

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

Di McNeish and Sara Scott, DMSS Research

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## Key messages

Intra-familial child sexual abuse refers to child sexual abuse (CSA) that occurs within a family environment. Perpetrators may or may not be related to the child. The key consideration is whether the abuser feels like family from the child's point of view.

Around two-thirds of all CSA reported to the police is perpetrated by a family member or someone close to the child.

Where research has recorded the gender of perpetrators of intra-familial CSA, the vast majority have been found to be male, although abuse by women does occur. In around a quarter of cases, the perpetrator is under 18.

CSA in the family is rarely an isolated occurrence and may go on for many years.

Much abuse in the family remains undisclosed. Children may fear their abuser, not want their abuser to get into trouble, feel that the abuse was 'their fault', and feel responsible for what will happen to their family if they tell. Disabled children and some black, Asian and minority ethnic children face additional barriers.

Abuse by a family member may be particularly traumatic because it involves high levels of betrayal, stigma and secrecy.

CSA in the family is linked to a range of negative outcomes over the whole of the life course, including poorer physical and mental health, lower income, relationship difficulties and further violence and abuse.

However, not all survivors experience long-term impacts. Much depends on the nature and duration of the abuse, the individual's coping mechanisms, and the support they receive. Supportive responses from non-abusing carers are particularly important.

Effective support is critical to enable disclosure, and during investigation and legal proceedings. Therapeutic support for young people can have a positive impact but the availability of services remains piecemeal.

Both adult survivors and children/young people value services that listen to, believe and respect them; where professionals are trustworthy, authentic, optimistic and encouraging, show care and compassion, facilitate choice, control and safety, and provide advocacy.

It is important to provide support to the whole family, and particularly to non-abusing parents, following abuse.

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.

## What is intra-familial child sexual abuse?

The UK Government's definition of child sexual abuse (CSA) for England is:

**'...forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.'** (Department for Education, 2015:93)

There is no single agreed definition of intra-familial CSA. However, it is generally recognised that, in addition to abuse by a relative (such as a parent, sibling or uncle), it may include abuse by someone close to the child in other ways (such as a step-parent, a close family friend or a babysitter) (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, 2013)

In thinking about whether abuse is intra-familial, perhaps the most important question for professionals to consider is: 'Did this perpetrator feel like family to the child?'

## The prevalence of intra-familial child sexual abuse

It is difficult to be certain about how much CSA happens. Estimates vary widely according to how studies define abuse and the methods used, with most based on retrospective reports by adults. Studies suggest that 15–20% of girls and 7–8% of boys experience some form of sexual abuse before the age of 16 (Kelly and Karsna, 2017). In a UK study involving almost 2,000 young people aged 18–24, nearly 11% reported some kind of unwanted sexual experience, and 6% reported coerced sexual acts, when they were under the age of 18 (Radford et al, 2011). It is estimated that child sexual abuse in the family environment comprises up to two-thirds of all child sexual abuse reported to the police (Children's Commissioner for England, 2015).

The majority of known CSA is perpetrated by people known to the child, and the most serious forms of abuse are more likely to involve abusers who are family, friends or acquaintances. The vast majority of identified perpetrators of CSA, including abuse in the family, are male, although abuse by women does occur. Crime survey data indicates that 4% of sexual assaults on under-16s by adults are committed by fathers, 5% by stepfathers and 1% by mothers; other family members (gender unspecified) commit 16% of such assaults (Office for National Statistics, 2016). Additionally, it is estimated that a quarter of all cases of CSA in the family environment involves a perpetrator under the age of 18 (Children's Commissioner for England, 2015).

Intra-familial CSA can involve all kinds of contact and non-contact abuse, including online-facilitated CSA (Mitchell et al, 2005). However, there is limited research into how or with what frequency abusers use technology within the family (DeMarco et al, 2018).

Abuse in the family generally starts at a younger age than extra-familial CSA (Fischer and McDonald, 1998), and may continue over many years (Allnock and Miller, 2013).

CSA occurs in all kinds of families and across all races and ethnicities, although there are differences in the extent to which abuse gets reported and responded to. High levels of secrecy, shame and stigma within some black, Asian and minority ethnic (BAME) groups, combined with cultural assumptions by professionals can increase barriers to disclosure. BAME children are

under-represented in child protection services when it comes to sexual abuse (Brown et al, 2011; Gilligan and Akhtar, 2006).

Research indicates that disabled children are more than three times more likely than non-disabled children to be victims of CSA (Sullivan and Knutson, 2000). Disabled children are often more dependent on their caregivers, may have more limited means of communication and may be less likely to be perceived as potential victims. These factors, combined with a lack of specialised professional knowledge, 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 perpetrated by individual family members, families can also be involved in the organised abuse of children involving multiple perpetrators (Salter, 2013) or child sexual exploitation (Berelowitz et al, 2013).

## The identification of intra-familial child sexual abuse

One of the difficulties in estimating prevalence is that so much sexual abuse remains unidentified. It is estimated that only one in eight victims of CSA in the family environment comes to the attention of statutory authorities (Children's Commissioner for England, 2015). Disclosure by children is rare, so professionals and other responsible adults need to be able to spot the signs of possible abuse and take appropriate action.

The reasons children keep silent 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. Children recognise the importance of telling but believe that most children in their position would not feel able to disclose (Warrington et al, 2017). In addition, many child 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 or the characteristics or behaviour of caregivers indicates that something is wrong (Cossar et al, 2010; National Institute for Health and Care Excellence, 2017). Those who do tell are not always heard or believed, and, as noted above, some groups of children such as disabled children and BAME children 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).

Important facilitators that enable children to tell include having access to safe adults with the skills to listen, and having the opportunity to obtain information and confidentially explore the consequences of disclosure (Jackson et al, 2015).

## The impacts of child sexual abuse by family members

The complex relationship between sexual abuse and other aspects of a person's life means it is not usually possible to say that an outcome has been caused by their experience of CSA. Factors which may influence the impact of abuse include its severity and duration, the age at which it occurred, the relationship between victim and perpetrator and other difficulties and supports in a child's life (Allnock, 2016). There is currently no research that differentiates impact of intra-familial abuse by gender of abuser or victim.

An influential model (Finkelhor and Browne, 1986) proposed four likely impacts of CSA:

- 1) **Traumatic sexualisation** (where sexuality, sexual feelings and attitudes develop inappropriately).
- 2) A sense of **betrayal** (because of harm caused by someone the child vitally depended upon).
- 3) A sense of **powerlessness** (because the child's will is constantly contravened).
- 4) **Stigmatisation** (where shame or guilt are reinforced and become part of the child's self-image).

To these can be added **secrecy** (including the fear and isolation this creates) and **confusion** (because the child is involved in behaviour that feels wrong but has been instigated by trusted adults) (Glaser, 1991). While these impacts are not unique to intra-familial CSA, their combination and intensity in this context makes the experience particularly damaging.

CSA is strongly associated with the following adverse outcomes across the life course (Fisher et al, 2017):

- physical health problems, including immediate impacts and long-term illness and disability (Heger et al, 2002; Allnock et al, 2015)
- poor mental health and wellbeing (One in Four, 2015; Chen et al, 2010; Maniglio, 2009)
- externalising behaviours such as substance misuse, 'risky' sexual behaviours, and offending (One in Four, 2015; Maniglio, 2009; Ogloff et al, 2012)
- difficulties in interpersonal relationships (Kia-Keating et al, 2010; Kristensen and Lau, 2011; Liang et al, 2006; Seltmann and Wright, 2013; One in Four, 2015; Allbaugh et al, 2014; Sneddon et al, 2016)

- socio-economic impacts, including lower levels of education and income (Boden et al, 2007; Fergusson et al, 2013; Pereira et al, 2017; Nelson, 2009; Barrett et al, 2014; Lee and Tolman, 2006)
- vulnerability to revictimisation, both as a child and as an adult (Filipas and Ullman, 2006; Barnes et al, 2009; Sneddon et al, 2016; Finkelhor et al, 2007).

However, not every child who experiences sexual abuse suffers serious consequences (Sneddon et al, 2016). The poorest outcomes tend to be for children whose sexual abuse is combined with other adversities (such as bereavement) and/or other forms of maltreatment (Finkelhor et al, 2007), and recent research suggests that it is the accumulation of victimisation across the life course that has the most negative effects (Scott et al, 2015).

A number of factors may contribute to an individual's resilience to the impacts of CSA, both at the time of the abuse and later in life (Kogan, 2005; Ullman and Brecklin, 2002; Salter et al, 2003). These factors include high self-esteem or self-reliance, the development of positive coping strategies and the informal support a child receives from adults in their life, or through school, religious groups or social clubs (Allnock and Hynes, 2009).

## Effective responses to child sexual abuse in the family

Adult survivors and children value services that listen to, believe and respect them. 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 police, hospitals and social care (Smith et al, 2015).

Many children who experience CSA in the family receive no support because the abuse remains undisclosed. If a disclosure occurs, professional responses and the availability of services can vary widely (Smith et al, 2015; Children’s Commissioner for England, 2015). While children and young people highlight the importance of being supported in the aftermath of disclosure, their experiences suggest that services often fail to support them through difficult child protection and legal processes. 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).

### Child protection responses

The number of children on child protection plans because of sexual abuse has fallen dramatically over the past 20 years: it is now the lowest category of registration, far below those for neglect and emotional abuse. There are also considerable regional variations. There is no research to explain these trends, but we can be fairly certain that they have not happened because of a reduction in incidence. Indeed, over the same period, the police have recorded a large increase in the number of crimes involving CSA (Kelly and Karsna, 2017:19).

The child protection statistics may reflect changing trends in priorities, with some forms of CSA slipping down the agenda as local authorities and partner agencies have focused specifically on child sexual exploitation and prioritised other issues such as the impact of domestic violence on children. It may also reflect professional/organisational anxieties about sexual abuse in the family: the challenges of obtaining a disclosure, overcoming denial and finding ways of protecting children in a complex family context can engender feelings of professional helplessness (Lovett et al, 2018; Nelson, 2016).

Overcoming these challenges requires confident professionals, able to undertake direct work with children, and a supportive child protection system rather than one that is bureaucratic and target-centred (Munro, 2011). Recent innovations seeking to achieve such change have highlighted the importance of social workers combining empathy and collaboration with purpose and authority, good reflective supervision, access to expertise, and the use of multi-disciplinary teams including adult specialists in mental health or domestic abuse working alongside children’s practitioners (McNeish et al, 2017).

### Criminal justice interventions

Despite increased reporting and investigation of CSA, relatively few cases reach the Crown Prosecution Service, and even fewer get to court (Horvath et al, 2014). One factor is the failure to follow good practice guidance on Achieving Best Evidence interviews, which are crucial in the absence of physical and other corroborative evidence (Davidson et al, 2012; Davidson and Bifulco, 2009; Davidson et al, 2006).

Legal processes may also retraumatise victims. When cases do reach court, there are long delays in waiting for trial, low use of special measures to help children give best evidence and aggressive cross-examination techniques (Connon et al, 2011; Eastwood, 2003; Westcott and Page, 2002). To protect the interests of children, as well as secure convictions, a more child-friendly and responsive system is needed (Allnock et al, 2015).

### Therapeutic support

Therapeutic support for children and young people who have experienced abuse in the family may be provided by statutory, voluntary and private sector agencies. However, there is a shortage of such services, and provision varies widely between areas (Allnock and Hynes, 2009; Allnock et al, 2015; Galloway et al, 2017).

Research into the effectiveness of therapeutic support for children following CSA has reported mixed results. A systematic review concluded that cognitive behavioural therapy (CBT) may have a positive impact on depression, post-traumatic stress disorder and anxiety symptoms, although most results were not statistically significant (MacDonald et al, 2012). A similar review of psychotherapy was inconclusive (Parker and Turner, 2014), although one randomised trial in the UK found that group and individual psychotherapy for sexually

abused girls was effective – particularly in relation to post-traumatic stress (Trowell et al, 2002).

A recent randomised control trial in the UK (the largest yet conducted of an intervention for CSA) was an evaluation of the NSPCC’s ‘Letting the Future In’ programme, implemented in 20 services in England, Wales and Northern Ireland. At six-month follow-up it found evidence of reduced emotional difficulties and symptoms of severe trauma for children over the age of eight, and children themselves reported greater confidence; reduced self-blame, depression, anxiety and anger; improved sleep patterns; and better understanding of appropriate sexual behaviour (Carpenter et al, 2016).

### Family-focused interventions

Interventions that focus on the whole family as well as the individual child are important (Carpenter et al, 2016; Horvath et al, 2014). Children and young people often feel responsible for the distress of their family in the aftermath of sexual abuse, and this can be reduced through providing support to non-abusing family members (Warrington et al, 2017).

The disclosure of CSA is a major life crisis for a non-abusing parent, often with long-term effects on their mental health (Humphreys, 1995; Lipton, 1997; Elliott and Carnes, 2001; Hill, 2001). This can be particularly so if they experienced abuse in childhood themselves. Children are more likely to disclose to their non-abusing parent than to anyone else (Warrington et al, 2017), and the way a non-offending parent responds to the disclosure of their child’s abuse is crucial, with good support from parents linked to better adjustment in children (Elliott and Carnes, 2001; Kendall-Tackett et al, 1993). Some researchers conclude that the support needs of non-abusing carers are therefore inseparable from those of their child, and their distress should not be overlooked by professionals (van Toledo and Seymour, 2013).

Findings from trials of trauma-focused 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). A review of 56 systematic reviews identified 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). However, even more modest parent-focused

interventions (including instructional videotapes based on social learning theory) provided to a parent at the time of a sexual abuse disclosure appeared to have benefits for parents and children (Stewart-Brown and Schrader-McMillan, 2011).

Parents value parent support groups, particularly those combining support with information about the dynamics and impacts of abuse and practical advice on how to deal with children’s feelings and behaviours. Parents who have participated in such groups report increased wellbeing and confidence, reduced stress, and greater ability to care for their child and deal with professionals. Groups help participants 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).

## References

- Allbaugh, L., Wright, M. and Seltmann, L. (2014) An exploratory study of domains of parenting concern among mothers who are childhood sexual abuse survivors. *Journal of Child Sexual Abuse*, 23(8):885–899.
- Allnock, D. (2016) *Exploring the Relationship between Neglect and Adult-perpetrated Intra-familial Child Sexual Abuse: Evidence Scope 2*. Totnes: Research in Practice.
- Allnock, D. and Hynes, P. (2012) *Therapeutic Services for Sexually Abused Children and Young People: Scoping the Evidence Base. Summary Report*. London: NSPCC.
- Allnock, D., Hynes, P. and Archibald, M. (2015) Self-reported experiences of therapy following child sexual abuse: Messages from a retrospective survey of adult survivors. *Journal of Social Work*, 15(2):115–137.
- Allnock, D. and Miller, P. (2013) *No One Noticed, No One Heard: A Study of Disclosures of Childhood Abuse*. London: NSPCC.
- Barnes, J., Noll, J., Putnam, F. and Trickett, P. (2009) Sexual and physical revictimization among victims of severe childhood sexual abuse. *Child Abuse & Neglect*, 33(7):412–420.
- Barrett, A., Kamiya, Y. and O’Sullivan, V. (2014) Childhood sexual abuse and later-life economic consequences. *Journal of Behavioral and Experimental Economics*, 53:10–16.
- Berelowitz, S., Clifton, J., Firmin, C., Gulyurtlu, S. and Edwards, G. (2013) “If Only Someone Had Listened.” *The Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups. Final Report*. London: Office of the Children’s Commissioner.
- Boden, J., Horwood, L. and Fergusson, D. (2007) Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes. *Child Abuse & Neglect*, 31(10):1101–1114.
- Brown, J., O’Donnell, T. and Erooga, M. (2011) *Sexual Abuse: A Public Health Challenge*. London: NSPCC.
- Carpenter, J., Jessiman, T., Patsios, D., Hackett, S. and Phillips, J. (2016) *Letting the Future In: A Therapeutic Intervention for Children Affected by Sexual Abuse and their Carers. An Evaluation of Impact and Implementation*. London: NSPCC.
- Chen, L., Murad, M., Paras, M., Colbenson, K., Sattler, A., Goranson, E., Elamin, M., Seime, R., Shinozaki, G., Prokop, L. and Zirakzadeh, A. (2010) Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85(7):618–629.
- Children’s Commissioner for England (2015) *Protecting Children from Harm: A Critical Assessment of Child Sexual Abuse in the Family Network in England and Priorities for Action*. London: Office of the Children’s Commissioner.
- Clements, H., Dawson, D. and das Nair, R. (2014) Female perpetrated sexual abuse: A review of victim and professional perspectives. *Journal of Sexual Aggression*, 20(2):197–215.
- Connon, G., Crooks, A., Carr, A., Dooley, B., Guerin, S., Deasy, D., O’Shea, D., Ryan, I. and O’Flaherty, A. (2011) Child sex abuse and the Irish criminal justice system. *Child Abuse Review*, 20(2):102–119.
- Corcoran, J. and Pillai, V. (2008) A meta-analysis of parent-involved treatment for child sexual abuse. *Research on Social Work Practice*, 18(5), 453–464.
- Cossar, J., Brandon, M., Bailey, S., Belderson, P., Biggart, L. and Sharpe, D. (2013) *‘It Takes a Lot to Build Trust’. Recognition and Telling: Developing Earlier Routes to Help for Children and Young People*. London: Office of the Children’s Commissioner.
- Crown Prosecution Service (2013) *Guidelines on Prosecuting Cases of Child Sexual Abuse*. London: CPS.
- Davidson, J. and Bifulco, A. (2009) Investigating police practice in the UK: Achieving best evidence in work with young victims of abuse. *Pakistan Journal of Criminology*, 1(3):19–46.
- Davidson, J., Bifulco, A., Grove-Hills, J. and Chan, J. (2012) *An Exploration of Metropolitan Police Investigative Practices with Child Victims of Sexual Abuse*. London: Centre for Abuse and Trauma Studies, Kingston University.
- Davidson, J., Bifulco, A., Thomas, G. and Ramsay, M. (2006) Child victims of sexual abuse: Children’s experience of the investigative process in the criminal justice system. *Practice*, 18(4):247–263.



- DeMarco, J. Sharrock, S., Crowther, T. and Barnard, M. (2018) *Behaviour and Characteristics of Perpetrators of Online-facilitated Child Sexual Abuse and Exploitation: A Rapid Evidence Assessment*. London: Independent Inquiry into Child Sexual Abuse.
- Department for Education (2015) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*. London: DfE.
- Eastwood, C. (2003) *The Experiences of Child Complainants of Sexual Abuse in the Criminal Justice System (Trends & Issues in Crime and Criminal Justice, No. 250)*. Canberra: Australian Institute of Criminology.
- Elliott, A. and Carnes, C. (2001) Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment*, 6(4):314–331.
- Fergusson, D., McLeod, G. and Horwood, L. (2013) Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child Abuse & Neglect*, 37(9):664–674.
- Filipas, H. and Ullman, S. (2006) Child sexual abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization. *Journal of Interpersonal Violence*, 21(5):652–672.
- Finkelhor, D. and Browne, A. (1986) Initial and long-term effects: A conceptual framework. In Finkelhor, D. (ed.) *A Sourcebook on Child Sexual Abuse*. Beverly Hills: Sage.
- Finkelhor, D., Ormrod, R. and Turner, H. (2007) Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31(1):7–26.
- Fischer, D. and McDonald, W. (1998) Characteristics of intrafamilial and extrafamilial child sexual abuse. *Child Abuse & Neglect*, 22(9):915–929.
- Fisher, C., Goldsmith, A., Hurcombe, R. and Soares, C. (2017) *The Impacts of Child Sexual Abuse: A Rapid Evidence Assessment. Summary Report*. London: Independent Inquiry into Child Sexual Abuse.
- Galloway, S., Love, R. and Wales, A. (2017) *The Right to Recover: Therapeutic Services for Children and Young People following Sexual Abuse. An Overview of Provision in the West of Scotland*. London: NSPCC.
- Gilligan, P. and Akhtar, A. (2006) Cultural barriers to the disclosure of child sexual abuse in Asian communities: Listening to what women say. *The British Journal of Social Work*, 36(8):1361–1377.
- Glaser, D. (1991) Treatment issues in child sexual abuse. *The British Journal of Psychiatry*, 159(6):769–782.
- Heger, A., Ticson, L., Velasquez, O. and Bernier, R. (2002) Children referred for possible sexual abuse: Medical findings in 2,384 children. *Child Abuse & Neglect*, 26(6-7):645–659.
- Hernandez, A., Ruble, C., Rockmore, L., McKay, M., Messam, T. and Harris, M. (2009) An integrated approach to treating non-offending parents affected by sexual abuse. *Social Work in Mental Health*, 7(6):533–555.
- Hill, A. (2001) ‘No-one else could understand’: Women’s experiences of a support group run by and for mothers of sexually abused children. *The British Journal of Social Work*, 31(3):385–397.
- Horvath, M., Davidson, J., Grove-Hills, J., Gekoski, A., and Choak, C. (2014) *“It’s a Lonely Journey”: A Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse*. London: Office of the Children’s Commissioner.
- Humphreys, C. (1995) Counselling and support issues for mothers and fathers of sexually abused children. *Australian Social Work*, 48(4), 13–20.
- Jackson, S., Newall, E. and Backett-Milburn, K. (2015) Children’s narratives of sexual abuse. *Child & Family Social Work*, 20(3):322–332.
- Jones, L., Bellis, M., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T. and Officer, A. (2012) Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845):899–907.
- Kelly, L. and Karsna, K. (2017) *Measuring the Scale and Changing Nature of Child Sexual Abuse and Child Sexual Exploitation: Scoping Report*. Barkingside: Centre of Expertise on Child Sexual Abuse.
- Kendall-Tackett, K., Williams, L. and Finkelhor, D. (1993) Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113(1):164–180.

- Kia-Keating, M., Sorsoli, L. and Grossman, F. (2010) Relational challenges and recovery processes in male survivors of childhood sexual abuse. *Journal of Interpersonal Violence*, 25(4):666–683.
- Kogan, S. (2005) The role of disclosing child sexual abuse on adolescent adjustment and revictimization. *Journal of Child Sexual Abuse*, 14(2):25–47.
- Kristensen, E. and Lau, M. (2011) Sexual function in women with a history of intrafamilial childhood sexual abuse. *Sexual and Relationship Therapy*, 26(3):229–241.
- Lee, S. and Tolman, R. (2006) Childhood sexual abuse and adult work outcomes. *Social Work Research*, 30(2):83–92.
- Liang, B., Williams, L. and Siegel, J. (2006) Relational outcomes of childhood sexual trauma in female survivors: A longitudinal study. *Journal of Interpersonal Violence*, 21(1):42–57.
- Lipton, M. (1997) The effect of the primary caretaker's distress on the sexually abused child: A comparison of biological and foster parents. *Child and Adolescent Social Work Journal*, 14(2):115–127.
- Lovett, J., Coy, M. and Kelly, L. (2018) *Deflection, Denial and Disbelief: Social and Political Discourses about Child Sexual Abuse and Their Influence on Institutional Responses. A Rapid Evidence Assessment*. London: Independent Inquiry into Child Sexual Abuse.
- MacDonald, G., Higgins, J., Ramchandani, P., Valentine, J., Bronger, L., Klein, P., O'Daniel, R., Pickering, M., Rademaker, B., Richardson, G. and Taylor, M. (2012) Cognitive-behavioural interventions for children who have been sexually abused. *Cochrane Database of Systematic Reviews*, 2012(5): article CD001930.
- McNeish, D. with Sebba, J., Luke, N. and Rees, A. (2017) *What Have We Learned about Good Social Work Systems and Practice? Children's Social Care Innovation Programme Thematic Report 1*. Oxford: Rees Centre for Research in Fostering and Education.
- Maniglio, R. (2009) The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review*, 29(7):647–657.
- Mitchell, K., Finkelhor, D. and Wolak, J. (2005) The internet and family and acquaintance sexual abuse. *Child Maltreatment*, 10(1):49–60.
- Munro, E. (2011) *The Munro Review of Child Protection: Final report – A Child-centred System*. London: Department for Education.
- National Institute for Health and Care Excellence (2017) *Child Abuse and Neglect (NICE Guideline NG76)*. London: NICE.
- Nelson, S. (2016) *Tackling Child Sexual Abuse: Radical Approaches to Prevention, Protection and Support*. Bristol: Policy Press.
- Nelson, S. (2009) *Care and Support Needs of Men Who Survived Childhood Sexual Abuse: Report of a Qualitative Research Project*. Edinburgh: University of Edinburgh.
- Office for National Statistics (2016) *Abuse during Childhood: Findings from the Crime Survey for England and Wales, Year Ending March 2016*. Titchfield: ONS.
- Ogloff, J., Cutajar, M., Mann, E. and Mullen, P. (2012) *Child Sexual Abuse and Subsequent Offending and Victimization: A 45 Year Follow-up Study (Trends & Issues in Crime and Criminal Justice, No. 440)*. Canberra: Australian Institute of Criminology.
- One in Four (2015) *Survivors' Voices: Breaking the Silence on Living with the Impact of Child Sexual Abuse in the Family Environment*. London: One in Four.
- Parker, B. and Turner, W. (2014) Psychoanalytic/psychodynamic psychotherapy for sexually abused children and adolescents: A systematic review. *Research on Social Work Practice*, 24(4):389–399.
- Pereira, S., Li, L. and Power, C. (2017) Child maltreatment and adult living standards at 50 years. *Pediatrics*, 139(1): e20161595.
- Priebe, G. and Svedin, C. (2008) Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures. *Child Abuse & Neglect*, 32(12):1095–1108.
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011) *Child Abuse and Neglect in the UK Today*. London: NSPCC.
- Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., Hastings, A., Stevenson, J. and Skuse, D. (2003) Development of sexually abusive behaviour in sexually victimised males: A longitudinal study. *The Lancet*, 361(9356):471–476.

Salter, M. (2013) *Organized Sexual Abuse*. New York: Routledge.

Scott, S., Williams, J., McNaughton Nicholls, C., McManus, S., Brown, A., Harvey, S., Kelly, L and Lovett, J. (2015) *Violence, Abuse and Mental Health in England: Population Patterns (Responding Effectively to Violence and Abuse, Briefing 1)*. London: NatCen Social Research.

Seltmann, L. and Wright, M. (2013) Perceived parenting competencies following childhood sexual abuse: A moderated mediation analysis. *Journal of Family Violence*, 28(6):611–621.

Smith, N., Dogaru, C. and Ellis, F. (2015) *Hear Me. Believe Me. Respect Me. A Survey of Adult Survivors of Child Sexual Abuse and Their Experiences of Support Services – Executive Summary*. Ipswich: University Campus Suffolk.

Sneddon, H., Wager, N. and Allnock, D. (2016) *Responding Sensitively to Survivors of Child Sexual Abuse: An Evidence Review*. London: Victim Support.

Stalker, K., Green Lister, P., Lerpiniere, J. and McArthur, K. (2010) *Child Protection and the Needs and Rights of Disabled Children and Young People: A Scoping Study*. Glasgow: University of Strathclyde.

Stewart-Brown, S. and Schrader-McMillan, A. (2011) Parenting for mental health: What does the evidence say we need to do? Report of work package 2 of the DataPrev project. *Health Promotion International*, 26(S1):i10–i28.

Sullivan, P. and Knutson, J. (2000) Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24(10):1257–1273.

Trowell, J., Kolvin, I., Weeramanthri, T., Sadowski, H., Berelowitz, M., Glasser, D. and Leitch, I. (2002) Psychotherapy for sexually abused girls: psychopathological outcome findings and patterns of change. *The British Journal of Psychiatry*, 180(3):234–247.

Ullman, S. and Brecklin, L. (2002) Sexual assault history and suicidal behavior in a national sample of women. *Suicide and Life-Threatening Behavior*, 32(2):117–130.

van Toledo, A. and Seymour, F. (2013) Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review*, 33(6):772–781.

Warrington, C. with Beckett, H., Ackerley, E., Walker, M. and Allnock, D. (2017) *Making Noise: Children’s Voices for Positive Change after Sexual Abuse*. Luton: University of Bedfordshire.

Westcott, H. and Page, M. (2002) Cross-examination, sexual abuse and child witness identity. *Child Abuse Review*, 11(3):137–152.

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