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

Realist Review Protocol

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Summary

Foundations – What Works Centre for Children & 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 study:

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

This protocol covers the realist review, which will examine 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, a realist approach uses context-mechanism-outcome (CMO) analysis to explain *what works, for whom, under what circumstances*, and *why*.

Eligible interventions 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.

Following RAMESES standards, the review will proceed in five stages:

1. Developing initial programme theories
2. Systematic searching
3. Study selection and appraisal
4. Data extraction and synthesis
5. Refinement of programme theories.

Evidence will be identified through searches of key databases (e.g. Medline, Embase, CINAHL, PsycINFO, Scopus) plus grey literature, reference and citation tracking, and the study team's professional knowledge alongside recommendations from a Professional Advisory Group and two Lived Experience Advisory Groups.

Evidence will be appraised for *relevance* (to theory development) and *rigour* (credibility of findings). Analysis will use abductive and retroductive reasoning to build and test middle-range theories, producing CMO configurations and a theory of change to explain which intervention components work best in particular settings.

The Lived Experience Advisory Groups have informed the development of this protocol, and they and the Professional Advisory Group will be involved in informing initial programme theories,

refining the final theoretical interpretations, and considering applicability. The realist review will run over five months, with theory development, searching, screening, and analysis phases carefully staged. Findings will then be synthesised with those from the other two reviews (Umbrella and Narrative), 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 study will be registered with OSF. 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.

Contents

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, 2023:160) 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 and 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 and 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, 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 (Home Office, 2025) as part of a suite of measures designed to improve responses to CSA, including the Practice Guide which this review will inform.

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 study 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 – the focus of this protocol

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
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 and Tilly, 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. Evidence is reviewed with a focus on identifying patterns of causation that are formulated as 'context-mechanism-outcome (CMO) configurations', also known as 'programme theories'. By identifying which components of an intervention are effective under particular conditions, realist reviews provide valuable guidance for researchers, practitioners, service providers, and commissioners in tailoring and implementing programmes that are more likely to succeed.

Context refers to the 'backdrop' conditions that can trigger or modify a mechanism to influence outcomes. These could be structural factors arising from the setting of the intervention, cultural and social norms and beliefs, and individual factors affecting the child or young person.

Mechanisms are underlying causal processes that, when activated within a particular context, produce specific outcomes – they explain both *why* and *how* outcomes arise. Mechanisms are believed to include two elements: the **resources** provided through an intervention (such as the information or support provided by the provider as part of the intervention), and the **reasoning or responses** – cognitive, emotional, or behavioural – of those involved.

Outcomes are the intended or unintended effects that occur from the interaction of context and mechanism. For example, these could be measurable mental health outcomes such as depression, anxiety, or post-traumatic stress, changes in self-perception and relationships, or subjective experiential outcomes. Uptake and sustained participation in interventions will also be considered as outcomes in our planned realist review, thereby addressing engagement with interventions.

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Examples of potential positive and negative CMO configurations

Positive example

Context: Young person has no trusting relationship with any adult

Mechanism (resource): Consistent, empathetic, non-judgemental support from the same practitioner

Mechanism (reasoning or response): Young person believes that it is safe to trust this adult

Positive outcome: Young person is able to form trusting relationships in the future.

Negative example

Context: Young person has no trusting relationship with any adult

Mechanism (resource): Empathetic, non-judgmental support from multiple practitioners with frequent changes

Mechanism (reasoning or response): Young person believes that no one in the intervention understands or cares about them

Negative outcome: Young person has a reduced sense of self-worth.

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Our realist review will be guided by the RAMESES standards (Wong et al., 2013) and will follow a five-step process:

1. Development of initial hypothesised programme theories
2. Development of search strategy
3. Study selection and appraisal
4. Data extraction, appraisal, and synthesis
5. Programme theory testing and refinement.

Screening, selection, and reporting will be guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidance (Page et al., 2022).

Our review will begin with the formulation of tentative programme theories. These explanatory hypotheses will outline the anticipated relationships between context, mechanisms, and outcomes regarding interventions for children and young people who have experienced CSA, addressing the questions: *How does it work? Why does it work? For whom does it work? Under what conditions does it work?*

These initial programme theories will be developed first within the project team, and then further refined with the Lived Experience Advisory Groups (LEAGs; one youth and one adult) and the Professional Advisory Group (PAG). These initial programme theories will then be iteratively tested against empirical evidence gathered through searches, and new programme theories will be developed if they are identified from the empirical evidence. The LEAGs and PAGs will again be

consulted as part of the process of theory refinement. The final result will be an evidenced set of programme theories, with evidence gaps identified.

Research questions

The overall main research question guiding this realist review is: **What works for whom, and in what circumstances, in relation to interventions to support children and young people who have experienced CSA?**

Identifying relevant literature

Search strategy and search terms

Key databases include 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 reviews, and additional hand searches based on theoretical insights that emerge during the identification and testing of the programme theories; we will also contact authors for additional information as appropriate. We intend to undertake grey literature searches such as 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. After an initial comprehensive search based on the initial programme theories, further purposive searches may be carried out iteratively to refine programme theories and test unanticipated programme theories, subject to limitations of the review's timeline.

The full list of search terms will be developed from the initial programme theories and may be added to iteratively as the review progresses (see Appendix). Terms that are no longer recommended practice in the UK are included to support a comprehensive search. Their inclusion does not indicate endorsement by the research team, whose work aligns with victim/survivor principles included in the international CSA Terminology Guidelines (ECPAT International, 2025:154). 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
Population	Children and young people aged 0-25[1] 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
Intervention	Post-CSA support 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
Outcomes	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
Time period	2010 onwards to align with policy changes relevant to UK context	Prior to 2010
Setting	High-income countries to ensure transferability of findings	Low- and middle-income countries

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1 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 National Institute for Health and Care Research's 0-25 age range criterion.

Criteria	Inclusion criteria	Exclusion criteria
Type of study	Any study design (qualitative, quantitative, mixed methods) and relevant grey literature including programme evaluations and process evaluations focused on interventions	
Language	English language only	Non-English

The search 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), and inter-rater agreement calculated using a kappa score. Double screening will continue until a kappa score of between 0.61% and 0.80% has been achieved, following which Reviewer 1 will complete all initial screening; 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 the theoretical interpretations.

Study records

Data extraction will be completed manually using a study-specific Excel template. Reviewer 1 will lead this process, with 20% of extracted data independently checked by a second reviewer (2, 3, or 4), with specialist support provided by Reviewer 5 until inter-rater agreement is achieved (kappa score 0.61–0.80).

Study and participant characteristics, intervention description (including key components and setting), explicit programme theory, and information relevant to hypothesised or new contexts, mechanisms and/or positive and negative outcomes of the intervention will be extracted. Where information about specific approaches is unavailable in sufficient detail, we will source additional descriptive articles (where possible) or contact authors. This phase will be directed by Reviewer 5, supported by other members of the review team.

Risk of bias assessment

In this review, all types of evidence from diverse sources (qualitative, quantitative, mixed-methods, grey literature) can be included if they offer insights into how contexts shape mechanisms and outcomes. In realist reviews, quality appraisal is not about excluding whole studies based solely on rigid hierarchies of evidence. Instead, the focus is on assessing the relevance and rigour of each individual piece of evidence to be used for theory building and testing (Dada et al., 2023):

- **Relevance** is whether the evidence can inform, refine, or test the developing programme theories
- **Rigour** considers whether the methods used to generate the evidence are credible and trustworthy.

We will do this as follows:

- For assessing **rigour**, we will use quality appraisal tools flexibly to assess whether we can 'trust the way the evidence was generated for the claims being made' by a careful review of the methodology, methods, reported findings, and its limitations.
- For assessing **relevance**, we will review the findings to assess 'does the evidence help to build, refine, or test a theory' by exploring which context-mechanism-outcome configurations the evidence relates to and its degree of contribution (e.g. an illustrative example or a substantive test of mechanism).

Information on **relevance** and **rigour** will be recorded on the Excel data extraction data form for transparency purposes.

Summarising the evidence

Data extraction will form part of the analytic process, with coding for contexts, mechanisms, and outcomes being carried out during extraction and coded sections of text being imported to the Excel spreadsheet. Data will be analysed retroductively, combining inductive and deductive reasoning to check the initial programme theories against the evidence and using abductive inference to hypothesise missing links in any programme theories and to generate new programme theories. Synthesis will be based on combining all the evidence for programme theories from across the different methodologies into an integrated explanatory framework that demonstrates what is known about the contexts, mechanisms, and outcomes for these interventions.

The evidenced framework will be formatted as theories of change for effectiveness of interventions for different populations and sub-groups of children/young people and parents/carers.

Specifically, our review is underpinned by the Health Inequalities Assessment Tool (Office for Health Improvement and Disparities, 2024 (formerly published through 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:

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

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

Registration

The research will be registered with the OSF and added to the Foundations website. This will be updated with outcomes at the end of the project.

Personnel

Personnel name	Roles/Responsibilities	Affiliation
Cath Harris	Database searches, deduplication, uploading to Rayyan	Information Specialist, University of Lancashire
Lucy Hives	Screening, additional searches (e.g. backward-forward screening, follow-up with authors); appraisal, data extraction, analysis and reporting	Research Associate, University of Lancashire
Jenni Kuroski	Screening, data extraction	Research Associate, University of Lancashire
Gill Thomson	Overseeing all key activities and providing support for junior staff including support in screening, appraisal, analysis and reporting	Professor in Perinatal Health, University of Lancashire
Jenny McLeish	Expertise in realist approaches – leading the discussions on developing initial programme theories, support in identification of key literature, data extraction, analysis and reporting	Health Services Researcher Consultant
Anita Franklin	Support in screening, data extraction check, appraisal, analysis and reporting, subject advisor	Professor of Childhood Studies, Manchester Metropolitan University
Helen Beckett	Subject advisor and managing Advisory Group input into the review	Professor of Social Policy and Social Work, University of Lancashire
Claire Soares	Analysis and reporting	Research Fellow, University of Bedfordshire

Timeline

Dates	Activity	Staff responsible/ Leading
Months 1–2	Discussions with project team/Advisory groups to develop initial programme theories	JMcL/GT/HB/AF
Month 2	Database screening	CH/JK
Months 2–3	Title/abstract screening	JK/AF/GT
Months 3–4	Full-text screening (and additional searches)	JK/AF/GT/LH/JMcL
Months 4–5	Appraisal and data extraction	LH/JK/GT/JMcL/AF
Months 5–6	Analysis and realist review reporting	JMcL/GT/LH/HB/AF/CS
Months 6–9	Overall synthesis with other work streams (Umbrella and narrative review, and stakeholder consultations). Final reporting	JMcL/GT/HB/AF/CS

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Appendix: Search terms

Search terms will those listed in the table below.

Terms for sexual abuse	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* 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
AND	**AND**
Terms for children or young people or parents/carers	Infant/ [MesH term] OR exp Child/ [MesH term] OR Adolescent/ [MesH term] OR exp Parents/ [MesH term] OR Baby OR Babies OR Boys OR Girls OR infant* OR preschool* OR pre-school* OR child* OR juvenile* OR teen* OR adolescen* OR youth* OR young people* OR young person* OR parent* OR carer* OR mother* OR Mum

████████████	OR Mums OR Mom OR Moms OR father* OR Dad OR dads