

Child sexual abuse

An NSPCC research briefing

July 2013

An overview of the current research literature on child sexual abuse.

Key points

- Sexual abuse is largely hidden and can be difficult to uncover.
 - Nearly a quarter of young adults (24.1%) experienced sexual abuse (including contact and non-contact), by an adult or by a peer during childhood (Radford et al, 2011).
 - Disabled children can be particularly vulnerable to sexual abuse.
 - Sexually abused children can suffer a range of psychological and emotional problems especially if the abuse is never uncovered.
 - Sometimes the only chance of uncovering sexual abuse is when a child makes a disclosure and many victims wait years before telling anybody about their abuse.
 - Child sexual exploitation, which has received an increased focus over the last two years, should be seen as part of a wider problem of child sexual abuse.
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Definitions of child sexual abuse

There is general agreement on the definition of the most serious types of sexual abuse but succinct and accurate definitions have been lacking from the literature.

This has mostly been because wide ranging definitions lacked the detail needed to cover all forms of sexual abuse and more specific definitions did not cover the different areas of sexual abuse well enough (Young et al, 2011). Much of the recent literature, including that published by the UK government, now splits child sexual abuse between contact and non-contact abuse.

Contact abuse is used to describe penetrative abuse or where an abuser makes physical contact with a child.

Non-contact abuse covers other acts where the abuser does not touch the child. This includes grooming and exploitation such as coercing children into performing sexual acts over the internet as well as flashing.

Definitions are similar for England, Northern Ireland, Scotland and Wales. The government's statutory guidance for England, Working together to safeguard children, states that 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 (HM Government, 2015: p.93).

This definition gives a very broad scope of sexual abuse and cover cases where a child will be unaware that they are being abused (Whitehead, 2010). The definition is also quite long which highlights the issues with creating a succinct description of sexual abuse that is inclusive.

The World Health Organisation (WHO) defines child sexual abuse as:

“the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society. Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust, or power over the victim (World Health Organisation, 2006: p.10).

The UK government and WHO definitions stress that sexual abuse is also perpetrated by other children. This is important for people working with children to recognise.

Child sexual exploitation also forms part of the wider problem of child sexual abuse. It is important to recognise that the sexual exploitation of children is damaging to children.

“The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities (National Working Group for Sexually Exploited Children and Young People, 2008).

Prevalence of sexual abuse

Estimating the prevalence of child sexual abuse has been difficult because of the number of instances that go unreported.

An NSPCC study (Radford et al, 2011) found that nearly a quarter of young adults (24.1%) had experienced sexual abuse (contact and non-contact), by an adult or by a peer during childhood. Around 11% of young adults said that they had experienced contact sexual abuse during their childhood.

Perpetrators of sexual abuse are more likely to be a family friend or to be acquainted with the child rather than being a parent or stranger. Girls are at a greater risk than boys of being abused by a family member. Boys are at a higher risk than girls of being abused by a stranger (Maikovitch-Fong and Jafee, 2010).

The majority of reported abuse is carried out by male abusers but there is some discussion as to whether abuse by female abusers is underreported. An analysis of the calls to ChildLine where children talked about being sexually abused found that 17% of the calls concerned a female abuser. Where the victim of the abuse was a boy then the proportion of male and female abusers was roughly the same (34% and 36% respectively, 30% gender unspecified). For girls, over two thirds (67%) of the perpetrators were male and only 6% were female (Mariathan, 2009).

Risk factors for sexual abuse

Sexual abuse can happen to any child but there may be certain circumstances that can increase a child's vulnerability.

Other forms of abuse, especially previous sexual abuse or a disrupted home life can lead to a child being more susceptible to being sexually abused. Some abusers target children who are neglected by their parents or children who don't have many friends as they are more likely to be receptive to the attentions of an adult (Elliot et al, 1995). A disrupted home life can make children particularly vulnerable to sexual abuse. Domestic violence can push children out of the home and make them susceptible to people who seem kind and show them affection (Goodyear-Brown 2012).

Dagon (2012) and Pemberton (2011) both use three distinct models for abuser-victim relationships.

- **Inappropriate relationships** where an older abuser has a measure of power over their victim. This could be physical, emotional or financial and in many cases the victim will believe that they have a sincere or loving relationship with their abuser.
- **The boyfriend model.** Cases often involve the abuser and victim entering into an almost conventional relationship with the exchange of gifts and other dating activities. This model can lead the abuser to manipulate the victim

into undertaking sexual acts with other people. This is a common model for abuse by peers.

- **Organised exploitation and trafficking.** Children are abused by more than one adult as part of a network that may involve the movement of victims into and across the country as well as the exchanging of images of abuse.

Children of parents who misuse substances may have homes where lots of adults are coming and going or they may be left alone for long periods of time while their parents are out. This can leave those children vulnerable especially when the adults in the house may be under the influence of drugs or alcohol (Goodyear-Brown, 2012).

Children with disabilities are particularly vulnerable to sexual abuse. Sullivan and Knutson (2000) found that disabled children were up to three times more likely to be abused than non-disabled children. This can be because there are fewer people to tell, fewer ways to tell someone or that some disabled children may find it difficult to make themselves understood.

Children can also be at risk when using the internet. Social media, chat rooms and web forums are places where children could be groomed, persuaded to meet an abuser in person or persuaded to send pictures of themselves or perform sexual acts in front of webcams. However, it should be recognised that the internet has also brought huge benefits for children (Leonard, 2010).

Effects of child sexual abuse

Victims of sexual abuse can show a range of symptoms during and for years after the abuse has occurred. Physical signs and symptoms are still given precedence in the literature but often it is the emotional and psychological effects that do more long term damage to victims.

Alexander (2011) calls sexual abuse a "chronic neurologic disease" and goes on to discuss how the effects create decades of negative consequences for victims. Up to 40% of victims of sexual abuse exhibit no long-term negative consequences of their experience (Finkelhor and Berliner 1995). The consequences of child sexual abuse can include depression, eating disorders, post-traumatic stress and an impaired ability to cope with stress or emotions (Allnock et al 2009).

Self-blame, self-harm and suicide are commonly mentioned as consequences of sexual abuse. Children who are sexually abused can be manipulated by their abuser to believe that the abuse is their fault. The feelings of shame and guilt that come from the abuse can reduce the likelihood of that child making a disclosure (Allnock, 2010). A study by Calder (2010) found participants sexually abused in childhood were more than twice as likely to consider committing suicide in later life.

Child sexual abuse can have a more fundamental effect on brain functioning, where a child's brain becomes damaged by the abuse they have suffered (Mizenberg et al 2008). The effects of sexual abuse can include dissociation, memory impairment and reduced social functioning (Whitehead, 2011).

Being sexually abused as a child, especially where that abuse is not discovered, can lead to confused ideas about appropriate relationships and behaviour. It can lead some victims to block out the abuse so that they do not remember parts of their childhood. It can also lead to post traumatic stress symptoms. Where the abuse is not disclosed or discovered or where the children do not receive adequate help and support following a disclosure, the damage and negative effects can be life-long (Goodyear-Brown, 2012).

Sexual abuse can also have physical consequences for victims from sexually transmitted diseases to pregnancy. These physical consequences compound the significant emotional and psychological damage inflicted by the abuse (Whitehead, 2010).

Identification of sexual abuse

Unlike with physical abuse or neglect, there are often no clear physical signs that a child is being sexually abused.

Changes to the way a child behaves can indicate a possible trauma and there are several factors which, when found in conjunction with one another, may indicate child sexual abuse.

Sudden emotional or behavioural changes especially clinginess, a fear of being alone or sleep disturbances and nightmares could be a result of sexual abuse. New problems at school such as difficulty learning, poor concentration and declining grades can also signify that something has happened to upset a child (Goodyear-Brown, 2012).

Other signs that a child may be suffering sexual abuse include: social withdrawal, depression and suicidal ideation, eating disorders, anxiety, risk-taking behaviour (such as running away, self-harming, drug and alcohol misuse), expensive new gifts, reluctance to spend time with specific individuals, using sexually explicit language that is not usual for a child their age (Goodyear-Brown, 2012).

Disclosure of child sexual abuse

Stopping sexual abuse relies primarily on children making a disclosure to an adult who can act to protect them.

Unlike with physical abuse or neglect, there are often no clear signs that a child is being sexually abused so detection often relies on a child being brave enough to tell someone (Goodyear-Brown 2012; Allnock 2010).

Child sexual abuse remains largely hidden with many victims waiting years before telling anyone (Cawson, 2000). Research suggests that one in three children who have been sexually abused do not report it at the time (Radford et al, 2011).

In order to make a disclosure a child has to find someone they can trust and who they feel safe telling. Victims of sexual abuse can be reluctant to tell anyone because their abuser may have told them that they will not be believed (Allnock, 2010).

Much of the control an abuser has over their victim can be based on the child's fear that they will not be believed, that the abuse is their fault or a fear of what their abuser may do if the child tells. Providing a safe space for a child to talk can be key to preventing further abuse.

References

Alexander, R. (2011) **Introduction to the special section: medical advances in child sexual abuse, part 2**. Journal of Child Sexual Abuse, 20(6): 607-611.

Allnock, D, Bunting, L, Price, A, Morgan-Klein, N, Ellis, J, Radford, L and Stafford, A (2009) **Sexual abuse and therapeutic services for children and young people: the gap between provision and need: full report**. London: NSPCC. pp 165.

Allnock, D. (2010) **Children and young people disclosing sexual abuse: an introduction to the research**. London: NSPCC.

Bebbington, P. et al (2011) **Childhood sexual abuse and psychosis: data from a cross-sectional national psychiatric survey in England**. British Journal of Psychiatry, 199(1): 29-37.

Brown, J., O'Donnell, T. and Erooga, M. (2011) **Sexual abuse: a public health challenge**. London: NSPCC.

Calder, J., McVean, A. and Yang, W. (2010) **History of abuse and current suicidal ideation: results from a population based survey**. Journal of Family Violence, 25(2): 205-214.

Dagon, D. (2012) **Preventing sexual exploitation**. Children and Young People Now, 6-19 March: 36.

- Elliot, M., Browne, K. and Kilcoyne, J. (1995). **Child sexual abuse prevention: what offenders tell us**. *Child Abuse and Neglect*, 19(5): 579-594.
- Finkelhor, D and Berliner, L (1995) **Research on the treatment of sexually abused children: a review and recommendations**. *Child Adolescent Psychiatry* 34(11): 1408-1423.
- Goodyear-Brown, P. (ed.) (2012) **Handbook of child sexual abuse: identification, assessment and treatment**. Hoboken, New Jersey: Wiley.
- HM Government (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 (DfE).
- Leonard, M. (2010) **'I did what I was directed to do but he didn't touch me': the impact of being a victim of internet offending**. *Journal of Sexual Aggression*, 16(2): 249-256.
- Maikovich-Fong, A. and Jaffee, S. (2010) **Sex differences in childhood sexual abuse characteristics and victims' emotional and behavioural problems: findings from a national sample of youth**. *Child Abuse and Neglect*, 34(6): 429–437.
- Mariathasan, J. (2009) **Children talking to ChildLine about sexual abuse**. London: NSPCC.
- Minzenberg, Michael J., Poole, John H. and Vinogradov, Sophia (2008) **A neurocognitive model of borderline personality disorder: effects of childhood sexual abuse and relationship to adult social attachment disturbance**. *Development and Psychopathology* 20(1): 341-68.
- National Working Group for Sexually Exploited Children and Young People (2008) **What is child sexual exploitation**. Derby: National Working Group for Sexually Exploited Children and Young People.
- Pemberton, C. (2011) **Disturbing signs**. *Community Care*, 1870: 16-17.
- Sullivan, P. and Knutson, J. (2000) **Maltreatment and disabilities: a population-based epidemiological study**. *Child abuse and Neglect*, 24(10): 1257–1273.
- Radford, L. et al (2011) **Child abuse and neglect in the UK today**. London: NSPCC.
- Whitehead, J. (2011) **How do children cope with sexual abuse?** *Protecting Children Update*, 84: 9-10.

Whitehead, J. (2010) **Back to basics: sexual abuse**. Protecting Children Update, 71: 8-9

World Health Organisation (WHO) (2006) **Preventing child maltreatment: a guide to taking and generating evidence (PDF)**. Geneva: World Health Organisation (WHO).

Young, T., Riggs, M. and Robinson, J. (2011) **Childhood sexual abuse severity reconsidered: a factor structure of CSA characteristics**. Journal of Child Sexual Abuse, 20(4): 373-395.



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