

# INTERVENTIONS TO SUPPORT CHILDREN & YOUNG PEOPLE WHO HAVE EXPERIENCED CHILD SEXUAL ABUSE – WHAT WORKS FOR WHOM, UNDER WHAT CIRCUMSTANCES, AND WHY

## Narrative Review Protocol

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<b>Funder</b>	Foundations – What Works Centre for Children and Families



# Summary

Foundations – What Works Centre for Children and Families has commissioned a systematic review of interventions to support children and young people who have experienced child sexual abuse (CSA). This includes interventions for the children and young people themselves, and interventions for parents/carers that help them to support their child following CSA.

There are four key strands to the systematic review:

1. An umbrella review
2. A realist review
3. A narrative review (covered by this protocol)
4. Consultations with key stakeholders.

This protocol covers the narrative review, which will examine the question of:

## **What do children and young people who have experienced CSA (and their caregivers) tell us they want and need in terms of support following CSA?**

Overall, the systematic review asks how, why, and in what contexts interventions to support children and young people (0–25 years) who have experienced any form of CSA are effective. Unlike traditional reviews that ask *whether* interventions work, our approach seeks to explain *what works, for whom, under what circumstances, and why?* However, the lived experience of children, young people, and their caregivers is not always captured within effectiveness studies. This narrative review aims to address this gap. It specifically focuses on what children and young people (and caregivers) identify as priorities for post-CSA support and their perspectives on the acceptability, usefulness, and sufficiency of current CSA interventions.

The overall systematic review defines eligible interventions to include any form of post-abuse support provided across statutory, voluntary, community, or private services. Universal services, accessible to all children, are not in scope. All outcomes are of interest, including mental health and wellbeing (e.g. anxiety, depression, PTSD), relationships, and subjective experiential outcomes. This aligns with the inclusive approach recommended by our Lived Experience Advisory Groups who have identified a wide range of important outcomes post-CSA. The review will also cover uptake and engagement with interventions.

Narrative reviews provide a broad, integrative summary of literature on a topic, including a range of study types and perspectives, with emphasis on interpretation and critique rather than strict methodological rules (Sukhera, 2022). This narrative review will be undertaken to provide an integrative and interpretive synthesis of the literature which has included the lived experience of children, young people, and their caregivers.

The review is guided by a clearly defined scope and aim. An iterative literature search will be conducted across relevant databases (e.g. Medline, Embase, CINAHL, PsycINFO, Scopus), complemented by manual searching of reference lists and targeted searches of key authors and relevant websites to identify any grey literature.

The selected literature will be critically appraised and synthesised using a thematic approach, with attention to patterns, areas of convergence and divergence, and identified gaps. Consistent with the narrative review methodology, the synthesis is informed by the study team's professional



knowledge alongside recommendations from a Professional Advisory Group and two Lived Experience Advisory Groups. Reflexivity will be maintained to acknowledge the interpretive nature of the review process.

The Lived Experience Advisory Groups have informed the development of this protocol, and they and the Professional Advisory Group will be involved in refining the final interpretations, findings, and considering applicability.

Findings from the narrative review will then be synthesised with those from the other two reviews (Umbrella and Realist) to inform the key stakeholder consultation phase. Outputs will include evidence-informed theories of change, practical recommendations for service design, and identification of research gaps. The findings of the study will inform a Practice Guide being written by Foundations in 2027, and advisory groups will advise on other appropriate means of dissemination.



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# Background, rationale, and question formulation

## Background

Foundations has commissioned the Universities of Lancashire, Manchester Metropolitan, and Bedfordshire to undertake a systematic review of interventions to support children and young people (aged 25 and under) who have experienced child sexual abuse (CSA). This includes interventions for the children and young people themselves, and interventions for parents/carers that help them to support their child following CSA.

CSA is defined, as per *Working Together to Safeguard Children* (DfE, 2023, p. 160) as “forcing or enticing a child or young person [*under 18 years of age*] to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse”. Any form of CSA, including child sexual exploitation (CSE), is within scope.

CSA is an issue of significant concern across the UK (and globally), both in terms of its prevalence and the impact of experiencing it. Exact prevalence levels are hard to determine, given the multiple barriers to disclosure and identification and limitations of existing datasets, but evidence suggests that at least 1 in 10 children in the UK experience some form of CSA before the age of 16 (Karsna & Kelly, 2021). When we include experiences that occur aged 16/17 (which also constitute CSA) some studies report rates as high as almost one in four (Radford et al., 2011).

CSA can take many different forms. It can affect any child, at any stage of childhood (Beckett & Walker, 2017; IICSA, 2022). Impacts are known to be wide-ranging and significant, in both the short and longer term. The need for a timely, holistic and effective response, that is tailored to the unique experiences and needs of the child (and their family), is well documented across a range of studies; as are the implications of the absence of such a response (Warrington et al., 2017; Allnock et al., 2022; IICSA, 2022; Vera-Gray, 2023).

The urgent need for an enhanced response to CSA has also been articulated in a series of inquiries, reviews, and audits over the past 10 years. Some have focused on particular manifestations of CSA, such as the 2025 Casey Audit on group-based CSA (see Casey, 2025), while others have had a broader remit encompassing all forms of CSA. Most notable of these was the Independent Inquiry into CSA (IICSA) in England and Wales, that ran from 2015 to 2022, highlighting 20 priority recommendations in its final report (IICSA, 2022). The government committed to implementing these in its April 2025 progress update on Tackling Child Sexual Abuse as part of a suite of measures designed to improve responses to CSA; including the Practice Guide which this review will inform (Home Office, 2025).

## Study overview

The research questions underpinning the overall study design are:



**RQ1. What works:** Which interventions are effective in supporting and improving outcomes in children and young people aged between 0–25 who have experienced CSA?

**RQ2. For whom:** What are the different types of interventions, how are they defined, and which models are effective for different populations of children and young people aged between 0–25?

**RQ3. How and why:** What practice elements and intervention components are associated with successful interventions when supporting this population?

**RQ4. Implementation:** What are the enablers and barriers to successful implementation of interventions when supporting children/young people who have experienced CSA and their families?

**RQ5. User perspectives and needs:** What are the views of intervention users and practitioners about the acceptability and usefulness of CSA interventions?

**RQ6:** More broadly, what do children and young people who have experienced CSA (and their caregivers) tell us they want and need in terms of support following CSA?

The review includes four key strands which, together, seek to build a comprehensive understanding of the nature and effectiveness of interventions supporting children and young people post-CSA, contextualised with reference to their self-identified needs and priorities following sexual abuse.

The four key strands are:

1. An **umbrella review**, synthesising findings from existing reviews of interventions
2. A **realist review**, to more qualitatively explore what interventions work for whom, in what contexts, and why.

Recognising variable levels of evidence around different types of intervention, the limited inclusion of lived experience perspectives in some of this evidence and the breadth and diversity of children's needs post-CSA, the study will also include:

3. A **narrative review** of lived experience evidence about what children want and need after CSA more broadly – the focus of this protocol
4. **Stakeholder consultations** (eliciting both lived and practice expertise) to consider the practice implications of the synthesised findings of the three reviews and to help identify key gaps in the existing evidence base.

The findings of the study will inform a Practice Guide being written by Foundations in 2027.

## Rationale

A variety of interventions have been used to support children and young people affected by CSA, but it is unclear how and why individual interventions are effective for some, but not others. Realist reviews help to address this evidence gap – they are an explanatory theory-driven approach to understand how different contextual factors trigger the mechanisms of an intervention to influence its outcomes (Pawson, 2002; Pawson & Tilley, 2004).

A realist approach acknowledges that interventions may work in some contexts but not others. Therefore, rather than simply judging whether an intervention works, this approach explains *how* and *why* results are achieved in specific situations and considers the possibility of negative as well



as positive outcomes. However, the lived experience of children, young people, and their caregivers is not always captured within effectiveness studies. This narrative review aims to address this gap by specifically focusing on what children and young people (and their caregivers) identify as priorities for post-CSA support and their perspectives on the acceptability, usefulness, and sufficiency of current CSA interventions.

Narrative reviews are a useful approach for topics that require meaningful synthesis of research evidence that may be complex or broad and that require detailed, nuanced description and interpretation (Sukhera, 2022); all factors that apply to children and young people's perspectives on post-abuse recovery and support needs. Our narrative review will build on the findings of Brown et al.'s (2022) qualitative evidence synthesis, which surfaced some key priorities for children and young people, and their caregivers in relation to psychosocial interventions for sexual abuse and violence. We will extend the remit of this, recognising the substantial body of research with children and young people (and to a lesser degree, caregivers) that sits outside of peer-reviewed studies, and extends beyond priorities for psychosocial interventions. This review will include grey literature, specifically focusing on what children and young people (and caregivers) identify as priorities for post-CSA support and their perspectives on the acceptability, usefulness, and sufficiency of current CSA interventions (RQ5–6). This review will:

- Provide insights into what feels supportive, safe, or harmful elements which may not be captured in outcome-focused studies
- Identify gaps between service interventions and children and young people's needs
- Promote a trauma-informed and person-centred approach by synthesising lived experienced data with effectiveness evidence
- Provide a more compelling case for investment in services that are both clinically sound and meaningfully supportive.

A systematic yet flexible approach will be adopted to identify, evaluate, and synthesise relevant literature. This will begin by defining key concepts such as recovery and support needs in partnership with our advisory groups.

## Research questions

The specific overall research question guiding this narrative review is:

**What do children and young people who have experienced CSA (and their caregivers) tell us they want and need in terms of support following CSA?**

## Identifying relevant literature

### Search strategy and search terms

A comprehensive search strategy will be developed to create coherence with the aforementioned reviews and to be manageable within time constraints and budget.

Key databases will be searched including for example: Medline (Ovid), Embase (Ovid), CINAHL (EBSCOhost), PsycINFO (EBSCOhost), SocINDEX (EBSCOhost), Cochrane Library, Scopus, and Social Science Citation Index (Web of Science).



We will also undertake forward and backward searches and examination of reference lists from any identified paper. We will also contact authors for additional information as appropriate. We intend to undertake grey literature searches of websites of known relevant organisations (e.g. for evaluation reports), and Overton for government policy reports. We will also include literature known to the study team and project advisory groups, subject to limitations of the review's timeline.

In order to align with the overall study, search terms have been selected to support a comprehensive search, balancing recall and precision. The inclusion of terms that are no longer recommended practice in the UK does not indicate endorsement by the research team, whose work aligns with victim/survivor principles included in the international CSA Terminology Guidelines (ECPAT International, 2025, p. 154). Similarly, exclusion of terms (such as in relation to demographics) does not represent exclusion of groups or experiences which will be captured under broader search terms and explicitly attended to during data extraction. The study selection criteria are devised to ensure the transferability of findings within the UK context.

## Study selection criteria

Inclusion and exclusion criteria mapped against a PICO framework is as follows:

Criteria	Inclusion criteria	Exclusion criteria
<b>Population</b>	Children and young people aged 0 to 25 <sup>1</sup> who are known to have experienced any form of CSA when aged 17 or under, their parents and carers, and practitioners delivering the interventions	Children and young people who are not known to have experienced CSA
<b>Intervention</b>	Post-CSA support and interventions designed to support children/young people following CSA. This includes both interventions with the child/young person and parenting/whole family interventions designed to improve outcomes for the child. These may be delivered by Early Help Services and Children's Social Care; voluntary and community sector services; education; health services; police and youth justice; and private intervention delivery partners. This will include early help/targeted support (level 2–3) and specialist or statutory services (level 4)	Level 1 universal/primary preventative services. Informal sources of support such as leaflets, generic advice

<sup>1</sup> The review includes interventions that support children and young people up to age 25 to reflect statutory frameworks, delayed disclosure patterns, and the importance of the child/adult transition phase. This also aligns with the Department for Education's aspirations to expand victim support services and the NIHR's 0–25 age range criterion.



Criteria	Inclusion criteria	Exclusion criteria
<b>Outcomes</b>	Any/all types of outcomes for children and young people related to the provision of interventions to support the child post-CSA	Outcomes unrelated to the provision of interventions to support CSA
<b>Time period</b>	2015 onwards	Prior to 2015
<b>Setting</b>	UK studies only	International studies (excluded due to time constraints)
<b>Type of study</b>	Any study design (qualitative, quantitative, mixed-methods) which has directly included children, young people (and their caregivers) who have experienced CSA	Studies which have not directly sought the views and experiences of children, young people, and their caregivers with lived experience
<b>Language</b>	English language only	Non-English

Database searching will be undertaken by our Information Specialist, supported by Reviewer 1. All database hits will be downloaded, deduplicated, and uploaded onto Rayyan. Initially, 20% of titles and abstracts will be double screened (by Reviewer 1, supported by a second reviewer); 10% of full texts will be double screened by the reviewing team to ensure verification that they meet inclusion criteria and offer insights to inform interpretations. AI will be utilised to find relevant grey literature, and this will be supplemented by further handsearching of known websites and access to literature known by the team and professional advisory group. In this narrative review, all types of evidence from diverse sources (qualitative, quantitative, mixed-methods, grey literature) will be included if they offer insights into how contexts shape mechanisms and outcomes.

In narrative reviews, quality appraisal is not rigorously undertaken; instead, the focus is on assessing the relevance and rigour of each individual piece of evidence. Therefore, we will compare findings based on study design and sample sizes weighing evidence based on methodological robustness, highlight limitations across the literature, and acknowledge areas of uncertainty or bias.

## Study records

Due to time constraints, data extraction will be completed initially utilising AI, but manual checking to ensure accuracy will be undertaken. Specific attention will be placed on recording study and participant characteristics to ensure gaps in representation are noted. Where recorded, intervention description (including key components and setting) will be identified and/or positive and negative outcomes of any support received.

## Summarising the evidence

We will extract and chart data thematically, identifying recurring patterns, gaps, and theoretical frameworks that inform recovery processes. Throughout the review, we will maintain a critical and reflexive stance, acknowledging potential biases and limitations in the literature. The findings will



be synthesised narratively, with thematic categories extracted to provide a bridge to the findings emerging from the other work packages.

Specifically, our study is underpinned by the Health Inequalities Assessment Tool (Public Health England, 2020; Porroche-Escudero et al., 2021) to ensure our study addresses any health or social inequalities. This toolkit was designed to support an intersectional equity lens in research and consider how lived experiences and policy and practice expertise can help the process.

The tool comprises five sections:

1. Mapping inequalities relevant to the research topic
2. Integrating an intersectional equity lens into research questions
3. Designing and conducting research sensitive to inequalities
4. Prioritising findings relevant to action on inequalities in reporting and dissemination
5. Principles for research that is sensitive to intersectional inequalities.

Key limitations, gaps, and areas for further research will be identified.

## Registration

The umbrella and realist review protocols will be registered with the OSF and added to the Foundations website alongside this narrative protocol. This will be updated with outcomes at the end of the project.

## Personnel

- Anita Franklin, Professor of Childhood Studies, Manchester Metropolitan University (role: support in screening, data extraction check, appraisal, analysis and reporting, subject advisor)
- Helen Beckett, Professor of Social Policy and Social Work, University of Lancashire (role: subject advisor and managing Advisory Group input into the review)
- Sarah Goff, Research Associate, Manchester Metropolitan University (role: searching, screening, extraction, and analysis)
- Emma Harewood, Practice Advisor (role: advice on searching, reporting).



## Timeline

Dates	Activity	Staff responsible/ Leading
<b>Months 1–2</b>	Discussions with project team/Advisory groups to develop initial review outline	HB/AF
<b>Month 2</b>	Database/website screening	Information Specialist/SG
<b>Months 2–3</b>	Title/abstract screening	AF/SG
<b>Months 3–4</b>	Full-text screening (and additional searches)	SG/AF
<b>Months 4–5</b>	Appraisal & data extraction	AF/SG
<b>Months 5–6</b>	Analysis and narrative review reporting	AF/SG/EH
<b>Months 6–9</b>	Overall synthesis with other work streams (umbrella and narrative review, and stakeholder consultations). Final reporting	HB/AF

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## Appendix: Search terms

Terms have been selected to support a comprehensive search, balancing recall and precision. The inclusion of terms that are no longer recommended practice in the UK does not indicate endorsement by the research team, whose work aligns with victim/survivor principles included in the international CSA Terminology Guidelines (ECPAT International, 2025, p. 154). Similarly, exclusion of terms (for example, in relation to demographics) does not represent exclusion of groups or experiences which will be captured under broader search terms and explicitly attended to during data extraction.

<b>Terms for sexual abuse</b>	<p>Child Abuse, Sexual/ [MesH term] OR Sex Offenses/ [MesH term] OR Rape/ [MesH term] OR Incest/ [MesH term] OR sex* abus* OR Sex* offen* OR Sex*assault* OR Sex* coerc* OR Sex* exploit* OR Sex* in-appropriate OR Sex* inappropriate OR Sex* victim* OR Sex* violen* OR Sex* harm* OR incest*</p>
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	OR rape* OR molest* OR traffick* OR modern slavery OR groom* OR child prostitut* OR porn* OR forced marriage* OR child-on-child abuse OR peer abuse OR sibling abuse OR online abuse OR technology facilitated abuse OR Image based abuse OR child sex trafficking OR commercial child sexual exploitation OR domestic minor sex trafficking
<b>AND</b>	<b>AND</b>
<b>Terms for children or young</b>	Infant/ [MesH term] OR



**people or  
parents/carers**

exp Child/ [MesH term]  
OR  
Adolescent/ [MesH term]  
OR  
exp Parents/ [MesH term]  
OR  
Baby  
OR  
Babies  
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Girls  
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preschool\*  
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