Office of the Children's Commissioner

"It's a lonely journey"

A Rapid Evidence Assessment on intrafamilial child sexual abuse

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Centre for Abuse and Trauma Studies:
Academic & applied research in the digital age

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About the Office of the Children's Commissioner

The Office of the Children's Commissioner (OCC) is a national public sector organisation led by the Children's Commissioner for England, Dr Maggie Atkinson. We promote and protect children's rights in accordance with the United Nations Convention on the Rights of the Child and, as appropriate, other human rights legislation and conventions.

We do this by listening to what children and young people say about things that affect them and encouraging adults making decisions to take their views and interests into account.

We publish evidence, including that which we collect directly from children and young people, bringing matters that affect their rights to the attention of Parliament, the media, children and young people themselves, and society at large. We also provide advice on children's rights to policy-makers, practitioners and others.

The post of Children's Commissioner for England was established by the Children Act 2004. The Act makes us responsible for working on behalf of all children in England and in particular, those whose voices are least likely to be heard. It says we must speak for wider groups of children on the issues that are not-devolved to regional Governments. These include immigration, for the whole of the UK, and youth justice, for England and Wales.

The Children and Families Act 2014 changed the Children's Commissioner's remit and role. It provided the legal mandate for the Commissioner and those who work in support of her remit at the Office of the Children's Commissioner to promote and protect children's rights. In particular, we are expected to focus on the rights of children within the new section 8A of the Children Act 2004, or other groups of children whom we consider 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 Act also allows us to provide advice and assistance to and to represent these children.

Our vision
A society where children and young people's rights are realised, where their views shape decisions made about their lives and they respect the rights of others.

Our mission
We will promote and protect the rights of children in England. We will do this by involving children and young people in our work and ensuring their voices are heard. We will use our statutory powers to undertake inquiries, and our position to engage, advise and influence those making decisions that affect children and young people.

Acknowledgments

Foreword by the Deputy Children's Commissioner

Many of the children and young people with whom we met during our ground breaking Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG) or whose case histories we read had been victims of sexual abuse within the family environment. Shockingly, none of their experiences had been recognised by the statutory agencies charged with their protection. The result was that their trauma was never validated or addressed, they were never supported towards recovery and as a consequence they entered adolescence highly vulnerable to subsequent exploitation. In some cases these children had been identified as suffering from extreme neglect and/or emotional abuse but the trauma of their sexual abuse had been ignored, or even worse, denied, compounding their distress and vulnerability.

At any one time there are approximately 43,000 children in England[1] with child protection plans. Of these, fewer than 5% have a plan under the category of child sexual abuse. This equates to approximately 2,000 children. Given the amount of undetected and unrecognised sexual abuse that we uncovered during our CSEGG Inquiry, we are deeply concerned that too many children who are victims of sexual abuse are slipping through the child protection net, never showing up in official statistics and never getting the help they so desperately need.

Why is it important to understand the true extent of child sexual abuse within the family environment? We know from survivors that the experience of being sexually abused in childhood is frequently profoundly psychologically and emotionally damaging with the traumatic effects, if unrecognised and unattended to, lasting well into and sometimes throughout, adulthood. Sexual abuse by an adult who should be in a position of trust is a particularly traumatising violation which shatters the victim's sense of physical and psychological safety and security.

The purpose of this Rapid Evidence Assessment (REA) is to understand what is known about the prevalence, scale and scope of child sexual abuse within the family environment, the profile of both victims and perpetrators and to identify gaps in knowledge. We also wanted to know about effective treatment and support, as well as how the criminal justice processes help or hinder children's protection and recovery. This knowledge will ensure our Inquiry hypotheses and avenues of examination are evidence-based.

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[1] According to figures from the Department for Eductaion. See Table A5, SFR45/2013 Main tables, Characteristics of children in need in England: 2012 to 2013 at https://www.gov.uk/government/publications/characteristics-of-children-in-need-in-england-2012-to-2013

The REA has been extensive with over 57,000 documents scanned and almost 300 analysed in detail. The most stark finding is that the voices of child victims of sexual abuse within the family environment are largely absent despite the many years of research into this matter and tens of thousands of papers published. The vast majority of victim impact studies have drawn on retrospective accounts of adults who were abused as children, with recollections sometimes going back decades.

The Office of the Children's Commissioner has a statutory duty to promote and protect children's rights particularly as enshrined in the United Nations Convention on the Rights of the Child (UNCRC). Article 12 of the Convention states that every child has a right to express an opinion on matters that affect them and to have their views taken seriously. Clearly, child victims have not been listened to. Tragically they have too often been both invisible and unheard.

This Inquiry will correct that. Children and young people will be at the heart of this work. We will undertake primary research to understand their perspectives on the trauma they have endured and how to improve the way in which society and the agencies charged with children's protection and wellbeing, respond. One of the most troubling findings of this REA is the extent to which child victims are re-traumatised by the criminal justice system, from the point of disruption or enforcement by the police through any ensuing court proceedings. Child witnesses too often find the experience of giving evidence profoundly traumatising because of the shockingly brutal and savage way in which they are sometimes treated. It cannot be right that children should feel that the court experience was worse than the actual abuse suffered.

Any Rapid Evidence Assessment or literature search will inevitably not capture the most recent developments in public policy. In the last 18 months, much has been done by the police and the former and current Directors of Public Prosecutions to improve the care and protection of child victims in a determined effort to reduce the traumatising impact of the criminal justice system. Improvements have undoubtedly taken place, one of the most important of which is the presumption of belief once a victim has come forward. Much remains to be done before we can be confident that child victims who are brave enough to come forward and give evidence against their abusers can emerge strengthened and restored by their experience in court. This is a goal to which we must strive whilst preserving the important principle of a fair trial and justice for all. I am satisfied that the police and the Crown Prosecution Service are committed to addressing these challenges and achieving this objective.

A young woman with whom I remained in contact throughout our previous Inquiry into Child Sexual Exploitation in Gangs and Groups, and who suffered years of horrific sexual abuse within the family home from the age of three before she began to be sexually exploited, wrote to me to say, 'if only someone had listened when I first told them, perhaps the abuse would have stopped sooner'. That is the goal of this Inquiry − to bring to the nation's attention the scale and extent of child sexual abuse with the family environment and show how it can be effectively addressed so that far fewer children become victims and, if some do, interventions are swift, supportive and effective, and above all, child-centred.

Sue Berelowitz (signature)

Sue Berelowitz, Deputy Children's Commissioner for England

Executive summary

Concerns about child sexual abuse within the family environment were raised by the Office of the Children's Commissioner's (OCC) Inquiry into child sexual exploitation in gangs and groups. This found that:

> *…so many young people told us…of their early histories of being sexually abused within the family home and of their experiences never being acknowledged* (Berelowitz, Clifton, Firmin, Gulyurtlu and Edwards, 2013, p.96).

This prompted the OCC to commit to a new two year Inquiry into child sexual abuse within the family environment, for which this report forms the evidence base.

This Inquiry is necessary due to questions surrounding the possible under-reporting of child sexual abuse within the family environment and the lack of research which captures the direct views of victims. Specifically, there is an apparent lack of evidence in regards to their experiences of the child protection system and criminal justice system. The OCC commissioned Middlesex University to assess what is currently known about:

- the **prevalence** of child sexual abuse within the family environment

- how child sexual abuse within the family environment **is being addressed** by both the **child protection system** and **the criminal justice system**.

This research has been undertaken in accordance with the OCC's statutory duty to promote and protect the rights of children in England. The legislation governing the operation of the OCC requires us to have regard to the United Nations Convention on the Rights of the Child (UNCRC) in all our activities.

In relation to this research, the following Articles of the Convention have the most relevance:

Article 3: The best interests of the child must be a primary consideration in all actions

Article 4: Governments must do all they can to fulfil the rights of every child

Article 12: Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously

Article 34: Governments should protect children from all forms of sexual exploitation

and abuse.

What is child sexual abuse within the family environment?

Child sexual abuse within the family environment is:

> *Child sexual abuse perpetrated by a family member or that takes place within a family context or environment, whether or not by a family member.*

This is a broad definition, in accordance with Crown Prosecution Service Guidelines (2013) on the Sexual Offences Act 2003, which states:

> *These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners.*

In much of the research assessed by this work, child sexual abuse within the family environment is referred to as 'intrafamilial' (IFCSA). For consistency, this report also uses the term 'intrafamilial' and the acronym IFCSA in presenting and discussing research evidence.

How this research was conducted

This research was focused around three questions:

1. What is known about the **nature, scale, scope and impact** of intrafamilial child sexual abuse or child sexual abuse linked to the family environment? Where do the **gaps** in knowledge lie?

2. What is known from the evidence about **child protection and other action in response to victims** of intrafamilial child sexual abuse or child sexual abuse linked to the family environment? Where are the **gaps** in these approaches?

3. What are the **implications** of the above when **considering child protection activity and any legislative or formal guidance required** to tackle intrafamilial child sexual abuse or child sexual abuse linked to the family environment?

In order to answer these questions, we used a method known as rapid evidence assessment (REA). This is a tool for synthesising the available research evidence on a policy issue as comprehensively as possible, within the constraints of a given timetable.

More information about the research method is available in the full report and in Appendices 1−9.

Key findings

1. The nature, scale, scope and impact of intrafamilial child sexual abuse and gaps in knowledge

The voice of child victims of IFCSA is largely absent from research and prevalence is difficult to estimate
Definitions of IFCSA varied widely in the research literature and the term covers a variety of 'familial/incest' dynamics and sexual behaviours. The national and international prevalence of IFCSA is difficult to determine for a number of reasons including: differences in methodological approach; differing operational definitions (for example in the US the term incest is used more than IFCSA); under reporting and differences in official estimates compared to victim surveys. Prevalence rates range from as low as 2.5% (under 11s in the UK population) (Radford et al, 2013) of the general child population to 33% of girls in the US (Pineda-Lucatero et al, 2008).

It is often suggested that the majority of IFCSA is not reported and consequently goes unrecorded, suggesting that victims are often reluctant to report abuse due to a number of factors including fear of reporting the perpetrator. Research suggests that IFCSA occurs in families from all socio-economic, educational, ethnic and religious backgrounds. It is also clear from the literature that there is some evidence to suggest that a considerable amount of child sexual abuse is not committed by strangers, but by close relatives or those known to the victim.

There is currently little research exploring online IFCSA but this report recognises the role that the internet is currently playing in facilitating intrafamilial child abuse (based upon police practice – Interpol Crimes Against Children Group Meeting, Lyon, October 2013). It is used for: grooming of the child and possibly their family; informal indecent image production and distribution amongst offender networks; and live streaming of abuse via webcams (where families /carers are complicit). This review found only two studies in this new area and clearly more research is needed.

There is a considerable amount of literature addressing the victim experience from the practitioner's perspective, but there is less drawing directly upon the child's views and/or experience. Much of the research in this area has focused upon the retrospective accounts of adults experiencing abuse in childhood. Some of the literature reviewed suggests that the impact of IFCSA leaves long-term profound psychological damage and the short-term impacts of IFCSA are also extremely damaging but 'hidden', due to children not telling anyone about the abuse until many years later, making intervention very difficult and leading to extended suffering.

As much IFCSA remains unreported, it is difficult to assess the short or long term effects. Research, predominantly with female victim-survivors, suggests that IFCSA victims suffer greater physical and emotional symptoms due to greater intrusion in regards to the relationship of trust with the perpetrator.

Key gaps and problems in establishing the prevalence of IFCSA and exploring impact

- Lack of any consensus regarding the definition of IFCSA.

- Lack of methodological consistency in measuring prevalence coupled with compounding problems such as underreporting.

- Little direct reference to the child's experience in attempting to understand impact.

- Lack of research in the online IFCSA area.

2. Child protection and other action in response to victims and perpetrators of intrafamilial child sexual abuse and gaps in approaches

We know a lot about convicted male child sexual abusers but we know little about child victims and their experiences

This REA reflects the fact that there is a great deal of research exploring the behaviour and motivations of convicted male child sexual abusers but very little research addressing the experience of child victims of sexual abuse. The blurring of definitions between intrafamilial and extrafamilial child sexual abuse in the literature makes this issue particularly difficult to unpick.

The literature, most of which has been contributed by the disciplines of psychology and psychiatry, suggests that some male perpetrators of child sexual abuse are characterised by histories of childhood sexual abuse, dysfunctional family backgrounds, psycho-social deficits and have cognitive distortions which, it is suggested, underpin their offending behaviour. The literature also suggests that male perpetrators have consistently been found to have greater social deficits than the normal adult male population, including: lacking social skills, competence and secure attachments; having problems with intimate relationships; and suffering from loneliness. This is often attributed to negative early attachments to parents and caregivers, meaning that, as adults, they are fearful of, and find it hard to form, trusting relationships.

There is little research on female child sexual abusers. The literature indicates that they have broadly similar characteristics to males but may differ in the extreme nature of the abuse perpetrated against them as children and the seriousness of their mental health problems as adults.

There is an increasing literature on young people with sexually harmful behaviours who are characterised by poor social skills, histories of abuse, mental health issues,

and learning difficulties. Studies on young people with sexually harmful behaviours are even less likely to distinguish not only specifically between intrafamilial and extrafamilial child sexual abuse, than studies on adults, but also child versus peer/adult abuse. However, there is recent evidence that the 'typical' young person with sexually harmful behaviour is a white male who commits IFCSA against (female and male) children who are family members. Other factors common may include violence in the home, poor sexual self-regulation, delinquent peers, social isolation and lack of self-esteem, poor academic performance, and juvenile delinquency.

The majority of the IFCSA literature is concerned with interventions for male perpetrators or adult victim-survivors (not covered in this REA). The low incidence of victim reporting in childhood is cited as an obstacle to early intervention. If victims do not disclose until years after the abuse, treatment can only be carried out retrospectively. Consequently it would appear that children and young people do not have timely access to intervention.

Current literature on the evaluation of support services for victims following reporting appears elusive in the UK. Research suggests that internationally group treatment is the most favoured treatment option by victims as they do not feel alone. Other approaches such as goal orientated and structured therapy have also achieved positive results. The literature does suggest that interventions focusing on the family, rather than the individual victim of abuse, are more effective in dealing with both short-term and long-term impacts of IFCSA.

Key gaps in the literature on child protection and other action in response to victims of IFCSA and in approaches

- Research has focused upon convicted male offenders.

- Interventions have also focused upon convicted male offenders.

- The child victim's voice is largely absent from research in this area. This has been attributed to ethical considerations, but has resulted in the exclusion of children's views.

- There is little evaluation research addressing interventions for victims so it is difficult to identify the scale, nature and effectiveness of practice.

- There is international evidence to suggest that child victims favour group approaches in intervention.

- There is also some evidence to suggest that interventions focusing on the family and not the individual child are more effective in addressing the long term impacts of IFCSA.

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3. The effectiveness of child protection activity and legislation in tackling intrafamilial child sexual abuse

The UK child protection system is far from child centred and is concerned with meeting targets at the expense of listening to and protecting children. The criminal justice system may subject victims of child sexual abuse to secondary victimisation

Recent research has explored the effectiveness and impact of the child protection system on victims of IFCSA with social workers at the frontline. The results of this research suggest that while society now better recognises the existence of IFCSA and child protection practice has improved over the preceding 25 years, the outcomes for children do not appear to have improved, with care proceedings for alleged sexual abuse often being unsuccessful in comparison to physical abuse. The Munro Review (2011) noted the system's over-emphasis on process, targets, rigid rules and performance indicators, rather than quality and effectiveness.

Since Munro's reports, a digest of ten years of work representing and consulting vulnerable children about safeguarding, rights and welfare issues has been published by the Children's Rights Director for England (Morgan, 2014). Concerns expressed by children about social workers included: them being difficult to get hold of or breaking their promises; constant changes of social worker; and social workers being overruled by finance offices after a decision has been made about what is best for the child.

The literature suggests that disabled children who are victims of child sexual abuse received even poorer responses from professionals than non-disabled children. Black and minority ethnic children may be under-represented in child protection referrals and may not access, or receive a poorer quality of, support.

Research has also identified concerns regarding the way in which child victims and witnesses are treated in the investigative process. Problems reported by victims concerning their experiences with the police include a perceived lack of effort and information. Low rates of crime detection are also an ongoing concern which suggests that only a minority of cases of IFCSA are classified as detected crimes by the police. This may be for numerous reasons, including problems with multi-agency working; high staff turnover and inexperienced social workers and child protection officers; and problems with the Crown Prosecution Service, including slow response, delays in making decisions, lack of communication, and little confidence in lawyers. It would seem that the investigative system is failing many such victims.

Achieving Best Evidence (ABE) interviews conducted with child victims form the core of the prosecution's case against the perpetrator. Research in this area is clear in stating that the quality of these interviews is often poor. It is recognised that interviewing victims of child sexual abuse can be particularly challenging, with the need for the interviewer to collect as much relevant information as possible while also safeguarding the child's emotional welfare. Research suggests that factors such as: time constraints; the interview environment not being conducive for establishing rapport or taking into account the child's age or trauma levels; the development of police training in ABE having taken some time to be professionalised; a lack of child consultation; intermediaries not being used; a lack of continuity in expert experience, due to high police staff turnover and 'short-cuts' being passed from the court, to the Crown Prosecution Service, and back to officers, due to disagreements about how

ABE interviews should be used as evidence-in-chief; all have a negative impact upon both the quality and use of ABE interviews.

Most work concerning the experiences of victims of IFCSA in the criminal justice system considers the legal/court process, despite the fact that the vast majority of cases do not progress to this final stage of the justice system. However, despite the existence of special measures (introduced under the Youth and Criminal Evidence Act 1999), when such cases *do* reach court, there are often multiple problems for children, which may effectively serve to re-traumatise. Research has found problems for children both pre-and post-trial. Pre-trial issues, identified from official data include: not all children being given pre-trial court familiarisation visits and long delays in waiting for a trial date. Children themselves confirm these issues as problematic.

The cross-examination of victims of child sexual abuse appears to be a particular problem and one with the most potentially damaging effects. Equally much judicial discretion/decision-making may not be informed by a good understanding of what is intimidating to a young vulnerable witness. Children commenting in research have described lawyers as aggressive, cross, rude and sarcastic. They report problems in understanding the questions; finding questions too complex or fast; were often asked repetitive questions; talked over; and accused of lying. Similarly children have reported feeling nervous, upset, tearful, scared, and distressed while being cross-examined (all of which would be worsened if there is an acquittal). It is reassuring that research exploring the views of children and young people who have used special measures suggests that, when in place, these work well and have the potential to reduce the stress experienced. It does seem clear that there needs to be a concerted attempt to ensure that all children are fully informed about special measures at an early point in the investigative process.

The REA included a review of criminal justice models which have been designed to be child friendly in the USA, Canada, and Scandinavia (Denmark, Norway, Sweden). This was specifically in regard to multi-agency working; the use of technology; child friendly environments; and support animals. Although these approaches have been evaluated with some positive findings in their respective countries, it is not clear how they might fit with practice and the adversarial system in the UK. The basic general principles underpinning these approaches remain relevant in any context. These include: creating a physical environment where children feel supported and enabled to speak; requiring professionals to attend the same location to interview the child rather than the child having to attend many different sites to be re-interviewed; ensuring that children and their families are informed and fully understand the process from the outset; and the provision of buddies or intermediaries where needed. Whilst it has been acknowledged that pockets of good practice exist in the UK (such as TRIANGLE) this review found few published independent evaluations of practice (other than the work undertaken by Munro and Ofsted).

It is clear that the new Multi- Agency Safeguarding Hubs (MASH), which bring together safeguarding professionals from a variety of agencies in one location

(usually in a local authority's children's services directorate) are a step in the right direction.

Legislation in England, Wales and the EU has developed in recent years to highlight IFCSA specifically and recognises the existence of different abusers in the family context linked to the family environment

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What are the key features of good practice?

1. Centralisation of services in one physical location to reduce the number of interviews with many professionals in many different locations throughout the process.

2. A child consultative process set up to inform practice.

3. Ensuring that children are fully informed about the process and their rights from the outset.

4. Children trained as 'expert informants' and an attempt is made to make the process stress free and to place the child in control from the outset. Children viewed as 'consultees' rather than as 'victims'.

5. Employment of staff who are skilled and experienced in work with vulnerable children.

6. Provision of targeted training of child protective and criminal justice professionals.

7. The importance of the use of intermediaries to act as child 'buddies' throughout the process from start to end.

8. A child friendly environment adapted for different age groups and abilities.

9. Use of innovative techniques to enable children to describe their experience including technology and animals.

Conclusions

What do we know and are confident about?

- **It is difficult to know the national and international prevalence of intrafamilial child sexual abuse (including fluctuations over time)**. There is considerable evidence to suggest that a substantial amount of child sexual abuse is committed by close relatives or those known to the victim. Victims can be both boys and girls, but the majority of victims are known to be girls.

- The term 'intrafamilial' covers a variety of behaviours labelled within the literature as **'intra-familial'/'incest' dynamics and sexually abusive or assaultive behaviours**.

- **Perpetrators** of child sexual abuse are likely to have **childhood backgrounds of maltreatment and/or sexual abuse, and/or challenging family circumstances**. Research demonstrates that perpetrators are likely to have experienced some form of childhood abuse. This is not to say that all perpetrators will have had this experience and it is acknowledged that research in this area has relied largely upon offender self-report and psychometric testing the validity of which can be questioned. Perpetrators can be both male and female, but the vast majority are male.

- **Female perpetrators of child sexual abuse have broadly similar characteristics to males** but may differ in the extreme nature of the abuse they may have experienced as children and the seriousness of their mental health problems as adults.

- **Children and young people who display harmful sexual behaviours[2] often have poor social skills**, histories of abuse, mental health issues, and/or learning difficulties.

- Aetiological models of sexual offending which integrate numerous social, biological, cognitive, psychological, cultural, and interpersonal factors can help us to understand how child sexual abuse develops and is maintained.

- There is some evidence for good practice in the child protection system. However, it is clear from the Munro Review, the recent Ofsted inspection, and other literature, **that the child protection system has become overly bureaucratic and target-centred**. This is at the **expense of forming good relationships with, listening to, and ultimately protecting, children**.

- Despite considerable police efforts in investigating cases, **a large number are closed and not sent to the Crown Prosecution Service**. This may be for a number of reasons, including: the retrospective nature of the offence (meaning that there is generally a lack of forensic evidence); the absence of the perpetrator; and failure to follow good practice guidance on Achieving Best Evidence interviews.

- **Child protection systems may subject victims of CSA to secondary victimisation. Legal processes are re-traumatising victims**, both pre-and post-trial. Issues include children not receiving court familiarisation visits, long delays in waiting for trial, low use of special measures to help children give best evidence, and aggressive cross-examination techniques.

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[2] We use the term 'children and young people who display harmful sexual behaviours' here, as opposed to the commonly used phrases 'juvenile sex offenders' or 'child/young sex offenders' and note the need for these young people to be assessed and treated appropriately.

- **Interventions that focus on the family**, rather than the individual victim of abuse, **are more effective in dealing with both short-term and long-term impacts** of intrafamilial child sexual abuse. However, these must be implemented with skill and nuance to ensure that differentiation is made between abusing and non-abusing parents and to engage with, and respect, the needs and wishes of the young people themselves.

- The English, Welsh and European policy and legislative contexts provide an adequate framework concerning child sexual abuse in general but are more limited regarding intrafamilial child sexual abuse.

- **English and Welsh legislation has developed in recent years to highlight child sexual abuse within the family environment specifically** (e.g. section 25 of the Sexual Offences Act, 2003) and subsequent amendments (e.g. Children and Young Persons Act, 2008 c23) have begun to recognise the aggravating nature of violation of trust linked to the family environment.

What do we think we know but are less confident about?

- The impact of child sexual abuse **leaves its victims with long-term profound psychological damage**. The **short-term impacts are also extremely damaging but 'hidden'**. This makes intervention very difficult and leads to extended suffering.

- Despite research indicating that disabled[3] children are around three times more likely to be victims than **non-disabled children, they receive even poorer responses from professionals than non-disabled peers**.

- **Black and minority ethnic children are under-represented** in child protection referrals, do not access child protection services with the same frequency as white children, or (when they do) may receive a poorer quality of support from professionals.

- **Certain elements of good practice from international models** of child protection – such as multi-agency working, child-friendly environments etc – **may be relevant to the UK child protection and criminal justice systems.**

Key gaps and issues which still need to be addressed

Key gaps and problems in establishing the prevalence and exploring impact

1. Lack of any consensus regarding definition.

2. Lack of methodological consistency in measuring prevalence coupled with problems such as underreporting.

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[3] The term 'disabled' may include physical, mental, intellectual, and sensory disabilities.

3. Almost no direct reference to the child's experience in attempting to understand impact.

4. Lack of research into online intrafamilial child sexual abuse.

Key gaps in the literature on child protection in response to victims and in approaches

1. Research has focused upon convicted male offenders.

2. Interventions have also focused on convicted male offenders.

3. The child victim's voice is largely absent. This has been attributed to ethical considerations, but has resulted in the exclusion of children's views.

4. There is little evaluation research addressing interventions for victims so it is difficult to identify the scale, nature and effectiveness of practice.

5. There is international evidence to suggest that child victims favour group approaches in intervention.

6. There is also some evidence to suggest that interventions focusing on the family and not the individual child are more effective in addressing long term impacts.

What are the key features of good practice?

1. Centralisation of local services in one physical location to reduce the number of interviews with many professionals in many different locations.

2. A child consultative process set up to inform practice.

3. Ensuring that children are fully informed about processes and their rights from the outset.

4. Children trained as 'expert informants' and the process made as stress-free as possible to place the child in control from the outset. Children viewed as 'consultees' rather than as 'victims'.

5. Employment of staff skilled and experienced in work with vulnerable children, by all agencies concerned.

6. Provision of targeted training of child protection and criminal justice professionals.

7. Use of intermediaries to act as child 'buddies' throughout the process.

8. A child friendly environment adapted for different age groups and abilities.

9. Use of innovative techniques to enable children to describe their experiences including technology and animals.

Suggestions for further research

The REA identifies a number of areas for further research. Suggestions are grouped according to thematic areas. All suggestions for future work are made with the caveat that diversity and the **inclusion of children's voices must be a central consideration**.

Victim-survivors' experiences

- **Develop the evidence base on impact from child victim-survivors** using ethical but innovative methods, with the wellbeing of the child at the centre.

- Research reviewed suggests that intrafamilial child sexual abuse can have serious significant long-term negative consequences for victim-survivors. More needs to be known about the **incidence or prevalence of such long-term harm**.

- **Information about the experiences of male victim-survivors**. This could inform support and intervention needs.

- **Experiences and needs of lesbian, gay, bisexual, and transgendered people** as victim-survivors, perpetrators, or both.

- Nationally representative and ethical research is urgently needed to find out about the **first-hand opinions and experiences of the child protection system** from victim-survivors of intrafamilial child sexual abuse.

- **More information about the views and experiences of disabled victim-survivors**, alongside their experiences of disclosure, the child protection system and, where relevant, the criminal justice system. This research should distinguish between forms of disability and types of abuse.

- There are **gaps in research on black and minority ethnic children's experiences**. Particular attention should be paid to their disclosure routes and experiences with child protection and criminal justice systems.
- **Why do black and minority ethnic communities generally under-report?** What information/support is available within such communities to encourage reporting and awareness; and what particular barriers there are to accessing adequate support in these communities?

Supporting victim-survivors

- Special measures to support victim-survivors have existed for 15 years and

have been consistently positively evaluated, particularly in terms of reducing anxiety and stress for children and eliciting best evidence. Yet they are still **only used in a minority of cases** and often not discussed with children as an option. We need to know, as a matter of urgency, why this is.

- **Independent evaluations of support services** and interventions for victim-survivors, both nationally and internationally, are urgently required.

- **Children and young people's views on what aspects of the criminal justice system they find most traumatising and why** should be sought, in order to make recommendations for change.

- The vast **majority of integrated services for victim-survivors of sex crime are for adults rather than children – despite the fact that children's vulnerability means they have the greatest need**. Research needs to explore whether sexual assault referral centres and/or children's advocacy centres (in the US) could provide models for integrated services for victim-survivors.

- Research should explore whether the introduction of **victim-survivors' lawyers and/or auxiliary prosecutors** (as used in other countries) would be possible and useful particularly as a means of protecting children from aspects of the adversarial system such as aggressive cross-examination techniques.

- Age and disability should not serve to exclude children from access to justice. Drawing upon examples of evaluated international good practice, **exploration of other ways of working with disabled children** should take place to allow them to give the best evidence possible.

- Future research should explore ways in which such **therapeutic interventions for victim-survivors could be integrated into mainstream services for better outcomes for children**.

- The **role of the health service** (e.g. GPs and hospitals) should be investigated in respect of identification, and referral to other services.

- More work is needed to establish and understand the **full economic costs** of child sexual abuse within the family environment and child sexual abuse more broadly.

Prevention

- We need to know more about **programmes that focus on preventing intrafamilial child sexual abuse before it occurs**, in order to take a preventative rather than responsive approach.

Adult perpetrators of child sexual abuse within the family environment and children and young people with sexually harmful behaviours

- We need to establish whether there are **differences** – in terms of characteristics, patterns, and motivations for offending – between adult perpetrators and children and young people with sexually harmful behaviours.

- Identification of the ways in which the **internet and mobile technology** is being used in intrafamilial child sexual abuse.[4]

Next steps for the OCC

The gaps in knowledge identified by this Rapid Evidence Assessment will be addressed by the OCC's two year Inquiry into child sexual abuse within the family environment. In particular, the Inquiry will:

- assess the scale and nature of this form of abuse in England including among minority ethnic, lesbian, gay, bisexual and transgender, disabled and other minority groups of children and young people

- assess inter-agency and individual practice for preventing and responding to child sexual abuse in England, and its impact on children and young people

- make recommendations for improving identification and prevention of child sexual abuse and child protection/law enforcement responses to child sexual abuse.

The experiences and voices of children and young people will be at the heart of this Inquiry, informing and driving all that we do.

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[4] Further examination is also required in this area in relation to victim-survivors experiences and should be investigated from all perspectives.

Introduction

This Rapid Evidence Assessment (REA) was commissioned by the Office of the Children's Commissioner (OCC) and conducted by Middlesex University. It centres on concerns about the level of child sexual abuse within the family environment (referred to in this report as 'intrafamilial child sexual abuse or IFCSA) and how such abuse is being addressed by the child protection system and the criminal justice system.

The OCC recently completed a two year Inquiry into child sexual exploitation in gangs and groups. This found that:

> …*so many young people told us…of their early histories of being sexually abused within the family home and of their experiences never being acknowledged* (Berelowitz, Clifton, Firmin, Gulyurtlu and Edwards, 2013, p.96).

This concern has prompted the OCC to undertake a new two year Inquiry into child sexual abuse in the family environment. This REA will inform and provide the evidence base for this Inquiry.

The aims of the REA are, broadly, to investigate the prevalence and impact of child sexual abuse within the family environment and to investigate the extent to which the child protection system and criminal justice system are adequately identifying and attending to the needs of victims.

This piece of work is important and necessary due to questions surrounding the possible under-reporting of child sexual abuse within the family environment and the apparent lack of research which captures the direct views of victims of in regards to their experiences of the child protection system and criminal justice system.

National policy and legislative context

Today, most would accept that sexual abuse and child sexual assault have profound effects on victim survivors and wider society. However this is a very recent development, and is the consequence of decades of feminist activism and research (e.g. Friedan, 1963; Herman, 1981; Kelly, 1988; McLeod and Saraga, 1987; Rush, 1980; Russell, 1986).

Recent research in this area has made these issues particularly pertinent. As already mentioned, the Inquiry into Child Sexual Exploitation by Gangs and Groups

(CSEGG)[5] found that a significant number of victims of child sexual exploitation (CSE) had experienced child sexual abuse (CSA). This was frequently of an intrafamilial nature but had not been formally reported and recorded, and support had rarely been provided. This finding is supported by a NSPCC study which found that 90% of children who reported child sexual abuse knew the perpetrator (Radford, Corral, Bradley, Fisher, Bassett, Howat and Collishaw, 2011). The CSEGG Inquiry highlighted the need for further investigation regarding the prevalence, nature, and impact of child sexual abuse within the family environment and how it is dealt with by child protection and criminal justice processes and professionals alongside schools and community organisations.

There has been a raft of policy and legislation focusing upon the safeguarding of children. Figure 1 provides a summary from the publication of the Cleveland Report in 1987[6] to provide a contextual framework for this REA.

Figure 1: Summary of the national policy/legislative context for safeguarding children from sexual abuse

Policy/legislative development	Description
1987 Cleveland Report, Judge Elizabeth Butler-Sloss	Judicial Inquiry into large number of CSA cases identified by paediatricians in Cleveland in 1987. Examined statutory responses to cases of CSA and problems between police/health and social services.
Children Act 1989	Established Section 47 Local Authority duty to investigate in cases where there is a risk of significant harm.
1991 Working Together	Guidance on inter-agency working and fulfilling obligations established in Children Act 1989.
Sexual Offences Act 1993	Abolished the presumption of criminal law that a boy under the age of fourteen is incapable of sexual intercourse.
Sexual Offences Act 1997	Introduced register for sex offenders and gave UK government extraterritorial jurisdiction over a number of sexual offences.
The Protection of Children Act 1999	Legislation introduced to prevent individuals who pose a risk to children and young people from working in positions where they will come into contact with children.
1999 Working Together	Update of 1991 guidance.
2002 Joint Chief Inspectors' Report on Arrangements to Safeguard Children	Emphasised importance of multi-agency working. Area Child Protection Committees (ACPCs) identified as performing poorly.

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[5] Launched by the OCC in 2011, final report published November 2013.
[6] We have started from the Cleveland report because it was felt that this was a significant transition in regards to child sexual abuse as a public policy issue.

2003 The Victoria Climbié Inquiry, Lord Laming	Found a number of failings in responses from agencies which had a statutory duty to safeguard children in the Victoria Climbié case. Made a number of recommendations, including replacement of ACPCs with Local Safeguarding Children Boards (LSCBs).
2003 Keeping Children Safe – the Government's response to the Victoria Climbié Inquiry Report and joint Chief Inspectors' Report	Summarises problems in safeguarding processes identified by Laming in his statutory Inquiry, and sets out government response as a precursor to the 'Every Child Matters' green paper.
2003 Every Child Matters green paper	Identified outcomes for all children, and sets out a framework for safeguarding services based on multi-agency approach.
Sexual Offences Act 2003	Sets out all sexual offences against children, including familial and online offences.
Children Act 2004	Formalised provisions in the Every Child Matters green paper, including the establishment of LSCBs.
2006 Working Together	Initial guidance for implementation of provisions in Children Act 2004, including guidance for LSCBs on delivering multi-agency child protection responses to cases of CSA.
2010 Working Together	Update of 2006 guidance.
2011 Munro Review of Child Protection – final part	Independent review of child protection in England, commissioned by coalition government, and tasked with identifying ways to reduce bureaucracy and ensure delivery of a child centred approach to safeguarding.
2013 Working Together	Most recent iteration of Working Together guidance.

It is within this context that we set out to explore what the evidence base in this area suggests, and identify potential gaps in knowledge and practice. We also considered provision where possible, as even if skills and practice are sound, it is possible that they may be at risk or no longer exist due to cuts. In doing this we hope to inform the development of work on child sexual abuse (CSA) currently being undertaken by the OCC; promote children's rights to protection from all forms abuse, victimisation and exploitation[7]; determine a sound evidence-base in this field; and put forward recommendations for good practice.

The experiences of children and young people

In respect of the effectiveness and impact of the child protection system and criminal justice system on victims of child sexual abuse in the family environment, the experiences and opinions of children are arguably particularly important, in light of

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[7] In accordance with the UN Convention of the Rights of the Child (see Appendix 1).

the UNCRC and *Every Child Matters: Change for Children* national framework for reforming services for children, which states that good practice involves '*listening to children … when assessing and planning service provision*' (Department for Education and Skills, 2004).

However, reviews by Munro (2010, 2011a and b) concluded that the child protection system is falling short of this vision and is in need of significant reform. The reports – which were partly informed by the experiences of children themselves − found that the current overly bureaucratic system means that children's needs are consistently being overlooked by professionals in favour of sets of formulaic rules and regulations which are often inflexible and impractical and are often not fully implemented. Munro re-emphasised the importance of listening to – and learning from – children, taking into account their feelings and experiences and acting ethically to reshape how services are designed, implemented and evaluated. In order to do this, a more flexible approach would need to be adopted, where assessment was focused primarily on outcomes for children.

The OCC tender specification

The OCC, in consultation with Middlesex University, identified three key research questions, all of which were further refined with sub-questions (please see Appendix 2).

The key questions were as follows.

4. What is known about the nature, scale, scope and impact of intrafamilial CSA or CSA linked to the family environment? Where do the gaps in knowledge lie?

5. What is known from the evidence about child protection and other action in response to victims of IFCSA or CSA linked to the family environment? Where are the gaps in these approaches?

6. What are the implications of all of the above when considering child protection activity and any legislative or formal guidance required to tackle IFCSA or CSA linked to the family environment?

The term 'intrafamilial child sexual abuse' (IFCSA) is defined here as:

> '*Child sexual abuse perpetrated by a family member or that takes place within a family context or environment, whether or not by a family member*'.

A '*child' is defined as 'any person under 18 years of age*', in accordance with the United Nations Convention on the Rights of the Child (UNCRC) 1989. However, it should be acknowledged that definitions of 'child' differ in the literature, both within the UK and internationally, often reflecting differences in the legal age of consent to sexual relations. For example, although the UNCRC states that children have the right to be protected from sexual exploitation and abuse, there are no international guidelines or laws on the age of consent. Thus, these vary from country to country,

from 12 in Mexico, to 14 in Canada, to 16 in the UK for example; the age of consent may also vary for heterosexual and homosexual sex, but does not in England and Wales (Unicef, The Convention on the Rights of the Child[8]).

It should be noted that some of the literature[9] uses the term 'children' to include 'young people', commonly including any person up to the age of 18, up to the age of 24 for children in the care system, and up to the age of 25 for disabled children.

Lastly, it should be noted that throughout this report we have for the most part used the term victim(s) and at times, particularly when making recommendations for the future, victim-survivors. This reflects the literature in this area but also acknowledges the different identities people may inhabit or choose to adopt whilst the abuse is ongoing and after it has stopped.

Addressing the three central questions of this REA, using these definitions, careful attention is paid to the existing evidence concerning the diversity of victims, including their age, gender, socioeconomic status, ethnicity, sexual orientation, and disability. International models of child protection (for example, in the USA, Canada, and Scandinavia) are also considered, in order to assess whether elements of what is considered good practice might be incorporated into UK systems.

Offenders' life histories, motivations, and other risk indicators associated with IFCSA are also considered of particular interest and importance, as prevention cannot be addressed in the absence of a comprehensive understanding of offender motivation (Whitaker, Le, Hanson, Baker, McMahon, Ryan, Klein, and Rice, 2008).[10] In this area, the 'cycle of child abuse' hypothesis (e.g. Glasser, Campbell, Glasser, Leitch, and Farrelly, 2001), which holds that there is a positive association between a history of CSA and the later perpetration of it, is considered pivotal, as are the various aetiological models that have been developed since the 1980s (e.g. Finkelhor, 1984; Ward and Hudson, 1998; Ward, Gannon, & Keown, 2006; Ward & Casey, 2010). Such models have been used to inform treatment programmes for offenders; however, these treatment interventions will not be considered here as they are beyond the scope of this REA. The suggestion is not that these models provide complete explanations and we will seek to identify their limitations.

It should be noted that, although this research specifically concerns IFCSA in respect of both victims and offenders, given the absence of a shared definition in the literature, the research identified and drawn on is broader in focus. For example, some work considers IFCSA alongside (or subsumes it within) other types of child abuse, such as emotional and physical abuse and neglect. Other studies look at both IFCSA and extra familial child sexual abuse in the same sample, sometimes not making distinctions between them when it comes to findings. Unfortunately, in a few cases, the general term CSA is used throughout, making it problematic to determine whether IFCSA or extra familial, or both, are being considered. However, it was

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[8] For further details visit: www.unicef.org/rightsite/433_457.htm#to_have_sex
[9] For instance, the CSEGG inquiry referenced earlier.
[10] Please note that interventions, treatment programmes, and risk assessment approaches and techniques with IFCSA offenders are not within the scope of this REA.

deemed necessary to include some of these studies which were viewed as relevant in respect of offender behaviours and victim experiences.

Finally, an REA was deemed to be the most appropriate method for exploring these questions, due to the short timeframe for the project (three months). While this methodology is robust and suitable it is not a full systematic literature review and is therefore not entirely comprehensive as it would not have been possible to access all original sources within the short timeframe. We are confident that the key literature in this area has been reviewed and, from this body of work, the main issues have been identified. We acknowledge the potential for additional nuance and understanding that would have come with a more in-depth, longer review.

Method

Study design
We adopted a question-led adapted Rapid Evidence Assessment (REA). An REA is a tool for synthesising the available research evidence on a policy issue, as comprehensively as possible, within the constraints of a given timetable. A toolkit for undertaking an REA has been widely implemented since its inception by Government Social Research[11], also recently used by Brown, Horvath, Kelly and Westmarland, 2010; Horvath, Hansen, Apena-Rogers, and Adler, 2012 and Horvath, Alys, Massey, Pina, Scally and Adler, 2013). According to Davies (2003) the functions of an REA are to:

- search the electronic and print literature as comprehensively as possible within the constraints of a policy or practice timetable

- collate descriptive outlines of the available evidence on a topic

- critically appraise the evidence

- sift out studies of poor quality

- provide an overview of what the evidence is saying.

Stage one: Identifying the literature
Setting criteria for the literature to be included and excluded was the initial step in identifying the literature. The inclusion/exclusion criteria were agreed between the OCC and the project team and can be found in Appendix 4.

Search terms were developed from the research questions in order to maintain scope and rigour. The initial search terms used to identify relevant literature were agreed in conjunction with the OCC and were broken down by research question (see Appendix 5). Researchers were trained by a Middlesex University Librarian how

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[11] See http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance for further details.

to conduct the searches to ensure consistency. Endnote Software was used to store the search results, and these were separated into different folders within Endnote at each stage of the inclusion/ exclusion and screening processes to ensure decisions could be reviewed and everything was retained.

Literature searches were undertaken via electronic data bases and on line services of the University library, plus the resources held by the OCC. Additionally, we drew on our own networks and holdings to identify grey literature[12]. The main pressure being that the time constraint inevitably limited the exhaustiveness of the REA (see Appendices 3−9 for more details of the processes).

The electronic database searches for research question 1 produced over 100,000 initial results. It was not possible to process this many in the time available so the first 2000 for each search string in each database was included and the next steps applied to these.

Once material had been located, each reference was screened in more depth. First the titles and abstracts or executive summaries were reviewed against the inclusion/exclusion criteria. Figure 2 provides a summary of the total number of items identified, included and excluded, during stage one of identifying the literature (see Appendix 4 for inclusion/exclusion criteria).

Figure 2: Summary of the total number of items identified, included and excluded

Stage 1: Identifying the literature	Total No.	Included No.	Excluded No.
Academic searches	57,098	538	56,560
Grey literature searches	105	105	0
Call for papers	23	17	6
Total	57,226	660	56,566

Full text articles were then obtained for all material that fit the inclusion criteria. Any articles not obtained were excluded due to the strict time frame for the data to be assessed. References that met the inclusion criteria for the study were read in full and compared against the inclusion/exclusion criteria once again. If papers were judged not to meet the inclusion criteria, they were excluded at this stage. Papers that met the criteria, had their key information placed on the specially designed excel spreadsheet (for the headings used in the spreadsheet see Appendix 8). They were also assessed using a weight of evidence (WOE) approach, in which the quality and relevance of the literature were assessed and given a strength rating: high, medium or low. This approach was developed by the EPPI-Centre (Evidence for Policy and Practice Information and Co-ordinating Centre; Gough, 2007) and can be used for both quantitative and qualitative studies and because it requires relevance to REA aims to be assessed as well as methodological rigour. This method ensured consistency in approach and allowed us to assess extant research – which had been

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[12] Grey literature is unpublished and/or non-peer reviewed research.

conducted using varied methodologies and diverse analytical strategies – according to a common assessment structure. We modified the EPPI-Centre's approach for this study (the guidelines we used for conducting the WoE assessments are set out in Appendix 9).

Each study was weighted according to three dimensions (A, B and C) in conjunction with each other:

A) Taking into account all of the quality assessment issues, can the study findings be trusted in answering all of the study question(s)?

B) Appropriateness of research design and analysis for addressing the question, or sub-questions, of this review.

C) Relevance of particular focus of the study (including conceptual focus, context, sample and measures) for addressing the question, or sub-questions, of this review.

These judgements were then combined into a final dimension (D) that provided the overall WoE judgement (high, medium or low). The studies with lower judgements were given less weight in the synthesis.

Although duplicates were screened for at the outset of the title searches we had still overlooked a number on account of the speed at which we were working. We also found that a number of papers had been included for more than one research question. This did not become apparent until we were cross-referring between research questions at the WoE and write up stage, when these were identified and excluded. It also became apparent during the reading of the full papers and WoE process that some papers did not meet the inclusion criteria and these were then excluded. Finally, given the short time period for this project it was not possible to obtain all 660 papers included during stage 1, so some were excluded as a consequence. As a result of this process 296 papers were included in the final analysis.[13] 55 papers fell into the 'low' category, 116 into the 'medium' and 125 into the 'high' weight of evidence categories.

In order to produce the final report, data collected for each of the research questions were synthesised. The first step taken to ensure synthesis was to focus on the research questions. This was undertaken from the beginning and ensured by identifying search terms for each research question individually and keeping a log of which data applied to which research question. The data were explored for patterns, integrated and revisited to check the synthesis for quality, sensitivity, coherence and relevance. The final stage of production of the report included two rounds of feedback from our two senior advisors and one from the funders and advisory group. The feedback led to some papers being identified and included[14] which were missed in our original searches.

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[13] It should be noted not all 296 papers are mentioned in the text, but they were all used to inform the report and are listed in Appendix 10 with their weight of evidence (WoE) score.

[14] It was not possible in the time available to process these papers like the ones found in our searches but the principles of the WoE approach were applied.

Chapter 1: Summary of REA studies

For each research question we present the findings about which we are confident, followed by those we are less confident about. We are confident if the papers we used scored high or medium and less confident if the papers reviewed scored low or if medium, there were less than five papers that discussed the issue. At the end of each section a table is provided to summarise the findings for each research question.

Section 1.0: What is known about nature, scale, scope and impact of intrafamilial CSA?

This section of the report focuses on determining:

1. What do we know from previous research about the prevalence, scope and nature of IFCSA or CSA linked to the family environment?

2. What does evidence tell us about perpetrator and victim characteristics?

3. What do we know about the life histories and motivations of intrafamilial sexual abuse perpetrators?

4. What are the impacts of such abuse upon children and their families?

In order to assess this, a broad range of literature was reviewed comprising academic studies with a range of methodological approaches from large surveys with representative samples to clinical case studies. The review focuses upon convicted, adult male perpetrators as they form the majority of the perpetrator population and so have been the main focus of the research to date but we have included a brief summary of the literature on female perpetrators and children and young people with harmful sexual behaviour.

What we do know and are confident about?

1.0 It is difficult to know the national and international prevalence of intrafamilial child sexual abuse (including fluctuations over time). There is considerable evidence to suggest that a substantial amount of child sexual abuse is committed by close relatives or those known to the victim. Victims can be both boys and girls, but the majority of victims are known to be girls.

The difficulties in determining the prevalence of child sexual abuse in general are well rehearsed in the literature. This is evident from an analysis of large surveys in 11 European countries between 2002 and 2010:

> …the majority of cases are not known about by official agencies in any European Country differing definitions and methodologies make it difficult to

suggest overall prevalence figures (Lalor and McElvaney, 2010, p.13)

Methodological problems are a key factor. Even studies employing larger more representative samples have limitations including reliance on self-report focusing upon retrospective adult accounts of abuse.

It is therefore extremely difficult, if not impossible, to estimate the number of children subjected to sexual abuse as part of their daily lives. There is even cultural disagreement about what constitutes abuse. A good definition is provided by the World Health Organisation as follows:

> *Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.*[15]

UNICEF estimates that at least 300 million children worldwide are subjected to exploitation, physical and sexual abuse and are forced to participate in hard labour, whilst many children live in the shadow of war and civil unrest. Despite consensus on the global existence of CSA and its persistent occurrence, a recent review reports that controversy still exists on prevalence rates which are reported as ranging from 0.1% to 71.0% (Stoltenborgh et al, 2011).

Finkelhor (1994) has stated that CSA is one of the most important public health problems in all societies. A study to test his 'hypothesis' twelve years later reviewed the rates from 39 different prevalence studies in 21 countries. This revealed that the pattern remained constant over that period with a persistent higher prevalence of child sexual abuse among females than males, with the exception of South Africa (Pereda et al, 2009).

Higher rates are consistently reported among girls than boys, across different countries and over the last ten years (Goldman and Padayachi, 1997; Pineda-Lucatero et al, 2008; Priebe and Svedin, 2008). One of the principal reasons given in the research for the 'hidden' or unreported figures is reluctance to report abuse or significant delays in reporting abuse, exacerbated in the case of IFCSA by the abuse of trust issue (also see section 1.6; Goodman-Brown, 2003).

Disclosure is difficult for victims, though it has been found to be 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 intrafamilial abuse cases (Jensen, Gulbrandson, Mossige, Reichelt and Tjersland 2006).

In an analysis of nine population-based retrospective studies (Priebe and Svedin, 2008) the disclosure rates with adults are between 31% and 41% for disclosure

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[15] This definition is available at: http://www.yesican.org/definitions/WHO.html

during childhood and between 58% and 72% for lifetime disclosure. It is very difficult to estimate the prevalence of child sexual abuse and IFCSA with any certainty and it is equally problematic to suggest that the rate has recently decreased (Wolak and Finkelhor, 2013).

An overview of recorded crime from 2008−10 in Northern Ireland reports that there were 1,654 sexual offences against victims under 18 when the offence was reported with teenagers being the predominant victim group and more than one in five involving 0−9 year olds. It was also found that one in five of the offenders were related to their victims i.e. members of the same family. In terms of delayed reporting of sexual abuse this study revealed that '*within detected cases, a majority of sexual offences reported by children to police more than one year after occurrence or by adult survivors involved a familial relationship with the alleged offender'* (Bunting, 2011b, p.8).

In a ten-year update to Finkelhor's 1994 study it was found that child sexual abuse accounts for 10% of officially substantiated cases of child maltreatment (Putnam, 2003).

Establishing a definition of IFCSA
There is inconsistency in the literature regarding definitions of IFCSA. And this inconsistency clearly relates to the change over time whereby earlier studies tended to focus very specifically on blood relations and particularly on father-daughter sexual abuse (incest). Others have employed a broader definition of this term suggesting that it applies to abusers that are related to the child through adoption or marriage, or temporary 'familial relations' such as foster parents (Gannon, Gilchrist and Wade, 2008).

Clear definitions in the articles were often hard to find but there were exceptions such as, '*the definition of family included all parent figures who regularly provided care for the child (i.e., step, foster and biological parents, and all other parent-like adults, such as the mother's boyfriend*)' (Skibinski, 1994, p.369). The term 'extended family' is also used which also broadened the scope of the review. And again there were only a handful of studies that went on to specify (Finkel, 1994; Fridell, 1991).

The broader definition of 'intrafamilial' is reflected in the most recent legislation (Sexual Offences Act 2003, England and Wales):

> *These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners* (Crown Prosecution Service Guidelines, 2013)

From this review it is clear that U.S. studies tend to refer to 'incest' more frequently than to 'intrafamilial' in describing both adult-child IFCSA and sibling abuse (e.g. Grand and Alpert, 1993). Irrespective of the relative merits of such distinctions the value of these debates has been to advance our understanding of what the key components of IFCSA might be. Grooming behaviour has been identified as a key

component of much CSA (this involves a process of socialisation during which a child is prepared for abuse) (Finkelhor, 1994). Grooming is now a legal concept and was introduced in the Sexual Offences Act 2003 (section 15, England and Wales). The grooming behaviour characterised in both extrafamilial and intrafamilial abuse is very similar and includes: spending time with the victim; maintaining nonsexual physical closeness and being very attentive.

In terms of prevalence in the UK, Radford et al (2011) conducted research funded by the NSPCC which interviewed over 6,000 young adults, adolescents and parents of younger children. Participants were asked whether anyone had tried to make them do anything sexual whilst they were under the age of 18 years. Parents of children aged under 11 years responded on their child's behalf. Older teenagers and young adults were also asked if they had done sexual things with an adult when they were still under 16 years or with an adult in a position of trust whilst they were still under 18 years. The findings suggest that:

- one in 20 children (4.8%) have experienced contact sexual abuse

- over 90% of children who experienced sexual abuse, were abused by someone they knew

- more than one in three children (34%) who experienced contact sexual abuse by an adult did not tell anyone else about it

- four out of five children (82.7%) who experienced contact sexual abuse from a peer did not tell anyone else about it.

Official data does little to shed light on the incidence of IFCSA (as discussed before) given that it is based upon reported cases and does not recognise IFCSA as a distinct category of abuse (although we could assume that the majority of sexual abuse cases on the former child protection register were intrafamilial). UK Child Protection Register statistics indicate that:

- there were 2,701 children in the UK on child protection registers or the subject of child protection plans under a category that included sexual abuse on 31 March 2013 (or 31 July 2013 in Scotland).

- 5% of all the children on child protection registers or the subject of child protection plans in the UK were under a category that included sexual abuse on 31 March 2013 (or 31 July 2013 in Scotland) (NSPCC, 2014).

Crime statistics for England and Wales indicate that:

- 18,915 sexual crimes against children under 16 were recorded in England and Wales in 2012−13

- 35% of all sexual crimes (53,540 sexual crimes in total) recorded in England and Wales in 2012/13 were sexual crimes against children under 16

- In 2012−13 the police in England and Wales recorded:

  - 5,156 offences of rape of a female child under 16
  - 1,138 offences of rape of a male child under 16
  - 4,171 offences of sexual assault on a female child under 13
  - 1,267 offences of sexual assault on a male child under 13
  - 6,634 offences of sexual activity involving a child under 16
  - 176 offences of abuse of children through prostitution and pornography
  - 373 offences of sexual grooming (NSPCC, 2014)

International research has indicated that 12−33% of girls and 8−10% of boys have been victims of CSA, and in a third of such cases, relatives were perpetrators (Pineda-Lucatero et al, 2008). Finkelhor (1979) has suggested that one million women have been victims with 16,000 new cases occurring every year in the US and Stark (1984) estimated that there were up to 15 million incest victims in the United States. More recently Negriff et al (2014) reported that of 3.7 million children referred to American child protective services, 9.1% had been sexually abused with girls being victims almost four times as frequently as boys.

Bagley and King (1990, cited in Fisher & McDonald, 1998) indicate from their review of ten studies that the frequency of reported IFCSA in the US ranges from 10% to 50%. Fisher and McDonald revealed from their study of over a thousand court cases that 44% of the cases were intrafamilial, and 56% were extrafamilial. Mey (1988) also suggests that extrafamilial CSA is more prevalent than IFCSA, concluding that male children are more likely to be abused by non-family members than family members.

One European study exploring IFCSA indicates that 52% of girls (N=209) under the age of 18 who had been exposed to sexual abuse and visited the Department of Obstetrics and Gynaecology, Medical and Health Centre of Debrecen, between 1986 and 2001, were related to the abuser. In 11% of the cases the perpetrator was the father and in 10%, the stepfather (Csorba et al, 2005).

A study undertaken in Turkey in which the records of 101 child sexual abuse cases of children aged between 4 and 17 were retrospectively evaluated concludes that:

> *An overwhelming majority (66.3%) of the victims had been abused by someone they knew and trusted (acquaintance), while 33.7% had been abused by a stranger* (Bahali et al, 2010, p.663.)

Another Turkish study with a small sample of 83 children reports that the majority (73.5%) of the suspected perpetrators were people known to them, with 31.1% being intrafamilial. The authors discuss the findings in the context of the prevailing culture and geographical position. Turkey is characterised as being in the middle of eastern and western culture and the authors suggest the data on CSA generally shares many similarities with data collected in the west in terms of higher proportions of female victims, the abuser being known to the victim, delayed reporting and an

increased need for social services particularly for the victims of intrafamilial abuse (Perdahli Fis et al, 2010). They go on to suggest that in keeping with eastern cultures reporting is particularly difficult due to the pressure of social taboos. It is also suggested that it is this social taboo that has also masked the prevalence of female sex offenders and most male sex offenders.

IFCSA and extra familial abuse covers the full range of exploitative assault and behaviours characterised within much of the literature as sexual. It has been suggested that IFCSA is likely to involve more serious assault, in addition to greater emotional and physical injury (Fisher and McDonald, 1998). While sibling incest is widely viewed as an abusive act there is no universally accepted definition. It has also sometimes been framed as an exploratory phase of development (Phillips-Green, 2002). Although father-daughter incest is regarded as the most common form of incest, research indicates that sibling incest occurs more frequently (Caffaro and Conn-Caffaro, 2005). Despite this Cyr et al, (2002) estimate that only a quarter of reported cases which came to the attention of authorities were sibling incest cases.

1.1 IFCSA covers a variety of behaviours labelled within the literature as 'intrafamilial'/ 'incest' dynamics and sexually abusive or assaultive behaviours

IFCSA can be perpetrated by people from a range of relationships: parents; step-parents; siblings; step-siblings; cousins; grandparents; aunts and uncles; nephews and nieces. Parker and Parker (1986) estimate that one in twenty women have experienced father-daughter incest. In Newman, Lubell and Peterson's (1998) study of 68 self-identified adult female survivors of incest it was found that the most commonly reported perpetrator of incest was the natural father being the abuser (47%); brother (31%), mother (18%) and stepfather (9%).

Research suggests that IFCSA occurs in families from all socio-economic, educational, ethnic and religious backgrounds. Randolph and Nagle (1989) point out that the dysfunctional family is characterised by disorder and the parent and child experience a role reversal, where the child takes on the role of care giver. This early research typically used terms such as 'chaotic' to describe the family context that may indicate a higher risk of IFCSA. More recently terms such as 'disrupted' are preferred for families with poor parental relationships (Hartley, 2001). These examples of the likely family environment to identify IFCSA have tended to focus specifically by implication on lower socio-economic groups. A more balanced approach can be found in some studies, which provides more scope for the recognition that IFCSA can occur across all socio-economic groups rather than locating the blame with individual families or family circumstances.

Some literature suggests that sexual abuse appears more frequently in a home where other siblings are being abused and where the father was a victim of sexual abuse as a child (Mey, 1988). Most of the literature reviewed suggests that social class is not a key variable, according to Mey and Neff (1982), perpetrators come from all social groups but are overwhelmingly male, the bulk of literature is concerned with adult-child IFCSA (father-daughter abuse). According to Finkelhor (1994) sexual abuse victims are twice as likely to be female, than male, and abuse is most prevalent between 12−14 years (Negriff et al, 2013). Fisher and McDonald

(1998) conclude that boys tend to be younger than girls when first abused if aged between 8 and 17.

In addition to contact sexual abuse there is now the increasing phenomenon of internet IFCSA. Offenders who perpetrate technology mediated crimes against children fall into two principal categories. Those who use the internet and mobile phones to target and 'groom' children for the purposes of sexual abuse and those who produce and/or download indecent illegal images of children from the internet and distribute them (Taylor, Holland and Quayle, 2001; Quayle and Taylor, 2003; Taylor and Quayle, 2005). Although some recent research has been conducted that explores online offender behaviour (Beech et al, 2008; Bourke and Hernandez, 2009; Elliott et al, 2009; Seto, 2009; Webster, Davidson and Bifulco, 2014) we have limited knowledge about the nature of sexual crimes against children mediated through information and communication technologies, those who perpetrate them and the impact of these crimes upon children. We have even less knowledge regarding the nature of the link between online abuse and contact offending and how this relates to IFCSA. In terms of internet IFCSA, one study reviewed indicates that 70% of those targeted were 6-12 years old (Ray, Jackson & Townsley, 2005) suggesting a younger demographic for this type of crime.

The limited research in this area suggests that the vast majority of online offending is perpetrated by offenders not known to children. However some recent research suggests that online CSA can be perpetrated by offenders who are known to the victim or intrafamilial (Wolak and Finkelhor, 2013). This research included a stratified national survey (sample of 2,653) of law enforcement agencies in the US by mail asking if they had made arrests for internet-related child sexual exploitation crimes during 2009 and detailed telephone interviews with investigators about specific cases reported in the surveys. The data were collected as part of the Third National Juvenile Online Victimization (NJOV-3) Study. A comparison was made between a group (n=143) of online offenders who did not know the victim (online-meeting offenders) and a group (n= 139) comprised of those who knew the victim well or were related to the victim (know-in-person-online-offenders). Online-meeting offenders were less likely to have criminal backgrounds and more likely to use online communications to deceive victims. However, deception was a factor in a minority of cases and was also used by some know-in-person-online-offenders. The majority of cases in both groups involved statutory rape or noncontact offences such as child indecent image production or grooming. The survey revealed that in 2009, there were an estimated 1,490 arrests for internet related sex crimes against children that included online sexual communications with victims. An estimated 672 arrests were for crimes by online-meeting offenders; an estimated 817 were for crimes by know-in-person-online-offenders.

Arrested online-meeting offenders who had online sexual communications with victims were similar to know-in-person-online-offenders who used such tactics in several respects. In each group, about half were age 25 years or younger and about half were employed full-time. Most were unmarried and did not live with partners. Few had prior arrests for sexual offenses against minors. About 15% possessed images of child abuse when they were arrested. However, online-meeting offenders were more likely to belong to minority racial or ethnic groups. Know-in-person-online-

offenders were more likely to live with children, have histories of violent behaviour, problems with drugs or alcohol, and prior arrests for nonsexual offenses. Wolak and Finkelhor (2013) conclude that crimes by online-meeting offenders should not be treated as different or more dangerous than those by know-in-person-offenders who use online sexual communications. This conclusion contradicts research with child victims of IFCSA that is not perpetrated via the internet, which suggests that children suffer a great deal given breach of trust issues. It is clear that more research is needed in this area.

It is clear from the national and international literature that females are more likely to be targeted for IFCSA than males. However there is not enough evidence on ethnicity or class to make assertions about these other categories. Families tend to be constructed as 'chaotic' or 'disrupted' in the literature with the suggestion of them being 'criminal types' and dependent on welfare. This is despite the assertion that there is no typical family in which IFCSA occurs. We can be confident that intrafamilial perpetrators are not a discrete category and share similar characteristics to the general sex offender, whilst it is assumed that these perpetrators are overwhelmingly male, females are also increasingly part of this profile.

Few studies have focused on the specific profile of the perpetrators (Hartley, 2001) so it is difficult to know with any certainty if they form a discrete category (Firestone et al, 2005). Gannon et al, (2008) point out that characteristics of perpetrators have not been established and an offender typology does not exist. Like sexual offenders who offend against adults, child sexual abusers appear to be a heterogeneous group who have common characteristics including '*poor social skills, low self-esteem, feelings of inadequacy, a sense of worthlessness and vulnerability, a hindrance to normal adult relationships or previously frustrating experiences with adult relationships, they see themselves as physically unattractive, have problems with potency, and they have feelings of inadequacy, humiliation and loneliness*' (Robertiello and Terry, 2007, p.512). Perpetrators can be male or female although the typical intrafamilial offender is on average a male with a mean age of 28 years (O'Roirdan, Carr and Turner, 2003).   According to Meiselman (1978 cited in Parker & Parker, 1996) fathers who abuse do not have mental health problems, tend not to be, psychotic or criminals types, but are likely to be more socially isolated than non-abusers.

Some research suggests that convicted sex offenders score higher on the psychopathy scale than non-sex offenders. If they are not antisocial they are not likely to offend beyond their daughters (Rice and Harris, 2002). A lack of social skills and an inability to develop adult relationships has been noted as a general characteristic of the sex offender (Burn and Brown, 2006). While no single profile exists, common characteristics include passive, dependent personalities, difficulties in bonding and rejection by one or both parents (Hartley, 2001).

It is a myth that all sex offenders are male. Female perpetrators were often victims of abuse themselves, suffered rejection by men and with a mean age of 26 years (Boroughs, 2004). They have been characterised as independent offenders, co-offenders and as accomplices but the evidence here is limited (Deering and Mellor,

2007; See section 1.3 for more detailed discussion of female sex offenders).

1.2 Perpetrators of child sexual abuse are likely to have childhood backgrounds of maltreatment and/or sexual abuse, and/or challenging family circumstances. Research demonstrates that perpetrators are likely to have experienced some form of childhood abuse. This is not to say that all perpetrators will have had this experience and it is acknowledged that research in this area has relied largely upon offender self-report and psychometric testing the validity of which can be questioned. Perpetrators can be both male and female, but the vast majority are male.

Most research in the area of CSA has focused upon children, yet to prevent such abuse we need to have some understanding of what motivates offenders (Whitaker, Le, Hanson, Baker, McMahon, Ryan, Klein, and Rice, 2008). A starting point in exploring the aetiology of CSA is to look at the early life experiences – that is, the childhoods and backgrounds – of perpetrators (Stripe and Stermac, 2003), in order to see if similarities can be isolated which may create a '*foundation of vulnerability*' for committing CSA later in life (Hartley, 2001,p.469). However, as noted earlier, the blurring of definitions between extra and intrafamilial abuse makes this issue particularly difficult to unpick:

> *It is difficult to distinguish between risk factors for extra-familial and intra-familial child sexual victimization because most of the studies combined these two types of child sexual abuse, although the risk factors for these two types of child sexual abuse most likely differ* (p.203, Black, Heyman, and Smith Slep, 2001).

There are also limitations in the samples used, which tend to concentrate on offenders who have been convicted and are imprisoned and/or those in treatment programmes. These may differ from offenders in the community who have never come to the attention of the authorities (who we might class as more 'successful' offenders and may have different demographic characteristics). Unless specified otherwise, samples here are from the former group. It should also be noted that most of the literature addressing this area comes from the disciplines of psychology and psychiatry, which tend to focus upon the individual in explaining offending behaviour, rather than upon social or structural factors.

In this field, much attention has been paid to the 'cycle of child abuse', 'victim-to-victimiser' (Glasser, Campbell, Glasser, Leitch, and Farrelly, 2001) or 'sexually abused-sexual abuser' hypothesis, which holds that there is a positive association between a history of sexual abuse and the later perpetration of it (Jespersen, Lalumiere, and Seto, 2009). Although research in this area is not entirely consistent and equivocal (Stripe and Stermac, 2003; Wilcox, Richards, and O'Keeffe, 2004), the majority of studies have found that perpetrators of CSA have higher rates of sexual abuse as children than both non-sex offenders and non-offenders (e.g. Lee, Jackson, Pattison, and Ward, 2002; Simons, Wurtele, and Durham, 2008). However, it is difficult to provide reliable figures to make comparisons with here, given the wide variation of findings in studies.

We will first consider studies that specifically address intrafamilial child sex offenders (IFCSOs). Based on a sample of 182 sex offenders against children, 57.7% of the 79 IFCSOs reported being sexually abused as a child; 53.3% of the 60 extrafamilial child sexual offenders reported a personal history of CSA; and 73.3 of the 30 'mixed type' (who had offended both within and outside the family environment) did so (Smallbone and Wortley, 2001). Glasser et al (2001) found that the risk of perpetrating CSA was significantly enhanced by a personal history of CSA and, for incest offenders, this risk was doubled. In a comparison between biological and step-fathers who sexually abused their daughters, both were found to have experienced higher than average levels of sexual abuse as children (Greenberg, Firestone, Nunes, Bradford, and Curry, 2005). A meta-analysis of 89 studies which considered the risk factors for both IFCSA and extrafamilial CSA, found that child sex offenders were more likely than non-sex offenders and non-offenders to have been abused as children (Whitaker et al, 2008).

These findings are supported by studies which make no distinction between intrafamilial child sexual offenders and extrafamilial child sexual offenders. In a meta-analysis comprising 17 studies (involving 1,037 sex offenders and 1,762 non-sex offenders), Jespersen et al (2009) found, not only that sex offenders were more likely to have been abused as children than non-sex offenders, but also that those who offended against children had significantly higher rates of childhood abuse than those who offended against adults.

In a sample of 33 perpetrators of CSA, 66 violent offenders, and 25 non-violent offenders, it was found that the majority of perpetrators of CSA (n=75) had been abused as children before the age of 14 (Stripe and Stermac, 2003). In a sample of 23 perpetrators of CSA, half reported having been sexually abused as a child (Thomas, Phillips, Carlson, Kirkwood, Cabage, and Worley, 2013).

The vast majority of victims of CSA are female and do not go on to become abusers themselves. It is therefore imperative to state that having experienced CSA is neither a necessary nor sufficient condition for becoming a perpetrator, nor is it inevitable (Stripe and Stermac, 2003). Other factors that may mediate between being sexually abused as a child and later offending must therefore be explored (Thomas et al, 2013). Researchers have investigated other early life experiences that may impact upon later abusive behaviour. For example, Davidson's (2006) study included 93 indepth interviews (conducted during the course of a probation treatment programme over a three year period) with convicted child abusers, most of whom were intrafamilial. The interviews, some of which lasted for up to three hours, revealed a high incidence of intrafamilial physical and sexual abuse in the early life histories of offenders, along with an inability to maintain meaningful and fulfilling relationships from childhood into adulthood.

Whitaker et al's (2008) meta-analysis also found that family factors are an important part of the picture, with sex offenders having experienced more physical and emotional abuse, worse family functioning, harsher discipline, and poorer bonding and attachment than non-offenders. In a comparison of male sex offenders (both intrafamilial and extrafamilial) in a Taiwanese prison, Lu and Lung (2012) similarly found that the intrafamilial offenders perceived less parental care when they were

children. Thomas et al (2013) found intimacy deficits, negligent and abusive parents, low self-worth, and the absence of a loving father to be key background factors. Hartley (2001) also found a clear picture of instability in the family backgrounds of the eight intrafamilial abusers in her study, including: parental conflict; perception of parental rejection; poor attachments; intimacy deficits; unmet needs; low self-esteem; emotional and physical abuse; and a lack of nurturing. These vulnerable and unstable environments, she argues, may contribute to both the aetiology and maintenance of sex offending against children.

Research has also found similarities among perpetrators of CSA as adults, in respect to demographic, psychological, and social factors. Compared to controls, both intrafamilial and extafamilial offenders have been found to be less well educated (Smallbone and Wortley, 2001) and more likely to be unemployed (Black et al, 2001). Perpetrators of CSA may also have lower IQs, with some research finding that the younger the victim, the lower the IQ (Cantor, Blanchard, Robichaud, and Christensen, 2005). However, as noted by the authors, there is little research, and no consensus, on whether there are differences between offenders who target intrafamilial and extrafamilial victims.

Perpetrators of CSA have also been found to score higher on psychological measures of distress, rigidity, and unhappiness, and have the need for more sexual and emotional fulfilment (Black et al, 2001). Other common factors include: low self-esteem, feelings of inadequacy, a sense of worthlessness and vulnerability, a perception of being physically unattractive, problems with potency, and feelings of humiliation (Robertiello & Terry, 2007). Such offenders are also more likely to have problems with alcohol, sexual functioning, deviant sexual arousal (Greenberg et al, 2005), and a lack of empathy (Simons, Wurtele, and Heil, 2002).

In comparison with controls, some perpetrators of CSA have also been found to have social deficits: lacking social skills, competence, and secure attachments; having problems with intimate relationships; and suffering from loneliness (e.g. Robertiello and Terry, 2007; Whitaker et al, 2008). This may be due to negative early attachments to parents and caregivers, meaning that, as adults, they are fearful of, and find it hard to form, trusting relationships, frequently having few close friendships and not participating in group activities (Davidson, 2006; Gannon, Gilchrist, and Wade, 2008).

Looking at the externalising and internalising behaviours of perpetrators of CSA, Whitaker et al (2008) found that offenders' externalising behaviours were different to those of non-offenders, including: increased aggression and violence; non-violent criminality; anger and hostility; substance abuse, paranoia and mistrust; and personality disorders. They also found differences in internalising behaviours between groups, including more anxiety and depression, lower self-esteem, and elevated histories of mental illness. Carvaho and Nobre (2013) also found that child sex offenders have problems with internalisation and are characterised by low positive affect (e.g. a lack of joy, interest, enthusiasm, energy, alertness, and self-confidence) and may suffer from depression.

Some research has found that such factors may vary according to victim age, with those who offend against younger victims (less than 6 years old) having worse issues with substance misuse, poorer sexual functioning, and significantly more psychiatric problems than those who offend against older victims (12-16 years old) (Firestone, Dixon, Nunes, & Bradford, 2005).

The majority of adult perpetrators also report having problems in their lives just preceding offending, most commonly relationship and marital problems (Hartley, 2001) and insecure attachments (Davidson , 2006; Sawle & Kear-Colwell, 2001). Supporting this, in a study of nine IFCSOs, it was found that positive relationships, good social and community connections, and successful employment were protective factors against offending (Wakeling, Webster, Moulden, & Marshall, 2007).

Recent research that compared IFCSA offenders with extrafamilial child sexual offenders found that intrafamilial offenders were less 'sexually deviant' (McPhail, Babchishin & Pullman, 2013; Pullman, Babchishin and McPhail, 2013; Seto, Babchishin, Pullman and McPhail, 2013). In an attempt to explain what other factors could account for their offending, antisociality and psychopathology were ruled out. While some evidence suggested that childhood difficulties were a factor, there was a distinct lack of research on the family dynamics of incestuous families which was needed in order to fully appreciate the influence of this on IFCSA.

One area that has received scant attention until recently is the possibility of genetic and biological determinants of CSA, which may be a fruitful area for future research. Some recent research, using functional magnetic resonance imaging (fMRI), has found altered patterns of brain activity in child sexual abusers, particularly in the frontal and temporal areas of the brain (Wiebking and Northoff, 2013). Abnormal brain activity and/or lesions in these areas are associated with disinhibited sexual behaviour, suggesting the possibility that organic brain damage may be a factor in such cases. Further research using fMRI to look specifically at perpetrators of IFCSA could help contribute to bio psychosocial models of offending.

1.3 Female perpetrators of CSA have broadly similar characteristics to males but may differ in the extreme nature of the abuse perpetrated against them as children and the seriousness of their mental health problems as adults.

CSA by females has historically been a taboo subject – an act seen as unnatural and going against all societal moral norms of females as the gentler sex – and has thus been given scant attention in the literature in this field (Boroughs, 2004; Miller, 2013). However, although CSA is predominantly perpetrated by males, female CSA is a very real problem, which research is increasingly exploring in terms of primary offending, life histories, personality traits, characteristics and motivations (Turton, 2010). As noted in the previous section, research in this area often blurs, or ignores, the distinction between offenders who commit intrafamilial and extrafamilial CSA. However, it has been found that female child sex offenders usually target children related, or at least known, to them (Giguere & Bumby, 2007).

Determining the rate of IFCSA perpetrated by females is problematic. One study which analysed the rates of abuse perpetrated by females across a number of large

surveys in the U.S. conveyed the difficulties, including reliance on retrospective surveys which appear to be at odds with official estimates produced by child protective services. A review of 20 random community, state, and national prevalence studies demonstrates that only four were shown to provide information about the offender's gender and their relationship to the victim. The statistics revealed that only 0.01% (n=7812) of the respondents across these studies was sexually abused by a mother. However, in the 1998 National Child Abuse and Neglect Data System (NCANDS) incidence study mothers offended or co-offended in 53% of all cases of sexual abuse committed by a parent or parent figure. The implications here are that mothers are being identified as offenders at a much higher rate than the reporting by victims in retrospective studies (Bolen, 2003). However:

> *Finkelhor and Hotaling (1984) uncovered a practice by child protective services workers of categorizing mothers as co-offenders when the workers considered that the mother allowed the abuse to occur, even though she did not participate in the actual abuse* (Bolen, 2003, p.1337).

The key issue for research is whether female-perpetrated IFCSA is rare or simply under recognised and reported. As discussed previously the cultural and/or societal difficulties in accepting or recognising that women, or indeed mothers, can sexually abuse children is cited as a very powerful factor in influencing under-reporting in various studies. This is regarded as one of the principal factors obscuring the incidence of this particular form of adult to child IFCSA.

> *Although societal responses to female sexual offending appear to reflect two divergent extremes, it is arguable that the responses of outrage and ambivalence both stem from the common belief that women are incapable of committing sexual offences.* (Denov, 2003a, p.48)

This cultural phenomenon has also been reflected in the findings from various studies conveying how victims of parental sexual abuse find it harder to disclose that the perpetrator was their mother. One victim in Denov's (2003a) study said he found it easier to disclose his father's abuse than his mother's. The difficulty for the victim to disclose in the first place is also reflected in the attitude of professionals. Some victims have experienced a complete denial and resistance in this respect.

In terms of life experiences of female child sex offenders, research paints a picture of both childhood and adult dysfunction. Some evidence points to FCSOs being more likely to be poorly educated and of lower socio-economic status (Peter, 2008). Boroughs (2004) – focusing primarily on the sexual abuse of children by their mothers – found female child sex offenders were typically from chaotic homes. Deprived backgrounds, with poor living conditions, and lack of medical care and food, have also been found in female child sex offenders (Miller, 2013). However research in this area is very limited and it is therefore difficult to generalise.

As with male sex offenders, research points to high rates of sexual victimisation in childhood (e.g. Vandiver and Kercher, 2004) as well as verbal, physical, and emotional abuse (Boroughs, 2004). Furthermore, such abuse may be particularly extreme (e.g. Miller, 2013). Painting a picture of the 'typical' female sex offender

(who mostly offends against friends or relatives), Tsopelas, Spyridoula and Athanasios (2011) describe a '*dysfunctional family background where physical, emotional, and sexual abuse may have been extensive and severe, involving invasive sexual and physical activities, as well as multiple episodes of abuse*' (p.125). Strickland (2008) also found the severity of childhood trauma (particularly sexual abuse, but also physical and emotional abuse and neglect) to be a significant risk factor for the future development of sexual offending in females. And Christopher, Lutz-Zois and Reinhardt (2007) found that female offenders who sexually offended against children experienced both more frequent CSA as children, and for a greater duration of time, than non-sex offenders.

The literature suggests that female child sex offenders may share the psychological traits and disorders that have been attributed to male offenders including: low self-esteem; poor coping skills; impulsivity; impaired emotional self-regulation; substance abuse; emotional immaturity/dependency; intimacy problems; social isolation; repressed anger; sexual dysfunction, and inappropriate personal boundaries (e.g. Miller, 2013; Vandiver and Kercher, 2004). In a review of the literature in this area, Strickland (2008) similarly found emotional dependence; poor self-esteem; sexual dysfunction; social isolation; substance abuse; emotional immaturity; strong dependence needs; boundary issues; and internal anger to be common problems in female child sex offenders. Feelings of a lack of control, sense of belonging, and rejection by males are also typical (Boroughs, 2004). In an analysis of the case files of five women who had sexually abused their own children, it was found that the women had multiple life problems, including psychological impairment and relationship difficulties (Grattaglianno, Owens, Morton, Campobasso, Carabellese and Catanesi, 2012). This is in keeping with much of the research focusing on the early life histories of male sexual offenders (Davidson, 2006). Lifestyles which include problems such as prostitution and violent partners have also been found amongst this group (Grayson and De Luca, 1999).

Research suggests that mental health problems are disproportionately evident in female child sex offenders (Wijkman, Bijleveld, and Hendriks, 2010), although it should be noted that mental health is less likely to be acknowledged as being an issue in men compared to women. The 'predisposed' type of female child sex offender (identified by Matthews, Matthews and Speltz, 1989) – who abuse their own children or other children in their care – tend to have serious mental health disorders and are often chronically suicidal (Robertiello and Terry, 2007). Vandiver and Kercher (2004) also found high rates of depression and personality disorders. In Grattaglianno et al's (2012) sample of intrafamilial female child sex offenders, all five had personality disorders (three antisocial personality disorders and two borderline personality disorders). However, there is mixed evidence for types of personality disorders found in this group. Miller (2013), for example, found that although female sex offenders may have higher rates of borderline, avoidant, and paranoid personalities, this is usually not the case for antisocial personality disorder.

Research that has compared male and female sex offenders has found some differences and similarities. Females are more likely to have been victims of IFCSA and to have experienced severe and repeated sexual abuse before the age of six (Oliver, 2007). They are also more likely to have attempted suicide and be

diagnosed as suffering from post-traumatic stress disorder (PTSD) (Ibid.). And while female sex offenders may have high rates of borderline, avoidant, and paranoid personalities, unlike males this is usually not the case for psychopathy or antisocial personality disorder (Miller, 2013). However both groups tend to score similarly on measures of depression, anxiety, and suicidal ideation (Oliver, 2007). More research is clearly needed in this area.

1.4 Research has found that children and young people who display harmful sexual behaviours often have poor social skills, histories of abuse, mental health issues and learning difficulties.

Studies on children and young people with harmful sexual behaviours are less likely to distinguish not only between IFCSA and extrafamilial child sexual abuse but also between child versus peer/adult abuse. However, there is evidence that the 'typical' young person with sexually harmful behaviour is a white male who commits intrafamilial sexual abuse against (female and male) children who are family members (e.g. Keelan and Fremouw, 2013). Yet, unless specific distinctions in studies are made, the general term 'children and young people with harmful sexual behaviours' will be used here.

Although most victims of child abuse do not display harmful sexual behaviours, it seems that being a victim of abuse or neglect does significantly increase the likelihood of displaying harmful sexual behaviours as an adolescent (e.g. Burton, 2000; Centre for the Study and Prevention of Violence (CSPV), 2008; Daversa and Knight, 2007). In an analysis of the background factors of young people with harmful sexual behaviours, from a survey of students in further education in Iceland, it was found that the group (n=344) who self-reported that they had abused or sexually assaulted someone else were more likely than their contemporaries to have been abused as children (Sigurdsson, Gudjonsson, Asgeirsdottir and Sigfusdottir, 2010). High rates of sexual and non-sexual abuse were also found in the backgrounds of 700 children who had displayed sexually abusive behaviours in which the victims were usually known to the offender (although, in 75 per cent of cases, not actually related) (Hackett, Philips, Masson and Balfe, 2013). Young women who display sexually harmful behaviours have also been found to have suffered high rates of sexual abuse in their childhoods (Roe-Sepowitz and Krysik, 2008). Estimates of the prevalence of a history of abuse among young people with sexually harmful behaviours vary, but according to the Centre for Sex Offender Management (2000), 20−50% of young people with sexually harmful behaviours have histories of physical abuse, while 40−80% have histories of sexual abuse. Furthermore, young people with sexually harmful behaviours have been found likely to repeat the behaviours that they themselves experienced as victims (Veneziano, Veneziano and LeGrand, 2000).

Other factors common to young people with sexually harmful behaviours may include violence in the home; poor sexual self-regulation; delinquent peers (Sigurdsson et al, 2010); social isolation; lack of self-esteem (CSPV, 2008); poor academic performance (Centre for Sex Offender Management, 2000); and juvenile delinquency (Langstrom and Lindblad, 2000). A review of 21 studies that compared

young people with sexually harmful behaviours who sexually abused children with those who abused peers/adults, also found that those who abused children were more impulsive, neurotic and anxious; had more attention problems, conduct disorders, and socialised aggression; and experienced more family violence (Keelan and Fremouw, 2013). Robertiello and Terry (2007) also note that young people with sexually harmful behaviours (who often abuse their siblings or other relatives) may lack self-esteem, social competence and social skills.

Higher rates of mental health disorders and learning disabilities have also been found in children and young people with sexually harmful behaviours. According to the Centre for Sex Offender Management (2000), up to 80% have a diagnosable psychiatric disorder, 30−60% exhibit learning disabilities and many have difficulties with impulse control and judgment. In a sample of 127 young people who had exhibited 'developmentally unexpected sexual behaviours' (most commonly against siblings and friends), it was found that 96% met the criteria for at least one psychiatric disorder, most commonly Conduct Disorder, followed by Attention Deficit/Hyperactivity Disorder (Gray, Pithers, Busconi and Houchens, 1999). Hackett et al (2013) found that, of the 700 young people with sexually harmful behaviours sampled, 38% had learning disabilities and 62% had no cognitive impairment .

Findings regarding psychopathy are less conclusive. Langstrom and Lindblad (2000) looked at 56 young people with sexually harmful behaviours in Sweden, in respect of psychopathy. Although they found higher than normal rates of hyperactivity/inattention, language disorders, and neurological/ neuropsychiatric disorders, only a few were diagnosed with psychopathy. However, Keelan and Fremouw (2013) found that young people with sexually harmful behaviours who offended against children had higher rates of psychopathy (particularly internalising behaviours), as well as developmental disorders and personality disorders (schizoid, avoidant, and dependent). Daversa and Knight (2007) also noted the presence – and importance in terms of the development of sexually abusive behaviours – of psychopathy in young people with sexually harmful behaviours.

Righthand and Walsh's (2001) comprehensive literature review found that the typical young person with sexually harmful behaviour has been sexually abused as a child; comes from an unstable family; has social deficits − problems with social confidence and competence, isolation, and poor peer relationships; has academic, cognitive and intellectual difficulties; and disproportionally suffers from mental health disorders.

1.5 Aetiological models of sexual offending which integrate numerous social, biological, cognitive, psychological, cultural, and interpersonal factors can help us to understand how CSA develops and is maintained.

Various aetiological models and frameworks have been developed to explain why some children with the backgrounds and vulnerabilities explored above go on to become child sex offenders and some do not. These models broadly encompass biological, personality, social learning, cognitive, and evolutionary theories (Thomas et al, 2013). Most researchers are in agreement that CSA is not single-faceted but '*multi-dimensional and multi-determined*' (Smallbone and Wortley, 2001, p.1).

Finkelhor's Four Preconditions Model (1984) is usually cited as the earliest aetiological model of sexual offending which recognised that CSA is a complex issue, involving an interaction of various factors (Ward, Polaschek and Beech, 2006). Finkelhor observed that previous research was largely reliant on solo, or single factor, theories of CSA − the main four being: emotional congruence (sex with children is emotionally satisfying); sexual arousal (children are sexually exciting); blockage (sexual needs are unable to be met in the usual, socially acceptable ways); and disinhibition (behaviours outside of personal and social norms are carried out when disinhibited). Using these single factor theories as a starting point, Finkelhor looked to integrate them, grouping them into four preconditions that must be met before CSA occurs.

Finkelhor's four stage model sets out a proposed process by which people come to commit sexual offences, where interruption at any stage prevents the offence (Brown, O'Donnell and Erooga, 2011). The four stages are:

1) Motivation to sexually abuse: this motivation may come from a variety of sources, which differ depending on the individual's situation and experiences.
2) Overcoming internal inhibitions: most people know that sexual activity with children is illegal and regarded by most people as wrong. Therefore in order to carry out such acts they have to overcome their inhibitions, which they may do by using alcohol or drugs as disinhibitors and/or employ cognitive distortions. Others lack these inhibitions altogether.
3) Overcoming external inhibitions: an individual must find a situation in which the abuse can take place and a way to manage any external obstacles to this. 'Grooming' is part of this stage.
4) Overcoming the resistance of the child: they must find methods to overcome any resistance on the child's part. These may include the use of bribes, the offer of friendship, and/or the use of physical force.

It has been argued that although this model very successfully links motives to different phases of offending, it lacks explanatory depth (Ward et al, 2006a). Specifically, it fails to properly address the developmental origins of CSA and the trajectory from childhood experiences and circumstances to later offending. Later models have therefore tried to address this gap, incorporating early developmental factors as key points.

One of the most influential models in this field has been the pathways to offending model, developed by Ward and colleagues (Ward and Hudson, 1998; Ward and Siegert, 2002). This model attempts to account for, and integrate, the complex and interacting factors involved in CSA. This model posits that the predisposition to sexually offend has evolved from life experiences which, it is argued, result in four separate psychological mechanisms (Ward et al, 2006):

- emotional deregulation, involving problems identifying and controlling emotional states

- interpersonal, intimacy, and social skills deficits, characterised by social

isolation, loneliness and dissatisfaction

- distorted sexual scripts, including deviant sexual fantasies and arousal

- offence-supportive cognitions (also known as cognitive distortions).

Although every sexual offence involves the activation of all the factors above, only one need be fundamentally dysfunctional, with the others often functioning normally, becoming harmful only when the primary mechanism is activated. An example to illustrate this from Ward et al (2006) is that of a man who has interpersonal and social skills deficits, stemming from early insecure attachment styles in childhood. He abuses a child in order to fulfil a need for intimacy, which he is unable to get from another adult due to his inability to form normal relationships with his contemporaries. His abuse of a child is not, therefore, primarily about deviant sexual arousal or preferences but a way of being intimate with another human being.

Depending on what an individual's main psychological dysfunctions or deficits (as described above) are, it is proposed that they will fall into one of five aetiological pathways to offending:

1) multiple dysfunctional mechanisms pathway
2) deviant sexual scripts pathway
3) intimacy deficits pathway
4) emotional dysregulation pathway
5) antisocial cognitions pathway.

Those who follow the 'deviant sexual scripts pathway' are thought to have distorted sexual scripts and dysfunctional relationship schemas, which may have come about as a result of sexual abuse as a child, resulting in them being sexualised at too early an age. This type of offender usually seeks impersonal sexual encounters, which are purely a means of physical gratification and release, rather than a means of seeking or expressing intimacy. Children, as opposed to adults, may be targeted opportunistically in order to satisfy such needs and may be seen as more accepting of this treatment.

One criticism of the pathways model of sexual offending is that only applies to adults and cannot be used to explain the actions of children and young people who display sexually harmful behaviours against other children. Daversa and Knight (2007) proposed an aetiological model for such children and young people, involving four pathways to offending:

(a) from emotional abuse and physical abuse, through psychopathy and sexual fantasy, to child fantasy and child victim;
(b) from emotional abuse and physical abuse, through sexual inadequacy, sexual fantasy, and child fantasy to child victim;
(c) from emotional abuse and physical abuse, through sexual inadequacy, to child fantasy and child victim; and
(d) from sexual abuse directly to child victim (p.1323).

Daversa and Knight's a priori model was tested using the Analysis of Moment Structures (AMOS) (Arbuckle, 2003) 5.0 SEM software package. SEM was chosen for this study because of its ability to model the relations, or covariance, between a chosen set of exogenous and endogenous latent variables (Hoyle and Smith, 1994) and because the study involved the testing of causal relations among these variables (Kline, 1998). The model appears robust although it is yet to be tested further.

Marshall and colleagues (Marshall and Marshall, 2000; Marshall and Serran, 2000) have used the key concepts of insecure attachments, vulnerability, and resilience, to develop models which may help to explain how factors such as the biological, developmental, socio-cultural, personal, and situational, can create predispositions to sexually abuse children. For instance, Marshall and Serran (2000) argue that vulnerability arises from insecure childhood attachments which result in low self-confidence and poor social skills. These may then produce negative attitudes toward women, or fear of adult relations, creating either an attraction to children (who are seen as non-threatening) or aggression towards women (Marshall and Serran, 2000). However, even then, the opportunity to offend must arise and would-be offenders '*must disinhibit whatever constraints they have against offending*' (Marshall and Serran, 2000, p.87). This is arguably where cognitive distortions play a key role.

Since the early 1980s, cognitive distortions have been a key focus for researchers and professionals working in the area of CSA (Gannon, Ward and Collie, 2007). The term 'cognitive distortion' refers broadly to maladaptive attitudes, opinions and beliefs, as well as problematic thinking styles which involve cognitive operations such as minimising, rationalising, blaming, and excusing sexual abuse (Ward and Casey, 2010). Offence-endorsing statements made by child sex offenders that are examples of such cognitive distortions and which have informed the development of models, include those such as: 'sex is good for children', 'children enjoy sex with adults', 'children often initiate sex and know what they want' (Ward, Gannon, and Keown, 2006), 'sex with children is harmless' and 'children provoke adults into having sex with them' (Mann, Webster, Wakeling, & Marshall, 2007). Such statements can be seen as contributing to both the initiation and maintenance of child sex offending (Burn and Brown, 2006).
The idea of cognitive distortions in sex offending was first introduced by Abel and colleagues in the 1980s – known as Abel's Cognitive Distortion Theory – based on an analysis of sex offenders' common statements used to justify their behaviour (e.g. Abel, Becker and Cunningham-Rathner, 1984; Abel et al, 1989). Cognitive distortions were seen as internal processes which were used as a means of justifying and rationalising sex offending thus allowing its continuation.

Over a decade on, Ward and colleagues developed and refined this concept. In 1999, Ward and Keenan identified five types of implicit theories (ITs) – networks of related beliefs that child sex offenders have about themselves and their world which are used to make inferences about the mental states and behaviour of their victims – which were developed into Ward's Implicit Theories Model (2000). These include:

- children as sexual beings: children are seen as intrinsically sexual beings who enjoy sex

- nature of harm: real harm is either believed to be physical/violent in nature, or sex is viewed as a fundamentally inoffensive act

- entitlement: offenders see their needs as the most important, overriding the needs of children

- dangerous world: the social world of the offender is seen to be hostile, rejecting and exploitative, leading them either to see children as part of this and wanting to put them in their rightful place, or viewing children as a safe haven from this world

- uncontrollability: offenders see themselves as out of control and unable to prevent the expression of their more powerful urges.

One important way in which Ward developed Abel's earlier work was in his argument that these ITs are thought to have developed in response to adverse childhood circumstances and events – such as those described in the previous section – which the child is trying to understand. Later, Ward et al (2006b) furthered research in this field, with the development of the Judgement Model of Cognitive Distortions (JMCD). More recently, Ward and Casey (2010) have proposed using extended mind theory (EMT) as a framework for developing a new model of cognitive distortions in sex offenders.

Although most work in this area has been based on convicted male samples, there is some limited evidence that female child sex offenders may share such cognitive distortions, including the beliefs that: the child actually seduced them; the sexual acts made the child more mature; or seeing sexual behaviour that does not involve penetration as not real sex (Miller, 2013).

Gannon, Hoare, Rose, and Parrett (2012) specifically looked at whether Ward's Implicit Theories Model (developed from data on male perpetrators) was also applicable to female child sexual offenders. Through an analysis of 16 UK female child sexual offenders, the authors found that it was possible to code female offenders' distorted cognitions under each of the five ITs identified by Ward. However, it was found that the content of the cognitive distortions/offence-supportive cognitions were different to those of males. For example, when it comes to 'children as sexual beings', women were less likely to see this as a universal, applying to all children, but rather to particular children. And when it came to the 'dangerous world' IT, women were more likely to see men, specifically, as dangerous.

Although there are some researchers who argue that there is scant direct evidence for cognitive distortions in perpetrators of CSA (e.g. Howitt and Sheldon, 2007), almost all recent aetiological theories of child sex offending give primacy to the role of cognitions (Gannon et al, 2007).

What do we think we know but are less confident about?

1.6 The impact of child sexual abuse leaves its victims with long-term profound psychological damage. The short-term impacts of IFCSA are also extremely damaging but 'hidden'. This makes intervention very difficult and leads to extended suffering.

As much CSA remains unreported it is difficult to assess the short or long term effects (Stark, 1984). Fisher and McDonald (1998) conclude that IFCSA victims suffer greater physical and emotional symptoms due to greater intrusion in regards to the relationship of trust with the perpetrator. Penetrative assaults are most likely to cause the most negative impact (Negriff et al, 2013) and feelings of 'dirtiness' and worthlessness develop when children become aware, usually between ages of 6−13, that a sexual act is abusive or wrong (DiGiorgio-Miller 1998). Newman, Lubell and Peterson (1998) suggest inevitable problems in building and sustaining relationships with others including anxiety, stigma and revictimisation.

Estes and Tidwell (2002) found that children who had experienced IFCSA (as opposed to though those who had experienced extrafamilial CSA) displayed significantly more sexualised behaviour. They also found that mothers who had experienced IFCSA themselves reported significantly more substance abuse on their own part and in their families of origin, and also more physical abuse in these same families than mothers who had not experienced CSA. Research also points to feelings of confusion, fearing rejection, being used, humiliation and fear (Mey and Neff, 1982). Daughters who are victims report disbelief, confusion, guilt and anger (Phelan, 1995). The impact of child sexual abuse on males can be serious and long lasting, although considerably underreported, they may fear homosexuality, victimise other children and become substance misusers (Mey, 1988).

The Adult Psychiatric Adult Morbidity survey (APMS), a representative national community-based sample, included interviews with 7,400 adult men and women aged 16 and over from across England, and generated rates of treated and untreated psychiatric disorder.

A reanalysis of this data generated groups with particular profiles of abuse and violence and revealed how these groups have very different mental health outcomes.

> *Women were more likely than men to be in every group characterised by experience of violence and abuse, especially those groups where such experiences were the most extensive. 84% of people in the 'extensive physical and sexual' violence group were female. However, men were present in every group* (NatCen, CWASU and DMSS, 2013, p.64)

We know extremely little about the experience of IFCSA that has been received first hand from the child victim presented in research papers. This could be due to ethical problems in seeking the views of children but some research has been conducted with full regard to ethical considerations (Plontnikoff and Woolfson, 2009). It is ethically challenging to ask children to recount traumatic experiences for the purpose of research. There is some evidence from adults reflecting on their experiences but

there are issues here around recall and validity. The only study found which includes the experience of IFCSA from a non-adult perspective is Atwood (2007) which relied on anonymous internet participants, meaning that the findings should be viewed with some caution as they cannot be validated against case records. However some of the reported impacts and experiences of victims in retrospective studies are mirrored in this study. One girl found her step dad to be 'cute' and got jealous about his relationship with her mother. Perhaps the absence of a biological father meant that she sought approval in sexual ways. Debby (no age given) also regarded what would be clearly defined as abuse as something which is positive and equal, regarding them as 'lovers' rather than victim and perpetrator. She does not regard her experience as molestation despite being only 9 when it started. This notion of 'being in love' is one which crops up in terms of the way male relatives view their victims but one which is rarely described in terms of the way children view their abusers:

> *I was loved by my uncle when I was 9. I don't call it being molested. I call it loved. I lost my virginity to him at 10. We were lovers until I was 15. My dad got suspicious and I missed some periods. He banned his brother from visiting. I've seen him since for sex. He wasn't married.*

However, a young victim's belief that are in love with the perpetrator is not an uncommon experience, and this can be the case, particularly with vulnerable victims (Quayle, Jonsson and Loof, 2012). Kathy, aged 13 is more questioning about her experiences in terms of whether what happened was wrong but feels worried about what will happen to her dad if someone found out about the abuse. She envisages a negotiation regarding her disclosure:

> *My dad molested me. He started three years ago. It's not right, is it? He tells me it is. I don't usually like doing it. He lets me drink sometimes though so it isn't as bad. Sometimes he forced me to have sex. I don't want him to get into trouble. He will go away and I won't have anyone then. I've told him I don't want to do it. He says I don't know my own mind, but I know it's wrong. He said he'd get into trouble if I told a teacher.*

This last example clearly highlights the emotional 'threat' that young victims of IFCSA have to endure and which in turn inhibits any attempt to report the abuse. There is often concern about upsetting the abuser or splitting up the family. Similarly in Phelan (1996), a step daughter explains how she did not realise what they were engaged in was wrong because of the authority of her step-father, but reflected later that what was happening was inappropriate:

> *I knew there was something wrong, I just didn't know what it was. I was ignorant. I didn't know what he was doing. I didn't know what it was called so I wasn't brave enough to tell what he was doing or tell anybody what it was. I didn't know what to do about it. I knew I was scared.*

Grace's story in Salter (2013) presents a completely different experience, although she is not able to remember the abuse before her teenage years. She acknowledges that her life has been ruined by the abuse which was sustained from childhood to adulthood. She is now is her 50s but struggles with the past on a daily basis. She still

works as a waitress for her parents who she relies on financially for an inheritance due to a disrupted education history and subsequent low paying jobs:

> *Putting on a facade for the outside world and pretending I'm something else. But that's not me at all . . . I'm not happy with my life. Sometimes, I don't want to be here. It's just, sometimes, all too much. . . . If I have a day off I can just sit in the same spot all day. I find it very difficult sometimes.*

She describes the way in which her abuser completely isolated her, leaving her with no one to talk to about what was happening. Consequently the abusive behaviour may have been somewhat normalised or inescapable. With the absence of peers or a school network to have regular contact with, Grace recalled that her mother was unresponsive to her children and she rarely received praise − even now she is still seeking the approval of her parents. Grace's father constructed her as 'troublesome' to the rest of the family so that in case she disclosed the abuse they would likely question her motives for declaring it:

> *I think she [mother] was just very frustrated. And she would use anything she could find in the house, and hit me with it. So I remember going to school with cuts on my arms, because she would hit me with anything—the bread knife, the jug cord, the feather duster, whatever she could find. And I don't think I was that naughty.*

This example clearly highlights three other dimensions specific to IFCSA:

1) a lack of trust in the other parent or the knowledge that they would be unsupported if they were to tell
2) the role of the abuser and often the non-offending parent to demonise the child victim, to assert that they are a troublemaker so as to 'hide' the abuse
3) the role that non-sexual assault/ violation/ abuse/ neglect can have in perpetuating sexual violence.

A study of 218 alleged child sexual abuse victims whose cases had been referred to the District Attorney's Office in Denver, Colorado, found that there was significant support for a model suggesting that children who were older, came from incestuous families, felt greater responsibility for the abuse, and who feared negative outcomes of telling someone would result in delayed disclosure. The conclusion was that:

Children's cognitive appraisal of others' tolerance of disclosure of child sexual abuse, and their own perceptions of responsibility for the abuse, are crucial to the decision to disclose (Goodman-Brown et al, 2003, p.525).

Little has been written about male survivors of IFCSA. In Freeman (1991), this victim describes the way in which his father preyed on him and lied to himself to conceal the secret:

> *So it fell on me, the youngest and most vulnerable, and perhaps the child to whom he felt closest, to be the target and the fulfiller of his emotional needs.*

> *Under the cover of night, the time he felt most lonely or maybe the only time he felt anything at all, he could pretend it wasn't happening; he could block out the meaning of his acts. And so would I.*

At the age of 14, he sought therapy for the abuse although could not actually remember what happened. He was clinically depressed and horrified that sexually he preferred men to women:

> *It took me 17 years and five therapists to believe finally what my body was telling me. There should be no need for anybody to go through that long, confusing struggle. With a little luck, the willingness to face some difficult and painful emotions, and with the right kind of love and support, it is possible to disentangle the present from the past and to live life free from the effects of childhood incest.*

The long term impacts of IFCSA in adulthood include low self-esteem, insomnia, flash backs, a perception of the inability to please others, and low paying jobs (Salter, 2013). Roesler and Wind (1994) point to chronic headaches and personality disorders and post-traumatic stress disorder in later life. IFCSA victims are likely to be over-sexualised after the age of 18 due to psychological injury and be estranged from one or both parents (Stroebel et al, 2012).

Ussher and Dewberry (1996) note that victims may be afraid of sex; afraid of men; be insecure; hate themselves and their bodies; and are in fear for their own children. Half of the victims of brother-sister incest never get married (Caffaro and Conn-Caffaro, 2005). Depression, suicidal tendencies, disturbed sexual functioning, marital breakdown are some of the impacts of IFCSA, with abuse by a father or step father having the most negative impact (Beitchman et al, 1991). Abu Baker and Dwairy (2003, p.112) in reference to Palestine, demonstrate how families are blamed and shamed for the abuse of an individual by their communities, the child's suffering is not taken seriously and he/she is regarded as '*a dangerous weed which has to be dug out*' and is ostracised from their families. Tyagi (2001) points out that experiences of abuse had prepared victims to become better judges of men which in turn had alerted them to potential dangers their own children may face in the future in terms of avoiding abuse.

The majority of the IFCSA literature is concerned with interventions for male perpetrators or adult survivors. Dixen and Jenkins (1991) note that male victims are less likely to disclose and therefore less likely to seek treatment – so their experiences remain more hidden than female victims. If victims do not disclose until years after the abuse, treatment can only be carried out retrospectively. Furthermore, for half of children who disclosed IFCSA to their parents, the abuse carried on for another year because the parents blamed the children rather than providing support in terms of seeking treatment (Roesler and Wind, 1994). Consequently children and young people are missing out on intervention and may not disclose to anyone again.

De Luca, Hazen and Cutler (1993) discussed a group counselling programme for female victims of IFCSA. Girls aged 10 and 11 attended this initiative for ten weeks.

Treatment sessions included discussing feelings about the offender, guilt, fears and prevention of future abuse. Self-report findings demonstrated increased levels of self-esteem and decreased anxiety levels, although there was no change in feelings of loneliness. Support is given by the authors for the use of group counselling for IFCSA victims. Stroebel et al, (2012, p.178) identified a range of approaches to address the needs of victims which include the victim advocacy model (e.g. Courtois, 1988), a family systems approach (e.g. Maddock and Larson, 1995), reintegration therapy (e.g. Meiselman, 1990), and a cognitive-behavioural approach (e.g. Westerlund, 1992).

Castillo (nd, p.20) suggests the following in regard to best practice when treating IFCSA victims:

i. *Treat the incest or child sexual abuse directly along with its original and compounded effects. Treat the related disorders and symptoms along with the abuse memories and facts.*

ii. *Use the traumatic stress and family systems models to understand the incest or child sexual abuse, its effects, and symptoms and to plan and implement treatment. The family interactions should be explored with the victim in terms of how the family placed the victim in that role.*

iii. *Individualize the treatment for the victim. Hypnosis and regression, journaling, collages, psychodrama may be helpful for some victims and not for others. Support groups are also suggested.*

iv. *Foster the development of the therapeutic relationship in a safe environment. Build the trust over time and create the safety and support the victim's needs.*

Current literature on the evaluation of support services for victims following disclosure appears elusive in the UK. Horvath (2010) suggests that internationally, group treatment is the most favoured treatment option as victims do not feel alone. Other approaches such as goal orientated and structured therapy have also seen positive results. An example of this group or family therapy was identified in an Australian study in relation to sibling abuse through the Children's Protection Society in Melbourne. The work at this counselling centre was concerned with achieving the correct balance between safeguarding the individual and the wellbeing of all family members. They had already been concerned with examples of this in a recent case where two younger siblings were being abused by an older 16 year old half-brother. The children's' counsellors had indicated that the younger siblings were keen on reunification but had concerns about the timing and ramifications of this. The magistrate however allowed the older boy home without question:

> *The counsellors left the witness box stunned and bemused. In trying to advocate fairly for all children had they somehow failed the victims of* abuse (Keane, Guest and Padbury, 2013, p.246).

In terms of this group therapy framework and consideration of all members of the family, particularly in cases of IFCSA depending on how many victims there are. This relates to the specific problem of support for non-offending members of the family, often the mother or partner of the abuser. This is highlighted in a study (Levenson,

Tewksbury and DiGiogio-Miller, 2012) that focused on non-offending care-takers (31 survey participants) who were closely related to a registered sex offender who abused the child that was in their care:

> *More than one half indicated that family and friends do not seem to understand the unique circumstances of intrafamilial sexual abuse, and few viewed the abuser at risk to reoffend* (Ibid., p.179).

A recent study of adult female survivors of IFCSA (Hudson, 2013) made the point that previous research '*has asserted that crime victims suffer from a sense of "shattered meaning" after their victimisation, Survivors of intra-familial CSA by its inherent nature, had rarely experienced a sense of safety, or "just world" prior to the abuse*'.

One very important contribution to a fuller understanding of the effects of sexual abuse is the 'traumagenic dynamics' model which asserts that the experience of sexual abuse can be analysed in terms of four trauma-causing factors:

- traumatic sexualisation
- betrayal
- powerlessness
- stigmatisation.

The key to understanding the severity of the impact is that although none of these factors are unique to CSA and can occur in other kinds of trauma, the presence of all four in one set of circumstances is unique to CSA.

These dynamics alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities. For example, the dynamic of stigmatisation distorts children's sense of their own value and worth. The dynamic of powerlessness distorts children's sense of their ability to control their lives. Children's attempts to cope with the world through these distortions may result in some of the behavioural problems that are commonly noted in victims of child sexual abuse (Finkelhor and Browne, 1985).

The NSPCC is currently conducting a waiting list Randomised Control Trial (RCT), testing a range of therapeutic approaches with children and young people aged between 5–18 years old. This is being delivered in 20 teams across England, Wales and Northern Ireland with an expectation of working with 900 children. The approach includes play therapy, psychotherapeutic approaches and some elements of Cognitive Behavioural Therapy. In addition to evaluating the effectiveness of the intervention, the relative importance of the therapist/child relationship will also be measured in terms of the outcomes for the child. This is the largest RCT of its kind ever undertaken in the UK (J. Brown, personal communication, May 27, 2014).

Although the prevalence of IFCSA cannot be accurately measured, it is clear on the basis of the literature reviewed that the impacts are often severe, life changing and difficult to recover from. The effects appear to be relatively consistent and

undisputed across the literature although will vary by a number of factors including the length and severity of the abuse. Sexual behaviours are consistent with both intrafamilial child sex offenders and extrafamilial child sex offenders, although intrafamilial abuse is likely to be the most psychologically damaging. What we are less confident about is the impact of more immediate effects of IFCSA on account of the extended length of time it often takes for victims to disclose the abuse.

Summary of findings for research question 1

What we do know and are confident about?

1. It is difficult to know the national and international prevalence of intrafamilial child sexual abuse (including fluctuations over time). There is considerable evidence to suggest that a substantial amount of CSA is committed by close relatives or those known to the victim. Victims can be both boys and girls, but the majority of victims are known to be girls.

2. Intrafamilial child sexual abuse covers a variety of behaviours labelled within the literature as 'intra-familial'/'incest' dynamics and sexually abusive or assaultive behaviours.

3. Perpetrators of CSA are likely to have childhood backgrounds of maltreatment and/or sexual abuse, and/or challenging familial circumstances. Research in this area demonstrates that perpetrators are likely to have experienced some form of childhood abuse however this is not to say that all perpetrators will have had this experience. It is acknowledged that research in this area has relied largely upon offender self-report and psychometric testing the validity of which can be questioned. Perpetrators can be both male and female, but the vast majority are male.

4. Female offenders of CSA have broadly similar characteristics to males but may differ in the extreme nature of the abuse perpetrated against them as children and the seriousness of their mental health problems as adults.

5. Children and young people who display harmful sexual behaviours often have poor social skills, histories of abuse, mental health issues, and learning difficulties.

6. Aetiological models of sexual offending which integrate numerous social, biological, cognitive, psychological, cultural, and interpersonal factors can help us to understand how CSA develops and is maintained.

What do we know but are less confident about

7. The impact of child sexual abuse leaves long-term profound psychological damage. The short-term impacts are also extremely damaging but 'hidden'. This makes intervention very difficult and leads to extended suffering.

Section 2: What is known about child protection in response to victims of intrafamilial CSA? How does this compare to other countries where practice has been evaluated and is thought to be good?

This section of the report focuses on the effectiveness and impact of the child protection system and criminal justice system on victims of IFCSA. In order to address these issues, academic and grey literature, including empirical studies, case studies, meta-analyses, reviews, government and charity reports, and the views of child protection and criminal justice professionals, parents, and children themselves have all been drawn on.

The findings are presented and categorised according to what we are confident about, and what we are less confident about. We are confident if the papers we used scored high or medium. We are less confident if the papers reviewed scored low or if medium, and there were less than five papers that discussed the issue.

An important point to take into consideration here is that there is a lack of published independent, evaluation research available regarding the effectiveness of social work and criminal justice practice with child victims in the UK. It is acknowledged that pockets of good practice will exist but there is an urgent need to identify and evaluate this work.

What do we know and are confident about?

2.0 There is some evidence for good practice in the child protection system. However, it is clear from the Munro Review, the recent Ofsted inspection, and other literature, that the Child Protection System has become overly bureaucratic and target-centred, at the expense of forming good relationships with, listening to, and ultimately protecting, children.

Research has explored the effectiveness and impact of the child protection system on victims of CSA generally, and IFCSA in particular, with social workers at the frontline (e.g. Cossar, Brandon and Jordan, 2011; Ofsted, 2011; Platt, 2006; Prior, Lynch, and Glaser, 1999). For instance, in considering the main changes in how CSA is approached since the Cleveland child sex abuse scandal in 1987[16], Bacon (2008) argues that society now better recognises the existence of IFCSA and child protection professionals have improved in how they deal with families. However, she goes on to observe that the outcomes for children have *not* improved, with care proceedings for alleged sexual abuse often being unsuccessful in comparison to physical abuse or neglect. According to statistics published by the NSPCC (2014), in

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[16] After medical examinations by two paediatricians in Middlesbrough, 121 children were taken from their homes and placed into care, thought to be the victims of a ritual sex abuse ring. After lengthy police inquiries, cases involving 96 children were dismissed by the courts and in 26 cases children were found to have been incorrectly diagnosed.

July 2013, 50,732 children in the UK were on child protection registers[17] or the subject of child protection plans. Of these, around 5% (2,701) of children were in a category that included sexual abuse (NSPCC, 2014).

However, as noted by Oliver (2010), even when child protection plans *are* put in place for victims of CSA, there may be numerous other problems. Unfortunately, there is a lack of research that has elicited the opinions and experiences of child victims of CSA regarding their experience of the child protection system and the criminal justice system. However, one early study – based on interviews with 35 children and their current carers, concerning social workers' responses to CSA – found that the majority of children thought that their social workers were helpful and liked them (although slightly lower ratings were given for 'liked' than 'helped') (Prior et al, 1999). Specifically, participants spoke of being able to talk about their problems with their social worker and feel listened to; of being given information and explanation in an honest way with child-appropriate language; their social workers having a sympathetic and sensitive attitude and demeanour; social workers being accessible and having continuity of support (seeing the same person throughout); and social workers remembering special occasions such as birthdays. A minority of children were negative about their experiences, questioning whether the social worker was for their or their family's benefit or saying that they found them 'stroppy', 'too smart', or were scared of them.

However, just over a decade later, a less positive overall picture was painted by a study which explored children's views and experiences of their relationships with social workers and of what makes 'a good social worker' (Oliver, 2010). Specifically, children spoke of finding the system confusing and distressing; being fearful of confiding in social workers because of the possible consequences; wanting a say in decision-making about being placed away from the home; finding planning meetings intimidating and alienating; having problems getting in touch with social workers; social workers not turning up for arranged meetings; and frustration dealing with frequent changes of social worker, which meant having to repeat their stories and form new bonds of trust. Generally speaking, the review found that children want social work support that is responsive, flexible, and respectful of their needs and wishes, individual and personalised, and participative.

Another recent study – which conducted interviews with 26 children who all had child protection plans in place (including for CSA) – also found that children were not generally positive regarding their involvement with the child protection system (Cossar et al, 2011). Most children had some understanding of the child protection system, with older children having a clearer one; only a minority had seen their child protection plans; some attended meetings but, of those who did, most found it hard and did not know how to have their views heard; and few saw reports or assessments on them or were able to discuss the reports. When it came to social workers, although some children had good and trusting relationships with them, others rarely saw them. Children revealed positive experiences associated with social workers – including practical help, school liaison, talking about their problems,

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[17] Child protection plans were abolished in England in 2008 – but not Northern Ireland, Scotland, and Wales, replaced by information collected on children who are subject to child protection plans.

and improving family relationships – as well as negative ones – including intrusion, additional family stress, and having to cope with stigma.

In the UK, social workers have identified numerous problems in working with cases of CSA, which may help to explain some of the problems presented here by children. Such issues generally include: excessive expectations by managers and unrealistic government targets; concerns about how to keep the focus on the child while managing relationships with parents and children; lack of access to necessary resources; pressurised decision-making; and insufficient information (Platt, 2006).

In Norway, interviews conducted with 11 child protection workers revealed inadequate training and educational preparation for working on cases of CSA; difficulties inherent in combining the indepth knowledge from specialists in the field of CSA with the generalist knowledge of child protection workers; and the need for more direct interaction between child protection workers and children when there is a suspicion of CSA (Softestad and Toverud, 2013).

Child protection system responses to female perpetrated CSA may be particularly poor. Bunting (2005), for example, found that child protection workers have a general lack of awareness and knowledge about female perpetrated CSA; are often not trained adequately in this area; and are less likely to treat allegations of CSA by females seriously. Specifically, they may show incredulity and disbelief and dismiss the child's story as being fabricated, which may lead to the abuse continuing.

In their evaluation of 65 serious case reviews (including those relating to CSA) in 2010, Ofsted (2011) identified five key areas of concern, including: (i) the child not being seen often enough by professionals or not being asked about their opinions and feelings; (ii) agencies not listening to adults attempting to speak on the child's behalf; (iii) parents/carers stopping professionals from having contact with the child; (iv) professionals being overly focused on the needs of parents, at the child's expense; (v) agencies not properly interpreting findings in order to protect the child. In light of these findings, Ofsted considered some implications for practice, such as the need for children to meet with child protection professionals on their own, without their parents/carers present, in order to record their feelings and wishes. To underline the importance of this, they cite the case of a teenager who was rarely seen on his own or had his views elicited, who later committed suicide. Another implication for practice was the consideration that should be given to the location in which children are seen. While in some cases, the home (as a familiar location) is preferable, in cases involving IFCSA in particular, the home may not be the best place for assessment as it is, literally, the scene of the crime. In one family, where the children had suffered from neglect, as well as physical and sexual abuse for many years, the details were only revealed when they were removed from the family environment to somewhere safe and neutral.

In light of the issues described above, Professor Eileen Munro was commissioned by the Secretary of State for Education to carry out a series of reports *'investigating what helps professionals make the best judgements they can to protect a vulnerable child?'* (Munro, 2011b, p.6). In order to do this she conducted a comprehensive review of the evidence in the field, in addition to soliciting the views of children,

families, carers, and child protection professionals. In Part 1 – *A System's Analysis* (2010) – Munro noted the system's over-emphasis on process, targets, rigid rules, and performance indicators, rather than quality and effectiveness. A similar picture of an over-bureaucratic system emerged in Part 2 – *The Child's Journey* (2011a) – where findings included: timescales being too prescriptive at the expense of quality of assessment; the inspection process concentrating too heavily on process as opposed to effectiveness; and the key importance of front-line professionals developing trusting relationships with children to find out how they want to be helped.

Importantly, the review was informed by the experiences of children themselves (Munro, 2011a). In describing their experience of the system, children stated that: they wanted to be heard separately from their parents and be listened to; how confusing and lacking in transparency the process could be; and the lack of information, honesty, and emotional support they received. They particularly valued the following: consistent help from the same social worker; being treated with respect and having services which were not taken away immediately when the crisis passed; and support from third sector advocacy services to help them talk about the abuse. Taking the above findings into account, in Part 3 – *A Child Centred System* (2011b) – Munro made a series of recommendations for reform, which emphasised listening to, learning from and acting upon, the experiences of children, early intervention, and multi-agency working.

Since Munro's reports, a digest of 13 years of work representing and consulting vulnerable children about safeguarding, rights and welfare issues has been published by the Children's Rights Director for England (Morgan, 2014). Concerns expressed by children about social workers included: them being difficult to get hold of or breaking their promises; constant changes of social worker; and social workers being overruled by finance people after a decision has been made about what is best for the child. Echoing previous research considered here, children described good social workers as those who listen to, and discuss important decisions with them; take account of their views and concerns; and are honest keeping them informed about what is happening in good time.

The (albeit limited) research explored above seems to demonstrate little positive progress in terms of the child's experience of the child protection system over the past 15 years.[18] It is interesting to note that children reported the most positive experiences in the earliest study considered here (Prior et al, 1999), in terms of feeling listened to, and being given information and support. In light of the largely negative findings of subsequent research, this seems to suggest that social workers have become less able to provide the type, level, and consistency, of attention and sensitive support described by the children in Prior et al's study. The above research – particularly that by Munro – indicates that this may be due to a culture which has become increasingly dominated by targets, timescales, and assessments. Prior to the Munro reports, Oliver (2010) also observed that there is frequently a '*tension between the demands of social work tasks and the skills required for social workers to undertake effective direct work with children*' (p.4). The message from both social workers and children concerning the vital importance of listening to children and

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[18] From 1999−2014, the timeframe for this section of this review.

taking their needs and wishes into better account must be heeded if there is to be an improvement in children's experiences.

On a more positive note, a relatively new initiative – the multi-agency safeguarding hub (MASH) programme – which aims to identify children at risk from harm earlier and share information amongst various agencies and professionals (including those from the police, social care, education, probation, and health services) is seeing encouraging results.[19] A recent evaluation, in 2013, of the impact and effectiveness of the MASH programme in five local authority areas in London found that the mean turnaround times for complex (level 3) cases has nearly halved in some areas, from 2.5 days to just over 1.25 days, and for less complex (level 2 cases) from 4.5 days to less than 2.5 days.[20] In Devon, where the programme started, the council observes that such multi-agency working and sharing of information ensures that vulnerable children's needs are identified and addressed quickly and efficiently; reduces the number of different professionals involved; avoids unnecessary visits and duplications; simplifies processes; and improves communication between professionals.[21]

2.1 Despite considerable police efforts in investigating IFCSA cases, a large number are closed and not sent to the Crown Prosecution Service. This may be for a number of reasons, including the retrospective nature of the offence (meaning that there is generally a lack of forensic evidence), the absence of the perpetrator, and failure to follow good practice guidance on ABE interviews.

When a complaint of IFCSA is made to the police and an inquiry launched, the literature highlighted further concerns surrounding the way in which victims are dealt with and cases are investigated. Problems reported by victims concerning their experiences with the police include a perceived lack of effort and information (e.g. Ben-Arieh and Windman, 2007; McDonald and Tijerino, 2013). For instance, in retrospective interviews with 59 male survivors of sexual abuse (57 of whom were abused as a child, with 53 being abused by a family member or someone close to the family) participants felt that the police did not make enough effort to investigate their case and/or follow-up with them about the outcome of the investigation (McDonald and Tijerino, 2013).

Interviews conducted with child victims of both sexual and violent crime in Israel also found that most children were generally not satisfied with the investigation into their case (Ben-Arieh and Windman, 2007). Over two thirds (67%) expressed the desire for a more rapid investigation and over 90% of children felt that the police did not keep them up to date with information about what was happening. Similarly, in Northern Ireland, a major concern expressed by parents/carers of child victims of both intrafamilial and extrafamilial CSA was a lack of information from the police regarding their case (Hayes, Bunting, Lazenbatt, Carr and Duffy, 2011).

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[19] http://www.devon.gov.uk/mash.htm
[20] Ibid.
[21] Ibid.

Low rates of crime detection are also an ongoing concern, with Davidson and Bifulco's research in two London boroughs (2009) finding that only a minority of cases of IFCSA are classified as detected crimes by the police. Documentary evidence from case files and data from interviews with child protection police officers revealed that this may be for numerous reasons including: problems with multi-agency working; high staff turnover and inexperienced social workers and child protection officers; and problems with the Crown Prosecution Service, including slow response, delays in making decisions, lack of communication, and little confidence in junior lawyers. The authors concluded that – despite significant dedication from police child protection officers – the investigative system is failing many such victims.

To explore possible reasons for high Crown Prosecution Service discontinuance rates, low conviction rates, and reflect on the experience of the child, Davidson, Bilfulco, Grove-Hills and Chan (2012) looked at Metropolitan Police investigative practice with victims of IFCSA. In order to do this they conducted an updated literature and policy review; a focus group with child protection officers and trainers; an interview with a Crown Prosecution Service representative; and a review of the work of an independent organisation (Triangle) that gives guidance on child communication and interviewing. Problematic issues included: time constraints; a lack of child consultation; insufficient use of intermediaries (discussed further at 2.3); and high police staff turnover in specialist units.

Achieving Best Evidence (ABE) interviews
Davidson and colleagues found particular problems with police interviewing practices with victims of CSA. Yet such interviews – in which children give their account of the alleged abuse – are of central importance, as physical and other corroborative evidence (such as from eyewitnesses) is unusual in such cases (Burrows and Powell, 2014; Guðbrandsson, 2010; Mohl, 2010). Thus, interviews usually constitute the main evidence to get cases referred to the crown prosecution service and ultimately secure convictions. However, interviewing victims of CSA can be particularly challenging, with the need for the interviewer to collect as much relevant information as possible while also safeguarding the child's emotional welfare (Sadoff, 2011).

In the UK, Achieving Best Evidence (ABE) guidance describes good practice in interviewing, with a view to enabling vulnerable and intimidated witnesses – including children – to give their best evidence in criminal proceedings. The guidance covers decisions about whether an interview should be conducted, preparation and planning, and whether an interview should be video recorded or a written statement taken (Ministry of Justice, 2011). The guidelines set out a four stage interview process which includes: building rapport, free narrative, questioning, and closing (Robinson, 2008a). It is advised that interviews be conducted jointly by police officers and social workers, but in practice this rarely happens (Robinson, 2008b).

The existence of an ABE interview with child victims of CSA has been found to be more likely to result in a crime being classified as detected by the police (Davidson and Bilfulco, 2009). However, despite this, they are not used properly (or at all) in the majority of cases. Westcott and Kynan (2006) found that nearly nine out of ten ABE interviews began not with the advised rapport building but with 'utility questions' and

in three in ten interviews, the interviewer 'jumped in' with particular questions too quickly. Yet rapport has been found to be a key element in building trust and getting best evidence from children. For instance, Hershkowitz (2009), in an analysis of 71 forensic interviews of alleged CSA victims, found that richer information was obtained with a short, open-style rapport-building session, coupled with a high level of interviewer support, particularly with less talkative children.

In a review of 140 ABE interviews with victims of CSA, Robinson (2008b) found numerous problems, including: no initial rapport building; utility questions being introduced immediately; the use of too many peripheral questions; children being barraged with questions; accusatory questions; the use of complex adult language; leading questions; formulaic routines that failed to account for children's differences; and interviewers not allowing children to give a free narrative account of events. In interviews with prosecutors about what constitutes best evidence from children, Burrows and Powell (2014) also found not allowing free narrative accounts to be a particular concern, arguing that evidence is most compelling and persuasive to a jury when it is in story (narrative) format.

Davidson et al (2012) found further issues with the use of ABE interviews by the police, including: time constraints; the interview environment not being conducive for establishing rapport or taking into account trauma levels; the development of police training in ABE having taken some time to be professionalised; a lack of child consultation; intermediaries not being used; a lack of continuity in expert experience due to high police staff turnover; and 'short-cuts' being passed from the court, to the Crown Prosecution Service, and back to officers, due to disagreements about how ABE interviews should be used as evidence-in-chief.

Looking at the use of investigative interviews with victims of IFCSA aged eight and over, Davidson, Bilfulco, Thomas, and Ramsay (2006) focused on the child's level of comprehension, ability to report, and emotional response. They identified several issues, including the importance of the proper coding of recorded information for sharing with other agencies, for use as evidence in court, and to prevent multiple interviews with the same child. They also highlighted how insufficient attention to the developmental appropriateness of questions may lead to confusion in children; insensitive questioning may interfere with communication and cause distress; and the need for attention to context, and thorough and objective questioning, in order that children are not misunderstood.

Research has also found issues with police receiving ABE training. Davidson and Bilfulco (2009), for example, found that while all child protection team police officers sampled had received ABE training, this was reported as too short with not enough training opportunities in child interviewing techniques and lack of 'refresher' training. La Rooy, Lamb and Memon (2011) surveyed 91 police officers in Scotland about how well they thought they adhered to guidelines on interviewing victims of CSA. Almost all (97%) had received appropriate training which they thought equipped them well for conducting interviews. However, the authors expressed concern about interviewers receiving no refresher training or formal feedback about interview quality; practice interviews not being used; the lack of open-ended prompts; and interviews not being recorded.

As observed by Ceci and Bruck (2000): '*There is simply no substitute for a tape that can be played to verify the accuracy of the witness's recall and the details of the discussion that took place between the interviewer and child*' (p.10). The authors were referring to the audio-taping of interviews, which allows the interviewer to maintain focus on the welfare of the child and potentially reduces the number of times a child is interviewed. However, more recently, the increased use of video-taped interviews has brought extra benefits, which include allowing for the observation of body language, making the process more transparent, and having a better record of the interview (Richards, Morris, Richards and Siddall, 2007). Yet it has been found that – unless the offence is particularly serious or the child very young – video-recorded interviews are not used as often as they should be (and, when they are, their quality is variable), with officers tending to take a written statement (HMCPSI and HMIC, 2012).

Interviews that are inadequately conducted have the potential for numerous detrimental outcomes, including eliciting false allegations and having a negative impact on children (Wood and Garven, 2000). They may also potentially contribute to a decline in conviction rates (Robinson, 2008b), as international evidence using feedback from prosecutors suggests that low CSA prosecution rates are due, in the main, to poor evidential quality of children's visually recorded investigative interviews (Burrows and Powell, 2014). Such evidence underscores the importance of professionals following existing ABE guidelines when it comes to interviewing. However, as shown in section 2.2, this frequent failure to follow best practice guidelines runs throughout the criminal justice system. Specifically, it continues into the court system in relation to 'special measures' (discussed below), which are designed to elicit children's best evidence and to help and support them, but which are under-employed (or ignored) in practice.

2.2 Child protection systems may subject victims of CSA to secondary victimisation. Legal processes are re-traumatising victims both pre- and post-trial. Issues include children not receiving court-familiarisation visits, long delays in waiting for trial, low use of special measures to help children give best evidence, and aggressive cross-examination techniques.

Most work concerning the experiences of victims of IFCSA in the criminal justice system considers the legal/court process, despite the fact that the vast majority of cases do not progress to this final stage of the justice system (Bunting, 2008). However, when such cases do reach court, there are often multiple problems for children, which may effectively traumatise them for a second time, having potentially devastating short- and long-term effects (e.g. Ben-Arieh and Windman, 2007; Connon, Crooks, Carr, Dooley, Guerin, Deasy, O'Shea, Ryan and O'Flaherty, 2011; Eastwood, 2003; Westcott and Page, 2002). This is despite a raft of 'special measures' – discussed later in this section – which are designed to help children through the process.

Pre-trial issues
Research has found problems for children both pre- and post-trial. Pre-trial issues may include not all children being given court familiarisation visits and a lack of

support (e.g. Criminal Justice Inspection Northern Ireland, 2010; HMCPSI and HMIC, 2012). Children themselves confirm these issues as problematic. In a study commissioned by the NSPCC which solicited the views of 50 young people (32 of whom had been victims of sexual offences) about their experiences of being a witness in court, children talked of having inadequate pre-trial support (Plotnikoff and Woolfson, 2004). Eleven were critical of the lack of information and support in advance of the trial, with just under half (24) receiving a pre-trial visit. Fourteen had no contact with a supporter before the trial, despite the fact that almost all children who did receive these services found them to be helpful.

A subsequent piece of research by the same authors (Plotnikoff and Woolfson, 2009), with a larger sample size of 182 children, found that little had changed over the intervening five years, with almost exactly the same percentage of children (half) having had a pre-trial court familiarisation visit. The research further highlighted that, in some instances, things had become worse; for instance, just under half (44%) of children had no contact with a supporter before the trial. The majority of children who did receive such services found them to be beneficial.

In Northern Ireland, interviews with 37 children (including victims of CSA) about their experience of pre-trial support and of giving evidence in court also found '*little in the way of pre-trial assistance*' (Hayes et al, 2011,P.64), with just over half (54%) having pre-trial contact with a supporter from the NSPCC Young Witness Service and just under half (49%) having a court familiarisation visit. However, as with the previous studies, when support was provided it was rated highly, with 85% of children saying the supporter had made a significant difference or made it possible for them to go to court at all.

Long waiting times to go to trial may also be a concern (e.g. Criminal Justice Inspection Northern Ireland, 2010; HMCPSI and HMIC, 2012) and have been found to cause and/or exacerbate psychological and mental health problems in the pre-trial period. In Ireland, 43 children who had been subjected to sexual abuse (both intra- and extra-familial) completed the Criminal Justice System Questionnaire, which assesses satisfaction with parts of the system (Connon et al, 2011). Children found nine aspects of the system particularly upsetting, with the impact of waiting for court coming fourth. The children in Plotnikoff and Woolfson's (2004) study waited, on average, 11.6 months for their case to reach court. During this time 35 described themselves as very nervous or scared, nine as intimidated, and 20 spoke of symptoms of anxiety − a positive correlation was noted between pre-trial anxiety and not been kept informed about the case.

The parents and carers of victims in the study by Hayes et al (2011) also described the way in which their children worried about the trial, experiencing stress, and being intimidated by the defendant or the defendant's supporters while waiting (an average of 18.1 months) to go to court. Ultimately, around a quarter thought that the court had not taken their child's welfare into proper account. Finally, interviews with 63 alleged victims of CSA in Australia revealed that the long waiting times before going to trial (8−36 months) resulted in negative effects such as nightmares, self-harm, depression, lack of concentration and even suicide attempts (Eastwood, 2003).

Special measures

Despite the myriad problems already encountered by victims pre-trial, the most severe issues arguably arise when the trial date finally arrives, centring, for example, on the process of justice and the physical environment of the courtroom itself, which may be perceived as 'austere' and 'adult centric' (Green, 2006). Such concerns have been articulated since the introduction of the first juvenile court in 1899, and early child advocates suggested that the court be made to look more like a 'study' or 'parlour' to minimise potential trauma (Anderson, Weston, Doueck and Krause, 2002). Yet it took a century before a raft of 'special measures' were created to help children (and other vulnerable and intimidated witnesses (VIWs)) to give best evidence. Such measures, which were introduced by the Youth Justice and Criminal Evidence Act 1999, include:

- screens to shield the witness from the accused in court

- evidence given by live link rather than in the courtroom

- the courtroom being cleared so evidence can be given in private

- the removal of wigs and gowns for less formality

- video-recorded evidence-in-chief

- video-recorded cross-examination or re-examination pre-trial

- examination through an intermediary to help with comprehension

- use of communication aids.

Such measures are not automatically put in place but must be approved through the court by a judge, either on application or on the court's initiative, based on whether they are thought likely to improve the quality of the evidence given.

Unfortunately, it has been found that special measures may not always be discussed pre-trial, applied for, or offered as an option. For instance, of the 24 parents interviewed by Hayes et al (2011), a quarter said that they had not been consulted about special measures for their children. Similarly, there are often assumptions made about the best methods for children to give evidence, rather than consulting with them (HMCPSI and HMIC, 2012). Children in Plotnikoff and Woolfson's (2004) study, for example, spoke of a lack of choice about how to give evidence and inappropriate support people being used (e.g. court ushers met on the day of trial). Plotnikoff and Woolfson (2009) also found problems with visually recorded statements, standards of questioning at court, and emotional support while giving evidence.

However, research has found that when special measures are offered and implemented with victims of CSA the outcomes are generally very positive. This is

particularly the case with measures relating to giving evidence by means other than live in the courtroom. There seem to be significant benefits for victims of CSA in using video-taped evidence-in-chief, which saves them from having to give live evidence-in-chief. For example, Plotnikoff and Woolfson (2009) found that of the 172 children in their study who gave evidence, 94 (55%) had made a visually-recorded statement and, of these, 88 (95%) used it as their evidence-in-chief, with 75 (85% of 88) saying it was helpful.

The same has been found for giving evidence via live link, either in a separate room in the courthouse or in a remote location (e.g. Cashmore and Trimboli, 2005; Hayes et al, 2011). An NSPCC study found that using a remote live link reduced the stress on children when giving evidence, due to the physical separation of the live link building from the court, not having to be in the courtroom or courthouse, and having family to support them. Being in a safe, secure, and supportive environment meant that court proceedings were more likely to proceed and children able to complete their evidence (McNamee, Molyneaux, and Geraghty, 2012). Children who are victims of CSA may particularly benefit from the remote live link, as being in the witness box may be especially intimidating, embarrassing, and stressful for them (Ibid.). However, there have been problems noted with the use of such measures, particularly in respect of technical issues and hitches with the equipment which can impact on efficiency and effectiveness, and lead to delays (Cashmore and Trimboli, 2005).

As noted by Cooper (2011), pre-trial video-recorded cross-examination or re-examination – sometimes known as the 'full Pigot' – was not implemented along with other special measures. However, in 2013, a pilot scheme to trial the 'full Pigot' in courts in Leeds, Liverpool, and Kingston-upon-Thames, was introduced. The Secretary of State for Justice, said at the time:

> The aim is to really take the victim out of the cauldron of the courtroom ... out of the pressurised environment of the trial as it happens live, to enable them to give evidence in a quieter, more measured environment.

This measure could potentially dramatically reduce the distress caused by cross-examination in court. As Keir Starmer, the then Director of Public Prosecutions for England and Wales, said:

> There's a general appreciation that the way we deal with these cases has got to change … We have an adversarial system, and that means that the prosecution's case must be challenged … What today is about is making sure that the challenge is managed... so that there isn't multiple cross-examination, there isn't unlimited cross-examination, and if it's possible to do it beforehand and pre-record it, that's done. So it's managing the challenge, not removing the challenge.

These issues are discussed in further detail below.

Cross-examination
The cross-examination of victims of CSA appears to be a particular problem and one

with the most potentially damaging effects. Parents and carers in the study by Hayes et al (2011) spoke of '*inappropriate and unnecessarily harsh questioning on the part of the defence lawyer*' who '*was described as shouting and hectoring their child with little intervention from the court*' (p.68).

Interviews with 28 legal personnel in an Australian study also revealed that children often face a '*torrid time during cross-examination*' with one of the key defence tactics in committal hearings being to '*terrify*' children with intimidating and aggressive tactics to '*belt them up*' before the trial (Eastwood, 2003, p.5). Research by Davis et al (1999) found that, while prosecutors felt that they needed to rely upon the judge to intervene if cross-examination was intimidating, attacking, or unfair, many judges were reluctant to do this. Equally, much judicial discretion/decision making may not be informed by a good understanding of what might be perceived as intimidating to a young and vulnerable witness.

Children's own views of being cross-examined in court support the above findings. Of the nine aspects of the system that children in the study by Connon et al (2011) found most upsetting, the defence barrister was rated as number one. While, in Plotnikoff and Woolfson's (2009) study, a significant number of children described lawyers as aggressive, cross, rude and sarcastic; had problems understanding the questions, finding them too complex or fast; were asked repetitive questions, talked over, and accused of lying. Similarly, two thirds of the children in the study by Hayes et al (2011) said they felt nervous, upset, tearful, scared, and distressed while being cross-examined (all of which could be worsened if there was an acquittal). Children described questions as long, complex, incomprehensible, and repetitive; lawyers as rude and sarcastic; and the majority reported being called a liar. Similarly, children in the study by Eastwood (2003) described cross-examination techniques as abusive, horrible, confusing, upsetting, intimidating, and aggressive. One sobbing child, for instance, was shouted at repeatedly and asked more than 30 times to describe and draw the penis of the alleged offender, which raises many questions, including why the judge did not intervene.

Further exploring the cross-examination of victims of CSA, Westcott and Page (2002) analysed how children may be portrayed by defence lawyers. They found that the child may be painted as: 'unchildlike' (relating, for example, to their experience or knowledge of sex); 'less than innocent' (for example, by referencing contact with social services or behaviours like delinquency); 'the aggressor' (for example, seducing the alleged offender or making false accusations for revenge); and 'poor witnesses' (for instance, being confused, untruthful, and having poor memories). Zajac, O'Neill, and Haynes (2012) also found that children may often be accused of suggestibility, dishonestly, and of being poor eyewitnesses. In addition, their memories, understanding, or perceptions of what happened – and their ability to communicate these – may be questioned.

Yet, as noted by Green (2006), recent research has found that children are actually possessed of more sophisticated and complex reasoning and cognitive processes than has historically been thought, particularly if the issue is relevant to them and they can identify with the context. For instance, in respect to the area of justice, children have been found to show a multifaceted, reflective view, and the ability to

take on board fairly abstract concepts such as rights, harm, and equality. Thus, the stereotypes surrounding children as poor witnesses may be unfair.

Sadly, such bullying and aggressive cross-examination tactics are inherent to the adversarial system of justice, as the purpose of cross-examination is to undermine the witness's testimony rather than to obtain the child's best evidence (Cooper, 2011). Yet this process is in direct violation of the principles isolated by years of research on how to elicit the most complete and accurate evidence from children (Zajac et al, 2012). Thus, there appears to be a '*significant gap between the vision of policy and the reality of many children's experiences*' (Bunting, 2011a, p.13). Or, as Plotnikoff and Woolfson put it:

> *The process let these young people down. Despite a network of policies and procedures intended to facilitate children's evidence, only a handful of young witnesses in this study gave evidence in anything approaching the optimum circumstances. Their experiences reveal a chasm – an implementation gap – between policy objectives and actual delivery around the country* (p.8, 2004).

Quite simply, victims of CSA are being let down by the legal system. The above research suggests that, while it is certainly necessary to have legislation and guidelines (such as 'special measures') in place to help, support, and protect these children, it is not sufficient. They are of little use if they are not followed at a grass roots level, which will require a substantive cultural change (Plotnikoff and Woolfson, 2009).

Registered intermediaries

A special measure that has found to be particularly useful is the use of a registered intermediary throughout the criminal justice process (e.g. HMCPSI and HMIC, 2012). Acting as a 'go-between', the specific role of a registered intermediaries was initially '*to enable complete, coherent and accurate communication to take place*' during investigative interviews and in court (Plotnikoff and Woolfson, 2007, p.2). Results from government-initiated six registered intermediaries pathfinder projects – which lead to the scheme being implemented across all 43 police forces in England and Wales – found that benefits included: assisting in bringing offenders to justice; increased access to justice; cost savings; assisting in identifying witnesses needs; and informing appropriate interviewing and questioning techniques (Ibid.).

The role of registered intermediaries has more recently expanded to include helping to facilitate communication and understanding during: suspect identification procedures, expert assessments of witnesses, court familiarisation visits, and on being informed of the trial outcome (Plotnikoff and Woolfson, 2011a). However, despite these positives, intermediaries are still only used in a small minority of cases, which may be partly because of a miscomprehension that children have to have a disability to qualify for registered intermediaries (Brammer and Cooper, 2011). The HMCPSI and HMIC (2012) also found a low level of awareness about the benefits of using intermediaries and very little use of them to help children during ABE interviews.

Secondary victimisation

Despite new reforms, guidelines, and policy designed to safeguard the welfare of children, and increasing awareness of the need for children's views and experiences to be used to help inform planning and service development (Brown, O'Donnell and Erooga, 2011; Munro, 2011b), the inescapable conclusion from the research considered above seems to be that the child protection systems and criminal justice system are not child-friendly.

While some victims of CSA may find post-offence services to be helpful and reparative (Hooper and Warwick, 2006), many – already traumatised by the primary offence – are all too often re-traumatised by the very system that is there to investigate, corroborate, and punish the initial abuse (Anderson et al, 2002). This secondary victimisation may arise from various parts of the process:

> *For sexually abused children, specific aspects of the criminal justice system such as multiple pre-trial investigative interviews, forensic medical examination, waiting for court, lengthy litigation and court proceedings which are not child- centred have all been found to adversely affect many children in the short term and a minority of children in the long term* (Connon et al, 2011, p.102).

While some of these problems are shared by adult victims, some are unique to children, including: dealing with additional professionals like child protection officers and school counsellors/therapists; having a less accurate and more frightening concept of the criminal justice process; and dealing with professionals who may see them as unreliable witnesses (Ben-Arieh and Windam, 2007).

Research has found that children report their experience of the trial as being particularly re-traumatising. Eastwood (2003) observed that the children in her study who had given evidence at trial shared '*a widespread belief that the process was not worth the trauma suffered*' (p.2), due to the defence tactics used. As one child said of going to court: '*It is the hardest thing and it ruins your life. You never forget it* (p.2). Hayes et al., (2011) found that, post-trial, just over half the children (51.4%) were still worried, scared and/or upset about their experience in court. Thus, instead of the trial providing justice and closure for child victims, 'traumagenic factors' in the courtroom can be compared to abuse, generating new distress or prolonging recovery from the primary abuse (Westcott and Page, 2002).

Interviews with parents and professionals support children's reports of secondary victimisation. For example, interviews with 39 parents/guardians found that their children were left damaged, disillusioned, and traumatised by the legal system (Eastwood, 2003). This finding was echoed by interviews with 28 legal professionals, only a third of whom said that, if their child was a victim of sexual assault, they would want them involved in the criminal justice process, with one describing it as "cruel and horrible" (p.3). Eastwood concluded that:

"The criminal justice system continues to present governments, courts, the judiciary, legal profession and community with the vexatious issue of encouraging child complainants of sexual abuse into a system which results in further trauma and abuse of the child" (p.1).

It seems clear that, when there is an allegation of CSA, a delicate balance has to be struck between the protection of the child and the investigation of the alleged offence in order to obtain justice. Getting this balance wrong may result in secondary victimisation if, for example, organisations and services are overly focused on investigative processes and obtaining convictions, at the cost of being aware and mindful of children's needs. This may cause adverse, and long-term, effects on children's mental health, education, and their willingness to engage with the legal process in the future (Zajac et al., 2012).

This REA agrees with the conclusions of Munro (2010, 2011a+b) that to protect the interests and welfare of children, as well as to get best evidence in order to secure convictions, you need to take into account children's feelings and experiences to produce a more child-friendly and responsive system .

2.3 Interventions that focus on the family, rather than the individual victim of abuse, are more effective in dealing with both short-term and long-term impacts of IFCSA. However, these must be implemented with skill and nuance to ensure that differentiation is made between abusing and non-abusing parents and to engage with, and respect, the needs and wishes of the children and young people themselves.

There was evidence in the literature reviewed of a debate about the balance between protecting the child victim or the family unit as a whole.

> *Culturally sensitive intervention that exploits the power of the family for the benefit of the victim of abuse before enforcing the law, may achieve the same legal objective as state interventions, without threatening the reputation and the unity of the family, and may therefore save the victim from harm* (Abu Baker and Dwairy, 2003, p.109)

A critical response in relation to this (Fontes, 2003) is that it is putting the defence of the family above the victim, as the authors refer often to the need for the victim to regain trust in the family structure. It is this dimension that Devaney and Splatt (2009) refer to as complex and '*wicked*'. They argue for an early identification and intervention where there are children experiencing multiple adversities, such as those living with parents who are misusing substances and are being exposed to intimate partner violence. As shown in section 1.1 (RQ1), research shows that victims of IFCSA are more likely to have this form of family profile, which is termed 'chaotic'.

Another study set out to test this contextual theory about the role of the 'ineffective family environment' in 213 female adult survivors of child sexual abuse (Gold, Hyman and Andres-Hyman, 2004). In examining the family context they concluded that '*those who experienced only extra-familial CSA grew up in families that were slightly more encouraging of assertiveness, self-sufficiency, and involvement in decision making than those who experienced only intra-familial abuse*' (Ibid. p.1206). These IFCSA victims could therefore, by implication, be identified and targeted for timely and appropriate intervention.

In particular there is a need to ensure that the children who are most likely to have the poorest outcomes through childhood and into adulthood are both identified at an early age and provided with the right types of support to ameliorate the worst effects of these experiences. In some cases this may even be before the point whereby child protection services would traditionally become involved, for example, in cases of intimate partner violence or parental substance misuse (p.639, Ibid).

Interventions and the non-offending mother

Another reason to focus on the whole family in cases of IFCSA (as opposed to the individual offender) is clear when considering the impact of IFCSA on the non-offending mother. In many cases a non-offending partner or mother does know about the abuse but has tremendous emotional pressure towards denial or they could feel totally unsupported or blamed by others around them. A study focusing specifically on this issue explored the relationship between mothers' childhood sexual abuse histories and their parenting practices in a sample of non-offending mothers of sexually abused girls. Their conclusions were ' *that parenting practices are multiply determined: daughters' child sexual abuse, mothers' childhood experiences of punitive discipline, current dissociative symptoms, and social support were significant correlates of parenting practices among non-offending mothers of sexually abused girls*'(Kim, Trickett and Putnam, 2010, p.621). The message here was that interventions should go beyond helping the sexually abused daughter but should also address the psychosocial needs of the mothers too.

Not only are there barriers to disclosure as discussed earlier, but having disclosed there is also a risk of recanting or denial of abuse after disclosure in cases of IFCSA. Again this is directly linked to the degree of dependency to other family members. A study examining prevalence and predictors of recantation among two to seven year old sexual abuse victims was able to refute the hypothesis that recantations were due to false allegations. A 23.1% recantation rate was observed from 257 randomly selected cases resulting in dependency court filings:

> *Multivariate analyses supported a filial dependency model of recantation, whereby abuse victims who were more vulnerable to familial adult influences (i.e., younger children, those abused by a parent figure and who lacked support from the non- offending caregiver) were more likely to recant* (Malloy, Lyon and Quas, 2007, p.162).

There has been a change in the literature in recent years on non-offending mothers that moves from blaming the mother to regarding them as secondary victims. Studies in the 1980s highlighted how much of the 'mother blaming' was embedded in the '*family dysfunction*' approach that regarded CSA as a symptom of something that is wrong in problem families which masked the critical focus demanded on the role of men as perpetrators of sexual abuse (Hooper, 1987, 1995; MacLeod and Saraga, 1987). The recognition of this is now represented in the change in terms from 'collusion' to 'diminished capacity to protect' (Kardem and Badem, 2013). This diminished capacity to protect for family members is also important in the instances of sibling abuse.

Victims and offenders need strong action from their parents at an emotional and practical level. However, parents can struggle with their own shock, confusion, self-blame, depression and traumatisation at this time. They sometimes do not have the emotional strength to take firm action and maintain a dual focus. (Welfare, 2008, p.145).

One suggested measure in light of this is that parents should also be informed on laws related to violence and abuse. Another strategy put forward would be to provide similar information to the organisations which provide guidance on issues of violence and sexual abuse.

> *In addition, the traumatic character of incest events might also affect the professionals; therefore, they need to be provided with the necessary support, as well, in order to safeguard their well-being'* (Mellor and Deering, 2010).

In addition to parents being provided with this information, group therapists or counsellors also need to have a clear picture of the sibling relationship and aspects of sibling incest. The dynamics of blaming and coping within the family have to be understood (Thompson, 2009).

Female child sexual abusers and mother-child abuse − awareness and training for professionals

How far has the awareness of female sexual abusers developed? The possibility of this was highlighted in various studies as evidenced here:

What is essential, however, is that the possibility of female sexual abuse be considered, particularly by legal scholars and policy makers, and by mental health and child protection professionals who play a crucial role in the official recognition of the problem (Denov, 2003, p.313).

This research has also highlighted the growing awareness of the incidence of child sexual abuse by female offenders and in the intra-familial context, mothers abusing their children.

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.

A study examining professional response and attitudes towards female-perpetrated child sexual abuse (Mellor &and Deering, 2010) found that although professionals in this area regarded such cases as serious, there was a tendency towards considering female perpetrators more leniently. If this leads to a 'minimisation' of female-perpetrated sexual abuse of children in the relevant professional arena then it could mean that both the female abusers and their victims may be excluded from treatment and '*in the case of perpetrators, their behaviour may go unsanctioned'* (Ibid., p.415).

It is essential to ensure that all professionals involved in child sexual abuse are

aware of the risk factors that may lead to IFCSA and can learn to identify when this particular form of CSA is taking place. A rare example found in this review is a Good Practice Guideline produced by a French Health Authority which focuses specially and exclusively on IFCSA.

> *Improving the identification and increasing the number of reportings of cases of intrafamilial child sexual abuse depend to a large extent on the level of knowledge acquired by the doctor or professional who works with children in this area.*
>
> *Providing these individuals with initial and continuing professional training is essential so that they can be made aware of the abuse to enable them to "keep it in mind" during their practice, and to inform them about the steps to implement to protect the child at risk* (Haute Autorité de Santé, May 2011)

What do we think we know but are less confident about?

2.4 Certain elements of good practice from international models of child protection – such as multi-agency working, child-friendly environments, improved technology, and use of support animals – may be relevant to the UK child protection and criminal justice systems.

Certain elements of international models of child protection may be able to inform the UK systems (Davidson et al, 2012). In this section we draw from child protection work in the USA, Canada, Scandinavia (Denmark, Norway, Sweden), and Australia; specifically in regard to: multi-agency working, the use of technology, child-friendly environments, and use of support animals.

Multi-agency working
USA: The USA has Children's Advocacy Centres, which were developed in the 1980s in response to criticisms that interventions in child abuse could re-victimise children (Jackson, 2004). In Children's Advocacy Centres (CAC), multi-disciplinary teams – made up from professionals in areas such as law enforcement, medicine, mental health, the legal profession, child protection, and victim advocacy – work with children at risk, providing forensic interviews, victim support, case reviews and tracking, all in one place (Cronch, Viljoen and Hansen, 2005). Around three quarters of children seen at Children's Advocacy Centres have been sexually abused, with other cases involving, for example, neglect, physical abuse, and domestic violence (Ibid.).

Advocates of this model cite one of the main positives as minimising the repeated interviewing of children by different professionals in different settings (Faller and Palusci, 2007), particularly as the statements of children are typically video-taped (Joa and Edelson, 2004). This may be beneficial, as repeated interviews may lead to distortions in reporting, increased distress and self-contradiction (Cronch et al, 2005). Having different professionals working together also seeks to minimise stress for children and their families and make any possible subsequent legal case stronger (Ibid.). There is evidence to support this, with Miller and Rubin (2009) finding an association between increased use of CACs and felony prosecutions.

Scandinavia: Using the US Children's Advocacy Centres as a starting point, the Children's House (Barnahus) was developed in Iceland, Norway, and Sweden. It provides multi-disciplinary services, particularly in respect of the joint investigative interview. Interviews are conducted by professionally trained interviewers, under the formal authority of a court judge, which other professionals (such as police officers, legal professionals, social workers, child protection workers and the child's legal advocate) can observe via closed circuit television (Guðbrandsson, 2010).

Canada: The Gatehouse Investigative Programme provides a 24/7 service where police officers and child welfare workers can work together to interview children who have been abused, conduct case conferences, and court preparation meetings (The Gatehouse Investigative Programme, 2012). The Edmonton ZCPC also offers another 'one-stop-shop' to protect child victims and witnesses, from the process of initial examination to after-care support (Davidson et al., 2012).

Child-friendly environments
USA: Children's Advocacy Centres are designed to be child-friendly with developmentally-appropriate play areas, accommodations for children with special needs, decor designed for children that recognises diverse cultures, activities and toys for children of all ages, private interview rooms, and Children's Advocacy Centre staff or volunteers there to provide support (Cross, Jones, Walsh, Simone and Kolko, 2007; Jackson, 2004). In an evaluation of four Children's Advocacy Centres compared to non- Children's Advocacy Centres comparison communities, Cross et al (2007) found that 85 per cent of Children's Advocacy Centres interviews took place in child-friendly locations, while comparison interviews took place in environments such as child protective services offices (22%), police facilities (18%), home (16%), or school (19%).

Scandinavia: Investigative interviews taking place in settings such as those described above may be problematic for the child in various ways (Guðbrandsson, 2010). Such locations are not known for being child-friendly and may exacerbate the child's anxiety, which may affect their evidence in interview. The child may also associate such places with criminals, reinforcing existing feelings of guilt. In contrast, the Children's House (Barnahus) is located in an ordinary residential area and has an environment designed to make the child feel comfortable, secure, and less anxious.

Canada: The Gatehouse similarly describes itself as a neutral and child-friendly location (The Gatehouse Investigative Programme, 2012), which Davidson et al (2012) describe as having '*a comfortable friendly home-like environment to put both child victims and their families at ease*' (Ibid., p.12).

Improved technology
Australia: The New South Wales (NSW) Child Sexual Assault Specialist Jurisdiction Scheme boasts new technology which allows for best evidence to be given by child witnesses from a remote witness room (Ellis, 2005). Two 40-inch plasma screens (which give a head-and-shoulders as well as a long-shot view of the remote room) are in the courtroom, with a user-friendly 'touch' panel operating facility for the judge

and court officer. A document camera in the courtroom can transmit official papers or photographs to the victims and a fax machine in both the courtroom and remote room is available so that documents can be forwarded, annotated, and returned. It is also usual practice for a trained operator to be available for any technological issues.

Canada: The Gatehouse describes itself as having 'state-of the-art' audio and video equipment which is used to record the child's interview (The Gatehouse Investigative Programme, 2012). As seen in Section 2.2 this has many advantages, including reducing the chances of repeat interviewing, allowing the interviewer to focus on the child and their needs, minimising human error, and making the process more transparent (Richards et al, 2007).

Support animals
USA: The UK and other countries routinely use support *people* for children, who, for example, give them information about court proceedings; take them on pre-trial familiarisation visits; and accompany them to court hearings (e.g. Ben-Arieh and Windman, 2007; Cunningham and Hurley, 2007). However, a relatively novel idea is that of using support *animals* for children. In the last decade some Children's Advocacy Centres in the USA have introduced specially trained 'companion' or 'therapy' dogs to support abused children. Such dogs (usually owned by staff members) may greet children at their first visit to the centre in order to relax and reassure them; be by their side during forensic interviews, which has been found to help children give better evidence; and even accompany them to the courtroom to give evidence (Courthouse Dogs, ND).

Evaluations of Children's Advocacy Centress
Children's Advocacy Centres, which originally served as models of good practice for the Children's House (Barnahus) in Scandinavia, strive to improve the victim's experience of forensic interviewing by way of multi-agency working, child-friendly interviewing locations, and limiting the number of interviews (Cross et al, 2007). However, despite '*widespread assumptions*' that Children's Advocacy Centres are the best way of dealing with cases of CSA there has been '*scant research'* on their effectiveness (Faller and Palusci, 2007, p.1022). In one of the first systematic evaluations of Children's Advocacy Centres use of such methods as described above, Cross et al (2007) compared four Children's Advocacy Centres to non-Children's Advocacy Centres communities, using data on 1,069 cases of CSA. They found that police involvement was more common in Children's Advocacy Centres cases (41% vs. 15%), as were multi-agency interviews (28% vs. 6%), case reviews (56% vs. 7%), joint police/child protective services investigations (81% vs. 52%) and taping of interviews (52% vs. 17%). However, with 95 per cent of children having no more than two forensic interviews, the differences between Children's Advocacy Centres and non- Children's Advocacy Centres was mostly non-significant in this respect.

A further question is: what differences (if any) do these methods make to children? Noting that there were '*no rigorous studies of their [Children's Advocacy Centres] effect on children's and caregiver's experience*' (p.1069), Jones, Cross, Walsh, and Simone (2007) compared 229 cases of CSA which were investigated through Children's Advocacy Centres, to 55 cases which were investigated in non- Children's

Advocacy Centres communities, assessing (non-offending) caregiver's and children's satisfaction through research interviews. Interestingly, they found few differences between children who had access to Children's Advocacy Centres and those who did not, in terms of satisfaction with the investigation. However, Guðbrandsson (2010) notes that research that has evaluated the Children's House (Barnahus) has been positive, finding for example higher rates of parent, caregiver, and child satisfaction, with children reporting low levels of anxiety during the investigation, in comparison to children interviewed elsewhere. Given the limited (and somewhat contradictory) amount of evaluative evidence on these international models, it is thus unclear whether we can yet hold them up as examples of good practice which might be adopted in the UK.

Good practice in the UK
It is acknowledged that pockets of good practice with child victims of IFCSA exist in the UK. However this review found few published, independent evaluations of practice (other than the work undertaken by Munro and Ofsted which has been described elsewhere). There is clearly a need for a comprehensive review of child protection and policing practice in order to identify good practice. However one of the key difficulties in evaluating practice is that although IFCSA investigation initially focuses on the work of the police, given the pivotal role played by other agencies in the process, the nature of inter-agency practice is critical and evaluations have tended to focus on one aspect. The importance of successful inter-agency practice is highlighted in the Children Act (2004) and the National Service Framework for Children, Young People and Maternity Services (DfES and DH, 2004). This is important not only in establishing good practice, but also in understanding the cumulative impact of different agencies in interacting with the child.

Future research will need to explore not just how best to include the child's voice but how child victims can optimally engage with institutions and services in relation to establishing the evidence required for justice, while focusing upon psychological health and wellbeing at the heart of the process. This involves securing the child's awareness of the investigative process and what is required of them, as well as the practitioners' awareness of how to optimise understanding and cooperation, to observe and respond appropriately to any traumatised responses and reduce the child's emotional conflict and fear thus minimising any compacting of psychological damage. This is a very difficult balance.

Some limited evaluation has been undertaken of the Triangle project in Brighton (Davidson et al, 2012) which undertakes ABE interviews for very young and disabled children on behalf of the police. The evaluation identified a number of good practice elements, including: the use of intermediaries throughout the investigative process and extending to the court; a child friendly environment adapted to appeal to different age groups; the active participation of young people in decision making and centralising the process in one place.

A practice evaluation has been undertaken by Forrester et al (2013) and the findings from this research describe elements of good general social work practice which are worthy of inclusion. This evaluation of practice in three local authorities presents the findings of a review of the 'systemic unit' model as an approach to the delivery of

Children's Social Services. The systemic unit model has sometimes been referred to as the Hackney Modelll or Reclaiming Social Work (Munro, 2011). In the systemic unit model of practice, case allocation is to a consultant social worker who manages a small unit consisting of a social worker, a child practitioner, a unit coordinator and a clinician. The family (or child) are worked with jointly within this team, with the involvement of different individuals as considered appropriate. The systemic unit model also adopts a systemic and social learning model for practice.

Forrester et al, (2013) presents a comparative description of practice and the factors shaping it in three local authorities. One of the authorities used the systemic unit model; the other two authorities differed but both had a more conventional model for the structure of services. Forrester et al, stress the importance of considering the context for the work, as practitioners were dealing with very high levels of demand, with many families with serious problems and often in situations that other professionals had found impossible to work with. A comparison of the different local authorities and models found that in systemic units:

- more time was spent with families and children

- there were higher quality assessments

- there were consistently high levels of skill in direct work with families

- such units demonstrated an ability to be able to provide more intensive help for families – particularly at times of crisis or for families with complex problems.

The conclusion was that: '*overall, we are confident in concluding that practice within the systemic units model during the period of our study was notably and consistently of a very high standard'* (Forrester et al, 2013, p.178). The researchers went on to consider why this was the case. Analysis of the observational data suggested a number of important differences between the systemic units and the more conventional approach, which included all of the following features:

1. shared allocation of cases
2. case discussions held on a regular basis
3. an identified unit coordinator role
4. use of the systemic model
5. ongoing team skills development

It is acknowledged that some of these elements were found in other teams. The evaluation explored staff experience in systemic units and suggests that staff were generally more satisfied and had greater confidence in their assessments than staff working in the more conventional teams. In conclusion seven key aspects in supporting good practice were identified.

1. Wider practical organisational support for Children's Services − provision of adequate space, good IT systems and other practical supports for practice

2. Strong administrative support
3. Small teams − one of the key features of the systemic approach
4. High ratio of supervisors to staff − given the complexity of families that social workers work with
5. Recruitment of high quality staff
6. Limited workload − social workers can only work effectively with a relatively small number of families
7. Articulating clear values that put the child first − this is described of one of the most impressive features of the units adopting the systemic approach.

The research suggests that the systemic model is preferable to the more traditional approach in work with child victims of sexual abuse, but more research is needed to support this claim.

2.5 Despite research indicating that disabled children are around three times more likely to be victims than non-disabled children they receive even poorer responses from professionals than their none disabled peers.

We are less confident about the picture of CSA when it comes to disabled children, due to a paucity of research concerning protection of children with disabilities, with '*only a handful of studies in the UK, revealing significant gaps in up-to-date knowledge about this important subject*' (Stalker, Lister, Lerpiniere and McArthur, 2010, p.5). Moreover, existing research is very broad in scope, considering all types of abuse and neglect together or, even more generally, child protection. Studies also tend to focus on institutional abuse of disabled children in residential facilities (which are not within the scope of this REA) rather than IFCSA.

We do know that although disabled children are just over three times more likely to be victims of CSA than non-disabled children (Sullivan and Knutson, 2000), they are less likely to have child protection plans (Ofsted, 2012). Professional responses may be inadequate for various reasons, including widespread belief in myths about the sexual abuse of disabled children (Murray and Osborne, 2009). Such myths may include the belief that disabled children are not vulnerable to CSA; that such abuse is not as harmful to them; that preventing it is impossible; that they are more likely to make false allegations; and that stopping the abuse is a sufficient response in itself. This can lead to low levels of reporting, institutional discrimination, and inadequate responses. Other problems identified included: communication barriers in relating the abuse; children's heightened dependency on abusers making them less likely to tell; and a lack of specialised professional knowledge in the area.

Research by Stalker et al (2010) supported this, with interviews with key informants (including those from the police, NHS, central government and voluntary sector) revealing a lack of appropriate training, experience, and skills to communicate with disabled children; refusals to believe that disabled children can be abused; and applying higher thresholds for reporting and registration. Similarly, in a US study, Lightfoot and LaLiberte (2006) found that barriers to providing effective services included: a lack of financial resources, disability knowledge, and training; matters relating to specific disability (e.g. communication or behaviour); bureaucracy and red tape; and the lack of specialists in both child protection and disability.

Interviews with key informants in Stalker et al's (2010) study also revealed that disabled children may be seen as less than credible witnesses; therefore cases of abuse seldom reach court. This last finding was echoed by an Ofsted (2012) review of the effectiveness of protection for disabled children, which looked at a sample of 173 cases in 12 local authority areas. Here, most of the police interviewed thought that it was hard to get robust enough evidence from disabled children in order for prosecutions to proceed.

Unfortunately, no studies were identified in this REA which directly solicited the views of disabled victims of CSA about child protection; however, some indirect evidence is available. Ofsted (2012) found that while local authorities consulted with disabled children about services and support, it was rarer to consult them specifically about child protection issues. However, when they did, the outcomes were generally positive. Best practice involved going at the child's own pace and consulting professionals (e.g. carers) who knew the child and their particular needs well. This was the most successful means of getting the child's voice heard and of gathering evidence of any alleged offence.

2.6 Some research suggests that black and minority ethnic children are under-represented in child protection referrals, do not access child protection services with the same frequency as white children, or (when they do) may receive a poorer quality of support from professionals.

As with disabled children, there is a dearth of research on CSA (both intra- and extra-familial) of black and minority ethnic children. What little research there is has found under-reporting of abuse in this group. For example, Gilligan and Akhtar (2005) – in their study of CSA in the Asian community in Bradford – related a personal communication with a police officer who said that only 7% of allegations of CSA investigated by the police related to Asian children. This is less than half the proportion than that which would have been expected.[22]

It has also been found that black and minority ethnic children are under-represented in child protection services when it comes to sexual abuse, not accessing services in the same way as white children and families (Brown, O'Donnell and Erooga, 2011). For instance, in a review of previous research, Barn (2001) found that black and minority ethnic children, while over-represented in child protection referrals for physical abuse, are under-represented for referrals for sexual abuse. Black and minority ethnic children and their families may be less able or willing to access support services for various reasons, including: high levels of denial of CSA due to issues of shame and honour; being seen as taboo; a lack of appropriate vocabulary; and the perception that CSA is a western problem (Ibid.).

Gilligan and Akhtar (2005) came to similar conclusions, based on 50 questionnaires sent out to Asian organisations concerning awareness of CSA in their communities.

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[22]Assuming, of course, that the prevalence of CSA in Asian communities is the same as it is in white communities, which is supported by a limited amount of research (Gilligan and Akhtar, 2005).

Their responses emphasised the 'hidden' and 'taboo' nature of CSA; unwillingness to believe in its very existence (especially IFCSA); reluctance to discuss the issue; a lack of understanding and appropriate vocabulary; and communication barriers. The majority also thought that their communities were unaware of the services available to help victims of CSA and said there was a need for accessible and culturally-sensitive information in this area.

Section 3: What is the key legislative and policy context pertaining to intrafamilial CSA? How far does this address the impacts of intrafamilial CSA?

Summary of Findings for research question 2

What we do know and are confident about?

1. There is some evidence for good practice in the child protection system. However, it is clear from the Munro Review, the recent Ofsted inspection, and other literature, that the child protection system has become overly bureaucratic and target-centred, at the expense of forming good relationships with, listening to, and ultimately protecting, children.

2. Despite considerable police efforts in investigating IFCSA cases, a large number are closed and not sent to the Crown Prosecution Service. This may be for a number of reasons, including the retrospective nature of the offence (meaning that there is generally a lack of forensic evidence), the absence of the perpetrator, and failure to follow good practice guidance on ABE interviews.

3. Child protection systems may subject victims of CSA to secondary victimisation. Legal processes are re-traumatising victims both pre-and post-trial. Issues include children not receiving court familiarisation visits, long delays in waiting for trial, low use of special measures to help children give best evidence, and aggressive cross-examination techniques.

4. Interventions that focus on the family, rather than the individual victim of abuse, are more effective in dealing with both short-term and long-term impacts of IFCSA.

What do we think we know but are less confident about?

5. Certain elements of good practice from international models of child protection – such as multi-agency working, child-friendly environments, improved technology, and use of support animals – may be relevant to the UK child protection and criminal justice systems.

6. Despite research indicating that disabled children are around three times more likely to be victims than non-disabled children, disabled victims receive even poorer responses from professionals than non-disabled peers.

7. Black and minority ethnic children are under-represented in child protection referrals, do not access child protection services with the same frequency as white children, or (when they do) may receive a poorer quality of support from professionals.

This section of the report focuses upon:

- the key legislative and policy context pertaining to intrafamilial CSA

- the extent to which this addresses the impact of intrafamilial CSA.

Academic and grey literature, including empirical studies, case studies, meta-analyses, reviews, government and charity reports, and the views of child protection and criminal justice professionals, parents, and children themselves have been drawn on. The findings are presented and categorised according to what we are confident about, and what we are less confident about. We are confident if the papers we used scored high or medium. We are less confident if the papers reviewed scored low or if medium and there were less than five papers that discussed the issue.

What do we know and are confident about?

3.0 The English, Welsh and European policy and legislative context provides an adequate framework concerning CSA in general but is more limited regarding IFCSA.

The last two decades have seen an increasing awareness of the need to provide a global safety net for children. This goal has been instigated and expressed at international level by the United Nations. This review will focus upon relevant EU directives and legislation and policy in the UK.

In 1989 the UN Commission on Human Rights appointed a Special Reporter to consider matters relating to the rights of children and consider how universal standards could be translated into action at the national level. This led to the United Nations Convention on the Rights of the Child (UNCRC) in 1990 − a ground breaking international convention requiring signatories to take all appropriate measures to prevent harm to children. The UNCRC gives children a raft of cultural, socio-economic and political rights, underwritten by a covenant that ensures that the child's best interest is the primary consideration for policy. Article 34 affords children protection from sexual abuse and exploitation. Article 3 states the best interest of the child must be a top priority in all actions concerning children and Article 12 states that every child has the right to say what they think in all matters affecting them and to have their views taken seriously. These Articles are of particular relevance in this review.

All countries have now ratified the UNCRC with the exception of the USA and Somalia. Since the instigation of the UNCRC, a number of international instruments have strengthened child rights further; including the ILO Convention 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1998); the ILO Protocol to Prevent, Suppress and Punish Trafficking on Persons, especially Women and Children, supplementing the UN Convention against Transnational Organised Crime (2000); and the Protocol on the Sale of Children, Child Prostitution and Child Pornography (2000). The evolving capacity of children is

now a significant arbiter of law and policy both nationally and internationally.

Child abuse policy: The right to legal protection
Under the UNCRC children have a right to protection from all forms of violence. Article 34 of the UNCRC commits States to:

> *protect the child from all forms of sexual exploitation and sexual abuse… and to take all appropriate national, bilateral and multilateral measures to that end.*

Article 19 seeks to protect children from all forms of abuse:

> *States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

The UNCRC also contains important general principles which should be taken into account throughout all relevant legislation and measures, including the principle that the child's best interests should be taken into account in actions which affect them. The Committee on the Rights of the Child has been set up to monitor the implementation of the Convention by States, but it is unfortunate that IT has no real power of enforcement and cannot force States to follow its recommendations. As Carr and Hilton (2010) note:

> *Whilst the commitments outlined under the UNCRC and Optional Protocol are significant step in indicating a commitment by Member States to tackle online forms of sexual exploitation from a children's rights perspective there have nonetheless been criticisms of the willingness of individual states to engage with a wider agenda around children's welfare. In particular it has been argued that despite the additional protections outlined in the Optional Protocol and its focus on the welfare protection of the child through the criminal justice process – the reservations and declarations of states parties demonstrated little commitment to the welfare or rehabilitation of child victims* (p.25).

Political initiatives at EU level
In recent years there has been a concerted attempt to enhance the protection of children through political initiatives at EU level. In 2003 the EU adopted a Council Framework Decision '*on combating the sexual exploitation of children and child pornography*[23] (including child sexual abuse) committing EU Member States to bringing their national laws in line with the standards it contains, including criminalising images of child abuse and other child sexual exploitation offences.[24]. In

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[23] The term 'child pornography' is used here in direct reference to the actual text of legislation, though the term 'images of child abuse' is preferred
[24] The EU's Safer Internet Programme has also made a significant contribution including through funding the network of Hotlines, and the next generation of the Programme (2009-2013) will prioritise child protection.

addition there has recently been a European Commission proposal[25] for a revised EU Framework Decision '*on combating the sexual abuse, sexual exploitation of children and child pornography*' which provides a renewed opportunity to focus the debate on sexual exploitation, improve, share and update our understandings of sexual abuse, and strive for a more consistent implementation process.

EU Framework Decision 2001/220/JHA establishes a set of victims' rights in criminal proceedings, including the right to protection and compensation. In addition, child victims of sexual abuse, sexual exploitation and images of child abuse should be given access to legal counselling and, in accordance with the role of victims in the relevant justice systems, to legal representation, including for the purpose of claiming compensation. Such legal counselling and legal representation could also be provided by the competent authorities for the purpose of claiming compensation from the State.

The purpose of legal counselling is to enable victims to be informed and receive advice about the various possibilities open to them. Legal counselling should be provided by a person who has received appropriate legal training without necessarily being a lawyer. Legal counselling and (in accordance with the role of victims in the relevant justice systems, legal representation) should be provided free of charge, at least when the victim does not have sufficient financial resources, in a manner consistent with the internal procedures of Member States.

A new EU directive on combating child sexual abuse and sexual exploitation and child abuse images seeks to curb the sexual exploitation of children.[26] The directive introduces maximum sentences for sexual offences perpetrated against children and requires Member States to introduce specific legislation on online grooming. The directive came into force in November 2013.

It includes all forms of child sexual abuse. It does not focus directly upon IFCSA, but in acknowledgement of potential impact upon victims, Article 9 states that where '*the offence was committed by a member of the child's family, a person cohabiting with the child or a person who has abused a recognised position of trust or authority*' the circumstances should be treated as aggravated in sentencing.[27]

Some general good practice measures are recommended in the Directive including: an appropriate level of training for social workers working with child victims; effective offender risk assessment and effective offender intervention programmes. The Directive adopts the UNCRC definition of child as under 18 but recognises that the age of sexual consent will be defined in legislation at national level and there is wide variation between countries. This is clearly problematic and continues to prove a barrier to any international consensus on child safeguarding law.

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[25] Proposal for a Council Framework Decision 'on combating the sexual abuse, sexual exploitation of children and child pornography, repealing Framework Decision 2004/68/JHA' COM(2009)135final of 25th March 2009

[26] Directive 2011/92/eu of the European Parliament and of the Council.This Directive aims to amend and expand the provisions of Framework Decision 2004/68/JHA the Framework Decision is replaced in its entirety in relation to Member States participating in the adoption of the Directive.

[27] http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32011L0093)

In the UK, leading human rights barrister Baroness Kennedy QC recently argued that the only solution to this problem is to introduce an internationally unified age of consent and introduce international law courts to address global child abuse issues (War Child Conference, 23/10/2013). This issue also strikes at the heart of key cultural differences in definitions of childhood. As sexual activity is associated with adulthood and maturity in many societies, the age at which a person can give consent to sexual relations implies the end of childhood. Children and young people are seen to lack the capacity or 'competence' (Children Act, 1989; 2004) to make a sound judgment about sexual relations. As Finkelhor suggests, '*children are deemed to lack the capacity to consent to such relationships. However, at some point in adolescence children acquire the ability to consent*' (1984, p.26)*.*

Differences in the age of consent to sexual relations reflect social, cultural, political and religious differences in views about the nature and start of childhood. In some countries such as India, where traditionally children have married at what would be considered a young age in western countries, the debate regarding child abuse and the age of consent is recent and developing. In other countries such as South Africa the setting of the age of consent has been driven by moves to curb disease, pregnancy and sexual violence amongst young people. In some parts of Africa and the Middle East the age of consent is not a recognised concept as such and sexual relations are illegal outside of marriage (Bahrain, Dubai, Saudi Arabia and the Sudan for example). In many countries homosexual relations are illegal (Afghanistan, parts of the Middle East and the Sudan) (Davidson and Hamerton, 2014).

This international legislative and policy framework applies to all child sexual abuse, rather than a specific reference to intrafamilial abuse and can be said to provide an 'adequate' framework to protect children. However the Directive reminds Member States that certain European policy does not govern national policy, but that it must be interpreted and developed by Member States in the light of their own cultural and legal norms. The following note does however refer to children's sexual behaviour.

> *(20) This directive does not govern Member States' policies with regard to consensual sexual activities in which children may be involved and which can be regarded as the normal discovery of sexuality in the course of human development, taking account of the different cultural and legal traditions and of new forms of establishing and maintaining relations among children and adolescents, including through information and communication technologies. These issues fall outside of the scope of this Directive. Member States which avail themselves of the possibilities referred to in this Directive do so in the exercise of their competencies* (Brussels November, 2011).

The phrase '*as the normal discovery of sexuality in the course of human development'* could be open to misinterpretation and the implication that sibling incest is a natural part the development process.

3.1 English and Welsh legislation has developed in recent years to highlight IFCSA specifically (e.g. section 25 of the Sexual Offences Act, 2003) and subsequent amendments (e.g. Children and Young Persons Act, 2008 c23)

have begun to recognise the existence of different positions of trust linked to the family environment.

Figure 3 summarises the key child protection civil and criminal Acts 1997−2014. This section focuses upon the implications of the most substantive and recent Sexual Offences Act 2003 (it is recognised that this replaces the Sexual Offences Act 1956) and the effectiveness of current child safeguarding practice (Working Together, 2013).

Figure 3: Key Child Protection Civil and Criminal Acts 1997−2014

Act	Details
The Sex Offenders Act 1997	Known as the sex offenders register this requires convicted or cautioned sex offenders to notify police of their names and addresses
The Human Rights Act 1998	Incorporated the European Convention on Human Rights into UK law. Although it does not specifically mention children's rights, children are covered by the enveloping legislation as they are 'persons' in the eyes of the law (e.g. a child's right to privacy and family life)
The Protection of Children Act 1999	Legislation introduced to prevent individuals who pose a risk to children and young people from working in positions where they will come into contact with children
The Education Act 2002	An important public law statute as it requires local education authorities to make arrangements to safeguard and promote the welfare of children
The Sexual Offences Act 2003	Updates legislation related to offences against children which also includes grooming and abusing positions of trust, (with similar legislation developed in Northern Ireland and Scotland in 2008 and 2009)
The Female Genital Mutilation Act 2003	Updates and extends the legislation making it not only an offence to carry out FGM in England, Wales and Northern Ireland but also an offence for UK nationals or permanent UK residents to take or help take a girl abroad to carry out FGM irrespective of local legislation
The Children Act 2004	Places a duty on local authorities to appoint a director of children's services and an elected member for children's

	services. This also put Local Safeguarding Children Boards on a statutory footing giving them functions of investigation and review
The Domestic Violence, Crime and Victims Act 2004	Establishes a new criminal responsibility for members of a household when knowing there is a child or vulnerable adult at risk of serious harm
The Serious Organised Crime and Police Act 2005	Establishes/provides context for Child Exploitation and Online Protection (CEOP) Centre
The Children and Adoption Act 2006	Provides the courts with more flexible powers related to child contact and contact orders when separated parents are in dispute
The Safeguarding Vulnerable Groups Act 2006	Establishes a new centralised vetting and barring scheme for people working with children (similar legislation developed in Northern Ireland and Scotland in 2007)
The Forced Marriage Act (Civil Protection) 2007	Establishes that courts have power to protect victim or potential victim of a forced marriage (similar legislation in Scotland since 2011)
The Children and Young Persons Act 2008	To ensure high quality care and services for children in care
The Criminal Justice and Immigration Act 2008	Enables prosecution in the UK of offences against children committed abroad
The Borders, Citizenship and Immigration Act 2009	Places a duty on The UK Border Agency to safeguard children's welfare
The Apprenticeships, Skills, Children and Learning Act 2009	Each Local Safeguarding Children Board to have two lay members from the local community
The Education Act 2011	Relating to school discipline this places restrictions on the public reporting of allegations made against teachers
Protection of Freedoms Act 2012 (amends the Safeguarding Vulnerable Groups Act 2006)	Provides for a disclosure and barring service
The Sexual Offences Act 2003 (Remedial) Order 2012	Amends the Sexual Offences Act 2003 allowing review of sex offenders' life notification requirements

The Sexual Offences Act 2003, which came into force in May 2004 (mostly replacing the Sexual Offences Act 1956) sets out the principal offences related to child sexual abuse in the UK. Sections 25, 26 and 27 of this Act relate very specifically IFCSA:

These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners.

Under the legislation family relationships are divided into three distinct categories as follows:

- parent, grandparent, brother, sister, step-parent, half-brother, half-sister, uncle, aunt, foster parent that are regarded as strictly family members
- partner of the parent or cousins are only regarded as family members if living (or has lived) in the same household or been involved with caring, supervising or has had sole charge of the child
- the third category is similar to the second but only applies to those currently living in the same household (e.g. au pair).

Differing definitions of child are found in the literature and there are jurisdictional inconsistencies in terms of the age of consent as discussed. It is interesting to note that the 2003 Act identifies three categories of offences against children of different age as follows:

1. Offences against those under 13
2. Offences against those under 16
3. Offences against those under 18

In some ways, the Act presents a critical step in recognising the importance of the issue of consent in child sexual abuse cases. Under the Sexual Offences Act 1956 child consent was an issue to be debated in court but it is now recognised that children under 13 lack the capacity to consent to sexual relations:

A child under 13 does not, under any circumstances, have the legal capacity to consent to any form of sexual activity.

Some have questioned the reason for the failure to extend the age limit beyond age 13 (Davidson and Hamerton, 2014). The third category (under 18) refers to cases where the perpetrator is in a position of trust and would include teachers, doctors etc. Crown Prosecution Service guidance is clear about sibling abuse:

Prosecution should be considered where there is evidence of:

- *seduction;*
- *coercion;*
- *exploitation or violence;*
- *a significant disparity of age.*

Child safeguarding framework
The latest Working Together to Safeguard Children guidance (DfE, 2013) replaces

Working Together to Safeguard Children (DCSF, 2010); the Framework for the Assessment of Children in Need and their Families (2000); and statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. The guidance defines effective safeguarding systems as follows:

- *the **child's needs are paramount**, and the needs and wishes of each child, should be put first, so that every child receives the support they need before a problem escalates;*
- ***all professionals who come into contact with children and families** are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;*
- ***all professionals share appropriate information in a timely way** and can discuss any concerns about an individual child with colleagues and local authority children's social care;*
- ***high quality professionals are able to use their expert judgement** to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;*
- ***all professionals contribute to whatever actions are needed** to safeguard and promote a child's welfare and **take part in regularly reviewing the outcomes** for the child against specific plans and outcomes;*
- ***local areas innovate** and changes are informed by evidence and examination of the data.*

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

1. safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part
2. a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Summary of findings for research question 3

What do we know and are confident about?

1. The English, Welsh and European policy and legislative contexts provide an adequate framework concerning CSA in general but are more limited regarding IFCSA.

2. English and Welsh legislation has developed in recent years to highlight IFCSA specifically (e.g. section 25 of the Sexual Offences Act, 2003) and subsequent amendments (e.g. Children and Young Persons Act, 2008 c23) have begun to recognise the existence of different positions of trust linked to the family environment.

The aim of this section is to summarise key emergent issues and to provide a

general discussion of the findings of the REA. This is highlighted through the use of textboxes which summarise the key gaps in the evidence base and examples of good practice.

This REA addressed three questions:

1. What is known about the nature, scale, scope and impact of intrafamilial CSA or CSA linked to the family environment? Where do the gaps in knowledge lie?
2. What is known from the evidence about child protection and other action in response to victims and/or perpetrators of intrafamilial CSA or CSA linked to the family environment? Where are the gaps in these approaches?
3. What are the implications of all of the above when considering child protection activity and any legislative or formal guidance required to tackle intrafamilial CSA or CSA linked to the family environment?

The findings related to each of these questions will be addressed in turn below.

Key findings

1. The nature, scale, scope and impact of intrafamilial CSA and gaps in knowledge

The voice of child victims of IFCSA is largely absent from research and prevalence is difficult to estimate
Definitions of IFCSA varied widely in the research literature and the term covers a variety of 'familial/incest' dynamics and sexual behaviours. The national and international prevalence of IFCSA is difficult to determine for a number of reasons including: differences in methodological approach; differing operational definitions (for example in the US the term incest is used more than IFCSA); under reporting and differences in official estimates compared to victim surveys. Prevalence rates range from as low as 2.5% (under 11s in the UK population) (Radford et al, 2013) of the general child population to 33% of girls in the US (Pineda-Lucatero et al, 2008).

It is often suggested that the majority of IFCSA is not reported and consequently goes unrecorded, suggesting that victims are often reluctant to report abuse due to a number of factors including fear of reporting the perpetrator. Research suggests that IFCSA occurs in families from all socio-economic, educational, ethnic and religious backgrounds. It is also clear from the literature that there is some evidence to suggest that a considerable amount of CSA is not committed by strangers, but by close relatives or those known to the victim.

There is currently little research exploring online IFCSA but this report recognises the role that the internet is currently playing in facilitating intrafamilial child abuse (based upon police practice – Interpol Crimes Against Children Group Meeting, Lyon, October 2013). It is used for: grooming of the child and possibly their family; informal indecent image production and distribution amongst offender networks; and live streaming of abuse via webcams (where families /carers are complicit). This review found only two studies in this new area and clearly more research is needed.

There is a considerable amount of literature addressing the victim experience from the practitioner's perspective, but there is less drawing directly upon the child's views and/or experience. Much of the research in this area has focused upon the retrospective accounts of adults experiencing abuse in childhood. Some of the literature reviewed suggests that the impact of IFCSA leaves long-term profound psychological damage and the short-term impacts of IFCSA are also extremely damaging but 'hidden', due to children not telling anyone about the abuse until many years later, making intervention very difficult and leading to extended suffering.

As much IFCSA remains unreported, it is difficult to assess the short or long term effects. Research, predominantly with female victim-survivors, suggests that IFCSA victims suffer greater physical and emotional symptoms due to greater intrusion in regards to the relationship of trust with the perpetrator.

Key gaps and problems in establishing the prevalence of IFCSA and exploring impact

1. Lack of any consensus regarding the definition of IFCSA.

2. Lack of methodological consistency in measuring prevalence coupled with compounding problems such as underreporting.

3. Little direct reference to the child's experience in attempting to understand impact.

4. Lack of research in the online IFCSA area.

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2. Child protection and other action in response to victims and perpetrators of IFCSA and gaps in approaches

We know a lot about convicted male child sexual abusers but we know little about child victims and their experience
This REA reflects the fact that there is a great deal of research exploring the behaviour and motivations of convicted male child sexual abusers but very little research addressing the experience of child victims of sexual abuse. The blurring of definitions between IFCSA and extrafamilial child sexual abuse in the literature makes this issue particularly difficult to unpick.

The literature, most of which has been contributed by the disciplines of psychology and psychiatry, suggests that some male perpetrators of CSA are characterised by histories of childhood sexual abuse, dysfunctional family backgrounds, psycho-social deficits and have cognitive distortions which, it is suggested, underpin their offending behaviour. The literature also suggests that male perpetrators of CSA have consistently been found to have greater social deficits than the normal adult male population, including: lacking social skills; competence and secure attachments; having problems with intimate relationships; and suffering from loneliness. This is

often attributed to negative early attachments to parents and caregivers, meaning that, as adults, they are fearful of, and find it hard to form, trusting relationships.

There is little research on female child sexual abusers. The literature indicates that they have broadly similar characteristics to males but may differ in the extreme nature of the abuse perpetrated against them as children and the seriousness of their mental health problems as adults.

There is an increasing literature on young people with sexually harmful behaviours who are characterised by poor social skills, histories of abuse, mental health issues, and learning difficulties. Studies on young people with sexually harmful behaviours are even less likely to distinguish not only specifically between IFCSA and extrafamilial child sexual abuse, than studies on adults, but also child versus peer/adult abuse. However, there is recent evidence that the 'typical' young person with sexually harmful behaviour is a white male who commits IFCSA against (female and male) children who are family members. Other factors common may include violence in the home, poor sexual self-regulation, delinquent peers, social isolation, and lack of self-esteem, poor academic performance, and juvenile delinquency.

The majority of the IFCSA literature is concerned with interventions for male perpetrators or adult victim-survivors (not covered in this REA). The low incidence of victim reporting in childhood is cited as an obstacle to early intervention. If victims do not disclose until years after the abuse, treatment can only be carried out retrospectively. Consequently it would appear that children and young people do not have timely access to intervention.

Current literature on the evaluation of support services for victims following reporting appears elusive in the UK. Research suggests that internationally group treatment is the most favoured treatment option by victims as they do not feel alone. Other approaches such as goal orientated and structured therapy have also achieved positive results. The literature does suggest that interventions focusing on the family, rather than the individual victim of abuse, are more effective in dealing with both short-term and long-term impacts of IFCS

Key gaps in the literature on child protection and other action in response to victims of IFCSA and in approaches

1. Research has focused upon convicted male offenders.

2. Interventions have also focused upon convicted male offenders.

3. The child victim's voice is largely absent from research in this area. This has been attributed to ethical considerations, but has resulted in the exclusion of children's views.

4. There is little evaluation research addressing interventions for victims so it is difficult to identify the scale, nature and effectiveness of practice.

5. There is international evidence to suggest that child victims favour group approaches in intervention.

6. There is also some evidence to suggest that interventions focusing on the family and not the individual child are more effective in addressing the long term impacts of IFCSA.

3. The effectiveness of child protection activity and legislation in tackling intrafamilial CSA

The UK child protection system is far from child centred and is concerned with meeting targets at the expense of listening to and protecting children. The criminal justice system may subject victims of CSA to secondary victimisation
Recent research has explored the effectiveness and impact of the child protection system on victims of IFCSA with social workers at the frontline. The results of this research suggest that while society now better recognises the existence of IFCSA and child protection practice has improved over the preceding 25 years, the outcomes for children do not appear to have improved, with care proceedings for alleged sexual abuse often being unsuccessful in comparison to physical abuse. The Munro Review (2011) noted the system's over-emphasis on process, targets, rigid rules and performance indicators, rather than quality and effectiveness.

Since Munro's reports, a digest of ten years of work representing and consulting vulnerable children about safeguarding, rights and welfare issues has been published by the Children's Rights Director for England (Morgan, 2014). Concerns expressed by children about social workers included: them being difficult to get hold of or breaking their promises; constant changes of social worker; and social workers being overruled by finance offices after a decision has been made about what is best for the child.

The literature suggests that disabled children who are victims of CSA received even poorer responses from professionals than non-disabled children. Black and minority ethnic children may be under-represented in child protection referrals and may not access, or receive a poorer quality of, support.

Research has also identified concerns regarding the way in which child victims and witnesses are treated in the investigative process. Problems reported by victims

concerning their experiences with the police include a perceived lack of effort and information. Low rates of crime detection are also an ongoing concern which suggests that only a minority of cases of IFCSA are classified as detected crimes by the police. This may be for numerous reasons, including problems with multi-agency working; high staff turnover and inexperienced social workers and child protection officers; and problems with the Crown Prosecution Service, including slow response, delays in making decisions, lack of communication, and little confidence in lawyers. It would seem that the investigative system is failing many such victims.

Achieving Best Evidence (ABE) interviews conducted with child victims form the core of the prosecution's case against the perpetrator. Research in this area is clear in stating that the quality of these interviews is often poor. It is recognised that interviewing victims of CSA can be particularly challenging, with the need for the interviewer to collect as much relevant information as possible while also safeguarding the child's emotional welfare. Research suggests that factors such as: time constraints; the interview environment not being conducive for establishing rapport or taking into account the child's age or trauma levels; the development of police training in ABE having taken some time to be professionalised; a lack of child consultation; intermediaries not being used; a lack of continuity in expert experience, due to high police staff turnover; and 'short-cuts' being passed from the court, to the Crown Prosecution Service, and back to officers, due to disagreements about how ABE interviews should be used as evidence-in-chief; have a negative impact upon both the quality and use of ABE interviews.

Most work concerning the experiences of victims of IFCSA in the criminal justice system considers the legal/court process, despite the fact that the vast majority of cases do not progress to this final stage of the justice system. However, despite the existence of special measures (introduced under the Youth and Criminal Evidence Act 1999), when such cases *do* reach court, there are often multiple problems for children, which may effectively serve to re-traumatise. Research has found problems for children both pre-and post-trial. Pre-trial issues, identified from official data include: not all children being given pre-trial court familiarisation visits and long delays in waiting for a trial date. Children themselves confirm these issues as problematic.

The cross-examination of victims of CSA appears to be a particular problem and one with the most potentially damaging effects. Equally much judicial discretion/decision making may not be informed by a good understanding of what is intimidating to a young vulnerable witness. Children commenting in research have described lawyers as aggressive, cross, rude and sarcastic. They report problems in understanding the questions; finding questions too complex or fast; were often asked repetitive questions; talked over; and accused of lying. Similarly children have reported feeling nervous, upset, tearful, scared, and distressed while being cross-examined (all of which would be worsened if there is an acquittal). It is reassuring that research exploring the views of children and young people who have used special measures suggests that when in place these work well and have the potential to reduce the stress experienced. It does seem clear that there needs to be a concerted attempt to ensure that all children are fully informed about special measures at an early point in the investigative process.

The REA included a review of criminal justice models which have been designed to be child friendly in the USA, Canada, Scandinavia (Denmark, Norway, Sweden). This was specifically in regard to multi-agency working; the use of technology; child friendly environments; and support animals. Although these approaches have been evaluated with some positive findings in their respective countries, it is not clear how they might fit with practice and the adversarial system in the UK. The basic general principles underpinning these approaches remain relevant in any context. These include: creating a physical environment where children feel supported and enabled to speak; requiring professionals to attend the same location to interview the child rather than the child having to attend many different sites to be re-interviewed; ensuring that children and their families are informed and fully understand the process from the outset; and the provision of buddies or intermediaries where needed. Whilst it has been acknowledged that pockets of good practice with child victims of IFCSA exist in the UK, such as TRIANGLE, this review found few published independent evaluations of practice (other than the work undertaken by Munro and OFSTED).

It is clear that the new Multi- Agency Safeguarding Hubs (MASH), which bring together safeguarding professionals from a variety of agencies in one location (usually in a local authority's children's services directorate) are a step in the right direction.

Legislation in England, Wales and the EU has developed in recent years to highlight IFCSA specifically and recognises the existence of different abusers in the family context linked to the family environment.

What are the key features of good practice?

10. Centralisation of services in one physical location to reduce the number of interviews with many professionals in many different locations throughout the process.

11. A child consultative process set up to inform practice.

12. Ensuring that children are fully informed about the process and their rights from the outset.

13. Children trained as 'expert informants' and an attempt is made to make the

Strengths and weaknesses of this Rapid Evidence Assessment

This REA is not a full systematic review and differs from such in the scope and depth of its searches. Searching for a full systematic review can often take more than three months (more than the total time allocated to the REA), while the searches for this report took less than three weeks. The searches conducted depended almost exclusively on electronic databases and were not accompanied by the usual practice of searching key journals by hand. While a wide range of search terms were used, it was not possible to search all the databases we originally intended to in the time available. However, we did screen 57,226 references, which, given the constraints, means that we have considered a wide range of material.

The fact that studies were excluded based on the abstract alone is also a potential weakness of this REA. Usually, the full report of all potentially relevant studies would be retrieved, whereas in this case only those that met the strict inclusion criteria were retrieved. This may have led to some studies with a minor focus on IFCSA being excluded.

Apart from the search strategy, this REA followed all the stages and adhered to the principles that one would expect of a full systematic review. While it is difficult to estimate whether a full systematic review would have found more studies, a larger piece of work would have been able to examine a greater range of outcomes and consider other issues, many of which have been highlighted in the discussion above and below.

Suggestions for further research

The REA identifies a number of areas for further research. Suggestions are grouped according to thematic areas. All suggestions for future work are made with the caveat that diversity and the **inclusion of children's voices must be a central consideration**.

Victim-survivors' experiences

- Develop the evidence base on impact from child victim-survivors using ethical but innovative methods, with the wellbeing of the child at the centre.

- Research reviewed suggests that intrafamilial child sexual abuse can have serious significant long-term negative consequences for victim-survivors. More needs to be known about the incidence or prevalence of such long-term harm.

- Information about the experiences of male victim-survivors. This could inform support and intervention needs.

- Experiences and needs of lesbian, gay, bisexual, and transgendered people as victim-survivors, perpetrators, or both.

- Nationally representative and ethical research is urgently needed to find out about the first-hand opinions and experiences of the child protection system from victim-survivors of intrafamilial child sexual abuse.

- More information about the views and experiences of disabled victim-survivors, alongside their experiences of disclosure, the child protection system and, where relevant, the criminal justice system. This research should distinguish between forms of disability and types of abuse.

- There are gaps in research on black and minority ethnic children's experiences. Particular attention should be paid to their disclosure routes and experiences with child protection and criminal justice systems.

- Why do black and minority ethnic communities generally under-report? What information/support is available within such communities to encourage reporting and awareness; and what particular barriers there are to accessing adequate support in these communities?

Supporting victim-survivors

- Special measures to support victim-survivors have existed for 15 years and have been consistently positively evaluated, particularly in terms of reducing anxiety and stress for children and eliciting best evidence. Yet they are still only used in a minority of cases and often not discussed with children as an

option. We need to know, as a matter of urgency, why this is.

- Independent evaluations of support services and interventions for victim-survivors, both nationally and internationally, are urgently required.

- Children and young people's views on what aspects of the criminal justice system they find most traumatising and why should be sought, in order to make recommendations for change.

- The vast majority of integrated services for victim-survivors of sex crime are for adults rather than children − despite the fact that children's vulnerability means they have the greatest need. Research needs to explore whether sexual assault referral centres and/or children's advocacy centres (in the US) could provide models for integrated services for victim-survivors.

- Research should explore whether the introduction of victim-survivors' lawyers and/or auxiliary prosecutors (as used in other countries) would be possible and useful particularly as a means of protecting children from aspects of the adversarial system such as aggressive cross-examination techniques.

- Age and disability should not serve to exclude children from access to justice. Drawing upon examples of evaluated international good practice, exploration of other ways of working with disabled children should take place to allow them to give the best evidence possible.

- Future research should explore ways in which such therapeutic interventions for victim-survivors could be integrated into mainstream services for better outcomes for children.

- The role of the health service (e.g. GPs and hospitals) should be investigated in respect of identification, and referral to other services.

- More work is needed to establish and understand the full economic costs of child sexual abuse within the family environment and child sexual abuse more broadly.

Prevention

- We need to know more about programmes that focus on preventing intrafamilial child sexual abuse before it occurs, in order to take a preventative rather than responsive approach.

Adult perpetrators of child sexual abuse within the family environment and children and young people with sexually harmful behaviours

- We need to establish whether there are differences – in terms of characteristics, patterns, and motivations for offending – between adult perpetrators and children and young people with sexually harmful behaviours.

- Identification of the ways in which the internet and mobile technology is being used in intrafamilial child sexual abuse.[28]

Next steps for the OCC

The gaps in knowledge identified by this Rapid Evidence Assessment will be addressed by the OCC's two year Inquiry into child sexual abuse within the family environment. In particular, the Inquiry will:

- assess the scale and nature of this form of abuse in England including among minority ethnic; lesbian, gay, bisexual and transgender, disabled and other minority groups of children and young people

- assess inter-agency and individual practice for preventing and responding to child sexual abuse in England, and its impact on children and young people

- make recommendations for improving identification and prevention of child sexual abuse and child protection/law enforcement responses to child sexual abuse.

The experiences and voices of children and young people will be at the heart of this Inquiry, informing and driving all that we do.

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[28] Further examination is also required in this area in relation to victim-survivors experiences and should be investigated from all perspectives.

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Appendix 1: United Nations Convention on the Rights of the Child

This report was commissioned to inform the Office of the Children's Commissioner's Inquiry into Intrafamilial Child Sexual Abuse.

The Inquiry aims to promote children's right to protection from sexual abuse in the family context, in accordance with the United Nations Convention on the Rights of the Child (UNCRC). This states that every child shall be protected from all forms of exploitation, victimisation and abuse, and receive help accordingly, specifically with regard to:

- Article 19: Protection from all forms of violence
- Article 34: Protection from sexual abuse and exploitation
- Article 35: Protection from abduction
- Article 37: Protection from torture
- Article 39: Right to rehabilitation from abuse, exploitation and torture

It is being conducted in the spirit of, and in compliance with, the following UNCRC Articles:

- Article 3: The best interest of the child must be a primary consideration in all actions concerning children
- Article 12: Every child has the right to have their views heard in all decisions affecting them, and to have those views taken seriously

Appendix 2: Sub-questions for the research questions

1. **What is known about the nature, scale, scope and impact of intrafamilial CSA or CSA linked to the family environment? Where do the gaps in knowledge lie?**

- What national evidence exists on the prevalence of intrafamilial child sexual abuse? What international evidence exists that is applicable to the UK context?

- What evidence exists about the nature, scope and impact of such abuse upon children and their families?

- What does evidence tell us about perpetrator and victim characteristics?
- What evidence exists that refers directly to the experience of child victims of intrafamilial sexual abuse?

- What evidence exists about the context in which children are abused (e.g. immediate family, peer abuse, indecent image production)?

- What evidence exists about the impact of Intrafamilial abuse upon children?

- What evidence exists about the effectiveness of support services in attending to potential trauma following the discovery of the abuse?

2. **What is known from the evidence about child protection and other action in response to victims and/or perpetrators of intrafamilial CSA or CSA linked to the family environment? Where are the gaps in these approaches?**

- What national and international evidence exists on the effectiveness and impact of child protection (social service and criminal justice) practice with child victims of intrafamilial sexual abuse?

- What national and international evidence exists on the effectiveness and impact of child protection (social service and criminal justice) practice with perpetrators of intrafamilial sexual abuse?

- What appear to be the gaps in practice? Could practice be described as 'child friendly' (i.e. incorporating the child's voice in the light of the Munro Review)?

- What evidence exists that refers directly to the experience of child victims of intrafamilial sexual abuse?

- Is evidence available on models of good international child protection practice

in this area?
- o What do the models include? Have they been evaluated?
- o Are the models relevant in the UK context?

3. **What are the implications of all of the above when considering child protection activity and any legislative or formal guidance required to tackle intrafamilial CSA or CSA linked to the family environment**

- What is the key legislative and policy context pertaining to intrafamilial child sexual abuse in the UK?

- How does this compare to other countries where practice has been evaluated and is thought to be good?

- What are the implications of this review for current UK policy and practice in this area?

In all three strands of the work we will:

1. Identify and pay particular attention to what evidence exists that addresses diversity of victims, including age of victims, BME, victims with disabilities, LGBTQ and gender.

2. Identify and pay particular attention to what evidence exists about differences in terms of age, gender, ethnicity, sexuality, socioeconomic status etc.

3. Identify where are the gaps in knowledge.

4. Assess the ethics, validity and reliability of the available evidence.

5. Conduct our REA in a rigorous, ethical and nuanced way, in regular consultation with the OCC.

6. Consider where learning may be drawn from European and international research that is applicable to the UK contexts.

7. Consider what the implications are in relation to future research in this area.

8. Offer some consideration of the implications of the above objectives for children and young people's vulnerability to victimisation or perpetration of sexual abuse in the intrafamilial context.

Appendix 3: Detailed methodology

Context for this study

The Office for the Children's Commission had recently completed their Inquiry into Child Sexual Exploitation by Gangs and Groups (CSEGG). Their inquiry found that a high prevalence of victims of child sexual exploitation (CSE) had previous experiences of child sexual abuse (CSA). It was clear from this that abuse was perpetrated by a family member or a known individual in the family home. But it had not been identified or addressed. And this intrafamilial child sexual abuse (IFCSA) was also highlighted in a recent NSPCC report where 90% of children who were sexually abused knew their perpetrators (Radford et al. 2011).

It is also an issue that charities are aware of or deal with directly in their experience of child protection or advocacy. An evidence base on its prevalence and impacts on victims needed to be established before further research or other action could be implemented. An advocacy service in the UK that supports the family victims of IFCSA provided early feedback in the Call for Papers from this REA and had this to say about their experience:

> *By far the biggest problem, as far as my Advocacy service is concerned, is not being able to escape the abusive family member. This is especially true of parents or step parents with a child in the direct family unit, especially where there has not been a conviction. However even where there is a conviction, abusive parents/step parents will often exercise their parental responsibility (rights) and the Children's Act 1979 and subsequent amendments which is really insufficient for purpose when dealing with this type of criminal* (source: email communication, MOSAC, London, 2014).

They were also very aware when providing their own statistics on the IFCSA they collected of how in their own words 'our statistics may be skewed' on account of the severity of the issues which victims of IFCSA have to deal with. This is referring to the intense difficulties to disclose this form of CSA and therefore the hidden statistics.

Method for reviewing the evidence

As the current Civil Service website states 'The increasing prominence of evidence-based principles has led to a need for Government departments and agencies to have ways of accessing, harnessing and using the best available research evidence for effective policy making'. As stated there the earlier methods of literature review are now outdated with the growth of the 'knowledge economy' and the vast amount therefore and quality of existing work.

Of the six different methods put forward for reviewing evidence the Rapid Evidence Assessment (REA) was selected as fit for purpose for this particular review. The aim is to provide a systematic review method to provide an assessment of what is already known about a policy or practice issue. In this case an assessment of the

nature, scale, scope and impact of intrafamilial CSA and CSA that takes place within a family context or environment with a particular interest in finding out how this is being addressed in terms of child protection and where the gaps in knowledge and practice are.

There were three main components to this REA. Firstly to conduct a rapid search for the relevant literature using specially devised search strings (see Appendix 5) for each research question (see Appendix 2). Secondly, on the expectation of acquiring a large amount of material a method had to be employed for acquiring a set of the most relevant and appropriate pieces of research, and thirdly a system of review and assessment of what had been found to provide the evidence base for answering the research questions.

What we did

Searches
These were the principal activities to identify the relevant literature:

- systematic searches for relevant studies and literature across high priority academic databases relevant to this issue
- a search for Grey Literature through networks of researchers and practitioners
- requesting relevant material − a Call for Papers (see Appendix 7), and a search through sites such as Barnardos/NSPCC/Nuffield/Leverhulme etc and the web.

The subject Librarian at Middlesex University trained the research team in searching the different online databases identified for this REA. These were PSYCHINFO, ISI Web of Science (WOS), IBSS (International Bibliography of the Social Sciences) and Lexis. The original scheme had also included Criminal Justice Abstracts and EthOS (a digitised repository of all PhD thesis abstracts) held at the British Library. However after an initial search across the first four databases it was decided not to continue searching the latter two. This was on account of both technical reasons and time pressure in the context of the considerable volume of information already yielded.   The British Library had intermittent technical problems and were having to run a 'back-up version' of the whole system which resulted in a very slow response frequently returning 0 results. And a second attempt achieved a few results but due to a backlog of digitising, many reported at least 30 days delay for acquisition of papers. And due to the overwhelming amount of results/Titles already obtained the decision was taken not to search across Criminal Justice Abstracts.

The searches were also guided by a set of inclusion/exclusion criteria for the three research questions (see Appendix 4). This resulted in over 100,000 titles initially found for Research Q1 on account of the inclusion criteria incorporating twenty more years than Research Question 2 and 3. As relevance of the titles on most databases would start to diminish after the first 1000 results returned the search for Research Q1 was cut down to only include 2000 per search string per database.   This would make it a little easier to manage but in hindsight also proved to be a sensible decision once it became clear from the next stage of Title and Abstract

inclusion/exclusion that there were so many studies that were not relevant specifically to IFCSA. These searches were saved into Endnote.

Following the online database searches we then looked for grey literature. This process did not suit the use of extended search strings as for the databases so we searched the web using shortened and concise search terms devised for each research question (see Appendix 5). This resulted in 128 articles in total (105 from the various web sites, and 23 from the Call for Papers).

Title and Abstract inclusion/exclusion

Having changed the search strategy for Research Q1 the total number of Titles initially obtained was 57098. Broken down by research question as follows:

RQ1 = 32105
RQ2 = 2794
RQ3 = 22199

After the initial searches were performed on the academic databases, a problem was noticed in Research Question 2, regarding the material on perpetrators of IFCSA. On looking through the titles and abstracts of the literature identified in this area, it was apparent that only a very small amount of material had been detected concerning life histories and motivations, as well as aetiological models of offending, all of which were of central interest to this REA. Considering this further, it appeared that there could be two reasons why this material had not been found. The first was that the following search terms attached to all Research Question 2 search strings were precluding relevant literature being identified:

 ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

as material on perpetrator's life histories and motivations to offend would not necessarily encompass the above terms. The second was that we had not specifically included search terms relating to the aspects of offending that we were particularly interested in, such as 'motivation'.

We therefore devised some new search terms and strings to test. The first two parts of the search string remained the same as in Research Question 2.4:

("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring").

We then omitted: ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR

"Youth Services" OR "Children's Services" OR "Young People's Services").

We then replaced the omitted search terms with each of the following, in turn:

1. (Life history OR Life histories OR Motivation)
2. (Characteristics OR Background OR History)
3. (Characteristic* OR Background OR History OR Cognitive OR Motivation*)

and performed new searches on Web of Science.

Including the last search terms (3) produced the most results – 421 – and the titles were then scanned for relevance. We were pleased to find that this revised search string had identified what appeared to be key literature in this area. After abstracts were screened for relevance, 87 papers of potential interest remained.

We then went through the process of title exclusion which revealed that most studies had little relevance to child Sexual Abuse. We discovered that this was either a function of a particular term in the search strings such as 'historic' for example, which included irrelevant results. This was also the case for 'immediate family'. Those titles we did include always contained a reference to child sexual abuse (CSA) or child abuse (CA).

Once we finished title exclusion we went through the process of abstract exclusion. At this point we found that although many titles had been kept on account of referencing CSA or CA very few referred to IFCSA. Scrutiny of the abstracts revealed that mention of the word 'sibling' or 'incest' etc would then suggest the article was about IFCSA, but there was nothing in the main title of the research to suggest this or guide us. We excluded those abstracts that didn't mention or point to IFCSA specifically and these have been kept in a separate folder in case we needed to go back to them for future reference.

A research finding in itself at this stage was that very few studies have focussed specifically on IFCSA or at least do not refer directly to the term to distinguish it from extrafamilial child sexual abuse.

Following Title exclusion we then continued to exclude by Abstract and the final included total from academic searches was 538 from the initial 57098 Titles. Table 1 summarises the total number of items identified, included and excluded from all sources.

Table 1: Summary of the total number of items identified, included and excluded

Stage 1: Identifying the literature	Total No.	Included No.	Excluded No.
Academic Searches	57,098	538	56,560
Grey Literature Searches	105	105	0
Call for papers	23	17	6
Total	57,226	660	56,566

Review and assessment

Full texts of these included papers were then acquired and the process of review and assessment started. This was to assess their 'quality' in terms of evidence for this assessment. This entailed applying a Weight of Evidence score to the papers based on four specific criteria:
- Provenance
- Objectivity
- Persuasiveness
- Value
-

The steps and guidelines for applying this Weight of Evidence are provided in Appendix 9.

The essential data from these papers was stored in an Excel spreadsheet for each research question (headings for excel spreadsheet columns can be seen in Appendix 8). The initial suggested data extraction, storage and management tool for this stage had been the use of an Access Database with a number of fields. However it was clear as the project progressed that this minimum timescale of two months for such a review did not allow enough time to implement this.

Even though we screened for duplicates at the outset of the title searches we had still overlooked a number on account of the speed at which we were working we also found that a number of papers had been included for more than one research question which did not become apparent until we were cross-referring between research questions at the WoE and write up stage, when these were identified duplicates were excluded. It also became apparent during the reading of the full papers and WoE process that some papers did not meet the inclusion criteria, these were excluded at this stage. Finally, given the short time period for this project it was not possible to obtain all 660 papers included during stage 1 so some papers were excluded as a result. As a result of this process 296 papers were included in the final analysis[29]. 55 papers fell into the 'low' category, 116 into the 'medium' and 125 into the 'high' weight of evidence categories.

In order to produce the final report, the data collected for each of the research questions were synthesised. The first step taken to ensure synthesis was to focus on the research questions. This was undertaken from the very beginning and ensured by identifying search terms for each research question individually and keeping a log of which data applied to which research question. The data were explored for patterns, integrated and revisited to check the synthesis for quality, sensitivity, coherence and relevance

The final stage of production of the final report included two rounds of feedback from our two senior advisors and one round of feedback from the funders and advisory

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[29] It should be noted not all 296 papers are mentioned in the text, but they were all used to inform the report and are listed in Appendix 10 with their weight of evidence score.

group. The feedback led to some papers being identified and included[30] that had been missed in our searches.

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[30] It was not possible in the time available to process these papers like the ones found in our searches but the principles of the WoE approach were applied.

Appendix 4: Inclusion and exclusion criteria

Research Question 1

Inclusion
Studies published from 1st January 1980 to 1st March 2014 (exception for in press papers, seminal works and others received via call for papers.

Studies focused on children (under 18 years old; although we can include retrospective studies with adults about their childhoods).

Studies focused on sexual abuse (those which include FGM/ Forced Marriage/ whole family grooming / foster families / care system should be included but will not searched for explicitly)

Studies focused on sexual abuse that is intrafamilial/which is linked to the family environment.

Publically available academic research, non-academic research, reports, policy documents, reviews, meta-analyses.
English language publications
Any jurisdiction
All research methods

Exclusion
Studies published pre 1980 (unless seminal) and post March 2014 (unless received via call for papers.

Studies focused on adults

Studies focused on child sexual exploitation, ritualistic/satanic abuse, institutional, stranger grooming over the internet and forms of abuse that are not sexual

Studies focused on sexual abuse that is not intrafamilial and not linked to the family environment.
Media or other reports of specific cases.
Confidential documents/information.
Opinion pieces
Publications in non-English languages

Research Questions 2&3

Inclusion
Studies published from 1st January 1999 to 1st March 2014 (exception for in press papers, seminal works and others received via call for papers)

Studies focused on children (under 18 years old; although we can include retrospective studies with adults about their childhoods).

Studies focused on sexual abuse (those which include FGM/ Forced Marriage/ whole family grooming / foster families / care system should be included but will not searched for explicitly)

Studies focused on sexual abuse that is intrafamilial/which is linked to the family environment.

Publically available academic research,

Exclusion
Studies published pre 1999 (unless seminal) and post March 2014 (unless received via call for papers.

Studies focused on adults

Studies focused on child sexual exploitation, ritualistic/satanic abuse, institutional, stranger grooming over the internet and forms of abuse that are not sexual

Studies focused on sexual abuse that is not intrafamilial and not linked to the family environment.
Media or other reports of specific cases.

non-academic research, reports, policy documents, reviews, meta-analyses.	Confidential documents/information. Opinion pieces
English language publications	Publications in non-English languages
Any jurisdiction	
All research methods	

Exceptions were made to that which would otherwise have been excluded in terms of:

- key events
- seminal publications (e.g. for questions about perpetrators we needed to include Finkelhor's early work from the 1980's)
- areas where there was thin coverage
- specifications made in the ITT.

Appendix 5: Search terms by research question

Research Question 1 – search terms

1. "Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*
2. "Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*
3. Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people"
4. Victim* OR Survivor*
5. Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring"

Research question 1 search strings
1. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*)

2. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people")

3. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Victim* OR Survivor*)

4. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring")

5. ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** (Victim* OR Survivor*)

6. ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** (Perpetrator* OR Offender* OR

Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring")

7. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*)**AND** (Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people")

8. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** Victim* OR Survivor*

9. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*)**AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring")

Research Question 2 – search terms

1. "Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*
2. "Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*
3. Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people"
4. Victim* OR Survivor*
5. Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring"
6. "child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services"

Research question 2 search strings
1. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR

cousin* OR sibling* OR niece* OR nephew*)**AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

2. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people") **AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

3. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Victim* OR Survivor*) **AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

4. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring") **AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

5. ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** (Victim* OR Survivor*) **AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

6. ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*)**AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring") **AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

7. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** (Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people") **AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

8. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*)**AND** Victim* OR Survivor* **AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

9. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*)**AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring") **AND** ("child protection" OR "Social services" OR "Policing" OR "Criminal justice" OR "Crown prosecution service" OR "child protection practice" OR "Support services" OR "Child protective services" OR "Social Care" OR "Safeguard" OR "Youth Services" OR "Children's Services" OR "Young People's Services")

Research Question 3 – search terms

1. "Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*
2. "Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*
3. Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people"
4. Victim* OR Survivor*
5. Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring"
6. legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance*OR

"best evidence*" OR "Vulnerable witnesses*"

Research question 3 search strings
1. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

2. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people") **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

3. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Victim* OR Survivor*) **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

4. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring") **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

5. ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** (Victim* OR Survivor*) **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

6. ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring") **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

7. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR

cousin* OR sibling* OR niece* OR nephew*)**AND** (Child* OR teen* OR boy* OR girl* OR adoles* OR "Young person" OR "Young people") **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

8. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** Victim* OR Survivor* **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

9. ("Child Sexual Abuse" OR "Incest" OR "Family abuse" OR "Real-time" OR "grooming" OR Online*OR Offline* OR Cyber* OR Virtual* OR Historical*) **AND** ("Family environment" OR "Immediate family" OR "Extended family" OR "Intergenerational" OR Family* OR Home* OR Intrafamilial* OR father* OR mother* OR brother* OR sister* OR uncle* OR aunt* OR grandfather* OR grandmother*OR cousin* OR sibling* OR niece* OR nephew*) **AND** (Perpetrator* OR Offender* OR Paedophile* OR Pedophile* OR "Paedophile ring" OR "Pedophile ring") **AND** (legislate* OR Law* OR Legal* OR policy* OR "policy context" OR guidance* OR "best evidence*" OR "Vulnerable witnesses*")

Appendix 6: Databases used and other routes to identify academic and grey material

To access academic publications we conducted one off searches of the following online abstracting databases:

1. PSYCHINFO
2. ISI Web of knowledge/Web of Science (this includes: Arts and Humanities Citation Index; Conference Proceedings Citation Index; Science Conference Proceedings Citation Index: Social Science and Humanities; Social Sciences Citation Index; Science Citation Index);
3. IBSS (International Bibliography of the Social Sciences)
4. Lexisnexis

In order to access unpublished and/or non-peer reviewed research ('grey' literature) we used the following routes:

1. Project team members send requests to their extended networks of researchers and practitioners requesting relevant material, this would include the international network of academics and practitioners maintained by FPS and CATS;
2. We will also ask members of the Forensic Psychology Research Group (FPRG) and Crime and Conflict Research Centre (CCRC) at Middlesex University to put the call out to their contacts (there are 25 members of FRPG and a similar number in the CCRC);
3. Current holdings of the project team will be drawn on;
4. Key collaborators with whom we have previously written/conducted research will be sent requests to forward any information already collected from their work to date;
5. The OCC will post a request for relevant material on their webpage and send it out to their advisory groups and extended networks;
6. One off searches were conducted of RAND/JRF/Barnados, NSPCC websites; ESRC/EDS archives; Google.

Appendix 7   Text of requests sent to extended networks and posted on the OCC website

FPS FORENSIC PSYCHOLOGICAL SERVICES
Supporting your Criminal and Civil Justice Needs

CATS

Centre for Abuse and Trauma Studies
Academic & Applied research in the digital age

Middlesex University London

CALL FOR PAPERS—Assessing the Evidence Base in Relation to Intrafamilial Child Sexual Abuse: A Rapid Evidence Assessment. Deadline for receipt of papers: 24th March, 2014.

Forensic Psychological Services and the Centre for Abuse and Trauma Studies at Middlesex University have been commissioned by the Office of the Children's Commissioner to conduct a Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse (CSA). We are writing to ask for your assistance please in helping us to obtain relevant literature. As you would expect, we are conducting searches of many academic and non-academic databases. Additionally, we believe that some of the work that is important to help us understand Intrafamilial CSA, may not have been published, or may not come up on the searches. We have been tasked with considering:

- What is known about the nature, scale, scope and impact of intrafamilial CSA or CSA linked to the family environment? Where do gaps in knowledge lie?
- What is known from the evidence about child protection and other action in response to victims and/or perpetrators of intrafamilial CSA or CSA linked to the family environment? Where are the gaps in these approaches?
- What are the implications of all of the above when considering child protection activity and any legislative or formal guidance required to tackle intrafamilial CSA or CSA linked to the family environment

The findings from the review are expected to be published later this year by the Office of the Children's Commissioner on their website and will be of interest to policy makers, practitioners and researchers.

We would be extremely grateful if you would please alert us to any unpublished material and, or, material published in non-academic places / documents / reports / briefings (i.e. grey literature) that is in the public domain. Ideally, if you would attach the documents in an e-mail to us, that would be most helpful. Otherwise, if you would please provide a full reference and its source, then that would also be very useful. Additionally, if you have recently published some peer reviewed work yourself or, know of work that may be subsumed within a bigger study and thus not be likely to come up on searches, do please send it to us.

We have set up a dedicated non-confidential e-mail address for anything that you are able to provide us with – please send any electronic materials to:

ICSAREA@mdx.ac.uk If you wish to protect your materials, then you may find it simplest to compress and password protect the file using a package such as Winzip or 7Zip (please see instructions below for how to do this).

If you only have hard copies, please send them to:
Dr Miranda Horvath
(REA-ICSA),
Department of Psychology,
Middlesex University,
London,
NW4 4BT.

We are working to a very short timescale, so need to receive all materials as promptly as possible and by the **24th March, 2014 at the latest please.**

PLEASE NOTE that we are not requesting confidential or sensitive materials that could identify individuals, if you have any such materials that you think we should see, please send us an e-mail and we will provide you with details of how to send in such materials.
Please pass this e-mail on to people you think may be interested in contributing to the evidence review.

Thank you in advance for your help with this important project. Please do not hesitate to contact a member of the team with comments or questions.
Yours sincerely,

Julia Davidson (Co-Principal Investigator)	j.davidson@mdx.ac.uk
Miranda Horvath (Co-Principal Investigator)	m.horvath@mdx.ac.uk
Julie Grove-Hills (Project Manager)	J.Grove-Hills@mdx.ac.uk
Anna Gekoski (Research Associate)	annagekoski@gmail.com
Clare Choak (Research Associate)	c.choak@mdx.ac.uk
Joanna R Adler (Senior Advisor)	j.adler@mdx.ac.uk
Chris Hamerton (Legal Advisor)	

HOW TO EMAIL PASSWORD PROTECTED DOCUMENTS USING WINZIP

1. Right-click the file you want to email
2. Select 'WinZip'
3. Select 'Zip and E-mail Plus'
4. Choose the name, select compression type "Zip:legacy compression" and tick the box "Encrypt Zip file"
5. Enter and confirm a password
6. Make a note of the password
7. Click 'OK'
8. Telephone password to recipient, the FPS telephone number is 020 8411 4502

Appendix 8: Data extraction and weight of evidence database

We created an excel spreadsheet which data from papers was extracted into according to the following topics:
AUTHOR(S)
FULL TITLE
DATE OF PUBLICATION
TYPE OF SOURCE
COUNTRY
METHOD
Weight of Evidence 1
Weight of Evidence 2
Weight of Evidence 3
OVERALL Weight of Evidence 4

Appendix 9: Guidelines for making weight of evidence decisions

The 'Weight of Evidence' (WoE) approach developed by the EPPI-Centre (Evidence for Policy and Practice Information and Coordinating Centre) can be used for both quantitative and qualitative studies. This will ensure consistency in our approach and is feasible within the time constraints. Each study was weighted according to dimensions A, B and C (outlined below) in conjunction with each other. These judgments were combined into dimension D which signifies the overall WoE judgment. Then the findings of lower quality studies were given less weight in the synthesis. Our slightly modified version of the WoE framework is (along with guidance for how to make the decisions):

A) Taking into account all of the quality assessment issues, can we be confident that the study findings answer (all of) the study question(s)? (*In some studies it is difficult to distinguish between the findings of the study and the conclusions. In those cases, code the trustworthiness of these combined results/conclusions.*)

1. High confidence
2. Medium confidence
3. Low confidence

Factors to guide decisions

The focus here is on evaluating the paper independent of the REA specification. So check to see if:

- There was a clear statement of aims of the research and is it related to the aims of the REA
- There is a clear statement of findings?
- There is there adequate discussion of the evidence for and against the researchers' arguments?
- The findings are discussed in relation to original research questions?
- The study subjected to some form of peer review? If not peer reviewed was it a significant pieces it considered very influential (e.g. stimulated new policy/debate/research/law)
- In some studies it is difficult to distinguish between the findings of the study and the conclusions. In those cases, code the confidence of these combined results/conclusions.

B) Appropriateness of research design and analysis for addressing the question, or sub-questions, of this review.

1. High
2. Medium

3. Low

Factors to guide decisions

The focus here is on whether the study design and analysis are suitable for answering the questions we're trying to answer in the REA. So check to see if:

- The reasons for the particular elements of the design have been discussed and justified? Especially choice of data collection methods (questionnaires, interviews, focus groups, diaries, etc.)
- The methodology used (quantitative/qualitative/mixed methods) was appropriate?
- Ethical issues were considered? Were enough details provided so that the reader can assess whether ethical standards were maintained? Was approval from an ethics committee granted? Do the researchers discuss issues such as informed consent, confidentiality etc?
- Was a comparison group required/used? If so how were they matched/recruited?
- Did the researchers use objective measurements? Did the measures used truly reflect what was wanted (e.g. have they been validated)?
- Were confounding factors considered/controlled for?
- Is the data analysis sufficiently rigorous? Was a full description of the analysis process provided? Is it clear how data presented were selected from the sample? Was contradictory data presented/taken into account/discussed?
- In summary you should: assess the quality of the data, the analysis and synthesis of data, the appropriateness of data and interpretation of data.

C) Relevance of particular focus of the study (including conceptual focus, context, sample and measures) for addressing the question, or sub-questions, of this rapid evidence assessment.

1. High
2. Medium
3. Low

Factors to guide decisions

The focus here is on whether things like definitions/sample etc of the study are in line with the questions for the REA. So check to see if:

- The operational definitions used are in line with those utilised in the literature searches? If not, are they similar enough that the study is relevant?
- Was the recruitment strategy appropriate to the aims of the research and for the questions posed by this REA?
- Is there sufficient explanation of how the participants were selected and recruited?
- Is there sufficient consideration/explanation of representativeness of the sample or why the participants included were most appropriate.

- Were there any issues with recruitment/retention of research or comparison group samples? E.g. response rate/ineligibility
- Were there any issues with the data collection methods? Is it clear how it was collected? Was the setting for collection justified? Were the methods justified?
- Do the study authors engage in reflexivity e.g. consider the possibility of researcher bias, considered the relationships between them and the participants?

D) Overall weight of evidence *(Taking into account quality of execution, appropriateness of design and relevance of focus, what is the overall weight of evidence this study provides to answer the question of this specific REA?)*

1. High
2. Medium
3. Low

Factors to guide decisions

Taking into account quality of execution, appropriateness of design and relevance of focus, what is the overall weight of evidence this study provides to answer the question of this specific REA? Double check the following four areas:

- **Provenance:** What are the author's/author's credentials? Are the author's/authors' arguments supported by evidence (e.g. primary historical material, case studies, narratives, statistics, recent scientific findings)

- **Objectivity:** Is the source's tone even-handed or prejudicial? Are contrary data considered or is certain pertinent information ignored/used selectively to reinforce an authorial position? [If not, is the argument (method, research design etc) on which they are based convincing?] How do we know the data are reliable? What other supporting data are available?)

- **Persuasiveness:** Which of the arguments made are most/least convincing?

- **Value:** Are the arguments and conclusions made convincing? Does the work ultimately contribute in any significant way to an understanding of the subject?

Appendix 10: Papers included and their weight of evidence score

Author(s)	Date	Overall WOE
Abu Baker, K. & Dwairy, M.	2003	Low
Aiken, M., Moran, M., & Berry, M. J.	2011	Medium
Allnock, D., Hynes, P. & Archibald, M.	2013	High
Anderson, L.E., Weston, E.D., Doueck, H.J. & Krause, D.J	2002	Medium
Andrew, R.	2006	High
Atwood, J.	2007	High
Bacon, H.	2008	Medium
Bacon, H., Ambridge, M. & Hillam, A.	No date	High
Bahali, K., Akcan, R., Tahiroglu, A. Y. & Avci, A.	2010	Low
Bala, N.M.C., Mitnick, M., Trocme, N. & Houston, C.	2007	High
Barn, R.	2001	Low
Beech, A.R. & Ward, T.	2004	High
Beitchman, J.H., Zucker, K.J., Hood, J.E., Da Costa, G.A. & Akman, D.	1991	High
Beitchman, J.H., Zucker, K.J., Hood, J.E., Da Costa, G.A. & Akman, D.	1992	High
Ben-Arieh, A. & Windman, V.	2007	Medium
Black, D.A., Heyman, R.E., & Smith Slep, A.M.	2001	High
Bolen, R.	2003	High
Boroughs, D.S.	2004	Medium
Brackenridge, C.	2004	High
Brammer, A. & Cooper, P.	2001	Medium
Bramsen, R.H., Elklit, A. & Nielsen, L.H.	2009	High
Brennan, S.	2006	Medium
Brown, J., O'Donnell, T. & Erooga, M.	2011	Medium
Bruck, M., & Ceci, S.J.	2013	High
Bunting, L.	2005	Medium
Bunting, L.	2008	Low
Bunting, L.	2011	Medium
Bunting, L.	2011	Low
Burn, M.F. & Brown, S.	2006	Medium
Burrows, K. S. & M. Powell	2014	Medium
Burton, D. L.	2000	Low
Caffaro, J. & Conn-Caffaro. A.	2004	Medium
Cantor, J.M., Blanchard, R., Robichaud, L.K., & Christensen, B.K.	2005	Low
Carlson, B., Maciol, K. & Schneider, J.	2006	High
Carvalho, J. & Nobre, P.	2013	Low
Cashmore, J.	2006	High
Cashmore, J. & Trimboli, L.	2005	Medium

Castillo, D.	No date	Medium
Ceci, S. J. & Bruck, M.	2000	Medium
Centre for Sex Offender Management	2000	Medium
Centre for the Study and Prevention of Violence (CSPV)	2008	Medium
Choi, K.	2009	Low
Christopher, K., Lutz-Zois, C.J. & Reinhardt, A.R.	2007	Medium
Coffey, L.	2014	High
Collins, S. & Fildes-Moss, S.	No date	Medium
Connon, G., Crooks, A., Carr, A., Dooley, B., Guerin, S., Deasy, D., O'Shea, D., Ryan, I., & O'Flaherty, A.	2011	High
Conte, J	1991	High
Cooper, P.	2011	Medium
Cossar, J., Brandon, M. & Jordan, P.	2011	Medium
Courthouse Dogs	No date	Low
Criminal Justice Inspection Northern Ireland (CJINI)	2010	Low
Cronch, L.E., Vijoen, J.L., & Hansen, D.J	2006	High
Cross, T. P., Jones, L.M., Walsh, W.A., Simone, M., & Kolko, D.	2007	Medium
Csorba, R., Aranyosi, J., Borsos, A., Balla, L., Major, T. & Poka, R.	2005	High
Cunningham, A. & Hurley, P.	2007	Low
Curnoe, S. & Langevin, R.	2002	Low
Cyr, M., Wright, J., McDuff, P. & Perron, A.	2002	High
Damant, D., Lapierre, S., Lebossa, C., Thibault, S., Lessard, G., Hamelin-Brabant, L., Lavergne, C. & Fortin, A.	2010	Medium
Daversa, M. T., & Knight, R. A.	2007	Medium
Davidson, J. & Bilfulco, A.	2009	High
Davidson, J., Bifulco, A., Thomas, G., Ramsay, M.	2006	Medium
Davidson, J., Bilfulco, A., Grove-Hills, J. & Chan, J.	2012	High
Davis, G., Hoyano, L., Keenan, C., Maitland, L. & Morgan, R.	1999	Medium
De Luca, R., Hazen, A. & Cutler, J.	1993	High
Deche, M.	2013	High
Deering, R. & Mellor, D.	2007	Medium
Dempster, H. & Roberts, J.	1992	Medium
Denov, M. S.	2003	Medium
Devaney, J. & Spratt, T.	2009	High
Devlin, R.	2005	Low
DH Health Improvement	2011	Medium
DiGiorgio-Miller, J.	1998	Medium
Dixen, J. & O'Jenkins, J.	1981	Low
Drugge, U.	2008	Low
Eastwood, C.	2003	High
Elliott, I.A., Beech, A.R., Mandeville-Norden, R. & Hayes, E.	2009	High

Ellis, R.	2005	Medium
England, L.W. & Thompson, C.L.	1988	Medium
Estes, L.S. & Tidwell, R.	2002	Medium
F.A.C.T.	No date	High
Falb, K. L., Annan, J., Hossain, M., Topolska, M., Kpebo, D. & Gupta, J.	2013	Low
Faller, K.C. & Palusci, V.J.	2007	Medium
Farrelly, C.	2008	Low
Finkel, K.	1994	Low
Finkelhor, D. & Jones, L.M.	2004	High
Finkelhor, D.	1994	High
Firestone, P., Dixon, K., Nunes, K. & Bradford, J.	2005	High
Fischer, D.G. & McDonald, W.L.	1998	High
Forrester, D., Westlake, D., McCann, M., Thurnham, A., Shefer, G., Glynn, G. & Killian, M.	2013	High
Freeman, K.	1991	High
Fridell, L.A.	1991	Medium
Gannon, A., Hoare, J.A., Rose, M.R., & Parrett, N.	2012	Medium
Gannon, T., Ward, T. & Collie, R.	2007	High
Gannon, T.A., Gilchrist, E. & Wade, K.A.	2008	Medium
Giguere, R. & Bumby, K.	2007	Low
Gilligan, P. & Akhtar, S.	2005	High
Glasser, M., Kolvin, I., Campbell D., Glasser A., Leitch I., & Farrelly, S.	2001	High
Gold, S. N., Hyman, S. M. & Andres-Hyman, R. C.	2004	Medium
Goldman, J. & Padayachi, U.	1997	Medium
Goodman-Brown, T.B., Edelstein, R.S., Goodman, G.S., Jones, D. P.H. & Gordon, D.S.	2003	High
Goodman-Delahunty, J.	2014	High
Government of Western Australia, Department for Child Protection	2012	Medium
Grand, S. & Alpert, J.L.	1993	Medium
Grattaglianno, I., Owens, J.N., Morton, R.J., Campobasso, C.P., Carabellese, F. & Catanesi, R.	2012	High
Gray, A., Pithers, W.D., Busconi, A. & Houchens, P.	1999	Medium
Grayston, A.D. & De Luca, R.V.	1999	Low
Green, L.	2006	Medium
Greenberg, D.M., Firestone, P., Nunes, K.L., Bradford, J.M. & Curry, S.	2005	High
Guðbrandsson, B.	2010	High
Gunby, C. & Woodhams, J.	2010	Low
Hackett, S., Masson, H., Balfe, M., & Phillips, J.	2013	Medium
Hartley, C.	2001	High
Harvard Law Review	2006	Medium
Hayes, D., Bunting, L., Lazenbatt, A., Carr, N., & Duffy, J.	2011	High
Hershkowitz, I.	2009	Low

HMCPSI & HMIC	2012	High
Hooper, C. & Warwick, I.	2006	Low
Horvath, M.	2010	High
Howitt, D. & Sheldon, S.	2007	Low
Hoyle, R. H. & Smith, G.T.	1994	Low
Hudson, M.	2013	Medium
Hunter, S.V.	2006	Low
Illinois Coalition Against Child Sexual Abuse	2007	Medium
Jackson, S.L.	2004	Medium
Jensen, T. K., Gulbrandsen, W., Mossige, S., Reichelt, S. & Tjersland, O. A.	2005	High
Jespersen, A.F., Lalumière, M.L. & Seto, M.C.	2009	High
Joa, D. & Edelson, M. G.	2004	Medium
Jones, J.S., Wynn, B.N., Kroeze, B., Dunnuck, C. & Rossman, L.	2004	Medium
Jones, L.M., Cross, T.P., Walsh, W.A. & Simone, M.	2007	Medium
Jones, M.	2006	High
Jones, M.	2012	High
Kardam, F., & Bademci, E.	2013	High
Keane, M., Guest, A. & Padbury, J.	2013	High
Keelan, C. M. & Fremouw, W. J.	2013	High
Kellog, N.D., Burge, S. & Taylor, E.R.	2000	Low
Kemshall, H. & Wood, J. with Westwood, S., Stout, B., Wilkinson, B., Kelly, G. & Mackenzie, G.	2010	Medium
Kim, K., Trickett, P.K. & Putnam, F.W.	2010	Medium
King, D., & Drost, M.	2011	Medium
Krienert, J. & Walsh, J.	2011	High
La Rooy, D., Lamb, M. E. & Memon, A.	2011	Medium
Laing, L.		Medium
Lalor, K.	2004	Low
Lalor, K., & Mcalveney, R.	2008	High
Lalor, K., & Mcalveney, R.	2010	High
Langstrom, N. & Lindblad, F.	2000	Medium
Lee, J.J.K., Jackson, H.J., Pattison, P. & Ward, T.	2002	Medium
Leung, P., Curtis, R.L. & Mapp, S.C.	2010	Low
Levenson, J.S., Tewksbury, R. & DiGiorgio-Miller, J.	2012	High
Levesque, R.J.R.	2000	Medium
Lewis, P	2006	High
Lewis, P.	2006	High
Lieberman, D. & Smith, A.	2012	Low
Lightfoot, E.B. & LaLiberte, T.L	2006	Medium
Lu, Y. C. & Lung, F.W	2012	Low
MacMartin, C.	2002	High
Madu, S.N.	2002	Medium
Magalhaes, T., Taveira, F., Jardim, P., Santos, L., Matos, E. & Santos, A.	2009	High

Malloy, L. C., Lyon, T. D. & Quas, J. A.	2007	High
Mann, R., Webster, S., Wakeling, H., & Marshall, W.	2007	Medium
Margolin, L.	1994	High
Marshall, W. L. & Serran, G.A.	2000	Medium
Marshall, W. L., & Marshall, L. E.	2000	Medium
McAlinden, A.M.	2006	Medium
McDonald, E.	2011	High
McDonald, S. & Tijerino, A.	2013	High
McNamee, H., Molyneaux, F. & Geraghty, T.	2012	Medium
McNevin, E.	2011	Low
McPhail, I.V., Babchishin, K. & Pullman, L.	2013	High
Mellor, D. & Deering, R.	2010	High
Mey, B.	1988	Medium
Mey, B. & Neff, R.	1982	High
Mian, M.,Wehrspann, W., Klajner-Diamond, H., Lebaron, D. & Winder, C.	1986	Medium
Miller, A. & Rubin, D.	2009	Medium
Miller, L.	2013	High
Miranda, J. K., de la Osa, N., Granero, R. & Ezpeleta, L.	2013	Medium
Mitchell, K., Finkelhor, D. & Janis, W.	2005	High
Mohl, A.	2010	Low
Morgan, R.	2014	Medium
Morrill, M.	2014	High
Mossige, S., Ainsaar, M. & Svedin, C.G.	2007	Medium
Munro, E.	2010	High
Munro, E.	2011a	High
Munro, E.	2011b	High
Munro, E., Brown, R., Sempik, J. & Ward, H. with Owen, C.	2010	High
Munroe, E.	2012	Medium
Murray, M. & Osborne, C.	2009	Medium
Negriffa, S., Schneiderman, J., Smith, C., Schreyera, J., Trickett, P.	2014	Low
Newman Lubell, A.K. & Peterson, C.	1998	Medium
Nickel, M.K., Tritt, K., Mitterlehner, F.O., Leiberich, P., Nickel, C., Lahmann, C., Forthuber, P., Rother, W.K. & Loew, T.H.	2004	Medium
Niehaus, I	2010	Low
Niki, A.	2009	Medium
O'Riordan, B., Carr, A. & Turner, R.	2003	Medium
Ofsted	2012	Medium
Ofsted	2011	Medium
Ogilvie, B. & Daniluk, J.	1995	Medium
Oliver, B.E.	2007	Medium
Oliver, C.	2010	Medium
Parker, H. & Parker, S.	1986	High
Parton, N., & Wattam, C.	1999	High

Perdahli Fis, N., Arman, A., Kala, S. & Berkem, M.	2010	High
Peter, T	2008	High
Peter, T.	2009	Low
Phasha, N.	2010	Low
Phelan, P.	1995	High
Phillips-Green, M.J.	2002	High
Pineda-Lucatero, A., Trujillo-Hernández, B., Millán-Guerrero, R. & Vásquez, C.	2009	Medium
Platt, D.	2006	Low
Plotnikoff, J. & Woolfson, R.	2004	High
Plotnikoff, J. & Woolfson, R.	2007	High
Plotnikoff, J. & Woolfson, R.	2007	Medium
Plotnikoff, J. & Woolfson, R.	2009	High
Plotnikoff, J. & Woolfson, R.	2011a	Medium
Plotnikoff, J. & Woolfson, R.	2011b	Medium
Price-Robertson, R.	2012	Low
Priebe, G. & Svedin, C.	2008	Medium
Prior, V., Lynch, M.A, & Glaser, D.	1999	High
Quayle, E., Jonsson, L. & Loof, L.	2012	High
Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S.	2013	Medium
Randolph, M. & Nagle, R.J.	1989	High
Ray, K., Jackson, J. & Townsley, R.	1991	High
Rice, M.E. & Harris, G.T.	2002	High
Richards, P., Morris, S., Richards, E. & Siddall,	2007	Medium
Richardson, S.	2013	High
Righthand, S. & Welch, C.	2001	Medium
Robertiello, G. & K. J. Terry	2007	High
Robinson, B.	2008a	Low
Robinson, B.	2008b	High
Roe-Sepowitz, D., & Krysik, J.	2008	Medium
Roesler, T. & Wind, T.W.	1994	High
Røseth, I. Bongaardt, R. & Binder, P.E.	2011	Medium
Ryan, B., Gillies, E., Kent, J., Baker, S., Durfee, M, Winterstein, M. & Knapp, P.	2001	Low
Salter, M.	2013	High
Sawle, G. A. & Kear-Colwell, J.	2001	Low
Scott, D.	1995	Medium
Scutt, J.	2005	Low
Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S.	2010	High
Seltmann, L.A. & Wright, M.	2013	High
Seto,M., Lalumiere, M. & Kuban, M	1999	High
Shaw, J., Lewis, J., Loeb, A., Rosado, J. & Rodriguez, R.	2001	Medium
Sigurdsson, J.F., Gudjonsson, G., Asgeirsdottir, B.B., & Sigfusdottir, I.D.	2010	Medium

Simons, D., Wurtele, S.K. & Heil, P.	2002	Low
Simons, D.A., Wurtele, S.K., & Durham, R.L	2008	Medium
Sinanan, A.N.	2011	Medium
Sirles, E,A. & Lofberg, C.E.	1990	High
Skibinski, G.	1994	Medium
Smallbone, S.W. & Wortley, R.K	2001	Medium
Smith, M.	2010	Medium
Smith, H. & Israel, E.	1997	Medium
Softestad, S. & Toverud, R.	2013	High
Soothill, K., & Francis, B	2002	High
Spencer, J.R.	2013	Low
Stalker, K. & McArthur, K.	2012	Medium
Stalker, K., Green Lister, P., Lerpiniere, J. & McArthur, K.	2010	High
Strickland, S.M.	2008	High
Stripe, T.S. & Sterman, L.E.	2003	Medium
Stroebel, S. S., O'Keefe, S. L., Beard, K. W., Kuo, S. Y., Swindell, S. V. & Kommor, M. J.	2012	Medium
Sullivan, J., & Beech, A.	2004	High
Sullivan, J., Beech, A. R., Craig, L. A. & Gannon, T. A.	2011	Medium
Tardif, M., Auclair, N., Jacob, M. & Carpentier, J.	2005	Low
Taylor, M., Holland, G. & Quayle, E.	2001	Medium
The Gatehouse Investigation Program	2012	Medium
The Lucy Faithful Foundation	2013	High
The National Child Traumatic Stress Network	2009	High
Thomas, S.P., Phillips, K., Carlson, K., Shieh, E., Kirkwood, E., Cabage, L., & Worley, J.	2012	High
Thompson, K.M.	2009	Medium
Thornton, C.I. & Carter, J.H.	1986	High
Thornton, J.A., Stevens, G., Grant, J., Indermaur, D., Chamarette, C. & Halse, A.	2008	High
Tsopelas, C., Tsetsou, S., Ntounas, P. & Douzenis, A.	2012	Low
Tsopelas, C., Spyridoula, T. & Athanasios, D.	2011	Medium
Turton, J.	2010	Low
Tyagi, S.V.	2001	High
Ulibarri, M., Ulloa, E., Camacho, L.	2009	Low
Ullman, S.E.	2007	High
Ungara, M., Tutty, L.M., Tutty, L.M., McConnell, S. , Barter, K. & Fairhol, J.	2009	High
Ussher, J. & Dewberry, C.	1995	High
Vandiver, D.M. & Kercher, G.	2004	Medium
Veneziano, C., Veneziano, L., & LeGrand, S.	2000	Low
Wakeling, H., Webster, S., Moulden, H. & Marshall, W.	2007	High
Ward, T.	2003	High
Ward, T. & Casey, A.	2010	High
Ward, T., Gannon, T.A., & Keown, K.	2006	High

Welfare, A.	2008	High
Westcott, H.L. & Page, M.	2002	High
Westcott, H.L., & Kynon, S.	2004	High
Westcott, H.L., Kynan, S., & Few, C.	2006	Medium
Whealin, J.M., Davies, S., Shaffer, A.E., Jackson, J.L. & Love, L.C.	2002	Low
Whitaker, D. J., Le, B., Hanson, K. R., Baker, C. K., McMahon, P. M., Ryan, G., Klein, A. & Rice, D. D.	2008	High
Whitehead, H.	No date	Medium
Wijkman, M., Bijleveld, C. & Hendriks, J.	2010	Medium
Wilcox, D.T., Richards, F. & O'Keeffe, Z.C.	2004	Low
Wilson, R.F.	2004a	High
Wilson, R.F.	2004b	High
Wolak, J. & Finkelhor, D.	2013	High
Wood, J.M. & Garven, S.	2000	Low
Yancey, C. Teresa Hansen D.J.	2010	Low
Zajac, R., O'Neill, S, & Hayne, H.	2012	High

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