exposing modalities (e.g. audio, text). Distress management strategies employed by practitioners included working with wider agencies and support networks to assess emotional regulation skills and baseline behaviours. Additionally, practitioners stressed the importance of working collaboratively with young people when developing distress management strategies and adapting to clients changing communication preferences.

Delivering therapy online presented additional challenges in safeguarding. Many practitioners felt that remote support limited their ability to assess risk. When safeguarding concerns were identified, practitioners expressed nervousness due to a lack of immediacy of protection. Therefore, to effectively safeguard online therapy sessions, it was important to develop a safety plan in collaboration with clients, their support networks and wider agencies. Established safety checklists aided the use of safeguarding protocols.

The nature of remote help-seeking means that clients bear additional responsibility with regard to their own

data protection and confidentiality. Most practitioners reported a limited understanding of platform-specific safety considerations. Some practitioners established protective strategies regarding their own devices but strategies for their clients were less discussed.

Additional guidance and training were desired by most practitioners across all dynamics of risk.

Beginning online support is facilitated through pre-introductions and tailored contracting. Endings can be marked either face-to-face or online and should be managed with the involvement of offline support systems and wider agencies.

Children/young people may begin their therapy programme online or transition from prior face-to-face support. In either case, considerations were taken around introductions, contracting and consent. Face-to-face introductions were seen as essential by some practitioners to developing therapeutic relationships, while others found online introductions to work well. Transitions between face-to-face and online support could be disruptive or disinhibiting and required planning.

Contracting online therapy and support requires additional consideration concerning the dynamics of risk outlined above. Additionally, guidelines should address in-session conduct expectations to prevent the loosening of boundaries. Gaining consent from young people remotely necessitates more explicit and tailored communication to facilitate understanding and for consent to be gained through multiple means.

To facilitate a continuation of support when ending therapy programmes, practitioners discussed developing offline support networks with the young person and attending virtual introductions with wider professionals to ease the transition. When signifying the end of an online therapy programme, some practitioners believed it was more difficult to mark endings remotely and expressed a preference for a face-to-face meeting. Online endings involved sending a tangible gift, personalising digital resources and engaging collaboratively with online games.

Looking forward – A hybrid approach to provision alongside comprehensive guidance and training.

The rapid adaptation of traditionally offline services meant that many practitioners felt nervous and unprepared to deliver therapeutic support online. Some practitioners received inadequate training on transitioning their work, and the development of new policies was sometimes limited. As a result, some services limited their provision of online therapeutic support. Broadly, practitioners whose services retained full provision online came to endorse the viability of online therapeutic support for young people with sexual abuse experiences. Practitioners affiliated with services who limited their online provision tended to retain discomfort and reluctance.

Most practitioners who substantively engaged in delivering online therapeutic

support were looking to adopt a blended or hybrid approach, where face-to-face and online delivery would be available for young people and used according to suitability and preference. Of the young people surveyed, 35% preferred to access therapeutic support online in the future, and 45% had no preference between online and face-to-face support.

The importance of offering online support is to provide something that young people broadly want and is often suited to them. Practitioners that endorsed the superiority of young peoples' agency expressed that although face-to-face working was easier for them and they would continue to be challenged when working therapeutically online, it was crucial to work out how to deliver online therapy safely and effectively so it could continue to be part of their provision. With these intentions came a strong desire for comprehensive guidance and practice-based training that would improve their adeptness and confidence going forward.

> 'And that, for us, has been a massive learning curve – professionally – but I think it's been a huge silver lining that we can now offer something that is very, very applicable to young people'. – *Service Manager*

Contents

1. Introduction

This report forms part of an exploratory research study undertaken by the Bluestar Project at the Green House designed to understand which aspects of online psychosocial support are effective for children and young people (CYP) who have experienced child sexual abuse (CSA) and develop best practice recommendations for the delivery of online support services. The research is funded by the Home Office CSA Support Services Transformation Fund, which is designed to assist the delivery of the Home Office's Tackling Sexual Abuse Strategy (*2020*).

1.1 Background

It is estimated that 15% of girls and 5% of boys will experience CSA before the age of 16 (*Karsna and Kelly, 2021*). Research suggests that early intervention diminishes the chances of adverse mental health outcomes post-assault (e.g. depression, anxiety, PTSD, suicidal ideation/behaviour). However, CYP who have experienced sexual abuse face a number of barriers to accessing mental health support. There are few specialist CSA therapy services across the UK, and most have long waiting lists; availability of support varies by local area and is often short term. CYP are most likely offered face-to-face psychotherapy or creative therapies such as drama, dance and art (*Parkinson and Sullivan, 2019*). At the beginning of the COVID-19 pandemic, many CSA therapy services were paused due to the lack of a suitable platform that facilitated safe, interactive and age-appropriate access to support. As the pandemic continued, CSA therapy services started to transition therapeutic support online in varying ways to ensure CYP had access to therapy.

Online support services have the potential to expand the provision of mental health treatment options, increase the reach of services, reduce waiting times and provide a complementary approach to face-to-face services. However, little research exists that can guide practitioners about which aspects of online support are effective in the delivery of therapeutic care for CYP who have experienced sexual abuse. There is a clear and urgent need to understand the current barriers and facilitators to best practice through the experiences of those delivering and engaging with online therapy and support.

1.2 The Report

This report forms part of a suite of research reports generated by the Bluestar Project that conducted activities (i.e. rapid review, interviews with therapists, survey of CYP) to understand who online psychosocial interventions work for and in what context they work best. We summarise here findings from the interviews with therapists and survey of CYP.

1.3 The Interviews

The practitioner interviews aimed to collate learning from and experiences of delivering online therapeutic support to CYP with sexual abuse experiences. Through this, findings could explore in what circumstances online therapeutic support can be successful and for whom, as well as challenges and facilitators to best practice. To address these aims, we sought to recruit practitioners who worked in either online mental health services or CSA therapy services and had experience working therapeutically online with CYP with sexual abuse experiences.

Through organisational networks, social media campaigns and in collaboration with project partners, 22 practitioners from 12 local and national services were recruited to be interviewed. Participants included therapists, counsellors, clinical and service managers, research and development leads and peer support moderators. While most practitioners were largely based in England and Wales, three practitioners were based in Nigeria and Australia. The three overseas practitioners' involvement in this research allowed for exploration into cultural influences on service provision and innovative practice developed abroad. Participants were inclusive of online-specialist practitioners and practitioners who worked predominantly face-to-face before adapting their provision under COVID-19 restrictions.

Interviews were conducted remotely through Microsoft Teams from June to September 2021. Subsequently, interview transcripts were analysed inductively through iterative thematic analysis (*see Braun and Clarke, 2006*) in Nvivo (Version 12, Release 1.3) and reviewed by a team of researchers.

1.4 The Survey

To amplify the experiences and perspectives of CYP with sexual abuse experiences in this research, an online survey was developed. The survey was designed by a team of researchers and was applicable to young people aged 12 to 18 with sexual abuse experiences, whether they had received online therapeutic support or not. Those that had received online support were asked about the type of support they had received, what they liked about it, what they would improve about their experiences and whether they would access online therapeutic support in the future. Those that had not received online support were asked what types of support they would like (if any) and any related appealing factors or concerns.

The survey was published on Survey Monkey and was open for two weeks in December 2021. Recruitment materials were distributed through project

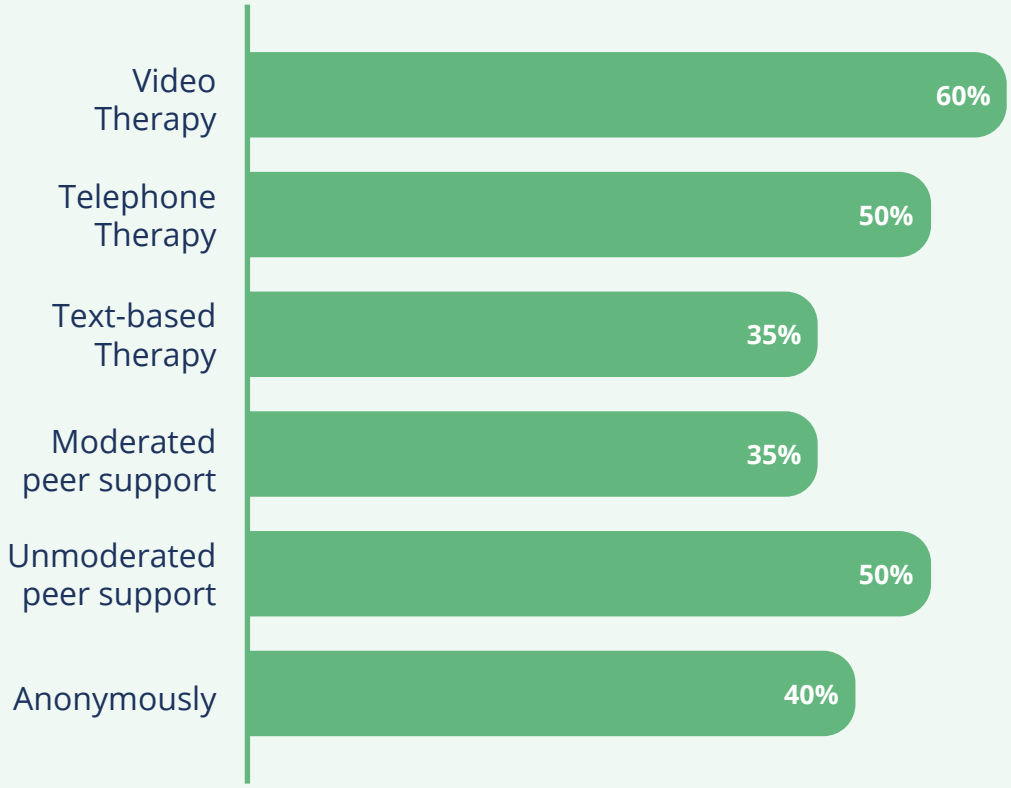
partners, organisational networks and social media. From this, we achieved 23 usable responses. This is a small sample and a limitation of this research. As such, survey findings will not be considered independent of other research findings in this project. A descriptive statistical analysis was performed in Microsoft Excel and reviewed by a team of researchers.

Characteristics of respondents

- 39% of respondents were aged 13–15, 61% of respondents were aged 16–18.
- 65% of respondents identified as White, 31% identified as racially minoritised, 4% declined to answer
- 57% respondents identified as female, 30% as male, 9% as non-binary, 4% declined to answer.
- 74% identified with the sex they were assigned at birth, 22% did not, 4% declined to answer.
- 87% had received therapy or support online, 13% had not.

Respondents who had received online therapy support had often engaged through multiple means.[1]

What type of online therapy/support did you have?



[1] Respondents could select multiple answers for this question. Therefore, percentage totals do not equal 100%.

1.5 Structure of this report

The report summarises findings from interviews with therapists (n=22) and a survey of young people (n=23). We used a descriptive analysis for the survey and a thematic analysis for the qualitative data. Data is triangulated into five themes relating to suitability, the nature of peer support, enablers and challenges to engagement, associated risks and beginnings and endings. These themes are broken down into subthemes as illustrated below.

Figure 1: Themes

FINDINGS

2. Suitability

This section explores our findings in relation to the first theme, suitability. It describes our findings according to three subthemes: convenience and preference, appropriate care and inequality of access.

2.1 Convenience and preference

FINDING 1: Online support can be convenient for CYP and practitioners and increase access.

Practitioners in our study discussed the convenience of accessing therapy and support online, both for themselves and their clients. Travel was seldom required, which reduced CYP's reliance on caretakers in accessing support and increased practitioners' capacity to see more clients or meet virtually with wider professionals. Practitioners also reported that virtual meetings saw increased attendance from wider professionals, which helped build information supporting their clients' therapy programmes and safety plans. Eased professional collaboration facilitated cultural inclusion and sensitivity for existing clients, though in many CSA specialist services, minoritised CYP continued to be underrepresented.

> 'I'm a big fan of phone therapy because it's available anytime, anywhere'.
> – *Young person*

Delivering therapy and support online facilitated access where support may have been previously inaccessible. Online specialist services offered immediate support outside of normal working hours, and many services found that remote delivery increased the geographic scope of their services, thereby providing a route to support for CYP in underserved communities where accessing specialist offline support was unfeasible. For one online specialist service, remote delivery contributed to a slight overrepresentation of culturally and linguistically diverse CYP.

Convenience was the most commonly cited reason for liking online therapy/support amongst the young people in our survey.

FINDING 2: Online support can allow CYP to choose how they engage in help-seeking.

Online support can also allow survivors to engage in support more suited to them. In peer support spaces, CYP can build relationships with others with similar experiences and achieve a sense of universality. One practitioner noted that delivering therapy remotely allows clients that emigrated to remain connected to a practitioner with shared experience and understanding of their culture.

Online specialist services also allow CYP to access support independent of and in confidence from their caretakers and wider support systems, which for some CYP who were reluctant to disclose was a necessary condition of initial help-seeking. This was important when working in communities and cultures with mental health taboos but also led to significant loss of contact after completion of therapy programmes in some cases.

While a minority of CYP reported missing face-to-face therapy, practitioners in our study relayed that most of their clients expressed a preference for online support. As opposed to face-to-face interactions, which were often described as intimidating, scary and overwhelming, accessing support remotely from home felt more comfortable and non-threatening and provided a renewed sense of safety and disinhibition.

> 'I was in my own room, which for me was a space I felt safe and comfortable in'. – *Young Person*

> '[Children/young people] usually take a bit more time to maybe trust, and a little bit more time, also, to communicate what's most on their mind about it. … so, for that, I actually think that sometimes the online has helped'. – *Counsellor*

FINDING 3: The availability of online support can increase attendance.

These factors of accessibility and comfortability within the context of pandemic restrictions were reported to increase session attendance for many CYP. When the presentation of trauma symptomologies would have otherwise inhibited some CYP from travelling to face-to-face sessions, remote access from home allowed for the continuation of contact.

> '… and then we've seen some of those trauma behaviours and dissociation in sessions, which we've then been able to look at together because she's in a session, whereas normally she would have cancelled'. – *Support Worker*

Strategies found to increase attendance of online therapy and support included setting consistent timings in contracting and sending text reminders prior to sessions. External factors that impacted attendance included most prominently the easing of lockdown restrictions.

2.2 (Age) Appropriate care

FINDING 4: Online support is more appropriate for older CYP, e.g. 10–13 years of age, but should be assessed on a case-by-case basis.

Our findings suggest that the suitability of online support for CYP varied across different factors, the most prominent of which was age. While older CYP (some practitioners specified this as clients older than 10 or 13) were more tech-literate, comfortable with online communication and relationship building, required less facilitation from caretakers, possessed greater emotional regulation skills and expressed their preference for online therapy and support, in many cases younger children were challenged.

> 'Little children really need that – they need that nurturing kind of adult to be physically present with them in the room, to really "hold" them'. – *Service Manager*

As such, younger children often required more intensive support from caretakers to overcome these barriers to engagement. Other conditions of suitability concerned substantive learning differences or severe trauma symptomology that similarly impacted their capacity to engage and emotionally self-regulate, aggravated by limited

opportunities for paraverbal[2] and nonverbal communication. Despite this, many practitioners shared that online therapy and support is a viable option for CYP with sexual abuse experiences and recommended that suitability be considered on an individual level.

FINDING 5: Parents/caretakers can facilitate support but are not always able.

These challenges to suitability can be managed through effective caretaker facilitation, though this was realised with mixed success. While some practitioners reported effective collaborations with caretakers in supporting their young person in and around sessions, some caretakers struggled to ensure privacy or assist with technology. When caretakers were present during sessions, they were disruptive in some instances. However, moving online has allowed some services to more effectively coach parents on how to best facilitate support for their young person, owing to increased convenience. Additionally, some services also implemented caretaker support online group sessions during the pandemic, which were well attended and regarded as successful.

> 'Sort of really trying to get home – trying to get across – that need for a reliable, consistent, emotionally-available adult for their child'.
> – *Support Worker*

2.3 Inequality of access

FINDING 6: Required technology is a major barrier to access for some young people.

Inadequate access to technology was a key condition to suitability for online therapeutic support. Tech inequity impacted practitioners' clients to varying degrees; however, for some, it affected up to 40% of their clients. Tech inequity most often manifested as poor or sporadic access to the internet or reliance on inadequate or shared devices, which limited modality and platform options and impacted privacy.

Three quarters (75%) of young people surveyed found having a device and good internet connection 'not very' or 'not at all' difficult, though this finding does not include young people who did not access therapy or support online.

CYP living in rural areas and those with caretakers experiencing financial insecurity were more likely to be affected by tech inequity. External research suggests that racially minoritised CYP are also disproportionately affected by tech inequity (*Office for National Statistics 2020*) owing to compounding manifestations of structural inequality (*Women's Budget Group et al., 2017; Dawsey-Hewitt et al., 2021*).

Services in our study had varying success in addressing tech inequity. While some services were able to obtain additional emergency funding to distribute devices and internet credit, others were reliant on school provision, which was often insufficient.

[2] Paraverbal communication is communication through pitch, tone and pacing of speech

FINDINGS

3. The nature of online peer support

This section explores our findings in relation to the second theme, the nature of online peer support. It describes our findings according to two subthemes: the appeal and benefit of peer support and the importance of moderators.

3.1 The appeal and benefit of peer support

FINDING 7: Online peer support spaces offer young people support at their own pace.

Peer support practitioners in our study reported that although their services cater to all CYP, those with trauma experiences were commonly in attendance.

> In fact, 35% of survey respondents had engaged with moderated peer support.

Online peer support spaces provide a unique pathway to support for CYP otherwise inhibited from help-seeking. The anonymous drop-in access offered by the service included in these interviews allows CYP to approach and engage in support at their own pace and passively observe the space with an assurance of confidentiality that anonymity provides before active participation.

> 'They're not pressured to suddenly gain support. I think it works really well'. - *Moderator*

FINDING 8: Young people benefit from giving and receiving support from their peers online.

In conversation with peers, CYP can share their experiences with a supportive audience and receive validation. Many practitioners reported that for some CYP, the first time they disclosed was in the peer support space, undoubtedly owing to the commonality of experience and sense of community it offers. Peer support users also offer unique insights into their own experiences of support services and other agencies from which they share practical and emotional support. Moderators facilitate the group by ensuring all users receive a response, orienting conversation through prompt questions and guiding the beginning and end of sessions. With guidance from moderators, users can engage in collaborative support plan development for one another. Additionally, moderators in our study observed that altruistic participation in peer support spaces is therapeutic for many users.

> 'I think they feel kind of like "listened to"...because they're all like going through the same thing'. - *Moderator*

FINDING 9: Engaging in peer support online can encourage offline help-seeking.

Through sharing their experiences in conversation with a supportive audience, CYP can begin to narrativise their trauma. Narrativisation and validation from peers were seen to empower CYP to seek more substantive support and disclose to offline services. Posts recounting negative experiences of support agencies are balanced by input from moderators who offer guidance as to how users can access offline support if desired.

3.2 The importance of moderators

FINDING 10: Moderators are essential to the safety of peer support online.

In addition to facilitation, moderators also fulfil a protective role in online peer support spaces to address risks associated with breaches of anonymity, users in crisis and harmful behaviour. With these potentialities in mind, moderators are responsive in deleting posts with identifying information or harmful content and 'freezing' or banning users that consistently exhibit harmful behaviour. When appropriate, moderators communicate individually with users and restate guidelines consented to prior to joining the space.

FINDING 11: Young people in crisis are not suited to peer support online.

The online specialist service to which the moderators included in these interviews were affiliated regarded their online peer support service as unsuitable for CYP in crisis. When users exhibit crisis behaviour, moderators communicate one-to-one to limit their impact on the group environment and offer emotional support, de-escalation and signpost to helplines and offline support services.

FINDINGS

4. Enablers and challenges to engagement

This section explores our findings in relation to the third theme, enablers and challenges to engagement. It describes our findings according to three subthemes: enablers of engagement, challenges to engagement and working creatively.

4.1 Enablers of engagement

FINDING 12: Young peoples' suitability to online support enables engagement.

Our findings suggest that for many CYP, online therapeutic support was engaging, and they were able to develop meaningful and productive relationships. Some practitioners expressed that this was the case for most of their clients.

20% of survey respondents found honest communication with their therapist or supporter to be extremely or very easy, while 50% found it quite easy.

> 'The lady I had was really lovely, and we didn't have to talk about the SA. We talked about a lot of other stuff that's been bottling up for years and how to address it, and I really felt listened to'.
> – *Young person*

CYP's engagement in online therapeutic support was facilitated by their adeptness with technology and increased comfort with remote access. As online therapeutic support can be disinhibiting, practitioners stressed a need for consideration around pacing. One practitioner explained that they co-produced codewords with some clients to manage disinhibition and pacing.

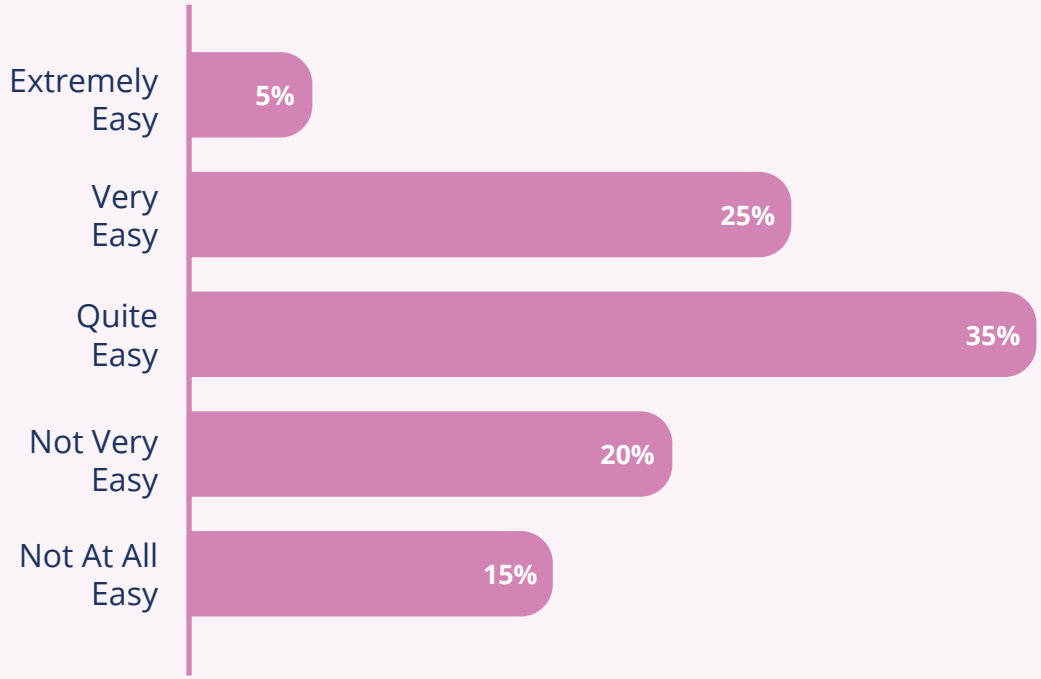
> 'It was getting the balance of containing it, but my goodness, she really... something started to flow, and she was able to work much more freely'.
> – *Therapist*

4.2 Challenges to engagement

FINDING 13: Young people can be distracted and disengage from online support.

Some practitioners in our study reflected on the challenges they experienced engaging some of their clients. They reported more opportunities for and instances of distraction for their clients accessing therapeutic support away from a dedicated space and often in a shared home. Some CYP also displayed 'zoom fatigue' (*see Bailenson, 2021*), undoubtedly aggravated by virtual schooling during the pandemic.

How easy did you find it to concentrate in your online sessions?



Just over a third (35%) of young people who responded to the survey found concentrating on their sessions 'not very' or 'not at all' easy.

When disengaged from sessions, CYP also have the agency to abruptly end sessions, which was a cause of discomfort for many practitioners; though they stated the importance of being cautious to enact additional support.

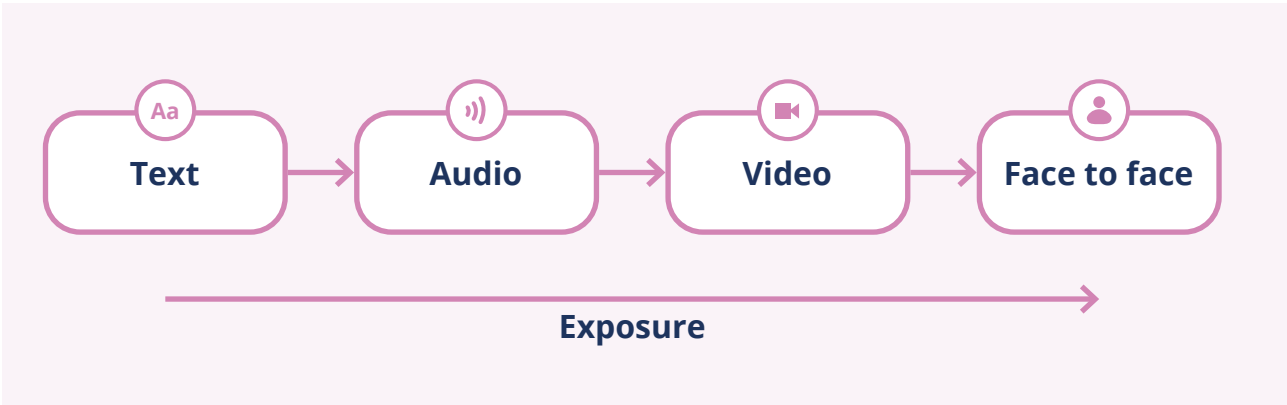
FINDING 14: The pace of support and healing can be slower online.

When delivering therapeutic support online, practitioners experienced a slowed pace of relationship building and programme progression with some of their clients. Within sessions, some CYP took longer to settle in, which in some cases impeded session aims or caused sessions to run over. While online therapy may affect a practitioner's strategy or time management at times, a slowed pace can be an important factor in allowing clients to feel comfortable and safe.

FINDING 15: Young people value less exposing types of communication, but practitioners often felt challenged by this.

Our findings suggest that although in some cases, the young person and practitioner's preferences on remote engagement were aligned, in most cases, there was a tension between what assured practitioners and what assured CYP, and this centred around how exposed the young person felt. Broadly, practitioners reported that CYP preferred less exposing types of communication, such as text and audio (as opposed to video), as they promoted a sense of safety that could be disinhibiting when developing a relationship with their practitioner.

Over three quarters (85%) of young people who responded to the survey had engaged with less exposing modalities, namely telephone or text therapy[3].



> 'Sometimes it can be easier to say or admit things to people when you can't see their faces. I didn't have to go through the motions of turning away or avoiding eye contact whenever we got to a touchy subject. Those things have, in the past, made me feel childish and silly. It's been nice not being so self-conscious during sessions'.
> – *Young Person*

Conversely, some practitioners in our study felt that as these modalities become less exposing, they limit the extent to which therapeutic relationships can develop and, as a result, limit the depth of the work. From this perspective, online therapeutic support was viewed as impersonal, and therefore, CYP would lack a therapeutic bond that makes them feel safe. Practitioners that recognised the superiority of their clients' preferences expressed that their agency to choose what was most comfortable was more determinative of a productive relationship.

As modalities become less exposing, there are fewer opportunities for observing paraverbal or nonverbal communication. While a minority of practitioners were comfortable with this limitation, the majority of those we spoke to felt challenged. As CYP became more comfortable in therapy, practitioners could encourage transitions to more exposing modalities. Others received training on how to communicate more expressively and explicitly through audio and textual mediums. In any case, they recommended ensuring high-quality video or audio and stable internet to reduce lag whilst being conscious of disparate means to achieve this.

[3] Respondents could select multiple answers for this question. Therefore, percentage totals do not equal 100%

4.3 Working creatively

FINDING 16: Working creatively online can enable engagement, though practitioners had varying confidence in implementing it.

It is important for practitioners to be creative when providing online support to overcome any barriers that come along with remote communication and is especially important when working with CYP with trauma experiences, including sexual abuse. Amongst practitioners, there was varying confidence in the extent to which this could be achieved online. Those that expressed scepticism centred their concerns around the availability of tangible resources and lacked awareness of digital creative resources, thus limiting their provision.

> 'Other services found quite inventive ways to work with their young people online – and they might have had specific training, but... but we didn't'. – *Therapist*

For practitioners in our study that engaged in creative working, there were generally two approaches: synchronous offline working and collaborative online working. Synchronous offline working often involved the distribution of tangible, creative materials to CYP to be used alongside and in communication with their practitioner. Collaborative online working involved interacting with digital tools such as polls, whiteboards, virtual backgrounds, video clips and more. Practitioners reported that their clients were broadly receptive to both approaches and that working creatively in these ways facilitated engagement. However, most practitioners we spoke to still felt they lacked awareness of collaborative digital resources and desired a bank of resources with accompanied training. When developing ways of working creatively online with digital resources, it is important to assess the capacity of clients' technology to support them.

FINDINGS

5. Associated risks

This section explores our findings in relation to the fourth theme, associated risks. It describes our findings according to four subthemes: privacy, distress management, safeguarding and online security and data protection.

5.1 Privacy

FINDING 17: Young people have less agency over their own privacy, which can lead to significant disruption.

Privacy is never guaranteed when engaging outside of a dedicated therapy environment. CYP tend to have less agency over their own privacy, and other household members can be disrespectful of boundaries. While some practitioners reported that privacy breaches were rare for their clients, others found it to be a more significant challenge.

10% of young people surveyed found finding a private space very difficult[4].

In addition to their clients, practitioners can also experience privacy breaches when working from home and hold the burden of shielding household members from their work. Factors found to aggravate risks to privacy included crowded housing, familial instability and the use of shared devices to access support.

> 'The family were living in one room in a refuge, so it was impossible for us to really offer... like... the virtual appointments'.
> – *Children's advocate*

FINDING 18: Co-production with young people and caretakers facilitates the mitigation of privacy risks.

The most cited strategy to mitigate against privacy breaches was to, when appropriate, involve caretakers in the facilitation of privacy for their young person. Expectations of their responsibility should be made explicitly, and practitioners should assess the caretaker's capacity to meet them. It was also recommended to complete an initial assessment of the home environment where possible to determine the feasibility of privacy and better work with clients and their caretakers on how privacy can best be achieved in their circumstances. In some cases, practitioners reported that it was most effective to work directly with the young person to empower them to advocate for their own privacy.

For some practitioners, additional preparation involved the co-production of an intrusion protocol with their client that involved switching modalities or communicating in agreed codewords if intrusions occur. As well as being disruptive to sessions, intrusions may also break confidentiality, so it is also important to debrief with clients after intrusions occur, which can lead to rearrangement of sessions or an assessed need for additional support.

> 'I would of found it helpful to have a way of texting my answers to my therapist whilst being on these video calls'. – *Young Person*

[4] No responses to this question were 'extremely difficult'.

5.2 Distress management

FINDING 19: COVID-19 and confinement to their homes increased stress for young people and was aggravated for young people from minoritised groups.

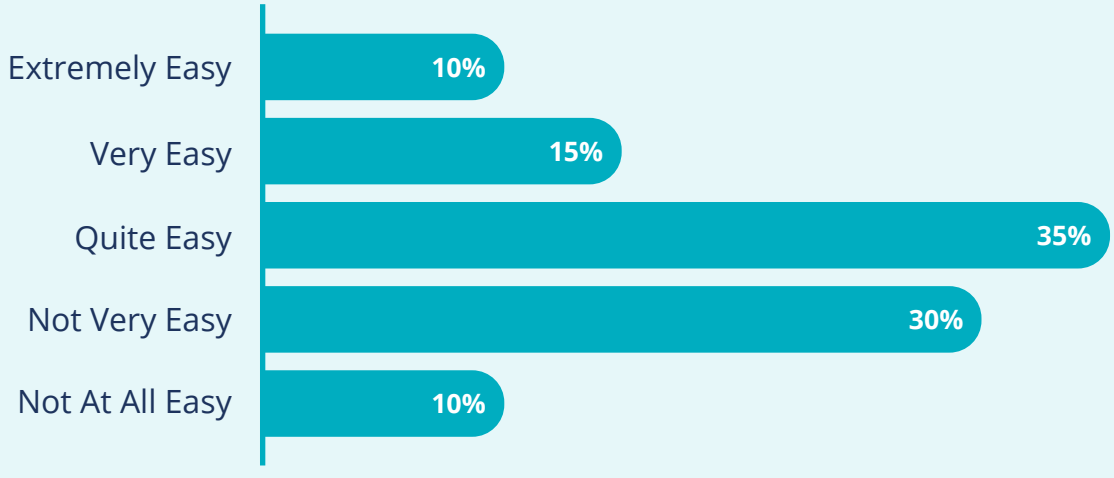
As risk relates to distress management, it is important to preface that the COVID-19 pandemic and associated restrictions on daily life aggravated home life and mental health stressors for many CYP. External research reports suggest that this was especially pertinent for CYP from minoritised groups. At the start of the pandemic in the UK, suicidal ideation and self-injury behaviours increased disproportionality for black and racially minoritised people, disabled people and people with socioeconomic disadvantages (*Iob et al., 2020*). Access to community was restricted for LGBTQIA+ people, heightening stress and isolation (*Dawsey-Hewitt et al., 2021*), and rates of placement breakdowns increased for children in care due in part to pandemic pressures (*Barnardos et al., n.d.*). While accessing support from home is comfortable for some CYP, others may experience difficulty managing trauma symptomology in their safe space.

FINDING 20: Working collaboratively with young people facilitates the management of distress.

The majority of practitioners included in this research expressed that when using less exposing modalities such as audio and text, it was more difficult to assess and manage distress partly due to the absence of paraverbal and nonverbal communication. Despite this, practitioners in our study shared several strategies to aid the assessment and management of distress when delivering therapeutic support online.

One quarter (25%) of CYP surveyed found that it was 'extremely' or 'very easy' for their therapist or supporter to help them when they were upset, while 35% found it 'quite easy'.

How easy was it for your therapist/supporter to help you online when you were upset?



At the outset, it is important to establish the most comfortable space for CYP to access therapy. Practitioners also assessed in conversation with their clients their emotional regulation skills and resources and consulted with their offline support network and wider agencies to understand baseline behaviour. Where needed, practitioners distributed sensory grounding resources to CYP. Practitioners in our study stressed the importance of working collaboratively with clients when developing distress management strategies, adapting to clients changing communication preferences during sessions and being client-led with regards to pacing, developing safe topics and designating safe adults to check in with after sessions.

5.3 Safeguarding

FINDING 21: Many practitioners in our study felt that their ability to assess and act on safeguarding risks was limited online.

Delivering therapy online presented additional challenges in safeguarding. Many practitioners felt that delivering support remotely limited their ability to assess risk due to the limited perceptibility of nonverbal and paraverbal communication. When safeguarding concerns were identified, practitioners expressed nervousness due to a lack of immediacy of protection when enacting safeguarding protocols remotely.

FINDING 22: Safety planning is facilitated by co-production with the young person and may limit the geographic scope of services.

To effectively safeguard when delivering therapy online, it was important to develop a safety plan in collaboration with the young person, the caretakers and wider agencies.

> 'I'll also try and give them some autonomy, so if they... if there is a breakdown in the relationship with one of their parents, or there's questions on lack of safety there, then they have a right to ... you know... to say'.
> – *Counsellor*

Safety planning included developing an offline support system endorsed by the client that could be called upon when needed and confirming the client's location at the start of each session in case of the emergency involvement of statutory agencies. Determining when to enact safeguarding protocol was in some services informed by a risk checklist.

While delivering support online allows services to increase their reach, safeguarding considerations caused one service to limit their geographic scope to manage adherence to area-specific safeguarding policies. In contrast, the online specialist services involved in this research operate nationally and allow for anonymous help-seeking and therefore utilise clients' IP addresses to locate them in the event of an emergency intervention. When CYP were accessing support anonymously or in confidence from their caretakers, practitioners often dealt with additional reluctance to accept the enaction of safeguarding protocols, most likely due to breaches of confidentiality.

FINDING 23: There is a clear need for additional guidance around safeguarding.

Most practitioners working within online specialist services were confident with online safeguarding protocols. One traditionally offline service involved in this research had developed no online safeguarding protocol. Instead, they retained their existing offline one. The effectiveness of this was not tested. Those working within traditionally offline services expressed a strong desire for additional guidance and training on how to safeguard effectively online.

5.4 Data protection and online security

FINDING 24: Data protection risks were less understood by practitioners and even less so when it pertained to their clients.

The last area of risk identified through this research concerns online security and data protection. CYP accessing online support using school or shared devices were at increased risk of confidentiality breaches. The nature of remote help-seeking means that clients bear additional responsibility regarding their own data protection and confidentiality.

> When asked what would worry them about having online therapy/support, one young person in our survey said, 'Giving away my personal secrets'.

This concern was compounded by the fact that most practitioners reported their understanding of platform-specific security considerations to be based largely on hearsay. Protective strategies employed by some practitioners included establishing the safe storage of tangible materials when working from home, ensuring two-factor authentication when accessing identifiable information and storing data centrally as opposed to locally. Strategies for clients' devices were less discussed, but gaps in understanding around online security considerations likely impacted the extent to which they advised their service users; therefore, additional training is needed so CYP can be assured that their data is protected.

FINDINGS

6. Beginnings and endings

This section explores our findings in relation to the fifth theme, beginnings and endings. It describes our findings according to three subthemes: beginnings, endings and looking forward.

6.1 Beginnings

Beginning online therapeutic support with CYP may involve initiating a therapy programme online or transitioning from face-to-face working. In either case, considerations should be taken around introductions, contracting and consent.

FINDING 25: Pre-introductions facilitate relationship building and comfort online.

When taking on new clients online, most practitioners in our study reported a need for introductions preceding the start of therapy programmes, though this manifested differently across services. For some practitioners, meeting the young person face-to-face was seen as essential for building trust and developing a productive relationship, but for others, online introductions were sufficient and worked well. One service had launched an online pre-counselling group for their clients awaiting one-on-one support where clients would virtually meet on a video-conferencing platform and engage in psychoeducation and emotion regulation work with a practitioner. This was reported as successful and provided therapeutic value and assurance to new clients.

FINDING 26: Transitions between online and offline support can be disruptive and require planning.

Practitioners reported that when some of their clients transitioned from face-to-face to online support or vice-versa, the flow of the therapy and therapeutic relationship was interrupted and required time to restore. For others, transitioning to online therapy was disinhibiting and strengthened the relationship. In any event, practitioners recommended pre-emptive consideration of how transitions between online and face-to-face support may impact on pacing and relationship.

FINDING 27: Contracting online therapy should include boundary and expectation setting and be tailored to facilitate understanding.

Contracting online therapy and support requires additional guidelines concerning the dynamics of risk outlined in the previous chapter. Additionally, contracting could also address expectations of conduct during sessions. For some clients engaging in remote support, practitioners experienced a loosening of boundaries, including eating, smoking or drinking during sessions. This was regarded as especially common for CYP with sexual abuse experiences.

> 'Especially for people with CSA, there's been lots of blurred boundaries in the past, so it's really quite difficult

> sometimes to get them to stick to those boundaries'. – *Counsellor*

Practitioners recommended being mindful of how working from home may allow clients to gain additional insight into their personal lives. In peer support spaces, additional guidelines centre around posting content, safeguarding, limits to anonymity and codes of conduct when communicating with other users.

Our findings suggest that gaining consent from CYP remotely requires more explicit and tailored communication to facilitate understanding. When guidelines were delivered by a pre-recorded message in one online specialist service, the recording was spoken by CYP from different age groups to aid engagement. When delivered through a written message, it was similarly advantageous to tailor guidelines to developmental levels. Consent and understanding of guidelines should be assessed at different times and through varied means. Services may consult lived experience advocates to be most effective in the development of these processes. Lastly, many practitioners expressed a need for additional guidance and training on how to best conduct assessments and contracting when working online.

> '... that training, really, on assessments and taking on new clients at that point, wasn't there when we first made that switch'. – *Clinical manager*

6.2 Endings

FINDING 28: Virtual introductions with wider professionals and signposting to online drop-in support can facilitate the end of online support.

Ending therapy programmes similarly involved unique considerations. To facilitate continued support, practitioners reported the importance of building an offline support network with the young person and attending virtual introductions with wider professionals to ease the transition. When working with other agencies, some practitioners expressed a need to empower wider professionals to improve comfortability in working with CYP with sexual abuse experiences. In addition, some practitioners also signposted to online drop-in services, which provide one-to-one support and peer support.

FINDING 29: Ending support can be signified online or offline.

When signifying the end of an online therapy programme, some practitioners believed it was more difficult to mark endings remotely. As such, they expressed a preference for a face-to-face meeting, which traditionally included an activity or exchange of gifts. However, as transitions between online and face-to-face communication can be challenging for some clients, face-to-face endings in those cases were unexpectedly awkward. Without a face-to-face ending, differing steps were taken to mark and manage the end of the therapy programme, which involved sending a tangible gift or creating a personalised digital message. Collaborative online resources were also employed to play games.

6.3 Looking forward

FINDING 30: Rapid adaption to online provision often left traditionally offline services unprepared and under-resourced.

The COVID-19 pandemic was mostly unforeseen and required rapid adaptation from traditionally offline services in order to continue provision. Online specialist services and a minority of CSA specialist practitioners had prior familiarity with delivering support online; however, the majority of those interviewed did not. Preparing for online provision was varied. While a minority of services provided structured training on online support, most practitioners received informal training from peers and through webinar attendance. The extent to which policies and procedures unique to the online delivery of therapeutic support were developed was similarly mixed. As a result, some services limited their provision of online support to maintaining contact with their clients without engaging substantively in any therapeutic work.

FINDING 31: Practitioners' endorsement of online support correlated with the response of their service.

Our findings suggest that lack of prior familiarity, preparation and training for some practitioners led to feelings of reluctance, confusion, nervousness and panic. This was particularly centred around technology and online platforms. Broadly, the practitioners included in this research who were affiliated with services that retained full provision and developed accompanying training, policies and creative ways of working came to accept and endorse the viability of online support for CYP with sexual abuse experiences. Practitioners affiliated with services who limited their provision tended to retain discomfort and reluctance around delivering therapeutic support to CYP with sexual abuse experiences online.

> 'I think I'm just coming from still a bit of a fear-based place, that's like "Ooh, I don't know how far I want to sort of explore that"'.
> – *Therapist*

When asked about the future implementation of online therapeutic support in their services, a minority of practitioners stated that they would continue to offer therapy online in exceptional circumstances. However, most practitioners who substantively engaged in delivering online therapeutic support were looking to adopt a blended or hybrid approach where face-to-face and online delivery would be available for CYP and used according to suitability and preference.

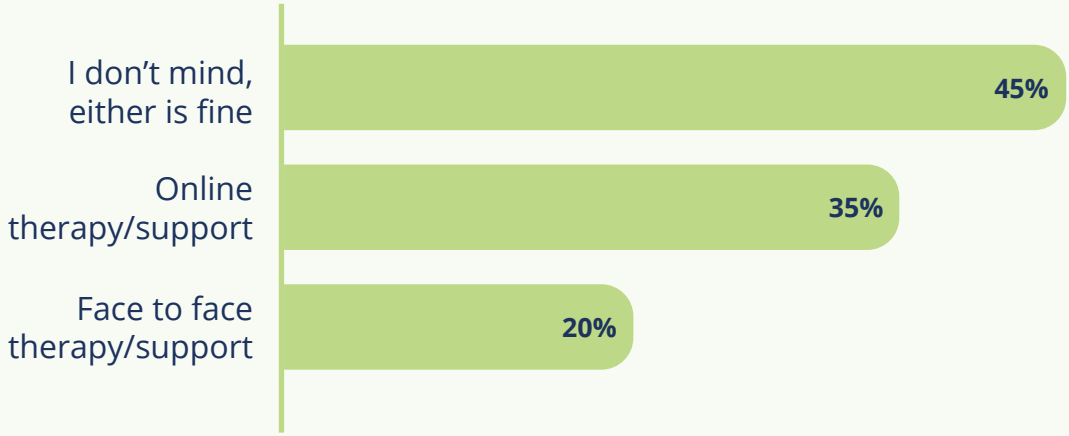
> 'You get nervous that... "Are they then going to tell us that we have to do it all online, now?" And you're sort of like "NO! It doesn't..." the gold... face-to-face is amazing...but... yeah, I think we need to go forward knowing that these things are here, and they add immense value to our service'.
> – *Specialist Support Worker*

FINDING 32: The provision of online support is valuable and should be led by young peoples' suitability and preference.

> 'COVID's shown us that digital online services for mental health and people in distress and experiencing trauma really are a viable option, moving forward – and that we can do it … it works, because this is what young people want'.
> – *Head of research*

As discussed throughout, the success of online therapeutic support is heavily dependent on each client, owing to suitability and preference and the extent to which they can exercise agency during preparation and engagement. Our findings suggest that the importance of offering online support is to provide something that CYP broadly want and is often suited to them.

If you felt you needed therapy/support in the future, what type of service would you prefer?



Of the young people surveyed, 35% would prefer to access therapeutic support online in the future, 45% had no preference between online and face to face support.

Providing online support can not only improve the experience of therapy for existing clients but also attract CYP to support who would not have otherwise sought help. As CYP ordinarily lack autonomy, the provision of online support offers CYP choice and control. Practitioners that endorsed the superiority of CYP's preferences over their own recognised that although face-to-face working is easier for them and that they will continue to be challenged working therapeutically online, it was crucial to work out how to deliver online therapy safely and effectively so it can continue to be part of their provision. With these intentions came a strong desire for comprehensive guidance and practice-based training that would improve their adeptness and confidence going forward.

> 'And that, for us, has been a massive learning curve – professionally – but I think it's been a huge silver lining that we can now offer something that is very, very applicable to young people'.
> – *Service Manager*

7. Conclusion

This report integrated practitioner interviews and a survivor survey to explore in what circumstances online therapeutic support for CYP with sexual abuse experiences works and for whom. It has provided an insight into the adaptation of offline therapeutic services during the COVID-19 pandemic and innovative practice in services that specialise in online provision.

These findings are not representative of every practitioner and child/young person engaging in online therapeutic support for sexual abuse experiences. Therefore, this report provided insight from a snapshot of experiences of those delivering and engaging with this support.

Findings suggest that online support is convenient for and preferred by many CYP, though younger clients are less likely to be suited to engaging remotely. Caretaker facilitation and adequate technology is often required to engage in online therapeutic support but was not always available. Peer support spaces can be very valuable for CYP to feel listened to and supported and can aid trauma narrativisation and offline disclosure.

The use of less exposing modalities provided a sense of safety and disinhibited CYP but challenged practitioners. Working creatively can greatly facilitate the engagement of CYP and is especially important when working in the context of sexual abuse trauma. A minority of practitioners were reluctant to engage in creative working though the majority found innovative ways to adapt.

Delivering therapeutic support online involves risk considerations around privacy, distress management, safeguarding and data protection. Development of plans and procedures were greatly enriched through co-production with CYP, their support networks and wider agencies. Additional guidance and training were desired by most practitioners across all dynamics of risk.

Findings also suggest a correlation between the reluctance of practitioners and the limiting of provision of online therapeutic support despite the importance of choice for CYP when accessing support. However, practitioners led by clients' preferences to work online highlighted that it was crucial to work out how to deliver online therapy safely and effectively so it can continue to be part of their provision.

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9. Appendices

These appendices contain key tables from the analysis of the young peoples' survivor survey.

Appendix 1: Profile of all respondents

Question:
How old are you?

Response	Count	Percentage
12	0	0.0%
13	3	13.0%
14	3	13.0%
15	3	13.0%
16	6	26.1%
17	7	30.4%
18	1	4.3%

Question:
What best describes your ethnic group?

Response	Count	Percentage
White/White British	15	65%
Black/African/ Caribbean/Black British	4	17%
Mixed/Multiple ethnic groups	2	9%
Asian/Asian British	1	4%
Prefer not to say	1	4%

Question:
What best describes your gender?

Response	Count	Percentage
Woman	13	57%
Man	7	30%
Non-Binary	2	9%
Prefer not to say	1	4%

Question:
Do you identify with the sex you were assigned at birth?

Response	Count	Percentage
Yes	17	74%
No	5	22%
Prefer not to say	1	4%

Question:
Did you have therapy or support online?

Response	Count	Percentage
Yes	20	87%
No	3	13%

Appendix 2: Closed-ended responses from young people who have had therapy or support online

Question:
What type of therapy did you have?

Response	Count	Percentage
Video therapy	12	60%
Telephone therapy	10	50%
Unmoderated peer support	10	50%
Anonymously	8	40%
Text-based therapy	7	35%
Moderated peer support	7	35%

Question:

How easy were the following things for you when having online therapy/support?

To concentrate on my sessions

Response	Weighting	Count	%	Weighted
Extremely Easy	5	**1**	5%	5
Very Easy	4	**5**	25%	20
Quite Easy	3	**7**	35%	21
Not Very Easy	2	**4**	20%	8
Not At All Easy	1	**3**	15%	3

Weighted total 57
Weighted average 2.85

To be able to talk honestly to my therapist/supporter(s) about what is bothering me

Response	Weighting	Count	%	Weighted
Extremely Easy	5	**2**	10%	10
Very Easy	4	**2**	10%	8
Quite Easy	3	**10**	50%	30
Not Very Easy	2	**4**	20%	8
Not At All Easy	1	**2**	10%	2

Weighted total 58
Weighted average 2.9

For my therapist/supporter(s) to help me when I am upset

Response	Weighting	Count	%	Weighted
Extremely Easy	5	**2**	10%	10
Very Easy	4	**3**	15%	12
Quite Easy	3	**7**	35%	21
Not Very Easy	2	**6**	30%	12
Not At All Easy	1	**2**	10%	2

Weighted total 57
Weighted average 2.85

Question:

How difficult were the following things for you when having online therapy/support?

Finding a private space

Response	Weighting	Count	%	Weighted
Extremely Difficult	1	**0**	0%	0
Very Difficult	2	**2**	10%	4
Quite Difficult	3	**5**	25%	15
Not Very Difficult	4	**11**	55%	44
Not At All Difficult	5	**2**	10%	10

Weighted total 73
Weighted average 3.65

Having a phone/tablet/computer

Response	Weighting	Count	%	Weighted
Extremely Difficult	1	**0**	0%	0
Very Difficult	2	**2**	10%	4
Quite Difficult	3	**3**	15%	9
Not Very Difficult	4	**9**	45%	36
Not At All Difficult	5	**6**	30%	30

Weighted total 79
Weighted average 3.95

Having a good internet connection

Response	Weighting	Count	%	Weighted
Extremely Difficult	1	**0**	0%	0
Very Difficult	2	**2**	10%	4
Quite Difficult	3	**3**	15%	9
Not Very Difficult	4	**10**	50%	40
Not At All Difficult	5	**5**	25%	25

Weighted total 78
Weighted average 3.9

Question:
If you felt you needed therapy/ support in the future, what type of service would you prefer?

Response	Count	Percentage
Face-to-face therapy/support	4	20%
Online therapy/support	7	35%
I don't mind, either is fine	9	45%

Appendix 3: Closed-ended responses from young people who have not had therapy or support online

Question:
Would you have liked to have had online therapy/ support?

Response	Count
Yes	1
No	1
I don't know	1

Question:
Which types of online/ therapy support would you have liked to have?

Response	Count
Video therapy	0
Telephone therapy	0
Text-based therapy	0
Moderated peer support	0
Unmoderated peer support	0
Anonymously	1

Total respondents: 1

Appendix 4: Analysis of open-ended responses from all respondents

Codebook		
Code	**Description**	**Example response**
a+	Accessible (convenience/ access to)	I'm a big fan of phone therapy because it's available anytime, anywhere'
a-	Could be more convenient	'It would be nice to make it more convenient'
b+	Comfortable/ perceived safety	'I was in my own room which for me was a space I felt safe and comfortable in'
c+	Helpful	'We talked about a lot of other stuff that's been bottling up for years and how to address it'
c-	Unhelpful	'I was with CAHMS at the time and did not find anything helpful'
d+	Positive relationship with practitioner	'My therapist was always really accepting and willing to listen to take time to let me rant'
d-	Negative relationship with practitioner	'There can be a disconnect from the counsellor to the attendee sometimes. Especially over the phone'
e+	Liked online/ remote delivery	'I can communicate in text'
f-	Risks associated with online/remote engagement	'I found it difficult to speak honestly in my own home as I felt as if my family could hear me'
g+	Wholly positive	'It's all good and needs no improvement'
h-	Impersonal/ unspecific	'I wouldn't mind being put forward for more programs for my specific issues'

Total codes		
Code value	**Count**	**Percentage**
Positive	27	66%
Negative	14	34%
Total:	41	

Positive experiences			
Code Name	**Code Description**	**Count**	**Percentage**
a+	Accessible (convenience/access to)	7	26%
b+	Comfortable/perceived safety	5	19%
g+	Wholly positive	5	19%
d+	Positive relationship with practitioner	4	15%
e+	Like online delivery	4	15%
c+	Helpful	2	7%
	Total:	27	100%

Negative experiences			
Code Name	**Code Description**	**Count**	**Percentage**
d-	Negative relationship with practitioner	4	29%
f-	Risks associated with online/remote engagement	4	29%
a-	Could be more convenient	2	14%
c-	Unhelpful	2	14%
h-	Impersonal	2	14%
	Total:	14	100%