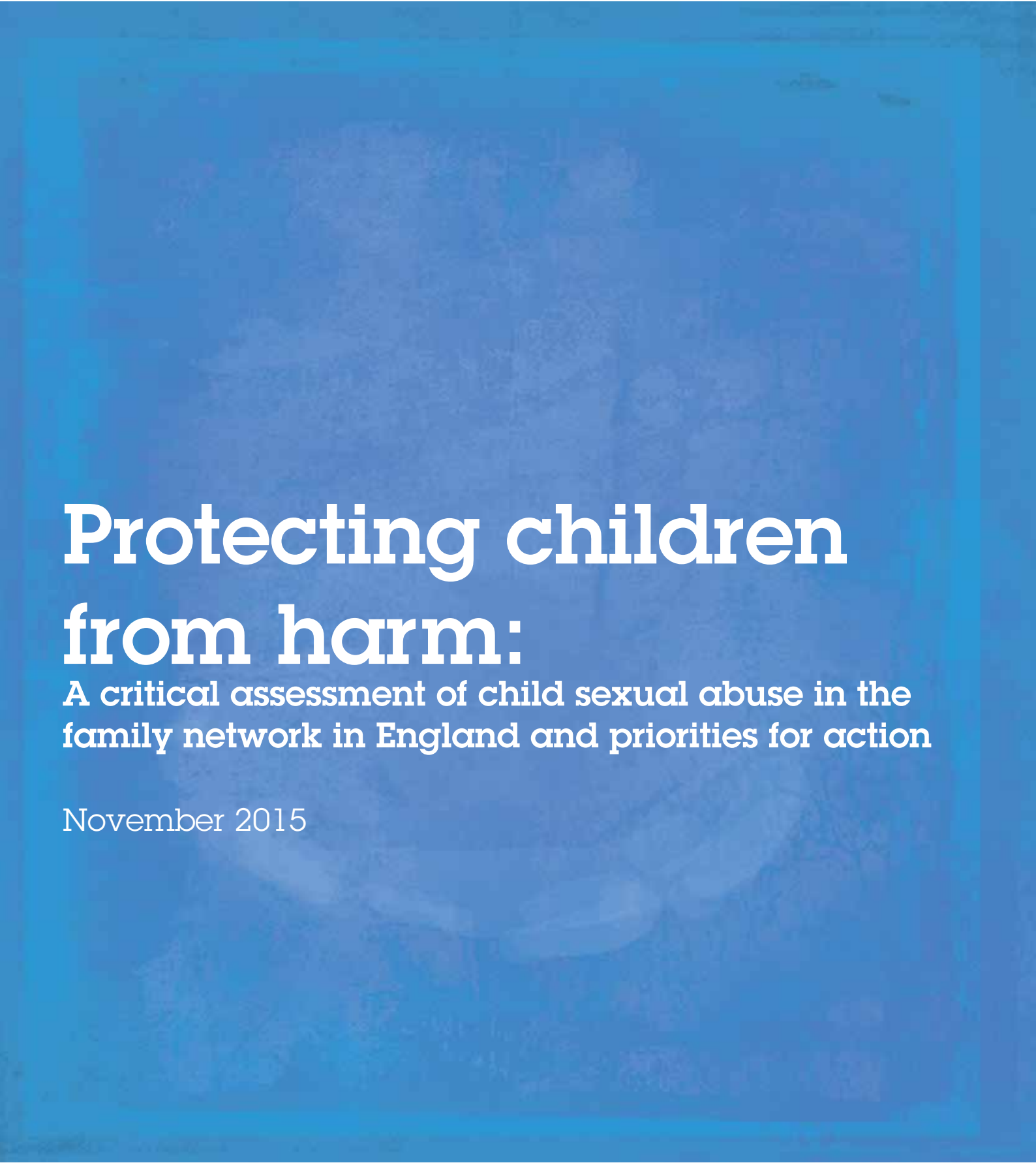


Protecting children from harm:

A critical assessment of child sexual abuse in the family network in England and priorities for action

November 2015

Children's Commissioner

Promoting and protecting children's rights

Contents

1. About the Children's Commissioner 4
2. Foreword 5

Background
3. Rationale 11
4. Inquiry structure 12
5. Definitions used in this report 12
6. Approach 15
7. Methodology 18

Scale
8. The prevalence and incidence of child sexual abuse in the family environment 26
8.1 Prevalence rate 26
8.2 Estimated incidence 27
9. Number of victims of child sexual abuse known to statutory services and non-statutory services 30
9.1 System response 31
9.2 Statutory pathways 38
10. The scale of child sexual abuse in the family environment in England – conclusions 44

Nature
11. Victim profile 45
11.1 Age 45
11.2 Gender 48
11.3 Ethnicity 49
11.4 Learning/Physical disabilities 51
12. Additional characteristics 52
12.1 Domestic abuse 53
12.2 Inter-generational abuse 54
13. Relationships between victim and perpetrator 56
14. Recognition and telling 58
14.1 Recognition 58
14.2 Telling 62
14.3 Barriers to telling 66
15. Impact on victims 70
15.1 The impact of the abuse 71
15.2 The impact of the reaction of the family 76
15.3 The impact of intervention by statutory and non-statutory services 78
16. Nature of child sexual abuse in the family environment in England – conclusions 80

Conclusions 81
Recommendations 83
Next steps 86
Acknowledgements 87

Appendix A – Ethical approach 89
Appendix B – Evidence breakdown – scale and nature of child sexual abuse in the family environment 90
Appendix C – Survivor survey 102

1. About the Children's Commissioner

Anne Longfield OBE took up the post of Children's Commissioner for England on 1 March 2015. Her role was established under the Children Act 2004 and strengthened by the Children and Families Act 2014.

The Commissioner has responsibility in law for promoting and protecting children's rights in accordance with the United Nations Convention on the Rights of the Child. This includes listening to what children and young people say about things that affect them and encouraging adults making decisions to always take their views and interests into account.

The Acts which frame the Commissioner's work make her responsible for working on behalf of all children in England and in particular, those whose voices are least likely to be heard. She is expected to have a particular focus on the rights of children in the new section 8A of the Children Act 2004 and other groups of children who she considers are at particular risk of having their rights infringed. This includes those who are in or leaving care or living away from home, and those receiving social care services.

The law says that the Commissioner must represent children in parts of the UK outside England on issues that are not devolved to the Governments of Scotland, Wales and Northern Ireland. These include immigration, for the whole of the UK, and youth justice, for England and Wales.

The post of Children's Commissioner was created following a recommendation in the Inquiry into Victoria Climbié's death and requests from a number of children's sector charities to do so. The UN Committee on the Rights of the Child recommends that countries should ideally have an individual such as a children's commissioner or ombudsman responsible for children's rights.

2. Foreword

Our childhood matters – it is important in its own right but it also shapes every aspect of our future lives. Child sexual abuse casts a long shadow, and for many victims and survivors, the impact can last a life time. The sexual abuse of children is not inevitable, and I have been clear that my ambition is to see a major reduction in the number of children being harmed over the next five years.

Recently, child sexual exploitation has been the subject of considerable public concern. High profile cases in many towns and cities, where children have been groomed and exploited in their community, have highlighted the scale of improvement needed in our response to sexual exploitation. Quite rightly, the Government has outlined a programme of action for tackling child sexual exploitation which will address these issues. Justice Goddard has been appointed to chair the Independent Inquiry into Child Sexual Abuse, focusing mainly on sexual abuse which has occurred in institutions. Measures to tackle online child sexual exploitation have been strengthened considerably by the Government since the first WePROTECT conference in 2014 and social work reform is underway.

These are welcome developments. However, most children are sexually abused within the family. We must now make tackling this very difficult and complex problem a priority.

My research shows that the scale of child sexual abuse is significant. It is widely known that child sexual abuse is under-reported. Professionals working in this field often say that we're only seeing 'the tip of the iceberg'. My report estimates the size of that iceberg, and finds that approximately 1 in 8 victims of sexual abuse come to the attention of statutory authorities. Many younger children don't recognise that they are being sexually abused, and they may not have the words to explain it. When the abuser is a family member, victims may be worried about the consequences of telling someone.

The starting point for this report is not about professional failure. Sexual abuse which happens in and around the family is a significant challenge for professionals working on the frontline. Taking action to protect children demands a high level of expert judgement. Throughout my Inquiry, I have encountered committed professionals, many of whom were able to describe in great detail the challenges they face on a day to day basis in protecting children from sexual abuse, and the ways in which our responses to this issue could be improved. But it is about doing things differently. A system which waits for children to tell someone cannot be effective. It is clear that professionals working with children and the systems they work within must be better equipped to identify and act on the signs and symptoms of abuse.

This report establishes that the scale of child sexual abuse in the family is such that it must be recognised as a national priority. Over the next year I will be investigating how we can respond most effectively and what is needed to prevent children being harmed in this way.

In March this year, the Prime Minister stated that child sexual abuse is a national priority. I hope that my report will assist professionals at a national and local level as they seek to respond to this issue more effectively. We all share the same objectives – to reduce the number of children being sexually abused, ensure that victims of abuse are identified and given the appropriate support, and to support children and young people to come forward and access help when they need it. The implementation of my recommendations would be a start down this road.

This report shines a light on the scale and nature of child sexual abuse in and around the family, and includes a number of recommendations for tackling this issue more effectively.

Our duty must be to do all we can to ensure it stops to ensure children get the childhood they deserve

Anne Longfield OBE
Children's Commissioner for England

Executive Summary

Background

This report outlines the findings of the first phase of the Children's Commissioner for England's Inquiry into Child Sexual Abuse in the Family Environment.

In this phase of the Inquiry, the Commissioner aimed to assess the scale and nature of child sexual abuse in the family environment in England which is currently detected and undetected by statutory agencies.

For the purposes of this Inquiry, Child Sexual Abuse in the Family Environment is defined as sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member. Within this definition, perpetrators may be close to the victim (e.g. father, uncle, stepfather), or less familiar (e.g. family friend, babysitter).

Methodology and data/evidence gathered

The Inquiry has adopted a mixed methods approach, including:

- **Rapid Evidence Assessment.** The University of Middlesex undertook a systematic review of academic and non-academic literature on intra-familial child sexual abuse, including 57,000 papers in total, 300 of which were subject to detailed examination.[1]
- **Data/evidence collection**. Data has been gathered from all Police forces in England for all cases of child sexual abuse over a two year period, April 2012 – March 2014. Although this is a comprehensive dataset, the relationship between victim and perpetrator is inconsistently recorded by Police forces. Data has been gathered pertaining to statutory social work provision through the Children in Need census administered by the Department for Education. In order to match data obtained from the Police and children's services and prevent double counting, initials and Dates of birth have been used. Initials and Dates of birth are not available for all children in the Children in Need census. Voluntary sector organisations submitted relevant evidence to the Commissioner, including case studies and anonymised service user information.
- **Site visits**. The Inquiry team visited five locations in England, meeting with a range of statutory and non-statutory agencies involved in tackling child sexual abuse.
- **Oral evidence sessions**. Various subject matter experts were invited to give evidence to the Inquiry on a range of issues associated with an assessment of the scale and nature of child sexual abuse in the family environment.
- **Survivor survey**. An online survey of adult survivors of child sexual abuse in the family environment yielded 756 responses, making it the largest survey of adult survivors ever undertaken.
- **Focus groups**. A series of subject-specific focus groups were convened with experts in particular fields related to child sexual abuse in the family environment.

Evidence gathered through each strand of the Inquiry has been brought together to assess the scale and nature of child sexual abuse in the family environment in England. Overall, this represents the most comprehensive dataset for the sexual abuse of children in England ever assembled (section 8).

The scale of child sexual abuse in the family environment

The scale of child sexual abuse can be measured by its *prevalence rate* (section 9.1) – the proportion of adults in the population who were sexually abused as a child; and its *incidence* – the number of new cases of child sexual abuse during a specified time period (section 9.2).

Research demonstrates that the prevalence of sexual abuse could be as high as 11%.[2]

For the purposes of this Inquiry, studies on the prevalence rate of child sexual abuse provide contextual information on the likely scale of this issue in England. In previous research on the prevalence of child sexual abuse, 11.3% of young adults aged 18-24 reported that they had been a victim of contact sexual abuse in childhood. If applied to the population of children in England, this prevalence rate suggests that 1.3 million children living in England today will have been sexually abused by the time they reach the age of 18 (section 9).

1 Horvath, M et al. (2014) 'It's a Lonely Journey': a Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse, Children's Commissioner

2 Radford, L et al. (2011) Child abuse and neglect in the UK today, NSPCC

Most victims of child sexual abuse do not come to the attention of statutory authorities

Research demonstrates that many victims of child sexual abuse do not tell the Police, or they wait until adulthood before telling someone that they have been sexually abused.[3] This Inquiry identified that approximately 50,000 victims of all forms of child sexual abuse were known to statutory services over the two year period April 2012 – March 2014.

Using a statistical model known as Multiple Systems Estimation (previously used to estimate the number of victims of modern slavery in the UK[4]), this Inquiry estimates that 1 in 8 victims of child sexual abuse come to the attention of statutory authorities. This model is limited by the quality of the data available, so this estimation should be regarded as tentative. The evidence gathered for this Inquiry quite clearly demonstrates that child sexual abuse is occurring at a scale which is greater than is currently addressed by statutory services (section 10).

Child sexual abuse in and around the family is likely to account for around two-thirds of all child sexual abuse

It is difficult to measure the scale of child sexual abuse in the family environment specifically, owing to deficiencies in statutory service data collection and recording procedures. Nonetheless, the Commissioner estimates, on the basis of evidence submitted to the Inquiry, that child sexual abuse in the family environment comprises around two thirds of all child sexual abuse.

Criminal justice and child protection systems are largely disclosure-led

The vast majority of children who are sexually abused do not disclose abuse in the immediate or near aftermath of the abuse occurring, and most victims wait until adulthood before coming forward to authorities.[5] The identification of abuse is difficult. There is a high level of commitment to tackling this issue among professionals working with children. However, victims may not present signs very clearly, and where there is an element of doubt, professionals sometimes lack the confidence to broach the subject (section 10).

The nature of child sexual abuse in the family environment

The evidence examined by the Inquiry suggests that most victims are female, though boys and young men are likely to be under-represented in the data

In the data examined by the Commissioner, approximately 75% of victims of child sexual abuse in the family environment are female. However, boys and young men are likely to be under-represented in the data examined by this Inquiry owing to additional barriers to telling anyone and accessing help (section 12).

Most victims of child sexual abuse linked to the family neither tell anyone nor come to the attention of the authorities until adulthood

Most victims report their sexual abuse or it is discovered in the age range 13 – 16, though boys are more likely to be recognised as a victim of abuse at a younger age. Responses to the survivor survey suggest that, for many victims of child sexual abuse in the family environment, abuse begins around age 9. Child sexual abuse in the family environment does usually occur at a much younger age, though younger children are less likely to disclose abuse than older children. They may not have the words to describe or explain their experiences to an adult, and they may not recognise that they are being sexually abused (section 14).

Children from some Black and Minority Ethnic groups, and children with physical or learning disabilities or learning difficulties, are less likely to come to the attention of authorities as a victim of sexual abuse in the family

Evidence heard by the Commissioner demonstrates that victims from some BME groups may face additional barriers to getting help, including, for example, a distrust of statutory services, a preference for informal community-based resolution and the precedence of the 'honour' of the perpetrator and concern for the apparent perceived 'shame' that may be brought to the family and/or community. Children with physical or learning disabilities may not have the capacity to understand or make a verbal disclosure. The symptoms of abuse, for example inappropriate sexual behaviour, may be attributed to a learning difficulty, rather than the possibility of child sexual abuse in the family (section 12).

3 Smith, N, Dogaru, C and Ellis, F (2015) Hear Me. Believe Me. Respect Me. A survey of adult survivors of child sexual abuse and their experiences of support services. University Campus Suffolk and Survivors in Transition.

4 Silverman, B (2014) Modern slavery: an application of Multiple Systems Estimations

5 Smith, N, Dogaru, C and Ellis, F (2015) Hear Me. Believe Me. Respect Me. A survey of adult survivors of child sexual abuse and their experiences of support services. University Campus Suffolk and Survivors in Transition.

Many victims are sexually abused by more than one person

42% of respondents to the survivor survey stated that they had been abused by more than one person. Of them, 74% stated that their abusers knew each other (section 14).

A significant number of cases of sexual abuse in and around the family involve young people as the perpetrator

In total, 25% of all cases of child sexual abuse in the family examined involve a perpetrator under the age of 18. The perpetrator in these cases is also a child with harmful sexual behaviour. This is, in itself, a possible indicator of experiences of sexual abuse. Given the likely number of children who are both victims and perpetrators of child sexual abuse in the family, this finding highlights the importance of measures to address harmful sexual behaviour among children and young people (section 14).

Many victims do not recognise that they have been sexually abused until much later in life

Many victims of abuse do not recognise that they are being abused. This is particularly likely for younger children, where perpetrators normalise the experience of sexual abuse. Approximately 26% of respondents to the survey of adult survivors of child sexual abuse in the family stated that they did not realise that they had been abused until they were an adult (section 15).

Victims and survivors face considerable barriers to telling anyone and accessing help

A number of barriers to telling someone were highlighted in the evidence examined by the Commissioner, including fear of not being believed, feeling of shame and guilt, a desire to protect the family, and not knowing how to explain what had happened (section 15).

Child sexual abuse linked to the family casts a long shadow over the life of victims and survivors

Evidence gathered for this Inquiry demonstrates that abuse impacts on victims in a number of ways. First, the abuse itself, and the breach of trust between victim and perpetrator – for many victims abuse leads to problems with mental and physical health, relationships and behaviour in general. Second, the reaction of the family – the disclosure or discovery of sexual abuse within a family is likely to have an enormous impact on the victim and their relationship with other family members, and this reaction may mitigate or exacerbate the impact on the victim. Third, the intervention of statutory and non-statutory services, whereby giving evidence may re-traumatise the victim (section 16).

Conclusions

1. Many victims of child sexual abuse do not come to the attention of statutory authorities. Using data gathered for this Inquiry, it is estimated that 1 in 8 victims of sexual abuse come to the attention of statutory authorities. The scale of child sexual abuse is therefore much larger than is currently being dealt with by statutory and non-statutory services. The physical and emotional impact of child sexual abuse persists into adulthood for many victims. It is difficult to measure the scale of child sexual abuse in the family environment specifically, owing to serious deficiencies in data collection. Nonetheless, the Commissioner estimates, on the basis of evidence submitted to the Inquiry, that child sexual abuse in the family environment comprises around two thirds of all child sexual abuse. Victims are more likely to be female than male, though males are likely to be under-represented in the data examined.

2. Abuse by a family member or someone connected with the family is in itself a barrier to victims accessing help. Child sexual abuse in the family environment encompasses a range of perpetrators, the majority of whom are male, with approximately one quarter of cases involving a perpetrator under the age of 18, such as a brother or cousin. Many victims are abused by several perpetrators, and in many cases, these perpetrators will be known to each other. The disclosure or discovery of sexual abuse within a family is likely to have an enormous impact on the victim and their relationship with other family members. Fear, coercion, loyalty to the perpetrator and/or a desire to protect other family members may prevent a victim of child sexual abuse in the family environment from telling anyone. Moreover, many victims are unable to recognise until much later in life that they have been sexually abused. Their emotional response to the abuse is manifested in a number of ways and should be visible to professionals.

3. Evidence examined for this Inquiry demonstrates that sexual abuse in the family is most likely to occur around the age of nine, though victims are most likely to come to the attention of authorities in adolescence. Younger children, particularly those under the age of five, are under-represented. They may not be able to recognise that they have been sexually abused, and perpetrators may normalise their behaviour. The competence to gather evidence from young children is variable. Children may not seek help for abuse, as they are worried about the consequences of service intervention for themselves and other family members, and they may have been threatened by the perpetrator.

4. Despite high levels of commitment to tackling this issue, in many cases, sexual abuse in the family continues unchecked as a result of professionals not identifying that something is wrong. Statutory services are largely disclosure-led, with the burden of responsibility placed on the victim. It is unrealistic to expect victims of child sexual abuse linked to the family to disclose abuse. Disclosure-led approaches are demonstrably failing the majority of victims of child sexual abuse in the family environment, as many victims of child sexual abuse in the family environment are not identified and do not receive help from statutory services.

5. Professionals will come into contact with children who are victims of sexual abuse linked to the family. Victims are likely to exhibit some sign or indicator, though in some instances this will not always be very obvious or conclusive. Proactive enquiry is therefore necessary to substantiate concerns and activate processes for the investigation of abuse and protection of the child. The identification of child sexual abuse is a considerable challenge to professionals. Evidence examined by the Commissioner suggests that child sexual abuse in the family environment often comes to the attention of statutory and non-statutory agencies as a result of a secondary presenting factor, which becomes the focus of intervention. Child sexual abuse, the underlying issue, may not be identified.

6. Despite a high level of commitment to tackling this issue across all services, the evidence demonstrates that professionals are not always confident in their ability to identify child sexual abuse. Where there are concerns and suspicions, levels of knowledge and confidence among professionals in all sectors on how to progress concerns may vary. Some professionals are hesitant to seek information or clarification from a child for fear that such actions will be construed as 'leading the victim' and encouraging a false or inaccurate account, jeopardising the potential outcome of the criminal justice process.

7. Some groups of children and young people are under-represented in the criminal justice system as victims of child sexual abuse in the family environment. Victims from some Black and Minority Ethnic groups may face additional barriers to accessing statutory services. In some Black and Minority Ethnic communities, victims of sexual abuse and their families are blamed, particularly if they are supportive of the victim and the 'honour' of the perpetrator is brought into disrepute by the allegation. Family members may also feel that they can manage allegations of child sexual abuse themselves, though these solutions generally involved silencing the victim. They were disinclined to involve statutory services, primarily as a result of distrust.

8. Victims of child sexual abuse in the family with learning/physical disabilities may be less likely to be identified as victims, as they face additional communication barriers to disclosure, and the signs of abuse may be misattributed to the disability. Children with a disability which impacts upon their communication skills are less able to report abuse directly. The signs and symptoms of abuse, when presenting in children with a learning disability, may not be evident to some practitioners as it can be masked by behavioural responses attributed to the disability. Children with learning/physical disabilities are particularly reliant on their parents/carers and personal care. Where the abuser is an immediate family member, victims may find it particularly difficult to access help.

9. The substantiation of an allegation or suspicion of abuse requires different levels of proof in the family and criminal courts, though in practice, evidence put forward to this Inquiry suggests that the criminal burden of proof ('beyond reasonable doubt') is often given primacy in joint investigations. Achieving Best Evidence interviews are the tool used by the Police to substantiate abuse and maximise the evidential value of the account given by the child for criminal courts. However, the quality of these interviews is inconsistent, and there are delays and shortages in skilled intermediaries to assist with interviews of younger children and children with learning/physical disabilities. According to evidence examined by this Inquiry, the role of social workers in the interview process has diminished, leading to concerns that the substantiation of sexual abuse is often delegated to the Police using the criminal burden of proof.

10. There are three aspects to the impact of sexual abuse within a familial setting. First, the sexual abuse itself, the breach of trust between victim and perpetrator, and for many victims of child sexual abuse linked to the family, abuse leads to problems with mental and physical health, relationships and behaviour in general. Second, the reaction of the family – the disclosure or discovery of sexual abuse within a family is likely to have a significant impact on the family and the victim's relationship with other family members, and this reaction may mitigate or exacerbate the impact on the victim. Third, the intervention of statutory and non-statutory services, whereby being removed from the family, describing abuse to professionals or giving evidence may re-traumatise the victim. In each case, the impact of sexual abuse may cast a long shadow over the life of the victim.

Recommendations

1. The Commissioner recommends that a strategy for the prevention of child sexual abuse, in all its forms, is developed and implemented by relevant Government departments, including the Department for Education, Department of Health and Home Office.

2. The Commissioner recommends that the Government explores how to strengthen the statutory responsibilities of organisations and professionals working with children, as part of their duty of care to children and young people, to ensure that all professionals work together more effectively to identify abuse.

3. The Commissioner recommends that the Government recognises the importance of and coordinates all sources of support for children and families where there is a particular risk of sexual abuse, including the Troubled Families programme, to ensure that victims are more effectively identified and helped.

4. The Commissioner recommends that all schools equip all children, through compulsory lessons for life, to understand healthy and safe relationships and to talk to an appropriate adult if they are worried about abuse.

5. The Commissioner recommends that all schools take the necessary steps to implement a whole-school approach to child protection, where all school staff can identify the signs and symptoms of abuse, and are equipped with the knowledge and support to respond effectively to disclosures of abuse. This should be supported by the Department for Education. In addition, a new role or embedded social worker should be considered.

6. The Commissioner recommends that all teachers in all schools are trained and supported to understand the signs and symptoms of child sexual abuse. This should be part of initial teacher training and ongoing professional development, with the latter requirement reflected in the statutory guidance on Keeping Children Safe in Education.

7. The Commissioner recommends that all Achieving Best Evidence interviews are undertaken in the presence of an intermediary or a suitably qualified child psychologist, and that appropriate provision for this is made by the Ministry of Justice and police forces.

8. The Commissioner recommends that, from the moment of initial disclosure, children receive a holistic package of support, tailored to their needs, including theraputic support to help them recover from their experiences. The Barnahus model should be piloted in England, in order to determine its potential for improving victims' experiences of statutory interventions, including the criminal justice process

9. The Commissioner further recommends that Government reviews the process of inter-agency investigation of child sexual abuse, including the role of the police and children's social workers, to ensure that the process minimises the potential for re-traumatisation, whilst maximising the possibility of substantiating abuse and taking effective protective action and taking the views of the child into account.

10. The Commissioner recommends that the Home Office amend and update the Annual Data Requirement to ensure that all police forces record this aspect of child sexual abuse-related crimes, and ensure compliance among all police forces.

11. The Commissioner also recommends that children and young people with harmful sexual behaviour receive proportionate and timely intervention to reduce the risk of this behaviour continuing into adulthood.

Next steps

The second phase of the Commissioner's Inquiry into Child Sexual Abuse in the Family Environment will continue, with a focus on prevention, investigation and the provision of appropriate help and support for victims.

Background

The Children's Commissioner is responsible for raising concerns if children are being harmed and not protected.

Previous research on child sexual exploitation has informed thinking and has driven change in policy.

This Inquiry now examines the most prevalent form of child sexual abuse - abuse that takes place within the family environment.

Although child sexual exploitation is now widely acknowledged as a priority for local and national agencies with child protection responsibilities, child sexual abuse which occurs within families has been largely absent from the national conversation. This is despite the fact that the majority of victims of sexual abuse are abused by a family member or someone already known to the child. Sexual abuse within a family has a particular impact on victims and the wider family. The violation of trust, the barriers to accessing help, and the impact on the entire family structure, pose particular challenges to policy-makers and practitioners.

This Inquiry aims to understand this issue in greater detail, particularly its scale and nature in England. The rationale and approach is outlined in more detail in this section.

3. Rationale

In July 2014, the Children's Commissioner initiated an Inquiry into Child Sexual Abuse in the Family Environment. There were four principal reasons for launching this Inquiry.

First, the Children's Commissioner had previously conducted an Inquiry into Child Sexual Exploitation in Gangs and Groups, which concluded in November 2013. This Inquiry examined the case histories of many victims of child sexual exploitation and found that many child sexual exploitation victims had previously been sexually abused in the family environment by a family member or someone known to the family. This abuse was often neither recognised nor addressed by the agencies responsible for child protection.

Second, the Children's Commissioner observed that research on the prevalence of child sexual abuse in England has suggested that 1 in 20 children are victims of sexual abuse[6], and approximately 6.3% of adults aged 18-69 in England were sexually abused as a child[7]. Most victims of sexual abuse are abused by a family member or someone known to them. The prevalence of child sexual abuse suggested by research is, however, not clearly reflected in the scale of the statutory response to this issue. At any one time, for example, approximately 2800 children in England have a child protection plan on the grounds of child sexual abuse[8].

Third, Child Sexual Exploitation (child sexual exploitation) has been subject to a series of research reports since 2011. Various high profile cases have led to a series of policy and practice initiatives to safeguard children from child sexual exploitation. The commitment demonstrated by Government to address this situation is noteworthy and commendable. The Children's Commissioner is concerned, however, that whilst there is a renewed dedication to tackling child sexual exploitation and protecting children online, understanding of the policy initiatives necessary to tackle child sexual abuse which occurs within the family environment has not advanced at the same rate.

Fourth, the University of Middlesex were commissioned by the Children's Commissioner to conduct a Rapid Evidence Assessment into intra-familial child sexual abuse[9]. Of particular note, the assessment found that many victims of child sexual abuse do not disclose their abuse for a number of years, and as a consequence, it is probable that the majority of victims of intra-familial child sexual abuse have not received help.

Overall, the Commissioner is concerned that many victims of child sexual abuse in the family are neither being identified, nor receiving help for the sexual abuse they have experienced.

6 Radford, L et al. (2011) Child abuse and neglect in the UK today, NSPCC
7 Bellis, MA et al. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England', BMC MediChildren in Neede 12:72
8 Table D2, Information on children referred to and assessed by children's social services between 1 April 2013 and 31 March 2014.
9 Horvath, M et al. (2014) 'It's a Lonely Journey': a Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse, Children's Commissioner

4. Inquiry structure

The Inquiry was launched with the following aims:

1	Assess scale/nature of child sexual abuse in England which is currently detected and undetected by statutory agencies including child sexual abuse within BME, LGBT and marginalised children and young people
2	Assess inter-agency and individual practice for preventing and responding to child sexual abuse in England, and its impact on children and young people
3	Make recommendations for improving prevention, the identification of child sexual abuse, child protection/law enforcement responses to child sexual abuse, and therapeutic intervention

In addition, the child sexual abuse in the family environment Inquiry has also consulted with children and young people, and specialist non-statutory community organisations.

In the first phase of the Inquiry, the Children's Commissioner has focused on meeting the first objective – to assess the scale and nature of child sexual abuse linked to the family in England which is currently detected and undetected by statutory agencies. Closely linked to this is the identification of abuse and the ways in which victims of abuse become known to statutory agencies.

The Inquiry has been directly shaped by a panel of experts, which has met on a monthly basis. An advisory group of independent experts has also been convened to challenge and scrutinise the conduct of the Inquiry, and to inform the Secretariat of relevant developments in the field. Government officials have been invited to participate in meetings on a regular basis to discuss the conduct and findings of the Inquiry.

5. Definitions used in this report

Children and young people

'Children' and 'young people' refers to anyone under the age of 18.

Child sexual abuse

Child sexual abuse *"involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."*[10]

Child Sexual Abuse refers to all forms of contact and non-contact sexual abuse, including Child Sexual Exploitation (child sexual exploitation), intra-familial sexual abuse, sexual abuse in institutional settings, and online sexual abuse.

Child Sexual Abuse in the Family Environment

This Inquiry has focused on intra-familial sexual abuse. This report uses the phrase 'child sexual abuse in the family environment' (child sexual abuse in the family environment). child sexual abuse in the family environment is used throughout this report, and defined for the purposes of this Inquiry as:

"Child sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member"

This definition is deliberately broad. It captures a range of relationships between victim and perpetrator, some of which are more clearly 'familial' than others. Biological family relationships are included, as are foster family members, partners of parents/carers, and adults otherwise involved in the home life and upbringing of the victim on a more informal basis, including family friends and babysitters. Adults have been included in the scope of child sexual abuse in the family environment where the familial context of the relationship

10 HM Govt. (2015) Working Together To Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children (PDF) London: Department for Education

between victim and perpetrator exacerbates the impact of abuse on the victim and undermines their ability to access help and support.

This definition does, however, have soft edges, and may overlap with other forms of child sexual abuse. For example, a 'friend of the family' can play a variable role in the familial life of a child. Some family friends will be particularly prominent in the lives of children, though others will be less familiar. It is the Commissioner's view that where the relationship between the perpetrator and victim is mediated by a family member, this is considered to be 'abuse in the family environment'.

Excluded from this definition is abuse perpetrated against children living in residential care homes by staff and peers. Where a child is placed in a residential care home, the local authority is the corporate parent, and the care home is, to a greater or lesser extent, the 'family environment' for children living there. This is a particularly serious form of child sexual abuse – the impact of re-victimising children who are already vulnerable, and who have been taken into the care of the state for their protection, cannot be under-estimated. Abuse perpetrated by staff in residential accommodation is perhaps more appropriately considered 'institutional abuse'. Although the Commissioner recognises the overlap between this type of institutional abuse and child sexual abuse in the family environment, the Independent Inquiry into Child Sexual Abuse will specifically address this issue.

It is therefore excluded from this Inquiry.

Victim and Survivor

Throughout this report, 'victim' is used to describe child victims of sexual abuse, and 'survivor' is used to describe adults who were sexually abused in childhood. It is noted, however, that some adults who were sexually abused in childhood may identify themselves as a victim and some children may identify themselves as a survivor. Identification as a victim or a survivor is a personal issue linked to recovery. The shorthand in this report is used simply to differentiate between adults and children.

Disclosure

Previous work commissioned by the Children's Commissioner has examined the process of disclosure, proposing a framework for recognition, telling and getting help. In this framework, there are four possibilities for 'telling':

Hidden – a young person actively avoids telling, hides a situation or denies that anything is wrong.

Signs and symptoms – a young person's behaviour or presentation demonstrates that they are experiencing a problem and brings them to the attention of professionals or services, though they have not directly verbalised or spoken out about the abuse, nor necessarily intended to disclose the abuse.

Prompted telling – a young person tells verbally, due to an initial response from a professional to a sign or symptom; or as a result of a young person having built sufficient trust in a professional to talk with them directly.

Purposeful telling – a young person purposefully approaches someone to tell. Young children may describe what is has happened to them because they feel uncomfortable about it, thereby disclosing the abuse, but this falls short of 'purposefully approaches someone to tell'.

Once a child has disclosed abuse, subsequent accounts are descriptions and elaborations, unless the subsequent account relates to different abuse or abuser. These concepts are used in reference to 'disclosure' throughout the report.

A distinction is made throughout the report between 'recognition' (individual victims or survivors recognising that they have been sexually abused) and 'identification' (a third party identifying that the victim or survivor has been sexually abused).

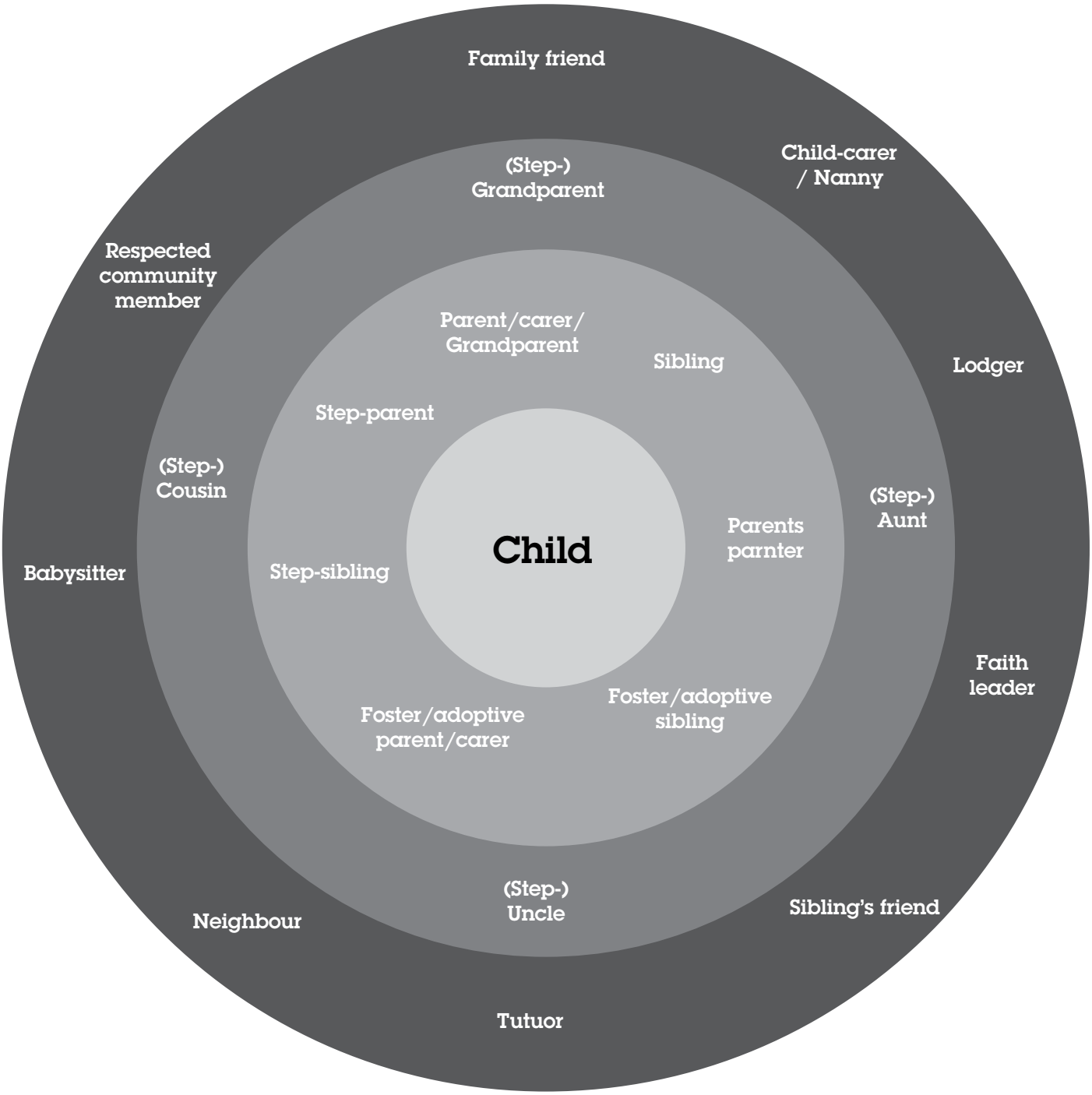


Fig 1. Relationships within the definition of 'child sexual abuse in the family environment'

6. Approach

The first phase of the Inquiry aimed to assess the scale and nature of child sexual abuse in the family environment in England which is currently detected and undetected by statutory agencies. A series of research questions were devised to address this objective and direct the development of the methodology.

A range of methods have been employed to enable the assessment of the scale and nature of child sexual abuse in the family environment. These methods have been developed in accordance with a particular conceptual model of child sexual abuse in the family environment, according to which the total cohort of child sexual abuse in the family environment victims breaks down into three groups:

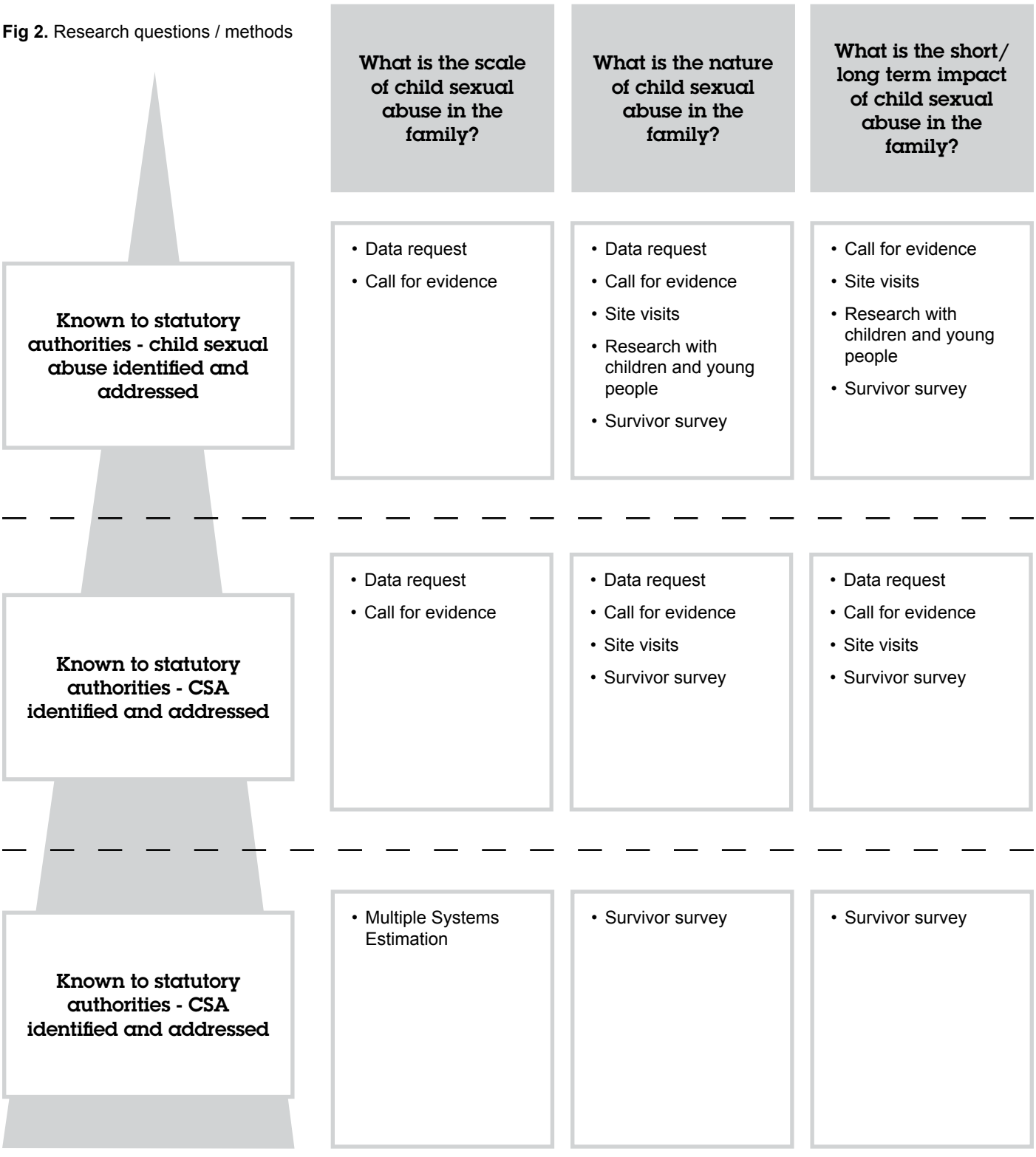
- Children and young people who have been identified as victims of sexual abuse by statutory agencies and are therefore known to statutory authorities as victims of child sexual abuse in the family environment
- Children and young people who are victims of child sexual abuse in the family environment, but known to statutory agencies for some other form of abuse and/or neglect
- Children and young people who are victims of child sexual abuse in the family environment, but have not been recognised as an abuse victim by any statutory or non-statutory agencies

This model is underpinned by an assumption that the number of victims of sexual abuse who enter the statutory child protection system is small in comparison with the total incidence of child sexual abuse in the family environment. This assumption is supported by research evidence which demonstrates that many victims of abuse neither tell anyone nor come to the attention of authorities until adulthood, and are therefore unlikely to receive help as a child. It follows that a narrow focus on victims of abuse known to statutory services would exclude the larger portion of the overall cohort of child sexual abuse in the family environment victims and under-estimate the overall scale of the issue. The methods adopted for the Inquiry were tailored to each group within the overall cohort of victims.

To assess the scale and nature of child sexual abuse in the family environment among children who have been identified as victims by statutory and/or non-statutory agencies, it has been possible to undertake a count of victims, based on official records available to the Children's Commissioner. This unique approach enables an assessment of the overall number of children known to statutory authorities as victims of child sexual abuse in the family environment.

However, the conceptual model recognises that most victims of child sexual abuse in the family environment are not known to statutory authorities, and will not therefore appear in official records. Assessing the scale of child sexual abuse in the family environment which is not known to statutory or non-statutory authorities is a considerable challenge. There is, by definition, no third party organisation or authority which can provide information on individual children who fall within this group. Population or household-based prevalence studies offer a glimpse of the likely size of this group. A statistical model has been used to estimate the number of victims of child sexual abuse who have not been recognised as an abuse victim by any statutory or non-statutory agencies.

Fig 2. Research questions / methods



Which agencies are identifying cases of child sexual abuse in the family environment?	How can the identification of child sexual abuse be improved?	How can responses to child sexual abuse in the family environment be improved?
• Call for evidence • Site visits • Survivor survey • Data request	• Call for evidence • Site visits • Survivor survey	
• Call for evidence • Site visits • Survivor survey	• Call for evidence • Site visits • Survivor survey	• Call for evidence • Site visits • Research with children and young people • Survivor survey
	• Survivor survey	• Call for evidence • Site visits • Survivor survey

7. Methodology

The Inquiry has adopted a mixed methods approach. Each method is outlined below in more detail. Evidence gathered through each strand of the Inquiry will be cited throughout this report. Wherever evidence is drawn upon to support an assertion, the source of the evidence is made explicit.

Table 1

	Method	Objective	Responses/ Activity
1	Call for evidence	Open call to collect examples of a) practice that agencies and/or professionals consider to be effective and b) barriers to implementing it.	15 submissions received involving 6 national charities, 5 local charities, 2 local statutory agencies, 1 national body representing statutory agencies and 1 private sector agency
2	DfE Dataset Request	Uniform request to collect data on victims and perpetrators	Single request
3	Police force Dataset Request	Uniform request to collect data on victims and perpetrators from every Police force in England.	100% Police forces responded (Total – 39)
4	Site visits and focus groups	Further understand and explore the scale, extent, nature and impact of child sexual abuse in the family environment	6 sites visited 32 agencies consulted 5 victim/survivor orgs
5	Oral evidence hearings	Gather evidence from key stakeholders and professionals.	9 professionals from statutory bodies and10 professionals from voluntary and community organisations
6	Survivor's survey	A survey for survivors to further understand and explore the scale, extent, nature and impact of child sexual abuse in the family environment and what could be improved	756 respondents
7	Helpline data request	Gather evidence on the extent and nature of calls relating to child sexual abuse in the family environment	4 helplines
8	Commissioned research – Rapid evidence assessment of intra-familial child sexual abuse	To gain an understanding of what is already known about intra-familial child sexual abuse	57,226 articles identified 660 articles screened 296 articles in the detailed analysis
9	Commissioned research – children and young people's	To gain insight into child sexual abuse in the family environment by hearing the experiences of children and young people who have been sexually abused in the family environment	Ongoing

Data collection

Data pertaining to identified victims of child sexual abuse has been obtained from Police forces and children's services. These are the primary statutory agencies for child abuse investigation and child protection. On this basis, Police forces and children's services should be in possession of the most comprehensive and relevant data relating to child sexual abuse in the family environment victims.

Data has been gathered in accordance with the powers of the Children's Commissioner[11]. All data has been collected, handled and stored in accordance with the Commissioner's policies and procedures, which have been accredited through the development of a Risk Management Document Management Set (RMADS) in consultation with CESG Listed Adviser (CLAS) consultant.

Data routinely collated at a national level has been prioritised. This is in order to (i) minimise the burden on frontline agencies working with children and young people by requesting only that data which is routinely and systematically collected, (ii) ensure the Commissioner's resources for managing data are used efficiently, and (iii) ensure, as far as possible, that data collected is consistent and comparable.

All data collected has been handled in accordance with the Commissioner's internal policies and procedures, which have been subject to independent scrutiny and accreditation. Data was collected on a confidential basis, meaning that individuals and individual organisations will not be identified in this report.

Police

The Police have a statutory duty to investigate child sexual abuse, protect victims of abuse and bring perpetrators to justice. It follows that Police forces possess considerable data on the scale and nature of child sexual abuse in the family environment in England.

The Children's Commissioner requested details of *every individual child sexual abuse-related crime* over the period 1 April 2012 – 31 March 2014 (two financial years – 12/13 and 13/14). This is quantitative data relating to children in the criminal justice system as victims of crimes related to child sexual abuse. Although some cases of child sexual abuse may not enter Police crime systems, with a review finding that 26% of sexual offences reported to the Police are not recorded under the period in question[12], this data is the best possible snapshot available to the Commissioner of child sexual abuse known to the Police over the time period in question.

Data was collected for financial (rather than calendar) years, in order to facilitate matching with data collated on an annual basis by other agencies. Child sexual abuse-related crimes were selected using Home Office codes. These codes are used by all Police forces in England, enabling the collation of a consistent dataset. Data was requested for the individual victim of each crime, including initials and dates of birth. These data were requested to enable matching with data collected by the Department for Education.

The subject of this Inquiry is child sexual abuse in the family environment – in order to assess whether a crime qualified as child sexual abuse in the family environment, as opposed to another form of child sexual abuse, data was requested on the relationship between perpetrator and victim. This data is necessary to ascertain whether a crime meets the Inquiry definition of child sexual abuse in the family environment. The Children's Commissioner received data from all Police forces in England, though the quality of data received varied considerably across Police forces.

Details of all victims of child sexual abuse-related crimes have been provided by each Police force in England, including 'crimes' and 'crime related incidents'. Home Office crime codes were used to identify child sexual abuse-related crimes. All Police forces (100%) have submitted data to the Children's Commissioner for the purposes of this Inquiry. Although some serious sexual offences may not be recorded by the Police at all[13], it is assumed that the crimes and crime related incidents of child sexual abuse recorded by the Police over this period are a comprehensive representation of Police activity regarding child sexual abuse over the period in question. Crimes are recorded on the basis that the victim believes the crime to have taken place. Given that data is captured by individual Police forces, and has been collated by the Children's Commissioner for the purposes of this Inquiry, there are some limitations in the dataset.

11 Part One, Section 2, Children Act 2004 as amended by Children and Families Act 2014

12 Crime Recording: making the victim count (2014) Her Majesty's Inspectorate of Constabulary

13 Crime recording: a matter of fact. Interim report on the inspection of crime data integrity in Police forces in England and Wales (2014) Her Majesty's Inspectorate of Constabulary

Table 2	
Categories	**Limitations**
Initials and DoB	These categories are recorded consistently across forces. This data has been used to eliminate duplicates in the dataset.
Age	
Gender	
Nationality	These categories are used inconsistently by Police forces. For example, ethnicity and nationality are soemtimes conflated. Similarly, disability is not recorded on a consistent basis.
Disability	
Ethnicity	
Crime	Child sexual abuse in the family environment cannot be isolated to a single crime. Police forces were therefore requested to provide details of all child sexual abuse-related crimes, alongside a category in each for the relationship between victim and perpetrator, enabling the Children's Commissioner to determine their relevance to the child sexual abuse in the family environment Inquiry on a case-by-case basis. In many cases, the relationship between victim and perpetrator is not recorded. Practice varies between Police forces, with some recording this information much more consistently than others. This variance makes any clear distinction between child sexual abuse in the family environment and other forms of child sexual abuse in Police data challenging.
Relationship between victim and perpetrator	
Status ('under investigation', 'CRI only', 'undetected', 'detected')	This category is recorded consistently. 'Detected' indicates that the perpetrator was cautioned, charged or summonsed to appear in court in relation to the offence1. Not all allegations of child sexual abuse can be substantiated by the Police. The burden of proof in the criminal courts is 'beyond reasonable doubt' – a decision to charge a suspect will be made based on the availability of evidence for a 'realistic prospect of conviction', and whether a prosecution is required in public interest2. In practice, this is a very high threshold. The Children's Commissioner therefore considers all cases recorded by the Police to represent substantiated cases of child sexual abuse.
Date reported	Child sexual abuse-related crimes may be reported retrospectively, months or years after the offence occurred (so-called 'historical' cases). Adults reporting sexual abuse experienced as a child are therefore included in the data submitted by Police forces, though have been removed from the analysis.
Dates of offending (from/to)	In many cases, child sexual abuse is not a single incident, but a series of incidents over a period of time. This category of data attempts to capture the length of time over which abuse occurred, though it is inevitably limited. Many victims will not be able to recall precise dates.

Children's services / statutory social work

Children's services have a statutory duty to protect children from harm, in accordance with the Children Act 1989. It follows that local authorities possess considerable data on the scale and nature of child sexual abuse in the family environment in England.

The Department for Education compiles the Children in Need census on an annual basis. All children's services in England are required to submit specific, prescribed data relating to referrals, Children in Need assessments and Child Protection Plans. This data is recorded at an individual level. In order to match this data with equivalent information from the Police, it is necessary to capture initials and Dates of birth.

Initials and Dates of birth are not captured in the Children in Need Census, though the Unique Pupil Number is included. The National Pupil Database, held by the DfE, contains both the Unique Pupil Number and names and dates of birth.

The National Pupil Database and Children in Need census were used by the DfE to provide the Children's Commissioner with a bespoke version of the Children in Need dataset which included initials and Dates of birth. This has not been possible for every child in the Children in Need dataset, as some children and young people who appear in the Children in Need census do not appear in the National Pupil Database. Children missing from the data available to the Children's Commissioner include:

- Younger children, under the age of three, not currently registered on the National Pupil Database
- Some older children aged 16+ who are not in the school system, not registered in the National Pupil Database
- Home schooled children
- Children living in a local authority which has not provided the DfE with the required data for the Children in Need census, or for whom the data provided is incomplete or inadequate for matching with the National Pupil Database

Overall, 62.7% of records in the Children in Need census could be matched with the National Pupil Database, and could therefore be analysed for the purposes of this Inquiry. Furthermore, child sexual abuse is specifically flagged in the Children in Need census data only in relation to Child Protection Plans.

A similar exercise has been undertaken regarding the Children Looked After. Approximately 90% of records in the database could be matched with the National Pupil Database. Local authority children's services will come into contact with victims of child sexual abuse in the family environment in a number of ways. Given the statutory duties of social workers, children's services receive referrals from other agencies and members of the public regarding children who have made allegations of abuse or who demonstrate its signs and symptoms. They work with families and children where there are concerns regarding neglect, physical, emotional and sexual abuse, though the precise nature of the abuse cannot be easily substantiated.

The way in which child sexual abuse is recorded in datasets aggregated at a national level limits its usefulness for an Inquiry of this nature. As outlined in section 8, children's services are required to complete the Children in Need (Children in Need) census each year. Child sexual abuse is specifically flagged in the Children in Need census data in relation to Child Protection Plans. Child Protection Plans are a statutory instrument which aim to ensure that (i) the child is safe from significant harm and prevent him/her from suffering further significant harm; (ii) promote the child's health and development; and (iii) support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child. In cases where the child is no longer at risk of harm, for example, where the perpetrator has been removed from the household, a Child Protection Plan may not be implemented. The data does not discriminate between child sexual abuse in the family environment and other forms of child sexual abuse. In sum, the nature of child protection practice and the way in which data is collected does not lend itself to an analysis of the way in which children's services departments function in regard to cases of child sexual abuse.

As noted by an expert who gave oral evidence to the Inquiry:

The DfE neglect and abuse statistics are bundled together. There is no differentiation within there between different kinds of abuse. Looking at that national level data is particularly difficult…Where authorities locally have at times recorded child sexual abuse as a separate category, when they have been keeping data about child protection registers (as they were) and child protection plans (as they are now), even that does not give you a confident picture. As with the latest collation of information through DfE of initial assessment reasons, it is the primary cause which is noted. A child, as we all know, may be subject to neglect and child sexual abuse. It may be subject to physical and sexual abuse. Rarely is there a single description of the kinds of situations in which children find themselves vulnerable. The statistics might give you a feel but it will not paint you a detailed picture. Oral Evidence – National Statutory Body 1

This Inquiry has not examined national-level data held by health service providers (e.g. GPs, sexual health services and CAMHS) in regard to children who have been sexually abused. Victims of sexual abuse who become known to health service providers are likely to have been referred to other statutory services, and would therefore appear in data held by other agencies. This is an assumption, however, which has not been tested in this Inquiry.

As with any assessment of data collated for statutory bodies for another purpose, there are a number of limitations to its use in assessing the scale and nature of child sexual abuse in the family environment. These limitations are made explicit throughout the report.

Wherever there has been any doubt regarding the validity or reliability of data, or the possibility of a duplicate entry in the data, the piece of data in question has been excluded. This principle has been observed in all stages of the data analysis.

Call for evidence

The Commissioner opened a call for evidence to enable agencies working in related fields to submit evidence to the Inquiry. This was particularly aimed at voluntary sector organisations (charities which undertake work for the public benefit, as defined in the Charities Act 2011; or non-charitable voluntary organisations).

Voluntary sector organisations come into contact with victims of child sexual abuse in a number of ways, including, for example, the provision of therapeutic services to known victims of abuse, and the provision of services to children who are known to be vulnerable, but have not perhaps been identified as victims of abuse by statutory authorities. In recognition of the challenges facing voluntary sector organisations regarding data management, including the resource implications of manually extracting relevant data from paper files and electronic systems unsuited to isolating the data requested by the Children's Commissioner, the call for evidence enabled organisations to contribute data in a range of ways. These included the completion of a spreadsheet and the submission of illustrative case studies.

The Children's Commissioner emphasised the importance of providing initials and Dates of birth wherever possible, in order to enable matching with the data collected from the Police and children's services. In consequence, the call for evidence has furnished both quantitative and qualitative data relating to children and young people receiving services from voluntary sector organisations. The data relates to their experiences of statutory organisations.

The call for evidence was not compulsory. It was disseminated to agencies working on child sexual abuse, child protection or children in need. Responses from 15 organisations were received. A breakdown is outlined below:

However, several agencies were unwilling to share data or the extraction of the data was considered to be too resource intensive. Throughout the call for evidence process, CAMHS (Child and Adolescent Mental Health Services) were also approached. Two CAMHS responded to highlight that extraction of this data would be too resource intensive as it is only held in hard copy.

Site visits

Six site visits enabled the collection of detailed qualitative data relating to the issues experienced by frontline agencies regarding child sexual abuse in the family environment.

Six site visits were undertaken for the child sexual abuse in the family environment Inquiry, each of which involved a series of meetings with statutory and non-statutory agencies over a two-day period. In total, over 20 agencies in six sites participated, including various teams in the Police and children's services at both strategic and operational levels, designated doctors and nurses, and voluntary sector workers. A pro-forma based on the Inquiry framework (fig. 2) was developed to ensure a consistent line of questioning and used in each meeting. This framework was also used as a basis for analysing the data. Each visit was attended by the Inquiry Chair, Head of Secretariat, Secretariat staff members, and a small number of panel members. Notes were taken by all members of the Inquiry team.

The visits were undertaken on a confidential basis. It is important to stress that these visits were not inspections. Quite simply, site visits are the most efficient method for gathering a considerable body of qualitative data relating to experiences of frontline practice across a range of agencies. When corroborated by evidence gathered through other activities, the issues highlighted across all site visits are considered to be typical of services across England.

Oral evidence

In order to augment the data gathered through the Inquiry process, a number of experts from specific sectors were invited to participate in oral evidence sessions. In each case, experts were invited to address particular gaps in the data gathered through each of the other methods. Each session lasted approximately 60 minutes, and similar to the site visits, a pro forma was developed in order to ensure a consistent line of questioning and analysis that could be triangulated with the other forms of evidence gathered. Each session was attended by the Head of the Inquiry Secretariat, Secretariat staff, various panel members, and the Inquiry Chair. A verbatim note of each session was taken.

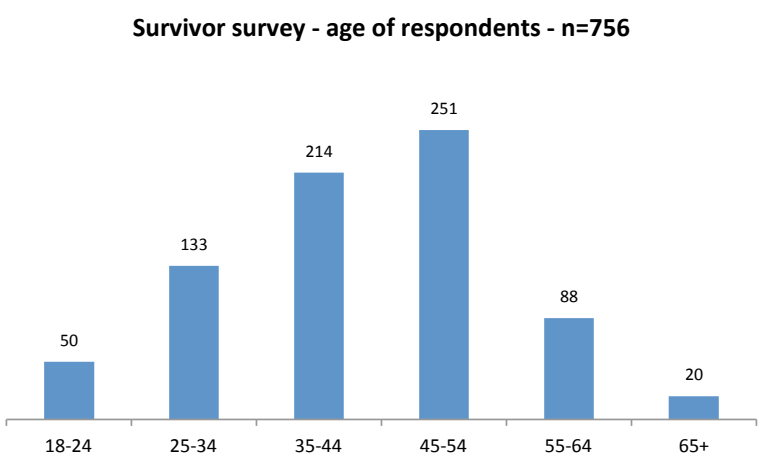
The sessions were undertaken on a confidential basis. These sessions were not cross examinations, and participants were not 'held to account' for their profession or organisation. Rather, the sessions were the most efficient means of gathering evidence from subject matter experts.

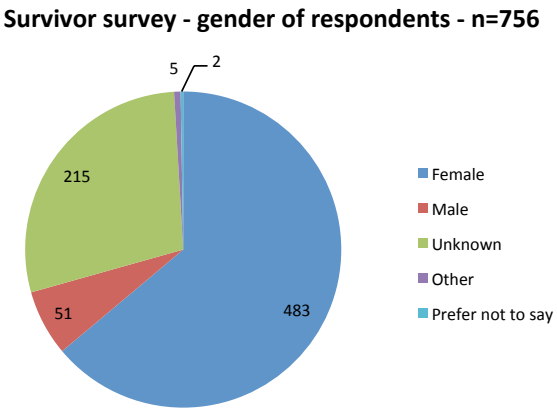
Focus groups

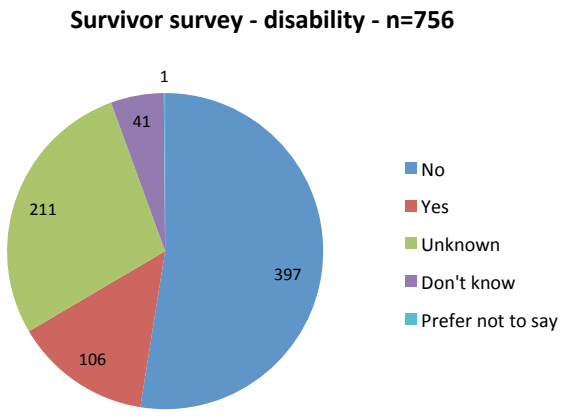
Throughout the Inquiry, the Children's Commissioner has been concerned by the under-representation of specific groups of children in statutory and non-statutory services, including, for example, children and young people from some BME communities, and disabled children and young people. In order to investigate this issue in more detail, 5 focus groups with community leaders, representatives and members of the communities in question were held in 4 locations in England. In addition, the Inquiry convened 3 focus groups in 3 locations with survivors of child sexual abuse to assist the development of the survivor survey. These focus groups were also guided by the same framework used for the collection and analysis of other forms of qualitative evidence to ensure an effective triangulation of data.

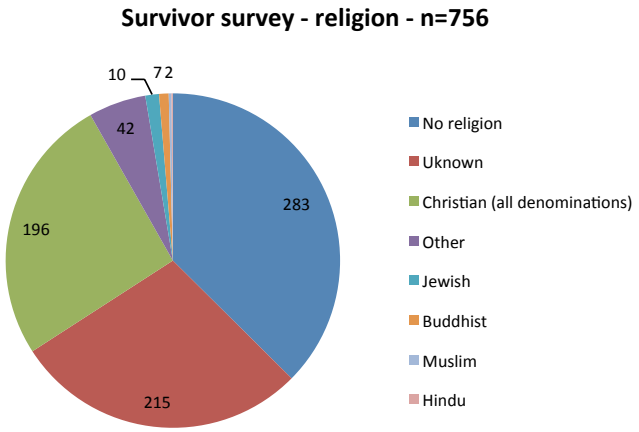
These focus groups were convened on a confidential basis, in order to protect participants and those with whom they work.

Fig 3. Survivor survey demographics









Survivor survey

The Children's Commissioner has ensured that adult survivors of abuse could submit evidence to the Inquiry. Not only do survivors have evidence of practical value to the Inquiry, they also possess a unique insight into children's experiences of abuse. To gather evidence from survivors, the Children's Commissioner developed the 'survivor survey' – an online survey for adult survivors of child sexual abuse in the family environment. The survey was designed to elicit quantitative and qualitative data relating to experiences of getting help, reporting abuse, the impact of abuse and the victim/perpetrator dynamic. The survey is appended to this report (Appendix D).

Questions were developed through a series of focus groups with adult survivors (one male group, one female group, and one mixed group). The questions, structure and format of the survey were amended in accordance with feedback received. The survey was online from 20 May – 19 June. In total, 756 survivors completed the survey. Demographic information regarding respondents is outlined in Figure 3.

Data Analysis

Data has been analysed in accordance with the research questions outlined in Figure 2.

Quantitative

Using the data gathered for the purposes of this Inquiry, it is possible to estimate the incidence of child sexual abuse, in its broadest sense, using the Multiple Systems Estimation (MSE) model. This approach has previously been used to obtain a 'dark figure' for the prevalence of modern slavery[14]. Much like child sexual abuse, victims of modern slavery may not report to authorities. Collating a list of potential victims from multiple sources can present only a partial picture of the likely incidence, and there is a 'dark figure' of victims who have not come to the attention of any agencies. The MSE technique can be used to estimate the number of these unidentified victims.

The MSE technique has been applied to data gathered on victims of child sexual abuse from the Police, the voluntary sector and local authorities[15]. By identifying those individuals who feature on only one list and no other, and the size of all possible overlaps between lists, an estimate of the 'dark figure' can be calculated by fitting an appropriate mathematical model. Owing to the limitations of the data, the output of the MSE should be regarded as *tentative* and *indicative*. The basic assumptions of the MSE model are (i) that the overlaps between the lists are properly identified, (ii) that the probability of an individual appearing on any particular list or lists does not vary between one individual and another, and (iii) that the "capture" of one particular individual on various lists does not affect the outcome for other individuals.

Qualitative

All the data was then entered into an analytical framework based on the research questions/methods (Figure 2) that sought to triangulate the evidence in order to provide answers to the objectives of this Inquiry. A content analysis was used to assess the qualitative evidence and integrate it into the framework. The evidence was organised into the different headings found within this framework. The evidence within each of the headings was then analysed thematically.

Taken together, the data collection, call for evidence, site visits, oral evidence sessions, focus groups and survivor survey represent the most wide-ranging body of evidence relating to child sexual abuse in the family environment assembled for England. This data was also triangulated with the data gathered from Police and children's services is a comprehensive reconstruction of the statutory sector response to child sexual abuse over the period 1 April 2012 – 31 March 2014. This is augmented by a rigorous body of qualitative data, gathered directly from subject matter experts and sector leaders. The survivor survey is the largest survey of adult survivors of child sexual abuse ever undertaken. Case studies and quotes are interspersed throughout this report to illustrate key points. All names have been changed, and details may also have been altered to protect the anonymity of those concerned. Some case studies are a composite of multiple child sexual abuse in the family environment cases shared with the Commissioner through each strand of evidence gathering, including call for evidence, focus groups, site visits and oral evidence sessions.

14 Silverman, B (2014) Modern slavery: an application of Multiple Systems Estimation

15 MSE analysis undertaken on behalf of the Children's Commissioner by Professor Bernard Silverman (acting in a personal capacity)

Scale

This Inquiry aimed to assess the scale of child sexual abuse in the family environment known and unknown to statutory and non-statutory authorities. This necessitates an estimation of the likely number of victims of child sexual abuse in the family environment in England, based on the best available data and evidence, and a count of the actual number of victims of child sexual abuse in the family environment known to statutory and non-statutory authorities. Various methods have been used to assess the scale of child sexual abuse in the family environment unknown to statutory and non-statutory authorities. By comparing the number of known victims with the estimated size of the issue, the approximate proportion of children receiving help from the authorities can be assessed.

Data gathered to make this assessment demonstrates the experience of child sexual abuse in the family environment from the perspective of the child, beginning with victimisation, moving through the child protection and criminal justice pathways, and culminating in the prosecution of perpetrators.

The data very clearly demonstrates that few victims of child sexual abuse in the family environment enter the statutory pathway. Many will not be protected during childhood, nor will they receive therapeutic help, and many will never see their abuser brought to justice. This report follows that process in detail, from the child's point of view.

8. The prevalence and incidence of child sexual abuse in the family environment

The scale of child sexual abuse can be measured as a *prevalence rate* (section 9.1) – the proportion of adults in the population who were sexually abused as a child; and its *incidence* – the number of new cases of child sexual abuse during a specified time period (section 9.2).

For the purposes of this Inquiry, studies on the *prevalence rate* of child sexual abuse provide contextual information on the likely scale of this issue in England. Research demonstrates that many victims of child sexual abuse do not come to the attention of the authorities – data for the *incidence* of child sexual abuse known to the authorities over a particular period of time enables an estimation of the proportion of child sexual abuse which does not come to their attention.

8.1 Prevalence rate

Research literature demonstrates that many victims of child sexual abuse in the family environment do not come to the attention of the authorities[16]. In consequence, there is no reliable official count of victims to illustrate the actual scale of child sexual abuse in the family environment in England. As an alternative, population and household-based prevalence studies can be used to understand the likely prevalence of child sexual abuse in the family environment in England. In regard to child sexual abuse in general, prevalence refers to the proportion of children in the population who have been sexually abused at a given point in time or over a period of time. The REA[17] for the child sexual abuse in the family environment Inquiry outlines the methodological issues associated with prevalence studies, including the lack of consensus in definitions and inconsistent methodologies, limiting the validity of comparisons between studies. For example, research literature uses the phrase intra-familial child sexual abuse to refer to a variety of 'familial/incest' dynamics and sexual behaviours, broadly but not exactly equivalent to the definition of child sexual abuse in the family environment adopted for this Inquiry.

As illustrated by the REA, existing research is nonetheless illustrative of the overall prevalence of child sexual abuse and child sexual abuse in the family environment. There are two particular pieces of research of relevance.

First, a child maltreatment study by Radford *et al*.[18] found that, based on survey of a representative sample of households in the UK, 0.5% of under 11s, 4.8% of 11–17s and 11.3% of young adults aged 18–24 had experienced contact sexual abuse as defined in the Working Together Guidance (cited in section 7), at some point in childhood. Known adults (including parents and guardians and non-resident adults such as neighbours or family friends) were the most frequently reported perpetrators of adult perpetrated contact sexual abuse. Although the perpetrators were known to victims in the majority of cases, it is not clear from the data what proportion are victims of child sexual abuse in the family environment, based on the definition outlined in section 6.

16 Horvath, M et al. (2014) 'It's a Lonely Journey': a Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse, Children's Commissioner
17 Ibid.
18 Radford, L et al. (2011) Child abuse and neglect in the UK today, NSPCC

According to census data, there are just over 11.5 million children and young people living in England[19]. Based on the rate of 11.3% of young adults aged 18-24 reporting that they were a victim of contact sexual abuse at some point during childhood, it can be extrapolated that approximately 1.3 million children currently living in England will have been a victim of contact sexual abuse by the time they turn 18.

Second, a nationally representative survey of English residents aged 18 – 69 regarding Adverse Childhood Experiences (ACEs)[20] found that 6.3% of participants had experienced child sexual abuse. In this study, child sexual abuse was identified by a response of 'once' or 'more than once' to any of the following questions:

- How often did anyone at least 5 years older than you (including adults) ever touch you sexually?
- How often did anyone at least 5 years older than you (including adults) try to make you touch them sexually?
- How often did anyone at least 5 years older than you (including adults) force you to have any type of sexual intercourse (oral, anal, or vaginal)?

It is not clear from the data what proportion are victims of child sexual abuse in the family environment, as opposed to other forms of child sexual abuse, the stipulation that the perpetrator be at least 5 years older excludes peer on peer abuse and is therefore likely to lead to an under-counting, and these questions specifically capture experiences of contact sexual abuse. Nonetheless, the research demonstrates, from the retrospective accounts of adults, the prevalence of child sexual abuse among adults aged 18-69 in England is approximately 6.3%. As before, this prevalence rate can be extrapolated to the population of children in England, suggesting that approximately 724,500 children currently living in England will be a victim of sexual abuse by someone other than a peer by the time they reach the age of 18.

Overall, on the basis of these studies, it is reasonable to conclude that up to 1.3 million children living in England will be a victim of sexual abuse by the time they turn 18. This assertion is made on the basis of robust, rigorous and recent academic research undertaken in England and the UK, and is consistent with equivalent prevalence studies undertaken internationally.

19 http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/rft---mid-2013-uk-population-estimates.zip

20 Bellis, MA et al. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England', BMC Medicine 12:72

8.2 Estimated incidence

Data gathered for this Inquiry relates to the two year period April 2012 – March 2014. As observed previously, many cases of child sexual abuse in the family environment are not reported or discovered, and will not therefore feature in the data held by authorities. For the purposes of this Inquiry, it is necessary to assess the likely incidence of child sexual abuse over this particular period, in order to compare it with the actual number of cases which have come to the attention of the relevant authorities.

Using the data gathered for the purposes of this Inquiry, it is possible to estimate the incidence of child sexual abuse, in its broadest sense, using the Multiple Systems Estimation (MSE) model. This approach has previously used to obtain a 'dark figure' for the prevalence of modern slavery[21]. Much like child sexual abuse, victims of modern slavery may not report to authorities. Collating a list of potential victims from multiple sources can present only a partial picture of the likely incidence, and there is a 'dark figure' of victims who have not come to the attention of any agencies. The MSE technique can be used to estimate the number of these unidentified victims.

When applied to modern slavery, lists of individual potential victims of trafficking collated by six different agencies were collated. Individuals may have appeared on one or multiple lists. By identifying those individuals who feature on only one list and no other, and the size of all possible overlaps between lists, an estimate of the 'dark figure' can be calculated by fitting an appropriate mathematical model. For modern slavery, 2,744 potential victims of trafficking were identified in the National Crime Agency 2013 Strategic Assessment of the Nature and Scale of Human Trafficking, based on information held by six agencies. The inclusion of the estimated dark figure yields a total of between 10,000 and 13,000 potential victims.

The MSE technique has been applied to data gathered on victims of child sexual abuse from the Police, the voluntary sector and local authorities[22]. Each list in the model represents the victims of child sexual abuse who came to the attention of each of these agencies over the two year period April 2012 – March 2014. This data is limited. It is not possible to collate a list of all victims of child sexual abuse known to Police, the voluntary sector and local authorities, as data may not be recorded for every case, or is otherwise unavailable. For the Police, some cases are not recorded correctly and may not feature in the data available to the Commissioner. For local authorities, the best data available relates to Child Protection Plans. This data is limited, as

21 Silverman, B (2014) Modern slavery: an application of Multiple Systems Estimation

22 MSE analysis undertaken on behalf of the Children's Commissioner by Professor Bernard Silverman (acting in a personal capacity)

not all victims of sexual abuse known to local authorities are placed on a Child Protection Plan, and sufficiently detailed information is only available for approximately two thirds of children in the child protection system. These limitations are detailed in section 8. Owing to the limitations of the data, the output of the MSE should be regarded as tentative and indicative. The basic assumptions of the MSE model are (i) that the overlaps between the lists are properly identified, (ii) that the probability of an individual appearing on any particular list or lists does not vary between one individual and another, and (iii) that the "capture" of one particular individual on various lists does not affect the outcome for other individuals.

The various sources of data were consolidated into three groups, labelled Agency A, Agency B and Agency C. The geographical coverage of Agency C was clearly incomplete, but in order to investigate the data an initial analysis was done for an area for which comprehensive data was available[23]. In this initial analysis, the only strong interaction was between Agencies B and C, indicating that it is not unreasonable to regard Agency A and Agency B as independent.

Returning to the analysis for the whole country, the limited geographical coverage of Agency C meant that the estimate should be based on Agencies A and B[24]. The following table gives the number of victims identified by Agencies A and B nationally, and also the number of victims known to both agencies.

Table 3				
Agency A	X		X	Total
Agency B		X	X	
National: All child sexual abuse	35418	12757	1199	49374

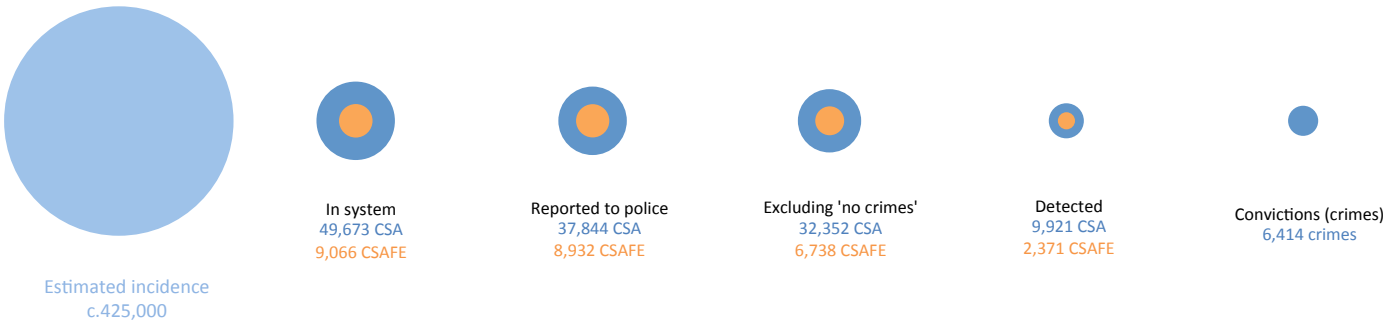
Under the assumption that appearance on lists A and B is independent, the statistical model estimates approximately 425,000 ± 25,000 victims of child sexual abuse using standard capture-recapture calculations. This suggests that over the two year period April 2012 – March 2014, there were some 400,000 – 450,000 victims of child sexual abuse in England. This represents all forms of child sexual abuse, not only child sexual abuse in the family environment. It must also be stressed that this confidence interval depends on a number of assumptions, which, while sensible, cannot be completely confirmed from the data, and so it may be that its accuracy is optimistic.

The Commissioner emphasises that this finding is *indicative*, as the data on which the model is based is limited, and the model depends on assumptions that cannot be fully verified, though it represents the best possible attempt to project the incidence of child sexual abuse over this period.

The estimate of 400,000 – 450,000 children and young people abused over the two year period is not inconsistent with research on the lifetime prevalence of child sexual abuse undertaken in England.

23 This can be done because it is reasonable to suppose that the assumptions of the model are satisfied for all three lists if only the cases falling within that particular region are considered.

24 If Agency C were considered for the full national data then the assumption that every individual has the same probability of appearance on any particular lists would not hold.



CSA / CSAFE

April 2012 - March 2014

Fig. 4.

The data request was issued to Police forces in October 2014 and therefore reflects the status of investigations at the time of data collation by each individual force.

This diagram refers to the number of victims of CSA, rather than crimes. However, the conviction data refers to the number of CSA related crimes for which perpetrators have been charged and convicted. Many of these convictions will relate to crimes which were committed before the specific period under analysis.

The relationship between victim and perpetrator is recorded inconsistently by Police forces. Data analysed for this report enabled a specific cohort of victims of CSAFE to be identified (c. 18% of all CSA victims). Where this information is recorded rigorously, CSAFE accounts for approximately two thirds of all CSA.

9. Number of victims of child sexual abuse known to statutory services and non-statutory services

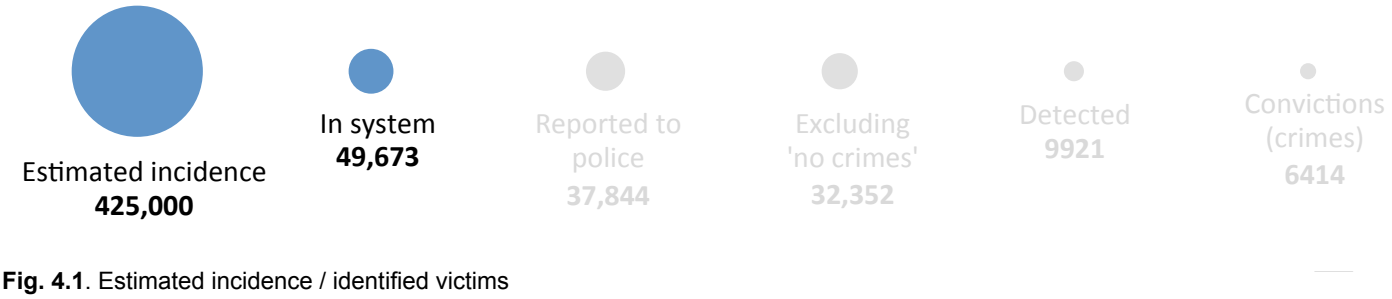


Fig. 4.1. Estimated incidence / identified victims

Data held by the Police, children's services in regard to statutory social work, and voluntary sector organisations have been combined to create a single database of victims of child sexual abuse in the family environment over the period April 2012 – March 2014. This database is taken to represent the extent of all child sexual abuse known to statutory and non-statutory authorities.

Overall, 49,673 victims of child sexual abuse have been identified for the two year period April 2012 – March 2014 (Fig. 4). Using initials and Dates of birth, duplicates have been identified and excluded. In regard to child sexual abuse in the family environment specifically, 9,066 of these individuals can be positively identified as victims of child sexual abuse in the family environment over the same period. The pattern outlined in Figure 4 is similar to findings presented by the Dutch Rapporteur on Trafficking in Human Beings and Sexual Violence Against Children in 2014 for the 'funnel' – the process of identifying victims, investigating abuse and providing therapeutic services[25].

A significant limitation on the data obtained from Police forces is the inconsistent recording of the 'relationship between victim and perpetrator'. This information is vital to enable the identification of child sexual abuse in the family environment (perpetrated by a family member or other individual who sits within the working definition of child sexual abuse in the family environment), as opposed to other forms of child sexual abuse. In the absence of this information, child sexual abuse in the family environment cannot be easily extracted from the overall body of data relating to child sexual abuse. Police forces are not subject to any duty to record this particular piece of information. There is therefore considerable variation across Police forces in the way in which this information is recorded, and indeed whether it is routinely recorded at all. The proportion of child sexual abuse which is recorded as child sexual abuse in the family environment varies from 5% to 69% in Police forces in England. Where child sexual abuse in the family environment is a comparatively small aspect of the total child sexual abuse caseload, the relationship between perpetrator and victim has neither been routinely recorded, nor provided to the Children's Commissioner. Where child sexual abuse in the family environment is a comparatively high proportion of the total child sexual abuse caseload, data recording is much more comprehensive, with the forces recording the highest proportion of child sexual abuse in the family environment providing the most comprehensive data. This would suggest that the figures at the higher end of the spectrum are more likely to be accurate. On this basis, it is probable that child sexual abuse in the family environment comprises around two thirds of all child sexual abuse, based on data recorded by Police forces. This finding is reinforced by a recent survey of adult survivors of child sexual abuse, which found that almost 70 % of respondents were sexually abused within the family, and a further 20% reported that the sexual abuse occurred in someone else's home[26].

Where data is recorded accurately and in detail by Police forces, child sexual abuse in the family environment represents approximately 69% of all cases of child sexual abuse. Should this ratio for child sexual abuse in the family environment/child sexual abuse be applied to the dataset as a whole, around 34,000 victims of child sexual abuse in the family environment were known to statutory and non-statutory authorities over the two year period April 2012 – March 2014.

25 National Rapporteur on Trafficking in Human Beings (2014). On solid ground. Tackling sexual violence against children in the Netherlands. The Hague: National Rapporteur

26 Smith, N, Dogaru, C and Ellis, F (2015) Hear Me. Believe Me. Respect Me. A survey of adult survivors of child sexual abuse and their experiences of support services. University Campus Suffolk and Survivors in Transition.

Table 4. Number of cases identified by the Police, children's services and the voluntary sector in a two year period between April 2012 – March 2014		
Source	# unique victims	Commentary
Police	36,617	Police data for all child sexual abuse related crimes.
Children's services	13,956	This number is based on children on a Child Protection Plan on the grounds of 'child sexual abuse' or 'multiple'. It is not possible to examine the 'multiple' Child Protection Plan data in more detail, though children subject to a Plan on 'multiple' grounds have been counted as a child sexual abuse victims.
Voluntary sector	437	Voluntary sector agencies submitted evidence relating to 3583 victims in total, though in insufficient detail to enable the removal of all duplicates. Helpline data cannot be included in the analysis, owing to the impossibility of removing duplicates from the dataset.
Total	49,673	The total number of victims when duplicates have been removed.

9.1 System response

Based on these findings, it can be stated that of the 400,000 – 450,000 victims of child sexual abuse over the 2 year period April 2012 – March 2014, 49,673 (11 – 12.5%) are known Police and children's services. This is equivalent to approximately 1 in 8 victims of child sexual abuse. This Inquiry therefore finds that a significant majority of children who are victims of sexual abuse, including victims of child sexual abuse in the family environment, are unlikely to receive any help from statutory services. It follows that the majority of perpetrators of child sexual abuse are not subject to investigation, prosecution and conviction.

It is a concern that the majority of child sexual abuse in England is completely beyond the view of statutory agencies. This picture is similar to the likely incidence/reporting of sexual offences by adults, where analysis by the Ministry of Justice and Home Office has demonstrated that 1 in 7 adults who had been the victim of a sexual offence had reported it to the Police. In addition, a recent survey of adult survivors of abuse found that 70% of respondents had not reported their abuse to the Police.

The reasons for which victims of child sexual abuse in the family environment do not come to the attention of statutory authorities are explored in the next section.

9.1.1 The identification of child sexual abuse in the family environment from signs and symptoms

Evidence gathered for this Inquiry – through the call for evidence, oral evidence sessions, focus groups and site visits – has consistently highlighted that child sexual abuse in the family environment is often an underlying factor which has resulted in secondary issues which are clearly presented by the child. These presenting factors are more easily identified, and therefore subject to intervention. Various presenting factors have been identified, including physical and emotional symptoms. These presenting factors are not 'diagnostic' of child sexual abuse in the family environment, though they do signal that the child requires help. Identification of child sexual abuse in the family environment is often by specialist services when victims reach adulthood.

In terms of the signs and symptoms which might indicate child sexual abuse, they are all things that might indicate other things as well. That is the complication in all of this... We see concerns that involve girls in particular having infections or irritation in the vaginal area. We would see other concerns in slightly older children such as sexualised behaviour and sexualised content in language. There would also perhaps be what is perceived to be an inappropriately close relationship or attention-seeking relationship with indiscriminate other children or adults. Then of course in later years, though still teenage years, we are more likely to see issues around eating disorders. In my experience, that is an area where child sexual abuse is very rarely identified but is very often a predisposing factor. We also see other concerns in terms of relationship forming for young people who have been sexually abused. They may well become sexually active at a much earlier age and obviously one subsequently gets sexual infections and pregnancy.
Oral Evidence – National Charity 1: Children in Need

The majority of children and young people come to the attention of statutory and non-statutory services for reasons other than sexual abuse. The evidence examined by the Inquiry demonstrates that children and young people are often identified as victims of sexual abuse following the provision of support for other presenting factors, such as domestic abuse in the family, challenging behaviour, or issues with mental health. Some of these concerns may already have been present in the child or young person's life or environment, however, most of the concerns which bring the child or young person to the attention of professionals result from the impact of the sexual abuse.

In some cases, the presenting factor has been developed as a coping strategy. This was clearly illustrated in responses to the survivor survey. For example, as discussed in section 16, some victims of child sexual abuse in the family environment may misuse drugs and alcohol. This is an issue which may, in some cases, be more easily identified and therefore subject to intervention. Such interventions may target the presenting factors without exploring or identifying the underlying cause.

In evidence examined by the Inquiry, the presenting issue itself may escalate significantly before it is identified and subject to intervention. In such cases, the ability to cope with the abuse is likely to have deteriorated to the point where the victim is considered to be a risk to themselves or others. Services which address the presenting issue are important. However, a failure to address the underlying issue may undermine their effectiveness. In addition, victims of child sexual abuse in the family environment who do not display other causes for concern, or do not develop a negative coping strategy which requires an intervention, may not come to the attention of statutory or specialist services at all.

Specialist agencies working with victims of domestic violence, harmful sexual behaviours or child sexual exploitation reported that they became aware of current and/or non-recent cases of child sexual abuse in the family environment through the provision of support and advocacy services. Often, professionals in these agencies were able to build a relationship with the child in a safe environment, giving the child confidence to talk with a professional about their abuse.

Children's social workers frequently reported coming into contact with children who were victims of neglect and emotional abuse where there were additional concerns around child sexual abuse in the family environment. Some voluntary sector agencies have, however, suggested that social workers are often unable to spend the time required with a child to establish a trusting relationship which will enable the identification and substantiation of abuse. Although child sexual abuse in the family environment may underlie issues subject to intervention, therefore leading to the possibility of an identification of child sexual abuse in the family environment, for many other victims, these concerns may not reach a threshold for intervention, or they may not be manifested at all. There is therefore a group of victims of child sexual abuse in the family environment who do not come to the attention of statutory and non-statutory authorities, and for whom identification is extremely difficult.

In the evidence examined by the Commissioner, rates of identification and referral routes into statutory agencies varied considerably. Professionals have, however, consistently highlighted the importance of schools and teachers in the identification of victims of child sexual abuse in the family environment. Schools were identified as the location where a presenting issue would be most likely manifested, and teachers and other school staff were identified as the professional in the best position to identify it.

I would say the majority are probably identified through school and probably identified through things like nonattendance or behaviour, or bullying or being bullied or behaviour issues rather than disclosures, I would have thought, though there will be because, clearly, children spend a lot of their life with teachers and education staff, who build good relationships. Oral Evidence – National Statutory Body 2

One of the things I wanted to say about disclosure is that often, for example, a young person or child discloses to a friend, who tells their parent or a teacher. School and friendships, I think, are sometimes the route by which young people disclose... A child may or may not tell their parent, but the other way they sometimes do it is through telling a trusted friend or a teacher. I think schools and peer groups are important places. Oral Evidence – National Statutory Body 3

Victims of child sexual abuse in the family environment may tell teachers or other professionals directly, though it is more likely that their suspicions will be raised by the behaviour or presentation of a child or young person. This is the 'grey area' where concerns reside, and professionals are called upon to act upon their judgement in the best interests of the child. Participants in site visits and oral evidence sessions highlighted the difficulty of initiating safeguarding processes in the absence of a direct disclosure from the young person.

In the site visits and focus groups, professionals have described cases where parents/carers have deliberately moved their children to another school after suspicions relating to child sexual abuse in the family environment have been raised, in order to avoid the intervention of statutory authorities. This pattern of behaviour should be seen as a warning sign, though schools may not be aware of a history of frequent moves until the child is moved on again.

child sexual abuse in the family environment may be particularly difficult to identify among some groups of children and young people. For example, changes in behaviour among children with learning disabilities are often attributed to the disability, rather than the possibility that the child is a victim of abuse. Children whose contact with professionals outside the home is particularly limited, including, for example, home-schooled children, are less likely to be identified as victims of child sexual abuse in the family environment.

Children from marginalised groups may have additional needs, and professionals may lack the knowledge and/or confidence to identify sexual abuse or substantiate concerns when working with these groups of children. Asylum-seeking children are also particularly vulnerable, as these children and their family members may fear that engaging with statutory services will place them at greater risk.

It seems to me that all professionals working with vulnerable children and children at risk of safeguarding concerns of any kind need to have clearer training input around what child sexual abuse can look like. It rarely looks like a clear disclosure. To be honest, most professionals can deal with a disclosure fairly easily. It is about how you deal with all those other things which are in the land of grey area, where there are lots of concerns about sexual abuse but no one is saying anything. Oral Evidence – National Charity 1: Children in Need

The evidence gathered emphasises the importance of an awareness of the signs and symptoms of child sexual abuse in the family environment, combined with an awareness of the way in which children disclose abuse. Children and young people may disclose abuse directly, but more often than not, professionals are required to take decisions regarding the safeguarding of potential victims of child sexual abuse in the family environment in the absence of a direct disclosure.

Sometimes it is a disclosure, but in terms of relativity around our total numbers it is relatively rare. More frequently we start to see patterns of behaviour from children and young people. They may be defined as placing themselves at risk and may themselves be exhibiting forms of behaviour which are determined as being sexualised. Put together with observations of relationships with people within the family, that might lead us to have a level of concern about child sexual abuse. Oral Evidence – National Statutory Body

Overall, as with any type of abuse there is an overreliance on children to come to statutory services to disclose abuse happening to them, while the focus should be on professionals being attuned to changes in behaviour of children, their emotional responses and other indicators that things may not go well in their lives and trying to respond to children appropriately to enable them to talk about their experiences. Oral Evidence – National Charity 1: Children in Need

Overall, the evidence examined by the Commissioner demonstrates that accessing help for child sexual abuse in the family environment, from both statutory and non-statutory services, is largely dependent on a disclosure. Although some children may receive help for issues associated with child sexual abuse in the family environment, the sexual abuse which has led to the development of this issue may not be identified and addressed. For younger children who do not have the capacity to disclose abuse, either by virtue of their age or communication skills, are therefore particularly unlikely to be able to access help.

9.1.2 Enabling disclosures

Given the importance of a disclosure for initiating the process of substantiating sexual abuse and unlocking statutory processes for protecting children, it follows that professionals must be equipped to enable and manage the disclosure process in the best interests of the child. The absence of a direct disclosure can act as a barrier to concerns being taken forward and investigated by statutory services, where thresholds for intervention are not met. All forms of evidence underlined the significance of a disclosure for initiating statutory processes and enabling children to access help.

Evidence gathered through site visits, the call for evidence and oral evidence sessions points to the importance of proactive enquiry. Where professionals ask children questions to follow up on concerns and suspicions, it not only provides an opportunity for children to tell, but also sends a message that they are willing and able to listen to the disclosure. Participants in oral evidence sessions were quite definite in their conception of how to approach this situation.

Also, in that sort of targeted group where you have concerns, you may want to ask a more probing question, "Has anybody ever touched you in a way that you did not like or felt uncomfortable about and found it very hard to tell other people?", again, signalling that you are very willing to hear about that and assist in those situations. Oral Evidence – National Statutory Body 3

...in those groups where you have those particular concerns, it is helpful then, as I say, to be very clear, as I think you should be with any young person, that you are there and prepared to listen but also sometimes ask some further probes. Oral Evidence – National Statutory Body 3

Although these participants pointed to the importance of asking questions of children where there are concerns regarding sexual abuse, others pointed to the challenges faced by professionals in enabling disclosures. During site visits, some participants pointed to a lack of professional curiosity by frontline practitioners, whereby key professionals in schools and other settings lack the knowledge and confidence to identify concerns and make children aware that they are prepared to listen. For example, this participant highlights the way in which indicators may be immediately closed down, where, for example, they take the form of sexualised behaviour. The dynamic which exists on the frontline, whereby professionals are torn between making enquiries and asking 'leading questions', was frequently raised by frontline professionals during site visits. These issues were also found in evidence submitted through the Call for evidence and oral evidence sessions, with one site visit participant stating that 'disclosure rates go up when you ask'.

I think with a lot of these early pickups people find it very hard to notice and very hard to let children show. There are an awful lot of children being prevented from masturbating or being sexual as toddlers, because it makes the grownups uncomfortable. People have all kinds of measures in place so that they cannot do it. Then, when children start to try and say it, being toddlers, grownups are rubbish at (a) letting them do it and then (b) not contaminating. You have got this real dilemma that, on the one hand, it has got to reach this pitch, where the grownups go, "Actually, perhaps he is saying something quite important", and then they crash on in with a ton of leading questions which ruins any chance of going forward criminally. Oral Evidence – Non-Statutory Body: Criminal Justice

In general, professionals highlighted the 'soft skills' necessary to speak with children in a manner which will put them at ease and facilitate disclosure. Evidence gathered throughout the Inquiry has highlighted that children are more likely to disclose abuse when they feel safe. For example, in several of the cases examined, a disclosure was made after being taken into care and placed with a foster family.

Disclosure may come. The most important part of our work is, really, first of all, to make a safe relationship with the child, to create a trusting environment and then see what comes up, but also enable them to learn to become more strong inside themselves. Oral Evidence – National Charity 1: Disability

In evidence examined by the Inquiry, the importance of a 'safe space' for enabling children to disclose and talk about abuse has been highlighted. This is particularly important in regard to child sexual abuse in the family environment, where the family home may not be regarded as a place of safety and security by victims. Participants in site visits and responses to the call for evidence stated that when children feel that they are safe, they are more likely to disclose that they have been abused. Professionals have highlighted the frequency with which children placed in foster care for another reason disclose that they have been sexually abused. Similarly, professionals have consistently recognised the importance of being prepared to listen to children and young people, and making it clear that they are willing and able to help. Communicating a preparedness to listen enables a child to trust the professional, and feel confident that their disclosure will be believed and acted upon.

9.1.3 Substantiating sexual abuse

Following an initial disclosure, sexual abuse is substantiated for the purposes of criminal justice and child protection processes by statutory agencies. When statutory agencies are involved in a case of child sexual abuse in the family environment, the description of sexual abuse given by the child is likely to be crucial for informing their decisions. For the Police, the substantiation of sexual abuse, according to the criminal burden of proof – 'beyond reasonable doubt' – enables the prosecution of the perpetrator. Children's Services have a duty to establish whether action is required to safeguard a child, and a right to intervene if such concerns are substantiated according to the civil burden of proof – the 'balance of probabilities'.

In the evidence examined by the Commissioner, it is clear that the substantiation of abuse is a significant challenge. For example, this oral evidence participant highlighted the way in which an ongoing Police investigation can 'silence' the child and other professionals in their life, inhibiting their ability to offer ongoing support.

You will get this other dynamic where a child says something very specific at school and it is getting ready for interview, and the Police say to the school, "You mustn't ask any questions". Then, understandably, the school freezes, so you have the whole of the teachers, the classroom assistants, are all like "Whoa". The child tries to say a word and then they are all in panic mode. Then you have got this child who has been silenced by all these anxious professionals who are so terrified of saying the wrong thing that they won't say anything at all and keep changing the subject every time the child tries to say anything at all. "Oh, shall we get the bricks out?" Oral Evidence – Non-Statutory Body: Criminal Justice

According to guidance, Achieving Best Evidence (ABE) interviews should be undertaken with vulnerable witnesses, including victims of child sexual abuse in the family environment, to obtain evidence for the substantiation of sexual abuse. These interviews should be conducted by trained Police officers or social workers, and are designed to minimise the trauma caused by recounting aspects of their experience of abuse. These interviews are recorded, and, in the absence of any physical evidence of child sexual abuse in the family environment, will become the evidence-in-chief for the prosecution of a perpetrator. ABE interviews should also yield evidence for social workers. Whereas the burden of proof in the criminal court is 'beyond reasonable doubt', the family court instead operates according to the 'balance of probabilities'. It follows that, although in some cases an ABE interview does not yield evidence which would enable a criminal prosecution of the perpetrator, it may still yield evidence of importance for child protection proceedings. Evidence from site visits and oral evidence sessions point to an emphasis on the criminal justice value of an ABE interview.

What is less common is for us to reach a point where we have hard and fast evidence where we can say, "This child is being abused and the Police can investigate it". We then not infrequently get into the difficulty of trying to get statutory services to take over a case in terms of child protection systems when there isn't a Police role because the criminal threshold has not been met. Oral Evidence – National Charity 1: Children in Need

For a variety of reasons, which are quite difficult for us to put our fingers on, the attention to the criminal process needs has taken a much greater precedence over the use of those interviews for more general protection purposes. Fundamentally, you only do an ABE interview if there is any chance of a prosecution. In a sense, if the Police and/or the CPS determine that there is really very little chance of a prosecution, then an ABE interview won't happen. It reinforces the fact that the rationale for an ABE interview is because you are thinking about prosecuting the perpetrator. Oral Evidence – National Charity 1: Children in Need

Professionals who engaged in this Inquiry through the site visits and oral evidence sessions stated regularly that ABE interviews were frequently Police-led, with very limited input from social workers. During site visits, participants highlighted the perceived dominance of the criminal investigation, where the role of social workers in the interview process was side-lined; the practical challenge of bringing together the relevant Police officers and social workers for an ABE interview given the time constraints of a criminal investigation; a general lack of recent training on conducting ABE interviews among Police officers; a shortage of ABE-trained social workers; and delays and shortages in skilled intermediaries to assist with interviews of younger children and children with learning/ physical disabilities. Furthermore, professionals highlighted a variance in the quality with which they are conducted. This finding is consistent with the recent inspection of ABE interviews by Her Majesty's Inspectorate of Constabulary.

It feels almost like social workers have lost their role in ABE interviews. It is very much Police led. What happens to children after a decision has been made around whether something is going to be taken forward to prosecution or not almost defines whether children get services or not. There are a significant number of children who do not get services where prosecution is not pursued. Oral Evidence – National Charity 1: Child Protection

I think, yes, social workers are not having an active role in ABEs any more. Unfortunately, I don't think now they are necessarily being trained to do so. So they are not coming through with the specialist skills for that engagement in ABE. I do think that is a shame, even though their primary task is not investigation; it is the safeguarding. I think it is being victim centred about it, really. The right balance in an ABE is what the victim wants, and whoever has the best rapport with the victim is the best person to undertake that interview. They have lost that choice in a sense or that option. I don't know why. Oral Evidence – National Statutory Body 4

The emphasis on not asking leading questions can be counter-productive, as some children and young people may not comprehend the subtleties of what is expected of their account. This participant in an oral evidence session pointed out that ABE interviews are often undertaken in a manner which confuses the child and undermines their description of abuse.

As to the quality -- and I get this a lot from the judiciary but also from my own staff – it is highly variable. Quite often it is not on the good side of the variable. They tend to be very long and quite repetitive. Sometimes you get officers who feel that they have to go back into every single little detail. What that actually does is confuse the complainant and unpicks the story, which allows a chink in the armour for cross-examination because it introduces self-conflicting evidence. There is something about making them much shorter and more focused. Oral Evidence – National Statutory Body 5

Professionals engaged through the various strands of the Inquiry underlined the importance of undertaking ABE interviews to a high standard, and highlighted the effectiveness of the ABE interview process, when undertaken by knowledgeable and diligent professionals. This is particularly evident for children with additional needs, including younger children and children whose communication skills are impaired.

If an ABE interview does not yield a description which substantiates that the sexual abuse occurred, according to the required evidential standard, professionals may not be able to progress investigations.

Where this works well for kids is where you have those good local relationships. Very often with a child making a disclosure, the child protection process kicks in and the ABE kicks in, because obviously for the victim disclosure isn't a oneoff; it is a process. But then the social worker works with that child and there might be a point at which the social worker then rings their Police colleague and goes, "Actually, I think they're ready for another ABE. Have another go at this". If that local relationship works well, that multi-agency process can work very well for victims in terms of getting them through that process. Oral Evidence – National Statutory Body 4

Overall, it is clear that the identification of child sexual abuse in the family environment is a considerable challenge to professionals. Evidence examined by the Commissioner suggests that child sexual abuse in the family environment often comes to the attention of statutory and non-statutory agencies as a result of a secondary presenting factor, which becomes the focus of intervention. Child sexual abuse in the family environment, the underlying issue, may not be identified. Children will rarely tell an adult that they have been abused in a direct, verbal manner (experiences of telling from a victim/survivor perspective are explored in more detail in section 15.2). Where there are concerns and suspicions, levels of knowledge and confidence among professionals in all sectors on how to probe further vary. ABE interviews are one of the tools used by the Police to substantiate abuse and to maintain and maximise its evidential value for criminal courts, though their quality is inconsistent. This is a particular issue for younger children who are unable to disclose sexual abuse directly, and require additional assistance to describe abuse in the context of an ABE interview.

Case study

Brian was sexually abused by his cousin on several occasions between the ages of 4 and 7. At the time, he didn't know that what had happened was abuse, and he didn't know how to explain it. He didn't tell anyone until he was 15, when he told his brother. Brian's brother told their mother, who then contacted the Police. The Police believed Brian's account, but Brian's cousin denied the allegation. Because there was no forensic evidence and Brian's account of the abuse was incomplete, the Police couldn't progress the case. Brian suffered from nightmares and flashbacks, but counselling has helped him deal with these issues.

9.2 Statutory pathways

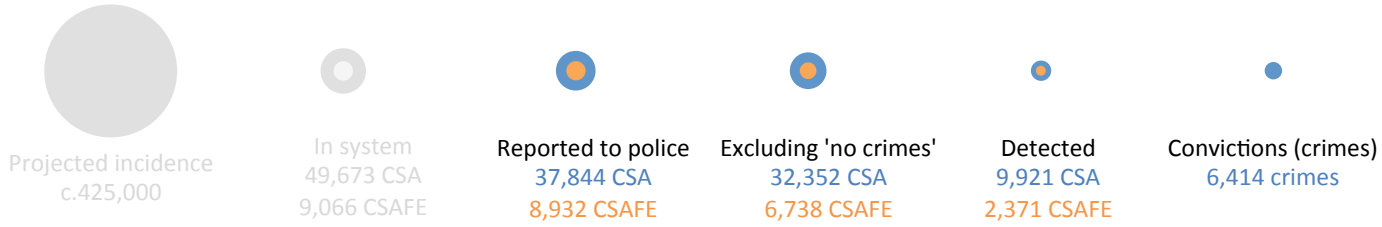


Fig. 4.2. Statutory pathways

When victims enter the statutory child protection system pathway, there are two inter-related processes – the *child protection process*, operated by local authority children's services in accordance with their statutory duty to protect children from harm; and the *criminal justice process*, which aims to protect children from harm, but also to bring perpetrators to justice. As outlined in section 8, there are considerable challenges in the use of data currently gathered regarding statutory social work for the analysis of child sexual abuse in the family environment.

The child protection process is prescribed in legislation and regulations, and decisions are taken on the civil burden of proof – the 'balance of probabilities'. Criminal investigations gather evidence to enable a perpetrator to be convicted of a criminal offence – this decision is based on there being a 'realistic prospect of conviction', and whether a prosecution is required in the public interest. Meeting the 'beyond reasonable doubt' standard required to convict a perpetrator is more difficult in practice. Consequently, in the substantiation of an allegation or suspicion of child sexual abuse in the family environment, the child protection and criminal justice processes operate to a different evidential standard. Child protection decisions can therefore be taken on the basis of evidence which would not be sufficient to secure the criminal conviction of a perpetrator.

This section makes a distinction between child sexual abuse and child sexual abuse in the family. This distinction illustrates particular patterns relating to cases of child sexual abuse which occurs within the family. Given the challenges in reliably identifying those cases which fall within the definition of child sexual abuse in the family environment, these comparisons should be regarded as illustrative, rather than demonstrative.

9.2.1 Criminal justice

Data gathered for this Inquiry illustrates a significant attrition in the criminal justice pathway for child sexual abuse. Victims exit the process at various points. Police data for the period April 2012 – March 2014 reveals that although 37,844 victims of child sexual abuse were reported to Police in this period, 9,921 victims saw their case 'detected' (perpetrator was cautioned, charged or summonsed to appear in court in relation to the offence). For child sexual abuse in the family environment specifically, 8,932 victims came to Police notice, and 2,371 saw their case detected. This is a snapshot of Police data for a two year period – many of these cases will be 'under investigation', and, based on evidence gathered through site visits, investigations and decisions to charge may take many months.

The data reveals that 5,492 child sexual abuse-related reports made to the Police are recorded as Crime Related Incidents, or subsequently 'no-crimed'.

A 'no-crime' is an administrative category. 'No crimes' relate to crimes already recorded and are therefore distinct from incident reports that are not recorded as crimes in the first place. The Home Office Counting Rules set out circumstances under which a crime report may be no-crimed. These include situations where a crime is considered to have been recorded in error, the crime had already been recorded, or where, having been recorded, additional verifiable information becomes available that determines that no crime was committed. In a recent inspection of crime recording across a number of Police forces in England, Her Majesty's Inspectorate of Constabulary has found that some sexual offences, potentially including child sexual abuse in the family environment related offences, may be 'no crimed' where these conditions are not met.

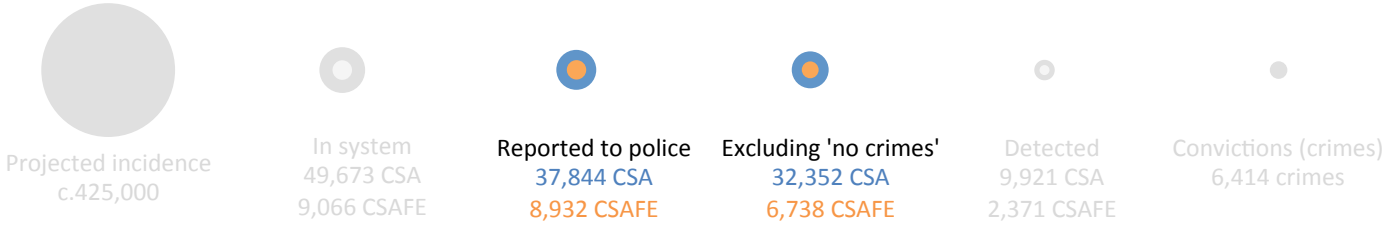


Fig. 4.3. Cases reported to the Police / no-crimed

With regard to sexual abuse, the evidence found that some crimes were subsequently 'no crimed' because the victim's allegation was not believed, even though the victim had not retracted their allegation.

Indeed, evidence gathered through the call for evidence and site visits suggests that, in some cases, victims of child sexual abuse in the family environment are pressurised by other family members to retract allegations of sexual abuse. Where non-abusing parents/carers are not supportive or protective of the victim, allegations were more likely to be retracted. Victims may also be frightened of the perpetrator or other family members. This may prevent further disclosure during Police investigations, or lead to a retraction of a previous allegation. The REA conducted for this Inquiry outlined research evidence on the retraction of allegations of sexual abuse. Evidence demonstrates that recantation among victims of abuse is strongly related to the susceptibility of the victim to adult influences. Where victims have been abused by a parent or carer, or there is a lack of support from the non-abusing parent/carer, victims are more likely to recant . Where a child retracts an allegation of sexual abuse, it may be 'no-crimed' by the Police.

A CRI is an incident where a report of an incident has come to Police attention which amounts to a crime, but a crime is not recorded. Crime Related Incidents are recorded where an incident is reported by a party other than the victim or a person acting on their behalf, and various other criteria are met. In regard to child sexual abuse, Crime Related Incidents should only be used for third party reporting where either (i) the Police are unable to verify the relationship between the person making the report and the victim, (ii) the victim wishes to remain anonymous but pass on information to the Police, or (iii) where the incident reported to the Police force occurred in another Police force area, which in turn records a crime report. Some Crime Related Incidents may relate to crimes recorded by another Police force. Overall, although Crime Related Incidents do not represent verified cases of child sexual abuse, there is no reason to assume that the incident in question did not occur.

In total, 5492 cases of child sexual abuse are 'no-crimed' or recorded as Crime Related Incidents, including 2194 cases of child sexual abuse in the family environment – this represents 14.5 % of all cases of child sexual abuse and 25% of cases of child sexual abuse in the family environment. It is a concern that, based on this evidence, cases of child sexual abuse in the family environment are more likely to be no-crimed or recorded as a CRI than other forms of child sexual abuse.

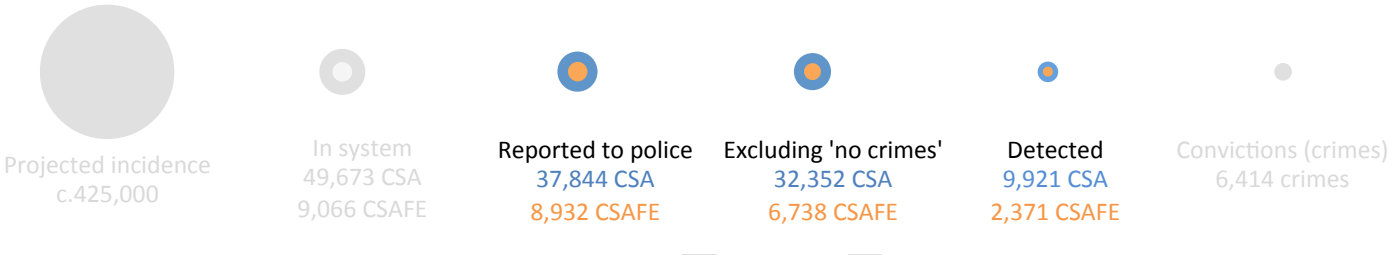


Fig. 4.4. Reported to the Police / detected

Case study

Linda was very worried about her daughters' (aged under 8) contact with their father and paternal grandfather. The father is a perpetrator of domestic violence and Linda suspects that the grandfather has sexually abused her daughters. The younger daughter, aged 3, verbalised something about her grandfather touching her sister. The older daughter said that her Grandad had told her to 'keep a secret'. These were not a clear disclosure of child sexual abuse, though Linda was concerned.

When Linda discussed her concerns with her ex-partner, she was physically assaulted. Children's services proposed a referral into Family Support, though the assessment timeframe is approximately 3 weeks and any opportunity for medical evidence to be examined would be lost.

Because the children had not made a clear disclosure, neither the Police nor children's services were prepared to investigate the evidence any further. Linda felt that more effort was spent on discrediting her allegations, with the suggestion that Linda was trying to prevent contact between her ex-partner and her children by fabricating evidence relating to sexual abuse. At no point did a Police officer or social worker speak directly with the children.

In 9,921 cases, the victim has been subject to a child sexual abuse-related crime which has been 'detected'. This represents 26% of all child sexual abuse cases known to the Police during the window April 2012 – March 2014. In regard to child sexual abuse in the family environment specifically, 2,371 victims were subject to a crime which has been detected, representing 27% of all child sexual abuse in the family environment cases during this window.

Where a crime is detected, the perpetrator has been cautioned, charged or summonsed to appear in court in relation to the offence. Where the crime is not detected, it cannot be assumed that the abuse did not take place or the perpetrator has not been identified, but simply that there is insufficient evidence to charge or caution the perpetrator. It is a concern that approximately only 1 in 4 cases of child sexual abuse in the family environment reported to the Police lead to 'detection'. There are various possible reasons for this.

In most cases of child sexual abuse in the family environment, the initial report is not made to the Police until after the 'forensic window' has closed. The forensic window is the period during which it may be possible to retrieve physical evidence of sexual abuse. Following the closure of the window, it is not possible to collect traces of forensic evidence to demonstrate that sexual abuse has taken place. For the purposes of this analysis, the forensic window is considered to be 7 days. The data demonstrates that almost two thirds of child sexual abuse in the family environment reported crimes come to the attention of the Police outside the forensic window. This is slightly higher than child sexual abuse in general, where just over half of all reported crimes are outside of the forensic window. This is likely to reflect the additional barriers to reporting faced by child sexual abuse in the family environment victims outlined in section 15. During site visits, Police officers reported that around '1 in 10' child sexual abuse in the family environment cases came to their attention during the forensic window. This is a much lower proportion than the data would suggest, but nonetheless, it is quite clear that physical evidence is absent in most cases of child sexual abuse in the family environment.

Table 5				
Number child sexual abuse-related crimes reported in forensic window, April 12 – March 14				
	child sexual abuse		child sexual abuse in the family environment	
Yes	25098	45%	5079	34%
No	30349	54%	9754	65%
Unknown	426	1%	101	1%

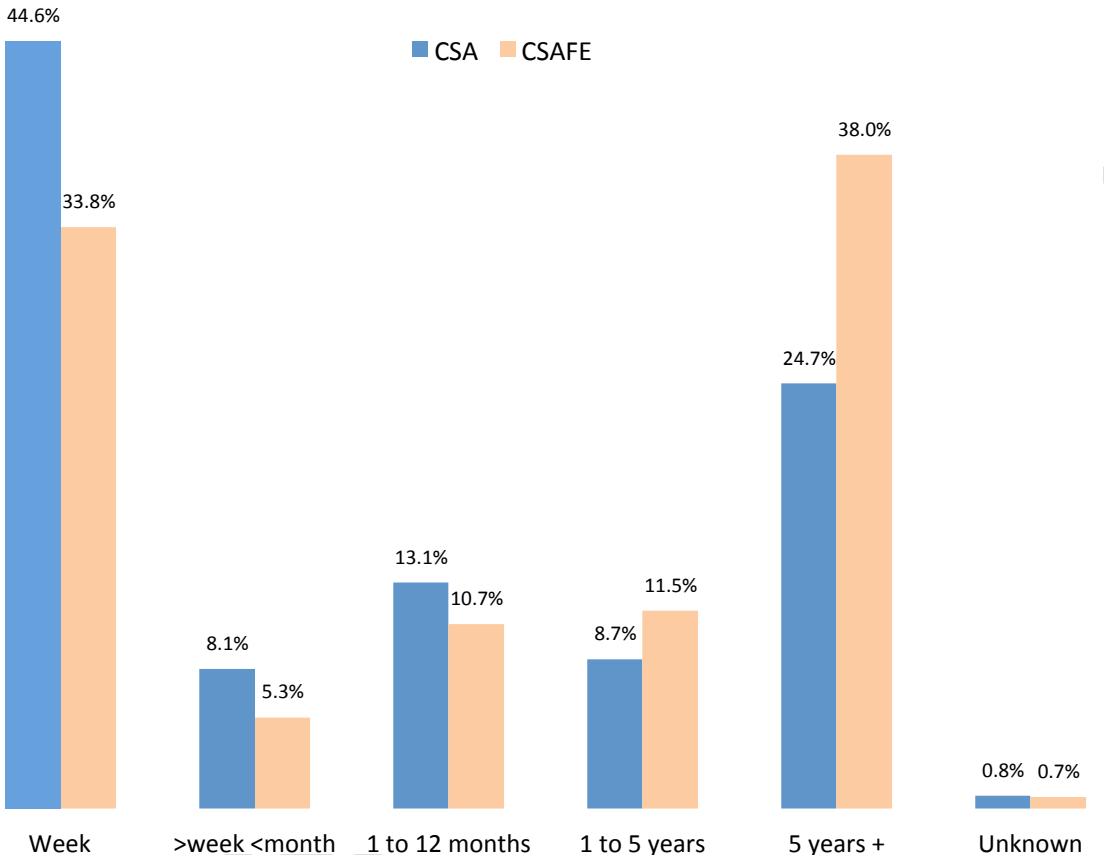
It is evident that victims of child sexual abuse in the family environment are unlikely to report within a week of the offence having occurred. Child sexual abuse in the family environment may be a series of incidents, rather than a single incident. Consequently, data regarding the precise date of the offence may be imprecise. Nonetheless, in comparison with child sexual abuse in its broadest sense, victims of child sexual abuse in the family environment are more likely to report to the Police much later – almost half of all victims of child sexual abuse in the family environment report their abuse to the Police at least one year following the incident (Figure 5). Research has clearly demonstrated that many victims of abuse do not report abuse for several years[27]. The Police data demonstrates this trend, with approximately a quarter of child sexual abuse cases reported to the Police over the period April 2012 – March 2014 reported by victims who were over 18 at the time of making the report. The figure is slightly higher for child sexual abuse in the family environment, where just over one third of child sexual abuse in the family environment victims report to the Police as an adult.

During site visits, Police officers referred to a rise in reports of non-recent child sexual abuse. This was noted for victims of child sexual abuse in the family environment and child sexual abuse more generally, and was attributed to the difficulty in (i) recognising abuse, and (ii) reporting it to the Police. It was noted that victims feel safer and more assured in reporting abuse when they reach adulthood. This was also clearly demonstrated in the findings from the survivor survey.

Table 6				
Age at reporting offence to Police, April 12 – March 14				
	child sexual abuse		child sexual abuse in the family environment	
0-17	41082	74%	9289	62%
18+	13626	24%	5550	37%
Unknown	1165	2%	94	1%
Total	55873		14933	

27 Allnock, D and Miller, P. (2013) No one noticed, no one heard: a study of disclosures of childhood abuse. NSPCC

Fig. 5. Data collection - time elapsed between offence and report



In both cases – reporting more than one week after the abuse took place or stopped, and/or reporting as an adult – it is unlikely that any physical evidence to substantiate the abuse will be available to the Police. In the absence of physical evidence, a third party eyewitness account, or an admission by the perpetrator, the description of the abuse given by the victim to the Police is the only source of evidence available to prove an allegation of child sexual abuse in the family environment.

The way in which a disclosure-led approach diminishes the likelihood of victims of abuse coming to the attention of statutory authorities has already been examined. However, even when an initial disclosure has been made to the Police, the way in which an account will be tested to determine its reliability against the 'beyond reasonable doubt' standard is likely to lead to many cases of abuse being 'undetected'.

9.2.2 Child protection

It is not possible to assess in detail the way in which all victims of child sexual abuse in the family environment have been subject to child protection processes, owing to the limitations in the data gathered from local authority children's services.

Child protection process outcomes specifically for the group of child sexual abuse and child sexual abuse in the family environment victims known to the Police can however be examined in more detail. Victims who came to Police attention during the first or last 3 months of the two year period April 2012 – March 2014 have been excluded from this analysis to minimise the possibility of a victim appearing in Police data, but not in children's services data, owing to possible delays referral processes between agencies. For example, a victim may have become known to children's services prior to April 2012, and was referred to the Police in the weeks/months following – this would lead to the victim appearing in Police data, but not the children's services data. Similarly, children known to the Police under 4 years of age have also been excluded, as this group of children are not included in the children's services data available to the Commissioner.

1630 victims of child sexual abuse known to the Police were also a looked after child during the 2 year period under analysis, including 515 victims of child sexual abuse in the family environment. 883 victims of child sexual abuse known to the Police during the two year period April 2012 – March 2014 were placed on a Child Protection Plan. This includes 306 victims of child sexual abuse in the family environment. The grounds for these victims of child sexual abuse being placed on a Child Protection Plan vary – most were placed on a plan for neglect or emotional abuse. Approximately a quarter of child sexual abuse in the family environment victims were placed on a plan on the grounds of child sexual abuse. Overall, the data suggest that most victims of child sexual abuse in the family environment reported to the Police are not placed on a Child Protection Plan on the grounds of sexual abuse.

Table 7

Children known to be victims of child sexual abuse/ child sexual abuse in the family environment on a child protection plan, by category

Child Protection Plan – latest category	child sexual abuse victims (from Police data)	%	child sexual abuse in the family environment victims (from Police data)	%
Neglect	287	32%	88	29%
Emotional abuse	256	29%	84	27%
Sexual abuse	173	20%	79	26%
Multiple	121	14%	40	13%
Physical abuse	46	5%	15	5%
Total	887		307	

Furthermore, this data very clearly illustrates that poly-victimisation is a considerable issue, whereby children who are sexually abused often experience other forms of harm.

Child sexual abuse in the family environment is a considerable challenge for child protection professionals. During site visits, social workers in children's services departments described the challenge of substantiating child sexual abuse in the family environment without a direct disclosure. It was also noted during oral evidence sessions that the number of children on Child Protection Plan on the grounds of sexual abuse has decreased, whilst there has been a simultaneous increase in the number of children on a Child Protection Plan for neglect. This was linked to changes in professional perceptions, with some professionals in site visits stating that diagnosing 'neglect' is more straightforward than sexual abuse. Supporting non-abusing parents/ carers was consistently highlighted as being of considerable importance to the recovery of victims of child sexual abuse in the family environment.

10. The scale of child sexual abuse in the family environment in England – conclusions

The scale of child sexual abuse, and by implication, of child sexual abuse in the family environment, is significant. Previous research has demonstrated that the *prevalence* of contact child sexual abuse among young adults aged 18-24 is 11.3%. It can be extrapolated that approximately 1.3 million children currently living in England will have been a victim of contact sexual abuse by the time they turn 18.

Over the two year period April 2012 – March 2014, an *incidence* of 400,000 – 450,000 victims of abuse can be estimated on the basis of evidence gathered by the Inquiry. This is finding is tentative and indicative, as the data used in the statistical model is limited. Nonetheless, it is consistent with research findings from the UK and overseas.

The evidence gathered for this Inquiry quite clearly demonstrates that child sexual abuse is occurring at a scale which is greater than is currently addressed by statutory and non-statutory services. The majority of children and young people who are victims of sexual abuse do not receive any help. There are two reasons for this.

Firstly, the criminal justice and child protection systems are largely disclosure-led. It is a disclosure which enables professionals to directly intervene in a situation where child sexual abuse in the family environment is likely to have occurred. The vast majority of children who are sexually abused do not disclose abuse in the immediate or near aftermath of the abuse occurring, and most victims wait until adulthood before coming forward. Some groups of children and young people may face particular barriers to reporting abuse. As a result, children who do not identify themselves as victims of abuse and make this known to a person in authority do not receive any help.

Second, the identification of abuse is difficult. There is a high level of commitment to tackling this issue among professionals working with children, but all agencies face challenges in the identification of victims of abuse. Victims may not present signs very clearly, and where there is an element of doubt, professionals sometimes lack the confidence to broach the subject. Overall, the majority of victims do not disclose that they have been abused, but the system for getting help from statutory services is largely predicated on a disclosure being made. This situation does not effectively uphold the right of children to protection from sexual abuse.

When victims of abuse do enter the system, the substantiation of abuse is a considerable challenge. In the absence of physical evidence, the child's description of the abuse is the most significant piece of evidence on which a prosecution is based. Children's accounts are subject to considerable scrutiny, and in many cases, a prosecution will not proceed. Child protection measures should be independent of criminal justice outcomes, and action taken to safeguard children does not depend on the substantiation of abuse according to the criminal burden of proof. Steps taken to protect victims of child sexual abuse in the family environment cannot be easily discerned from data collected at a national level, though the data does demonstrate that few victims of child sexual abuse in the family environment are on a Child Protection Plan. Lastly, data recording by frontline agencies is inconsistent. The scale of child sexual abuse in the family environment cannot be reliably measured, as opposed to estimated, projected or modelled, as the relationship between victim and perpetrator by Police forces is not recorded consistently. In order to differentiate between forms of child sexual abuse, including child sexual abuse in the family environment, child sexual exploitation, online child sexual abuse/E and institutional child sexual abuse, and to ensure that specialist responses to each form of child sexual abuse are resourced appropriately, data recording must be improved.

Nature

This Inquiry aimed to establish the *nature* of child sexual abuse in the family environment known and unknown to statutory and non-statutory authorities. Evidence has been gathered directly from survivors of abuse and professionals in statutory and non-statutory agencies working to protect children from sexual abuse.

The nature of child sexual abuse in the family environment is outlined in regard to the characteristics of identified victims; the relationships between victim and perpetrator; the ways in which victims child sexual abuse in the family environment recognise and report abuse; and the impact of child sexual abuse in the family environment on victims and their families.

As established in the previous section, many victims of abuse do not come to the attention of statutory and/or non-statutory agencies. This particular group of victims may have particular experiences of abuse which minimise the likelihood of professionals identifying their abuse, or their capacity to report abuse directly. The survivor survey has been conducted to gather evidence relating to victims of child sexual abuse in the family environment who have did not receive help from statutory or non-statutory agencies as a child. Evidence provided by survivors is included in this section.

11. Victim profile

Profile information regarding victims of child sexual abuse and child sexual abuse in the family environment is presented in this section. This enables a comparison to be made, with the intention of illustrating the particular patterns relating to child sexual abuse which occurs within the family. Given the challenges in reliably identifying those cases which fall within the definition of child sexual abuse in the family environment (section 10), these comparisons should be regarded as illustrative, rather than demonstrative.

11.1 Age

Age at the time of report/discovery has been compared with gender. Differences for boys and girls are slight, though it is evident that girls are more likely to report or come to the attention of the authorities from the ages of 13-16. Boys are more likely to report or come to the attention of the authorities from the ages of 0-11. There is little discernible difference between child sexual abuse and child sexual abuse in the family environment, though there are more cases of child sexual abuse in the family environment among very young children.

In general, most victims of abuse report or come to the attention of the authorities from the age of 12. Younger children disclose abuse less frequently, particularly children under the age of 5, as they are less likely to have the words to describe their experiences and may have fewer opportunities to disclose. Abuse may have started much earlier. The increase in numbers from age 12 may in part reflect more children coming forward to report abuse as their knowledge of sex and relationships develops, and they recognise that their experiences are abusive. However, 60% of respondents to the survivor survey stated that their experience of sexual abuse began before the age of 9, and 9 was the age at which abuse was most likely to be occurring (Figure 7).

This is consistent with research which has found that disclosure is easier with age. Research conducted in Norway suggests that rates of disclosure of sexual abuse increases with victim age with only 50% of 3–6-year-olds compared to 74% of 11–14-year-olds disclosing abuse when questioned. This research also concludes that rates of disclosure were lower in cases of child sexual abuse in the family environment[28].

It is important to note that some specialist services report that they work mostly with victims of child sexual abuse in the family environment under the age 5. For example, one specialist agency stated that almost half of the children they support are under the age of 5, with the vast majority of victims being under the age of 11. The age data examined by this Inquiry, both from the survivor survey and the Police, may omit younger children – respondents to the survivor survey may not have recognised experiences of abuse at a younger age, and younger children are less able to disclose abuse. Overall, it is clear that child sexual abuse does occur when children are very young, though this abuse is less likely to have been captured by this Inquiry.

28 Horvath, M et al. (2014) 'It's a Lonely Journey': a Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse, Children's Commissioner

Fig. 6 - Police data - Age at time of report/discovery and gender - CSA and CSAFE

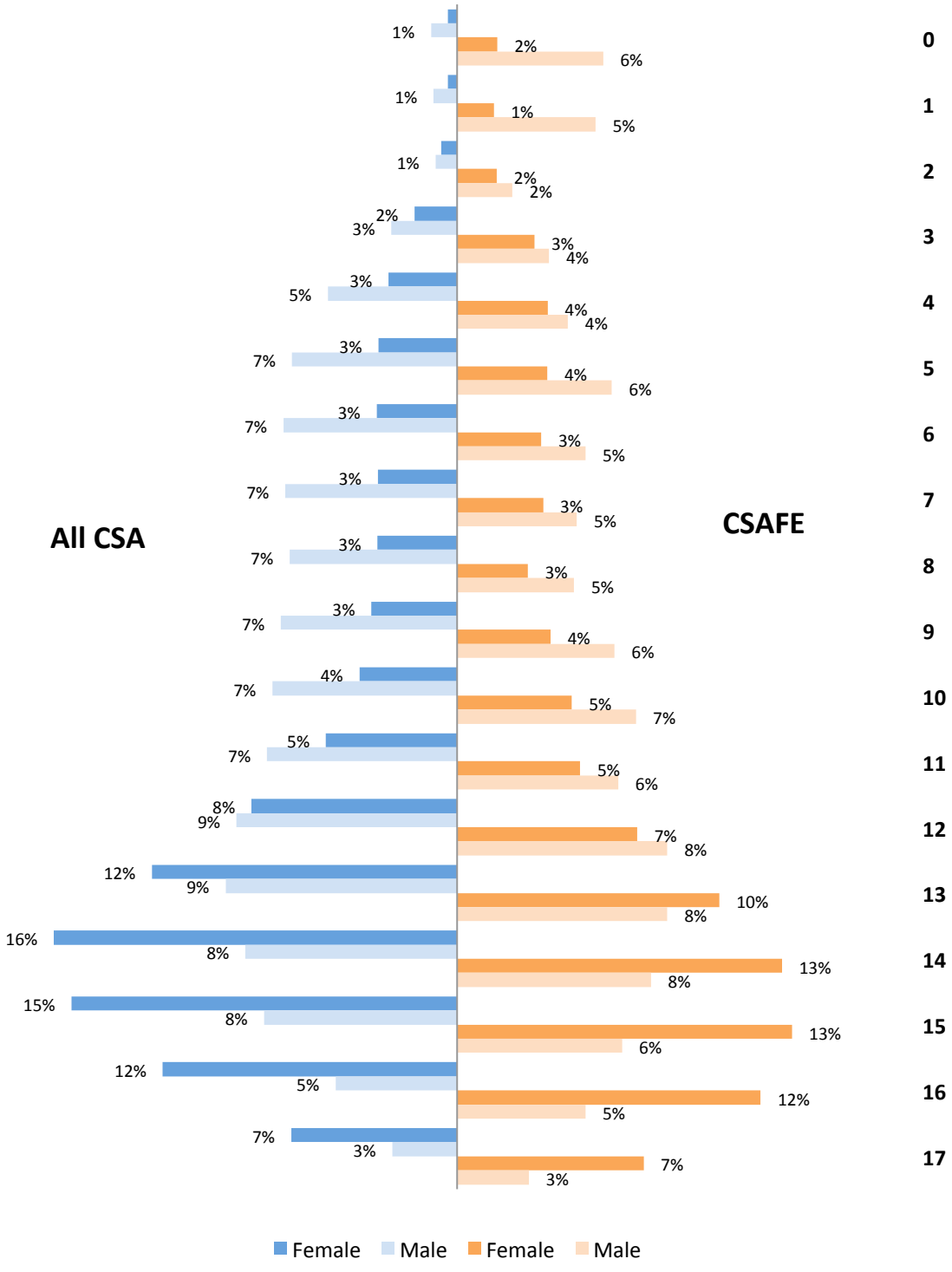
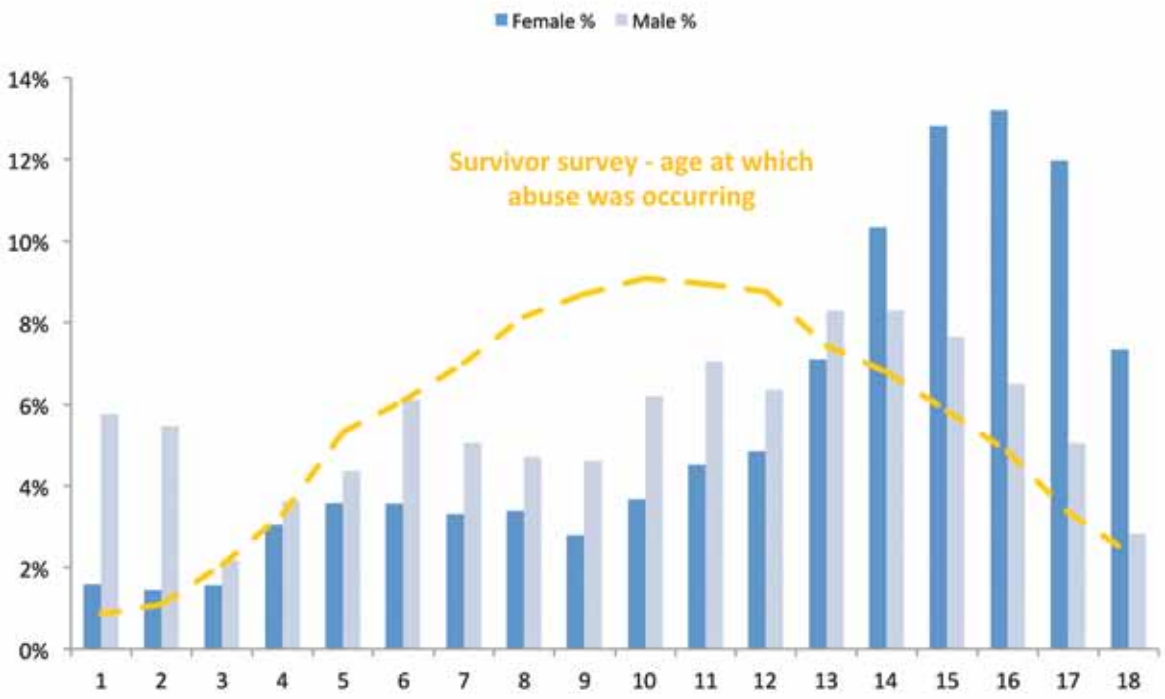


Fig. 7 - Police data - CSAFE - age at report/discovery



11.2 Gender

Fig. 8 - Data collection - Gender

Most identified victims of child sexual abuse and child sexual abuse in the family environment are female (Figure 8). Through the call for evidence, the majority of agencies working with victims of child sexual abuse in the family environment have provided evidence which demonstrates that most victims of child sexual abuse in the family environment are female. It is evident from section 12.1 that the number of male and female victims of child sexual abuse in the family environment is relatively equal among younger children, with boys more prominent under the age of 5. It is only towards adolescence that the difference in numbers of male and female victims widens. This trend may reflect patterns of abuse, though evidence examined by the Inquiry also suggests that the proportion of male victims is likely to be under-represented in the data gathered for the Inquiry.

For example, boys and young men are less likely to tell someone that they have been sexually abused. Experts who participated in oral evidence sessions stated that there are additional pressures on boys not to tell, as male victims of sexual abuse may be stigmatised by the perceived impact of abuse on their masculinity. This has been noted particularly for some BME groups, and more generally. This is an issue that has been identified for all groups from all backgrounds.

Definitely, we do need to. We definitely need to. There is a lot of silence around the sexual abuse of boys, especially by men, even by women. Generally speaking, the average African boy is brought up to be well, boys generally, it is nothing to do with African strong and you do not cry; you do not tell. When you are sexually abused by somebody, especially in a position of authority, it is absolutely difficult to talk about it. Oral Evidence – Voluntary Sector Organisation 1: BME

The only reason why that came up was because the young man talked to his mother about it. In a lot of cases there is a lot of silence around it. Children find it very hard anyway to disclose child sexual abuse, but more so boys being sexually abused by a man or another boy, or even a woman. It will be a lot more difficult for the child in question to come forward with that. We do not tend to get a lot of cases, but it does not mean it does not happen. Oral Evidence – Voluntary Sector Organisation 1: BME

Boys and young men are also less likely to be identified and perceived as victims. During site visits, professionals stated that non-specialist services were likely to address issues related to child sexual abuse in the family environment among boys and young men, but were less likely to explore underlying sexual abuse. In one particular example, it was clear that whereas boys and young men with concerning sexual behaviour would be referred to a specialist service for harmful sexual behaviours, girls and young women exhibiting the same type of behaviour would be referred to a service for child sexual exploitation. It is therefore a concern that boys and young men are less likely to be identified as victims of child sexual abuse in the family environment.

11.3 Ethnicity

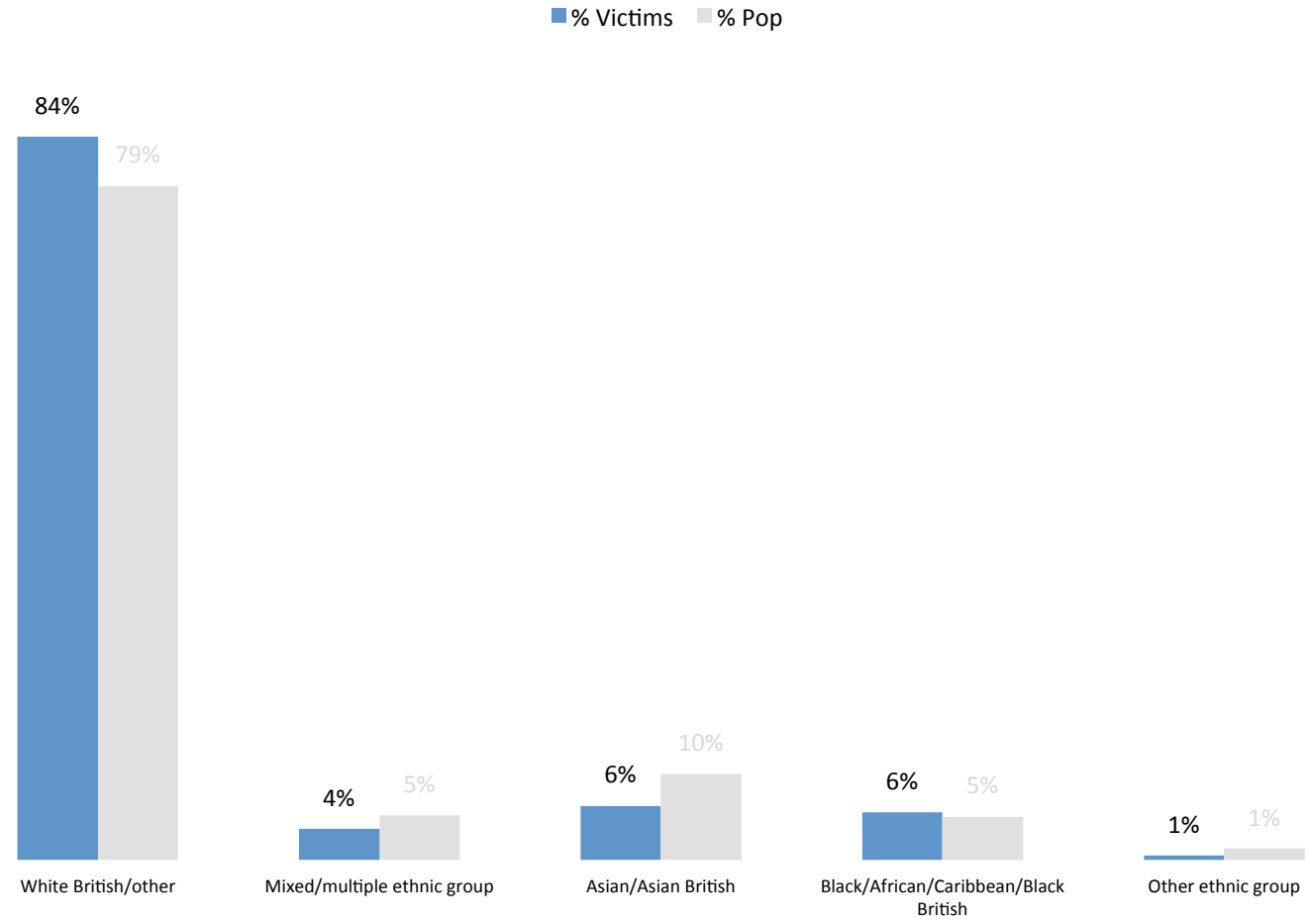


Fig. 9 - Data collection - Victim ethnic background

Data held by statutory and non-statutory agencies relating to the ethnicity of victims is not recorded consistently. It is not possible to provide a detailed breakdown using all standard census categories. Data can be attributed to overall ethnic group for approximately 35,000 (70%) victims of child sexual abuse known to authorities (Figure 9). The proportion of victims belonging to each category has been compared with the population of children in England, using census data[29]. Overall, it is evident that children from Asian/Asian British communities are particularly likely to be under-represented in the data held by statutory services. The data presented in Appendix B provides a breakdown of victim ethnicity from individual submissions to the call for evidence, illustrating that some agencies are more likely to come into contact with victims from BME groups than others.

The under-representation of children from some BME groups was also noted in the Rapid Evidence Assessment, where it was found that "black and minority ethnic children may be under-represented in child protection referrals and may not access, or receive a poorer quality of, support"[30]. This issue has been explored in detail through a series of focus groups, each of which involved various BME community activists and members, in addition to oral evidence sessions with experts on this specific issue. A number of particular barriers to reporting abuse and accessing help from statutory services were highlighted, and participants emphasised that child sexual abuse in the family environment does occur within their community.

29 http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/previous-foi-requests/population/ethnicity-and-religion-by-age/dc2101ew---ethnic-group-by-sex-and-age.xls

30 Horvath, M et al. (2014) 'It's a Lonely Journey': a Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse, Children's Commissioner

It was found that, in some BME communities, victims of child sexual abuse in the family environment and their families are blamed, particularly if they are supportive of the victim and the innocence of the perpetrator is prioritised. In such cases, the 'honour' of the victim and/or family is brought into disrepute by the allegation and not that of the perpetrator. In some cases, participants highlighted that family members felt that they could manage the situation themselves, and in many cases decisions and interventions were based on maintaining 'honour', such as covering up the abuse, relocating the victim and/or family, and forced marriage. Specialists who provided evidence to the Inquiry highlighted that they either had structures within the community to address these issues and/or were disinclined to involve statutory services, primarily as a result of distrust. Participants in focus groups highlighted a perception among some BME groups that social workers would break up the family and remove the children which created a barrier to them seeking help. Informal 'solutions', not involving statutory services, generally involved silencing the victim. This type of reaction, whereby incidents of child sexual abuse in the family environment would be managed within the community, was reported to be commonplace. In some cases discussed in focus groups and oral evidence sessions, whole families, including both the victim and the perpetrator, would be relocated to another country in order to maintain the 'honour' of the perpetrator and the community.

Previously, I heard from elders. The elders would make the decision and safeguard the child. It's like what's happening in other faiths – they try and manage it and not report it. Oral Evidence – Voluntary Sector Organisation 1: BME

If the perpetrator is perceived to be an 'honourable' member of the community, protecting the 'honour' of the perpetrator, the family, and the community takes precedence over protecting victims and survivors. Victims and their families may be pressured by other members of their community to stay silent and retract any allegations. Participants in the focus group stated that in extreme cases, families may be ostracised from the community, threatened or attacked, with one focus group participant stating that their house had been vandalised when they reported a case of child sexual abuse in the family environment.

Family networks are aware, but not dealt with. There is a degree of collusion in some cases. There are examples of victims, or their mothers (who reported) ostracised – cut out and ejected from family unit. Not just family, but community. Focus Group 2

In these circumstances, there are additional barriers to accessing support from statutory services for victims from some BME communities. Withstanding the pressure to drop charges, withdraw statements, and to resolve the issue within the community is unlikely to be possible for many victims and families. Children and families with uncertain immigration statuses are also less likely to seek help, through fear of what may happen should they come to the attention of statutory services. Children in this group are at a high risk of sexual abuse, as they are more likely to be housed in less secure environments.

In relation to the scale, what we are clear about is that there are major barriers for marginalised children and families from engaging with any agents of the state or statutory authorities. These barriers are well documented and include cultural expectations, fear of social workers and particularly the perceived risks for families whose status in the UK is uncertain. Oral Evidence – National Charity 2: Children in Need

Participants in the focus group also highlighted that the concept of 'community' is often used as an excuse not to act when abuse is known or suspected. This interpretation of the function of 'community' implies that whole communities are complicit in the abuse, when in fact victims of child sexual abuse in the family environment from particular BME communities experience many of the same difficulties in accessing help as White British victims and families.

This whole idea around "not destabilising communities" and disturbing community relationships – media/people did say this – it's an excuse by the establishment – narrative of racism which is intertwined with this agenda now. It implies that the community were somehow complicit. Local individuals who don't understand this – think that this narrative implies that the community are in on it. Focus Group 1

'Yes, there are gatekeepers, absolutely. That said, it's being used as a smokescreen. This 'don't upset the community' narrative – is a way of blaming the community 'sensitivities'. Focus Group 1

Participants also noted that in some BME groups, the concept of 'family' extends beyond the immediate circle, and the implicit trust in adults associated with the family functions as a barrier to identifying abuse. For example, it was noted that parents may leave a child in the care of an uncle or another family member while they go away for an extended period of time. In such cases, the parents may not have considered the possible risks to the child.

In this context, protecting 'honour' was highlighted as significant in some BME communities. However, this concept extends to all communities, where it can generally be observed that some victims and/or families do not seek help in order to avoid being stigmatised.

Overall, although the data obtained from statutory services would suggest, on the face of it, that there are fewer victims of child sexual abuse in the family environment from BME communities, particularly Asian/Asian British communities, evidence from focus groups suggests that this is a reflection of the barriers experienced by victims and families from these communities in accessing help from statutory services.

Case study

Tina was sexually abused by an uncle over a number of years. Her uncle was a religious leader, and he was respected by other members of the community. At first, Tina didn't tell anyone because she was worried that nobody would believe her. At the age of 15, Tina disclosed her abuse to her parents. Her family supported her to make a report to the Police. When some other members of the community found out that Tina had made an allegation against the Police, they put her under pressure to retract the allegation.

Tina was worried about possible reprisals, so she later refused to cooperate with the investigation. She was at risk of honour based violence, as reporting the abuse to the Police was considered by some members of the community to have brought shame to the family and the community.

11.4 Learning/Physical disabilities

Data has been collected on the number of victims of child sexual abuse in the family environment with a physical or learning disability. However, this data is not captured accurately by many agencies, particularly the Police, and in consequence, it is not possible to draw conclusions regarding the number of children in the population of child sexual abuse victims known to statutory and non-statutory authorities with a learning/physical/physical disability. However, it was identified in the REA that victims of child sexual abuse with a learning/physical disability may face particular barriers to reporting abuse, and as such, may be less likely to access help from statutory services, even though they are more vulnerable to abuse[31]. Indeed, an Ofsted thematic inspection on the protection of disabled children found that children with physical and learning disabilities are less likely than other children to be on a child protection plan, which may suggest that the risks to these children are not always identified[32]. As before, this issue has been explored in detail through a focus group and oral evidence sessions.

It is clear from the evidence received that children with a disability which impairs their communication skills are less able to report abuse directly. Furthermore, the signs and symptoms of abuse, when presenting in children with a learning disability, may not be evident to some practitioners. An expert illustrated this using the example of a 3 year old child with a learning difficulty and autism:

31 Horvath, M et al. (2014) 'It's a Lonely Journey': a Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse, Children's Commissioner

32 Protecting disabled children: thematic inspection (2012) Ofsted

The human tendency to deny those is so strong you have got to work really hard to make people notice. One of the examples we use is a three-year-old we worked with who was picked up pretty much by chance as having two sexually transmitted diseases. It was pretty much a mistake finding because she had a urinary tract infection, and that is what showed this abuse. We were involved at a very early stage. She had learning difficulty and autism. She had been in a special school for more than a year. Their immediate reaction was, "There is no way this child could have been sexually abused because she is the most difficult, violent child we have ever had in the school and it takes three of us to change her nappy". Can you see what they have done? "You have got to hold her down. She kicks, she bites and spits when you try to take her nappy off". They have seen that as a protective factor, whereas with any other child hopefully you would be going, "Whoa, what's going on?" Oral Evidence – Non-Statutory Body: Criminal Justice

In this way, children with a learning disability may exhibit behaviour which, although indicative of sexual abuse, may be attributed to the learning disability itself.

It is children who are overly tactile with others, particularly adults, wanting to slide along, sit on their lap, all those things that you might see with other children as well; and no sense of inhibition or boundary or space. That, with children with learning difficulties, can very easily just be put down to the learning disability that they just have not learned those things that other children might learn. That is why those might escape alarm bells in the way that they might for other children. There is openly touching themselves and masturbating as well. That gets put down to the learning disability very, very often. Oral Evidence – National Charity 1: Disability

My concern is that they are often displaying very aggressive self-harming behaviour and it gets put down to the syndrome, the learning disability or whatever it is that is going on for them. I think we need to explore a little bit more what the roots of that are. I do not think that, within the thinking about that, anybody is thinking, "Has there been abuse?" Oral Evidence – National Charity 1: Disability

Children with learning/physical disabilities are particularly reliant on their parents/carers for their personal care. This dependency may remain through adolescence and into adulthood. Previously, it was noted that many victims of child sexual abuse in the family environment report their abuse or come to the attention of authorities in adolescence – this is particularly likely for girls. This pattern may reflect the heightened capacity of children to disclose abuse as they reach adolescence. The capacity of children with learning/physical disabilities to report abuse may not be heightened in adolescence. Consequently, victims of child sexual abuse in the family environment with a learning/physical disability may be particularly unlikely to receive help from statutory agencies. Through the call for evidence, a particular case highlighted to the Inquiry involved a child with a severe learning disability who had been sexually abused by a family friend. The child would have been unable to tell anyone that they had been abused. The parents witnessed the abuse, and were able to ensure that the child received the appropriate help.

Across all strands of evidence examined by the Inquiry, the majority of evidence relates children with learning disabilities, rather than physical disabilities. Very little evidence has been received regarding physical disabilities, including sensory impairments, despite their heightened vulnerability to sexual abuse.

Overall, it can be concluded that victims of child sexual abuse in the family environment with a disability are less likely to be identified by statutory authorities, particularly if they have a physical disability or sensory impairment.

12. Additional characteristics

It is difficult to predict which children and young people are most vulnerable to child sexual abuse in the family environment. As highlighted in the preceding section, victims can be either male or female, of different ages and ethnicities, and may be disabled. However, the Inquiry did note some additional characteristics that were particularly prevalent in the circumstances of victims of child sexual abuse in the family environment. In many cases of child sexual abuse in the family environment, the parent/carer had themselves been abused. Additional issues highlighted in evidence examined by the Inquiry included neglect, ritualistic abuse, domestic abuse and inter-generational abuse within families.

12.1 Domestic abuse

Although the household co-occurrence of child sexual abuse in the family environment and domestic violence cannot be quantified on the basis of data gathered for the Inquiry, evidence submitted to the Commissioner very clearly pointed to a connection. Several responses to the call for evidence and participants in site visits and focus groups stated that parental domestic abuse is often a feature in the homes of children who are sexually abused. Practitioners also stated that many women they work with who experience domestic abuse have also been sexually abused. Experiences of domestic abuse impacted upon the willingness and capacity of some women to engage statutory services when they suspected their child was being sexually abused.

My experience because I am a therapist as well and I tend to work with the slightly older ones, so not in the schools is that those women who are more easily exploited are more easily exploited because they have had a history of being exploited. Oral Evidence – National Charity 1: Disability

In evidence gathered through site visits and the call for evidence, specialist services supporting victims of domestic abuse highlighted that allegations of child sexual abuse in the family environment in the context of domestic abuse cases are perhaps more likely to be disregarded or disbelieved by professionals in statutory services. They may instead consider that the allegations have been fabricated by a parent/carer in order to undermine or frustrate contact arrangements and/or damage the reputation of former partners.

In oral evidence, some professionals pointed to a link between young people being exposed to domestic abuse in the home and exhibiting harmful sexual behaviours. This observation highlights the importance of considering the vulnerability of children in families where domestic violence is known or suspected.

In addition, participants in site visits and in submissions to the call for evidence highlighted cases whereby perpetrators purposefully target vulnerable parents in order to sexually abuse their children. One local authority stated that they were aware of male perpetrators who targeted single parent families in the local area. In many cases, where mothers or siblings were being sexually exploited, the children or siblings were vulnerable to being sexually abused and exploited themselves.

Case study

Between the ages of 10-13, Penny was regularly raped by her father. Her father was very violent. Penny was known to children's services from a young age, owing to the father's domestic violence. He had a violent relationship with Penny's mother, who is 15 years younger than him.

Henry, Penny's brother, witnessed his father abusing Penny and told his mum. His mum then made a complaint to the Police. In the ABE interview, Penny disclosed that her father had abused her, but she was afraid of him because of his violence. Her school records suggested a significant change in her behaviour around the time of the abuse, and reveal that she was prone to outbursts and 'attention seeking' behaviour.

During the investigation, Penny's mum decided to support the father. The Police suspected that Penny's father had threatened her mum. She undermined the Police investigation, and pressured Henry to retract his previous statement that he had witnessed the abuse. It was later found that there was not enough evidence to prosecute Penny's father, as Penny's account of the abuse was inconsistent and Henry decided to retract his previous allegation.

12.2 Inter-generational abuse

My GREAT Grandfather.....he was also my Grandfather. Not the only one he abused, him and his stepdaughter (my nan) produced my father. Survivor – Female aged between 45-54

During some site visits, and in responses to the survivor survey, some cases of child sexual abuse in the family environment that involved inter-generational abuse came to light. In the survivor survey, some respondents stated that the perpetrator (usually a grandparent) had also abused the parents and siblings of the victims.

In the site visits we heard about cases of intergenerational abuse where different generations of the same family were living in the same household. In some of these cases, there was one perpetrator abusing different generations in the same family, whereas in other cases patterns of abuse were complex.

Case Study

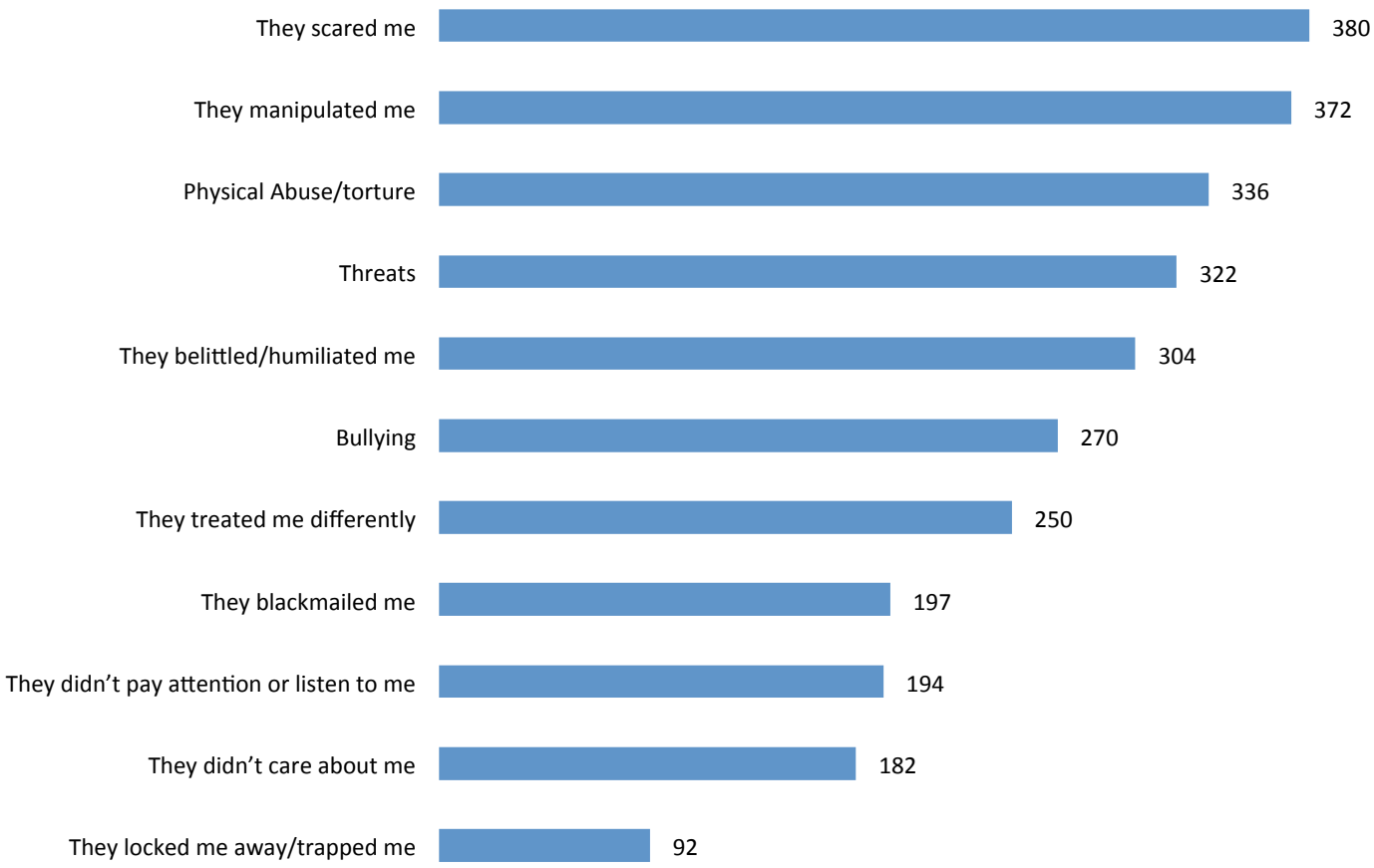
During a site visit, the Inquiry heard details of a case that had recently come to light where it was suspected that child sexual abuse in the family environment had occurred across several generations of the same family. All members of the family live in the same household. It was suspected that the grandfather had sexually abused his children and grandchildren. The perpetrator's grandson has started demonstrating harmful sexual behaviour, and one of his granddaughters is considered to be at high risk of child sexual exploitation. The range of interventions required to address the needs of children in the household and keep them all safe from sexual abuse are significant and challenging.

In cases where the perpetrator lives in the same household as the victim, it was found that this increases the likelihood of abuse, not only for that victim but for other children, young people and vulnerable people in the same household. In many cases, however, the victim is removed from the family and the siblings remain. It was also evident from responses to the survivor survey and focus groups with survivors that many survivors of child sexual abuse in the family environment did not know that their siblings had also been abused until adulthood. Where children have told someone about their sexual abuse, but interventions have either not resulted from disclosure or stopped owing to disbelief, retraction, or the inability of statutory agencies to substantiate the sexual abuse, they may remain in the household with the perpetrator.

12.3 Other forms of abuse

Respondents to the survivor survey highlighted other forms of abuse experienced within the household (Figure 10). Being scared, manipulated, physically abused, threatened, humiliated and bullied were all identified by a large number of respondents. Multiple forms of victimisation may be experienced by victims of child sexual abuse in the family environment. Poly-victimisation – the experience of multiple forms of abuse – is relatively common among the respondents to the survivor survey, which suggests that concerns relating to physical abuse and neglect should give rise to concerns regarding the possibility of sexual abuse.

Fig. 10 - Survivor survey - experiences of different forms of abuse

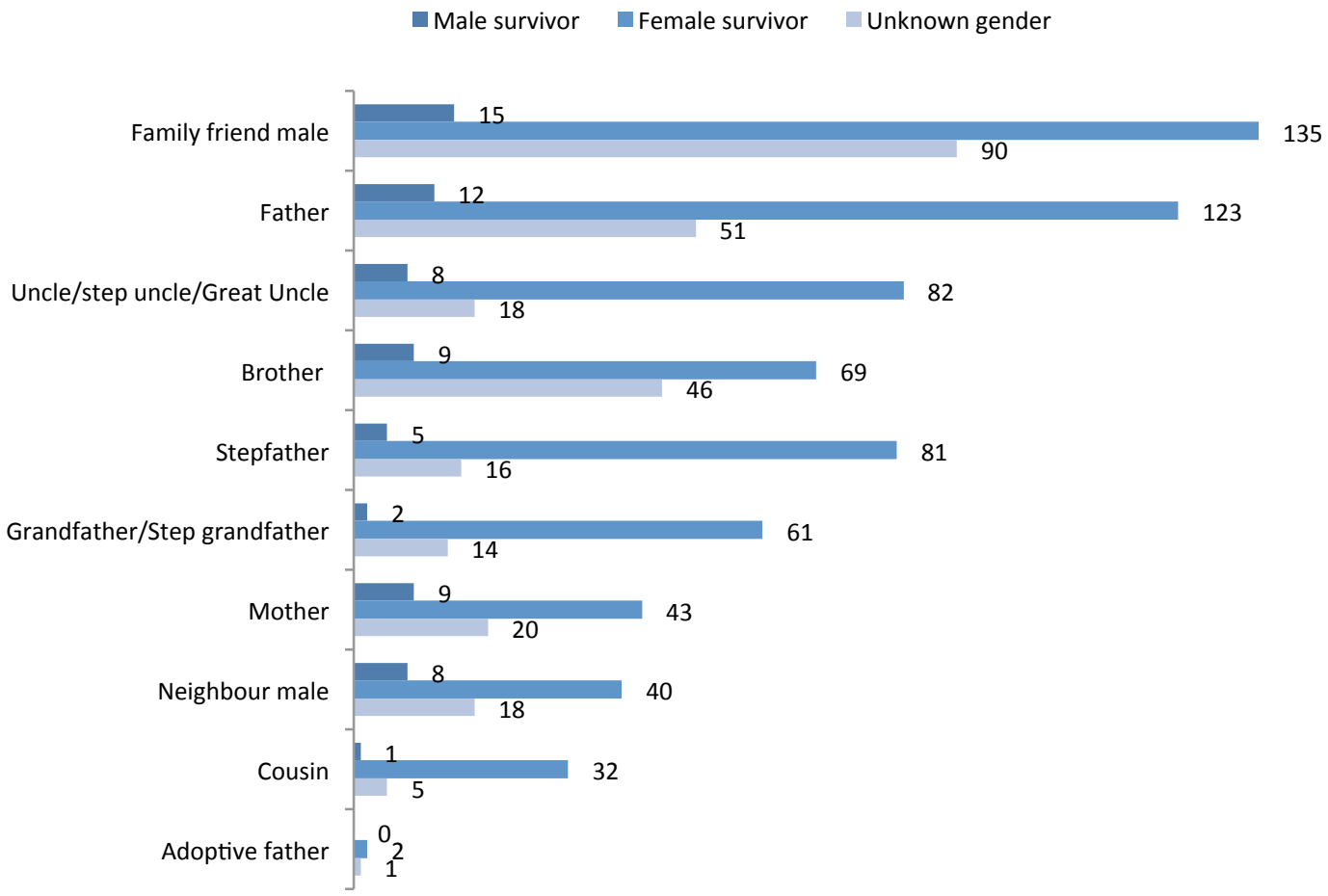


13. Relationships between victim and perpetrator

It is not possible to provide a detailed list of the relationship between victim and perpetrator in child sexual abuse in the family environment cases using Police data, though responses to the survivor survey demonstrate that 'male family friends' were the most frequent abuser (Figure 11). This category is perhaps more distant to the victim/survivor than close family members, though the definition of child sexual abuse in the family environment adopted for the purposes of this Inquiry includes individuals whose relationship to the victim is mediated by the family. This includes family friends.

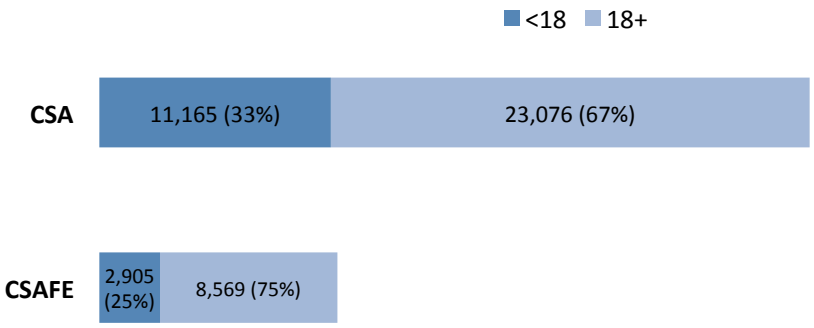
'Father' was the next most frequent response, followed by 'uncle', 'brother' and 'stepfather'. In total, 'mother' formed a small group of identified perpetrators. The REA found that the natural father and siblings are the most commonly cited perpetrator in research on intra-familial abuse, though 'family friend' is not included in the definitions of 'intra-familial' used in these studies.

Fig. 11 - Survivor survey - perpetrator identity



In total, 25% of all cases of child sexual abuse in the family environment involved a perpetrator under the age of 18 (Figure 12). The perpetrator in these cases is also a child with harmful sexual behaviour. This is, in itself, a possible indicator of experiences of sexual abuse. Given the likely number of victims/perpetrators of child sexual abuse in the family environment, this finding highlights the importance of measures to address harmful sexual behaviour among children and young people. Unchecked, this behaviour may continue and escalate into adulthood.

Fig. 12 - Police data - perpetrator age



The survivor survey enabled respondents to state whether they had been sexually abused by more than one perpetrator, and if so, whether the perpetrators were known to each other. This has been cross-tabulated with responses to a question regarding singular/multiple episodes of abuse. Of the 650 respondents who stated that they had been abused more than once, 273 (42%) stated that they had been abused by more than one person. It is notable that of these 273 respondents, 74% stated that their abusers knew each other. Similarly, over a third (36%) of callers to the National Association for People Abused in Childhood (NAPAC) during the period September 2010 to April 2013 had been sexually abused by more than one perpetrator.[33]

Table 8. Breakdown of survivor survey responses – whether the abuse happened more than once / whether it was perpetrated by more than one abuser

Did the Abuse happen more than once	Lone Abuser	Multiple Abusers	Prefer not to say	Don't know	Total
Yes	355	273	4	18	650
No	0	0	0	26	26
Unknown	8	6	0	59	73
Prefer not to say	1	0	5	1	7
Total	364	279	9	104	756

33 NAPAC Support Line Data Analysis

14. Recognition and telling

Previous research instigated by the Children's Commissioner into recognition, telling and getting help from the child's perspective has very clearly outlined the hazards of approaches to child protection which place the onus on children to come forward to report abuse. The concept of telling is defined in detail in section 6. Instead, adults responsible for the safety and wellbeing of children must be actively vigilant. Reliance on verbal 'disclosure' does not take into account many victims' inability to perceive their experience as abuse, or to summarise: barriers to the recognition of child sexual abuse in the family environment among professionals, and to victims accessing help, relate to the particular nature of child sexual abuse in the family environment and its impact on victims.

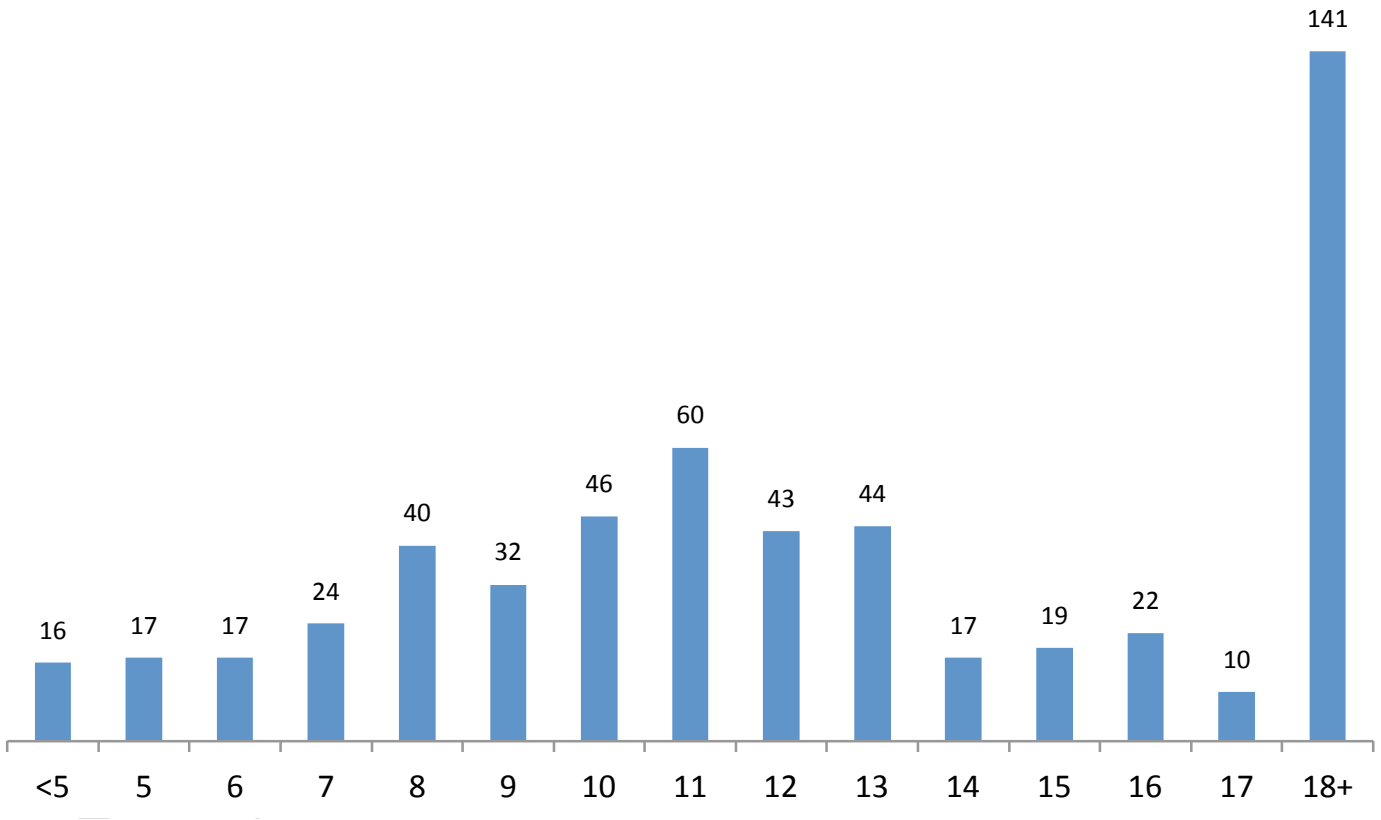
14.1 Recognition

This section addresses the recognition of victims and survivors that they have been sexually abused.

During focus groups with adult survivors and victims of child sexual abuse in the family environment, participants stated that recognition may be delayed significantly. This finding was echoed in submissions to the call for evidence. In particular, it was stated that children and young people may not be able to put into words their experience of abuse, though the impact on their emotional wellbeing is profound. Professionals from all sectors described the difficulty of identifying the emotional response and confidently attributing this to sexual abuse. Participants in site visits and oral evidence sessions also raised the issue of involuntary disclosure, where the abuse is discovered or reported by a third party, rather than disclosed directly. Children in these circumstances may not have recognised that they are a victim of abuse, and will require support to come to terms with the abuse and any subsequent service intervention.

Survivor survey respondents stated that, in general, they became aware of the abuse a considerable period of time after it has commenced or occurred. For 141 respondents (26% of respondents who answered this question), they themselves did not become aware that they had been sexually abused until they were an adult (Figure 13).

Fig. 13 - Survivor survey - age when survivor became aware of the abuse



Children do not realise that they were sexually abused for a number of reasons. They may not have the words to describe what is happening to them. This respondent, at a young age, tried to explain what was happening to a parent, but could not find the right words:

At age 6 tried to explain that my abuser 'kissed me funny' and it was 'wet'. My mom 'had a word' with the abuser but it carried on. Tried to tell my cousin aged 12. Survivor – Female aged between 35-44

Some respondents stated that they found the words only through media coverage or lessons in school. Media coverage of the failing of agencies to effectively respond to the needs of victims of abuse was, however, cited as a barrier to telling.

Saw a report on a [local Police] enquiry, or something similar on [local] news in 1983/1984. The news report named the sexual abuse as 'sexual abuse'. I was 19 or 20 at this time, and had moved out from the family home at age 18. This was the first time I could name what had happened to me. I told my aunt and uncle, whom I was living with, and they asked me if I thought it was happening to my three younger sisters. Survivor – Gender unknown aged between 45-54

I remember there being programmes like Children in need and there was a campaign about sexual abuse but that's what it was called the label and name was quite over my head. Knowing what I know now the intention by my Uncle was to work on me and make sure no one found out what he was doing. Survivor – Female aged between 35-44

Some respondents pointed to sex education as a means of enabling recognition, in contrast to those who explicitly stated that not having had any sex education undermined their ability to understand that the abuse was wrong. The importance of sex and relationships education for enabling recognition of abuse was highlighted across all forms of evidence gathered by the Inquiry.

I remember learning something at school and telling my mother that was what my dad was doing to me. Survivor – Female aged between 45-54

Other respondents realised that their experience of abuse was not 'normal' when speaking with friends as an adult.

I became aware of abuse in my adult years, when I spoke to other adults who had not experienced the same brutality...once I became aware I stopped talking about it through sheer embarrassment and feeling a dirty victim. I thought other people would see me as weak and take advantage of my weakness. So it is hid to this day. Hearing other people now saying child abuse in any form is not acceptable gives me the courage. Survivor – Gender unknown aged between 55-64

until you get older you are not aware that this personal attention / feel good feeling (because it did) is not right then you feel ashamed and dirty /unloved /unwanted /used difficult for children to know all the emotions until they have emotional intelligence themselves to know what is right and wrong. Survivor – Female aged between 45-54

Focus group participants highlighted that, in some families, sex is a taboo subject. This may lead to a lack of communication between children, young people and their family about sex and relationships. Some focus group participants discussed the ways in which victims of child sexual abuse in the family environment may be expected to be affectionate with other family members, including perpetrators, with limited knowledge of where the boundary lies between affection and abuse. Submissions to the call for evidence consistently highlighted that the provision of education on sex and relationships is very patchy, and young people may not have any understanding of sexual boundaries and bodily autonomy. Some parents/carers in families where sex is not discussed at all may choose to remove their children from sex and relationships education altogether, potentially limiting their children's access to the knowledge necessary to recognise and understand abuse and increasing their vulnerability to abuse and exploitation.

Although children themselves may not be able to recognise when they have been abused, adults close to them may be able to realise that something is wrong, based on their words, actions and demeanour. 110 survey respondents stated that someone asked them 'if something was wrong' while the abuse was taking place, compared with 414 respondents who reported that nobody asked them. After the abuse had stopped, 147 respondents stated that someone asked them if something was wrong, compared with 293 respondents who were not asked.

People known to the respondent may have asked if something was wrong as a result of a change of behaviour or appearance. Changes in behaviour relate mostly to becoming withdrawn (26), but also risk taking and aggression (20), alcohol/ substance misuse (14) and running away from home (10).

I started self-harming age 4. Age 6 I became withdrawn and hid under the table at school regularly - they were concerned but I wouldn't/ couldn't disclose. Age 9 the Police became involved after a severe domestic incident (my mother was strangled by my abuser until she was unconscious) and contact with my abusers ended. Survivor – Female aged between 25-34

I was losing weight, running away from school, not participating in lessons. It was my physical education teacher who noticed something was wrong first and she realised I was losing weight and trying to hide in the toilets when we had P.E because I was scared to get changed in front of anyone in case they saw marks on my body etc. Survivor – Female aged between 18-24

Some respondents highlighted the importance of someone noticing, and 'being desperate for someone to ask'.

At the time of the abuse I didn't really display any unusual behaviours for a teenager. I was being controlled and manipulated so severely that I may not have disclosed if someone asked. I do remember being desperate for someone to ask so that I could say yes. I was asked at the age of 25 and I said yes. I was asked due to me asking probing questions of my sister as I was curious if anything had happened to her. Survivor – Female aged between 25-34

Because of the impact on my mental health, and my desire to want someone to notice, but being physically unable to utter the words. The abuse had stopped when I was asked, and I was an adult. Survivor – Female aged between 25-34

This respondent highlights the way in which asking indirect questions regarding the perpetrator enabled a disclosure to be made.

I knew something was not right when I was young. I made a decision to go to social services at the age of 15 years. Initially I did not tell them about the sexual abuse, however during the conversation the social worker said it seems that you don't like your step father, I then said well you wouldn't either if he was doing 'xxxxxx' to you. Survivor – Female aged between 45-54

Evidence examined by the Inquiry strongly suggests that victims and survivors are more likely to recognise abuse when they are in a 'safe space'. Characteristics of a 'safe space' highlighted in the evidence submitted to the Commissioner included the presence of a trusted adult and a buffer between the victim and the perpetrator (perhaps in a foster placement or other care setting). Recognition also stemmed from being in a 'safe space', where children could reflect on their experiences and compare them with something else.

Overall, it is evident that victims of child sexual abuse in the family environment may not recognise their experiences as abuse until after the abuse commenced or took place. Although children may not be able to name their experiences as sexual abuse, they will exhibit the signs and symptoms of abuse. For some victims, recognition is in adulthood. As noted previously, delayed recognition and reporting undermines the likelihood of a successful Police investigation leading to the perpetrator being charged. Moreover, the cumulative impact of the abuse on the victim during the period in which the victim has not recognised their experience as abusive is likely to be significant. It is therefore vital that children and young people are given the tools and knowledge to understand and recognise abuse.

14.2 Telling

A consistent finding across all evidence gathered for this Inquiry is that it takes years to disclose child sexual abuse in the family environment, particularly for younger victims and others who do not have the capacity to disclose their abuse directly. Issues around disclosure identified through evidence examined by the Inquiry echo findings from previous research . Throughout the site visits, call for evidence, focus groups and oral evidence sessions, the evidence gathered demonstrates that victims may tell through behaviour, rather than words.

Telling was often indirect. For example, participants in focus groups raised examples of cases where children and young people have been chastised for expressing discomfort or unhappiness about spending time with a particular adult. These adults were subsequently found to be sexually abusing the children, though their disclosure was not understood. In these cases, a failure to listen to children and young people has resulted in a failure in identification of abuse.

Approximately one third of survivor survey respondents stated that they 'tried to tell' someone. Of the respondents to the survivor survey, 226 people told us how many people they told – 47% told 1 person, 32% told under 5 people and 20% told more than 5 or many people.

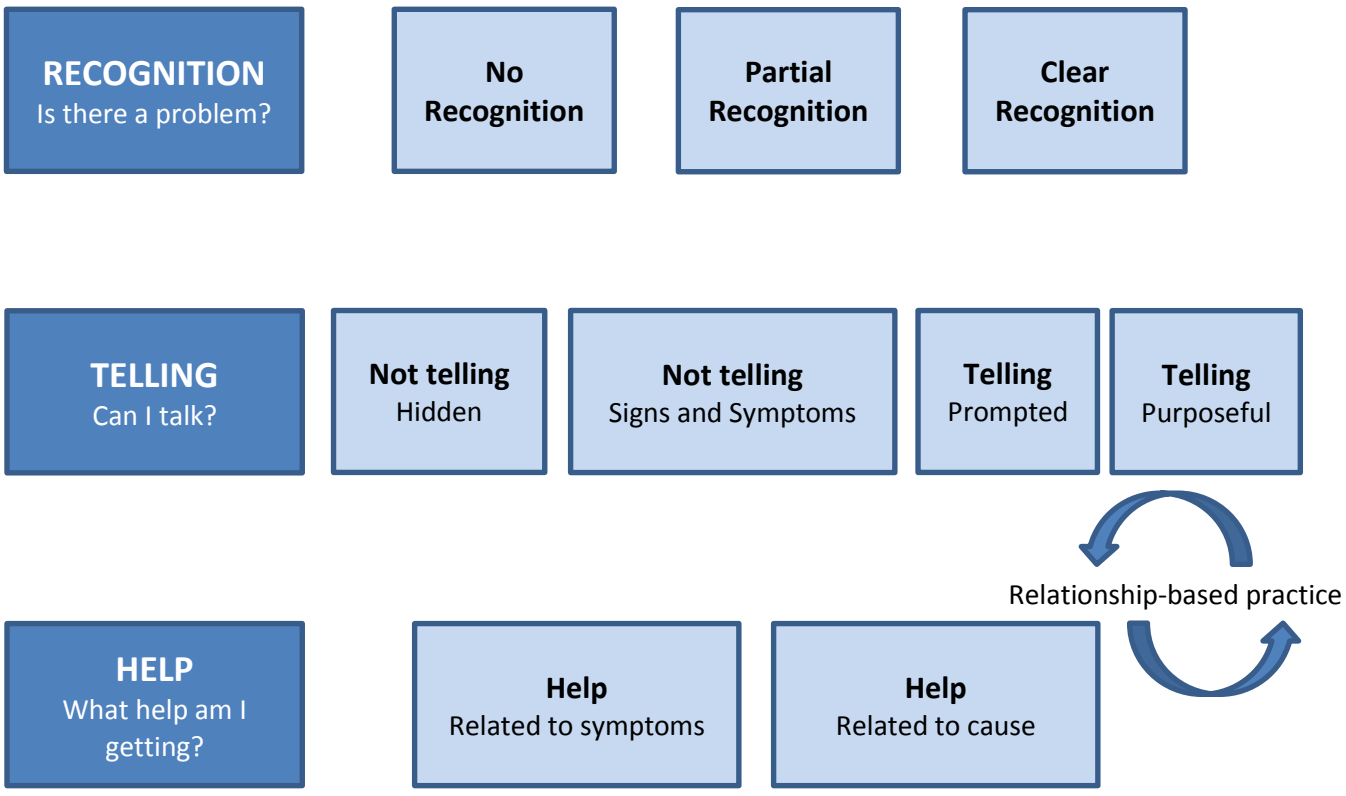


Fig. 14. Recognition and Telling framework, reproduced from Cossar, J., Brandon, M., Bailey, S., Belderson, P., Biggart, L. and Sharpe, D. (2013) 'It takes a lot to build trust'. Recognition and Telling: Developing Earlier Routes to Help for Children and Young People. London: Office of the Children's Commissioner

Table 9. Number of respondents to the survivor who survey tried telling	
Tried telling	Count
No	325
Yes	234
Unknown	171
Can't remember	25
Prefer not to say	1
Total	756

In total, 217 survivors told us how they tried to tell – 174 tried to tell someone verbally, either directly or indirectly. In some cases, adults actively silenced the child in order to deny that the abuse was happening.

I told my mother and she told me not to upset things. It was all just natural. At that point I realised she knew all along and in fact facilitated it. I told my GP and he told me not to upset my mother. I tried to kill myself and they gave me a counsellor. The counsellor listened but did not stop the abuse from happening again, just nodded a lot (it was the wrong sort of counselling). Survivor – Female aged between 45-54

I told my mother when I was 7 that my uncle was doing things to me that hurt, and I didn't like it; she said stop being so silly and he was just being friendly. Survivor – Female aged between 45-54

Participants in focus groups stated that disclosures may be closed down or not taken seriously. There may be implicit acceptance of abuse, particularly where the perpetrator no longer has direct contact with the child.

People always knew the uncle with the wandering hands, but they just left it'. Focus Group 2

In other cases, respondents reported that their verbal disclosure was not believed.

I told my parents, but they didn't believe me. Survivor – Female aged between 45-54

I said x is touching me and making me do things I don't like. I GOT TOLD TO SHUT UP AND STOP TELLING TALES. Survivor – Female aged between 35-44

Some respondents stated that they tried to tell a professional, but their disclosure was not handled appropriately. In some accounts, disclosures were immediately passed on to parents. For some respondents, passing the disclosure on to parents or carers without involving child protection professionals led to immediate retractions and/or the child being placed in greater danger.

Tried to tell a teacher but was severely punished for doing so as teacher went straight to parents so I never tried again. Survivor – Female aged between 35-44

I tried to tell a teacher (a nun). She did not believe me and told my mother what I had told her. My mother was my main abuser. Survivor – Female aged between 55-64

Some respondents stated that they wanted to tell someone, but did not feel that they had an opportunity to disclose abuse in a safe, supported and confidential environment.

I almost spoke to a head teacher when she stopped me running away and I was upset - she said there was no shame in having parents that lived a part - I almost told her there was - I wanted to but didn't because there was another child in the room with us - I'm sure I would have told her there was if we had been on our own. Survivor – Gender unknown aged between 45-54

In some cases, respondents stated that they tried to tell, but fear of what would happen within the family if they made a full disclosure prevented them from doing so.

I complained of pain in my pants. My mother asked if I had been touched. I knew my dad would take my brothers life if I told, so I said no. After that no one knew until I told them. Survivor – Female aged between 45-54

Forty-four respondents tried to get someone to notice by changing their behaviour.

Eventually in words but for while was self harming and trying to end my life. Survivor – Gender unknown aged between 25-34

Ten respondents said that they tried to tell through drawing pictures; and 4 tried to tell through playing with dolls in a particular way. Where respondents have tried to tell adults what was happening through behaviour, adults generally detected the abnormal behaviour, but did not act upon it.

By drawing pictures, which my mum didn't understand and she told me off for being "rude" therefore silencing me. Through my behaviour, I never wanted to be by myself with these two adults but I was told that that was rude and unfriendly.
Survivor – Female aged between 55-64

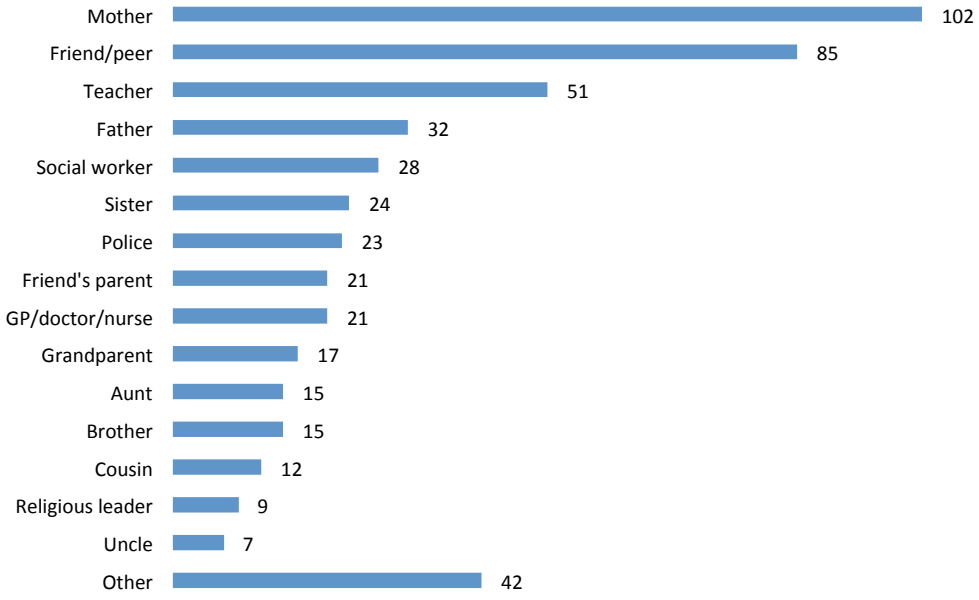
As a child, I play acted out what happened to me. I did it with my dolls. I used to rip their arms and legs and heads off. As I got older, I play acted out what happened to me using my body and on my own. I talked to myself a lot while doing jigsaw puzzles. Excessive masturbation which started at age four.
Survivor – Female aged between 55-64

Overall, it is evident from the survivor survey that the majority of victims of child sexual abuse in the family environment do not attempt to tell anyone purposefully. Of those who identified as having explicitly tried to tell someone, diverse means were used, including verbal disclosure, drawing pictures and changes to behaviour.

The identity of the person the respondent tried to tell and the outcome of their disclosure are striking (Figure 15). The majority of respondents tried to tell their mother, a friend/peer, or a teacher. The 'other' category includes helplines, youth workers, therapists/counsellors, and partners/spouses. Evidence gathered through the call for evidence, oral evidence sessions and site visits suggests that children and young people will tell a particular person if they believe that they are prepared to listen to and believe their account, and provide some form of help or support. This finding reinforces previous research instigated by the Children's Commissioner.[34]

34 Cossar, J., Brandon, M., Bailey, S., Belderson, P., Biggart, L. and Sharpe, D. (2013) 'It takes a lot to build trust'. Recognition and Telling: Developing Earlier Routes to Help for Children and Young People. London: Office of the Children's Commissioner

Fig. 15 - Survivor survey - who did you try to tell?



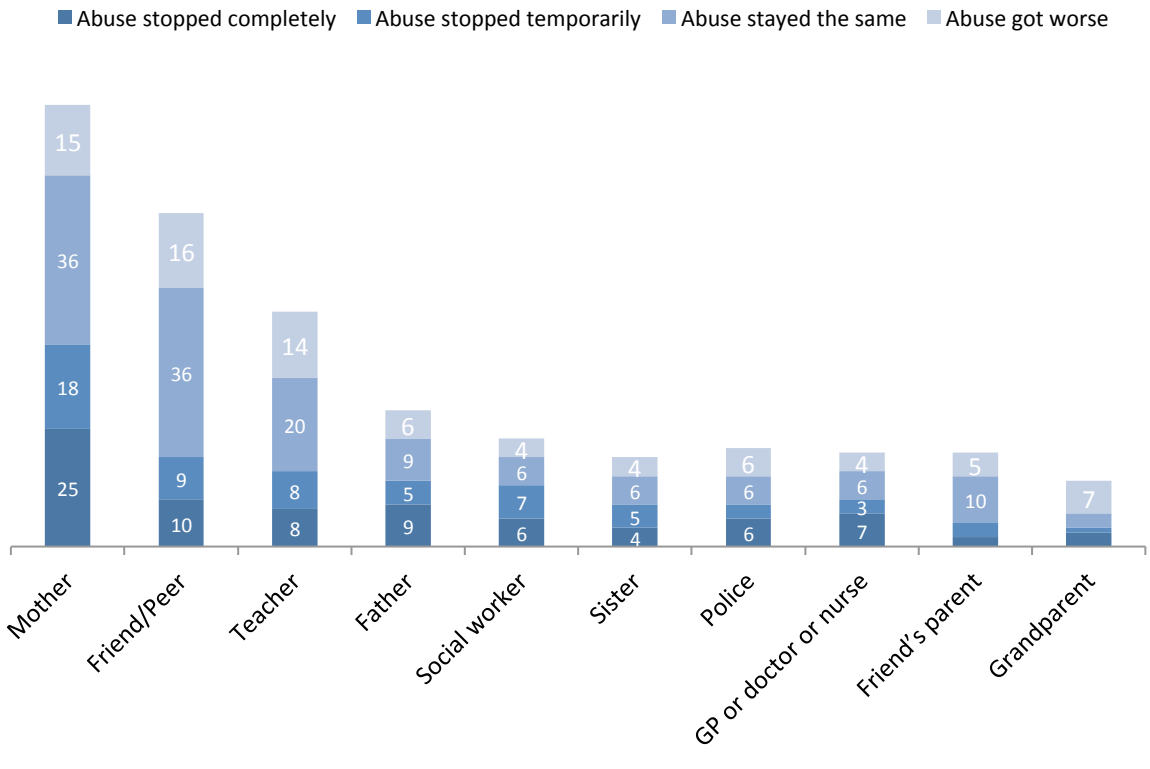
Of the 220 respondents who answered the question 'did the abuse stop?' as a result of telling, 48 said that it stopped completely and 24 that it stopped temporarily (Figure 16). 33% of respondents to the survivor survey stated that the abuse stopped as a result of telling someone. By contrast, 87 respondents said the abuse remained the same and 43 that it worsened. In total, for 59% of respondents, the abuse continued following disclosure. It is important to note that many respondents did not complete this section of the survey.

The graph demonstrates a pattern whereby telling, regardless of the person to whom the child has told, does not generally lead to the abuse stopping. This finding is reinforced by another recent survey of adult survivors of abuse, which found that in only 11% of cases did abuse stop at the same time as telling someone[35]. There is no particular source of help which is very clearly more effective in stopping abuse than any other, though it is evident that mothers, friends/peers and teachers are the preferred source of help. Where the respondent told their mother, the abuse 'stopped completely' in 27% of cases, compared with 14% of cases where the respondent told a friend/peer.

Where the respondent told a teacher the abuse 'stopped completely' in 16% of cases. In considering the implications of this for current professional practice, it is important to note that survey respondents were predominantly aged 35-55, so their experiences of telling a professional do not reflect contemporary practice. Nonetheless, the survey clearly demonstrates a preference for disclosing to teachers above any other professional person, underlining the importance of ensuring that teachers are knowledgeable and confident in both enabling and handling disclosures of child sexual abuse and child sexual abuse in the family environment.

35 Smith, N, Dogaru, C and Ellis, F (2015) Hear Me. Believe Me. Respect Me. A survey of adult survivors of child sexual abuse and their experiences of support services. University Campus Suffolk and Survivors in Transition.

Fig. 16 - Survivor survey - who did you tell / did the abuse stop?



14.3 Barriers to telling

14.3.1 Initial disclosure

All forms of qualitative evidence gathered by the Commissioner has highlighted a number of barriers to telling, including:

- Self-blame: victims may feel that they have in some way caused the sexual abuse. This may be a result of grooming.
- Guilt and fear of the consequences: in addition to self-blame, victims may perceive that telling someone will cause family breakdown or will upset someone, for which they will feel guilt. Loyalty to other family members is therefore a barrier to telling.
- Fear of the perpetrator: perpetrators may appear threatening, and may threaten victims to prevent them from accessing help.
- Being judged: a belief that others will hold the victim responsible, or that they will be stigmatised.
- A lack of opportunities to tell someone: children may want to or try to tell someone, but they do not have an opportunity at the right time, in the right place and with the right person.
- A distrust of professionals: children may be concerned by the outcome of telling, including the possibility of being taken into care or something else.

Victims may fear the breakdown of the family, and take responsibility for preventing the shame which they perceive would be felt by other family members if the abuse was discovered. Shame may also act as a barrier to accessing services for help. A fear of stigmatisation and being the subject of gossip or bullying at school or in the community was also cited as a barrier to initial telling. This was particularly evident in the focus groups, as well as the survivor survey.

Survivor survey respondents also reported a number of barriers to telling anyone about the abuse they had experienced. Most reported feelings of fear (408), shame/guilt (405), and an over-riding desire not to upset other family members (391).

Table 10	
Barriers to telling when a child	**Count**
I felt scared or afraid	408
I felt ashamed/guilty	405
Didn't want to upset other family members/to protect others	391
Didn't know how to explain it	385
I thought I would get into trouble	380
Didn't think anyone would believe me/I wasn't believed/nothing happened after telling	373
I didn't know it was abuse/was confused	354
Didn't trust anyone	256
I was being threatened/told not to tell	231
I was afraid of dishonouring my family	133
Lack of opportunity/Didn't have a chance/No one to talk to	111
Other	60
Can't remember	20
Don't know	8
I thought I couldn't handle it myself	6
I didn't think anyone would care	4
Everyone thought it was normal	4
Religion – respect to family and elders	3
It was taboo	2
The perpetrator died	1

The large number of respondents who cited 'shame/guilt' as a barrier to telling is particularly striking. Although victims of all forms of child sexual abuse may feel stigmatised, there may be a particular stigma associated with child sexual abuse in the family environment.

391 respondents stated that a desire to 'protect family members' was a major barrier to telling anyone. Victims of child sexual abuse in the family environment feel responsible for the wellbeing of their family, with an acute awareness that telling someone will significantly impact upon their relationships with the non-abusing parent/caregiver, siblings and other family members. In the wake of a disclosure of child sexual abuse in the family environment, the breakdown of family relationships can cause significant distress for all members of the family, particularly non-abusing parents/ carers and siblings. A fear of the consequences for siblings may also function as a barrier to telling anyone, though in some cases, victims disclose when they realise that their siblings may be at risk.

The biggest problem is that, if one child discloses, then there is an issue about the protection for other siblings. It is a real problem. Often, the sibling who has managed somehow to report, or we found out going through child protection procedures, is very reluctant to take any kind of procedures because of the fear of the consequences for siblings. Oral Evidence – National Charity 2: BME

There are various inhibitors that stop them from disclosing, such as not wanting to upset their mother, who maybe did not know that they were being abused in the family environment. Then, even when they do so, they will not be believed because the family will turn against them, because they do not believe that it actually is true that this charming manipulative sex offender was actually interfering with all the children. So they will probably turn against them. They will probably make attempts to disclose at various stages in their life and probably will not be believed. Oral Evidence – Non-Statutory: Criminal Justice

As before, many respondents (385) stated that 'not knowing how to explain' the abuse was a barrier to telling. It was previously noted that many victims of child sexual abuse in the family environment do not recognise their experiences as abuse until much later. Even when victims do recognise that their experiences are painful and unwanted, they may not have the words to explain them to a third party. Particularly in regard to child sexual abuse in the family environment, where the victim is likely to feel some loyalty toward the perpetrator, it may be difficult to find the words to explain what is happening.

It was hard to know what was happening to me, I had no vocabulary to describe it. Also, some of it was 'pleasant' even though it was also horrid. It was hard for me to untangle it all. Also, I came from a family where I took a lot of the blame for things and so it was hard to believe that I wouldn't get the blame or told off for this. Survivor – Female aged between 45-54

I didn't realise it was abuse until he'd made me do too much, by then I was so ashamed I didn't have the words or the confidence in myself...I thought I would be in trouble and that I would hurt my family. I was just a little girl :'(Survivor – Female aged between 35-44

Fear of the community, rather than the family, was cited by some respondents from particular BME groups. For this reason, participants in focus groups stated that BME children and young people may prefer to tell someone from outside of their immediate community. Language may also be a particular barrier to telling for some BME children and young people.

Words cannot emphasise enough how sure I was that I would be exiled from humanity, my mother would abandon me and return to India, my brothers would hate me, the abuser would commit suicide, my boyfriend would dump me, and everyone would think I was a slut for getting off with my own father. Survivor – Female aged between 18-24

My parents were/are very well respected in the local community, very popular, no one would have believed me. All the signs were there at the time, and no one did anything to keep me or my sister safe. Survivor – Female aged between 45-54

Several respondents reported that grooming and coercion prevented them from telling anyone.

He manipulated me into loving and protecting him from trouble. Survivor – Female aged between 18-24

Some respondents did not know how to access help safely. For example, one respondent thought that a call to ChildLine would appear on their phone bill:

I thought the Childline number would show up on an itemised phone bill. Survivor – Female aged between 35-44

Evidence examined demonstrates that perpetrators deliberately put in place barriers to reporting or discovery. Victims may be groomed to believe that abuse is a normal aspect of loving relationships, or they may be isolated from those who can support them to disclose abuse. There may also be fear of violence or a direct threat to safety.

During focus groups with BME community representatives, it was stated that protecting 'honour' is one of the other main barriers to telling someone or reporting that they have been sexually abused. One participant highlighted that victims are almost viewed as being 'contaminated' and no longer 'honourable' or 'pure', meaning that others in the community would want to associate with them or marry them.

14.3.2 Telling professionals

After they have told a professional or someone else who has passed this information to a professional, children and young people are required to talk about their abuse again, in order to enable professionals to assess their needs from their account, and to obtain evidence for criminal justice and child protection processes. Access to services for recovery from experiences of sexual abuse is largely dependent on a disclosure being made to statutory agencies. Although many participants in site visits highlighted an increase in direct reports of child sexual abuse since the exposure of Jimmy Savile as a serial perpetrator, these reports were from adults reporting abuse which had occurred in the past. Professionals in site visits stated that the 'Savile effect' – whereby victims and survivors feel encouraged to report abuse to the authorities with greater confidence in the ability of the Police and other services to respond effectively – was evident for adult survivors, but had not extended to children and young people.

During site visits and in responses to the call for evidence, agencies stated that there are additional barriers to describing abuse to professionals. They require that children tell adults about their experience of abuse in threatening or intimidating environments, and professionals within these settings do not know or have the right skill set to talk for children and young people. Services may not be equipped to address additional needs of some children and young people, including needs linked to disability and faith and belief. Furthermore, the investigation process may unfold very rapidly, with perpetrators taken into custody, and the Police under pressure to obtain evidence to inform a decision to charge. According to evidence received through the call for evidence, victims may not be ready or able to disclose under such circumstances.

Evidence examined by the Inquiry demonstrates that language can act as a barrier to telling professionals. First, not having the correct vocabulary or language skills to tell a professional stands in the way of a child or young person telling a professionals, and may also impede the ability of professionals to understand a disclosure. Second, children who have a learning disability where communication skills are impaired may not be able to tell a professional. Third, in relation to ethnic minorities, refugees and asylum seeking children, they may not know the precise terminology used to describe sexual abuse and/or seek help.

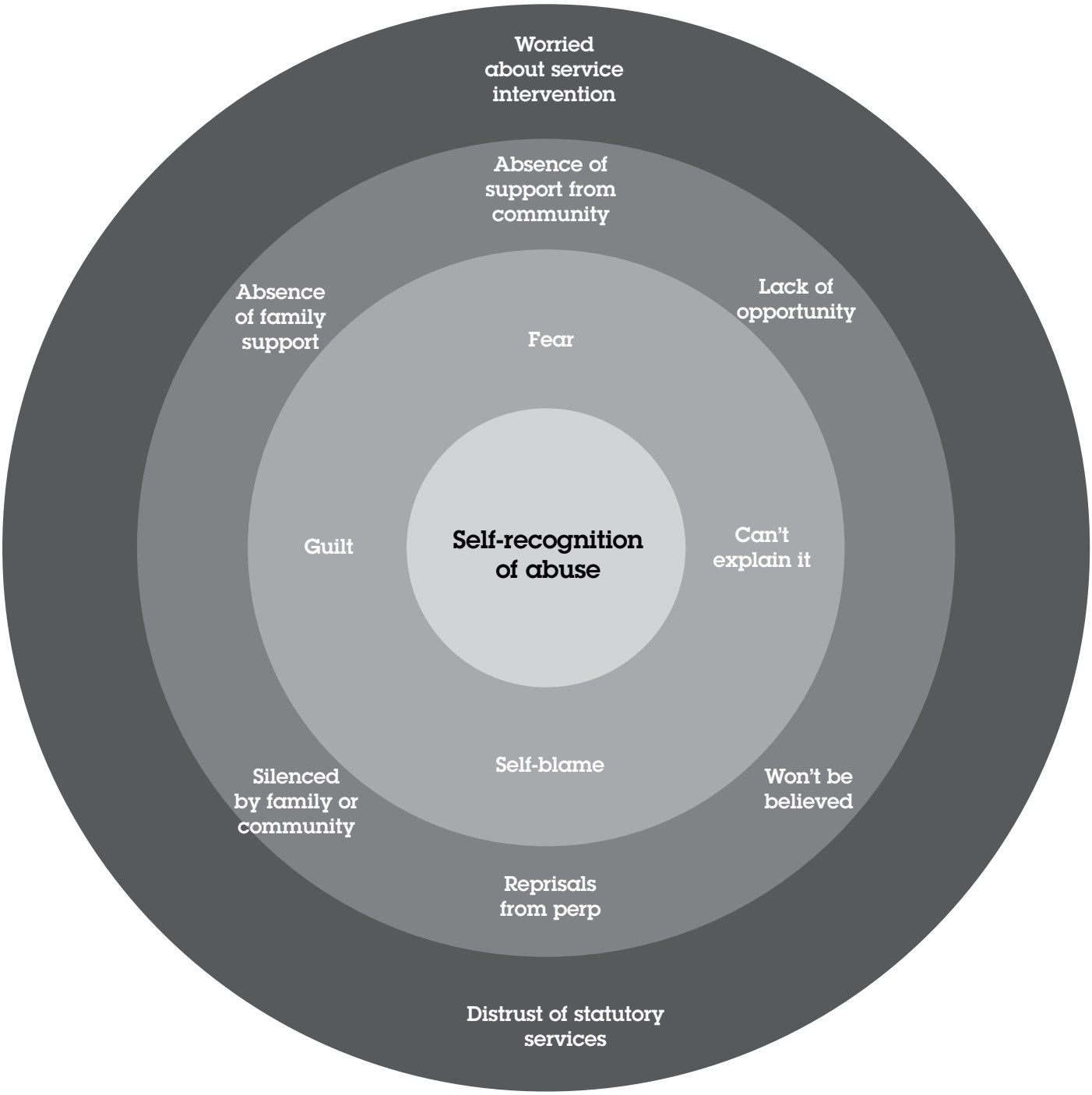


Fig. 17. Barriers to telling

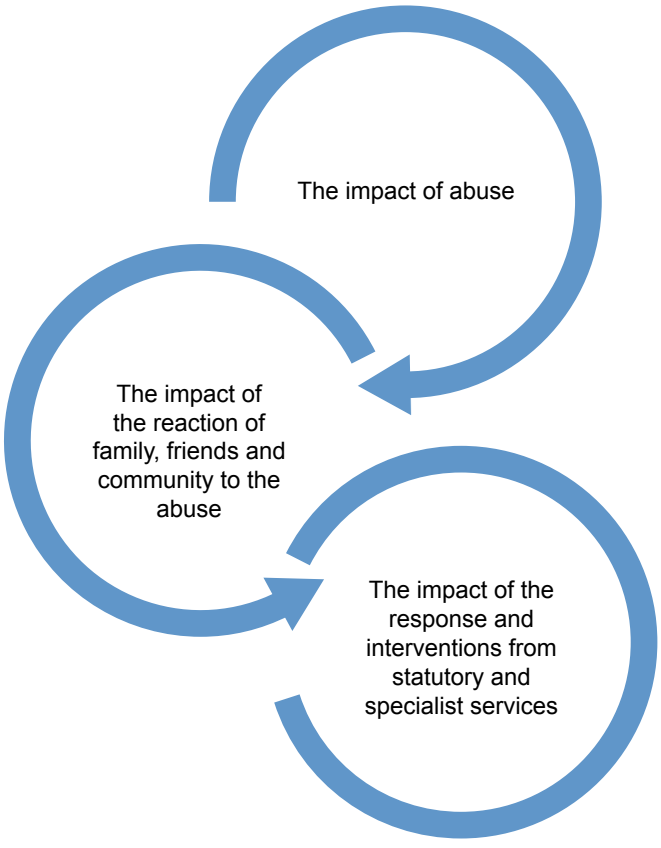
15. Impact on victims

Child sexual abuse in the family environment has a significant impact on the lives of victims and survivors. Being abused by a member of the family, or in the family home or environment, in itself has a significant deleterious impact.

Evidence gathered for this Inquiry demonstrates that the impact of child sexual abuse in the family environment stems from three particular aspects of victim experience – (i) the impact of the abuse, (ii) the impact of the family reaction to the abuse, and (iii) the impact of intervention by statutory and non-statutory services. Each is considered in more detail.

In general, the data gathered for this Inquiry demonstrates the impact of child sexual abuse in the family environment on the lives of victims and survivors. Impact may have been acute or chronic, with survivors of sexual abuse in childhood stating in focus groups and through the survivor survey that child sexual abuse in the family environment continues to cast a shadow over their life. The impact of abuse is experienced differently, and most issues are likely to persist into adulthood, particularly if there has been no intervention or support. Overall, the difficulties described accords with what has been published in the extensive literature on the effects of child sexual abuse.

Fig. 18. Impact of child sexual abuse



15.1 The impact of the abuse

Fig. 19

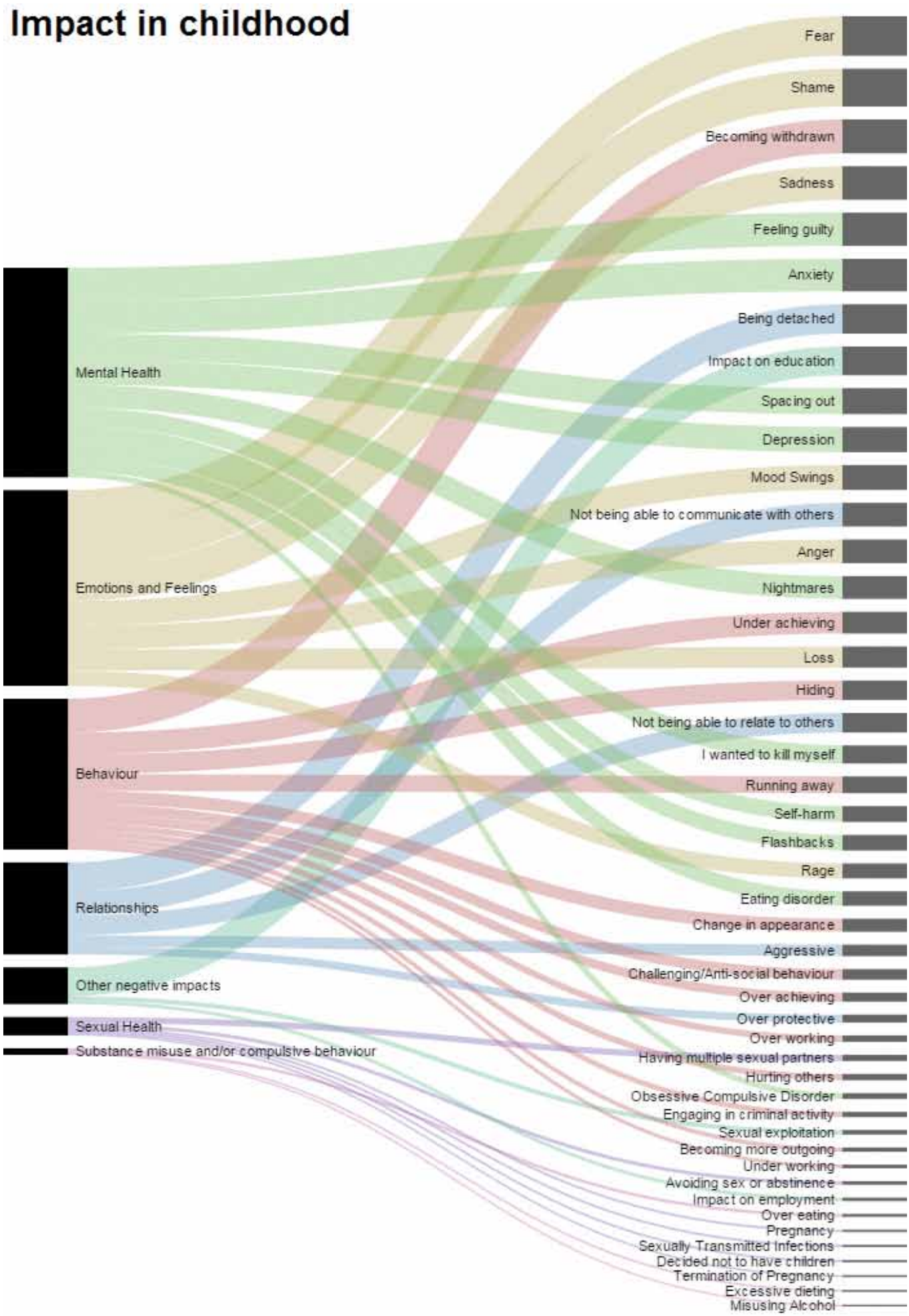
Child sexual abuse in the family environment impacts on children, young people and adults in different ways. The Inquiry found that these impacts can vary over time and have long lasting effects into adulthood. Figure 19 illustrates the way in which child sexual abuse in the family environment impacts upon different aspects of health and wellbeing, with specific impacts illustrated in order of frequency reported in the survivor survey.

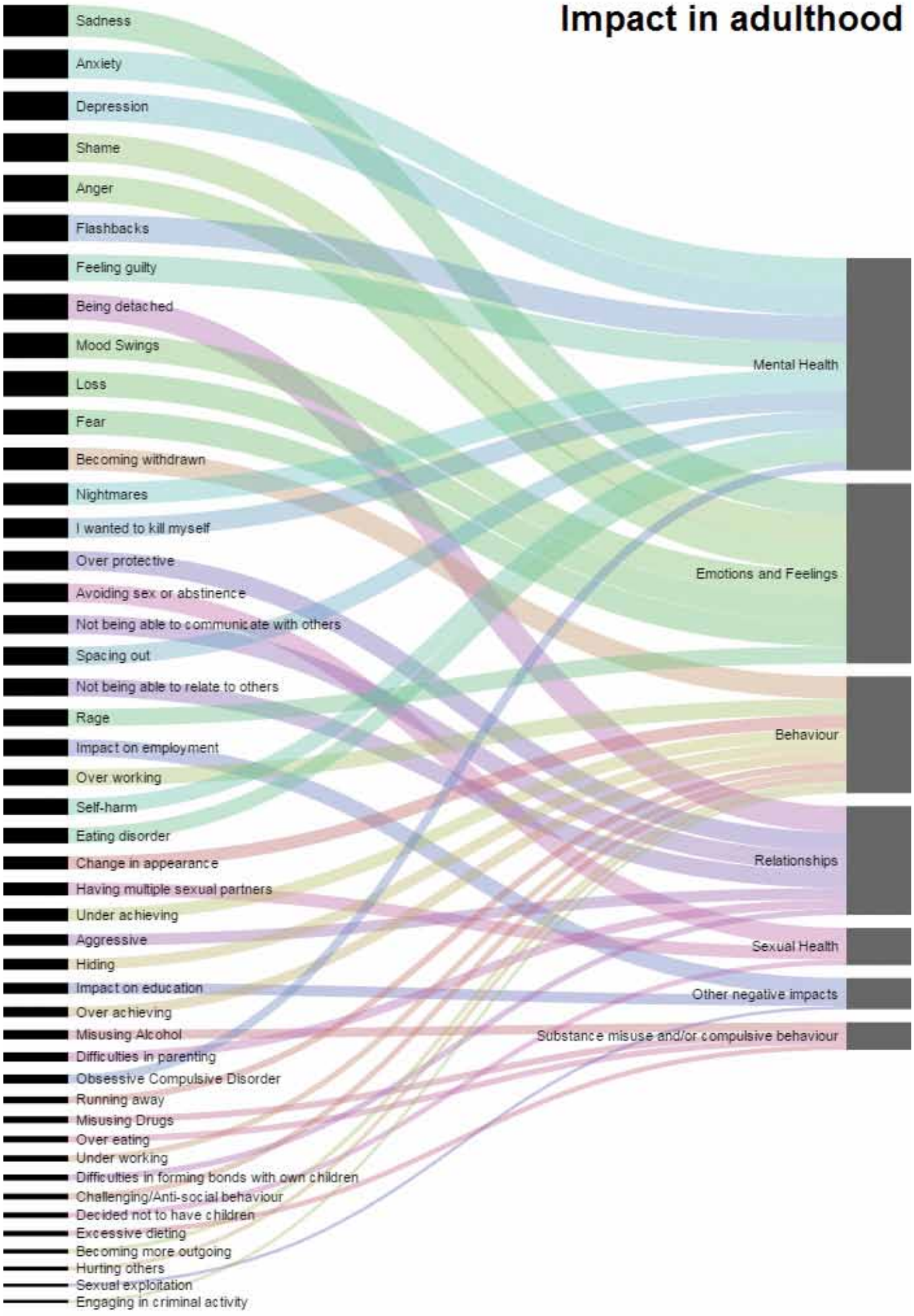
During childhood, the majority of respondents to the survivor survey stated that the abuse impacted on their emotions and feelings. Most respondents reported feeling fear, shame and being withdrawn at the time of the abuse. After the abuse stopped in childhood, the majority of respondents reported feeling shame, guilt, fear and sadness. During adulthood, the majority of respondents reported that the abuse had impacted not only on their emotions and feelings, but also on their mental health, causing anxiety and depression, in addition to feeling shame and sadness. This illustrates the trajectory of the impact of abuse and the way in which it unfolds over time.

Survivor survey respondents also highlighted the impact on physical health, including cases of physical injuries resulting from sexual violence, restraint and chastisement, as well as wider impacts on physical health, such as chronic pain, gynaecological issues, fatigue, Irritable Bowel Syndrome, amongst other issues. Often these impacts had not been addressed, or no one sought to find out whether there were any other causes for concern.

In the evidence gathered for this Inquiry, the impact of abuse on victims and survivors was predominantly highlighted by professionals and agencies working directly with victims or survivors. The impact observed by professionals included impact on health and wellbeing, emotions, education and attainment, on relationships and on family life. Professionals working with victims of child sexual abuse in the family environment perceived victims to be clingy, or exhibiting attention-seeking or challenging behaviour. Indeed, a change in behaviour was the most significant impact observed by professionals

Fig. 20


Impact in childhood
Mental Health
Emotions and Feelings
Behaviour
Relationships
Other negative impacts
Sexual Health
Substance misuse and/or compulsive behaviour
Fear
Shame
Becoming withdrawn
Sadness
Feeling guilty
Anxiety
Being detached
Impact on education
Spacing out
Depression
Mood Swings
Not being able to communicate with others
Anger
Nightmares
Under achieving
Loss
Hiding
Not being able to relate to others
I wanted to kill myself
Running away
Self-harm
Flashbacks
Rage
Eating disorder
Change in appearance
Aggressive
Challenging/Anti-social behaviour
Over achieving
Over protective
Over working
Having multiple sexual partners
Hurting others
Obsessive Compulsive Disorder
Engaging in criminal activity
Sexual exploitation
Becoming more outgoing
Under working
Avoiding sex or abstinence
Impact on employment
Over eating
Pregnancy
Sexually Transmitted Infections
Decided not to have children
Termination of Pregnancy
Excessive dieting
Misusing Alcohol


Impact in adulthood
Sadness
Anxiety
Depression
Shame
Anger
Flashbacks
Feeling guilty
Being detached
Mood Swings
Loss
Fear
Becoming withdrawn
Nightmares
I wanted to kill myself
Over protective
Avoiding sex or abstinence
Not being able to communicate with others
Spacing out
Not being able to relate to others
Rage
Impact on employment
Over working
Self-harm
Eating disorder
Change in appearance
Having multiple sexual partners
Under achieving
Aggressive
Hiding
Impact on education
Over achieving
Misusing Alcohol
Difficulties in parenting
Obsessive Compulsive Disorder
Running away
Misusing Drugs
Over eating
Under working
Difficulties in forming bonds with own children
Challenging/Anti-social behaviour
Decided not to have children
Excessive dieting
Becoming more outgoing
Hurting others
Sexual exploitation
Engaging in criminal activity
Mental Health
Emotions and Feelings
Behaviour
Relationships
Sexual Health
Other negative impacts
Substance misuse and/or compulsive behaviour

Professionals stated that inappropriate sexualised behaviour and harmful sexual behaviour may result from child sexual abuse in the family environment. It is not possible to quantify the proportion of victims who have demonstrated harmful sexual behaviour, as this information has not been collected for this Inquiry. Nonetheless, many responses to the call for evidence, experts participating in oral evidence sessions, and professionals participating in site visits highlighted the importance of this issue. Some professionals highlighted that children who demonstrate harmful sexual behaviour often disclose that they have been sexually abused following an intervention. This reinforces the findings of the REA, which also found that although most victims of child abuse do not display harmful sexual behaviours, it seems that being a victim of abuse or neglect can increase the likelihood of displaying harmful sexual behaviours as an adolescent.

In particular, the evidence gathered emphasises that children who engage in harmful sexual behaviour may have been sexually abused themselves or exposed to domestic violence.

Most people who have been sexually victimised do not go on to exercise sexually harmful behaviour. There are lots of other risk factors for sexually harmful behaviour. The big one in [the local area] would be domestic violence. That is probably why we get such high rates of children with problematic sexual behaviours presenting in a range of ways. Interview with national statutory body

A particularly strong connection between harmful sexual behaviour and children with learning disabilities can be detected in the evidence gathered for this Inquiry.

I would add that for young people who have been sexually abused, particularly with learning disabilities, some will go on to have a skewed understanding of boundaries of behaviour and go on to be an abuser themselves. There comes a point in later teenage years when they move into the adult system, or maybe they do not move into the adult system but actually they should do because they should be seen as vulnerable adults. Interview with national child protection charity

Overall, the REA noted that children and young people who display harmful sexual behaviours often have poor social skills, histories of abuse, mental health issues, and learning disabilities. Where the perpetrator of child sexual abuse in the family environment is a child or young person, their background and home environment is likely to play a role in their offending behaviour. At this juncture, it must be explicitly noted that the majority of victims of child sexual abuse are female and do not go on to become abusers themselves – having experienced child sexual abuse is neither a necessary nor sufficient condition for becoming a perpetrator, nor is it inevitable. Balancing criminal justice and child protection processes in respect of children who engage in harmful sexual behaviour is a considerable challenge.

Although the biggest impacts reported in the survivor survey were on mental health and emotional wellbeing, in other forms of evidence capture, such as the site visits, family breakdown was emphasised. The process of family break up can be very distressing for victims of child sexual abuse in the family environment. Abuse by a family member or someone connected with the family is a major breach of trust, which is likely to have a considerable impact on victims and their ability to form relationships with others.

Inside the family it has enormous impact because it affects a child's internal working models. There is a conflict around them being hurt by the person that they are also dependent on. That sets a template for future expectations around having their needs met and how to signal a need. Is it safe to signal a need? They will take that template out into the world with peers and other people. It is having that understanding. Interview with national child protection charity

During focus groups and oral evidence sessions, experts noted that professionals may address the presenting issue, but may not identify that child sexual abuse in the family environment is the underlying cause.

One of the things that none of us are good at is locating sexual abuse within a continuum of violence that occurs, so we are often only ever dealing with presenting issues. We are not very good at probing, ourselves, other forms of violence that could be linked to the main presenting issue. Interview with BME voluntary sector organisation

You have emotional symptoms for which there is no clear explanation, where you might want to think about whether there is a possibility that this child could have been sexually abused, or there are unexplained overdoses, self harm, or those kinds of things. You might have unexplained symptoms. For example, somebody might have very clear symptoms because of a complicated bereavement. You might have a situation where somebody is very emotionally troubled and it is very hard to really formulate why that is. I think in those situations it can be helpful to convey to the young person, for example, that you are very willing to hear anything they might want to tell you and make it very clear that you are open to hearing what they have to say. Interview with national statutory body

Case study

A mother reported to a voluntary sector organisation that her son, James, had sexually abused her daughter. Her daughter disclosed to her that James had touched her inappropriately, though James denied it. James' mother was worried by his behaviour, and sought help to address the situation. In fact, James' mother had herself been sexually abused as a child by a family member. She had also been raped by a former partner. The voluntary sector organisation referred the case to children's services. Social workers assessed James, finding that it was very likely that he had sexually assaulted his sister. James was only 12 when the incident occurred. He is now getting help to deal with his behaviour, and a Child Protection Plan was put in place by the local authority to manage the situation within the household.

Participants in focus groups stated that child sexual abuse in the family environment increases the vulnerability of victims to being further abused and sexually exploited. Professionals who worked with victims of sexual exploitation noted that they often had a history of child sexual abuse in the family environment. It was also noted that although the majority of victims of child sexual abuse in the family environment do not go on to sexually abuse children, many perpetrators of child sexual abuse in the family environment have a history of some form of abuse that either went unnoticed or had not been addressed.

The worst thing is to lose your closest friends and relatives, so it is no surprise that it does not get reported at the time because of the age of the child. Then, when they get into adulthood, it is something nasty and unpleasant that they want to put behind them and not disclose, because it is too painful. It is a bit like a physiotherapist said to me, "You can double the period of time between having your injury and seeing me as to your recovery period". It is probably a bit the same with child sexual abuse, really. If it happens when you are 15 and you don't report it until you are 35, it is a lifelong period of suffering. The longer it goes on before they disclose, the harder it gets. There are obviously various triggers which cause them to disclose, and they are multifactorial, but the birth of a child is a very common one. Having a child and the child being the same age as they were when they were abused is another one. Interview with criminal justice non-statutory body

In oral evidence heard by the Commissioner, it was stated that the impact of abuse is likely to be exacerbated by the length of time between the abuse and accessing help. This finding has been reinforced throughout all forms of evidence we gathered.

Case study

Rachel was placed in foster care when she was 2 years old. She started to demonstrate age-inappropriate sexual behaviour. Social workers believed that Rachel had been sexually abused by her foster carer, and she was moved to an adoption placement. Social workers helped her during her ABE interview with the Police, and supported her new adoptive mother. When she started going to nursery, Rachel continued to engage in sexualised behaviour. Her social worker helped staff in the nursery to manage her behaviour to ensure that she could continue to interact with other children. Rachel has had the same social worker since she was initially taken into care, which has made it much easier to support her through the Police investigation.

15.2 The impact of the reaction of the family

The disclosure or discovery of sexual abuse within a family is likely to have a considerable impact on the victim and their relationship with other family members, with one participant during a site visit noting that "*the family will never be the same again*". Research has clearly demonstrated that a supportive non-abusing parent/carer is crucial to the recovery process.[36]

This support, however, is not a given. Evidence examined by the Commissioner demonstrates that some children may not be believed, and may be put under pressure to retract an allegation. This issue was particularly highlighted in regard to some BME communities, where a distrust of statutory services and the protection of the 'honour' of the perpetrator silenced the victim:

When it is revealed, the pressure on those women or children, particularly if they are going to go through the criminal justice route, is to withdraw their statements, to end the matter, to deal with it internally through internal structures – the kind of very structures that are often colluding in the whole process such as community elders, religious leaders, faith leaders, who are often part of the problem. There is a lot of pressure on women to withdraw and that pressure is enormous. It does not stop. You get the whole extended family having wide family meetings, trying to reconcile, trying to resolve. It starts from subtle coercions to even far more intimidating atmospheres in which women are trying to pursue justice of one kind or another. Interview with BME voluntary sector organisation

Victims of child sexual abuse in the family environment may retain a loyalty to the perpetrator, particularly where the perpetrator is a close family member. This may be a source of tension with the protective parent/carer, as the victim may wish to retain some contact with the perpetrator.

The impact on the entire family is enormous. There is separation and destruction of the family unit used as part of the offending modus operandi. The child is isolated emotionally, the child will often have to continue seeing the perpetrator and because the perpetrator is often a parent or parent figure, the child will want to see the perpetrator. This will be contrary to what the protective parent will want, which creates conflict in the family and further separation. Evidence provided by helpline

Working with the family to address these issues and ensure that the victim is protected and supported is a considerable challenge for professionals. The impact of child sexual abuse in the family environment on the entire family is enormous. Family breakdown is likely to result from abuse, which may have long-term implications for the victim. For example, victims of child sexual abuse in the family environment may wish to have contact with the perpetrator, even after the abuse has stopped and the perpetrator has been removed from the home. This may be contrary to the wishes of the protective parent/carer, leading to tension and conflict.

Evidence examined by the Inquiry demonstrates that victims of child sexual abuse in the family environment from some BME groups are vulnerable to forced marriage. In two site visits, agencies presented anecdotal evidence that victims of child sexual abuse in the family environment would be forced into marriage in order to silence the victim and protect the innocence of the perpetrator and the honour of the family and community, and in the perception of the perpetrators of the forced marriage, protect the honour of the family and community. In this context, the evidence demonstrates that mothers and grandmothers are the main instigators of forced marriage.

Participants in focus groups stated that victims of child sexual abuse in the family environment from some BME groups could be silenced or prevented from accessing help, as knowledge of their abuse would become widespread, and they would no longer be considered suitable for marriage. The threat of forced marriage is used to silence victims. This threat would also be applied to siblings in the same family.

36 Horvath, M et al. (2014) 'It's a Lonely Journey': a Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse, Children's Commissioner

There is a threat that nobody will marry the girl, or her sisters. Evidence from focus group

A desire to protect siblings is a barrier to accessing help for victims of child sexual abuse in the family environment (section 15.3) and to victims of forced marriage.

That is very common in forced marriage cases – very common – where the older sibling will not want to do anything that makes it worse for the younger siblings, and often wants to try and maintain some kind of contact, which also can place her at risk because siblings' contact is often the main way in which parents are able to exert pressure, use emotional blackmail and so on to get that child to return. Interview with BME voluntary sector organisation

In cases discussed in oral evidence sessions and site visits, the victim of child sexual abuse in the family environment and their family were moved to another country in order to avoid the possibility of a prosecution or child protection proceedings, following an initial disclosure to a family member. In many of these cases, the perpetrator moved overseas with the victim.

Case study

A stepfather had been abusing his stepdaughter Sarah. The abuse started when Sarah was 13. When she reached the age of 16, Sarah made a complaint to the Police. She later retracted her allegation, as her stepfather denied that the abuse had occurred and her mother believed the stepfather. Sarah didn't want to upset the family, and was in a very vulnerable position. When she was 17, she attended a GUM clinic in relation to a sexually transmitted infection. She disclosed that she had been sexually abused to the staff at the GUM clinic, but she did not identify the perpetrator.

Managers at the GUM clinic did not refer this information to the Police for a week. In the meantime, the victim returned to the house and she was raped again by her stepfather. She immediately reported this incident to the Police, and forensic evidence substantiated that she had been raped. Her stepfather claimed that this was consensual sex. Sarah decided that the most important thing was her relationship with her mum, so she left home and decided not to pursue the case against the stepfather.

15.3 The impact of intervention by statutory and non-statutory services

Following the disclosure or discovery of child sexual abuse in the family environment, the intervention of statutory and non-statutory services has the potential to mitigate or exacerbate harm to the victim. In general, victims are likely to be worried about the next steps in the process, and the uncertainty of what will happen next. In some cases, victims of child sexual abuse in the family environment may not disclose abuse in order to protect family members from the possibility of a family breakdown.

I think there is a kind of secondary trauma then that takes place after you have disclosed -- the impact of that uncertainty and the kind of worries and imagining what it will be like. That is the second layer of difficulty. Interview with national statutory body

In responses to the survivor survey and during focus groups, some survivors communicated the feelings of disappointment and distress which resulted from initial contact with statutory services. Survivors reported not being believed or feeling that they were in some way held responsible for their abuse, and even when they were believed, there was a common perception that adequate services had not been provided to meet their particular needs.

I had a few sessions of counselling via my GP, this was awful, limited to a couple of sessions and actually made me feel left me feeling let down yet again. It then took me many years to search for a local charity who were absolutely amazing, without them I most probably would not be here today. Interview with adult female survivor 35-44

I went to a women's health clinic for contraception for the pill and told a nurse who examined me that sexual intercourse with brother had been first sexual experience. Nothing was said about it. Interview with adult female survivor 45-54

As an adult I found very little support for male survivors, I approached my local SARC to be told quiet abruptly they only help women and girls, they didn't signpost me to any support groups, just left me to find it all out myself. The waiting list for NHS counselling was massive, so ended up paying a private counsellor. I still find music helps though. I also started to attend a mixed group session which went well but after four weeks the organisers stopped me from attending assaying the group had changed to female only on the advice of so called professionals. The women in the group wanted me there but it destroyed my ability to attend some sessions. Interview with adult male survivor 45-54

The failure to provide support, or indeed to intervene in situations of child sexual abuse in the family environment, was reported to have resulted in the continuation of sexual abuse, coupled with additional feelings of guilt and self-blame, which further undermined their confidence and ability to seek help.

Evidence gathered through the call for evidence, oral evidence sessions and site visits also demonstrated the challenges of engaging with the criminal justice process. Evidence examined by the Commissioner has also highlighted that, in some cases, victims of child sexual abuse in the family environment are required to not discuss their abuse with protective members of their family while criminal justice processes are ongoing, as this might prejudice the outcome. This can be particularly difficult for victims of child sexual abuse in the family environment.

That is very problematic if they are going to go and give evidence. We have a girl we are about to start working with when we can supervise somebody to do the work, who is in that position where she is stuck in this possible court process that may or may not happen but she has PTSD. It is difficult. If we do that work, we will potentially affect her evidence and may cause her problems. Interview with National Statutory Body 3

My form tutor spent months asking if I was ok. I didn't understand why he was concerned but when I finally realised that he was referring to my home environment and that it was wrong, he told me that the school/PE teachers had been documenting physical marks/bruises etc on a 'body map' for some time. Social services were called as soon as I admitted that things were not ok - but not before Female survivor, aged 25-34

I got lots of help, psychologists psychiatrist none of it helped! Lots of counsellors... I don't have the words but they all want me to talk... Telling it once doesn't make it better! I do have a therapist that I'm starting to trust (after 4 years) Female survivor, aged 35-44

Where survivors reported that professionals had identified that they were being abused and intervened appropriately, it was clear that this had made a significant difference.

For some victims and survivors of child sexual abuse in the family environment, accessing health services is difficult. Of the 756 survivor survey respondents, 50% stated that their experience of child sexual abuse in the family environment had impacted on their use of health services. 20% of respondents still avoid going to the GP and 17% avoid the dentist.

As an adult I avoided any GP visit that might be intimate eg. Smear tests. As a child I was scared they would be able to tell. Female survivor, aged 35-44

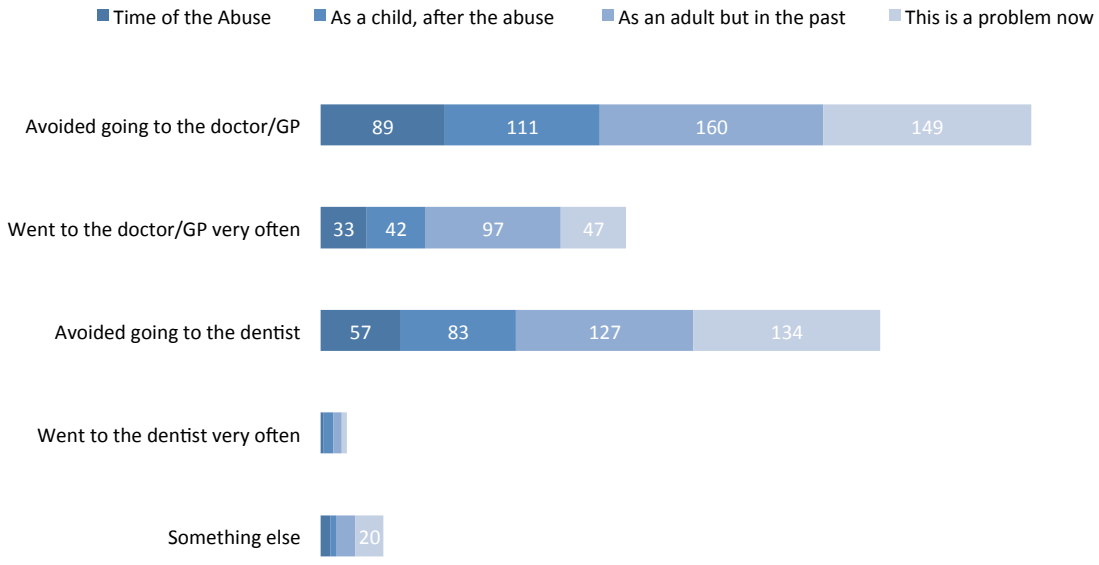
Unable to have smear tests. Male survivor (transgender), aged 45-54

Because I was orally raped at the age of 5, I have had problems at the dentist. I used to have involuntarily jaw clenching but I managed to control the fear by repeatedly saying the mantra "this is not happening now". I never avoided the dentist, but understandably, found the experience difficult. Female survivor, aged 45-54

A smaller portion of respondents reported visiting the GP very often, both as a child and as an adult.

Went to the doctors a lot as a child with sore throats hoping they would see something was wrong Female survivor, aged 45-54

Fig. 21 - Survivor survey - impact of CSA - use of health services



16. Nature of child sexual abuse in the family environment in England – conclusions

Evidence examined by the Inquiry suggests that victims are more likely to be female than male, though males represent a significant minority of victims of child sexual abuse in the family environment. Boys and young men are likely to be under-represented in the data examined by this Inquiry. Girls are more likely to report or be identified as victims in adolescence, whereas boys come to the attention of authorities as victims of child sexual abuse in the family environment at a younger age. Responses to the survivor survey suggest that, for many victims of child sexual abuse in the family environment, abuse occurs around age 9. Children at a particularly young age are less likely to disclose abuse than older children, as they may not have the words to describe or explain their experiences to an adult, and they may not recognise that they are being sexually abused. They will, nonetheless, display some signs and symptoms of sexual abuse. Younger children are particularly likely to be under-represented in the data examined by this Inquiry. Many victims do not disclose until much later in life, by which point they may have developed negative coping strategies. Many victims of child sexual abuse in the family environment are abused by more than one perpetrator, and in many cases, the perpetrators know each other.

Some groups of children and young people are under-recognised in the criminal justice system as victims of child sexual abuse in the family environment. Victims from BME groups may face additional barriers to accessing help from within and outside the family and community. Victims of child sexual abuse in the family environment with learning/physical disabilities may be less likely to be identified as victims, as they face additional communication barriers to disclosure, and the signs of abuse may be misattributed to the disability.

Abuse impacts on victims in a number of ways. There are three aspects to the impact of sexual abuse within a familial setting. First, the sexual abuse itself, the breach of trust between victim and perpetrator, and for many victims of child sexual abuse linked to the family, abuse leads to problems with mental and physical health, relationships and behaviour in general. Second, the reaction of the family – the disclosure or discovery of sexual abuse within a family is likely to have a significant impact on the family and the victim's relationship with other family members, and this reaction may mitigate or exacerbate the impact on the victim. Third, the intervention of statutory and non-statutory services, whereby being removed from the family or giving evidence may re-traumatise the victim. In each case, the impact of sexual abuse may cast a long shadow over the life of the victim. Not being believed, by family members and/or professionals, is likely to have a significant deleterious impact on the victim.

There are various signs and symptoms of child sexual abuse in the family environment, though there is no single 'diagnostic' indicator. Sexualised behaviour, age inappropriate sexual behaviour, and harmful sexual behaviour are the signs most likely to indicate sexual abuse. Victims disclose abuse in many different ways. Professionals may expect a verbal disclosure, though survivor survey respondents stated that disclosure may have been made through drawings and writing. Most victims disclose abuse to their mother. Teachers are the most likely non-familial adult to receive a disclosure. Responses to the survivor survey suggest that, although they refer to incidents which occurred in the past, telling someone does not necessarily result in the abuse stopping.

Conclusions

This Inquiry represents a comprehensive assessment of the scale and nature of child sexual abuse in the family environment in England. Conclusions are drawn from a robust and thorough body of evidence, including data obtained from statutory and non-statutory services, expert oral testimony, site visits, focus groups, a survey of adult survivors of abuse and a rapid evidence assessment.

1. Using data gathered for this Inquiry, it is estimated that 1 in 8 victims of sexual abuse come to the attention of statutory authorities. The scale of child sexual abuse is therefore much larger than is currently being dealt with by statutory and non-statutory services. The physical and emotional impact of child sexual abuse persists into adulthood for many victims. It is difficult to measure the scale of child sexual abuse in the family environment specifically, owing to serious deficiencies in data collection. Nonetheless, the Commissioner estimates, on the basis of evidence submitted to the Inquiry, that child sexual abuse in the family environment comprises around two thirds of all child sexual abuse. Victims are more likely to be female than male, though males are likely to be under-represented in the data examined.

2. Abuse by a family member or someone connected with the family is in itself a barrier to victims accessing help. Child sexual abuse in the family environment encompasses a range of perpetrators, the majority of whom are male, with approximately one quarter of cases involving a perpetrator under the age of 18, such as a brother or cousin. Many victims are abused by several perpetrators, and in many cases, these perpetrators will be known to each other. The disclosure or discovery of sexual abuse within a family is likely to have an enormous impact on the victim and their relationship with other family members. Fear, coercion, loyalty to the perpetrator and/or a desire to protect other family members may prevent a victim of child sexual abuse in the family environment from telling anyone. Moreover, many victims are unable to recognise until much later in life that they have been sexually abused. Their emotional response to the abuse is manifested in a number of ways and should be visible to professionals.

3. Evidence examined for this Inquiry demonstrates that sexual abuse in the family is most likely to occur around the age of nine, though victims are most likely to come to the attention of authorities in adolescence. Younger children, particularly those under the age of five, are under-represented. They may not be able to recognise that they have been sexually abused, and perpetrators may normalise their behaviour. The competence to gather evidence from young children is variable. Children may not seek help for abuse, as they are worried about the consequences of service intervention for themselves and other family members, and they may have been threatened by the perpetrator.

4. There is a high level of commitment to tackling this issue among professionals working with children. However, statutory services are largely disclosure-led, with the burden of responsibility placed on the victim. It is unrealistic to expect victims of child sexual abuse linked to the family to disclose abuse. Disclosure-led approaches are demonstrably failing the majority of victims of child sexual abuse in the family environment, as many victims of child sexual abuse in the family environment are not identified and do not receive help.

5. Professionals will come into contact with children who are victims of sexual abuse linked to the family. Victims are likely to exhibit some sign or indicator, though in some instances this will not always be very obvious or conclusive. Proactive enquiry is therefore necessary to substantiate concerns and activate processes for the investigation of abuse and protection of the child. The identification of child sexual abuse is a considerable challenge to professionals. Evidence examined by the Commissioner suggests that child sexual abuse in the family environment often comes to the attention of statutory and non-statutory agencies as a result of a secondary presenting factor, which becomes the focus of intervention. Child sexual abuse, the underlying issue, may not be identified.

6. Despite a high level of commitment to tackling this issue across all services, the evidence demonstrates that professionals are not always confident in their ability to identify child sexual abuse. Where there are concerns and suspicions, levels of knowledge and confidence among professionals in all sectors on how to progress concerns may vary. Some professionals are hesitant to seek information or clarification from a child for fear that such actions will be construed as 'leading the victim' and encouraging a false or inaccurate account, jeopardising the potential outcome of the criminal justice process.

7. Some groups of children and young people are under-represented in the criminal justice system as victims of child sexual abuse in the family environment. Victims from some Black and Minority Ethnic groups may face additional barriers to accessing help. In some Black and Minority Ethnic communities, victims of sexual abuse and their families are blamed, particularly if they are supportive of the victim and the 'honour' of the perpetrator is brought into disrepute by the allegation. Family members may also feel that they can manage allegations of child sexual abuse themselves, though these solutions generally involved silencing the victim. They were disinclined to involve statutory services, primarily as a result of distrust.

8. Victims of child sexual abuse in the family with learning/physical disabilities may be less likely to be identified as victims, as they face additional communication barriers to disclosure, and the signs of abuse may be misattributed to the disability. Children with a disability which impacts upon their communication skills are less able to report abuse directly. The signs and symptoms of abuse, when presenting in children with a learning disability, may not be evident to some practitioners as it can be masked by behavioural responses attributed to the disability. Children with learning/physical disabilities are particularly reliant on their parents/carers and personal care. Where the abuser is an immediate family member, victims may find it particularly difficult to access help.

9. The substantiation of an allegation or suspicion of abuse requires different levels of proof in the family and criminal courts, though in practice, evidence put forward to this Inquiry suggests that the criminal burden of proof ('beyond reasonable doubt') is often given primacy in joint investigations. Achieving Best Evidence interviews are the tool used by the Police to substantiate abuse and maximise the evidential value of the account given by the child for criminal courts. However, the quality of these interviews is inconsistent, and there are delays and shortages in skilled intermediaries to assist with interviews of younger children and children with learning/physical disabilities. According to evidence examined by this Inquiry, the role of social workers in the interview process has diminished, leading to concerns that the substantiation of sexual abuse is often delegated to the Police using the criminal burden of proof.

10. There are three aspects to the impact of sexual abuse within a familial setting. First, the sexual abuse itself, the breach of trust between victim and perpetrator, and for many victims of child sexual abuse linked to the family, abuse leads to problems with mental and physical health, relationships and behaviour in general. Second, the reaction of the family – the disclosure or discovery of sexual abuse within a family is likely to have a significant impact on the family and the victim's relationship with other family members, and this reaction may mitigate or exacerbate the impact on the victim. Third, the intervention of statutory and non-statutory services, whereby being removed from the family, describing abuse to professionals or giving evidence may re-traumatise the victim. In each case, the impact of sexual abuse may cast a long shadow over the life of the victim.

Recommendations

The Inquiry findings point to a number of recommendations. These recommendations are made by the Children's Commissioner on the basis of a thorough examination of the evidence examined. Throughout the Inquiry process, we have asked focus groups, participants in site visits and those who gave oral evidence how to address the shortcomings identified and improve outcomes for children who are sexually abused. This includes adult survivors of sexual abuse, and children whose experience of abuse is much more recent. Their views have been taken into consideration.

Preventing abuse

The scale of child sexual abuse is significant. This Inquiry estimates that approximately 1 in 8 victims of child sexual abuse are known to statutory authorities. It is important that children who are sexually abused receive help and support. Preventing abuse from occurring in the first place and early identification must be a priority for all of us, but there is a clear role for Government. This Inquiry demonstrates that sexual abuse has a major impact on the physical and mental health of victims. Many of them will develop negative coping strategies. The impact of abuse is exacerbated by the length of time over which it occurs. The cost of failing to identify abuse is borne by drug and alcohol services, mental health services and the welfare system.

Measures for the primary, secondary and tertiary prevention of all forms of child sexual abuse are vital. The Commissioner's priority is children and young people. Adults who pose a risk to children must be identified and diverted from perpetrating sexual abuse, but children and young people who demonstrate harmful sexual behaviour must also be identified and supported to reduce the risk they pose to their peers.

The Commissioner recommends that a strategy for the prevention of child sexual abuse, in all its forms, is developed and implemented by relevant Government departments, including the Department for Education, Department of Health and Home Office.

Enabling early identification

Throughout this Inquiry, professionals from all sectors have described the difficulty of identifying sexual abuse. Survivors of abuse have spoken of their 'desperation' that someone would ask them whether they were being abused. Proactive enquiry is necessary for early identification. Where there are concerns or suspicions, professionals must be empowered to ask children non-leading questions which will enable identification. Opening up the space for a disclosure, being clear with children that we are ready to listen and help – this approach must permeate professions which work with children.

Evidence examined for this Inquiry demonstrates that teachers are the preferred professional for making a disclosure. It follows that teachers must be skilled and fully equipped to recognise the signs and symptoms of abuse and enable disclosure. Professionals must be vigilant to the possibility of sexual abuse in in many settings and situations, such as services for mental health issues and domestic violence. This Inquiry underlines the findings of our previous Inquiry into child sexual exploitation involving groups and gangs[37] – the school itself should be a 'safe space', where children have a sufficient level of trust in education professionals to disclose sexual abuse. A 'whole-school' approach is necessary[38].

The Commissioner recommends that all schools take the necessary steps to implement a whole-school approach to child protection, where all school staff can identify the signs and symptoms of abuse, and are equipped with the knowledge and support to respond effectively to disclosures of abuse. This should be supported by the Department for Education. In addition a new role or embedded social worker should be considered.

The Commissioner recommends that the Government explores how to strengthen the statutory responsibilities of organisations and professionals working with children, as part of their duty of care to children and young people, to ensure that all professionals work together more effectively to identify abuse.

37 Berelowitz, S. et al (2013). "If only someone had listened" The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report. London: Office of the Children's Commissioner

38 A Whole School Approach: a template model for education establishments to prevent violence and abuse of girls, End Violence Against Women Coalition

The Troubled Families programme has provided effective help to families with vulnerable children in communities across England[39]. Many families in the programme will have complex problems including domestic violence which can sometimes be linked to child abuse. This programme offers an opportunity to identify child sexual abuse in the family at an early opportunity.

The Commissioner recommends that the Government recognises the importance of and coordinates all sources of support for children and families where there is a particular risk of sexual abuse, including the Troubled Families programme, to ensure that victims are more effectively identified and helped.

Enabling recognition

This Inquiry has demonstrated that many victims of child sexual abuse do not report abuse to an adult who can help them because they do not have the words to describe or explain their experiences. In some cases, victims do not understand that their experiences constitute abuse. If children are unable to recognise that they have been abused, and then explain it to a responsible adult, it is simply not possible for them to report their abuse to the authorities. Some parents and carers may feel equipped to raise these issues with their children. This Inquiry finds, however, that in two thirds of child sexual abuse cases, the perpetrator is a family member.

The Commissioner recommends that all schools equip all children, through compulsory lessons for life, to understand healthy and safe relationships and to talk to an appropriate adult if they are worried about abuse.

Enabling telling

Children should not be held responsible for reporting their abuse – many will be unable to do so, and feelings of guilt are exacerbated by placing the responsibility for stopping the abuse on their shoulders. It is the Commissioner's view that more could be done to enable children who are being sexually abused to access help. The Inquiry has examined evidence on the factors and circumstances which enable children to disclose abuse. A feeling of safety, security and privacy is crucial, in addition to trusting that statutory intervention will make a positive difference. This reinforces previous research commissioned by the Children's Commissioner.

The Commissioner recommends that all teachers in all schools are trained and supported to understand the signs and symptoms of child sexual abuse. This should be part of initial teacher training and ongoing professional development, with the latter requirement reflected in the statutory guidance on Keeping Children Safe in Education.

Telling professionals

Children should not be held responsible for reporting their abuse – many will be unable to do so, and feelings of guilt are exacerbated by placing the responsibility for stopping the abuse on their shoulders. It is the Commissioner's view that more could be done to enable children who are being sexually abused to access help. The Inquiry has examined evidence on the factors and circumstances which enable children to disclose abuse. A feeling of safety, security and privacy is crucial, in addition to trusting that statutory intervention will make a positive difference. This reinforces previous research commissioned by the Children's Commissioner.

When a child has made an initial disclosure, or has otherwise come to the attention of the authorities as a possible victim of child sexual abuse in the family environment, it is absolutely vital that any subsequent investigation is facilitated and managed in a manner consistent with the child's best interests. Poorly planned and executed ABE interviews do not enable the victim to give their best evidence, nor do they serve the interests of the Police, social workers or CPS. This Inquiry has also heard evidence that a lack of intermediaries delays ABE interviews, prolonging a period of great uncertainty and emotional difficulty for victims of abuse, and undermining the evidential quality of the interview.

A failure to manage this process effectively is likely to have a considerable deleterious impact on the child, which may persist into adulthood.

The Commissioner recommends that all Achieving Best Evidence interviews are undertaken in the presence of an intermediary or a suitably qualified child psychologist, and that appropriate provision for this is made by the Ministry of Justice and police forces.

39 https://www.gov.uk/government/news/more-than-105000-troubled-families-turned-around-saving-taxpayers-an-estimated-12-billion

Provision of appropriate help and support

Evidence examined by the Commissioner very clearly demonstrates that sexual abuse can have a devastating impact on victims. For many, it will cast a long shadow over their entire life. It is vital that all children who report abuse are able to access help and support. The 'Barnahus' model[40] for a multi-agency response to child sexual abuse has considerable potential for roll-out in England, including the establishment of a safe space for child-friendly interviewing and the provision of holistic support for victims and their families. This model is in place in Iceland and various other Scandinavian countries. Some modification would be necessary to ensure that the model can operate within the English legislative context.

In recognition of the amount of child sexual abuse perpetrated by children and young people, it is also important that children and young people who exhibit harmful sexual behaviour are offered appropriate intervention to effectively address this behaviour and to deal with the abuse and trauma that they have often experienced themselves. Proportionate and timely intervention with children and young people with harmful sexual behaviour can significantly reduce the risk of them becoming adult perpetrators. This is therefore important preventative work.

The Commissioner recommends that, from the moment of initial disclosure, children receive a holistic package of support, tailored to their needs, including theraputic support to help them recover from their experiences. The Barnahus model should be piloted in England, in order to determine its potential for improving victims' experiences of statutory interventions, including the criminal justice process

The Commissioner further recommends that Government review the process of inter-agency investigation of child sexual abuse, including the role of the police and children's social workers, to ensure that the process minimises the potential for re-traumatisation, whilst maximising the possibility of substantiating abuse and taking effective protective action and taking the views of the child into account.

The Commissioner also recommends that children and young people with harmful sexual behaviour receive proportionate and timely intervention to reduce the risk of this behaviour continuing into adulthood.

Data collection

This Inquiry has exposed a deficiency in data collection which must be addressed. At present, Police forces do not rigorously record the relationship between the victim and perpetrator in all child sexual abuse cases. This is vital intelligence and management information. This information would enable senior Police officers to understand in greater detail the relative proportions of intra-familial abuse, child sexual exploitation, online Child Sexual Exploitation and Abuse, and institutional abuse within their force area, and to resource investigation specialisms accordingly.

The Commissioner recommends that the Home Office amend and update the Annual Data Requirement to ensure that all police forces record this aspect of child sexual abuse-related crimes, and ensure compliance among all police forces.

40 http://ec.europa.eu/justice/fundamental-rights/files/rights_child/9th_b_gudbrandsson.pdf

Next steps

The second phase of the Children's Commissioner's Inquiry will focus in particular on inter-agency practice for preventing, investigating and responding to child sexual abuse in the family environment.

From December 2015, the second phase of the Commissioner's Inquiry into Child Sexual Abuse in the Family Environment will proceed. The second phase will focus on three aspects of inter-agency responses to tackling child sexual abuse in the family environment:

Preventing child sexual abuse in the family environment – Phase one has established that professionals in various settings find it difficult to identify child sexual abuse in the family environment, though they may identify secondary issues resulting from the abuse (e.g. a change in behaviour, disengagement from education, substance misuse, etc.). This strand of Phase two will examine these challenges in more detail and identify best practice for identifying children who may be at risk or who have been sexually abused.

Investigating child sexual abuse in the family environment – Phase one has raised a number of questions regarding joint agency working, information sharing and its impact on children and young people. This strand of Phase two will investigate the way in which investigations are undertaken, the sharing and recording of information, and the ways in which children and young people experience the investigative process.

Provision of appropriate help and support – Phase one has highlighted that many victims of child sexual abuse in the family environment do not access help from statutory services, and of those who do, many are not able to access CAMHS support owing to waiting lists and time limited interventions. This strand of Phase two will examine the provision of help and support.

Government has committed to consulting on the mandatory reporting in late 2015. This issue has not been examined in detail by the Inquiry, though it is noted that there is no clear consensus on the potential efficacy of this issue for improving professional responses to child sexual abuse. This issue will be examined in more detail as part of the second phase of the Inquiry.

In March 2015, the 'International Centre: Researching Child Sexual Exploitation, Violence and Trafficking' at the University of Bedfordshire, and the NSPCC, commenced qualitative research on the experiences and perspectives of children and young people who have been sexually abused within the family environment. The research project forms part of the Children's Commissioner's wider inquiry into Child Sexual Abuse in the Family Environment.

The research project, titled 'Making Noise: children's voices for positive change after sexual abuse', aims to develop understanding of children's experiences of disclosure, help-seeking and support across a range of agencies including the Police, courts and social care. In addition it hopes to establish children's views on how such processes could be improved after sexual abuse has happened. The project will be seeking to engage 50 children aged 5 – 18 years across England in semi-structured interviews. A key feature of the project is a focus on capturing diverse views and ensuring the perspectives of younger children, young men, children with disabilities, children from BME communities and other particularly marginalised groups are represented in the work. This focus stems from recognition of the paucity of research addressing the needs of these groups in relation to child sexual abuse. The interviews utilise a range of creative methods such as vignettes, mapping exercises and prompt cards to support children with a range of communication styles to share their perspectives. All participants are referred to the research through support services and subject to an assessment process before being approached. Follow up support is available when and if required for all participants. Fieldwork is currently on-going and will continue until the end of March 2016. Following data analysis, the team will report on its work in July 2016. The project is supported by input from both a young people's advisory group and a professional advisory group.

Help and support

- If you are a child or young person who is affected by sexual abuse you can call ChildLine for advice and support 24 hours a day for free on 0800 1111.
- If you are an adult who is concerned that a child or young person may be being abused call the NSPCC helpline on 0808 800 5000 or in an emergency call the Police.
- If you are an adult who experienced sexual abuse as a child and would like to talk to someone about it you can contact:
- National Association for People Abused in Childhood – 0808 801 0331
- Open 10am – 9pm Monday to Thursday, 10am – 6pm on Friday. NAPAC offer specialist support for people abused in childhood.
- Rape Crisis – 0808 802 9999
- The helpline is open 12am - 2.30pm and 7-9.30pm. Call the national Rape Crime Related Incidentsis helpline to speak to a trained worker, who can also tell you where your nearest services are located if you would like face-to-face support or counselling.
- The Survivors Trust - 0808 801 0818
- Find help, support and advice in your area on The Survivors Trust website at www.thesurvivorstrust.org

Acknowledgements

This Inquiry would not have been possible without the support of a huge number of organisations and individuals. In particular, the Children's Commissioner is grateful to all of the children and young people who contributed their views and experiences. Their participation in meetings and focus groups has been informative and inspiring, and has redoubled our determination to bring their views to the fore and improve the situation for victims of abuse. Their generosity has made a significant difference to our understanding of child sexual abuse, and the Commissioner hopes that this report honours their contribution.

The Commissioner is also extremely grateful to the adult survivors of abuse who have contributed to the Inquiry. In particular, the survivor survey was designed through direct consultation with victims and survivors, and it was considerably improved as a result. The views and experiences of adult survivors have shaped our thinking in regard to various aspects of the Inquiry, and we are very thankful to everyone who invested their own time and energy in improving the quality of our work. The Commissioner hopes that the views of adult survivors will continue to play a central role in discussions of policy and practice in this area. Various professionals have contributed directly to the Inquiry. Thanks to colleagues in the Police and Department for Education who facilitated access to relevant data, and those officials in Government departments who attended meetings, advised on the availability of relevant evidence and data, and helped us access it. Those who participated in subject specific and expert focus groups have helped the Children's Commissioner understand nuances in the data gathered for the Inquiry, and to fill in some of the gaps – the Commissioner is grateful to those who took time out of their schedule to help us in this way. The Commissioner would also like to thank Professor Bernard Silverman for undertaking the Multiple Systems Estimation analysis on our behalf.

One of the most important and revealing aspects of this Inquiry has been the site visits. The Commissioner is grateful to all of the professionals who participated in our site visits, not only for sharing their expertise and experience, but also for their sincerity, openness and candour. Their contributions made a significant impression on the members of the Inquiry team and panel who attended, and we hope that this report is a fair reflection of the challenges they face on a daily basis. We are particularly grateful to those who assisted with the organisation of each site visit.

A number of experts gave oral evidence to the child sexual abuse in the family environment Inquiry secretariat and panel. Their expertise has shaped the panel's understanding of a number of key issues, and we are very grateful to those who were able to take the time out of their schedule to participate. The Commissioner is also extremely appreciative of the child sexual abuse in the family environment Inquiry panel members. They have attended monthly meetings to direct the conduct of the Inquiry, shape the work programme, and ensure the highest standards of rigour and quality in each aspect of the work. The Inquiry would not have been possible without their dedication and commitment. Similarly, the Commissioner is grateful to all members of the child sexual abuse in the family environment Inquiry advisory Group. The Group was brought together to challenge our approach, reasoning and judgement.

The Commissioner would like to thank the National Police Chiefs' Council lead for Child Protection and Abuse Investigation, Chief Constable Simon Bailey, for allowing Gareth Edwards to assist the Commissioner's office for a brief period to finalise the analysis of data.

She would also like to thank Sue Berelowitz, who established this Inquiry and chaired it from July 2014 – May 2015.

Panel members

- Anne Longfield OBE, Children's Commissioner for England, chair
- Jon Brown, Head of Development and Impact, NSPCC, co-chair
- Chief Constable Simon Bailey, National Policing lead for Child Protection and Abuse Investigation, represented by Temporary Detective Chief Superintendent Paul Sanford
- Jenny Clifton, Principal Policy Adviser (Safeguarding), Children's Commissioner's Office
- Professor Julia Davidson, Director of Research in the Department of Criminology and Sociology and Co-Director of the Centre for Abuse and Trauma Studies, Middlesex University
- Donald Findlater, Director of Research and Development, Lucy Faithfull Foundation
- Dr Danya Glaser, Visiting Professor, UCL and honorary consultant child and adolescent psychiatrist, Great Ormond Street Hospital for Children
- Shaista Gohir MBE, Chair of Muslim Women's Network UK
- Polly Harrar, Founder, The Sharan Project
- Dr Deborah Hodes, Consultant Community Paediatrician and Designated Doctor for Safeguarding, on behalf of the Royal College of Paediatrics and Child Health
- Dr Miranda Horvath, Reader in Forensic Psychology and Deputy Director of Forensic Psychological Services, Middlesex University
- Annie Hudson, former CEO, The College of Social Work
- Fay Maxted OBE, CEO, The Survivors Trust
- Tink Palmer, Chief Executive, Marie Collins Foundation
- Professor Jenny Pearce OBE, Professor of Young People and Public Policy, University of Bedfordshire
- Peter Saunders, Founder, National Association for People Abused in Childhood
- Akima Thomas, Clinical Director, Women and Girls Network
- Panel support: Dr Graham Ritchie, principal policy advisor for child sexual abuse, Dr Sandy Gulyurtlu, senior research advisor and Gareth Edwards, senior data analyst.

Appendix A – Ethical approach

- All localities and services that have taken part in the child sexual abuse in the family environment Inquiry will remain anonymous throughout the process, unless an agency or service expresses a desire to be associated explicitly with examples of good practice.
- Under no circumstances will any individual who has taken part in the child sexual abuse in the family environment Inquiry be named. All individuals will remain anonymous throughout the child sexual abuse in the family environment Inquiry process. This includes participants in site visits, focus groups and oral evidence sessions.
- A child would be interviewed only if the OCC was satisfied it was safe and appropriate to do so and that the child had a support network around them, in line with the Children's Commissioner's safeguarding policy.
- Data gathered for the purposes of the child sexual abuse in the family environment Inquiry have been handled and managed in accordance with the Commissioner's policies and procedures. A CESG Listed Advisor Scheme (CLAS) consultant has undertaken a Risk Management Accreditation Document Set (RMADS) for the Inquiry, and the Commissioner's policies have been fully accredited. Data will be destroyed after one year.

Appendix B – Evidence breakdown – scale and nature of child sexual abuse in the family environment

Call for evidence Submissions to the call for evidence are summarised in the table below, including broad observations on patterns evident in each submission.						
Submission	**Number of victims they are working with**	**Age**	**Gender**	**Ethnicity**	**Disability**	**Perpetrator**
National Charity - Children and/or Young People	child sexual abuse - 2885	1-20	50% female 46% male	2% Asian 3% Black 5% Mixed 84% White 5% Unknown 1% Other	2% on Autistic Spectrum 1% sensory impairment 1% physical disabilities 9% learning disabled 1% speech, language and communication needs	Undisclosed
National Charity - Children and/or Young People Charity	child sexual abuse in the family environment - 39	5-19 (Most common age is 9)	77% female 23% male	Majority White British	23% have learning disabled	• male parent/carer • male parent/carer along with other non-related males • both parents • mothers' boyfriend/partner/ husband (step-father) • grandfather • uncle • sibling (both male and female) • cousin (both male and female)
Local Charity – Sexual Abuse	child sexual abuse - 138	4-22	92% Female 7% Male	71% White (62% White British) 1% Mixed 11% Black 14% Asian 1% Chinese 2% Arab	16% disabled	• Parent/carer • Partner/Ex partner of parent • Family friend • Family member • Stranger • Sibling • Friends • Neighbour • Acquaintance • Grandparent • Cousin • Uncle
National Charity - Children and/or Young People	17% of safeguarding cases are sexual abuse (2013-2014 worked with 80,662)	n/a	n/a	n/a	n/a	• Do not record intra-familial but have identified some cases
Local Charity – Sexual Abuse	child sexual abuse - 32	0 -15 (time of abuse)	78% male 22% female	59% White British 6% Mixed race 3% other ethnic background	9% disabled	• Family member • Someone known to the family • Unknown

Local Charity – Violence Against Women and Girls	child sexual abuse in the family environment - 21	2-18 (time of abuse)	86% female 14%	71% White British 19% White 5% Mixed 5% Asian	14% disabled	• Step father • Parents • Brother • Uncle • Grandparents • Family friend • Friend • Parent's ex-partner • Son/Daughter
National Charity – Disability	child sexual abuse in the family environment - 21	0-12 years	62% male 33% female	86% White – (71% White British) 5% Mixed Race	All learning disabled	• Carer • Parent • Partner of parent • Sibling • Uncle • Son of foster mother • Family friend
Local Authority	child sexual abuse in the family environment - 24	0-12	50% male 50% female	All white 79% White British	4% learning disabled	• Carer/Parent • Son/Daughter • Parents • Partner of parent • Sibling
Local Authority	child sexual abuse in the family environment - 3	0-13	All female	All White British	1 x learning disabled	• Mother • Sibling
Professional association	Unknown – it does happen (also linked to forced marriage)	Unknown	Mostly female	Unknown	Unknown	• Step fathers • Siblings • Extended family
Local Charity – Sexual Abuse	child sexual abuse - 243	0-13	Female – 84% Male – 16%	68% White (67% - white British) 2% - Black 1% - Asian 4% - Mixed 1% - Other 24% - Unknown	16% - Learning disabled 4% - Physical disability	• Stranger • Acquaintance • Sibling • Relative • Step parent/Parent's partner • Parent • Partner
National Charity – Children and/or young people	child sexual abuse in the family environment - 8	5 -10	All female	37.5% black 37.5% mixed 25% White British	1 x Dyslexia	• Sibling • Grandparent

Local Charity – Sexual Abuse	child sexual abuse in the family environment - 191	0-18	83% Female 17% male	84% White British 7% Mixed 1% Other 7% Unknown	Unknown	• Father • Step father • Brother • Step brother • Grandfather • Step grandfather • Uncle • Cousin • Male family friend • Neighbour • Babysitter • Peer • Boyfriend • Girlfriend • Stranger • Professional
National Charity – partial submission – 3 out of 6	10 + 130 + 16 = 156 – not all services were able to tell us who the children they work with have been sexually abused as they do not record it	5-25	Female – 64% Male – 25%	57% – White British 3% – White Other Black – 11% Asian – 13% 7% - Mixed	6% – learning disability 1% – physical disability	• Step parent • Cousin • Parent • Grandparent • Family friend • Neighbour • Extended family • Partner of parent • Sibling • Uncle

Site Visits Evidence gathered from agencies in site visits is summarised in the table below, and is attributed to individual agencies where possible.				
Site	**Agencies**	**Is it happening?**	**Victims**	**Perpetrators**
Inner City Borough – Diverse Population	Children's Services, Education (School), Health and the Police	• Primary focus on child sexual exploitation. • Education representative said that there have not been any cases of child sexual abuse in their school. When asked about indicators of child sexual abuse, e.g. self-harm, etc. it was acknowledged that there was a high prevalence of these issues in the school. • The Police, Children's Services and LSCB Chair focused on child sexual exploitation. However, some cases of child sexual abuse in the family environment and forced marriage were discussed. Some of these cases are historic. There are also suspected cases but professionals were waiting for children/young people to disclose. When the Inquiry team highlighted the nature and impact of child sexual abuse, professionals started to identify potential cases that had similar characteristics. • Health representative highlighted how they have had victims of child sexual abuse referred to their service, though the CAMHS representative stated that very few victims come to CAMHS. They mainly deal with cases of children or young people with challenging behaviour.	• The population is diverse in this area (>75% BME), however, this diversity is not reflected in the victim population that has been identified by statutory services. • Majority of victims identified were white British and from low socio-economic backgrounds. • There have been 166 referrals but only 5 led to child protection plans. Child protection plans for child sexual abuse have decreased. • There have been a small number of cases of forced marriage. A couple of cases of forced marriage mentioned involved young people with disabilities. • Health representative stated that they worked with 222 children and young people. The majority were pre-pubertal (60% pre, 10% peri, 27% post). It was stated that only 20% of child sexual abuse cases are referred to them, as the Police do not consider it necessary when cases are beyond the forensic window.	• There was a widespread perception that perpetrators were mainly male. In the specific intra-familial cases discussed, the perpetrator was the victim's stepfather.

Northern town – deprived area with transient population	Police, MASH, Health, Voluntary Organisation, Children's Services	• Professionals generally focused on child sexual exploitation and harmful sexual behaviours. There were >50 child protection plans for child sexual abuse in general, but the majority related to child sexual exploitation. • Social workers described a number of cases of intergenerational abuse in households with several generations. We also heard about concerns of harmful sexual behaviours displayed by young people. • Health sector had a strong awareness of the issues relating to child sexual abuse and specifically child sexual abuse in the family environment, and have identified a number of cases of concern via health visitors and other health professionals. There is a high prevalence of teenage pregnancy in the area, some of which is related to child sexual abuse. They also work with victims displaying other behaviours/impact of the abuse, e.g. mental health issues, substance misuse, STIs, etc. • One voluntary organisation present which worked with children who have already been identified by the Police and are in receipt of support. Another voluntary sector organisation identified a few cases of child sexual abuse in the family environment through their work with teenage parents and families living in poverty.	• A number of historic cases of child sexual abuse in the family environment have recently come to light. This has been attributed to media attention on the issue. The majority of these cases involve adults. • Voluntary organisation stated that in 2.5 years, they have worked with 100 children and young people who are victims of child sexual abuse. • The majority of victims are female and White British. They do have a traveller/ transient population but this is not reflected in the cases discussed. • There were a couple of cases mentioned that involved forced marriage, though the information collected on this particular issues is limited.	• Professionals mentioned a number of cases of multi-generational abuse, e.g. grandfather abused parents, parents and grandfather abuse children, siblings abuse each other. • The perpetrators mentioned were predominantly male. There were a number of cases involving fathers and siblings. • Professionals from all sectors mentioned a number of men who groom and target vulnerable women with children in order to sexually abuse the children. There are also a number of people in insecure housing situations which leaves them vulnerable to abuse and exploitation. • The perception is that the majority of perpetrators are male and of all ages. • Growing concerns of peer on peer abuse/harmful sexual behaviours were raised. They have also identified a number of cases of young people with learning disabilities displaying harmful sexual behaviours.

City	Children's Services, Social Care, CPS, Voluntary Organisations, MASH, Police, SARC	• Children's services – There are over 1000 children and young people on child protection plans and 4% have a Plan for child sexual abuse. The majority of child sexual abuse cases relate to child sexual exploitation, though victims in these cases frequently had a background of child sexual abuse in the family environment. There were also concerns about harmful sexual behaviour and access to pornography. A few cases of forced marriage were also raised. • There were also a number of cases of child sexual abuse in the family environment that came to light through work on Domestic Violence, emotional abuse and neglect. • MASH and Police – There has been an increase of referrals on the grounds of child sexual abuse and child sexual exploitation, with a rise of approximately 40% since the establishment of the MASH. There has also been an increase in referrals of historic cases. • Voluntary sector organisations – one organisation working on rape and sexual violence stated that 65% of cases referred to them featured child sexual abuse in the family environment. Most of the abuse happened either in the home or in the family. • Another organisation was working with 6000 women and children (53% BME), and approximately 10% have disclosed child sexual abuse. It was stated that most of these individuals do not meet the threshold of statutory services. • Another organisation worked with 193 children and young people last financial year and 75 were on the waiting list. Almost all have been affected by child sexual abuse in the family environment.	• There is a diverse population in this area. However, in general, this diversity is not represented in the population with which these services are working, particularly statutory services. • The majority of victims identified were female both for statutory and non-statutory services. • The majority were also white. However, one organisation told us that 53% of the population they were working with were BME. Another organisation stated that approximately 30% of the victims they were working with were BME. However, statutory services seemed to have a smaller caseload of BME victims. • Most organisations stated that they worked with victims with disabilities, predominantly learning disabilities.	• There was a widespread perception that perpetrators were mainly male and adults. In the family environment, some of the organisations observed that the perpetrators were fathers or step fathers. We also heard of cases involving grandfathers and siblings. • This local authority had a specialised service for tackling harmful sexual behaviours which had yielded positive results. The majority of young people in the service were male.

County (urban and rural)	Police, MASH, voluntary organisations, SARC, Children's services, ISVA	• Police and MASH – it was stated that they receive 2-3 child sexual abuse in the family environment referrals a week into the MASH. They also have identified cases of forced marriage, and there are growing concerns of harmful sexual behaviour. In the past 10 years, 12,000 have been on a Child Protection Plan for child sexual abuse. • Children's services – it was stated that it is not common to have referrals for child sexual abuse as primary concern. Often, victims are identified via other issues such as neglect and parental substance misuse. Currently, 3-7% of children on Child Protection Plans are on a plan for sexual abuse. • Independent Sexual Violence Adviser (ISVA) – it was stated that they see 5 young people a week. The majority of cases of sexual abuse are linked to the family, though they have observed low prosecution and conviction rates, and it was stated that only 10% meet statutory service thresholds. They have also observed a rise in referrals relating to 'historic' abuse. • Voluntary organisation – specifically working with survivors of child sexual abuse in the family environment. They have found that victims of child sexual abuse in the family environment are the least likely to be identified. • SARC – observed that over 13s tend not to receive support from social care. 60 of their open cases involve young people. Online grooming was highlighted.	• Police and MASH – The area does not have a diverse population. The majority of victims are White British, and it has been observed that many victims have a learning disability. • Children's services – the majority of victims are White British adolescents. • ISVA – 8% of the young people are BME. They work with 11-13 year olds, and 10% are male. They also work with young people with disabilities, the majority of whom have learning disabilities. • Voluntary organisation – supports women across the UK. Majority of the women they work with are White British and adults. • SARC – victims tend to be under 13, White British and female.	• Police and MASH – most cases involve the step father or parent's partner. Sibling abuse is often not identified. They found that perpetrators tend to pick up on and exploit vulnerability. • Children's services – they have observed a rise in sibling abuse. They have also seen a number of cases where parents and siblings watch pornography together. This was linked with contact abuse. • ISVA – perpetrators are predominantly step brothers, step fathers, brothers and fathers. • Voluntary organisation – they work with victims of child sexual abuse in the family environment. They mentioned cases involving cousins, grandfathers, step-grandfathers, fathers. Other family members were often unhelpful in protecting and supporting victims of abuse. Majority of perpetrators were male. • SARC – they have found that of the cases for under 13s, the perpetrators tend to be in the family or friends. For over 13s, the perpetrators are usually outside the family and/or peers. 98% of perpetrators are male. They see very few cases of sibling abuse.
City	Police (two Child Abuse Investigation Teams in different parts of the city)	• Police 1 – there has been a 33% rise in reported cases (especially 'historic'). These cases involve all ages. For current cases, the age of victim peaks between 12 and 15. Many of these cases involve child sexual abuse in the family environment. Two cases involving abuse linked to faith and belief were discussed, both of which involved witchcraft. • Police 2 – there has been a rise in 'historic' cases. The majority are not intra-familial although most cases involve pre-pubertal children. They find it harder to identify cases of child sexual abuse in the family environment, as victims are less likely to disclose.	• The majority of the cases mentioned involved female victims. There is a diverse population in this city. Many cases involved different BME groups. The majority of victims with disabilities have learning disabilities.	• Some cases mentioned were inter-generational. However, the most common perpetrators identified were step fathers, fathers and siblings.

Focus Groups Themes emerging from focus group discussions are summarised in the table below, and linked to the sector of expertise.				
Focus	**Number of agencies represented**	**Is it happening?**	**Victims**	**Perpetrators**
BME organisations	27	child sexual abuse in the family environment is far more prevalent than is believed, and more prevalent than statutory services/voluntary organisations identify. For BME communities, this is due to a fear/lack of understanding of statutory services, community pressure and issues around honour and the inaccessibility of statutory services and help.	Victims of child sexual abuse in the family environment are predominantly female, but there are increasing number of males disclosing child sexual abuse in the family environment. The majority of groups participating in the focus groups worked with the Asian and Muslim population, although they have worked with other ethnic and religious groups. Victims identified were of all ages.	Given the nature of these communities and how close knit they are, it was noted that community members, community leaders, faith leaders, friends and family all enter the family environment and the family environment is not specific to the family home but rather the community and also the extended family abroad. We heard about perpetrators in all of these environments and groups.
Special Schools	3	child sexual abuse in the family environment is known, though it is very difficult to identify. Many of the children and young people participants have worked with require additional support to (i) understand that they are a victim of abuse, (ii) verbalise their disclosure to adults, and (iii) seek help. They have had many suspected cases of child sexual abuse in the family environment where a disclosure was not made by the child, though diagnosing abuse was considered to be very difficult. They observed that there is a perception that children with learning disabilities are unreliable witnesses. A number of students have gone on to be sexually exploited after having left school.	The majority of cases mentioned involved female victims with different ethnicities.	We were informed of a number of perpetrators (mainly male) who were either family friends, partners of parents or family, or step-parents.
Victims and survivors	5	Organisations working with victims and survivors identified many cases of child sexual abuse in the family environment. Issues highlighted include (i) the impact of traumatic experiences with statutory services, (ii) the importance of clinical and non-clinical support, (iii) victims of child sexual abuse in the family environment being told not to speak about their abuse with other family members until criminal justice processes are resolved, and (iv) the responsibility borne by the victim for the family as a whole.	Mainly White British and female, although we also spoke to a number of male survivors and victims	n/a
Specialist Services	1	Cases of child sexual abuse in the family environment were known, though it was stated that they are extremely difficult to identify. The importance of a heightened sense of vigilance and being attuned to the different ways in which a child may disclose abuse were highlighted.	This organisation works with a very diverse population.	n/a

Helplines Data from helplines could not be easily integrated in the analysis conducted for this report, though the patterns evident in each submission are summarised in the table below.						
#	**Number of calls relating to child sexual abuse**	**Gender**	**Ethnicity**	**Disability**	**Age**	**Relationship with Perpetrator**
1	8422	Female – 4520 Male – 3369	Asian – 319 Black – 204 Mixed – 427 White – 5587 Other - 48	4% disabled 39 – Physical disability 13 – sensory impairment 63 – behavioural 170 – learning disability	0-17	
2	21	Female - 13 Male - 7	Not asked – 18 Mixed – 1 Other – 1 White - 1	None	9-10	• Foster parent x7 • Father x6 • Step father • Siblingx2 • Brother x2 • Uncle • Parent's boyfriend • Mother • Strangers

3	516	Female – 476 Male - 40	White – 373 Mixed – 11 Asian – 9 Black - 3	Sensory Impairment – 3 Learning disabled – 37 Physical Disability – 7 Multiple disabilities - 1	0-18	• Parent's partner's children • Foster parent • Acquaintance • Adoptive father • Aunt • Boyfriend • Brother • Cousin • Daughter • Friend of family female • Ex • Extended family • Family friend • Foster siblings • Granddaughter • Grandparent • Grandparent partner • Parent's partner/ex-partner • Siblings • Peers • Step sibling • Uncle • Teacher • Stranger
4	891 – 47 (non-England)	Female – 418 Male – 158	White British – 432 (451 White) Black – 28 Asian – 20 Other - 40	48 disabled	5-16	• Father (Over 300) • Step father • Mother • Sibling • Grandparent • Uncle • Other family member • Peer • Family friend • Stranger

Oral evidence Themes emerging from each evidence session are summarised in the table below.			
Agency type	**Is it happening**	**Victims**	**Perpetrators**
Statutory	1 (National) – yes, however it is difficult to assess to what extent as data recording is very limited. 2 (National) – yes, though they do not keep an accurate record. 3 (Local) – yes, though data collected on this has its limitations. They estimate from conversations with voluntary organisations that only a fifth of known cases of child sexual abuse (incl. child sexual exploitation) are referred to them. In last financial year >1000 cases of child sexual abuse where the perpetrator lives in same household were referred to them. Referrals are increasing. 4 (National) – 1,400 referrals a month on offenders viewing indecent images. 5 – approx. 20-25% of caseload is child sexual abuse. It is difficult to give figures due to how data is recorded, but it is thought that around 70% of cases are in the family environment. They have noticed an increase in harmful sexual behaviour. 6 – it was stated that they receive only 30 referrals a year. However, it is estimated that only a small proportion of victims present at statutory agencies. Also ran a project on HSB. 7 – yes, but it is very difficult to know the scale of the issue. Many children and adults will not disclose or seek help. 8 – high incidence of survivors in adult mental health services. From personal experience about half have experience of child sexual abuse, however, limitations in the data and how it is kept to assess this issue. Also mentioned cases of online abuse but in the family home.	1 – n/a 2 – most female and white British. An increase in the number of male victims has been observed. 3 – Ethnicity only known in around half of cases. Of the victims for whom ethnicity is known, most victims were white European, 20% were AfroCaribbean, and 10% were Asian or Asian British. 4 – n/a 5 – they work with 5 – 19 year olds. They have found that victims are mainly female although they have observed a rise in disclosures from male victims. Particular vulnerable groups of concern are asylum seeking young people, travellers, LAC and young carers. 6 – in regard to children with Harmful Sexual Behaviour, only a quarter are girls. 7 – they mostly observe child sexual abuse in the family environment from teenagers who are pregnant. 8 – n/a	1 – n/a 2- n/a 3 – n/a 4 – it is estimated that 50% of those viewing images are contact offenders (not all will be child sexual abuse in the family environment). 5 – peer on peer is an issue (although not necessarily in the family environment). Cases of young people with Harmful Sexual Behaviour observed where perpetrators were unaware of what they are doing. 6 – Highlighted cases where perpetrators were siblings, step-parents and fathers. They have been mainly male, although there have been a small number of female perpetrators. 7 – n/a 8 – observed HSB. Sometimes married to perpetrator.

Non-Statutory	National charity 1 – yes, though assessing the scale of the issue is very difficult owing to the way in which their organisation records data. National Charity 2 – yes, but difficult to comment on the scale owing to the way in which information is recorded in the organisation. National Charity 3 – yes, but difficult to know how many young people accessing their services are victims of child sexual abuse in the family environment as a result of data collection measures. This will soon change. National Charity 4 – yes. They have worked with 70 or so children and young people per year, many of which have either been sexually abused or have presented with concerning sexual behaviours. 60-70% of those presenting with harmful sexual behaviour have a history of child sexual abuse. Organisation (legal) 1 – yes, and it takes a long time to be able to talk someone about it. Forced marriage linked to child sexual abuse in the family environment. Difficult to get a concrete picture due to the way in which data is recorded. It is anticipated that 20% of cases of child sexual abuse they see are child sexual abuse in the family environment. Community Group 1 – Yes. Work with the BME community. BME victims are less likely to be identified and also less likely to seek help from statutory agencies. Forced marriage and honour based violence are associated issues. Community Group 2 - Yes. Work with the BME community. BME victims are less likely to be identified and also less likely to seek help from statutory agencies. Organisation (legal) 2 – they see about 700 children a year who have been sexually abused. Majority have been abused in the family. Most wait until later in life to tell, e.g. 1aged 5. It is very difficult to identify the under 3s. They are just scratching the surface in identifying under-3s. The numbers of referrals have quadrupled in the last 4 years. Community Group 3 – yes. They are currently working with 25 people. They run 3 survivors groups – 1 for men and 2 for women. The number of people seeking help is increasing. They have also noticed a rise in HSB.	National charity 1 – concerns that there is a hidden population that is particularly vulnerable. People with uncertain immigration status may be particularly vulnerable to abuse and exploitation but equally unable to get help. National Charity 2 – Mainly female, although the number of male victims being identified is rising. A significant proportion of victims have learning disabilities. National Charity 3 – n/a National Charity 4 – work with children with learning disabilities aged 5 upwards, though some were younger when abused. Many live in households with domestic violence or neglect. Organisation (legal) 1 – child sexual abuse in the family environment happens in Muslim and Jewish communities Organisation (legal) 2 – This organisation works with 0-5s and children with learning disabilities. Community Group 1 – Work with Asian, Afro-Caribbean and Middle Eastern communities. Predominately female, however, as they find that males find it more difficult to seek help. Community Group 2 – Work with Black African communities. Predominately female, however, as they find that males find it harder to seek help. Community Group 3 – Works with the Jewish community. Works with females and males.	National charity 1 – mentioned that some perpetrators are family members, but also, owing to the nature of living situations in houses of multiple-occupancy, perpetrators may be living in the same building. National Charity 2 – n/a National Charity 3 – n/a National Charity 4 – cases of intergenerational abuse discussed. Organisation (legal) 1 – child sexual abuse in the family environment happens in Muslim and Jewish communities. Community Group 1 – perceived to be predominantly male. Mentioned cases involving uncles, grandparents and extended family, as well as family friends. Community Group 2 – perceived to be predominantly male. Highlighted cases involving siblings. Also, some cases where faith/community leaders who sexual abuse children in their home and family friends were raised, in addition to friend's parents and parent's partners. Private fostering arrangements and victims with uncertain immigration status were considered to be vulnerable. Community Group 3 – in the cases they have worked with the perpetrators have mainly been male and mainly fathers and brothers.

Appendix C – Survivor survey

[Information for respondents]

[Begins]

Q1 Please tick the box to indicate that you have read and understood this information.

I have read and understood the information above and by selecting this box I consent to taking part in this survey

Q2 How old are you?
0-17
18-24
25-34
35-44
45-54
55-64
65+

[under 18s]

Q3 Do you have someone you feel okay talking to about this survey?
Yes
No
Don't know

Q4 Is this is the first time you have told anyone about your abuse?
Yes
No

Q5 After you told someone, did you get help?
Yes
No
Don't know

Are you getting help and support for your abuse? (You can tick more than one)
Family
Friends
Services (e.g. CAMHS)
No one
Someone else
If someone else, please write it here

Q7 Are you mostly happy with the help you're getting?
Yes
No
Don't know

Q8 Can you tell us one thing we should do to help children who have been abused?

[over 18s]
Q9 Who is filling in this survey?
I am a survivor of child sexual abuse in the family environment.
I am filling it in for a survivor of child sexual abuse in the family environment, with the survivor present.
I am filling it in for a survivor of child sexual abuse in the family environment, without the survivor present
I am filling it in about a survivor of child sexual abuse in the family environment I know

Q10 Have you been given permission to fill in this questionnaire by the person in question?
Yes
No
Don't know
Prefer not to say

Q11 Is this the first time that you have spoken out about what happened to you?
Yes
No
Don't know
Prefer not to say

Q12 We have a help page that provides information on places where you can ask for advice, support and help. Would you like to talk to someone and/or get support before you start the survey?
Yes - I would like to go to the help and support page
No - I would like to go to the next question

[Section 1 – Experiences of sexual abuse in the family environment]

This section asks questions about the time the sexual abuse happened when you were a child. It would help us to know a bit more about how much it happens and who the abusers are. It will also help in raising awareness on how to identify and tackle sexual abuse. Answering these questions may be difficult. We know that it may not be easy to remember and there is no pressure to answer every question. You may not know the answer to all the questions - that is ok. You do not have to answer everything. You can take time out whenever you want.

Q13 We have a help page that provides information on places where you can ask for advice, support and help. Would you like to talk to someone and/or get support before proceeding?
Yes - I would like to go to the help and support page
No - I would like to go to the next question

How old were you the abuse took place? (You can tick more than one)
0-1
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
Don't know
Prefer not to say

Q15 Did the abuse happen more than once?
Yes
No
Don't know
Prefer not to say

Q16 Was there more than one abuser?
Yes
No
Don't know
Prefer not to say

Q17 Did they know each other?
Yes
No
Don't know
Prefer not to say

Q18 Was the abuser an adult?
Yes
No
Don't know
Prefer not to say

Q19 Were the abusers adults?
Yes: they were all adults
Yes: but some were not adults
No
Don't know
Prefer not to say

Q20 Who was the abuser?
Father
Mother
Stepfather
Stepmother
Uncle
Aunt
Grandfather
Grandmother
Neighbour male
Neighbour female
Brother
Sister
Carer
Babysitter
Cleaner
Nanny
Foster carer
Carer's partner
Half brother
Half sister
Step brother
Step sister
Family friend male
Family friend female
Prefer not to say
Other
If other, please tell us

Q21 Who was the abuser? (You can tick more than one)
Father
Mother
Stepfather
Stepmother
Uncle
Aunt
Grandfather
Grandmother
Neighbour male
Neighbour female
Brother
Sister
Carer
Babysitter
Cleaner
Nanny
Foster carer
Carer's partner
Half brother
Half sister
Step brother
Step sister
Family friend male
Family friend female
Sibling's friend
Carer's son
Carer's daughter
Half brother
Half sister
Step brother
Step sister
Brother
Sister
Prefer not to say
Other
If other, please tell us

The next questions will be asking about where the abuse happened and other types of abuse that you may have experienced.

Q22 Would you like to talk to someone and/or get support before proceeding?
Yes - I would like to go to the help and support page
No - I would like to go to the next question

We know that abuse can happen in many places. Help us understand more about this.

Q23 Where did the abuse happen? (You can tick more than one)
Home
A house
Home of a family member in the UK
Home of a family member abroad
Holiday
Family Car
Family member car
Other car
Other transport
Park
School
Toilets
Sports club
Children in Needema
Restaurant
Online
Don't know
Prefer not to say
Somewhere else
If somewhere else, please tell us

We know that survivors often also experience other forms of abuse, for example, physical abuse (e.g. hitting or burning), neglect (e.g. denied food or health care), or bullying. Please help us understand more about this by answering the questions below:

Q24Did you experience other forms of abuse? (You can tick more than one)
Physical abuse
Bullying
Threats
They locked me away
They manipulated me
They blackmailed me
They belittled me
They treated me differently
They didn't care for me
They didn't pay attention or listen to me
They scared me
Don't know
Prefer not to say
Other
If other, please tell us

In order to stop child sexual abusers, it would help us to understand how they operate, e.g. how likely they are to abuse more than one child. Are you aware of any one else who was sexually abused by the same person, for example whether the victim was in your home, part of your family, in your friendship group or in any other context?

Q25 Are you aware of any one else who was sexually abused by the same person in your household or in your friendship group?
Yes
No
Don't know
Prefer not to say

Section 2 Impact of having been abused

We know that sexual abuse has many short and long term impacts for victims and survivors. In this section, we would like you to tell us about the impact of your abuse on different aspects of your health and life in general. We understand that it may not be easy to remember and there is no pressure to answer every question. You may not know the answer to all the questions - that is ok. You do not have to answer everything.

You can take time out whenever you want.

Everyone has their own way of coping and dealing with abuse and managing their emotions and feelings. In order to improve our understanding of how to identify children who are being sexually abused and what interventions and support need to put in place, please let us know if you think that the abuse in childhood has contributed to any of the issues highlighted in this section.

Q26 Would you like to talk to someone and/or get support before proceeding?
Yes - I would like to go to the help and support
No - I would like to go to the next question

Q27 Please let us know if you think that abuse in childhood has impacted on your mental health and/or wellbeing?
Yes
No
Don't Know
Prefer not to say

Q28 Mental Health and Well-Being: If possible, please let us know if you think that abuse in childhood has contributed to any of the following: (You can tick more than one)

	At the time of the abuse	As a child, after the abuse	As an adult, in the past	This is a problem now	Diagnosed by a mental health practitioner?
Depression					
Anxiety					
Spacing out					
Eating disorder(s)					
Flashbacks					
Nightmares					
Wanted to kill myself					
Self harm					
Feeling guilty					
Feeling shame					
Obsessive Compulsive Disorder					
Something else					

Please tell us more if you chose something else

Q29 Please let us know if you think that abuse in childhood has impacted on your emotions and feelings?
Yes
No
Don't Know
Prefer not to say

Q30 Emotions and feelings: If possible, please let us know if you think that abuse in childhood has contributed to any of the following: (You can tick more than one)

	At the time of the abuse	As a child, after the abuse	As an adult, in the past	This is a problem now
Anger				
Rage				
Sadness				
Loss				
Fear				
Shame				
Mood swings				
Something else				

Q31 Physical health and/or injuries: Please let us know if you think that abuse in childhood has impacted on your physical health and/or injuries

Q32 Please let us know if you think that abuse in childhood has impacted on your sexual health (e.g. pregnancy, infertility, sexually transmitted diseases, etc.) and/or sexual behaviour (e.g. avoiding sex or having multiple sexual partners)?
Yes
No
Don't Know
Prefer not to say

Q33 Sexual health and behaviour: If possible, please let us know if you think that abuse in childhood has contributed to any of the following: (You can tick more than one)

	At the time of the abuse	As a child, after the abuse	As an adult, in the past	This is a problem now	Has this been diagnosed?
Sexually Transmitted Infections					
Pregnancy					
Termination of pregnancy					
Decided not to have children					
Infertility					
Avoiding sex					
Multiple sexual partners					
Something else					

Q34 Please let us know if you think that abuse in childhood has led to you having issues with addiction and/or compulsive behaviour?
Yes
No

Don't Know
Prefer not to say

Q35 Addiction and compulsive behaviour: If possible, please let us know if you think that abuse in childhood has contributed to any of the following: (You can tick more than one)

	At the time of the abuse	As a child, after the abuse	As an adult, in the past	This is a problem now	Has this been diagnosed?
Misusing drugs					
Misusing alcohol					
Over-eating					
Excessive dieting					
Over exercise					
Driving excessively					
Something else					

Q36 Please let us know if you think that abuse in childhood has impacted on your relationships?
Yes
No
Don't Know
Prefer not to say

Q37 Relationships: If possible, please let us know if you think that abuse in childhood has contributed to any of the following: (You can tick more than one)

	At the time of the abuse	As a child, after the abuse	As an adult, in the past	This is a problem now
Aggressive				
Over-protective				
Not being able to relate to others				
Not being able to communicate with others				
Difficulties in parenting				
Difficulties in forming bonds with own children				
Something else				

Q38 Please let us know if you think that abuse in childhood has impacted on your behaviour in general?
Yes
No
Don't Know
Prefer not to say

Q39 Behaviour: If possible, please let us know if you think that abuse in childhood has contributed to any of the following: (You can tick more than one)

	At the time of the abuse	As a child, after the abuse	As an adult, in the past	This is a problem now
Becoming withdrawn				
Under achieving				
Over achieving				
Becoming more outgoing				
Change in appearance				
Risk taking				
Hurting others				
Challenging/anti-social behaviour				
Engaging in criminal activity				
Hiding				
Running away				
Over working				
Under working				
Something else				

Q40 Please let us know if you think that abuse in childhood has had other negative impacts?
Yes
No
Don't Know
Prefer not to say

Q41 Other negative impacts: If possible, please let us know if you think that abuse in childhood has contributed to any of the following: (You can tick more than one)

	At the time of the abuse	As a child, after the abuse	As an adult, in the past	This is a problem now
Impact on education				
Impact on employment				
Sex working				
Sexual exploitation				
Forced marriage				
FGM				
Something else				

Q42Please let us know if you think that abuse in childhood has had an impact on your use of health services?

Q43 Use of health services: If possible, please let us know if you think that abuse in childhood has contributed to any of the following: (You can tick more than one)

Section 3 Recognition and getting help

We know that many victims and survivors of abuse have spoken to people about their abuse, but they did not receive any help. We also understand that many people have never spoken to anyone about the abuse they have suffered. In this section, we ask questions about your experiences of telling people about your abuse, and whether anyone helped you. If you would like to stop and talk to someone, please select 'Yes' and click 'Next' below.

We understand that it may be difficult to remember and there is no pressure to answer every question. You may not know the answer to all the questions - that is ok. You do not have to answer everything. You can take time out whenever you want.

Q44 Would you like to talk to someone and/or get support before proceeding?
Yes - I would like to go to the help and support page
No - I would like to go to the next question

Q45 At what age did you first become aware that you had been abused?
Under 2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18+
Don't know

Q46 Did anyone ask you if something was wrong?
Yes
No
While the abuse was happening
After the abuse
Don't know
Prefer not to say

Q47 We know that not everyone will know why or how others became aware of their abuse and what happened. If you know this information and are able to tell us, this will help us understand what else needs to be done to improve the protection and support available to children. If you are able to provide this information please select proceed. However, if you are not able to tell, please select skip.

Proceed
Skip

Q48 What do you think made them aware?

Q49 Who noticed? (You can tick more than one)
Father
Mother
Brother
Sister
Cousin
Grandparent
Aunt
Uncle
Teacher
Police
Social worker
Religious leader
GP or doctor
Friend
Partner
Youth worker
Friend's parent
Don't know
Can't remember
Prefer not to say
Other
If other, please tell us:

Q50 What did they do?
Tried to get help
Listened to me and supported me
They told me to keep quiet
They didn't believe me
They treated me worse
Nothing
Can't remember
Don't know
Prefer not to say
Other
If other, please tell us:

Q51 Did it help?
Yes
A bit
No
Can't remember
Don't know
Prefer not to say

Q52 Did the abuse stop as a result?
Yes, completely stopped
Yes, stopped for a while
No, it stayed the same
No, it got worse
Can't remember
Don't know
Prefer not to say

We know that telling someone about abuse is not easy. We would like to ask a few questions about this so that we can understand how to support children who want to talk to someone about their abuse.

Q53 When you were a child, did you tell anyone about the abuse?
Yes
No
Can't remember
Don't know
Prefer not to say

Q54 How many people did you try to tell?

How did you try to tell them? (e.g. telling, writing, drawing pictures, through your behaviour, etc.)

Q55 Tell us who you told? (You can tick more than one)
Father
Mother
Brother
Sister
Cousin
Grandparent
Aunt
Uncle
Teacher
Police
Social worker
Religious leader
GP or doctor
Friend
Partner
Youth worker
Friend's parent
Don't know
Can't remember
Prefer not to say
Other
If other, please tell us

Q56 What made you tell this person? (You can click more than one)
I trusted them
I thought that they would believe me
Not my choice, they spoke with me
I wanted someone to talk to
I wanted the abuse to end
Don't know
Prefer not to say

Q57 Did the abuse stop as a result?
Yes, completely stopped
Yes, stopped for a while
No, it stayed the same
No, it got worse
Can't remember
Don't know
Prefer not to say

Q58 Has the abuser been prosecuted?
Yes
No
Can't remember
Don't know
Prefer not to say

Q59 Were they convicted?
Yes
No
Can't remember
Don't know
Prefer not to say

Q60 Do you feel you got justice?
Yes
No
Can't remember
Don't know
Prefer not to say

We know that lots of people do not speak out about their abuse and would like to know how we can best support children and young people to speak out and get the help and support they need. We now will ask you about what needs to change.

Q61 Would you like to talk to someone and/or get support before proceeding?
Yes - I would like to go to the help and support page
No - I would like to go to the next question

Q62 When you were a child, did any of the following get in the way of you telling someone?
(You can tick more than one)
Didn't trust anyone
Didn't want to upset other family members
Didn't think anyone would believe me
Didn't know how to explain it
Lack of opportunity/Didn't have a chance
I felt ashamed
I was afraid of dishonouring my family
I felt scared or afraid
I thought I would get into trouble
I was being threatened
I didn't know it was abuse
Can't remember
Don't know
Prefer not to say
Other
If other, please tell us

Q63 When you were a child, did you receive help to cope and deal with the abuse?
Yes
No
Don't know
Prefer not to say

Q64 Are you now able to get the help and support you need?
Yes
No
Don't know
Prefer not to say

Q65 If possible, can you tell us what helped you to manage the impact of the abuse?

Q66 If possible, can you tell us what would have helped you?

Q67 For children who have been sexually abused, what needs to change and/or be improved ?

Q68 For survivors of child sexual abuse, what needs to change and/or be improved?

Section 4 Monitoring Information

Thank you for participating in our survey and sharing your experiences. In this section, we ask some questions about your background (e.g. your gender, your ethnicity and other similar questions). The purpose of these questions is to help us understand how children become victims of sexual abuse and who those children might be.

This survey is entirely anonymous and confidential and none of this information we are asking for will be used to identify any individual. We will only use this information in aggregate form, e.g. 35% of participants were male or we may use phrases or quotes which will not contain any identifiable information.

Q69 Before filling in this section, would you like to talk to someone and/or get support?
Yes
No

Q70 In what region(s) did you live as a child or young person
North East
North West
Yorkshire and Humber
West Midlands
East Midlands
East of England
London
South West
South East
Prefer not to say
Don't know
Can't remember
Other
If other, please tell us

Q71 What is your gender?
Male
Female
Prefer not to say
Other
If other, please tell us

Q72 Do you have a transgender background?
Yes
No
Prefer not to say

Q73 To which of these groups do you consider you belong?
White
British
Irish
Any other White background

Q74 Mixed race
White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background

Q75 Asian or Asian British
Indian
Pakistani
Bangladeshi
Any other Asian background

Q76 Black or Black British
Caribbean
African
Any other Black background

Q77 Chinese or other ethnic group
Chinese
Any other ethnic background

Q78 How would you describe your national identity?
English
Welsh
Scottish
Northern Irish
British
Other
If other, please tell us

Q79 What is your religion?
No religion
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Buddhist
Hindu
Jewish
Muslim
Sikh
Other
If other, please write it here

Q80 As a child, were your day-to-day activities limited because of a physical or mental health issue or disability which lasted at least 12 months?
Yes
No
Don't know
Prefer not to say

Q81 In your childhood and youth, were your parents/carers in: (please select appropriate category)

Mother
Father
Carer (e.g. foster parent)

High managerial/administrative/professional employment/
Intermediate managerial /administrative/professional employment
Supervisory/clerical/junior managerial/administrative employment
Skilled manual labour employment
Transient, casual or lowest grade employment
Long-term unemployed with state benefits
On-off unemployed with state benefits
Full-time parent
Something else
Don't know

If known, please tell us more about their profession (e.g. doctor, teacher, newsagent, bus driver, politician, owned a hardware store, etc).

Thank you for filling in our survey!

Q82 If you are ready to submit your survey, please select the option to submit below. If you need help before you submit or would like to speak to someone about what you have written in this survey please select from below:
I would like to submit my responses
I would like to get help and support for adult survivors of child sexual abuse before I submit
I would like to get help and support for children and young people before I submit

(Footnotes)
1 Crime Counting Rules (2015) Home Office
2 Prosecutions: the decision to prosecute (2013) CPS

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Children's Commissioner
Promoting and protecting children's rights