

SAFE, SEEN, SUPPORTED:

How to help and reach children and young people experiencing abuse in their households during the COVID-19 pandemic and beyond

8 March 2021

Jane Chevous, Laura E. Fischer, Concetta Perôt, Angela Sweeney



ACKNOWLEDGEMENTS

This report was made possible by the courage and generosity of all the survivors, survivor practitioners, and practitioners who have responded to our survey and/or taken part in one of our roundtables.

Beverley Chipp
Bobbie Galvin
Duncan Craig OBE
Fay Maxted
Gavin Edmonds
James Baldwin
Jo Lomani
Justin Coleman
Kate Melvin
Kathryn Hinchliff
Kathryn Watson
Khadj Rouf
Lucy Goldsmith
Dr Lynn Brady
Naseem Butt
Natalie Quinn - Walker
Rona Topaz
Rosa Polowski (Fully Focused Productions)
Roz Etwaria-Yarde
Sarah Hollebon
Susanna Alyce
& all those who wished to remain anonymous.

We would like to thank each and every one of you.

We also thank Dr Sian Oram, Senior Lecturer in Women's Mental Health, King's College London, Dr Helen L. Fisher, Reader in Developmental Psychopathology, King's College London, Anjuli Kaul, VAMHN Network Coordinator, King's College London, and Dr Dan Robotham, Deputy Research Director, McPin Foundation, for their support throughout the project.

Note: All quotes are from survivors and allies who took part in the research

WHY & WHAT

Many children and young people who are experiencing, or are at risk of, various forms of abuse in their households never come to the attention of authorities. It is estimated that 1 in 5 children is subjected to at least one form of child abuse (physical, sexual, emotional, neglect, exposure to domestic abuse) before the age of 16 (1) - much of this abuse is 'off-radar', that is, unknown to statutory services. UNICEF affirms that child abuse is vastly concealed and under-reported (2).

Since March 2020, the UK government has enforced multiple 'lockdowns', including the closure of schools and other social distancing measures,, as part of their response to the COVID-19 pandemic. **For many children and young people, COVID-19 has meant that they have been trapped in abusive households.** They have not been able to see friends, teachers, extended family members, or other supportive/protective persons; some may have lost contact with the outside world entirely. Simultaneously, many perpetrators of abuse have been experiencing higher stress and more time at home. Together, this has fostered a toxic situation for many children and young people, placing them at heightened risk of violence and abuse.

Child abuse was a significant area of concern prior to COVID-19, but the pandemic has served to magnify the risks. Specialist services supporting children and families report a significant increase in demand (3), and an increase in serious incidents (death or serious harm). Furthermore, there is a likelihood of significant post-pandemic fallout (safeguarding, social, psychological) from the increased exposure to abuse due to the pandemic, which requires urgent research and action. **This report is a survivor-led initiative to address these concerns.** It identifies key considerations and actions to support children and young people at-risk, both during the pandemic and beyond.

WHO & HOW

This report has been conceived, developed, and run entirely by researchers who are also survivors of child abuse, with support from King's College London and other partners. It captures the wisdom of adults who experienced child abuse but who were unknown to services that could have helped - i.e., who were “off-radar” - and recommends actions that can be taken by individuals, schools, statutory and third sector services, communities, and government.

The survivor-led organisation Survivors' Voices, the UKRI Violence Abuse and Mental Health Network (VAMHN), Laura E. Fischer, and the McPin Foundation collaborated to undertake this study. Findings from a rapid-response online survey conducted as soon as the first lockdown was announced were published in April 2020, with practical actions that could be taken immediately to help reach at-risk children and young people. Since then, the Children's Commissioner (4) and other agencies have echoed our call to highlight and prioritise ‘invisible’ children at risk (5).

Later in 2020 we conducted a more extensive survey and held a series of three roundtables with adult survivors of child abuse, practitioners and creative communication specialists. Themes identified in the survey were explored further in the roundtable, with a full thematic analysis of qualitative data. Analyses also drew on findings from an online event on the same topic - *Fear at Home* - aimed at young people and conducted by Fully Focused Productions on behalf of the off-radar research team and VAMHN.

FOR WHOM

This report is for anyone who works with children and young people, anyone involved in service or policy development, and anyone who is concerned with supporting children and young people at risk of violence and abuse.

You may be:

- A survivor*; or a family member, friend, neighbour, or colleague of a survivor or child or young person at risk
- A practitioner working in an education or care setting such as a school, nursery, or childminder
- A practitioner working in another statutory service or a third sector organisation (e.g. health, social services, police, probation, housing, youth work, community organisation)
- A practitioner working in national, regional or local government, or another inter-agency body

As supporting at-risk children and young people requires a collective and coordinated effort, **please take time to consider all information and recommended actions gathered in this report from those who know best how to reach off-radar children at risk of abuse - those who were once these children.** By sharing the collated experiences and insights of survivors we hope that it will help us all take steps to support off-radar children and young people sensitively and effectively during the pandemic and beyond.

*The term ‘survivor’ developed to signify people moving away from being passive ‘victims’ of abuse to overcomers of their experiences. We follow common practice and use it as a shorthand for people who have experienced any form of childhood abuse.

CONTENTS

- **Findings**
 - Summary
 - Key Themes
 - Practical Tips
 - Messages of Hope
- **Reflections**
- **Actions**
 - Learnings and Recommendations
 - Priority Actions in Pandemic Times
 - Future Research
- **Bits & Pieces**
 - Who we are
 - Funders
 - Fear At Home Report
 - Sources of support
- **Appendix**
 - Impact of COVID-19 on survivors
 - Methods
 - References

OUR FINDINGS

71 people took our survey
37 people attended our roundtables

1. SUMMARY

For some of us who were abused at home when we were young, our schools or friends' homes were our safe places away from harm, where we could be with supportive peers or with trusted adults. When the first lockdown was announced in March 2020, we, like many other survivors, were deeply impacted by the thought of children and young people trapped in abusive households, away from the support of school or friends. We knew that most of these children and young people would be off-radar, unknown to services, and thus not identified and supported by government initiatives. We knew how difficult and dangerous the pandemic would be for them - even for us who are now safe, being told to 'stay at home' caused the reliving of traumatic memories.

We decided to turn our distress into action and enquire: how do we identify, reach out to, and help children and young people experiencing abuse in their households but not yet known or being supported? To answer this question, we asked the people who would know best: adults who were once in this position, as well as allies who support survivors.

In the responses to our survey and round-tables, **we heard how impossibly hard it is for many children and young people being abused at home to reach out for help.** They have grown up with this life and it may be the only reality they know. They may not recognise that what they are experiencing is abusive and that they don't have to put up with it. They may feel very scared and unsafe, but not know where to turn to for help. They may also be afraid of what will happen if they disclose. Sharing family 'secrets' is incredibly hard and frightening, and there may be no-one they trust enough to tell. It may be dangerous for them to try to disclose as there may be consequences from the abuser(s) or other family members.

Children and young people experiencing abuse tend to be very isolated. This is often a deliberate strategy by the abuser, but it is also caused by the conflicting emotions and the shame that victims often feel. The impact of violence and abuse can lead to trauma responses that are misunderstood by others and seen as difficult or anti-social behaviours, which isolates children and young people further. Other children and young people experiencing abuse will try to make themselves or their pain invisible, or try to be a 'model' child, using compliance as a safety strategy. These are **at-risk children and young people hidden in plain sight.**

It is vital that we all reach out to these children and young people. **We need to start a global social conversation that raises awareness of how to recognise and respond to abuse,** how to notice these hidden hurting children and young people, how to reach out to them and develop relationships of trust, and how to help them sensitively and effectively. **We need to create spaces where children and young**

people can feel safe. These spaces should be internal (safety in the experience of being), relational (safe and trusting relationships), and physical/virtual (places where children and young people can be free from harm and get support).

We need to offer help and support that does not re-traumatise children and young people by taking away all choice and control. Children and young people must be heard, believed, trusted, and be spoken to with clarity and honesty. They must be given options and supported to make their own choices as far as possible. The timing and type of interventions must be carefully considered. **Above all, we need to listen, and know how to listen well: the child or young person can and should lead the way.**

Much pain accompanies these experiences; not only the wounds and the trauma of the abuse, but also the damage caused by poor responses from peers, adults and services. Many survivors experience physical and mental health issues, and unfortunately not all of us survive. There is a very real threat to life and thus an undeniable sense of helplessness and despair. These, however, are counterbalanced by remarkable survival skills, strong hope, the power to heal, and the prospect of a life beyond abuse that is safe and fulfilling. Many survivors also transform the horrors of what was done to them into drivers of social change.

Children and young people who experience abuse are not alone: we can and must help them. **It is everyone's responsibility to protect children and young people and support them to live the life they deserve - a life of safety, joy, and fulfilment.**

“One day you will be free from the abuse, to allow you to work on what has happened to you. That will be the start of your life. ...there is help and support out there to help you deal with it, [people] who will believe you. It's a long process, some days will be hard, but each day you step forward is another day on your road to recovery.”

2. KEY THEMES

Our data analysis from the survey and roundtables highlighted four strong themes:

1. **The importance of awareness and education**
2. **The need for safe places and trust**
3. **The barriers to disclosure**
4. **The significance of children and young people being heard, in control, and supported**

This section outlines what survivors and those that support them (allies) have expressed about these key themes.

i. The Importance of Awareness and Education

Survivors and allies emphasised that a better understanding of abuse - how to recognise it, how to talk about it, and what to do about it - is critical, both for children and young people and the wider community.

Our findings outlined that;

- Community members and professionals often do not know how to recognise whether children and young people are experiencing abuse and/or do not feel able to do something about it: it is important that they be taught to do this.
- Children and young people often know no other reality than the one they live in and therefore do not recognise that what they are experiencing is abuse. It is important that they are taught about how abuse can look and feel like, what their rights are (e.g. feeling safe, feeling heard), who they can ask for help, and how they can cope (e.g. coping strategies and grounding techniques).
- In addition to practical information, education also helps children and young people know that what is happening to them is not their fault, that their reactions are normal, that nothing is wrong with them, and that their struggles are valid.
- Because children and young people's experiences of abuse are what they know to be normal, they often do not identify with words such as 'abuse', 'neglect', 'violence'. Therefore, a wide range of language must be used.
- Creating awareness by sharing the stories of abuse survivors who have made it through and healed can be extremely helpful as these provide inner perspectives, encouragement, and hope.

- Overall, training, education, and awareness-building, including a national public information campaign, are urgently needed. This can involve working with communities, schools, government, and social media influencers.

"Educate all children about safe and unsafe experiences at home so they can recognise what is acceptable and unacceptable living situations and make them aware of services available for them to access"

"If there had been any education around this at school, it would have helped. I was aware of things like Childline being available for kids, but as the abuse I was suffering was normalised at home, I didn't identify with the kids in the advert at all or see myself at risk."

"We need to make sure that every single adult knows what child abuse is and what the signs are so that if you need to, you can disclose to your neighbour or your local shop keeper and they would know what to do."

"I think one thing that would help is if at all these levels there was an awareness and understanding of the large scale nature of childhood violence/abuse at home and it's immediate and lasting impacts. This awareness would have to be followed with a willingness to start talking openly about this as an issue [...]"

ii. The need for safe places and trust

Survivors and allies stressed that safe places and relationships of trust are key.

Our findings outlined that;

- There are three types of safety: being safe from harm (physical safety), feeling safe with others (relational safety), and feeling safe in oneself (internal safety). All are important and all must be nurtured.
- For physical safety, children and young people need to have access to safe places away from harm in the community, at school, in youth services, and in mental health services.
- For relational safety, children and young people need to have access to trustworthy people. Creating relational safety with children and young people requires availability, intentionality, consistency, honesty, and *real* listening with openness and no judgement.
- With physical safety and relational safety, children and young people can experience what internal safety feels like and may be able to ask for help.

- Individuals (e.g. teachers, youth workers) who have a good rapport with children and young people should regularly check-in on them; they are more likely to disclose to people they trust.
- If a child or young person feels safe enough to make a disclosure, all interventions must be carefully considered. Sometimes, removing a child or young person from an abusive environment to a place of physical safety is the best thing to do. Sometimes, however, this is not advisable as removing children and young people from their households can heighten risks and cause further harm. It is critical that interventions do not further disempower children and young people.

“Surround the community with a positive set of invisible proactive people.”

“Provide more community base drop in centres for children to access a safe place which is known for a 'hang out' place but also offers lots of advice/support resources of different topics; domestic abuse being one of them.”

“LISTEN LISTEN LISTEN!!! I was in so much pain, I need someone to listen to me, one human talking to another.”

“Really listen to young people and remove your adult safeguarding lens for a moment to fully take in what a child is communicating with you..... listen to them with love and care and try to walk in their shoes as much as possible.”

“They need to know that they can contact a reliable adult to listen to them and above all be believed.”

iii. The barriers to disclosure

Survivors and allies highlighted how difficult it is for children and young people being abused in their households to disclose what is happening to them and reach out for help.

Our findings identified the following barriers;

- Difficulty recognising that what is experienced is not right and is indeed abuse
- Due to the family context and their age and vulnerability, the most common responses to abuse in children and young people are freeze and/or compliance (as opposed to fight and flight)
- Conflicting emotional attachment and sense of loyalty to the abuser due to them being a family member or caregiver

- Internalised messages of shame, secrecy, and threat from abusers and family systems
- Fear of what will happen after disclosing, both to them and to abusing and non-abusing family members
- Mistrust of adults; children and young people are more likely to disclose to their peers
- Prior attempts to disclose that were dismissed or poorly responded to
- Trauma behaviour being mislabelled ‘difficult child’ or ‘model child’, both of which hide the struggle that the child or young person is experiencing
- Lack of resources and understaffing (e.g. schools, children’s services, Child and Adolescent Mental Health Services (CAMHS))

"Some children are so trauma bonded to the individual committing the abuse that they are unable to identify and associate with words such as ‘violence and abuse’"

"Professionals need to let go of long held stereotypes of troubled children and understand that good presentation or well spoken young people are also victims of abusive households even if they do not misbehave and can achieve high educational attainment."

"The dismissal of disclosures lead me to not trust the systems that were there to protect me."

"Many professionals though no fault of their own, often do not have time to create close and trusting connections with the young people in their care however without these relationships, children will not make disclosures to you willingly. Teachers are very well placed to create these bonds with their students, however they are under too much pressure to get children through exams and rarely have the time or capacity at this point to have important discussions with even the more obviously troubled children in their classrooms, let alone the polite and steady seeming student sat at the back of the classroom."

"I definitely had a sense that my world would be turned upside down if I disclosed and that I would bear the shame publicly."

iv. The significance of children and young people being heard, in control, and supported

Survivors and allies expressed how critical it is that to support children and young people, they must be heard, in control, and supported.

To ensure they are *heard*, we must;

- Be present and accessible, creating a safe relational environment where disclosure *could* happen should a child or young person find the courage to tell
- Ensure openness and non-judgemental support
- Ensure that children and young people are listened to and disclosures are believed
- See the child or young person as a whole entity and validate their experience (irrespective of disclosure)
- Confirm that what is happening to them is not right

"Someone really seeing you as a person and a human being, and validating your experience, is the most powerful thing that services, organisations and communities can do to help off-radar children experiencing abuse, whether that leads to disclosure or not."

To ensure they are *in control*, we must;

- Offer reassurance and clear information around what their options are and what can/will happen with their disclosure
- Offer choices and entrust children and young people with decisions regarding their abuse
- Co-develop any safety plans with children and young people
- Offer appropriate educational resources / information on services and choices for children and young people
- Reinforce the power and rights of children and young people
- Reinforce that children and young people are not defined by their abuse

"Lack of control is one of the most frightening things about being abused - then if the only option for getting help is to have other people make all the decisions the moment you start talking about what is happening, then this will prevent children from opening up, as well as causing damage when they do so."

"Ask what they want and how they want to be helped. Some may not be ready to be removed from the abusive situation, simply educated on it. Victims with trauma bonds are loyal to their perpetrators and initially the bonds needs to be respected by the professionals before any work can be done."

"You have to let the child lead things. You have to trust and empower them."

To ensure they are *supported*, we must;

- Ensure all children and young people are in regular contact with one person whom they trust who listens to them and encourages them to talk about what they are experiencing
- When children and young people do disclose, reassure that what happened is not their fault and they are not in trouble for it
- Reassure children and young people that they are not alone and that there are people who care and can help
- Reassure children and young people that things can get better
- Provide practical help and information on their options, choices, and rights,
- Support children and young people with referral to services and ensure they have access to children's advocates
- Encourage and help children and young people to engage in creative activities to help express their feelings, nurture imagination (which allows for options to be perceived), and support their wellbeing

"Say: we believe you."

"How can you say I'm too young to understand? If I'm old enough for it to happen to me, I'm old enough to understand."

3. PRACTICAL TIPS

Survivors and allies provided some useful practical information on:

- 1. How to communicate with children and young people**
- 2. How to use social media and phone-based resources**
- 3. How schools can provide support**

This section outlines their recommendations.

i. How to communicate with children and young people

- Talk to children and young people directly (i.e. not mediated through adults)
- Take the time to build trust
- Be honest and transparent
- Use language that is age appropriate, understandable, and relatable
- Ask the right questions (e.g. open-ended questions about wellbeing and feeling safe)
- Develop and provide safe words or signals that can be used to alert abuse and/or feeling unsafe
- Offer and respect anonymity and confidentiality (to the greatest extent possible within safeguarding responsibilities)

ii. How to use social media and phone-based resources

- Teach children and young people how to use social media, online and phone-based tools safely
- Make use of social media platforms that children and young people use to communicate important information to them about abuse and seeking safety
- Make support available on social media and other online and phone-based platforms (websites, apps, telephone, text) so that children and young people can reach out for help
- Offer virtual and/or phone-based counselling

- Create apps for children and young people to access information and support about abuse and seeking safety
- Support digital inclusion by helping children and young people access devices, offering emergency credit top-ups, and making phone-based services free

iii. How schools can provide support

- Provide education on violence and abuse as part of standard timetabling (PSHE)
- Intentionally create safe spaces, regularly check-in on children and young people, and offer regular pastoral support
- Be proactive: All school staff (teachers, assistants, librarians, etc.) should seek to identify signs of abuse (clues may be found in the staff's interaction with children and young people or in observing children and young people's behaviour; their interactions with their parents; or their interactions with their peers)
- Provide contact numbers for emotional/psychological support on school material (e.g. on online education home screens)
- Help children and young people access services; signpost, support, help them use school computers to contact services

4. MESSAGES OF HOPE

There was agreement among survivors and allies about the key messages of hope to give children and young people experiencing violence and abuse:

- What's happening to you is not okay
- It's not your fault and you are not in trouble
- You matter and you have a right to be safe and unharmed
- You are not alone
- We believe you
- Tell someone what is happening so they can help
- There is support for you
- Things can and will get better
- Don't give up, believe in yourself, you are strong
- Your abuse doesn't define who you are

These messages are important in addition to practical help and support because bringing children and young people to safety takes time and we need to help them survive and cope with the impact of abuse until they can be free from it. Additionally, not all children and young people at risk will be identified, but messages may still reach them and help them.

"It won't always be like this and you are not alone.... You have not done anything wrong, it's never your fault. You should feel safe and if not then please tell someone, you will never be in trouble. One day you will be free from the abuse."

"You do not deserve this, not matter what anyone says or does. No one deserves to be hurt and scared. Please know that you have so much to offer and this is so unfair but I hope you can find the strength to be kind to yourself and trust yourself. You might need to do things to keep yourself safe at this time - whatever you need to do is ok and not your fault. Know you are not alone."

REFLECTIONS ON FINDINGS

In addition to identifying the key themes that emerged from the data, we - the core survivor research team - reflected on our findings. This section outlines some important questions and our thoughts based on our findings and our own lived experiences. These are relevant to *everyone*.

1. Do we have a shared understanding of what we mean by abuse?

The professional language around child abuse and safeguarding is not adequate to describe what children and young people experience, in ways that everyone can understand and identify with. **When children experience violence and abuse as normal family life, they won't describe it in the language of safeguarding.** Education on what healthy family life looks like, using the language of feelings (e.g. feeling safe or scared), makes it easier for children and young people to recognise that their experiences are abusive and communicate this.

2. Do all children and young people experiencing abuse want to be found and helped? Is disclosure always a good thing?

Survivors and practitioners clearly recognise that abuse causes harm and that people want abusive behaviour to stop. Yet, there are concerns that traditional child protection processes don't always lead to the best outcomes; **the care system isn't always caring, the justice system isn't always just**, and there aren't always enough trained and resourced staff to respond well to disclosures (6). Additionally, some people only want for their families to be supported to do better so that further abuse is prevented. **Ultimately, each child is different and what matters most is to find out what is right for them.**

3. Can we keep children and young people safe?

Survivors and practitioners generally agree that there are ways we can ensure children and young people are safe or safer, especially if the recommendations we offer are implemented. Finding safety from an abusive situation is hard, but this research shows that there are many things we can do to make it easier. **Healing and recovery from abuse is certainly possible with the right support and resources.** Preventing abuse is harder as there are many complex issues at play - from family dynamics to structural issues such as poverty, discrimination, and cultures of violence and abuse of power - but supporting survivors does contribute to preventing abuse, as although the vast majority of survivors do not in turn abuse others, many abusers have a history of childhood abuse.

4. Do current child protection processes work?

Some people questioned whether there was sufficient resource for statutory services to work well; others suggested they can even be harmful. We didn't specifically

address the experience of the care or justice system in our research questions so we cannot answer this fully, but looking at other research (7), there is supporting evidence for the concerns expressed by some participants that our legal and care systems are not able to provide the best outcomes for all children and young people at risk. **As well as systemic reform, we need to develop more alternative solutions.**

5. How can we best help children and young people who are being abused?

First and foremost, we need to create safe spaces where children and young people can begin to understand what safety feels like and then feel able to explore sharing what is happening to them. These spaces must be internal (safe in oneself), relational (safe with others), and physical (safe from harm). **We need to build relationships of trust, and notice and listen to what children and young people are trying to say to us or show us.** We must take things slowly as safety and trust cannot be forced or rushed.

6. How should we respond when children and young people start to tell or show us that something is wrong?

Listen, listen, listen! Continue to hold a safe space, build trust, and be available. Go at the young person's pace, don't rush into action. Provide choices and support and leave as much control as possible with the young person. Their wishes and feelings are paramount. Recognise that if you have often been unsafe and your trust has been betrayed, safety and trust can trigger scary feelings. Take things slowly and gently. Trust them as much as you are asking them to trust you; be honest and clear. Believe them, validate their experience, offer to tell them what their options are, and **follow their lead.**

7. Why is it important to listen, give control, and empower children and young people?

It is important because being abused means having no voice, no control, no power. We cannot help children and young people by replicating these dynamics (8). **We must actively reinforce their voice, their control, and their power: that is the only way out of abuse and toward safety and recovery.**

8. Why don't children and young people disclose?

What happens is 'normal' in their family so they don't know that things can be different. They don't often have the language to explain what is happening. They may try to tell or show but people don't want to hear or see them, or can't understand, or are in denial. They may also be afraid of hurting or alienating their families, being 'disloyal', or tearing the family apart. They may be ashamed. They may not trust adults - young people are more likely to tell their peers. Therefore, work is needed to support peers to know how to respond to disclosures.

9. What are the barriers to recovering from abuse?

Survivors' distress can be diagnosed as a 'mental disorder' rather than understood as a natural consequence of trauma; the problem is often wrongly attributed to the survivor as opposed to their experience. Additionally, **survivors often experience the therapies most commonly offered as unsuited and insensitive to childhood trauma.** This has resulted in a lack of trust in child and adolescent mental health services (CAMHS) and other NHS services, and a preference for specialist voluntary sector agencies and private therapy. However, waiting lists are long and private therapy is unaffordable for many.

10. What do we mean by healing and recovery? What do they look like?

Healing and recovery can mean different things to different people. Healing refers to the complex journey of recognising and acknowledging our experiences of abuse for what they are and then moving through and beyond these to a life which we - not our abusers - are the authors of. **More than the presence or absence of symptoms, healing is about the process of rebuilding internal and relational safety, redefining boundaries, and reclaiming self-power.** In line with this, it is necessary to understand recovery outside of the binary of good and bad, and consider how survivors live well despite the bad and often transform the bad to create good for others in spite of it; in other words, recovery does not mean erasing traumatic experiences from survivors' stories but living well beyond these. **Healing is a long and difficult journey but one that is within reach and one that all survivors deserve.**

ACTIONS

1. LEARNINGS & RECOMMENDATIONS

i. Abuse is often hidden or disguised: it is difficult to recognise, but it is imperative that we all know how to.

- We need to help people recognise abuse - both in their own and in others' experiences.
- We need a language to describe what abuse versus healthy relational dynamics look like so that everyone can understand.
- We need both brief and in-depth training for teachers, youth workers, health workers and other frontline staff to understand how to recognise abuse, what to do about it and how to do handle it well.
- We need a wide social conversation to raise awareness and understanding of abuse; how to recognise it and how to respond. We should harness the power of media and social media to do this.

ii. Reaching out to help is key, yet it must be done sensitively.

- We need safe physical and online spaces where children and young people can go to find refuge, help, support, and information.
- We need to build good relationships and make ourselves available to children and young people so that they feel able to reach out.
- We need to proactively reach out to children and young people and not place all responsibility on them to ask for help; there are many reasons why this may be difficult for them.
- We need nuanced conversations that grapple with the complexities. For example, barriers that prevent children and young people from asking for help may also be protective barriers that keep them safe.

iii. We must act to protect children and young people from abuse, and our actions must be led by them.

- We need to understand that it is everyone's responsibility to protect children and young people.
- We need to support friends, family, community members and practitioners to notice and deal with abuse, not to turn away or blame victims of abuse because it is too painful or uncomfortable.
- We need to do more to ensure that everyone knows what to do when they recognise abuse is happening.
- We need to be better at listening to children and young people and acting on their wishes and feelings. We must ensure that they remain empowered and have agency in their own lives.
- We need to consider options carefully. For example, removing children from their families is not always the best solution and, if deemed necessary, should be done with as much care and choices for the child as possible. We

also need to look at other solutions, including ways to reduce harm and help children and young people cope.

- We need far more, trauma-informed, accessible, and effective support for survivors, recognising that there are no quick fixes. With good support, many survivors testify that recovery from abuse and trauma is possible.
- We need all efforts to be coordinated through child-centred multi-agency approaches.
- We need to invest our resources appropriately, proportionately to the urgency and importance of supporting survivors of abuse.
- While we cannot always guarantee safety, we can communicate hope. Messages of hope are very important to support children and young people, but we must remain honest and clear.
- We need to recognise the strength of children and young people. They are not defined by their abuse and they are not broken: they are whole humans with whole identities. Children and young people are resourceful and resilient, but they need support to find safety and reclaim their power.
- Survivors are the experts: we need survivors of childhood abuse involved in all relevant initiatives and services in order to shape them and inform priorities, such as this research shows.

“I’m not done screaming, screaming with my peers”

2. PRIORITY ACTIONS IN PANDEMIC TIMES

As part of our survey, we asked respondents to vote for on the most urgent actions during pandemic-related restrictions to be taken by families and communities; schools and childcare settings; statutory services; and government. This section outlines the results; these are relevant both in current times and for future pandemic preparedness.

Top 3 actions for families and communities:

- 1 Train people whose role involves visiting houses (e.g., community volunteers, postal workers, delivery workers) to recognise signs of abuse (or code words/signals promoted through public information campaigns).
- 2 Educate communities on how to spot signs of household violence and abuse, and how to sensitively ask children and young people if they are safe and OK.
- 3 Educate communities on simple and clear actions of what to do if you suspect possible abuse.

Top 3 actions for schools, nurseries, childcare settings:

- 1 Educate children and young people about abuse. This includes providing age-appropriate information and resources on supporting at-risk friends.
- 2 Allocate regular check-ins with a child or young person to teachers who have a good rapport with them to maximise the chances of disclosures.
- 3 Train teachers and provide them with guidance on how to identify the signs of household violence/abuse, and sensitively ask questions and respond to disclosures.

Top 3 actions for statutory services, charities, youth organisations:

- 1 Ensure services and organisations are allocated sufficient and ongoing resources to respond to demand.
- 2 Designate a worker/volunteer to check in with all the young people they work with, particularly those known or suspected to be vulnerable (especially while pandemic-related social restrictions measures are in place)
- 3 Ensure children and young people can be referred to, or continue to access, workers, services and counselling (by phone or online if it is not possible in person).

Top 3 actions for government and inter-agency bodies:

- 1 Develop apps/helplines/websites/social media links for children and young people to access freely. These should be easily hidden (from abuser or non-protective parent).
- 2 Provide refuges (both short-term and long-term) to children and young people who need to find a place of safety away from harm.
- 3 Run a public information campaign to raise awareness of household violence/abuse during and post-pandemic, to help children, young people, adults, and professionals recognise abuse, and to advertise resources and sources of help.

3. FUTURE RESEARCH

We noted the following data was missing from our research:

- There was little information on the relationship between abuse and race, gender, sexuality, class, disability, etc. This is likely due to the fact that our questions were focused on understanding how to support children and young people experiencing abuse as opposed to understanding these experiences. Nevertheless, the connection and impact of these factors must be carefully considered when understanding and responding to abuse.
- There was a lot of emphasis on the need for mental health support from professionals who understand abuse and trauma, but there was not much reference to difficulties associated with shame and stigma in relation to mental health, yet we know that this is a significant issue for survivors (9).
- There was little discussion of sibling abuse, yet we know from reports that this is a significant issue (10).
- Few participants talked about the triggers for abuse - as discussions were focused on disclosure and response - but this was a key theme for the young people in the Fear at Home report.

Based on the above and on the needs our findings highlighted, we recommend the following priority areas for further research:

- How best to consider intersectionality with socio-economic issues such as race, poverty, gender, sexuality, when supporting children and young people experiencing abuse
- How to understand and support the specific experiences and needs of survivors affected by sibling and peer-to-peer abuse
- How to practically equip individuals, families, and communities to notice and respond to abuse
- How to support families better to reduce abuse
- How to help children and young people and what outcomes they want according to them (as opposed to adult survivors)
- What alternatives to standard child protection interventions are needed and how to implement them (e.g. community-based and transformative justice responses)

BITS & PIECES

1. WHO WE ARE

Jane Chevous is a survivor of child abuse, sexual exploitation as a teenager and rape/spiritual abuse as a young adult. She has forefronted participation and lived experience over 40 years work in youth work, social care, lifelong-learning and children's rights fields. She leads We Learn We Change, a registered learning company which specialises in learning for social transformation, led from lived experience. An activist and survivor-researcher with Survivors Voices, a survivor-led organisation which runs peer support networks and harnesses the expertise of survivors to change society's response to abuse and trauma, she leads Changemakers, our network for survivor activists which welcomes new members. A writer publishing on abuse and mental health, co-creation, spirituality and sailing, she explores all these themes at Barefoot Tales.

Laura E. Fischer is an Artist, Researcher, Lecturer, and Survivor Activist who specialises in trauma. The focus of her scientific work is on the neurobiology of childhood trauma and the development of novel body-based and survivor-led interventions. Through her art practice, she creates spaces for trauma survivors to reclaim and redefine their narratives on their own terms. She is an Honorary Research Associate of King's College London's Institute of Psychiatry, Psychology and Neuroscience, an Honorary Research Associate of UCL's Division of Psychiatry, an Improvement Leader Fellow and Honorary Research Fellow of NIHR ARC NWL, a Special Lecturer at UCL and Central Saint Martins, and she is on the Editorial Board of QI4U. She has published articles and book chapters, has facilitated workshops and given numerous talks, including keynotes and TEDx, and her artwork and films have been exhibited internationally, at venues including the V&A, the Whitechapel Gallery, and the BFI, and some of her work is in the Central Saint Martins Museum Collection.

Concetta Perôt is passionate about supporting and amplifying the voices of people who have experienced abuse and is herself a survivor of multiple forms of child abuse in the home. She has an MSc in Mental Health Studies and is an integrative psychotherapist, consultant and trainer with various research studies and organisations. Concetta has over 20 years of experience as a social worker with children in care and prisons and of running peer-led groups with adult survivors of abuse through Survivors' Voices, the organisation she co-founded. She is an Associate with the King's College London and was the lead researcher on the Charter for Engaging Abuse Survivors, a survivor-led project exploring safe, effective and meaningful engagement of survivors in research and services.

Dr Angela Sweeney is a survivor researcher who has experienced multiple forms of abuse in childhood and young adulthood. She is Senior Lecturer in User-Led Research and Director of the Service User Research Enterprise (SURE), Institute of Psychiatry, Psychology and Neuroscience (King's College London) where she undertook her PhD in the 2000s. Angie has particular interests in the perinatal period, parenting, gender-based violence, trauma and trauma-informed approaches. Although a health services researcher, she originally studied social sciences, and sociological

approaches continue to inform her work. Angie has two daughters and an adored but indifferent cat.

2. FUNDERS

We are grateful to our funders which made this work possible, through the support of the Violence, Abuse and Mental Health Network. VAMHN is funded by UK Research and Innovation (ES/S004424/1). This project was supported by grants from the King's Together COVID-19 rapid response fund (KT/20/ TS13822) and the Economic & Social Research Council Impact Acceleration Account via King's College London (ES/T501931/1).

3. FEAR AT HOME REPORT

This report led by Fully Focused Productions and VAMHN co-lead Dr Helen Fisher (King's College London) explores young people's experiences of feeling 'unsafe' at home during the pandemic, and what they thought were the best ways to support other young people to survive and thrive during these more socially restricted times. This was based on an event held as part of the Economic & Social Research Council (ESRC) Festival of Social Science in November 2020. To read the report [click here](#).

4. SOURCES OF SUPPORT

If you have been affected by the issues we discuss here, there is support for you.

You can find details of sources of support, including peer support groups and links to support services, on the Survivors Voices website [here](#).

There are also COVID-19 resources on the VAMHN network [here](#)

APPENDIX

1. IMPACT OF COVID-19 ON SURVIVORS

Our findings showed that lockdowns and social distancing measures not only have detrimental effects on children and young people experiencing abuse, but they also impact adult survivors of childhood abuse.

Traumatic Memories

Many survivors who are now safe from abuse are experiencing the resurfacing and/or reliving of traumatic memories.

"At the peak of lockdown, feeling trapped in the house triggered fears from when I was a child, and felt trapped in an abusive situation. Similarly, a feeling of having no control has been really hard to deal with."

"I was already particularly struggling with not feeling like I had a safe home. Being told to 'stay at home' was a direct trigger to my childhood experiences where I felt trapped at home. And made me feel like I had failed because I still don't feel like I have a safe home."

"Brought it all back, the feeling of isolation, being alone, not being able to talk, feelings of being vulnerable."

Mental Health

- More than 2/3 of respondents said COVID-19 worsened their mental health

"It had a catastrophic effect on my mental health and led to a prolonged and regressive crisis situation. I am still on my own recovery journey and was beginning to make good progress, but this threw me completely off course again."

"The sense of being out of control or unable to take ownership over your life has definitely been difficult."

- 1/5 said that COVID-19 improved their mental health

"I feel safe alone. People are dangerous. Corona has been the best thing that has happened in a long time, keeping people away from me. I have had time to focus on my well being, instead of having to deal with everyday anxieties of work, deadlines, meeting people and constantly juggling commitments."

- 1/10 said that it COVID-19 did not change their mental health

"I am sad but no more so than I usually am. Just for different reasons."

Support Network

The importance of having a support network was clearly highlighted: survivors with access to supportive partners, friends or family members described these as protective factors and, in contrast, survivors without access to these spoke of a worsening of their mental health as a consequence. Some survivors emphasised the value of peer support groups.

Care Provision

Several people outlined challenges related to mental health services. The two most common were difficulties accessing therapy and other mental health support, and difficulties with the online adaptations of care provision.

"Difficult for them to pick up on my non-verbal cues when I'm dissociating, leading to it going outside the window of tolerability."

2. METHODS AND PARTICIPANTS

A survivor ethos

This project was conceived and undertaken by survivor researchers who were troubled by the knowledge that many children and young people were experiencing lockdown in unsafe households. All four authors identify as survivor researchers, and each step of the project was designed and developed according to survivor research principles. Researchers from King's College London and the McPin Foundation secured funding, provided a sounding board and assisted with dissemination.

The principles of the *Survivors Voices Charter for Organisations Engaging Abuse Survivors in Projects, Research & Service Development* were integral to how we conducted our project, meaning that we aimed to conduct research that was the opposite of abuse and was:

- Safe
- Empowering
- Accountable and transparent
- Liberating
- Creative and joyful
- Amplified the voices of survivors
- Promoted self-care

These principles were underpinned by our core values which included explicit commitments to:

- the inclusion of all, in all our diversity (including gender, age, ethnicity, disability, sexual orientation, experience, culture, all faiths or none);
- promote safe spaces based on a culture of tolerance, mutual respect and co-operation;
- remove the barriers that divide people, encouraging everyone to participate as much as they want or feel able to; and
- epistemic justice that values the wisdom of lived experience equally with other forms of knowledge.

These principles and values informed each step of the process, including the way the survey was set-up, how we identified participants, the way the roundtables were conducted, our approach to facilitation, and how we analysed and presented what we found.

Addressing the emotional costs:

We were clear from the start that this work comes with a huge emotional cost for those conducting it, as well as those participating, and that this emotional cost is particularly acute for those with direct lived experience. We developed a way of co-working that had this understanding at its core.

- We respected the boundaries that each of us put in place in terms of our ability to engage with the material. We also respected and understood the ebb and flow of our engagement with the project. These boundaries were

not pathologised but were understood within a supportive, survivor framework.

- We prioritised emotional support for one another over and above the work. We communicated regularly through online meetings and WhatsApp, spending much of our time checking in. We each chose how honest we were about our circumstances and respected one another's boundaries on this too.
- There was no attempt to assess another person's stability or mental capacity to contribute. We each took responsibility for what we could and couldn't do at each point of the project.
- We didn't just work. We laughed, shared, and made plans for when lockdown conditions are eased and we can see one another in person.

The essence of this approach is that we *cared*: about ourselves, one another, our participants, and the children and young people that this research is about. We hope that that care comes through loud and clear in our report.

The survey

In March 2020, we launched an initial rapid-fire, 36-hour online consultation to gather wisdom on supporting children and young people who are 'off-radar' and at risk of violence and abuse within their households. Forty-three people completed the survey. An interim report was published in April.

We then developed a survey which built on and extended the first consultation. This survey aimed:

- a) to expand on consultation findings from with a broader respondent group and
- b) to rank order important actions identified in the consultation.

The survey was open from 26th June to 10th July 2020 and was hosted on online using Qualtrics software. Ethical approval was obtained from King's College London's ethics committee (Ref: HR-19/20-19537) and all participants were asked to read an information sheet and consent to participating before completing the survey. There were no financial incentives or payments offered for participating.

A snowballing method was used to identify participants through our personal and professional networks and via social media. We invited survivors aged 16 or above who know what it is like to be trapped in an unsafe home unknown to helping agencies, and the adults/professionals who support them. The extensive networks and social media of the authors were central to the recruitment of participants. We sought to disseminate the survey to organisations for people who are traditionally less heard in this area of study including: young people, men, people from minoritised ethnic groups, people who had experienced trafficking and people with honour-based experiences. A total of 71 people completed the online survey, of whom 42 (80%) were assigned female at birth and identified as female; two thirds (64%) identified as having lived experience; and 43 (83%) identified as English, Welsh, Scottish, Northern Irish or British. Three people (6%) additionally identified as being Black African or Caribbean, or of mixed heritage.

The survey contained a mix of open and closed questions. Closed questions generated ranked data on the urgent actions people felt should be taken during the pandemic by various sectors in contact with children and families. Closed questions also captured the types of support people had been able to access during lockdown.

Open question responses were entered into an Excel spreadsheet. Reflexive thematic analysis was used to understand the findings (11, 12). First, two authors read and re-read the responses and independently identified themes. A third author then familiarised themselves with the responses, and independently read, collated and summarised the key themes identified by the first two authors. In line with Braun and Clarke's method (11, 12), the writing process formed the final analytic stage through an iterative process of authors' interpreting, summarising and writing up the findings. The final account of the data was presented in information packs for roundtable participants (see the section on the roundtables).

The virtual roundtables

Three online roundtables were held in the Autumn of 2020. Their aim was to discuss and extend the survey findings by deepening our understanding of how to support off-radar children and young people experiencing violence and abuse in their households, and to consider ways of communicating these findings to relevant groups, organisations and communities.

Potential roundtable participants were identified through our networks. Attendance was by invitation only, enabling us to reach a broad group of people (particularly men, people from minoritised ethnic groups and people working in a variety of sectors) and ensure safety (particularly given that roundtables were all held online). Participants were paid for their time, in line with INVOLVE guidelines.

Information packs were developed and sent to participants in advance of the roundtables. These contained:

- Introductions and agenda
- Background information: including what to expect and information on the facilitators/researchers
- Safety and wellbeing guidelines
- Survey findings, quotes, and anticipated discussions

Each roundtable had a lead facilitator, co-facilitator and notetaker, all of whom were survivor researchers. This approach meant that if a facilitator did not feel able to attend on the day, they could honour that feeling and prioritise self-care. Similarly, pre-roundtable communications with participants assured people that they should only attend on the day if they felt able to. However, all attended the roundtables, except one person who was unable to get online.

Prior to the roundtables, all participants were sent the contact details (email and mobile number) of two facilitators who they could contact for support before or after groups (which some did) and given a link to the Survivors Voices [support webpage](#). During the sessions, online breakout spaces were available for those who needed them.

Each roundtable was participant-led and consequently had a different focus:

- **Roundtable one, survivors:** this roundtable was attended by 12 people with lived experience of childhood violence and abuse within their own households. The focus of this group was on the key themes identified in the survey. As well as holding survivor identities, some participants were also practitioners and professionals (including researchers and doctoral students).
- **Roundtable two, practitioners and survivor practitioners:** the second roundtable was attended by 14 practitioners - including survivor practitioners - and focused on the actions that allies and others can take to support children and young people at risk of experiencing violence and abuse within their households. Participants held a variety of professional identities representing multiple sectors including academia, clinical psychology, education, church, youth work, children's services, children's rights.
- **Roundtable three, creative communications:** the final roundtable was attended by 11 people with expertise in creative communications. There was a wide-ranging discussion of themes with a focus on how to creatively communicate messages to children and young people experiencing violence and abuse within their households. People's specialisms included: fine art; illustration; graphic communication design; socially-engaged fashion design; theatre; crafts; poetry and music; radio and podcasts; a charity improving media coverage and public understanding of misrepresented groups and issues; and a youth-led film production company.

The authors analysed the roundtables collectively, deepening and extending the findings from the survey. In the first stage, we built 'thick descriptions' of the key themes and suggested actions, reflecting on the roundtable discussions. We then reflected on the themes, drawing on lived experience and survivor-researcher and peer-supporter knowledge to interpret the significance of the findings for survivors and practitioners in an iterative process. Writing themes and recommendations for action for this report formed the final analytic stage.

3. REFERENCES

1. ONS (Office of National Statistics) Statistical bulletin: Child abuse in England and Wales: March 2020. Statistics and research on child abuse in England and Wales, bringing together a range of different data sources from across government and the voluntary sector. ONS March 2020. [Link](#)
2. UNICEF (2014). *Hidden in Plain Sight: A Statistical Analysis of Violence Against Children*. New York: United Nations Children's Fund.
3. Romanou, E. & Beltion, E. (2020) *Isolated and struggling: Social isolation and the risk of child maltreatment, in lockdown and beyond*. NSPCC Evidence team, NSPCC Learning. [Link](#)
4. Savage, M. (2021) Children's Commissioner: Fears grow over hidden child abuse since start of pandemic. The Guardian. [Link](#)
5. 6 McManus, M. & Ball, E. (2020) Locked down again: the 'invisible' children in need of protection from abuse. The Conversation. [Link](#)
6. VAMHN (2019) Survivors' priority themes and questions for research. [Link](#)
7. APPG (2020) Can adult survivors of childhood sexual abuse access justice and support? APPG Adult survivors of childhood sexual abuse. [Link](#)
8. Perôt, C., Chevous, J. & Survivors' Voices Research Group (2018). Turning pain into power: a charter for organisations engaging abuse survivors in projects, research & service development, Survivors Voices/Reshapers CIC.
9. Feiring, C., & Taska, L. S. (2005). The persistence of shame following sexual abuse: A longitudinal look at risk and recovery. *Child Maltreatment*, 10(4), 337-349. [Link](#)
10. Tucker, C. J., Finkelhor, D., Turner, H., & Shattuck, A. M. (2014). Sibling and peer victimization in childhood and adolescence. *Child Abuse & Neglect*, 38(10), 1599-1606. [Link](#)
11. Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3:2, 77-101. [Link](#)
12. Braun, V. & Clarke, V. (2019) Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11:4, 589-597. [Link](#)