

UNDERSTANDING THE TRUE PICTURE OF CHILD SEXUAL ABUSE IN ENGLAND AND WALES

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Child sexual abuse is a taboo subject that is rarely spoken about. As a result of the silence surrounding it, misperceptions about child sexual abuse are widespread – among the general public (Fix *et al.*, 2021) and among professionals (Shackel, 2008). In the absence of awareness and accurate information about child sexual abuse, media stereotypes and personal assumptions often dominate the thinking.

The Centre of expertise on child sexual abuse (CSA Centre) was established in 2017 to bring about significant change in how child sexual abuse was responded to in England and Wales. One of our core priorities is to build a better understanding among professionals who work with children of the scale and nature of child sexual abuse in England and Wales. This is an essential first step towards an improved professional response (Mathews and Collin-Vézina, 2016) and ultimately better protection of children.

In this article I will summarise the key insights on what we know about the scale and nature of child sexual abuse from the CSA Centre's analysis of available evidence.¹ I will draw on survey data on childhood sexual abuse from the latest Crime Survey for England and Wales (Office for National Statistics, 2020) and official service data on identified cases of child sexual abuse from child-protection and criminal justice agencies (Department for Education, 2021; Home Office, 2021; Welsh Government, 2021; and Ministry of Justice, 2021).

In this article, as in the official definitions in England and Wales, I will use child sexual abuse to mean all forms of sexual abuse, including intra-familial and extra-familial child sexual abuse and abuse committed by adults, as well as sexual harm by other children and young people (Department for Education, 2018; Welsh Government, 2019).

The scale of child sexual abuse

The scale of child sexual abuse is difficult to measure because of its hidden nature: all available evidence is likely to underestimate the reality. Population studies – such as surveys of a representative sample of the general population – are the most robust source of data on the scale of child sexual abuse. This is because cases of child sexual abuse that reach the attention of child-protection or criminal justice agencies make up a very small minority of sexual abuse occurring in society (Stoltenborgh *et al.*, 2011, Karsna and Kelly, 2021).

Due to the hidden nature of child sexual abuse, one of the most common misperceptions is that it is extremely rare (Cromer and Goldsmith, 2010). This can lead professionals to conclude that sexual abuse reports are frequently fabricated (Brown *et al.*, 2001), despite evidence that fabrication is extremely rare (Cromer and Goldsmith, 2010, Department of Health, 2010).

In fact, child sexual abuse is a common form of child abuse; in England and Wales it has been found to be just as common as childhood physical abuse and nearly as common as emotional abuse (Office for National Statistics, 2020). Based on survey evidence, the conservative estimate is that at least one in ten children are sexually abused before the age of 16 in England and Wales. Girls are around three times more likely to experience sexual abuse than boys (Karsna and Kelly, 2021).

While any child can be sexually abused, research suggests that some contexts increase the likelihood of this form of abuse. In the findings of the latest Crime Survey for England and Wales, over half of respondents who had been sexually abused in childhood had also experienced other forms of abuse or neglect. Over a third of children who lived in conditions of neglect, or who had been emotionally abused, had also been sexually abused. Sexual abuse was also three times more likely in households where children were living with someone who had substance misuse or mental health issues, than in households where such issues were not present (Office for National Statistics, 2020). In practice, the crossovers between child sexual abuse and neglect and emotional abuse often mean that concerns about child sexual abuse are not fully considered, as other areas of need and risk in a child's life are easier to evidence and substantiate. This can result in care plans and contact arrangements that do not fully address the protection from sexual abuse.

There is strong evidence that disabled children – whether this is a physical, learning or mental health disability – are at heightened

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