Adolescents' experiences of psychotherapy following child sexual abuse

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ABSTRACT

The aim of this study was to explore adolescents' experiences of psychotherapy following sexual abuse, complementing those studies that focus on outcomes and measurement of symptom change across the course of therapy and building on recent studies that focus on the process of psychotherapy for young people who have experienced sexual abuse, from their perspective. Recent reviews have highlighted the need for tailored approaches to therapy. Research is needed that focuses on young people's experiences of therapy to help develop such tailored approaches. In this study, 16 young people aged 15-18 years who were attending specialist sexual violence therapeutic services were interviewed. Using thematic analysis, six themes were identified as reflecting their experiences of therapy following sexual abuse. Young people spoke of not wanting to attend; the importance of choice and not feeling pressured in both initially attending and in how the therapy unfolded; how helpful it was to talk; the centrality of the relationship with their therapist; the benefit of attending a specialist service; how helpful it was when the therapist explained things; and finally, the coping skills they learned in the therapeutic work. A key learning from the study is the importance of respecting young people's autonomy following such violations of trust and psychological integrity. The study highlights how engagement in therapy may be experienced as a re-enactment of an experience that was forced on the young person. Further qualitative research exploring this phenomenon could guide therapists on how to minimise such re-enactments in therapeutic work.

Key words: adolescents, psychotherapy, child sexual abuse.

Introduction

Child sexual abuse (CSA) is defined by the World Health Organisation (WHO; 2017) as *the involvement of a child or an adolescent in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child or adolescent is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.*

A child is considered by the WHO as someone under 18 years of age. CSA is a significant public health problem, with an estimated prevalence rate of 11.8% (Stoltenborgh *et al*., 2011). There is significant variability in how children and young people are impacted by CSA. They may experience a range of difficulties that disrupt their development across psychological, social, emotional, physiological and behavioral functioning (Tiwari *et al*., 2021). The psychosocial impact of CSA extends beyond symptoms of psychopathology to the young person's sense of self, emotional regulation and relational capacities (McElvaney, 2023). The long-term impact has been well documented (Hailes *et al*., 2019) and provides a strong rationale for early intervention.

Several reviews of the literature on treatment for sexually abused children have been conducted in the past two decades (Lev-Wiesel, 2008; Goldman Fraser *et al*., 2013; MacDonald *et al*., 2016). According to Lev-Wiesel (2008), most treatment programmes identify one or more of four therapeutic goals: symptom relief, de-stigmatization, increasing self-esteem, and preventing further abuse. How these goals are realized varies according to theoretical orientation but there is strong emphasis on the need for flexibility given the significant heterogeneity in children's needs following sexual abuse. Recent reviews of therapeutic interventions with children who have experienced sexual abuse have advocated for tailored approaches that takes account of this heterogeneity in children's and families' needs (Narang *et al*., 2019; Tiwari *et al*., 2021; Tichelaar *et al*., 2020). Thus, service providers in community settings, regardless of theoretical orientation and training, lean more towards an integrative approach in working with this population, while adapting evidence-based interventions to the presenting needs of the young people attending (Barnett *et al*., 2019; Tiwari *et al*., 2021). However, few studies have explored young people's needs, in particular, from their perspective, what they find helpful or unhelpful (Nunez *et al*., 2021). In a recent systematic review of qualitative research on the experience of support services in the UK for young people impacted by adverse childhood experiences, only three studies were identified as focusing on sexual abuse, all of which relied on samples of adult survivors (Lester *et al*., 2020). Psychotherapists and those involved in policy and service development would benefit from hearing from young people directly about how we might undertake a tailored approach to therapy.

Children and young people have been largely excluded as valid informants on their own psychotherapy experiences (Jessiman *et al*., 2016; Nunez *et al*., 2021), seen as unable to provide adequate or reliable accounts of their experiences (Gibson & Cartwright, 2014), or considered to lack the ability for in-depth reflection (Midgley *et al*., 2006). Reflections on core change mechanisms such as the therapeutic relationship are sought from therapists (*e.g.* Campbell & Simmonds, 2011) but rarely from children and adolescents themselves. Yet when they are consulted, there is a strong willingness on the part of young people to contribute to best practice development (Mudaly & Goddard, 2006; European Network of Ombudspersons for Children (ENOC, 2015; see consultation process with the European Network of Young Advisors (ENYA; www.enoc.eu); Council of Europe, 2016).

Qualitative studies to date have identified a number of important themes that contribute to the knowledge base on young people's experiences of therapy following sexual abuse. Children's and young people's anxieties about attending therapy and not knowing what to expect from therapy have been documented (Capella *et al*., 2016, 2018a, 2022; Dittman & Jensen, 2014; Foster & Hagedorn, 2014); the importance of young people feeling safe and building trust in the therapist (Jensen *et al*., 2010) as someone who understood and had expertise in this field (Dittman & Jensen, 2010); the value of talking about the abuse experience (Capella *et al*., 2016) and being able to do this without feeling overwhelmed (Dittman & Jensen, 2010), while at the same time not feeling pressured to talk about it (Visser & DuPlessis, 2015); and getting help with managing symptoms of distress, leading to general improvements in wellbeing (Beiza *et al*., 2015; Jessiman *et al*., 2016; Capella *et al*., 2018a). Finally, young people have described their journey through therapy and the changes they experienced, seeing themselves in a more positive light, as stronger, more reflective and reliant on themselves (Beiza *et al*., 2015; Capella *et al*., 2016; 2018a; 2018b, 2022; Jessiman *et al*., 2016). The therapeutic relationship and the support experienced from parents, peer groups and other support networks were seen as core to psychotherapeutic change (Capella *et al*., 2022). More studies are needed that consult with young people directly about their experiences of therapy (Capella *et al*., 2022), drawing on samples from different contexts, to test the trustworthiness, credibility and relevance of these findings for adolescents who have experienced sexual abuse.

The studies cited draw on practice based on different theoretical underpinnings. In Ireland, while different trainings are on offer, public service psychotherapy services do not, in principle, favor one school of psychotherapy over another; thus, practitioners from different orientations work together in sexual violence services, drawing on their training and skills to meet the needs of the young people presenting to services. As many authors have pointed out, practice in real life naturalistic settings tends to be more integrative than what is reflected in the literature, regardless of the original training school with which the therapist has affiliations (Solomonov *et al*., 2016).

This study attempts to build on previous studies by asking young people directly about their experiences of therapy following sexual abuse, what they found helpful and unhelpful about these experiences and what recommendations they would offer to psychotherapists working with young people following sexual abuse experiences. The psychotherapists on the research team self-identify as integrative psychotherapists (based on integration of humanistic, cognitive-behavioral, psychoanalytic, and systemic theories). In this paper, we present the views of young people who have attended sexual violence psychotherapy services where the theoretical approach is unspecified and where the theoretical affiliation of the psychotherapists with whom these young people engaged, is unknown. We consider the contributions of these findings to the field of psychotherapy so that policy and service development initiatives can be informed by the voice of the young people availing of these services.

Methods

This qualitative study of young people's experiences of therapy following sexual abuse was part of a larger review of sexual violence services for young people under 18 years of age, provided by rape crisis centre services in Ireland and funded by Tusla - Child and Family Agency. The study obtained ethical approval from Tusla and the University. Procedures were informed by best practice in conducting research with vulnerable populations on sensitive topics (Draucker *et al*., 2009; Hunleth, 2011; McClinton Appollis *et al*., 2015). Sixteen young people (14 self-identified as girls and two as boys; age range 15 to 18 years) who had attended psychotherapy in specialist sexual violence services were recruited through their therapist from seven centres. As the focus of the study was on young people's experiences, information was not gathered about the therapists, their qualifications or theoretical orientation, nor was information sought about the duration of therapy. Inclusion criteria included those young people under 18 who had attended psychotherapy in the previous two years, may be interested in participating, and would, in the therapist's view, not be unduly distressed by such participation. It is not known how many were

approached but most of those invited agreed to participate. The type of abuse experienced ranged from sexual fondling to vaginal penetration with perpetrators ranging from peers, family members and parent's partner. The duration of abuse ranged from once off rape incidents (n=6) to sexual abuse that took place over a period of time.

The information sheets (see Figure 1 for process) provided clear information about the study, including the interview questions - open questions about experiences of accessing services, what they found helpful, what could have been better and what advice they could offer psychotherapists providing services to young people who have had an experience of sexual violence. The young person was assured that the interview could be stopped, and they could withdraw from the study at any time up until the data analysis stage of the study. Young people were reassured that should they choose to withdraw, this would not impact on their access to services. They were also informed that all efforts would be made to protect their identity but that given the small size of the sample, it may be possible for someone who knows them well to identify them in the study report. The limits of confidentiality were explained, *i.e.* that should they share information that suggested either they themselves or another child was at risk, this information would be passed on to their therapist (In Ireland, psychotherapists are mandated reporters). Finally, they were informed that they may find it distressing to talk about their experiences as it may remind them of their abuse experiences. Findings from a research study was shared with them indicating that young people who found it distressing to participate did not regret participating (Finkelhor *et al*., 2013).

A protocol was in place in the event that the young person needed support either during the interview or following the interview. Options were offered such as pausing the interview, taking a break or continuing with the interview on another day. All interviewers were professional psychotherapists. Interviews were audiotaped and transcribed. Each young person was interviewed on one occasion and the average duration of the interview was 60 minutes, ranging from 45 minutes to 90 minutes. All identifying information was removed from transcripts prior to analysis, and uploaded to a software database, NVIVO (QSR International, 2011). All procedures for storing data were compliant with European Union legislation. Thematic analysis was conducted using Braun and Clarke's (2006) procedures, whereby each transcript was reviewed individually to identify open codes, these open codes were compared and contrasted to identify higher level themes, and final categories were identified based on this comparative analysis process. Three researchers (AM, CT & RME) independently coded the transcripts and consulted with each other throughout the analytic process.

While information was not gathered during these interviews about the therapist's training or theoretical orientation, we know from the larger study that these centres only employ professionally accredited psychotherapists whose training is consistent with European standards (see https://www.europsyche.org) and that while most of these therapists are trained in humanistic and integrative psychotherapy, some are psychoanalytically trained in child and adolescent psychotherapy. It is known from the larger study that the ethos of these centres reflects a holistic, client centred approach with an emphasis on empowerment.

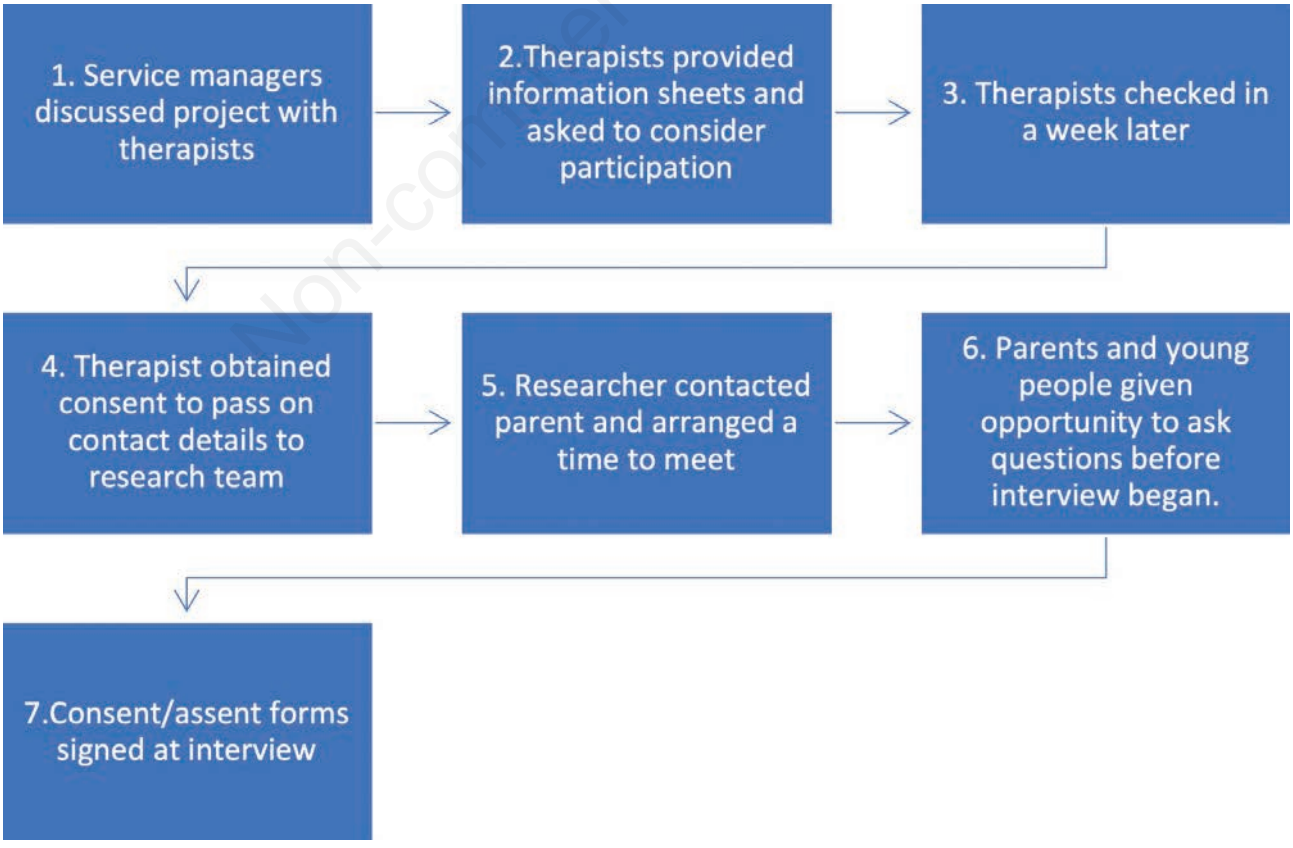

Figure 1. Process of obtaining consent and assent.

Thus, duration and frequency of attendance, and choice of therapeutic approach is largely informed by an assessment of the young person's needs and the theoretical orientation and training of the therapist. However, similar to other studies (Barnett *et al*., 2019; Goldman Fraser *et al*., 2013), it is clear that a range of evidence-based interventions are used.

Results

Seven key themes were identified through thematic analysis of the young people's interviews (n=16) included not wanting to attend, choice and not feeling pressured, it helps to talk, relationship with therapist, specialist help, explaining things and coping skills.

Not wanting to attend: I don't want to go

Many of the young people (n=12) spoke of not wanting to attend therapy in the beginning, feeling scared, nervous and not knowing what to expect. The label of the sexual violence centre was off-putting for some: "*oh, we're sending you to the (…) Centre and I was like, wait a minute! I was shocked* (Charlie)" (pseudonyms are used through the paper to protect the identity of participants). One young person described how she battled with her parents:

> *And I said, I'm not getting out of the car, I just went into this state of panic... For me, talking about it makes it real…even though I had agreed to come, I was kind of back tracking on it…I remember just being so scared to be here. I just didn't want to have to be here…I used to just hate the fact that I had to come here...it wasn't the fact that I hated coming it was I hated that I had to* (Sally).

Choice and not feeling pressurized: I can talk about whatever I want to talk about

The idea of choice and not being put under pressure permeated young people's narratives (n=9). For some young people, their therapist was the one person in their lives who privileged their right to choose, in a context when choice had been taken from them. This manifested in different ways: not feeling under pressure to talk about things they did not feel comfortable talking about. Young people conceptualized not being pressurized as the therapist taking a relaxed approach to the therapeutic work, having patience and taking things slowly: *"they go into it a lot slower as well, like. And my therapist didn't kind of make me like explain what happened...we kind of slowly went in to what actually happened"* (Taylor). This was considered particularly important for those who were not getting this with other people in their lives, "*my therapist was the only person that I had in my life at that stage who took a seat back when I was going crazy about something"* (Sam).

Psychotherapy was described by some as a place where they could take some 'time out', where they could choose to use the session in whatever way they needed at that point in time:

> *I don't think counselling is all talking, about getting everything off your chest. I think it is sometimes taking an hour, just relax and don't think about anything really. I think that's how the therapist helped me the most. She gave me that hour a week that was just like, you are not going to look at your phone, you're not going to think about this or about that, we are just going to sit and talk… when I walk in these doors that I don't feel pressure to talk about anything that I don't want to talk about or I don't feel pressure to do anything* (Sam).

It helps to talk: it makes you feel a little less heavy

Most young people (n=14) identified 'talking' as one of the most helpful aspects of psychotherapy, having someone other than family to talk to, seeing things from a different perspective and experiencing a relief from talking or letting things out. Young people spoke of the challenge of talking about their experiences in their family or social networks:

> *Just someone to talk to about what happened because I don't really feel comfortable talking to my Mum about it. I talk to my Mum about a lot of things but …I always get this sense that she's upset that it happened in the first place because I'm like her baby...I would feel bad putting that on her. And also, I don't really want to talk to my friends about it either, like it's a bit of a heavy thing to put on people. … I think that's what I find most helpful… That it kind of, not lifts your spirit, but it makes you feel a little less heavy. Like walking around isn't as hard when you're able to share your thoughts with someone else, because keeping them in all the time does get very burdensome* (Michelle).

This visceral experience of feeling a little less heavy was also described by another young person, "*it was a big hole in my stomach that I had to get up at some stage*" (Jess). Talking was also seen as helping to get a different perspective on the experience, contextualizing it so that it didn't take over the young person's life:

> *It's not as scary if you have that support around you and you talk about it. It is a really big thing when you are not talking about it. But the more you talk about it, the smaller and smaller it gets and that's what you want it to be, you want it to be this tiny little thing that is in the back of your head because that is all it deserves* (Sam).

Relationship with therapist: we get on

Most young people (n=13) referred to their relationship with their therapist, many saying this is what helped the most. Experiences included feeling listened to, supported, understood. Encouragement from parents and how the first session was experienced, in particular how they experienced the therapist, appeared to be crucial in helping the young people engage in therapy at the beginning. The importance of the first visit and first impressions for the young person was highlighted by one young person:

> *But I was just so, so scared … they introduced themselves and they were just so lovely, offered me tea and biscuits… (therapist) came out and introduced herself and she was so lovely. And I knew straight away that I was in like a safe place and that they were not going to judge me and they were so lovely and caring…So I think that first half an hour with her was really important for me to build my trust with her and let her know the type of person I was and let her get to know me and me to get to know her* (Sally).

Several young people referred to having difficulty trusting others but learning to trust their therapist:

Like you know I'm able to like talk to her more and tell her what is actually going on. Before I wasn't like that. I didn't trust people. That's why I didn't like open up with her much, but now I do like trust her (Jackie).

Specialist help: that's what they're for

Many young people had attended other services in the past and highlighted the specialist nature of sexual violence services as helpful as they felt better understood,

I think the fact that it is a sexual abuse center. because it feels like I actually am going and getting help for what I need. Like if you've a problem with your eyes and you're going to your GP (family doctor) *… if you've a problem with your eyes, you go to an eye doctor* (Riley).

Attending a specialist service helped some young people feel they were not alone, that others had been through similar experiences. The idea of specialist help was also understood as referring to services for young people: "*here and CAMHS* (child and adolescent mental health services) *have been great because they're specialized for adolescents"* (Riley).

Explaining things to me

Many young people referred to how helpful it was to have issues explained to them, such as what to expect from attending the center and how therapy would work:

Everything she said to me in that first session was how it went, really. So I think that first half an hour with her was really important for me to build my trust with her … I mean she let me know anything I wanted to know about her and the work she does, and things like that (Sally).

Explaining to the young person how anxiety impacts on an individual or why young people may be experiencing certain feelings following sexual abuse was highlighted as particularly helpful for young people as they coped with everyday challenges:

My therapist explains why I feel certain ways and I think that's really helpful… …I feel like I'm starting to understand why certain feelings come to me and why I feel a certain way sometimes (Charlie).

Young people spoke of the value of having legal processes explained and reflecting on decisions as to whether to make a formal complaint to the police.

Suggestions were offered as to how therapists could help young people better. Explaining the impact of abuse and encouraging young people to believe they will get better were among the ideas offered: "*I think professionals telling their clients that they will come out of it, that eventually, there is a light at the end of the tunnel. That would help younger people knowing that and could prevent like suicides"* (Alex).

Coping skills

More than half of the young people (n=10) identified coping skills as a helpful aspect of therapy; managing their own anxiety or distress, becoming more self-aware, managing school, or managing relationships with family or friends. Young people spoke of strategies they learned:

She got me into journaling and recording my feelings and things. The art therapy, she got me into that there. And so many things for when I'm having a panic attack, like just to breathe, like to ground myself, like if I was in my room, put my feet on the floor…Things like listening to music. She helped me to make playlists and things like that there, of what's going to calm me down and make me happy… (Sally).

One young person also spoke of how their therapist helped them expand their lifespace, "*It's got me out doing things, so… . going out with my friends a lot more where I would have just been in my room all weekend"* (Taylor).

Young people illustrated how the therapy focused not only on what happened to them but also helped them manage their relationships with their family and gain insights into their own role in conflictual interactions with family:

I've got a greater handle on my relationships with people… I used to take just everything on everyone. I've stopped doing that because when all comes to all, I've come to realize I'm just stressed out, the person hasn't actually done anything to me, for it to be alright for me to be forgiving, I was awful for doing that with my family, my relationship with them has changed a lot. And my Mam has changed a lot as well. We used to fight a lot and now, it's a lot better. I talk to her a lot better. I'm a lot more calm than I was before I started coming here (Riley).

Discussion

The key themes identified in this study represent therapy as a space where young people learn about themselves and how to cope better with life's challenges, where they find someone they can trust and talk with about how they're feeling and thinking, where they can exercise their autonomy and agency, and where, although initially reluctant to attend, they can feel that they are in the right place to get the help they need.

The themes of having a trusted relationship with someone in whom they can confide, psychoeducation, and learning coping skills resonate with findings from other qualitative studies with young people who have experienced sexual abuse (Nelson-Gardell, 2001; Mudaly & Goddard, 2006; Dittman & Jensen, 2014; Foster & Hagedorn, 2014; Beiza *et al*., 2015; Capella *et al*., 2016; Jessiman *et al*., 2016; Capella *et al*., 2018a). Similarly, the value of talking about the abuse experience has been highlighted in previous qualitative studies (Jensen *et al*., 2010; Capella *et al*., 2016) as well as in a systematic review of randomised controlled studies on outcomes (Tichelaar *et al*., 2020) and is a key component of trauma focused approaches. The need for young people to have choice and not to feel pressurised to talk has been highlighted by Allnock *et al*.'s (2015) young participants who referred to inflexibility in sessions and pressure to talk as being unhelpful therapeutic responses.

In keeping with the findings of previous studies, the therapeutic relationship was identified as a key aspect of the experience of therapy. How the therapist facilitated engagement was illustrated: through connecting with the young person in the first session, through psychoeducation and helping the young person make sense of their experience, through focusing on wider relationships in the young person's lifespace and helping them re-

flect on their contributions to conflicts in relationship. Capella *et al*. (2018a)'s young participants referred to therapy being a gradual process and the findings from the current study also emphasise how young people valued the therapist not putting pressure on them and being able to work at their own pace. The importance of the therapeutic relationship cannot be over emphasised, particularly in work where for most children, an inherent aspect of the sexual abuse experienced was a breach in trust. Identifying ways of strengthening therapeutic relationships is therefore crucial both to facilitate the therapeutic work and to prevent dropout for those young people who need this support.

Less common in the literature are references to young people's reluctance to attend therapy and the value they place on specialist help. Recent qualitative studies (Foster & Hagedorn, 2014; Capella *et al*., 2018a; Nunez *et al*., 2022) have reported an initial resistance to attend therapy, particularly when young people felt forced to attend, feared being judged and were uncertain that therapy would help them. Nunez *et al*. (2022) highlight the role that parents and therapists play in motivating young people's engagement in therapy and the current study also illustrates the importance of the first session and the young person's first impressions of the centre and the therapist. However, previous studies have not reflected on how attending therapy may mirror experiences of abuse. Talking about the abuse, while potentially healing in itself, also confronts young people with the reality of their experience. While young people in this study overcame their initial reluctance to engage, the language used in describing this initial reluctance 'sending you' raises questions about how being brought to therapy was at times experienced as another imposition, similar to the abuse itself. O'Keeffe & McElvaney (2022) have reported how adolescents' experiences of the forensic medication examination was experienced as a reenactment of the abuse experience, even in the context where these young people found the experience beneficial and reassuring.

Balancing the young person's need for therapy with their concurrent need to exercise autonomy and choice may mitigate the likelihood that being brought for therapy will be experienced as a reenactment of abuse. Young people in this study spoke of the value they placed on having a choice in how the therapeutic work unfolded, not feeling pressurised to talk about the abuse, and experiencing a relaxed approach whereby the therapist gradually supported the young person in telling their story. These experiences speak to the antithesis of the sexual abuse dynamics of powerlessness and helplessness (Finkelhor & Browne, 1985). Similarly, Gilmartin and McElvaney (2022)'s adolescents who attended therapy while in foster care spoke of the phenomenon of being brought to therapy against their wishes and how they valued choice in how therapy was conducted. While the challenging nature of therapeutic work in this field for professionals has been well documented (Wheeler & McElvaney, 2017), less has been written about the challenges experienced by young people in both choosing to seek help and in how that support is provided, in particular, when support is experienced as triggering abuse dynamics. A better understanding of these dynamics could help professionals anticipate both potential and actual clients' need for understanding of this aspect of their experience and consider ways to mitigate a re-enactment of abuse dynamics. Explaining to young people what to expect from therapy and allowing them to lead the therapeutic work, where appropriate, are some suggestions offered by participants in this study. Given the importance of choice and autonomy for young people at this critical stage of their development, therapists do have a responsibility to provide young people with choice within the therapeutic work where this is appropriate, where it promotes their sense of agency and autonomy, and does not stifle their development. Capella and colleagues (2018b) highlight the importance of promoting adolescents' agency in navigating their healing journey. More research is needed on how the young person's choice and autonomy can be privileged in therapeutic work that also draws on evidence based interventions.

Young people in this study spoke of the reassurance felt when attending specialist services dedicated to young people who have experienced sexual violence, helping them feel understood and less alone. This perception of specialist services may have contributed to young people's ability to trust in these services in general and their therapist in particular. Epistemic trust, a concept developed within the psychoanalytic tradition, refers to trust in others as reliable sources of information and has been identified as an important component of the therapeutic relationship, linked to therapeutic change (Fonagy & Allison, 2014). Research has highlighted how childhood abuse, particularly when experienced in the context of attachment relationships, is associated with epistemic mistrust (Knox, 2016). Anwar Jaffrani and colleagues (2020) note how positive experiences of therapy such as feeling understood, not judged, and feeling heard may contribute to trust building for young people who have experienced sexual abuse. Through feeling understood and recognised, the young person can recover a sense of integrity and a sense of self (Gula *et al*., 2020). Carpenter *et al*. (2016), in their evaluation of the 'Letting the Future In' therapeutic programme for young people who have experienced sexual abuse refer to how teaching coping skills and psychoeducation contributes to trust building and supports the therapeutic relationship. Such experiences may also help young people maintain their engagement; feeling understood helps them feel they are in the right place to get the help they need. As a young person in Sprince's (2002) paper noted, sometimes the therapist can hear the inner screams for help, even when the young person themselves cannot hear them, and that's why they need to come.

Consensus does not exist in the literature on best practice in relation to effectiveness, given the absence of robust findings from comparative studies (Goldman Fraser *et al*., 2013; MacDonald *et al*., 2016). However, consensus does exist that a tailored approach to therapy is indicated for young people following experiences of sexual abuse. The findings from this study build on previous studies that support the need for psychoeducation, coping skills, acknowledging the importance of the therapeutic relationship in such tailored approaches to therapy. In particular, the findings highlight how the therapeutic relationship can mitigate the risk that therapy can be experienced as a re-enactment of the abuse where the young person is not able to exercise their autonomy and agency. In addition, the study highlights how the psychoeducation and provision of specialist services may contribute to epistemic trust for the young person, a key contributor to outcomes in psychotherapy.

Strengths and limitations

This study adds to the growing body of literature that privileges young people's voices in building a rich picture of experiences of therapy following sexual abuse. It contributes to the evidence base for the centrality of the therapeutic relationship, the need for tailor-made interventions that respect both the uniqueness of each young person but also the unique experience of abuse and its impact on individuals. It is the first study of its

kind drawing on an Irish population and can thus contribute to service development ensuring the involvement of young people in the development of policy in this field. It would have been helpful to have collected information about how many therapy sessions had been completed at the time of the research interview and information about the young person's therapist, such as their theoretical orientation, to contextualise the findings. We also acknowledge that in this study, the 'voice' of the young person was the verbal depiction of their experiences of therapy. Capella and Boddy (2021) provide a poignant illustration of how children communicate their experiences of the therapeutic relationship other than through words and how 'not talking' is a powerful communication in itself.

Despite the central role that parents play in the young person's recovery process, there was little mention by young people of their parents' involvement in the therapeutic work. We did not set out to collect data on parental involvement as the core question of the study was how young people themselves experienced psychotherapy. However, parents are seen in these sexual violence services, particularly at the initial assessment stage (McElvaney *et al.*, 2019), and are seen as an important source of support for the young person throughout their therapeutic journey. Future studies could perhaps enquire more directly about parent involvement and young people's perspectives on this.

Conclusions

This study adds to the body of literature on psychotherapy with young people following the experience of sexual abuse, supporting previous findings that acknowledge the centrality of the therapeutic relationship and the value of an empathic, understanding presence, psychoeducation, skills training and the opportunity to talk about thoughts and feelings. It highlights how psychoeducation, skills training and service provision from specialist services may all support the young person's experience of epistemic trust, contributing to better outcomes. The study provides additional insight into young people's reluctance to attend therapy, in particular how attending therapy confronts the young person with the reality of their experience and, if imposed, may result in re-enactment of the abuse experience. The study highlights the need for therapists to respect young people's autonomy and need for choice in the therapeutic work and how promoting choice may mitigate the likelihood that being brought for therapy or feeling coerced to talk about their experience of abuse may be experienced as mirroring the abuse experience. More research is needed on this phenomenon and in particular, on how therapists may unwittingly re-create abusive dynamics in the therapeutic work and how this can be minimized. Providing opportunities for the young person's voice to be heard through research studies such as the current one, could inform the field as to how we can best help young people on their healing journey.

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