

# Key messages from research on intra-familial child sexual abuse

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## Key messages

Intra-familial child sexual abuse refers to child sexual abuse that occurs within the family environment. Abuse may involve relatives, or others (such as foster carers or a parent's partner) who feel like family from the child's point of view.

The family environment is a common context in which child sexual abuse occurs, accounting for almost half of all child sexual abuse offences reported to the police in England and Wales.

Most people who sexually abuse children in a family context are male, although abuse by females does occur. Abuse may be by other children in the family as well as by adults.

Family members can be involved in the production and distribution of child sexual abuse material (such as images or videos), in child sexual exploitation, and in the organised abuse of children by multiple abusers. It is important that practitioners consider the risk of other forms of child sexual abuse occurring when assessing children for whom there are concerns of intra-familial child sexual abuse.

Intra-familial sexual abuse often occurs in combination with other forms of physical or emotional abuse or neglect, and there is evidence of close relationships between child abuse and domestic violence, between sexual abuse in childhood and sexual victimisation in adolescence, and between intra-familial and extra-familial victimisation.

Child sexual abuse in the family often starts at a younger age than extra-familial abuse and may go on for many years. Abuse by a family member, particularly a parent or carer, may be especially traumatic because of the betrayal, stigma and secrecy it involves.

For those who are abused, it has been linked to poor physical and mental health, lower income, relationship difficulties and re-victimisation across the life course.

The impact of the abuse depends on many factors including its nature, extent and duration, other childhood experiences, and the support that the child receives. Supportive responses from non-abusing carers are particularly important.

Much child sexual abuse in the family remains unidentified. Children may be afraid of their abuser(s) or not want them to get into trouble; they may believe the abuse was 'their fault', fear what might happen to their family if they tell, or not recognise their experience as abuse. Children with physical and learning disabilities, and children from some minority ethnic communities, may face additional barriers to seeking help. It is therefore crucial that professionals are alert to signs of child sexual abuse and confident to offer appropriate support. Professionals need to be trustworthy, authentic and empathic, facilitate choice, control and safety, and provide advocacy.

Support and therapy for children – particularly when it includes their non-abusing parent(s) – can have a positive impact. Services that listen to, believe and respect children and non-abusing family members are highly valued, but the availability of services remains piecemeal.

Our ‘Key messages from research’ papers aim to provide succinct, relevant information for frontline practitioners and commissioners. They bring together the most up-to-date research into an accessible overview, supporting confident provision of the best possible responses to child sexual abuse.

**Note:** The term ‘child’ in this document is generally used to refer to any individual under 18 years of age.

## What is intra-familial child sexual abuse?

There is no single agreed definition of intra-familial child sexual abuse. However, it is generally recognised that, in addition to abuse by a relative (such as a parent, sibling or grandparent), it may include abuse by others closely linked with or considered to be ‘one of the family’, such as a foster carer or a parent’s partner (Horvath et al, 2014).

This understanding is in accordance with Crown Prosecution Service guidelines on the Sexual Offences Act 2003, which state:

**‘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, 2022).

The shape of families varies, so in thinking about whether abuse is intra-familial, perhaps the most important question for professionals to consider is: ‘Did the abuser feel like family to the child?’

## The prevalence of intra-familial child sexual abuse

We do not know for certain how much child sexual abuse happens, but studies suggest that one in ten children (15% of girls and 5% of boys) experience some form of sexual abuse before the age of 16 (Karsna and Kelly, 2021). Abuse in the family environment accounts for almost half of all child sexual abuse offences reported to the police in England and Wales (National Police Chiefs’ Council, 2023). In the 2019 Crime Survey for England and Wales (CSEW), around a quarter to a third of child sexual abuse survivors – and around a third to a half of those whose abuse had involved penetration or rape – said a family member had been involved in their abuse (Office for National Statistics, 2020).

Most people who sexually abuse children, including in the family environment, are male, although abuse by females does occur. Among respondents to the 2019 CSEW who said they had been sexually abused before the age of 16, 5% specified that they had been sexually abused by their fathers, 6% by their stepfathers, 1% by their mothers and 0.3% by their stepmothers; 22% said other family members (gender unspecified) had sexually abused them (Office for National Statistics, 2020). Another UK study found that around a quarter of cases of child sexual abuse in the family environment involved abuse by someone under the age of 18 (Children’s Commissioner for England, 2015).

Existing research indicates that, compared to extra-familial abuse, child sexual abuse in the family generally starts at a younger age; involves more serious and frequent offending over a longer period; and almost always occurs in the context of more complex relationships involving emotional and practical dependency as well as power and control (Ventus et al, 2017; Salter, 2018; Salter, 2013; Allnock and Miller, 2013).

Child sexual abuse occurs in families across all ethnicities, but victims and survivors from minority ethnic communities often face additional barriers to telling anyone about it and receiving appropriate support (Gill and Harrison, 2018; Warrington et al, 2017). High levels of secrecy, shame and stigma within some communities, combined with cultural assumptions by professionals, can increase barriers to reporting and prevent effective child protection (Hurcombe et al, 2022; Bernard and Harris, 2016; Cowburn et al, 2015; Gohir, 2013; Ali et al, 2021; Gilligan and Akhtar, 2006). Children from minority ethnic backgrounds are under-represented in all agency data, meaning their experiences of child sexual abuse – including intra-familial abuse – are missed even more frequently by official agencies than those of White children (Karsna and Kelly, 2021).

Disabled children are at higher risk of sexual abuse than non-disabled children (Jones et al, 2012; Office for National Statistics, 2020). They are often more dependent on their caregivers, may experience more barriers to communication and may be less likely to be perceived as potential victims of intra-familial abuse; these factors, combined with a lack of specialised knowledge among professionals, can lead to low levels of disclosure and inadequate responses (Jones et al, 2012; Stalker et al, 2010).

Although most research relates to sexual abuse by individual family members, families can also be involved in the organised abuse of children by multiple abusers (Salter, 2013), in child sexual exploitation (Berelowitz et al, 2013), or in the production and distribution of child sexual abuse material such as images and videos (Mitchell et al, 2005; Canadian Centre for Child Protection, 2017). Some surveys of adult survivors have found that around half of individuals involved in producing such material were family members, with biological/adoptive parents or step-parents often being the primary producers (Canadian Centre for Child Protection, 2017; Gewirtz-Meydan et al, 2018). Content analysis of images and videos suggests that most have been manufactured in a home setting (Canadian Centre for Child Protection, 2016; DeMarco et al, 2018), and the most highly traded images online involve the abuse of prepubescent girls by their fathers (Seto et al, 2018).

### Abuse by parental figures

Fathers and stepfathers are the relatives most commonly convicted of intra-familial child sexual abuse. Compared to convicted extra-familial offenders, they are more likely to describe histories of childhood sexual abuse, family abuse and neglect, and poor parental attachment, but they far less commonly have either the antisocial tendencies or the particular ‘sexual interests’ often identified in extra-familial offenders (Seto et al, 2015).

Abuse by mothers and female carers is much less common. Among 986 children referred to a sexual assault referral centre in England over a three-year period, female parental figures (e.g. mothers, stepmothers or main carers) were suspected of abuse in only 18 cases, compared with 177 cases involving male parental figures (Majeed-Ariss et al, 2021). When women do sexually abuse children, it is more likely to be their own children, or others regularly in their care, rather than those outside the family context; when they co-offend, it is often with an intimate male partner (Gerke et al, 2021; Gerke et al, 2020; Williams and Bieri, 2015).

There is little published research on how parents who abuse succeed in manipulating or silencing their children. One study identified that some parents try to influence their child’s perception of sexual acts by defining the abuse as a healthy expression of love and parenting, as a joyful experience, or as a punishment the child deserves (Eisikovits et al, 2017). Analysis of forensic interviews with children in Israel (Katz and Field, 2022) identified very long grooming processes by some fathers – lasting months or years – during which love and attachment were mixed with inappropriate sexualised touch and talk. In some interviews, children described their father’s immense power over the whole family and his ability to terrorise them by his presence, with no need for words or actions. Children also emphasised how abuse felt ‘normal’ because it took place in routine, everyday contexts—e.g. while doing homework, bathing, or watching TV – and even when other family members were present.

## Abuse involving siblings

Incidents of sexual behaviour between siblings may be quite common, and where there is no underlying inequality of power they are not necessarily abusive (Finkelhor, 1980; Yates and Allardyce, 2021). However, abusive sexual behaviour by a sibling can have long-term impacts and is potentially as serious as other forms of sexual abuse within the family (Yates, 2017).

Research with adult survivors of abusive sexual behaviour by siblings suggests that such abuse often occurs within a family context where there is domestic violence, physical punishment and parent–child sexual abuse (McDonald and Martinez, 2017; Tener, 2021; Yates and Allardyce, 2021). In the most abusive families there may be multiple abusive relationships: children may be abused by and abuse other siblings, witness abuse and/or attempt to protect younger siblings (Katz et al, 2021).

## The identification of intra-familial child sexual abuse

One difficulty in estimating prevalence is that so much sexual abuse remains unidentified: in the 2019 Crime Survey for England and Wales, 64% of respondents who had experienced rape or penetrative sexual abuse by a parent, step-parent or guardian said they had not told anyone at the time (Office for National Statistics, 2020), and it has been estimated that only one in eight victims of child sexual abuse in the family environment comes to the attention of statutory authorities (Children’s Commissioner for England, 2015). It is therefore crucial that professionals and other responsible adults can spot the signs of possible abuse and take appropriate action (see Glinski, 2021). The CSA Centre’s *Key Messages from Research on Identifying and Responding to Disclosures of Child Sexual Abuse* ([www.csacentre.org.uk/resources/key-messages/disclosures-csa/](http://www.csacentre.org.uk/resources/key-messages/disclosures-csa/)) covers this subject in detail.

The reasons children keep silent about intra-familial abuse include fear of their abuser, not wanting their abuser to get into trouble, feeling that the abuse was ‘their fault’, and feeling responsible for what will happen to their family if they tell (Warrington et al, 2017). In addition, many victims do not recognise that they are being abused until much later, often when they are adults (Radford et al, 2011; Priebe and Svedin, 2008).

Many children do not ‘tell’ in a straightforward way; rather, their behaviour and demeanour may suggest that something is wrong, and there may also be potential indicators in the behaviour of those who may be abusing them (Cossar et al, 2013; National Institute for Health and Care Excellence, 2017; Glinski, 2021). Children who do tell are not always heard or believed (Allnock and Miller, 2013) and – as noted above – disabled children and some children from minority ethnic communities face greater barriers to disclosure. Children abused by a female family member can face higher levels of disbelief from professionals, who may also minimise the seriousness of such abuse (Clements et al, 2014).

## The impacts of child sexual abuse in the family

The impact of sexual abuse in childhood or adolescence may be influenced by factors such as its duration, the level of physical intrusion involved, the age at which it occurred or commenced, the relationship between the child and their abuser(s), the extent of other adverse experiences, and the availability of support in the child's life (Fisher et al, 2017; Allnock, 2016; Fassler et al, 2005). This topic is covered in detail in the CSA Centre's *Key Messages from Research on the Impacts of Child Sexual Abuse* ([www.csacentre.org.uk/resources/key-messages/impacts-of-child-sexual-abuse/](http://www.csacentre.org.uk/resources/key-messages/impacts-of-child-sexual-abuse/)).

The effects of sexual abuse on a child's sense of powerlessness, betrayal and confusion are not unique to intra-familial child sexual abuse (Finkelhor and Browne, 1986; Glaser, 1991), but their combination and intensity in this context may make the abuse particularly damaging.

There is evidence that sexual abuse in the family often occurs in combination with other forms of physical or emotional abuse or neglect (Dong et al, 2004; Dong et al, 2003). There is also evidence of close relationships between child abuse and domestic violence, between sexual abuse in childhood and victimisation in adolescence, and between intra-familial and extra-familial victimisation (Song et al, 2022; Bidarra et al, 2016; Finkelhor et al, 2007a).

Child sexual abuse is strongly associated with adverse physical and mental health outcomes, relationship difficulties, socio-economic impacts and further victimisation (Fisher et al, 2017; Vera-Gray, 2023). However, not every child who is sexual abused suffers serious consequences (Sneddon et al, 2016). The impact of intra-familial sexual abuse tends to be compounded when the sexual abuse is combined with other adversities or multiple forms of maltreatment (Finkelhor et al, 2007b; Finkelhor et al, 2009), where it involves multiple abusers or organised networks (Scott, 2001; Salter et al, 2003; Salter, 2013; Salter, 2017; Pacheco et al, 2023), or when experiences of interpersonal violence and abuse are cumulative across the life course (Scott et al, 2015).

## Effective responses to child sexual abuse in the family

Many children who are sexually abused receive no support, because the abuse remains undisclosed and those around the child fail to recognise signs of abuse. When abuse is identified, professional responses and the availability of services varies widely. While children highlight the importance of being supported after they tell, their experiences suggest that services often fail to support them through child protection and legal processes (Smith et al, 2015; Children's Commissioner for England, 2015). Children value support from professionals who are trustworthy, authentic, optimistic and encouraging; show care and compassion; facilitate choice, control and safety; and provide advocacy (Warrington et al, 2017). There are often higher levels of satisfaction with services provided by the voluntary sector – including rape crisis centres, counselling services and independent sexual violence advisors – than with statutory services such as the police, hospitals and social care (Smith et al, 2015; McNeish et al, 2019; Jay et al, 2022).



## Child protection responses

Child protection responses to intra-familial abuse have been affected by changing trends in priorities, with some forms of abuse slipping down the agenda as local authorities and partner agencies have focused specifically on child sexual exploitation or prioritised other issues such as the impact on children of domestic violence or criminal exploitation. Low levels of identification of intra-familial child sexual abuse may also reflect professional and organisational anxieties about sexual abuse in the family: how rare and difficult it is for children to speak of what is happening to them, poor professional understanding of denial and retraction, and the difficulty of finding ways of protecting children in a complex family context. All of these factors can engender feelings of professional helplessness (Lovett et al, 2018; Nelson, 2016).

A joint targeted area inspection of the multi-agency response to child sexual abuse in the family environment identified numerous shortcomings in responses (Ofsted et al, 2020). These included:

- professionals lacking the training and knowledge they need to identify and protect children
- practice in this area being too police-led and insufficiently child-centred
- a lack of priority given to intra-familial child sexual abuse, and systems developed for dealing with child sexual exploitation not being applied in the context of abuse in the family environment
- professionals relying too heavily on children to disclose abuse verbally
- unrealistic expectations of mothers' abilities to protect their children with minimal support.

Improvement requires confident professionals who are able to undertake direct work with children, and a child protection system which is supportive rather than bureaucratic and target-centred (Munro, 2011).

## Criminal justice interventions

Although police recording of child sexual abuse offences has increased in recent years, prior to levelling off in 2019/20, there has been a sharp decline in the proportion of investigations ending in a charge or a summons – from 32% in 2014/15 to 11% in 2021/22. Cases involving sexual exploitation, grooming or child sexual abuse images are more likely to result in prosecutions, compared with those involving rape or sexual assault (Karsna and Bromley, 2023). It is probable that most intra-familial child sexual abuse cases will involve rape or sexual assault, but data on the relationship between abuser and victim is not available.

The 2020 joint targeted area inspection referred to above (Ofsted et al, 2020) found that the quality of criminal investigations of child sexual abuse in the family environment was sometimes poor, with complex cases managed by less experienced officers and considerable delays that left children at risk of further abuse.

### Therapeutic support

A variety of psychosocial interventions offered to adult and adolescent survivors of sexual violence and abuse have been shown to improve their mental health and wellbeing (Lomax and Meyrick, 2022; Brown et al, 2022). However, there is a shortage of therapeutic support for children who have experienced sexual abuse, and provision varies widely depending on funding available in local areas. Support is often time-limited and once it ends there is no provision if further impacts of trauma emerge later (McNeish et al, 2017; Ofsted et al, 2020).

Longer term interventions that are trauma-focused and work with both the child and a non-abusing parent have the strongest evidence base (Hahn et al, 2016; King et al, 2000; Cohen et al, 2005).

### Family-focused support

Interventions that focus on the whole family as well as the individual child are important (Carpenter et al, 2016; Horvath et al, 2014; and see Parkinson, 2022), not least because children often feel responsible for their family's distress in the aftermath of sexual abuse, and this can be reduced through providing support to non-abusing family members (Warrington et al, 2017).

Finding out that their child has been sexually abused is a major life crisis for a non-abusing parent, often with long-term effects on their mental health (Davies and Bennett, 2022; Kilroy et al, 2014; Humphreys, 1995; Lipton, 1997; Elliott and Carnes, 2001; Hill, 2001). This can be particularly so if they experienced sexual abuse in childhood themselves, as it may trigger memories of their own experience of abuse (Elliott and Carnes, 2001). When it is the non-abusing parent's partner or ex-partner who is suspected of the abuse, the impact is both emotional and practical, with the potential for family breakdown and housing and financial instability (Gilroy et al, 2016; Butt, 2020).

When sibling sexual abuse is identified, this also represents a crisis within the family. Typical responses include shock, disbelief, anger and self-blame, and parents can feel torn between the needs of the child who has harmed and the child who has been harmed (Tener et al, 2018; Tener et al, 2020; Yates and Allardyce, 2021).

When a non-abusing parent discovers that abuse of their child has occurred within the family how they respond is crucial. Good support from parents is linked to better long-term outcomes for children (Elliott and Carnes, 2001; Kendall-Tackett et al, 1993), making it all the more important that parents are supported in turn by professionals.



Most family support focuses on the needs of non-abusing parents, usually mothers. The impact of intra-familial abuse on all children in the family – whether they have been victims, have witnessed the abuse, have been unaware of it or have themselves abused a sibling – is often overlooked. Where intra-familial abuse has involved abuse by a sibling, professional involvement that assesses and addresses the entire family's needs has been found to improve the recovery of children who have harmed, those who have been harmed, and their parents and other siblings (Tener and Silberstein, 2019). However, it must be recognised that such family-based intervention is not always possible, or even advisable, if the family is too disorganised, chaotic or abusive (Yates and Allardyce, 2021). One small-scale study found that, in eight out of nine families where a parent or foster carer had reported the behaviour and a decision had been taken for the siblings to remain living together or having unsupervised contact, there was a further incident of concerning sexual behaviour between the siblings or another child in the family (Yates, 2018).

Some researchers conclude that non-abusing carers' support needs are inseparable from those of their child, and their distress should not be overlooked by professionals (van Toledo and Seymour, 2013). Mothers often report feeling blamed, judged, and not understood by friends and other family members (Kilroy et al, 2014; van Toledo and Seymour, 2016). Support from professionals who are supportive, empathetic and knowledgeable about the issue is therefore highly valued (Serin, 2018; Parkinson, 2022).

Findings from trials of trauma-focused cognitive behavioural therapy (CBT) point to the importance of carer involvement and education in achieving positive outcomes for children and in reducing carers' stress (Macdonald et al, 2012). There is strong evidence that CBT for non-abusing parents and school-age children is effective in preventing deterioration of child mental health and/or recurrence of abuse (Stewart-Brown and Schrader-McMillan, 2011; Corcoran and Pillai, 2008).

Evaluation of the NSPCC's 'Women as Protectors' programme (aimed specifically at mothers and carers in contact with men who pose a risk of sexual harm to children) found a positive impact on women's capacity to keep their children safe, and stability in many participants' mental and emotional health was sustained. Women particularly valued the group work element of the programme (Romanou and Margolis, 2019).

Other evaluations have found that non-abusing parents who participate in support groups report increased wellbeing and confidence, reduced stress, and greater ability to care for their child and manage relationships with professionals. Groups help participants to build vital social networks with others who share similar experiences, help to normalise children's behaviour, and may reduce depression (van Toledo and Seymour, 2013; Hernandez et al, 2009).

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