

**Commissioning Brief**

**18/09 - Health services and interventions for children and young people who have experienced online-facilitated abuse, including on-line grooming**  
**Closing date: 10 May 2018 (two stage – Stage 1 to Stage 2)**

**1. Remit of this call:**

Child sexual abuse (CSA) involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware or not of what is happening. On-line facilitated abuse takes place on digital platforms; the web, playing online games or using mobile phones. The context of this call is CSA occurring in the on-line environment. This includes both the production, preparation, consumption, sharing, dissemination or possession of child sexual abuse material, and the online sexual solicitation of children (sometimes called 'grooming'), whether or not this then results, or is intended to result, in a contact offence.

**Identified research need**

NICE guideline (NG 76) recommends evidence-based interventions for young people who have experienced child sexual abuse, but the reviews for the guideline found there is currently insufficient evidence to support the application of these interventions or other interventions for those who have suffered on-line facilitated CSA. There is a paucity of evidence related to the occurrence, predictors, tools for detection of sexual abuse, and the ways that young people may seek help. There is currently no directly applicable research to provide an evidence base for interventions for young people exposed to on-line sexual abuse and harassment, grooming and subsequent contact abuse and other outcomes. Little is known of the views of young people, their caregivers and professionals involved in recognising, and in assessing on-line sexual abuse. Little is known about what services are currently provided for early help, or intervention, following on-line sexual abuse in the UK.

A Rapid Evidence Review for the Independent Inquiry into Child Sexual Abuse in England and Wales recently identified the paucity of research into the immediate and long-term impacts of on-line CSA and highlighted the lack of research on impacts for sub groups most at risk for on-line CSA such as children with a disability, ethnic minority children, looked after young people, homeless, migrant and asylum seeking and LGBT and gender questioning young people. There is a need for longitudinal studies on large cohorts to answer many of the research gaps, and the development of valid measures, including for measuring resilience in the context of on-line exposure to sexual abuse.

**2. Scope**

Proposals are required for research conducted within the UK, including young people up to age 18 at entry to the study. The topics described below are the only areas of research within the scope of this call. Researchers may address any or more than one of the topics and sub-topics:

- i. What are the characteristics of young people and their circumstances, which increase the likelihood of them becoming victims of on-line sexual abuse (sexual harassment, abuse, grooming)? What are the characteristics and context of those more at risk but who are also more resilient to on-line sexual abuse?

The NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC), based at the University of Southampton, manages evaluation research programmes and activities for the NIHR

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Primary research using longitudinal cohort study designs is required. Studies are particularly welcomed that include a wide range of ages of children, including those less than 10 years old, and including those sub groups most at risk for on-line CSA.

- ii. How can young people and their peers, carers/families and professionals identify those who are experiencing or have experienced on-line sexual abuse?

Primary research is required to develop and evaluate methods appropriate for use by a range of members of the public and children's health, education, social and other services.

- iii. What methods of prevention, early intervention and intervention after on-line CSA occurs are effective on various outcomes, including reducing the risk of subsequent further abuse?

Primary research is required to adapt existing evidence-based interventions for this population and context and may include evaluating new psychological interventions. These must be tested in robust comparative designs and may include or be designed specifically for participants from at risk groups such as LGBT youth, looked after young people, and homeless young people.

- iv. How can health and social care services and pathways be organised to meet the needs of young people who have experienced on-line sexual abuse?

Primary research is required to evaluate the acceptability, feasibility and cost-effectiveness of services and pathways within health and social services.

- v. In what circumstances might peer-to-peer facilitated support, and/or digitally mediated self- help interventions for victims of on-line CSA be feasible and acceptable? What are the characteristics of those who might benefit? What outcomes (such as resilience and improved mental health outcomes) might these interventions impact?

Evidence review of peer facilitated and/or digitally mediated self-help support is required, combined with primary research to evaluate interventions for young people who have experienced on-line sexual abuse.

### **3. Purpose of call**

While most young people have access to and use on-line media as an integral part of their lives, there is evidence that exposure to sexual material and/or solicitation and exploitation, causes significant distress and may lead to further risk taking, and to contact sexual abuse and other outcomes. A second Rapid Evidence Review for the Independent Inquiry into Child Sexual Abuse in England and Wales Police describes the different methods and estimates of the scale of on-line CSA. One method is recoded crimes for CSA with an on-line element. There were 5,653 in 2016/17, a 44% increase over the previous year. Perpetrator studies suggest one in 10 adults have had on-line sexualised conversations with a minor. Self-reported victimisation prevalence surveys show at least 5% of young men and 16% of young women receive unwanted sexual requests each year.

The extent that health and care services include services for young people who have experienced on-line sexual abuse in their eligibility criteria and other policies and strategies is unknown. Evidence is required to enable services to identify those at risk or being victimised on-line, and to provide effective interventions to address adverse outcomes. The research for each topic should include co-producing actionable outputs with Local Authority and NHS commissioners, managers, clinicians and service users, and may include evaluation of these outputs.

Further information on the background to this call, including knowledge gaps and relevant research is given in supporting information.

#### **4. Notes to Applicants**

The NIHR Health Services and Delivery Research (HS&DR) programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health and social care services, including costs and outcomes in order to improve health and health and social care services. It is focused on research to support decisions by frontline managers, professionals and clinical leaders on the appropriateness, quality and cost-effectiveness of care.

The NIHR HS&DR programme is funded by the NIHR, with contributions from Health and Care Research Wales, the HSC R&D Division, Public Health Agency in Northern Ireland, and case by case contributions from the CSO in Scotland.

The programme operates two funding streams; researcher-led and commissioned. Researchers in England, Wales and Northern Ireland are eligible to apply for funding from either workstream under this programme. Researchers in Scotland may apply to the researcher-led workstream but are not eligible to respond to the commissioned workstream and should contact the CSO to discuss funding opportunities for healthcare delivery-type research.

#### **5. Application process and timetable**

***Please ensure you have read the supporting documents and application guidance notes provided to support this call.***

Should you have any questions or require any further clarification please refer to the [HS&DR website](#), if the answer to your question cannot be found please email your query to [hsdrinfo@nihr.ac.uk](mailto:hsdrinfo@nihr.ac.uk) with the title for the call for proposals as the email header. Applicants should be aware that while every effort will be made to respond to enquiries in a timely fashion, **these should be received at least two weeks before the call closing date.**

The process of commissioning will be in **two stages** and applicants should submit **Stage 1 proposals** via the HS&DR website by **1pm on 10 May 2018**. All proposals will initially be checked for remit and competitiveness<sup>1</sup>. No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their Stage 1 application in July 2018.

Shortlisted applicants will be invited to submit a Stage 2 proposal via the HS&DR website (a link will be sent to shortlisted applicants). Applicants will be notified of the outcome of their Stage 2 proposal application in February 2019. Please note that these dates may be subject to change.

#### **6. Transparency agenda**

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

<http://transparency.number10.gov.uk/>

[http://www.ogc.gov.uk/policy\\_and\\_standards\\_framework\\_transparency.asp](http://www.ogc.gov.uk/policy_and_standards_framework_transparency.asp)

<http://www.contractsfinder.businesslink.gov.uk/>

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<sup>1</sup> '**Non-Competitive**' means that a proposal is not of a *sufficiently high* standard to be taken forward for further assessment in comparison with other proposals received and funded by the HS&DR programme because it has little or no realistic prospect of funding. This may be because of scientific quality, cost, scale/duration, or the makeup of the project team.

