Feasibility of a survey on child abuse

Qualitative research findings

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This report presents the findings of a feasibility study to understand whether and how a national survey on child abuse could be conducted in the future. It was commissioned by the Office for National Statistics (ONS) to address a gap in the evidence base relating to the scale and nature of child abuse in the UK.

Presently, there is no single source reporting child abuse data and no surveys collect data directly from children about their experiences of abuse. Indicators of prevalence instead draw on different sources of information, such as self-reported data from adults about their childhood experiences. Furthermore, measuring prevalence is considered challenging for several reasons, including, for example, victims/survivors feeling unable to identify or report their experiences for fear of repercussions (Radford et al., 2011; ONS, 2019a).

Reflecting on this evidence gap, there have been calls on the government to implement a national prevalence survey on all forms of abuse and neglect of children. It is hoped that research in this area could inform the design, delivery and funding of services which are aimed at preventing and responding to child abuse by providing a robust estimate of the number of victims/survivors of child abuse; establishing a baseline against which change over time could be tracked; and providing up-to-date information about the scale and nature of different types of abuse (ONS, 2018).

Research aims

ONS commissioned the National Centre for Social Research (NatCen) to undertake a qualitative feasibility study to understand how a survey on child abuse could be run in future. The research focused on the following key areas:

- the different types of child abuse that should be included in a survey, and how they should be defined;
- the methods used to collect data, including who should complete a survey;
- the ethical considerations of collecting information about abuse from children;
- the support that should be put in place to help children during and after they have taken part in a survey; and
- how best to ensure children can accurately recall experiences and answer truthfully.

Methodology

The project comprised two phases of qualitative data collection. Phase one collected data from practitioners, and phase two collected data from children and parents. The study was planned this way to ensure that learning from phase one with practitioners could be incorporated into the more sensitive data collection with children and victims/survivors. It also helped to refine topic guides, recruitment materials and identify priority areas of interest for the second phase of the study.

In total, we carried out the following data collection encounters:

- five depth telephone interviews with research specialists and support organisation practitioners working with children who have experienced some form of abuse;

- one focus group with seven teachers from a range of secondary schools and sixth form settings;
- one focus group with nine parents of children with no known experience of abuse; and
- eight depth face-to-face interviews with children with no known experience of abuse.

In phase two, we also intended to conduct up to eight interviews with children aged 11 to 17 and one focus group with young people aged 18 to 25 with past experience of abuse, and one focus group with parents/guardians of children who had experienced abuse. However, a range of challenges arose when working with gatekeeper organisations to contact victims/survivors which meant we were not able to involve these groups in the study as planned. More detailed information on the recruitment and data collection approaches and limitations of the study are outlined in chapter 1 and appendix A.

Key findings

Benefits of a survey on child abuse

Participants highlighted a range of benefits of carrying out a survey on child abuse.

- Societal benefits included helping to develop a clearer understanding of the scale and nature of child abuse to support effective policy making and ensure that resources aimed at supporting victims/survivors and preventing abuse are effectively targeted.
- For individuals, benefits included developing an understanding of what constitutes abuse among children. Participants also suggested that it might enable some children to identify their own experiences as abuse and therefore offer an opportunity to disclose.

Areas of focus

Practitioners highlighted three factors that could inform complex decisions about a survey’s coverage. These included the intended use of the data, extent of existing evidence, and availability of shared and accepted definitions for particular types of abuse.

Areas of difficulty were also highlighted. For example, practitioners thought that concepts should be framed sufficiently clearly for children to understand the questions and ensure the questionnaire is not overly long. Suggestions to support this included delivering a survey in modules and starting with topics that might be considered easier for children to understand than more complex forms of abuse. This could help to get children used to a survey’s format, which could help them to engage later on in data collection focused on areas of abuse that might be more challenging for them to understand.

Survey scope and design

Participants discussed several considerations relating to who should be included in data collection and how a survey could be most effectively delivered. These included the following key findings in relation to age and accessibility, survey length and question design.

Age and accessibility

- Participants felt that including as wide an age range as possible would be beneficial in terms of gathering the broadest range of data. However, three key issues fed into participants' perspectives on the appropriate lower age limit for children's eligibility to take part in a survey. These were children's comprehension and comfort with the topic area, practical considerations around collecting consent, and perceived variation in the extent to which children of different ages might take a survey seriously.
- Practitioners also identified the need to facilitate accessibility, particularly for children with special educational needs and disabilities (SEND). One suggestion was to tailor survey questions to different age groups and cognitive abilities. For children with SEND, this could include supplementary tools or a separate survey.

Length of questionnaire

- Considerations relating to the appropriate length of a survey questionnaire centred on children's concentration and comfort levels. For example, participants felt that the amount of time that children were asked to focus on very sensitive topics should be contained for ethical reasons, to minimise the potential for harm. Potential implications relating to confidentiality were also flagged if, in providing detail about experiences of abuse, some children took noticeably longer to complete the questionnaire than others. One suggested way of overcoming this was to use questionnaire routing to manage potential variation in children's survey completion times, though how this would work in practice would need to be carefully considered.

Question design

- Participants' views on the scope and design of survey questions were sought to understand what an appropriate survey reference period might be, consider the language and terminology that could be used and explore question format.
- Views on these issues were mixed. However, they largely centred on collecting enough detailed information for a survey to be of use. Considerations around question design included: ensuring that the design of questions enabled children to respond honestly; encouraging understanding among children so that they could give accurate responses; and helping children feel comfortable and safe when participating.

Survey delivery

School was the main setting for survey completion considered by participants and was felt overall to be a more appropriate setting than others, including the home. Reported benefits were that schools were considered relatively safe environments where privacy could be managed and support offered. It was also considered practical and cost-effective in terms of facilitating access to the relevant population. Limitations of this approach included challenges in achieving a suitably diverse sample and pressures children might feel to participate in data collection.

Giving children choice, enabling them to feel comfortable, offering anonymity and privacy and ensuring access to appropriate support were other important delivery considerations. These factors fed into participants' views on what would be the most appropriate survey mode (paper or electronic, for example), when and how children should complete the questionnaire and who, if anyone, should be in the room with them during data collection.

Anonymity, consent and disclosure

Some level of anonymity was considered appropriate as long as children could receive support if necessary. Participants generally welcomed the approach of children being given the option to disclose identifiable information, with support signposted to all so that disclosure was not forced upon them. Complete transparency was felt to be a poor option in terms of children's wellbeing and for data quality, because the likelihood that children would respond truthfully was felt to reduce significantly if a survey required identifiable information to be provided.

Parent participants said that, as long as the research design was appropriate, it might not be necessary to notify or seek parental consent for children to participate in the survey, which would present risks for those children experiencing abuse at home. Key features of a research design and delivery approach that would mitigate parents' concerns included:

- a clear introduction and explanation for children delivered by a neutral researcher;
- enabling voluntary participation;
- appropriate survey format and question design; and
- preserving anonymity and confidentiality of responses.

Support

Ensuring children had access to appropriate support before, during, and after a survey was a fundamental consideration highlighted by participants across groups. Appropriate support provision included:

- clear information about the survey (including its purpose, what taking part would involve, that participation was voluntary, and any limitations around anonymity and confidentiality);
- support provided in and around the setting on the day of survey completion; and
- emotional support and aftercare, which participants suggested should be discreetly signposted to all children and offered on an opt-in basis.

Lessons and recommendations

Participants understood that a survey of this nature would have societal and individual benefits. They were generally comfortable with the topic and would be happy to take part in a survey in theory. However, participants identified a range of issues that would need to be carefully thought through before piloting or administering a survey of this nature. Minimising the risk that children would be negatively impacted by the survey process was key. This included concerns about children being placed at risk with adult/peer perpetrators of abuse who would know a survey was going to happen or had happened; being singled out at school for not participating; and having their own concerns ignited by discussion of abuse.

In addition to this, four key areas were highlighted as requiring further exploration before piloting a survey on abuse with children. They included:

- considering how to make a survey accessible for children of different ages and children with SEND. Views were mixed on whether one survey could be used for all children or whether supplementary/separate tools should be used, for example;
- agreeing an appropriate age range for inclusion and navigating practical and legal issues around consent for those aged 12 and below;
- giving further thought to the provision of support, who delivers it and how children can best access it, depending on their individual needs; and

- further consideration of how a survey might be embedded within schools' existing Personal, Social and Health Education (PSHE) programmes. This could enable schools to develop children's familiarity, understanding and comfort with complex and challenging topics related to abuse in advance.

Drawing on NatCen's expertise in carrying out survey research on complex and sensitive issues, we recommend that further work is also needed to fully explore issues concerned with sampling (to determine the survey population, sampling frame and design, and sample size needed to produce robust prevalence estimates) and data requirements (such as what socio-economic and or demographic information about young people and their families it may also be useful to collect through a survey).

Finally, the project highlighted a range of practical challenges in recruiting and involving victims/survivors of child abuse and their families in research, particularly when using opt-in, gatekeeper-led approaches to recruitment. Considerations for future research in this complex and sensitive area include:

- widening recruitment approaches to include a range of opt-in methods, drawing on communication and social media channels where appropriate;
- consulting with organisations working directly with victims/survivors of abuse to recruit eligible participants as early as possible to allow for streamlined collaboration on, for example, ethical governance, recruitment, and data collection; and
- consideration of other ways to support organisations, including for example visiting gatekeeper sites to explain the research to staff or carry out recruitment activities directly on site. Offering a financial incentive or honorarium to organisations to recompense them for their time could also support this.

1 Introduction

This report presents the findings of a feasibility study to understand whether and how a national survey on child abuse could be conducted in the future. This chapter provides an overview of the policy background and the research aims and methods.

1.1 Background and context to the evaluation

Evidence about the scale and nature of child abuse in the UK is limited. Currently, there is no single source reporting child abuse data, robust measurements are lacking and official statistics in the UK are limited in their coverage of child abuse (ONS, 2019a). The most comprehensive study of child abuse carried out in the UK to date is the National Society for the Prevention of Cruelty to Children's (NSPCC) 2009 study (see Radford et al., 2011). This study included over 6000 interviews with parents/guardians, children aged 11-17, and young adults aged 18-24, and highlighted the extent of child abuse at the time, suggesting that one in five children have experienced severe maltreatment. While these findings remain the most robust estimates of prevalence in the UK, they are increasingly dated, and reports based on this study continue to be cited almost 10 years after fieldwork was completed (e.g. Bullock et al., 2019).

Current indicators of prevalence draw on several sources of information, such as self-reported data from adults about their childhood experiences, and children's contact with support services (see ONS, 2019b for further details). However, measuring the prevalence of child abuse is challenging for a number of reasons. Abuse often goes unreported as it is hidden from view, it is sometimes difficult for victims/survivors and others to recognise abuse, and victims/survivors can feel unable to report their experiences due to fear about potential repercussions, for example (Radford et al., 2011; ONS, 2019a). In addition, no current surveys collect data from children on experiences of abuse due to challenges when asking children about topics of this nature. These include challenges around collecting informed consent, managing disclosure, and risks of re-traumatisation. As such, the available data does not fully represent the scale and nature of child abuse in the UK (ONS, 2019b).

In order to address this evidence gap, organisations including the Centre of Expertise on Child Sexual Abuse, the NSPCC, and the National Statistician's Crime Statistics Advisory Committee's Task and Finish Group have attempted to identify robust ways to measure the prevalence of child abuse in the UK (ONS, 2018). One of the Task and Finish Group's recommendations called on the Government to implement a national prevalence survey on all forms of abuse and neglect of children. It is hoped that research in this area could inform the design, delivery and funding of services which are aimed at preventing and responding to child abuse, by:

- providing a robust estimate of the number of victims/survivors of child abuse;
- establishing a baseline against which change over time could be tracked; and
- providing up-to-date information about the scale and nature of different types of abuse (ONS, 2018).

In response to this, the ONS Centre for Crime and Justice decided to conduct a feasibility study to determine whether and how a survey could be conducted effectively. The feasibility study focuses on five areas: coverage, methodology, ethical considerations, accuracy of data and cost. ONS carried out two strands of feasibility work prior to commissioning the qualitative research on which this report focuses. These were desk research on international practice in measuring child abuse, and data collection with key stakeholders to gather views and recommendations on implementing a survey.

1.2 Research aims

ONS commissioned the National Centre for Social Research (NatCen) to undertake a qualitative feasibility study to build their evidence base and explore these challenging issues in more detail. To understand how a survey on child abuse could be run in future, the research focused on:

- the different types of child abuse that should be included in a survey of this nature, and how they should be defined;
- the methods used to collect data, including who should complete such a survey;
- the ethical considerations of collecting information about abuse from children;
- the support that should be put in place to help children during and after they have taken part in a survey; and
- how best to ensure children could accurately recall experiences and answer a survey truthfully.

1.3 Methodology

All stages of the research were reviewed in detail and approved by two research ethics committees: the National Statistician's Data Ethics Advisory Committee, and NatCen's internal Research Ethics Committee. Additional ethical approval processes were undertaken for individual support organisations that supported recruitment to the research as gatekeepers. Further detail about all of the ethical approval processes is provided in appendix A.

The project comprised two phases of qualitative data collection. Findings from both phases are set out in this report. Insights from the first phase also informed the second phase of the study, including refinement of topic guides and recruitment materials. Due to its greater sensitivity, data collection involving children, parents/guardians, and victims/survivors was scheduled for the second phase of the study to ensure any learning from phase one could be incorporated.

Phase one: practitioners and teachers

This phase included interviews with practitioners, including a focus group with teachers. Data was collected between June and July 2019 and consisted of:

- five individual telephone interviews with research specialists and support organisation practitioners who worked with children who have experienced some form of abuse, lasting around 60 minutes; and
- one focus group with seven teachers from a range of secondary schools and sixth form settings, lasting around 90 minutes.

Phase two: children and parents

The second phase involved interviews with children aged 12 to 17 with no known experiences of abuse, and a focus group with parents/guardians of children with no known experiences of abuse. This data was collected between October and November 2019 and comprised:

- one focus group with nine parents, lasting around 90 minutes; and

- eight individual face-to-face interviews with children, lasting around 60 minutes.

In phase two, we also intended to conduct one focus group with young people aged 18 to 25 with past experience of abuse, followed by up to eight interviews with children aged 11 to 17 with past experience of abuse, and one focus group with parents/guardians of such children. However, as outlined in 1.4, a range of challenges meant we were not able to involve these groups in this research.

1.3.1 Recruitment

Participants were purposively sampled as far as possible, to ensure range and diversity across the study population. We monitored several characteristics throughout the recruitment and fieldwork stages, including professional roles, age, gender, ethnicity, and household composition.

Practitioners and teachers

To invite practitioners to take part in the research, we contacted organisations across the UK that support children and young people with experience of different forms of child abuse. Organisations that were able and willing to support the recruitment process identified eligible individuals among their staff, provided them with tailored information sheets which outlined the aims and purpose of the research and what would be involved, and asked whether they were interested in taking part. The research team then contacted practitioners to arrange a telephone interview at a time suitable for them.

We contacted teachers in two ways: through relevant membership groups and through local networks of teachers known to NatCen staff. Teachers who registered their interest were provided with information sheets via email and were invited to take part in a single face-to-face focus group.

Children and parents

We used a trusted recruitment agency to recruit children and parents/guardians of children with no known experience of abuse. The recruitment agency was provided with information about the study, including sampling characteristics to ensure diversity within the sample. Parental consent for children eligible to take part was sought before contact was made with children. Interviews with children were arranged to be conducted in participants’ homes and the focus group with parents was held at an accessible neutral location in London.

Our main approach to recruitment of children and young adults who had experienced abuse and parents/guardians of such children was through support organisations working with these groups. We approached over 50 support organisations for victims/survivors of abuse across the UK to help recruit across participant groups. Organisations that we contacted varied in terms of their size and profile: for example, some worked across the four nations; others delivered services in smaller, local areas. Organisations were also diverse in terms of their remit; some supported victims/survivors of all forms of abuse, while others focused specifically on child sexual abuse, for example.

Once organisations agreed to assist with the research, we worked with a senior lead (gatekeeper) at each organisation to support recruitment. These contacts were fully briefed on the study by the NatCen team and provided with all the relevant materials (such as gatekeeper briefings and information sheets) to discuss the research with potential participants in a clear and accessible way.

As previously mentioned, however, we were unable to recruit anyone from these groups. More information on the challenges faced and how we sought to overcome these is provided in sections 1.4 and 7.3.

Interview conduct

To enable fully informed consent, researchers provided detailed information about the study at the start of each interview/focus group and invited people to ask any questions about the research before deciding whether to participate. Researchers ensured that participants knew they could skip any question they did not want to answer without giving a reason and that they could pause or stop the interview at any point. Interviews did not include questions about participants' direct experiences of abuse or about the experiences of anyone known to them. Children and parents were all provided with contact details for a range of support organisations at the end of the interview.

Data collection was supported by tailored topic guides for each participant group. Topic guides were used flexibly to guide each interview and focus group, supporting consistency in coverage of the topics across members of the research team while also allowing researchers to respond to the individual nature, content and dynamic of each discussion. More information on the topic guides, and an overview of key themes covered, is included at appendix B.

We anticipated that levels of comprehension and concentration might be lower for the younger children involved, whereas older children would be more likely to engage with topics in more detail and for longer. We therefore used additional projective and enabling techniques to support the interviews. For example, vignettes were used with children to enable them to focus on abstract ideas and hypothetical scenarios.

Children were given a £20 voucher to thank them for their time, and parents and teachers were given a £40 voucher.

Analysis

With permission, all interviews were recorded and transcribed verbatim to support detailed analysis. Interview and focus group data were managed and analysed using the Framework approach developed by NatCen and embedded in the NVivo software package. In this approach, data is organised using matrices that enable thematic analysis both within and between cases, allowing descriptive and explanatory analysis to be undertaken (Spencer et al., 2014). Analysis explored the full range of experiences and views, interrogating data to identify similarities and differences.

Verbatim interview quotations are provided in this report to highlight themes and findings where appropriate. Care has been taken throughout the report to anonymise participants' views.

1.4 Challenges and limitations of the research

The study was robust in its design, including sampling, data collection and analysis, and this report provides an accurate account of the data collected. It is, however, a marker of high-quality research to acknowledge challenges and limitations that affect the findings in some respects.

There are two issues to note which related to the sample:

- The relatively small size of the sample for this study limits the extent to which findings may be generalised across the entire population. The research was commissioned as a small, exploratory study, with up to 21 research encounters planned. It provides important insight as a starting point for future work.

- A second limitation of the achieved sample relates to its geographical diversity. Practitioner participants' roles and remit covered work across the UK. However, the samples of children and parents were less representative in terms of geographic spread, as all were based in England.

The main methodological challenge for this research was that we were unable to recruit any children, young adults, and parents of children with known experience of abuse to take part, despite multiple and varied efforts. Particular difficulties with this strand of recruitment reported by organisations that we worked with included:

- concern that engaging in the research might take time away from service users' regular contact with support organisations;
- wider pressures on resources and staff time: some organisations were unable to support recruitment activities as a result of these. While these organisations acknowledged the value of the research and explained that they would like to help, it was not something they could necessarily prioritise over their day-to-day activities including, for example, providing important support to service users; and
- acknowledgement of the sensitive nature of the research topic and risks to potential participants of re-traumatisation, for example.

In light of these challenges, we used a range of approaches to widen participation over the course of the project. This included expanding the number of gatekeepers we were in contact with and lengthening the project timetable, for example. More detail and lessons for future research with this hard-to-reach group is discussed in more detail in chapter 7.

1.5 Outline of the report structure

The following chapters bring together the perspectives of practitioners, teachers, children, and parents/guardians, structured as follows:

- **Chapter 2** discusses participants' perspectives on the need for a survey of this nature;
- **Chapter 3** explores views on survey scope and design, including the overall parameters for a survey, views on the age range of participants taking part, survey length, and question design;
- **Chapter 4** describes practical considerations for a survey, including views on the preferred survey mode (e.g. paper or electronic) and administration approaches, such as the setting in which a survey would be completed;
- **Chapter 5** explores ethical considerations, including views on the anonymity, consent and disclosure issues to be taken into account for a survey;
- **Chapter 6** explores support and guidance requirements for survey respondents, as well as any wider support needed;
- **Chapter 7** provides conclusions and recommendations, including key considerations for survey administrators, recommendations to ONS and lessons for the wider research community.

2 Views on the value of a survey on child abuse

This chapter sets out participants' views on the potential benefits of a survey of child abuse, including its value overall as well as benefits for individual children who take part. It also explores findings from practitioner interviews on potential priority areas of focus for a survey.

2.1 Potential benefits of a survey on child abuse

2.1.1 Societal level benefits

Children, parents and practitioners said that a survey might help to develop a clearer understanding of the scale and nature of child abuse, which could help to set policy priorities and ensure that resources aimed at supporting victims/survivors and preventing abuse are effectively targeted. In addition, participants felt that having more information about the prevalence of abuse could result in a deeper understanding of trends and risks (such as frequency of abuse, and geographic areas and/or populations among which particular forms of abuse occur) that could help to facilitate prevention and disruption. Practitioners also noted that if a survey were repeated, it would enable measurement of change over time and might facilitate understanding of potential links between abuse types.

> *'I just like the idea of something that's raising awareness of the level and the extent of abuse that's out there, to help get a better understanding and start looking at ways of how to reduce that.' (Parent)*
>
> *'Being able to get a much clearer understanding of the nature of abuse, who it is perpetrated by, how much is actually going on – because they're doing such a lot of guesswork at the moment […] painting a much clearer picture on the scale and nature […] would be fantastic.' (Practitioner)*

2.1.2 Benefits for individuals

Participants across the sample thought that a survey could develop understanding of what constitutes abuse among individuals who took part. As well as the potential for a survey to help build all respondents' understanding and familiarity with key concepts and definitions, participants suggested that it might enable some children to identify their own experiences as abuse. While practitioners ultimately saw this as a benefit, they also acknowledged that in this context, it would be particularly important that children could immediately be directed to relevant support (as discussed further in section 6.1.3).

> *'If children have to answer questions about it, it will make them think 'is this something that isn't okay?'. By 11 they should know that anyway, but I guess there might be some children that are still not quite sure […] Often if you do any sort of survey it triggers people to then think about what they need to tell somebody. So that might be another benefit.' (Practitioner)*

Participants noted that a survey could give children an opportunity to disclose experiences of abuse (either within the survey or thereafter). As such, practitioners, parents and children felt that a survey might bring about disclosure by, and the subsequent safeguarding of, children who took part.

Practitioners and children also said that a survey could prioritise children's voices, by collecting information directly from them. One view among practitioners was that it was important to involve children so to avoid colluding with secrecy and shame that abuse could cause.

> *'Not asking children directly […] colludes with the silence and secrecy and shame around […] abuse. So I am a really strong advocate for asking children directly about their experiences […] I think that in itself is really good.' (Practitioner)*

In addition, children felt that a survey might:

- allow all respondents to feel they are contributing to something positive and helping others. These were primary motivating factors for children to be willing to take part in surveys more generally; and
- if it were anonymous, offer children an opportunity to 'offload' or unburden themselves in relation to topics explored in a survey without further repercussions.

> *'I've noticed people that do suffer from personal things […] feel like they can't talk about it, so maybe writing it down on a survey will help them because they feel like they're able to release what they want to say, what they feel they want to be heard.' (Child)*

While participants highlighted the range of benefits described above, it is important to acknowledge that there is likely to be an element of positivity bias in these views as compared with those of the wider population. The individuals we spoke to were willing to take part in this study, which suggests they may view research more favourably than the general public might. It is also important to note that participants had no known experiences of abuse. Both of these factors may have contributed to participants' positive reflections on participation in a future survey. Further work will be needed to understand whether and how the views about participation and disclosure reported here reflect those of a wider range of people.

2.2 Areas of focus

Practitioners varied in their priorities for areas of focus in a survey. There was general interest in improved evidence across the board – that is, there were no particular forms of abuse that practitioners would not welcome further evidence about.

2.2.1 Guiding principles for topic inclusion

Practitioners highlighted three factors that could, when considered together, inform decisions about a survey's coverage. These included the intended use of the data, extent of existing evidence, and availability of shared and accepted definitions for particular types of abuse.

Participants suggested that the intended use of the survey data should determine the focus of questions (which types of abuse would be covered, for example, as well as the level of detail asked for). Ensuring that data collection was proportionate to the purpose of a survey was discussed as a key ethical consideration: to minimise the burden that a survey places on them, respondents should not be asked to provide more data or detail than would be needed.

How data could add to existing evidence was a key consideration that practitioners also highlighted:

- Some felt that it would be important to cover forms of abuse captured within existing datasets to enhance understanding of these issues. For example, some would be keen to understand more about domestic abuse, which they said was regularly covered in social work data.[1]
- A contrasting view was that it would be beneficial to prioritise areas where existing evidence appeared particularly lacking, to fill gaps. Examples practitioners gave included peer-on-peer abuse, online abuse (including grooming and cyberbullying), child sexual exploitation, female genital mutilation (FGM) and trafficking. Another suggestion was to focus on types of abuse which statutory services asked about less consistently, such as sexual abuse, or online abuse involving children being asked to do something to themselves (which practitioners said tended not to be covered in, for example, questions that social work practitioners would typically ask children as part of investigations).

The final consideration was to prioritise areas of abuse that had been clearly defined and which had a statutory framework for responses, rather than those areas that did not. Criminal exploitation and trafficking were described as forms of abuse that did not have a shared definition of this kind, which practitioners said made it difficult to envisage how they would be included in a survey and to anticipate how the data would be used. For some practitioners, these two forms of abuse were lesser priorities for a survey for this reason.

> *'We haven't even defined some of those [types of abuse…] certainly not […] criminal exploitation. We're not talking with a single voice around definitions of what that is and what it looks like.' (Practitioner)*

2.2.2 Concerns and areas of difficulty

Two important considerations that practitioners discussed in relation to what could be included within a survey were ensuring that concepts could be framed sufficiently clearly for children to understand the questions, and managing the questionnaire's length.

Some practitioners felt that it would be more difficult to frame concepts such as emotional abuse and neglect in a survey context. Whether or not this would ultimately be feasible appeared unclear to participants and either way, they felt the questionnaire would need careful question testing and piloting, as explored further in later chapters.

Managing the questionnaire's length was identified as a particular challenge, particularly if all abuse types were to be addressed within a single survey questionnaire.[2] One suggestion was to deliver a survey in modules to build a body of evidence incrementally over time while keeping the questionnaire at a manageable length. This could be through a longitudinal survey following the same individual over time, or a series of cross-sectional surveys about different types of abuse with different groups of the population. Another suggestion was that beginning with a module about a type of abuse that might be considered easier than others for children to engage with– for example, online bullying – could help to get children used to the survey format and

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[1] Witnessing domestic violence or abuse is considered one type of child abuse, as set out by ONS (2019): https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childabuseextentandnatureenglandandwales/yearendingmarch2019#what-is-child-abuse

[2] More detail on length options and considerations is provided in 3.3.

requirement, supporting them to engage in further data collection activities on more challenging areas of abuse in the future.

> *‘They would get more comfortable with the idea that actually what we're saying and what we're telling people is actually quite important, versus getting all these different questions about all these different types of abuse thrown at them in one go.’ (Practitioner)*

However, this contrasts with the view outlined in 2.2.1 that it could be beneficial to align a survey with particular policy needs and focus on specific areas of abuse.

3 Survey scope and design

This chapter explores a number of key considerations in relation to the overall scope and design of a survey, collecting data directly from children. First, it examines which children could be included in terms of age and considerations relating to accessibility and appropriateness for children with special educational needs and disabilities (SEND). It then explores participants' reflections on survey design – including the overall length, level of detail that questions should go into, and question format options.

3.1 Overall parameters for a survey

This section explores participants' views on two key parameters relating to the potential survey sample: the age range of children who could be included, and considerations relating to accessibility.

3.1.1 Participants' age

Participants were generally comfortable with the idea of children aged 11-18 years being included in a survey. One view was that including as wide an age range as possible would be beneficial in terms of gathering the broadest range of data.

> *'If it's framed in the right way, any kid at any age would [be able to] access some […] questions about this topic and then you would find out different things, depending on how you frame it. I think it would sit very nicely alongside PSHE within secondary schools.' (Practitioner)*

In terms of the upper age limit for eligibility, one view among practitioners was that it would be beneficial to include over 18s to capture more accurate data on grooming and child sexual exploitation in particular, as challenges in recognising this type of abuse meant that the highest reporting rates were among young adults.

Three key issues fed into participants' perspectives on the appropriate age requirement for eligibility to take part in a survey on abuse: children's comfort with and comprehension of the topic area; practical considerations around consent; and perceived variation in the extent to which children of different ages might take a survey seriously.

Comprehension and comfort

Practitioners, parents and children felt that most children of secondary school age would understand some concepts relating to abuse, particularly if they were carefully framed within the survey questions (as explored further in 3.4.2). Some parents also suggested that a survey could be appropriate for children younger than 11, because topics relating to abuse start to be addressed in primary school.

Children who participated in this research (who were aged 12-17) said that they would be willing to take part in a survey of this nature and that they would have done so when they were younger.[3] However, they had mixed views on whether other children's levels of comfort would vary by age. Some felt that younger children (generally classified as those up to 12 or 13 years old) might be more comfortable than older children who they suggested tended to feel embarrassed about sensitive topics. Others anticipated that

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[3] These children had no known experiences of abuse, and were (by virtue of their participation in this study) familiar with being involved in research.

younger children could ‘feel really scared’ if answering a survey would mean disclosing experiences of abuse.

Considerations around consent

Practitioners noted that the law relating to research involving children would be an important practical consideration for a survey. For example, one view was that it might be more practical for the lower age limit to be 13 rather than 11 as, under GDPR, parental consent would not be required and a survey would therefore be simpler to administer. Considerations around parental consent are discussed further in 5.2.1.

Children’s ability to engage with the activity seriously

A more complex picture emerged in relation to children aged 11 to 18 being able to properly engage with a survey. Some practitioners, particularly teachers, felt that 13- and 14-year olds would be the most challenging age group in terms of taking a survey seriously. This was an issue that could affect data quality, as children who did not appreciate the importance of a survey would be less likely to respond truthfully.

> *‘From experience, trying to get Year 7 or like a group of Year 9 boys talking about FGM, […] they just don't understand the gravity of it at all. The [lesson content about] grooming, […] all that stuff, ends up with them around the corridors going, 'Stranger danger, stranger danger!' […] It's hard.’ (Practitioner)*

Conversely, children under the age of 13 and aged 15 and above were described as tending to be less influenced by their peers, and therefore more likely to engage with a survey and take it seriously. However, practitioners noted challenges across age bands and suggested that engagement would depend on how questions were phrased and how a survey was framed and presented overall.

> *‘I reckon 15 and above, I think the students start to mature more and there's a sense of self that they move away from […] being overtly influenced by their peers to start to develop their own individual personalities. So, I think 15 would be the age group that I would say that this would be most effective.’ (Practitioner)*

Tailoring survey questions to different age groups

People had mixed views on comprehension among different age groups. Some held the view that questions should be the same across all included ages, and that questions that were accessible to younger children would be suitable for older children too. Others felt that questions should be tailored to different groups (with, for example, those for children aged 11-13 focused on safety, and those for older children focusing more explicitly on identifying abuse). This related to the kind of language that participants felt to be age-appropriate for younger children: a focus on safety was described as ‘less inflammatory’ terminology.

Regardless of the approach that was taken, a key consideration for the survey administrator would be the need to ensure language is clear and comprehensible. This could include, for example, ‘operationalising’ concepts by avoiding jargon or abstract terms and using simple language and straightforward examples to aid understanding. This is discussed further in section 3.4.2.

3.1.2 Accessibility

Practitioners also identified the need to facilitate accessibility, particularly for children with SEND (including children whose development may have been impacted by abuse experiences). Participants noted evidence that children with SEND are particularly vulnerable to abuse: ensuring a survey would be accessible to them and the resulting data captured their experiences was therefore considered particularly important.[4]

One view was that a survey should be designed to accommodate all needs and abilities, including those of children with SEND. Another view was that either supplementary tools or a separate survey should be developed for children with SEND as it might be difficult to develop a single survey instrument that worked well for both groups of children. One suggestion was that tools like visual aids and Velcro boards could support children to use touch rather than verbalising responses – something that would need specialist input to design and administer and would not be relevant or necessary for all children. Such approaches would need to be carefully thought through so that children who could benefit were properly identified. They would also have cost implications requiring consideration.

Practitioners also highlighted the need to consider children's cognitive ability and support needs, rather than age band alone, when determining eligibility for participation in a survey. While age could be appropriate to determine eligibility for neurotypical children, there might need to be some flexibility in the age range of children with particular forms of SEND who would be able to take part in a survey.

3.2 Length of survey questionnaire

Considerations linked to questionnaire length centred on children's concentration and comfort. They also related to potential implications relating to confidentiality if follow-up questions about abuse experiences increased the overall length of a survey for victims/survivors.

Participants' suggestions for survey length ranged between 20 minutes and an hour for children to complete it. Children's ability to concentrate was a key consideration for suggestions around the length; practitioners also noted that the amount of time that children were asked to focus on very sensitive topics should be contained, for ethical reasons.

Participants in all three groups highlighted that children's confidentiality could be compromised if, in providing detail about experiences of abuse, they took noticeably longer to complete the questionnaire than other children. If those who said they had experienced abuse were asked follow-up questions, the time they would take to complete the survey would increase. This would be evident to onlookers if children were completing a survey with others in the room or were known to be taking part at a particular time.

Some parents suggested that this risk could be mitigated in part if a survey were less complex and comprised high-level questions only. If children answered the same number of questions regardless of what experiences they reported, all respondents would take about the same time to complete the survey.

As an alternative, practitioners suggested that questionnaire routing could be used to manage potential variation in children's survey completion times. The questionnaire could, for example, be structured in such a way as to map the abuse types each respondent had experienced before moving on to more detailed questions. Children who reported experiences of several different types of abuse could then be asked follow-up questions about only a limited number of these (rather than having to respond

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[4] This is supported by the wider literature – for example, Ward and Rodger note that children with SEND are acknowledged as being at greater risk of sexual abuse than non-disabled children (Ward, M. and Rodger, H. (2018). *Child sexual abuse in residential schools: A literature review*. London: Independent Inquiry into Child Sexual Abuse).

in the same level detail for everything, which would take much longer). The abuse types that more detailed questions would focus on could be selected according to a set order of priority (for example, reflecting their severity), or routing could be done at random to facilitate more diverse coverage of all abuse types across a survey sample.

In terms of survey questionnaire design, this would mean asking a series of screener questions to identify experiences of abuse and then more detailed follow-up questions. This approach is used successfully on several other surveys including, for example, the Crime Survey for England and Wales. Key issues to be considered include, for example, how an incident would be defined, and whether and how to select incidents/types of abuse for more detailed follow-up. These rules would then need to be pre-specified in an algorithm as part of the survey questionnaire. If, however, a survey were administered using a paper self-completion questionnaire, this type of selection would not be practical as the instructions would be complex, leading to error and/or survey dropout.

3.3 Question design

The following section explores participants' views on the scope and design of survey questions. Participants discussed how questions could enable children to respond accurately and honestly. They also considered how questions could affect children's comprehension and comfort (including the risk of re-traumatisation of victims/survivors as well as general upset for any children who took part).

3.3.1 Survey reference period

Practitioners' and children's interviews included discussion of the time period survey participants should consider when answering questions about abuse (the survey reference period). They were first asked to consider two main options: limiting the focus to a period of 12 months, or asking children to answer in relation to their whole lifespan. Participants' views on the potential implications for respondents' recall and comfort of each of these approaches are discussed below.

'At any time in your life' or 'within the last 12 months'

Practitioners generally felt that asking about the child's whole lifetime would work best in terms of respondent recall and data capture – ensuring that as much information about child abuse as possible could be collected and used to inform policy. Some children also said that it was easier to reflect on experiences across their whole lifespan than recall what had happened within a specific timeframe.[5] While significant events and experiences stood out in their memories, children said they might not remember the specific timing of those events, which could reduce the accuracy of what they included if asked about a set period.

As well as ensuring that a survey could capture the full range of their experiences, some children felt that asking about abuse at any time in respondents' lives would better support disclosure. This was because the broad timeframe would support children to include any abuse they had experienced in their survey responses.

However, some children suggested that it would be preferable to answer questions about the last 12 months because they would not have to reveal as much about themselves. They felt that children might be more likely to want to disclose recent or ongoing abuse because it still felt relevant to them. In addition, they felt that children

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[5] It is important to bear in mind that these were the views of children who had not themselves had known experiences of abuse, which may differ from those of victims/survivors.

might not remember past events over their whole lifespan as clearly as those that had occurred within the past 12 months. Finally, some speculated that wanting to put negative experiences behind them would limit recall and that this could cause children to worry about ‘getting it wrong’.

> *‘If it has happened over a year [ago] a child is less likely to talk about because it's in the past and they've forgotten about it and they want to erase it from their memory.’ (Child)*

Alternative options and additional considerations

One alternative suggestion made by children was that focusing on the preceding two years would be a comfortable timeframe for most children in the 11-18 age range and would capture more information than focussing on the last 12 months. (This timeframe was not explicitly presented to all the research participants, however, and limitations explained above in relation to the option of focusing on 12 months are likely also to apply to this timeframe.)

Practitioners highlighted three additional considerations:

- The timeframe would need to be limited if a survey sought to ask about the sequence or order of events. Practitioners highlighted that this kind of detail would be challenging for victims/survivors to recall, and that as such, it would be preferable to avoid asking questions about sequencing.
- Some felt that start and end dates were important to capture to help understand the severity and persistence of abuse, particularly as they noted that duration of abuse is a big determinant of outcomes for children. Others, however, felt it would be difficult for children to recall specific points when things had happened, though this would likely depend on the level of granularity required. For example, it might be enough to capture patterns, rather than exact dates, by asking participants to select a statement that best described the pattern of abuse.
- It would be important to capture whether abuse had ended or was ongoing, to give a rounded understanding of its nature. If disclosures of abuse were passed on to relevant agencies for formal response, (an option explored further in chapter 5), it would be important to know whether the abuse was ongoing to inform assessment and referral decisions.

Existing evidence on ideal survey reference periods highlights the need for careful consideration of these issues and piloting of survey options. For example, Tourangeau et al. (2000) summarised research looking at the impact of the length of the reference period on recall. Studies show that the number of items reported declines with a longer reference period; however, for rarer events, longer timeframes are needed to capture infrequent behaviour (Crossley and Winter, 2012). Abuse may be a rarer event, though occurrences of abuse may be temporally clustered. The use of temporal landmarks (such as birthdays) has been shown to improve reporting, as shown by, for example Thompson et al. (1996). This strategy is used on longitudinal surveys, such as birth cohort studies including the Millennium Cohort and 1970 British Cohort Study, where data collection takes place periodically, with gaps of anything from two to ten years.[6]

3.3.2 Language and terminology

Participants in all groups noted that a survey needed to be worded clearly to aid understanding. ‘Operationalising’ concepts and asking about them in simple language

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[6] Further information about this study is available at https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study.

– without reliance on jargon or formal terms – could make them accessible for all respondents. Practitioners suggested that this might also enable a survey to include particular forms of abuse that would be harder for children to recognise. Examples included grooming (which was described as particularly difficult to identify in its early stages) and inappropriate sexual relationships (that children might feel they were able to consent to and would not therefore define as abusive themselves).

> *‘Some of these words are quite big and scary, but I imagine the ways you could ask questions would be like operationalised behaviours, 'Has anybody ever cut any part of your body? Has anybody ever persistently upset you?' So I think getting away from the jargon would be really helpful, I'm sure that's what these people will be doing anyway, but I think even that word bullying, you would assume that maybe some kids would know what it is. You might be missing kids by using that word, so you'd have to really operationalise it.’ (Practitioner)*

One view among children was that ‘operationalising’ concepts would be particularly important for younger children to avoid misinterpretation of terms or concepts such as neglect. Consideration should also be given to children whose first language is not English and, as mentioned previously, children with SEND and other needs.

> *‘Younger children, who might not know as much [about neglect], they might think, ‘Oh, I'm not getting loved enough. I must be getting child abused’, when in reality, they're not.’ (Child)*

Reflecting on the language that was used in the example questions discussed in 3.4.3, however, some children found some terms (such as ‘beat’, ‘hit’, and ‘kick’) quite ‘strong’ or ‘vicious’ and suggested this language could be softened. As such, careful consideration would need to be given to the choice of language as part of the questionnaire design, to reduce the risk of survey respondents skipping questions and omitting data on particular types of abuse.

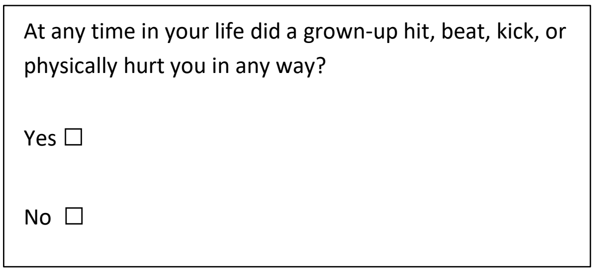
3.3.3 Views on question format options

Children and practitioners were asked to consider two ways of setting out questions using as an example the question about physical abuse provided below. One version of the question (Figure 1) brought together the subtypes of physical abuse to ask the respondent to say just once whether or not they had experienced any of these. Figure 2 shows the second version, which separated out specific types of physical abuse, asking respondents to say yes or no to each in turn.

As noted in 2.2.1, one view was that the question format should reflect the level of information required for research purposes. If, for example, the individual types of physical abuse would be analysed or reported as a single category, asking about them separately would not be necessary.

Grouped question format

Figure 1 – Grouped question format example



At any time in your life did a grown-up hit, beat, kick, or physically hurt you in any way?

Yes ☐

No ☐

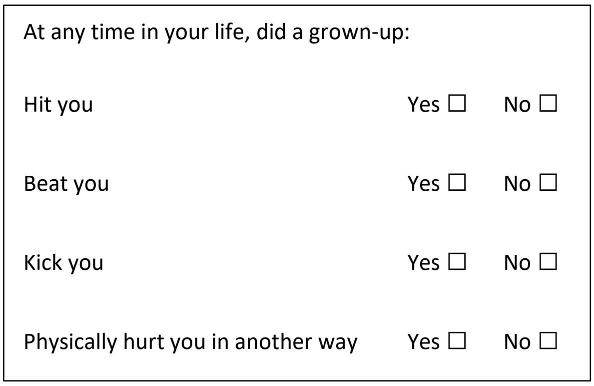
Four benefits of the grouped question format were identified:

- It could be quicker to answer, aiding concentration and reducing the risk of victims/survivors being identified by others because children could move through their answers more quickly;
- It was felt to aid comprehension, because each term was contextualised alongside other forms of physical abuse. Participants suggested that even if a child did not understand each specific abuse element within the group, the categorisation of the subtypes would help them understand the group as a whole;
- Reading through the abuse types together might feel less confronting and off-putting, reducing the emotional toll on children who had experienced abuse; and
- The grouped question format would also require less specificity from respondents, which many considered positive. Participants felt that children might feel less exposed if answering 'yes' to a group of abuse types rather than being more specific, which some children felt would aid truthfulness.

However, others felt that the longer paragraph could be harder for children to understand and noted that the richness of the data that was collected would be reduced.

Separated question format

Figure 2 – Separated question format example



At any time in your life, did a grown-up:

Hit you	Yes ☐	No ☐
Beat you	Yes ☐	No ☐
Kick you	Yes ☐	No ☐
Physically hurt you in another way	Yes ☐	No ☐

Two potential benefits of this approach were highlighted by participants. These were that more detailed analysis would be produced from these data, and that shorter sentences could aid comprehension among children – though as noted below, views were mixed on this.

Five key challenges were identified:

- Some felt that the separated format was harder to comprehend and concentrate on, because each individual category had to be read and carefully considered in turn:

  '[Figure 1] is easier to concentrate [on] because it's just you've got to take in one thing […] I feel maybe they might lose focus as they're going through [separated questions].' (Child)

- It could be confusing if concepts were similar or overlapping (for example, participants queried whether children would necessarily know the difference between 'hitting' and 'beating');
- The questions could have a 'building' effect for child: facing a series of questions about a particular form of abuse could prolong or incrementally increase distress (including among children who had not experienced abuse who might nonetheless find it difficult to think about);

- This format might increase the time that would be needed for children to respond, which would have an impact both on respondent fatigue and, as mentioned earlier, on how obvious it would be to others in the setting that children had experienced abuse; and
- The data may be excessively detailed, as forms of physical abuse would be categorised the same way in safeguarding responses.

  ‘How specific this is, I don't necessarily think it's a good thing. Obviously, in some cases it's important there are specific details, but whether someone has been hit, beat or kicked, all of that is covered under ‘physically hurt you’. Whichever of those it is doesn't actually make a huge difference to the problem itself, because they're all serious forms of physical abuse.’ (Child)

Combining approaches

Both practitioners and children suggested that a survey might use both the separated and collated approaches to format questions, as each may be more appropriate for particular types of abuse. Children also noted that variety within the questionnaire might aid concentration.

Children also said that they liked the idea of phased questions, with a less specific version (the grouped format) being asked of all children, with an optional follow-up question for those answering ‘yes’ to collect more detailed data where appropriate. This could feel less abrasive for children, particularly if they could choose to skip a question if they wanted to. As set out in more detail later in this chapter, this could however be problematic from a measurement point of view; there is a clear trade-off between survey response and data quality.

3.3.4 Options to define and enhance questions

It is generally accepted in survey research that, if definitions of terms and words are required, they should be included in the wording of the relevant survey question. However, participants expressed mixed views on the value of including definitions, images, and audio in a survey as approaches to enhance understanding, as outlined in Table 3.1.

Table 3.1 – Question definition and enhancement options

Option	Benefits	Drawbacks	Further considerations
Providing definitions of key terms	Some children felt that providing definitions of terms used within a survey would support children's independent comprehension.	Definitions could be distracting, stopping children from focusing on answering questions.	Views on the extent to which definitions should be provided were varied: some felt that only overarching terms (such as 'physical harm', for example) would need defining; others felt words like 'hit' could be interpreted variously and should be defined. The placement of definitions would need careful consideration. One option would be to explore 'hover-over' or 'pop-up' options if the survey were electronic, though we know from experience of other surveys that people do not use these consistently and can find them distracting. An alternative idea from practitioners and parents was that children's understanding could be developed in advance in lessons on topics that would be included in a survey thereafter. This could support children's comprehension of the survey questions. (This idea is discussed further in chapter 6.)
Using images	Practitioners and some children felt that visual resources could be used to clarify concepts for children and aid understanding.	Children felt images were likely to induce flashbacks for children with experiences of abuse. Others felt that they were simply not necessary and could serve to lengthen or overcomplicate a survey. Depending on style, they could make the questionnaire look 'more kiddish or not as important', which could impact on engagement and participation.	If used, the content, style and placement of images would need to be carefully considered.

Using audio	Practitioners suggested that using audio within the survey software could support children’s comprehension – for example, using software that could read questions aloud to children. Some children felt that audio or video could help children understand a survey (including younger children and those with dyslexia, for example).	Some children did not think this would be a necessary addition – they felt the questions would be clear enough in written from.	Children generally did not appear to be considering those with SEND in considering this option, though they did consider that younger children would have higher needs in terms of comprehension and that audio options might therefore be useful in some cases.

3.3.5 Level of detail questions could address

Practitioners were asked specifically about the level of detail that questions could ask children for and said that it would be useful for frontline services, for example, to have information on the timing, frequency, and location of abuse, and about who was involved. If a survey were delivered in such a way that disclosures of abuse could be followed up, this kind of information would need to be captured in order for investigation to be undertaken. Otherwise, it was considered useful to gather information on, for example, types of perpetrators and particular settings in which abuse took place, to add to the evidence on the nature of abuse. It was also felt to be important (for both disclosure and data analysis purposes) to capture whether abuse was recurrent and/or still happening, as duration is a big determinant of outcomes for children.

Participants reflected on the potential benefits and challenges of asking for additional detail on where, when, and how often the abuse happened, and who was involved, using the examples set out in Table 3.2.

Table 3.2 – Levels of detail questions could explore

Dimension	Least specific	→	Most specific
Where it happened	‘In a public place’ or ‘In a private place’	-	Specific named places (‘at home’, ‘at school’, etc.)
Who was involved:	‘An adult’	‘A family member’	‘A parent’
When it happened	‘In the last year’	-	Specific months/timeframes
Frequency	‘Once or more’	‘1 to 5 times’ ‘6 to 10 times’ ‘11 times or more’	A precise number of times

Practitioners noted that it would be challenging for children to recall frequency of abuse specifically: banded options were therefore considered appropriate.

For the other dimensions set out in Table 3.2, specificity of response options was felt to be important for children’s comprehension, as well as for data quality and (if applicable) safeguarding or prevention responses. For example, for questions about where abuse took place, practitioners noted that asking if the abuse happened ‘in a public place or in a private place’ would be open to interpretation – one example was that some children might describe a toilet as private, no matter where it was located.

On the other hand, participants felt that requiring specificity in their responses might increase children’s apprehension, particularly in relation to questions about who was involved, related to fears about possible consequences such as getting the perpetrator of abuse into trouble or disrupting their lives further.

> *‘If they have to identify that it could possibly be a parent or a family member, a lot of young people would be very scared to do that […] because they would be worried that they're going to get a parent into trouble. You don't know what the parents have been telling the young person, [… or] what's going on in that household for that young person.’ (Practitioner)*

One suggestion was that a less specific way of identifying a perpetrator could be something like choosing between ‘a family member who lives with me’ and ‘a family member who does not live with me’, which might help children respond more truthfully.

Practitioners suggested that questions could take a tiered approach, with less specific responses routing through to a follow-up question with more specific response options, including a ‘prefer not to say’ option. This approach was discussed with children in their interviews and was welcomed, as noted in 3.3.3.

> *‘I'd suggest a tiered approach. In true trauma-informed style, I'd be giving children choices around that, as well. Saying, 'This is our top line. This is the second tier of questions we've got, and this is the third tier. You get to choose at what point we say stop in any of this, or if you don't even want to think about any of those others, that's absolutely fine as well’ […so] actually really preparing children.’ (Practitioner)*

3.3.6 Risk of re-traumatisation

It was not possible to speak directly to young people with lived experience of child abuse (as discussed in 1.4). However, practitioners were asked to reflect on ways in which the question design might impact on re-traumatisation of children who had experienced abuse. One view was that this would be a risk regardless of how questions were laid out and the level of detail that they asked children to consider.

> *‘Thinking about times when they have been abused, during that questionnaire, it can be similar to PTSD, so there's always a chance of retraumatising with whatever we're asking [regardless of question style]. It would be the same, yes, because that young person will still have that same memory of the incident.’ (Practitioner)*

Others felt that providing appropriate support (as discussed further in chapter 6) mitigates this risk.

> *‘I personally don't think people get traumatised by the question. I think it's the adults around them who freak out and think that they're going to be traumatised by the question [...] I wouldn't say it's a good enough reason to not ask a kid a question because we're worried it will be traumatising. I think it's a much more preventative, safer option to risk the fact that a child may get upset when we ask them the question and then work out how we support them.’ (Practitioner)*

Practitioners also noted that research evidence on disclosure shows that those suffering abuse often want to be asked about it and have their experience named. Upset caused by being asked about traumatic experiences can be considered to be worthwhile in such circumstances. This is because victims/survivors themselves benefit from breaking silence about their experience, and because doing so could help others.

> *‘Often, it is found that whilst it is a bit upsetting, there's other benefits of being able to actually talk about it, and report it, and possibly help other children thereby avoiding this sort of abuse. It's an important reason why children choose to take part […] the fact that they have gone through this abuse itself, and possibly are still in that situation, is a lot more upsetting than [answering] these questions!’ (Practitioner)*

4 Survey delivery

This chapter sets out practical considerations for delivery of a survey. It examines participants' reflections on options relating to survey setting, mode, and administration approach, including when and how children should complete the questionnaire and who, if anyone, should be in the room with them during data collection. The implications of these design decisions on key factors such as children's confidentiality, comprehension, and comfort are examined throughout.

4.1 Practical considerations for a survey

4.1.1 Setting

Participants across groups were asked to reflect on what the most appropriate settings for survey delivery might be. This included schools, (as suggested by ONS) as well as any other participant suggestions.

Benefits that participants identified in relation to carrying out a survey in a school setting were that it was considered a relatively safe, supportive environment where privacy could be managed. This was a key consideration for participants: answers need to be concealed from others in school (including staff), who could potentially be perpetrators of abuse. Practitioners also considered delivery in the school setting to be practical and cost-effective in terms of facilitating access to the relevant population. Additionally, the school setting would be preferable to a home environment because children could access formal sources of support then and there if needed (as discussed in section 6.1). Given that abuse could be perpetrated in both the school and the home, however, the preferred setting was not always clear for participants.

Limitations mentioned by practitioners can be categorised as those relating to the sample and to individual children. Sample limitations were that:

- particular schools may be less willing to participate because of concerns about the sensitivity or appropriateness of the topic. Religious schools were given as an example where there might be reluctance to discuss sensitive topics such as abuse with children. In addition, the resource required to support the delivery of a survey may be too great for some schools (especially when inundated with requests to participate in research);
- it would be limited by who attends school. For example, young adults would need to be reached another way if they were included; free schools and children who are home-schooled would also need to be reached;[7] and
- it would be dependent on school timetables and their ability to accommodate the research. For example, one view was that it would be difficult to convince schools to grant access to pupils at any time in Year 11 as GCSE exams are their priority.

Related to this, it was noted that schools tend to experience surges in disclosures at particular times of year, such as after summer holidays. The timing of a survey would need to be carefully considered in this context to ensure it could be accommodated and would not place too great a burden on schools and/or children themselves.

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[7] Free schools operate on a not-for-profit basis and can be set up by groups like charities, universities, independent schools, community and faith groups, and businesses. Unlike local authority-run schools, they do not have to follow the national curriculum. See https://www.gov.uk/types-of-school/free-schools

Additional limitations affecting children were:

- that they might feel pressured into taking part in a survey in a school setting; and
- issues around privacy and confidentiality: children might have concerns that staff and/or peers will see their responses.

Practitioners suggested alternative settings, including support services (such as local authorities or social care services), health settings, and youth clubs, though they acknowledged that this would present challenges to recruitment and administration of a survey and potentially achieving a diverse sample. One suggestion was a twofold approach using both school and support service settings. The practicalities of this approach (including, for example, how settings would be accessed, how children would be sampled, and when and how they would complete a survey) would need to be very carefully explored.[8] [9]

4.1.2 Preferred survey mode

Participants across the groups discussed whether it would be preferable for a survey to be delivered electronically or on paper. Though participants highlighted that there would be resource issues with administering a survey electronically, there was broad agreement that this approach would be appropriate for reasons of convenience, confidentiality and security, as well as practical considerations such as legibility of children's responses and ability to signpost immediately and discreetly to relevant support. Familiarity and comfort were also perceived benefits – for example, one view among children was that completing a survey electronically would feel less like a written test.

> *'I think most people would prefer it online because it feels less like a test; it feels less like there's a right or wrong answer.' (Child)*

A key factor underlying participants' decisions on survey mode was privacy: mitigating the risk of responses being overlooked was considered crucial. For a self-completion survey, children preferred to complete it on a tablet or on paper to completing an electronic survey on a standard computer monitor because the larger screen could be too visible.

While some prioritised anonymity and privacy and so preferred self-completion approaches, one view among children was that, for victim/survivors, sensitive topics would be better dealt with through interviewer-led rather than self-completion surveys because it would feel more personal.

> *'I imagine if someone has gone through it [abuse], you're not going to want to just be ticking boxes about what you've gone through.' (Child)*

Finally, practitioners noted that the survey mode may differ for children with SEND, many of whom were considered likely to require one-to-one support, either to complete the questionnaire or to prepare to do so by discussing the questions in advance. This would clearly affect these children's confidentiality, their data quality, and the burden placed on the survey setting.

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[8] The challenges we faced in recruiting participants for this study via relevant support organisation settings suggests that the feasibility of recruiting survey participants through such gatekeepers would need further exploration.

[9] It should also be noted that different sampling approaches (e.g. dual sampling frame or multi-stage approaches) have implications for survey weighting, analysis and interpretation of findings.

4.1.3 Survey administration approach

Overall, children were unclear on whether or not other children should be in the room while completing a survey. They acknowledged that children who had experienced abuse might find it challenging to be present with their peers while doing a survey, even if their responses were confidential. However, a contrasting view was that ‘it might help to see other children who have gone through the same kind of thing’ (though how this would be known if surveys were anonymously completed was not clear from children’s accounts).

Views relating to adults being present in the room are discussed in section 6.1.

There were mixed views on where and how a survey should be completed within a school (or other preferred setting). Suggested approaches included independent completion within a specified timeframe, in individual appointments, and under exam conditions in small groups, classes, or larger groups. Views on each of these, including perceived benefits and disadvantages, are discussed below.

Independent completion within a specified window

Participants suggested that children could be provided with tablets or paper questionnaires and asked to complete a survey independently, wherever they chose, within a set period (suggestions ranged from 30 minutes to a day). Giving both schools and children themselves choice about how children completed a survey was seen as positive, but there were potential issues around lower response rates, loss of equipment (if a survey were administered via tablets), access to support, influence by peers, and risks to children by perpetrators of abuse outside the school setting.

Having computer room time with school staff present was another option suggested by practitioners. However, practitioners preferred the idea of children using tablets rather than computers for reasons of privacy (echoing children’s preference on this). They noted that hardware would need to be provided by the survey administrator to ensure equal access across schools, so as not to exclude schools with fewer resources. Our experience of delivering large-scale surveys indicates that providing children with tablets and other equipment would not be economically viable in most cases.

One-to-one completion

Delivering a survey individually with a trusted member of staff was regarded as potentially useful in supporting children’s privacy while providing appropriate supervision and support. This was because the risk of others in the room seeing children’s responses, or witnessing anybody getting upset, would be minimised. However, parents and practitioners highlighted two key limitations of this approach. One was that it would be time- and resource-intensive for schools to administer a survey in this way, because a member of staff would be required to supervise survey completion for much longer than if children completed it in groups.

The other limitation related to risks to children’s anonymity. One view was that, because questionnaires would be submitted one at a time rather than all together, children might worry that their responses could be linked to them, which might affect their willingness to respond truthfully.

> *‘They might then feel as though they're being singled out […]. If they go in there individually and they do it, they think, 'They must know it's me'.’ (Parent)*

A second risk to anonymity was that children’s peers were more likely to know that they were completing a survey. As discussed, if children were seen to take longer to complete a survey, their peers might suspect they had more experiences of abuse to report. Additionally, children who were victimised within school settings might be placed at greater risk of retaliation if the perpetrators of their abuse knew they were doing a survey.

> *'Children are very nosy. They would want to know what that person was doing […] if that person happens to be […a victim of, for example,] serious emotional bullying. Well, those bullies are going to go straight after that child, aren't they? 'What were you in there for? How long? What did you say?' They're going to be even more targeted, 'Did you tell about what was happening?' Anything that [singles] them out is going to be problematic, which is why the assembly hall, everybody doing it [at the same time] idea has some value.' (Parent)*

In class

Practitioners and parents suggested that integrating a survey within PSHE lessons could work well. Parents liked the option of a survey being delivered in the context of lesson(s) to establish shared language and understanding and help frame the purpose of the activity. However, parents also suggested a survey should be introduced and administered in a more formal way than a standard class in order to encourage children to take it seriously. Having a researcher attend to introduce the survey was parents' preferred option to achieve this, as discussed in 6.1.2.

> *'The only thing I would say, if the survey was dished out to the class and it's going to be anonymous, I know my boy, my 14-year-old, he'll just look at his mates and he'd have a laugh, copy each other's, so it would be pointless.' (Parent)*

Risks to confidentiality were felt to be a key limitation of delivering a survey to class groups.

Exam conditions

Participants had mixed views on the idea of children completing a survey in an exam room layout. One view was that this would increase children's focus and alleviate concerns around privacy related to the risk of children's responses being seen (particularly if invigilators did not walk around the room). However, such a setup could still feel exposing for children with abuse experience and/or who became upset. As mentioned previously, there were risks to confidentiality if a child took longer to complete their survey questionnaire, left the room, or became upset.

> *'You don't want a high level of stress in a survey that could potentially feel stressful or traumatic, and also, the issue with exam conditions is you are still in close proximity to other students. So, if an individual begins to feel upset while they're reading through these questions, if it is something that's sensitive towards them, if they get upset, if they have to leave the room, then in my school's case, where there's 300 people in a year group, that could be quite [exposing].' (Child)*

Exam conditions could also raise stress, and children might feel pressured to take part. One view was that this approach would be more suitable for older children who were accustomed to exams, whereas younger children might find the environment 'scary'.

Two suggestions were made to improve this approach:

- Careful framing and explanation of the set-up could make children feel more comfortable. One view was that giving children choice on where to sit and asking them not to discuss their answers could also help.

- Alternatively, completing a survey ‘in small groups, […] spread out’ in exam conditions could circumvent the stress that larger settings could introduce while also mitigating the risk of responses being seen. This would also be preferable in terms of those finishing earlier being able to leave, and lower levels of visibility if any child became upset.

5 Anonymity, consent and disclosure

This chapter explores considerations relating to the degree of anonymity and confidentiality that could be afforded to survey respondents. It first examines views on three different levels of anonymity, exploring the implications of each on children's comfort and ability to respond truthfully to questions about abuse experiences. It goes on to explore reflections on notifying parents/guardians about a survey, which could include seeking consent for their children to take part, and the implications this would have for individual children and for data quality.

5.1 Anonymity

Anonymity appeared to be a key concern for all participant groups. Participants were presented with a 'spectrum of anonymity' to consider, from 'total transparency' to 'total confidentiality'. Key positives and negatives are set out below.

5.1.1 'Total transparency'

If a survey was conducted with 'total transparency', school staff would have immediate access to all children's responses and would take responsibility for referrals of any disclosures of abuse, using their normal processes.

This was felt to be a poor option in terms of children's wellbeing and for data quality, because the likelihood that children would respond truthfully was felt to reduce significantly if a survey required identifiable information to be provided. Practitioners noted that it would also place significant burden on schools to review and respond to multiple disclosures at once, and one consequence might be that urgent cases would not be processed sufficiently quickly, leaving children at risk of harm.

This approach was not included in the options presented to parent and child participants in the second phase of the research because practitioners were clear that it would not be appropriate.

5.1.2 Partial or total anonymity

Two anonymity options were discussed with all participant groups:

- partial anonymity, whereby children would submit a survey with identifiable details and referrals would be made by the research team as necessary. Disclosures would be made by the research team, not the school, and potentially only if they met an agreed threshold; and
- a 'total anonymity' approach, where children would not supply any identifiable information at all, and referrals of disclosure would not therefore be possible.

Partial anonymity

Practitioners preferred the 'partial anonymity' approach to 'total transparency' as described in 5.1.1. This was because schools would not have sight of children's survey responses, which was seen as supporting children's agency and choice about how and with whom they discussed their experiences. Information that children reported in a survey would only be shared with the school if formal safeguarding responses were required at a later stage.

Participants understood that formal support could be provided to victims/survivors if their survey responses were identifiable. However, this benefit was weighed against the implications of data being shared. Participants acknowledged that this approach might have some impact on the accuracy of data collected: were disclosure required, children might be less willing to respond truthfully to a survey (as with the 'total transparency' option).

Participants in the practitioner and parent groups expressed a range of views on thresholds: what, if anything, should be disclosed by the research team if children reported experiences of abuse. One view was that all indications of abuse should be referred onwards; others felt that severity and persistence of abuse should be considered, and that only severe, ongoing abuse should be disclosed. An example of such an approach to disclosure was ChildLine's, whereby only immediate suicide risks and very high threshold concerns would be flagged and followed up by other agencies.[10] One suggestion was that any concerns that did not meet this threshold could be referred on an opt-in basis, such that these children would be empowered and given control.

Practitioners felt that processes for checking and raising disclosures that met agreed thresholds would need careful consideration. A key challenge would be ensuring that disclosures were reviewed and referred in a timely way. One suggestion was that the survey administrator could return cases to schools to process, rather than referring disclosures directly to relevant statutory agencies. However, some children said they would have concerns about this information being disclosed back to their schools.

Total anonymity

All participant groups said that total anonymity would best support children to respond truthfully, but acknowledged that formal safeguarding responses would not be possible if children did not supply identifiable details. Total anonymity was, however, considered a viable option by all participant groups, particularly if children could opt in to receive support and/or for a referral to be made.

Children and parents generally welcomed the approach of children being given the option to disclose identifiable information, with support signposted to all so that disclosure was not forced upon them.

> *'That way, kids can decide themselves if they want to talk about this, if they want people to know that they're talking about this [...] it makes them feel like they're in control.' (Child)*

Among practitioners, views were mixed on the extent to which disclosure of identifiable information should be a child's decision. Among those who preferred this approach, one view was that, as abuse takes away victims/survivors' control, it could be damaging to children not to be offered control over what they disclosed and how it would be responded to.

5.2 Parental consent

5.2.1 Legal requirements

Legal obligations around parental consent were unclear to most adult participants, but one perception among practitioners was that children aged 13 and over could be

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[10] For example, ongoing abuse by an identified person in authority.

included without parental consent under GDPR. International precedent was also mentioned by practitioners, who said that similar surveys in, for example, Finland and Switzerland had prioritised children's right to participate.

> *'Some surveys […] have claimed for children's participation rights, and ruled that […] parents do not need to be consented to that […]. I think in that research, there were children as young as 12 taking part. [L]ooking at ways around parental consent I think would be […] fruitful.' (Practitioner)*

Whether there would be a requirement to notify parents either before or after a survey was unclear to practitioner participants, however, and would need more thought to ensure parents were properly notified in line with any legal requirements. Participants also noted that requirements might differ in relation to children with SEND.

5.2.2 Participant preferences

Children felt that parents should not have sight of children's responses by default, but that those participating in a survey should be free to discuss it with their parents by choice. Practitioners agreed that, if possible, circumventing parental consent would be preferable, as seeking consent could:

- reduce the response from children suffering interfamilial abuse, and from children whose parents viewed abuse as too sensitive an area to be discussed;
- enhance risks to children from perpetrators of abuse and from curious peers if individuals were singled out by not participating; and
- negatively affect parent-school relationships, as parents might feel that schools were participating in a form of surveillance.

Practitioners felt it was unlikely that anonymous completion of a survey would reduce these risks. Their view was that parents perpetrating abuse were likely to mistrust assurances around anonymity and therefore withdraw consent for their child to be involved.

Data collection with parents also explored the issue of parental consent. Participants were first asked to discuss their initial thoughts about notifying and seeking consent from parents for children to take part in a survey. Thereafter, they were prompted to consider whether and how risks to children who might have suffered abuse in their home settings might alter these views.

Parents initially had mixed views on the necessity and importance of parental consent. Some preferred to consent to a survey in advance, but others did not see giving specific consent as necessary at all, for three key reasons:

- Some assumed that surveys of this nature would already have been happening in schools;
- One view was that schools might have secured overarching consent from children's parents/guardians as a condition of children's acceptance of their school place;
- Some likened a survey to schools teaching sensitive topics and/or external speakers visiting schools, which often happened without their prior knowledge. Some parents were supportive of schools undertaking such activities to help safeguard children.

When prompted to reflect on the wider population of children who might take part in a survey, parents acknowledged that seeking parental consent for children to participate could present risks to children who were victims/survivors of abuse at home. Concern that such children could be placed at greater risk appeared to reduce the extent to which parents considered such a consent process to be necessary, particularly if they were satisfied with the appropriateness of the research approach more generally. Key aspects of the research design that would reassure parents and reduce the need for parental consent were that children would themselves be given a choice as to whether or not they took part, their participation could be anonymous, the survey would be clearly and carefully introduced and explained to children, and that its format and question design would be appropriate.

6 Support

6.1 Support for children

Participants discussed forms of support that should be provided to children at three key points: when they were first informed of a survey and invited to take part; during the survey itself; and afterwards.

6.1.1 Advance information

Children, parents and practitioners agreed that it was important that children were fully informed about the research before taking part. They made the following suggestions for how this could be most effectively done:

- Children could be given a leaflet with clear information about the research and what taking part would entail in advance of a survey. It would be important that this was provided directly to children rather than sent home, given the risks to children if they lived with perpetrators of abuse. Participants suggested that links to relevant sources of support be included at this stage. These could include confidential helplines, such as ChildLine, and possibly also a relevant safeguarding contact at school.
- As noted in 4.1.3, participants across groups agreed that it would be beneficial to build children's familiarity with topics that would be addressed in a survey by linking it with relevant PSHE lessons. Teaching children about the importance of surveys was also suggested as something that was likely to enhance the honesty of children's responses.

  > *'One of the most important things is teaching kids about what it actually means. If you've taught the kids what it actually means, I think they're more likely to take part and take it a bit more seriously [… otherwise] it will lead to them not answering honestly and not actually thinking about what they're writing.' (Child)*

- Finally, practitioners suggested that preparatory support could include providing children with information about coping strategies they could use in instances where they became upset, such as mindfulness and breathing exercises.

6.1.2 On the day

Introduction to the survey

Participants felt that a clear explanation of the aim, intended use and importance of the research should be provided immediately prior to data collection. There was agreement that this process should include checking understanding and informed consent, as children needed to be assured that participation was voluntary and given a choice about whether to participate on the day. Parents were also clear that information about support children could access if needed during or after the survey should be provided at this point; children should know about this from the start.

Parents expressed a strong preference for someone external to introduce and explain the task to children. This reduced their concerns about the lack of parental consent (as well as about the potential that children would not take a survey seriously), because they felt confident that a member of the research team would provide the information children needed in order to give their own informed consent. They felt that children would be comfortable with this approach as they were used to external speakers visiting their school. Practitioners suggested that information could be delivered within the survey software (potentially using an audio recording or video) if it could not be provided by a researcher in person.

Invigilation and immediate adult presence

Views on who (if anyone) should be present in the room to provide support when surveys were completed were mixed. Some children discussed a preference for a professional – a teacher and/or researcher – to be present to verbally clarify any survey questions that individual respondents did not understand. Others, however, would prefer not to be supervised, and some suggested that other children might not respond as fully if invigilators could see their answers. As such, it appeared that immediate support should be provided on an opt-in basis. Additionally, privacy concerns might be mitigated by the suggestion that invigilators stayed at the front of the room rather than walking around.

Some children suggested that only a researcher or external invigilator(s) should be present, which they felt could emphasise confidentiality. However, another view was that this approach might increase children's apprehension as these adults would be unfamiliar.

As discussed in section 3.1.2, invigilation and support might look quite different for children with SEND who might use tools like visual aids and Velcro boards rather than verbalising responses.

6.1.3 Emotional support and aftercare

Emotional support and aftercare for children participating in a survey was highlighted as a key consideration across all participant groups. As well as to mitigate the risk of re-traumatisation of victims/survivors, another reason that participants mentioned was that a survey might prompt some children to recognise their experience as abuse for the first time (as discussed in 2.1.2).

> *'You might be labelling it as abuse for the first time for that child. […] We know that we see children who come into our services who self-assess as, 'Actually, my life's okay', and then we start to work with them and raise awareness around abuse, and then suddenly, it's terrifying. Life's scary and 'actually, what I thought was okay isn't okay' and it's [a] shock… How [to] manage that within a research context is […] another really important consideration.' (Practitioner)*

Participants across groups also felt that it was 'vital' that emotional support be proactively offered to survey respondents, and preferred that this be on an opt-in rather than mandatory basis. Relevant information about sources of emotional support should be provided directly to each child individually within and/or at the end of a survey to ensure no child would be singled out. Approaches that were discussed included:

- **Within-survey signposting:** Practitioners, parents and children agreed that support services should be signposted within a survey. One suggestion was that, if it were delivered electronically, direct links to support organisation webpages or contact information could be provided at the end of a survey for the child to consider. This would be appropriate if a survey were delivered electronically, particularly if it was accessed via a tablet and therefore less likely to be overlooked by others in passing.
- **Hard copy information:** Practitioners and parents suggested children could be given hard copy lists of relevant contacts, including national and regional support

helplines. Relevant contacts within the school could be included, if written in a way that would apply across schools (such as 'If you are worried about anything, you can speak to your head of year'). Leaflets, wallet cards, and bracelets were among the suggested materials on which such information could be provided. A key consideration was ensuring that such materials would be fairly discreet for children to keep and refer to if necessary.

- **Signposting online, outside the survey:** Parents suggested it would be preferable for support information to be provided online – on schools' webpages, for example – as children could access it discreetly and in their own time.

  'Online or on the school homepage [or on a learning platform they use, like] Show My Homework […] If they've got something online [to refer to], there's nothing on them and then the abuser would never know.' (Parent)

One suggestion was that children could also be asked within the survey instrument if they wanted to opt in to be contacted by a support provider (rather than having to make contact themselves using contact details provided to them). Participants suggested that this include an option to specify a preferred mode of contact (e.g. telephone or email) to minimise risks. For example, if parents were likely to check their phones, children might prefer to be contacted by email or via their school.

Practitioners also suggested that it might be possible for opt-ins to be routed directly to ChildLine. One view was that this could be done without child being identified. The mechanism for this was unclear in the data collected for this study, but merits investigation as a potential approach to confidentiality that could sit somewhere between the 'total' and 'partial' anonymity as discussed in section 5.1.

Overall, it was clear that throughout the process of informing schools and children about a survey and collecting data, signposting to a range of options and offering choice was considered important, as some children preferred face-to-face and others anonymous approaches. Key features of emotional support included accessibility and availability of confidential options, within and outside school settings (including online and via telephone). Children discussed support provision within schools, including form tutors, heads of year, and school counselling services and external services such as ChildLine, Kooth and Samaritans.[11]

6.2 Wider support

6.2.1 Support for schools

Practitioner participants touched on the need to support schools (or alternative delivery settings) in order for a survey to be conducted effectively. While they agreed that a survey would be an important source of valuable information and schools were likely to be supportive, participants also acknowledged that these were busy settings and that survey delivery would fall outside of their immediate expertise and available resources.

As such, it would be important to consider ways of securing schools' buy-in early on and supporting them to introduce and administer a survey in an appropriate way, to mitigate the risks discussed throughout this report. One suggestion was that materials such as PSHE lesson plans/modules could be provided in advance of a survey, both to help schools to build children's familiarity with relevant concepts and to incentivise

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[11] These services each provide free, safe and anonymous emotional support. ChildLine and Kooth are services specific to children and young people.

schools to take part as these would likely be valuable teaching materials that schools could build on and use over time.

> *‘Maybe it could be something where [you’d say] 'We're going to offer these materials for you to do your PSHE lessons in and then at the end you would provide us with a survey.' So then that way you're giving the kids the support to build up […] understanding and then I think you might be able to more safely assume that […] grasp of the definitions, of this terminology – especially if they're getting [the information] from you guys [the research team] – and then build up to it.’ (Practitioner)*

6.2.2 Support for families

Parents reported that they would welcome opportunities to hear about key findings from a survey – this appeared to relate to a general interest in understanding and managing any risks their children might face. A further inference from this point could be that it might be helpful to conduct post-survey learning events or education sessions for parents to support their understanding and collaboration with schools to safeguard children.

7 Conclusions and recommendations

This section summarises the main findings of the report. It also provides a clear set of recommendations for ONS which can inform the decision of whether the feasibility study should continue and whether running a pilot of a child abuse survey would be practically and ethically feasible. Next steps for the feasibility study are also briefly covered here.

7.1 Key considerations for a survey administrator

As discussed in the chapters above, participants understood that a survey of this nature would have societal and individual benefits. Participants were generally comfortable with the topic and would be happy to take part in a survey. As outlined below, however, participants also identified a range of concerns and issues that would need to be carefully thought through before piloting a survey. Additionally, it is important to bear in mind that we were not able to interview victims/survivors for this research, and as such are unable to draw conclusions on the feasibility of such a survey from their perspectives.

Minimising the risk that children would be negatively impacted by a survey process was a key theme emerging from participants' discussions. Included in this were concerns such as children being placed at risk with adult or peer perpetrators of abuse who would know a survey was going to happen or had happened; being singled out at school for not participating; and having concerns ignited by discussion of abuse. Participants discussed approaches to manage these concerns, which related to choice; accessibility; privacy, anonymity and confidentiality; and provision of support. Each of these is summarised below.

Choice

Participants felt it was important that children be given as much choice as possible about whether and how they would participate in the proposed survey. Important ways in which a survey could accommodate children's choice and agency included:

- enabling voluntary participation;
- providing follow-up support on an opt-in basis;
- formatting questions so that children could choose to give less or more detail; and
- for some, offering choice in relation to whether and how any disclosures of abuse were passed on and responded to.

Empowering individuals to take part on a voluntary basis is an important ethical consideration for any research. Adding to this, there was a view that, as abuse takes away victims/survivors' control, it would be particularly important for children who had experienced abuse to be offered as much choice and control as possible over their participation and any subsequent support.

Accessibility

While views were mixed on whether a survey should be tailored according to age group or SEND, participants were in agreement that it would be of fundamental importance for a survey to use clear language and operationalise concepts in order to support children's comprehension, which would affect their levels of comfort and ability to respond.

Careful development of survey questions, including cognitive testing of questions with children of all ages in the sample, would be important. Areas requiring attention include:

- the wording of questions designed to identify abuse;
- the time period referred to in questions asking about abuse;
- the amount of detail children would be willing and able to provide;
- question order (for example, whether to ask a series of questions about different kinds of abuse prior to any follow-up questions); and
- whether the same set of survey questions could be used with all children, and what adaptations are required if not.

Privacy, anonymity and confidentiality

Preserving confidentiality, including for children with experience of abuse who might be identifiable if completing a survey alongside others, was a key consideration underlying participants' preferences relating to survey mode and the administration approach. While delivery of an electronic survey within a school setting was considered appropriate, this would not be without limitations. Drawbacks relating to levels of comfort, privacy, access to support, and response rates were identified in relation to all of the options that were discussed (including independent completion within a specified timeframe, one-to-one supervision, or completion under exam conditions in small groups, whole classes, or at a larger scale). These would require careful management throughout the design and data collection stages of a survey.

The need for parental consent/notification might be overridden by consideration of risks to children experiencing abuse in home settings, provided the research design was appropriate. Key features of a research design and delivery approach that would mitigate parents' concerns included:

- a clear introduction and explanation for children delivered by an independent researcher;
- enabling voluntary participation;
- appropriate survey format and question design; and
- preserving anonymity and confidentiality of responses.

An anonymous survey approach appeared to be considered a viable option by all participant groups, particularly if children could opt in to receive support and/or for a referral to be made. Support being signposted to all, and children being given the opportunity to choose whether or not to provide identifiable information (such that formal disclosure and safeguarding responses were not forced upon them), were ideas that were welcomed.

Support needs

Ensuring children had access to appropriate support before, during, and after a survey was a fundamental consideration highlighted by participants across groups. Appropriate support provision included:

- clear information about a survey (including its purpose, what taking part would involve, that participation was voluntary and any limitations around anonymity and confidentiality);
- support provided in and around the survey delivery setting on the day; and
- emotional support and aftercare, which participants suggested should be discreetly signposted to all children and offered on an opt-in basis.

Again, privacy and confidentiality were key considerations underlying participants' views on how support should be given. For example, that a survey could be introduced by an independent researcher rather than school staff, and that invigilation/supervision should not involve having sight of children's responses.

7.2 Recommendations for ONS

Findings reported in the preceding chapters include areas requiring further exploration:

Accessibility for children with SEND: Views were mixed on whether one survey (designed to be suitable for children with SEND and for the youngest eligible age band) could be used for all children or whether supplementary/separate tools should be used. Supporting non-verbal children to participate would require specialist input to design.

Appropriate age range: Considerations included:

- practical/legal considerations around the lower age limit, as parental consent requirements could differ for those aged 13 years and above than for 11- and 12-year olds;
- cognitive capacity needing to be considered, rather than age band alone. The age range of children with particular forms of SEND would likely need to be narrower than for neurotypical children, with a higher age requirement; and
- including over 18s could be beneficial to capture more accurate data on particular forms of abuse that tend to be recognised and reported later in life. This may require a different approach to survey sampling, administration and delivery.

Practical parameters relating to provision of support: Participants suggested that a relevant service such as ChildLine could proactively contact any children who opted in to receive emotional support, and that it might be possible logistically to facilitate such contact without children having to disclose identifiable information in a survey. Whether or not this would be practicable would need further exploration.

Embedding a survey within schools' PSHE programmes: Delivering a survey as part of the PSHE learning programme could support schools to develop children's understanding of and comfort with complex and sensitive topics related to abuse in order to prepare them for completing a survey as well as enhancing their knowledge more broadly.

Overall, there appears to be value in further exploration of the feasibility of the proposed survey. While a range of areas for further consideration and careful management were identified, none appeared to be considered insurmountable, and participants highlighted four key benefits of carrying out a survey of this nature:

- Understanding the scale and nature of abuse could help to set policy priorities and use resources effectively;

- Understanding trends and risks (such as particular areas or populations among which particular forms of abuse occur) could facilitate prevention and disruption of abuse;
- It would be beneficial for children taking part in terms of building familiarity with concepts; and
- It might offer children the opportunity to disclose abuse and/or access support.

Further research

This research was commissioned as part of a wider feasibility study being undertaken by ONS to understand how a survey on child abuse could be most effectively carried out. In addition to the themes addressed in this report, and drawing on NatCen's considerable experience of carrying out survey research on complex and sensitive issues, we recommend that further work is needed to fully explore two key areas:

- **Issues concerned with sampling:** For example, it will be important to define the survey population, consider sampling frame options and sample design, and estimate sample sizes needed to produce robust prevalence estimates. Exploring these issues in more detail will allow ONS to get a better feel for what might be possible, giving a sense of the scale of survey required and associated costs.
- **Consideration of the data requirements:** Practitioners consulted for this study were able to suggest guiding principles for topic inclusion. However, ONS may wish to consider what socio-economic and/or demographic information about young people and their families it would also be useful to collect through a survey instrument.

7.3 Lessons learnt about conducting research with children and victims/survivors of abuse

Overview of recruitment approach

As stated in the methodology section (1.3), we intended to include victims/survivors of abuse (children aged 11-17 and young adults aged 18-25) and their parents/guardians in the research. However, we were ultimately unable to identify individuals and conduct interviews with participants in these groups. This section provides more information on the challenges we faced, and potential lessons for future research.

Our main strategy for recruiting victims/survivors and their families to the research was through specialist organisations that work closely with these groups and could sensitively introduce the study to relevant individuals to invite them to take part. We identified and approached over 50 such organisations, including several with whom we had existing relationships and who have a significant experience of collaborating and supporting research in this area.

Each organisation that agreed to assist with the research nominated a designated lead to support recruitment. Key activities we carried out with each lead included providing a briefing (via telephone and in writing) to inform them of the research aims and requirements; providing detailed recruitment materials to share with colleagues and potential participants; undertaking their organisations' own ethical governance processes; and supporting identification of eligible participants.

This approach was guided by NatCen's wealth of experience of using similar approaches and successfully recruiting hard-to-reach groups for research on a broad range of sensitive subjects. This includes, for example, research with victims/survivors of sexual violence, vulnerable witnesses, victims of hate crime, and children with mental health issues. As such, we anticipated a number of challenges in liaising with these participant groups and mitigated for these in the ways set out below.

- The research is likely to have been regarded as particularly sensitive for those with direct experiences of abuse, which could reduce willingness to participate. We worked closely with ONS and gatekeeper organisations to agree how the research should be 'framed' and introduced without using terms that a young person might not be familiar with or causing any undue distress.
- We allowed sufficient time and resources for recruitment discussions, visits with potential gatekeepers and the process of gaining parental consent.
- We expanded the list of gatekeeper organisations that we worked with over the course of the project.
- Incentive payments were given to children and parents to thank them for their time and contributions. Parents and young adults were offered £40 and children £20 in the form of a voucher. Incentives of this nature and amount are offered widely on our studies and considered standard in the industry.

Despite these efforts, we found recruitment of victims/survivors and their families for this study more challenging than either we or the support organisations we were working with had anticipated. Having reflected on the issue, we suggest that this relates to three key reasons as well as those outlined above:

- Some support organisations said that their service users received multiple invitations to participate in research relating to abuse. As such, they were likely to be experiencing research fatigue.
- Related to this, a lack of immediate salience of the subject for potential participants may have had an impact on decisions to participate; the research may have felt too abstract for people to engage with. The fact that the research asked people to reflect hypothetically on how they might feel about and respond to a survey on abuse, rather than, for example, exploring their lived experiences and views on abuse, may have made it feel less pertinent to them.
- As mentioned in 1.4, some organisations that we contacted to help with recruitment reported that they were unable to support activities due to wider pressures on resources and staff time. While these organisations acknowledged the value of the research and explained that they would like to help, it was not something they could necessarily prioritise at the time.

Considerations for future research with children on the topic of abuse

This project has highlighted a range of practical challenges in recruiting and involving victims/survivors of child abuse and their families in research, particularly when using opt-in, gatekeeper-led approaches for recruitment. Looking to the future, it is important to reflect on ways in which inclusion of vulnerable groups such as victims/survivors of abuse can be practically and safely achieved.

Other studies have highlighted the importance of carrying out research on topics such as abuse and giving children and other vulnerable groups a voice on issues that affect them. At the same time, managing children's welfare, including their right to be protected from any possible exploitation, trauma or harm, is also key (Goddard et al., 2009). Drawing from our experiences delivering this research, considerations and learning for the wider research community are outlined below.

- It might have been beneficial to have widened our approach to recruitment further to include other opt-in methods. For example, several organisations suggested that information about the study could be shared directly with service users in their membership communications, including newsletters, bulletins, and their public social media platforms (for example, Facebook). These approaches have worked well for us in the past, and they have the benefit of reducing burden on busy practitioners trying to organise fieldwork on researchers' behalf. However, due to the sensitive nature of the research and need for careful management of communications around the aims and objectives, ONS decided that given the challenges of getting ethical approval on this approach at a later stage of the project, it would not be appropriate to widen the modes of recruitment.
- Given the need to engage organisations working directly with victims/survivors of abuse to recruit eligible participants, it may have been beneficial to consult them earlier in the design of the project, perhaps at the commissioning stage. This would have allowed for early and streamlined collaboration on, for example, ethical governance, recruitment, and data collection, maximising organisations' faith and confidence in the processes we developed.
- One reason gatekeeper organisations gave for being unable to fully support recruitment of victim/survivor groups was the burden that this additional work might place on busy frontline staff. In future, consideration should be given to ways in which the research team could better support these organisations. This could include, for example, visiting gatekeeper sites to explain the research to staff or carry out recruitment activities directly on site. Offering a financial incentive or honorarium to organisations to recompense them for their time would also support this, if budget allows (which it did not in this case).

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Appendix A. Methodology

Sampling

It was hoped that participants would be purposively sampled to ensure range and diversity across the study population as far as possible. Unfortunately, due to a range of recruitment challenges outlined in chapter 1, it was not possible to carry out as many interviews as intended or achieve the diversity originally envisaged. However, a range of participant groups were included, as outlined in Table A.1.

Table A.1 – Overview of achieved data collection encounters and sampling characteristics.

Participant group	Data collection mode	Characteristics sampled/monitored for diversity	Total number of participants involved in data collection encounters
Practitioners	Depth interviews	Working for a range of organisations supporting children and young people with different forms of child abuse across the UK. Practitioners working directly with children as well as research/policy specialists were included.	5
Teachers	Focus group	From a range of secondary schools and sixth form settings in London (where the focus group was held). Teachers who attended the group held different subject specialisms and other roles within their schools.	7
Children (no known experience of abuse)	Depth interviews	Age, gender, ethnicity and household composition were monitored sample characteristics. Children aged 12 to 17 participated in the research.	8
Parents (whose children have no known experience of abuse)[12]	Focus group	Age, gender, ethnicity and household composition were monitored. Parents all had at least one child aged 11-17 at the time of the focus group.	9

Recruitment

As outlined in chapter 1, all gatekeepers and the recruitment agency used to access children and parents with no known experience of abuse were given a detailed briefing

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[12] Some, but not all, of the children and parents/guardians who participated in this research were related to one another.

from a member of the NatCen research team about the recruitment and fieldwork process prior to contacting any potential participants.

The aims of the research and what taking part would involve were explained to all potential participants. This included an overview of:

- why they had been contacted,
- the interview content,
- duration of the encounter,
- how their information would be used, and
- the level of anonymity offered.

Relevant materials, including information sheets were provided to each participant in advance of the interview/focus group. Key information about the study was reiterated before the start of interviews and focus groups. All participants had the opportunity to ask the research team questions about their involvement. Permission to audio record the discussion was also sought. Details of relevant support organisations were also provided to child and parent/guardian participants.

Data collection and analysis

The research team scheduled interviews and focus groups to ensure that participants would be able to access appropriate support if needed after the interview. Individuals' accessibility issues were accommodated as far as was possible within the research team. This included offering face-to-face or phone interviews in settings most suitable to the participant. Interviews with children were held in quiet, private rooms in their homes.

Interview and focus group data were managed and analysed using the Framework approach developed by NatCen. Key topics emerging from the interviews and focus groups were identified through familiarisation with the transcripts to develop a thematic framework for data management. All members of the research team were given a thorough briefing about the analytical framework and a detailed description of what should be included in each sub-theme, to ensure consistency of approach.

The Framework method has been embedded into NVivo version 10. The software enabled the summarised data from the research to be linked to the verbatim transcript. This approach meant that each part of every transcript that was relevant to a particular theme was noted, ordered and accessible. The final analytic stage involved working through the charted data, drawing out the range of experiences and views, identifying similarities and differences and interrogating the data to seek to explain emergent patterns and findings.

Research ethics

Ethical approvals

All stages of the research were reviewed in detail and approved by two research ethics committees: the National Statistician's Data Ethics Advisory Committee, and NatCen's internal Research Ethics Committee which is comprised of senior staff. These committees considered all aspects of the research design in detail and approval was given prior to fieldwork taking place.

We also completed ethics applications and processes for two gatekeeper organisations. These ethical clearances were required in order to provide the organisations with the necessary level of detail about the study that they could share with staff and partners for recruitment purposes. It was also important for them to be sure that we were going to carry out the study safely and ensure participant wellbeing throughout the data collection process.

Key issues that were considered by NatCen and ONS in designing the study and other committees in planning and conducting fieldwork are detailed below.

Participation based on informed consent

- Participants were made aware of what the research involved and that they could consent (or refuse to consent) to participate. We prepared and provided tailored, accessible materials and informed participants across the groups that taking part was voluntary, confidential and anonymous.
- Researchers facilitated participants to make an informed decision about taking part, ensuring that they understood what confidentiality and anonymity meant and being clear about the limits of confidentiality. The ongoing nature of consent was explained, including that withdrawal was possible up until the point of data analysis.

Participants' wellbeing

- Careful consideration was given to protecting the welfare of research participants, which is particularly important when exploring sensitive topics or engaging people who may be in vulnerable circumstances. Although participants' personal experiences of abuse were not explored as part of the research interviews, there was a possibility that children, young adults, and parents of children would wish to share information about upsetting experiences of abuse. In the instance of any disclosure, we would have followed the standard NatCen disclosure policy (see below).
- Throughout all stages of the research – from recruitment to participation in interviews/focus groups – we provided participants with clear information about the topics being covered and agreed clear ground rules for participants ahead of each interview.

Confidentiality, anonymity, and disclosure

- The standard NatCen disclosure policy was put in place to deal with any instances where a participant disclosed past, current or potential significant harm to themselves or identifiable other. This would involve raising the issue with the NatCen disclosure board to ensure swift safeguarding action could be taken if necessary.
- The circumstances in which participant confidentiality may have to be breached were carefully explained to participants in the information sheets, consent forms, and by researchers at the time of the interview. No incidents of disclosure took place during fieldwork.
- Rigorous data security and protection against direct or indirect disclosure of identity was built into all stages of the research, in line with the Data Protection Act and GDPR obligations.

Appendix B. Topic guides

A tailored topic guide was used with each participant group to ensure a consistent approach across the interviews and between members of the research team. The guides were used flexibly to allow researchers to respond to the nature and content of each discussion. Researchers used open, non-leading questions, and answers were fully probed to elicit greater depth and detail where necessary.

The main headings and subheadings from the topic guides used for this study are provided below. They include the topic guide used with practitioners in phase one and the topic guides used with parents and with children with no known experience of abuse in phase two.

Practitioners topic guide

1. Introduction

- Introduce self and NatCen (including NatCen's independence)
- Introduce research, aims of study and interview
- Length (about 60 minutes)
- Voluntary participation
- Brief overview of topics to be covered in interview
- Confidentiality, anonymity and potential caveats
- Data use and security (including audio recording, encryption, data storage and destruction)
- Questions
- Verbal consent recorded on tape

2. Icebreaker and background

- Overview of roles and responsibilities
- Overview of children they work with and in what capacity
- Experience of helping children talk about abuse and supporting children who have experienced abuse

3. Overall views on children completing a survey on abuse

- Thoughts about children taking part in a survey about different forms of abuse

4. Possible coverage of a survey on abuse: questions and format

- Participants thoughts on types of abuse as defined by NSPCC (in relation to children's comprehension and comfort)
- Views on whether and how this would differ between different groups of children in relation to for example, abuse experience, children with SEND, and children of different ages
- Consideration of vignettes to explore question format options and level of detail appropriate to ask children about

- Views on key benefits and challenges of the two approaches
- Views on whether and how this would differ between different groups of children in relation to abuse experience, children with SEND, and children of different ages
- Overall views on appropriate length of survey

5. Views on anonymity, confidentiality, and disclosure

- Overview of how parental consent would work
- Preferred approach to anonymity
- Communicating issues of anonymity, confidentiality and disclosure to children

6. Practicalities of running a survey

- Views on how survey should be administered
- Views on different methods/modes of completion
- Who, if anyone, should be in the room with the child
- Any differences for ages/groups of children

7. Support and aftercare

- Views on what kind of support should be in place during the survey
- Views on what good support for children after the survey should look like
- Any particular support organisations they would provide information on or refer to and why
- Role of schools in making decisions about how support should work
- Views on how referrals should be made to local authorities for children who have disclosed abuse

8. Overall reflections

- Views on what the main benefits of the survey would be
- Summary of key considerations and processes that should be put in place to support children to safely respond to survey
- Summary of main challenges about children participating in survey

9. Views on the next phase of research

- Explore views on including children ethically and safely

Thank and close

Parents/guardians topic guide

1. Background

- About them and their children
- Knowledge/experience of surveys

2. Understanding of abuse

- Views on NSPCC definition of child abuse

3. Overall views on children completing a survey on abuse

- Thoughts about children taking part in a survey about different forms of abuse
- Potential benefits of a survey on abuse
- Concerns parents would have about children participating, including variation among groups of children and ways of addressing concerns

4. Parental consent

- Views on parents being notified about a survey taking place in their child's school.
- Views on parental consent, including how this could be best collected
- Views on balance between informing parents about the survey and managing risks
- Changes in views on consent / anything that would shift views

5. Completing the survey

- Views on children completing the survey in school
- Views on how survey could be delivered
- Alternative suggestions for where and how a survey could be delivered
- Any differences for ages/groups of children

6. Views on anonymity, confidentiality, and disclosure

- Views on whether children should be identifiable in their questionnaire responses
- Benefits and drawbacks of anonymity options, including impacts on children's wellbeing and comfort
- Views on disclosure

7. Support and aftercare

- What support should be in place before, during and after a survey
- Particular support organisations they would want children to receive information about / be referred to, including rationale
- Views on whether support provision should be mandatory/optional
- Views on what good support for parents would look like

8. Overall reflections on children's participation

- Whether they would be willing for their child to participate in this kind of survey
- Final thoughts on how survey could best support children to feel comfortable, and enable children to respond honestly

Thank and close

Children (no known experience of abuse) topic guide

1. Introduction

- Introduce self and NatCen (including NatCen's independence)
- Introduce research, aims of study and interview
- Length (about 60 minutes)
- Voluntary participation
- Brief overview of topics to be covered in interview
- Confidentiality, anonymity and potential caveats
- Audio recording (including encryption, data storage and destruction)
- Questions
- Verbal consent recorded on tape

2. Background

- About them
- Knowledge/experience of surveys

3. General views about participating in surveys

- Thoughts about taking part in a survey about something personal to them that is not a particularly sensitive topic (e.g. hobbies)
- Views on answering a survey about a difficult or sensitive topic (e.g. about times somebody has upset or hurt them)

4. Understanding of abuse

- What they think 'child abuse' is
- Views on NSPCC definition
- Where their understanding comes from
- Views on how children might feel about taking part in a survey about abuse, potentially disclosing experiences of abuse as a child
- Whether and why this survey could be important

5. Possible coverage of a survey on abuse: questions and format

- Explore children's ability to respond accurately or recall detail for different timeframes – ever in their life; within last 12 months.
- Views on options for asking question(s) about physical abuse
- Thoughts on key benefits and challenges of the two approaches
- Whether this would be the same for children of different ages
- Views on what would make these questions better

6. Completing the survey

- Views on completing the survey in school

- Views on how survey could be delivered, including; exam conditions at school, with teacher/s and other children present, on a tablet, completed at a time they choose within a specified period
- Any alternative suggestions for where and how a survey could be delivered
- Any differences for ages/groups of children

7. Views on anonymity, confidentiality, and disclosure

- Views on whether children should be identifiable in their questionnaire responses
- Thoughts about impact on wellbeing and comfort according to options

8. Support and aftercare

- Who children might speak to about participating in survey
- Who participant would go to if they were worried about anything related to the survey
- How would participant access support at school, and outside school
- What participant considers most important about support offered
- Views on what kind of (practical and emotional) support should be in place before, during and after the survey
- Any particular support organisations they would want information about and why

9. Reflections on participation

- Views on whether they would be willing to participate in this kind of survey
- Any final thoughts on how survey could best support children to feel comfortable, enable children to respond honestly

Thank and close