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The prevalence, nature, and impact of intrafamilial child sexual abuse:
findings from a rapid evidence assessment

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Abstract

Purpose – The purpose of this paper is to report on the findings from a study commissioned by the Office of the Children’s Commissioner (OCC) in England, concerning intrafamilial child sexual abuse (IFCSA)/incest. Specifically, it aims to explore what is known about the prevalence, nature, and impact of IFCSA and where the gaps in knowledge lie.

Design/methodology/approach – A rapid evidence assessment (REA) was used, the function of which is to: search the literature as comprehensively as possible within given time constraints; collate descriptive outlines of the available evidence on a topic and critically appraise it; sift out studies of poor quality; and provide an overview of the evidence. Over 57,000 documents were scanned, and 296 ultimately systematically analysed.

Findings – It was found that: there is wide variation in prevalence rates between studies; girls are more likely to be victims than boys; the onset of abuse is typically school age; abuse in minority groups is underreported; sibling abuse may be more common than that by fathers; female perpetrated abuse may be under-reported; families where abuse occurs are often dysfunctional; and IFCSA has significant adverse effects on victims.

Research limitations/implications – A REA is not a full systematic review, differing in the scope and depth of the searches and depending almost exclusively on electronic databases, not accompanied by searching journals by hand.

Practical implications – This work found numerous gaps in current knowledge about IFCSA, which the authors recommend be addressed by further research, including: the scale and nature of IFCSA in disabled victims, research on BME children’s experiences; the prevalence of abuse by stepfathers as compared to biological fathers; the experiences of male victims; the experiences of lesbian, gay, bisexual, and transgendered child victims; the short-term impact of IFCSA based on child victims’ experiences; and more widely, further research on the prevalence of abuse in clinical populations and the relationship between that and prevalence in wider society. In addition to such questions, the OCC inquiry will also investigate issues surrounding child protection and criminal justice responses to (IF)CSA and how these might be improved. The evidence base for this section of the inquiry is reported in Gekoski et al. (2016).

Originality/value – The findings of this research provide the evidence base for a new two-year inquiry into the subject of IFCSA by the OCC.

Keywords: Offenders, Victims, Child sexual abuse, Incest, Intrafamilial, Prevalence

Introduction

Over the past few years in the UK, the convictions of “celebrities” for child sexual abuse (CSA) – including rock star Gary Glitter, entertainer Rolf Harris, and DJ Dave Lee Travis – have dominated headlines in the media. However, essentially absent from the public narrative, remaining a largely taboo and hidden phenomenon, is CSA within the family environment (Greer, 2007), known in the literature as intrafamilial child sexual abuse (IFCSA) or incest, as opposed to extrafamilial child sexual abuse (EFCSA). This taboo is “considered universal [...] so effective that the actual behavior is considered a rarity”; yet even a cursory look at the literature reveals “the opposite situation [...] The incest itself is universal, not the absence of it” (Atwood, 2007, p. 288).

In light of recent findings that the vast majority of all cases of CSA are committed by someone known to the victim (e.g. Radford et al., 2011; Berelowitz et al., 2013), the Office of the Children’s Commissioner (OCC) in England decided to conduct further research about the prevalence, nature, and impact of IFCSA. The OCC thus commissioned the authors of this paper to conduct a rapid evidence assessment (REA), which is a method of synthesising the available research evidence on a policy issue as comprehensively as possible. This REA (Horvath et al., 2014) now forms the evidence base for a two-year inquiry into CSA lead by the OCC.

For the purposes of this research, 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 1989. And the term IFCSA is defined 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”. The specific research questions posed were:

RQ1. What is known about the prevalence of (IF)CSA?

RQ2. What is known about the nature of (IF)CSA?

RQ3. What is known about the impact of (IF)CSA?

RQ4. Where do the gaps in knowledge lie?

Additional questions concerning the impact and effectiveness of the criminal justice system in cases of IFCSA are presented elsewhere (Gekoski et al., 2016).

In the absence of a shared definition of IFCSA in the literature, the research drawn on is broader in focus than the above definition strictly allows. For example, some studies consider IFCSA alongside other types of abuse (e.g. emotional and physical) and others look at IFCSA and EFCSA in the same sample or use the general term CSA throughout. However, these were deemed necessary to include as they were clearly relevant. Every effort has been made to clarify whether CSA, IFCSA, and/or EFCSA are being referred to; when the abbreviation (IF)CSA is used this refers to both IFCSA and CSA.

Method

Design

We adopted a question-led adapted REA, the functions of which are to: search the literature about a particular topic as comprehensively as possible within a policy or practice timetable; collate descriptive outlines of the available evidence; critically appraise the evidence; sift out studies of poor quality; and provide an overview of the evidence (Davies, 2003). REA's have been widely used in recent years on a wide range of policy relevant issues (e.g. Brayley et al., 2014; Horvath et al., 2013).

Procedure

Inclusion/exclusion criteria for material and generation of search terms. The initial step in identifying the relevant material was to set the inclusion/exclusion criteria for the literature[1]. The key criteria for the inclusion of material were:

- studies published from 1 January 1999 to 1 March 2014;
- studies focussed on children (but including retrospective studies with adults);
- studies focussed on IFCSA;
- publically available academic research, non-academic research, reports, policy documents,
- reviews, and meta-analyses;
- English language publications;
- all jurisdictions; and
- all research methods.

Search terms were subsequently developed, ensuring scope and rigour. These were:

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 Paedophile* OR "Paedophile ring" OR "Paedophile ring"

From these search terms, nine search strings were generated, comprised of various combinations of the terms.

Literature searching. The relevant literature was identified through three main methods:

systematic searches for relevant studies and literature across high priority academic databases (PsycINFO, ISI Web of Science, International Bibliography of the Social Sciences, and LexisNexis), an online search for Grey Literature (e.g. Barnardos, NSPCC, Nuffield, and Leverhulme), and requesting relevant material through a Call for Papers (sent to networks of researchers and practitioners). Endnote software was used to store search results at every stage.

Data abstraction. The first stage of searching identified 57,226 references, each of which was then screened in more depth. First, the titles and abstracts/executive summaries were reviewed and included or excluded according to the aforementioned criteria. Where possible, full text articles were then obtained and read for all material that fit the inclusion criteria (n=660). At this stage a further 364 references were excluded, leaving a total of 296 references. Key information from each piece of material (e.g. author(s), title, date of publication, type of source, country, and method) was then extracted onto a specially designed Excel spreadsheet.

Weight of evidence (WoE) coding. Each reference was then evaluated using an adapted “WoE” approach, in which the quality and relevance of the literature was assessed and given a strength rating. This approach was developed by the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre; Gough, 2007) and is used for both quantitative and qualitative research. Given the tight timeframe for this piece of work, each study was weighted according to three (as opposed to five) dimensions. These judgements were then combined into a final dimension, which provided the overall WoE judgement (high, medium, or low). Of the 296 papers included in the final analysis, 55 fell into the “low” category, 116 into the “medium”, and 125 into the “high”.

Data synthesis. To produce the final report, the data were synthesised. This was done by identifying, exploring, integrating, and writing-up patterns and themes in the data. Finally, the synthesis was revisited to check for quality, sensitivity, coherence, and relevance.

Limitations

Several methodological limitations should be noted. A REA is not a full systematic review, differing in the scope and depth of its searches. For example, searching for a full review often takes over three months, while the searches for this report took less than three weeks. The searches also depended almost exclusively on electronic databases and were not accompanied by searching key journals by hand. The fact that initial studies were excluded based on the abstract alone may also have led to some studies with a minor focus on IFCSA being excluded.

Results

The prevalence and scope of (IF)CSA

Disclosure is a significant barrier to establishing the “true” extent of CSA. Many victims of CSA are reluctant, unable, or unwilling to disclose the abuse, often for years, and sometimes forever (Jensen et al., 2005). This may be particularly true of IFCSA, due to victims’ fear for their own safety, shame and self-blame, anticipated futility, impact upon the family, feelings of loyalty to the offender (Roesler and Wind, 1994), and issues surrounding the abuse of trust (Goodman-Brown et al., 2003). This means that much abuse is never formally reported to statutory agencies, leading to under-estimations of the real scale of the problem in crime statistics and official figures.

Definitional and methodological variance in studies make prevalence rates of CSA hard to determine. Prevalence rates – defined as the proportion of a population who have suffered sexual abuse as a child (Pereda et al., 2009) – may vary according to, e.g., how studies define a “child”, the type of sexual abuse considered, and methods of data collection. The large discrepancy in rates between studies is illustrated by a recent meta-analysis which analysed prevalence rates of CSA reported in 217 publications published between 1980 and 2008, including 331 independent samples and totalling 9,911,748 participants, reporting rates from as low as 0.1 per cent to as high as 71.0 per cent (Stoltenborgh et al., 2011).

While prevalence rates vary widely, most research suggests that the majority of CSA is, broadly, of an intrafamilial nature. Taking into account the problems above, what do we know about the prevalence of (IF)CSA? The official crime statistics for England and Wales in 2012/2013 report that of all recorded sex crimes (n¼53,540), 35 per cent (n¼18,916) were against children under 16 (NSPCC, 2014). However, these figures do not distinguish between CSA, IFCSA, and EFCSA, and only represent officially recorded crime. Similarly, statistics from child protection registers and plans also only take into account reported abuse; thus, the 2,701 children whom were in a category that included sexual abuse in 2013 (NSPCC, 2014) are likely to represent “a significant undercounting” (Berelowitz et al., 2013, p. 96).

Estimates that do not rely on reported crimes, striving to uncover the “hidden” figure of (IF)CSA, suggest that the majority of abuse is intrafamilial. Radford et al. (2011) NSPCC study, which included interviews with over 6,000 young adults and adolescents in the UK, suggest that one in 20 children (4.8 per cent) has experienced contact sexual abuse, with over 90 per cent of this being by someone they know. Ussher and Dewberry (1995), who studied the nature and effects of CSA in 775 adult female survivors who responded to a survey in a British magazine, similarly found that 80 per cent of the abuse was intrafamilial.

International research supports the findings that the majority of CSA is committed, broadly, in a family context, which may be by a relative (including extended family), “acquaintance”, or “familiar person” (someone known to the family/child). A Turkish study retrospectively analysed 101 cases of CSA (of children aged 4-17) from records kept by a University

Department of Child and Adolescent Psychiatry (Bahali et al., 2010); two-thirds of victims had been abused by someone they knew. Another Turkish study, also using records from a child psychiatric unit (n=83), similarly reported that the majority (73.5 per cent) of suspected perpetrators were known to the children, with 31.1 per cent being intrafamilial (Perdahli Fis et al., 2010). A retrospective Hungarian study collected data involving 266 girls under the age of 18 who visited the Department of Adolescent Gynaecology between 1990 and 2010 and were suspected of being sexually assaulted (Csorba et al., 2005). The perpetrator knew the victim in 67 per cent of suspected cases and was a stranger in 33 per cent; 28 per cent of perpetrators were family members.

In New Zealand, one in three of the 2,000 randomly selected women who responded to a postal questionnaire on CSA reported sexual abuse as a child, with the offender being a family member in 38.3 per cent of cases, an acquaintance in 46.3 per cent, and stranger in 15 per cent (Anderson et al., 1993). In Australia, 138 of a sample of 427 students reported that they had been subjected to CSA, 28 per cent of which was “incestuous” (Goldman and Padayachi, 1997).

A study that explored (self-reported) CSA in a community sample of 204 Latina women in San Diego, California, found that of the 35 per cent who had experienced some form of CSA, 31 per cent of alleged perpetrators were family members, 27 per cent boyfriends, 25 per cent friends or acquaintances, 14 per cent strangers, and 1.4 per cent authority figures (Ulibarri et al., 2009). A study which surveyed 1,067 Mexican junior high students about their experiences of CSA found that of the 18.7 per cent (n¼200) who had experienced CSA, 50 per cent of the offenders were neighbours, 36.8 per cent relatives, and 13.9 per cent strangers (Pineda-Lucatero et al., 2009).

Finkelhor (1994) reported on 19 adult retrospective surveys from the USA and Canada since 1980. He concluded that at least one in five American women, and one in ten to one in 20, American men have been subjected to CSA, with between 70 and 90 per cent committed by someone known to the victim. After 12 years, a follow-up was conducted (Pereda et al., 2009). The authors analysed 38 articles which looked at the prevalence of CSA in 21 countries, finding rates ranging from 0 to 60 per cent. They concluded that “there appears to be a general pattern that remains more or less constant over the years” (p. 331).

The body of literature in this area suggests that “CSA is a global problem of considerable extent” (Stoltenborgh et al., 2011, p. 79) and is largely committed by someone loved and trusted by the child (Csorba et al., 2005). However, wide variations in figures mean that it is very difficult to precisely estimate the “true” prevalence of (IF)CSA.

The nature of (IF)CSA

Sibling abuse may be more common than that by (step) fathers. Although IFCSA can be perpetrated by people from a range of relationships, it is fathers or stepfathers who are the most studied (Adler and Schutz, 1995) and usually cited as the most frequent offenders (deChesnay, 1985). In Newman Lubell and Peterson's (1998) study of 68 adult female survivors of incest, the most commonly reported perpetrator was the natural father (47 per cent); followed by brother (31 per cent), mother (18 per cent), and stepfather (9 per cent). In a US study that investigated IFCSA as reported in internet chat rooms, the most frequent type of abuse reported was by fathers against daughters (36 per cent) (Atwood, 2007). In Canada, a report by a sexual abuse hotline found that 39 per cent of abusers were fathers and 23 per cent stepfathers (Peirce and Peirce, 1985). However, Anderson et al. (1993) found stepfathers to be ten times more likely than biological fathers to be sexually abusive.

IFCSA committed by siblings comes to the attention of the authorities far less than that perpetrated by (step)fathers, with Cyr et al. (2002) citing figures of 18 per cent vs 78 per cent, respectively. However, Adler and Schutz (1995) argue that: "Sibling incest is the least investigated but probably the most common form of incest" (p. 811). Carlson et al. (2006) concur, adding, however, that sibling IFCSA is not well understood and the actual prevalence rate is unknown. Krienert and Walsh (2011) note that the very limited knowledge base has found sibling abuse to be two, three, or even five times as common as parental abuse. Evidence also suggests that sibling abuse may occur more frequently in homes with larger numbers of siblings (e.g. Rudd and Herzberger, 1999). Reasons for such abuse remaining unrecognised, exploratory phase of development (Phillips-Green, 2002), considered as benign and normal (Adler and Schutz, 1995).

There is a strong cultural taboo surrounding female perpetrated (IF)CSA, which may result in underreporting. CSA by females has historically been a taboo subject – going against all societal and moral norms of females as the gentler sex – and has thus been given scant attention in the literature (Miller, 2013). However, although CSA is predominantly perpetrated by males, female CSA is a genuine problem, with offenders usually targeting children known to them (Giguere and Bumby, 2007). Yet determining the rate of IFCSA perpetrated by females is problematic. The 1998 National Child Abuse and Neglect Data System incidence study found that mothers offended or co-offended in 53 per cent of all cases of sexual abuse committed by a parent or parent figure. Yet, as Bolen (2003) notes, this figure contrasts strikingly with evidence from victims in retrospective studies, which are as low as per cent.

So is female perpetrated IFCSA rare, under-recognised and -reported, or both? The cultural and societal "outrage and ambivalence" (Denov, 2003, p. 48) towards female sex offending may obscure its prevalence in various ways. For instance, victims of parental sexual abuse may find it harder to disclose that the perpetrator was their mother (Denov, 2003).

Disclosure difficulties maybe compounded by child protection professionals, who may have a lack of awareness about female perpetrated CSA; are often not trained adequately in this area; are less likely to treat such allegations seriously; and may show disbelief, dismissing the child's story as being fabricated (Bunting, 2005).

Girls are more likely to be victims of (IF)CSA than boys. Higher rates of CSA have consistently been reported among girls than boys; however, such studies often do not make distinctions between IF- and EFCSA. In Canada, Finkel (1994) notes that figures for CSA have been cited to be as high as one in three for girls, as compared to one in eight for boys, although he suggests a more conservative estimate of one in four girls and one in ten boys. While Negriff et al. (2014) found that, of 3.7million children referred to American child protective services, of which 9.1 per cent had been sexually abused, girls were almost four times as likely to be victims as boys. In a sample of Swedish high school students, 65 per cent of the 2,324 girls vs 23 per cent of the 2,015 boys reported sexual abuse as a child (Priebe and Svedin, 2008). In Mexico, Pineda-Lucatero et al. (2009) found that 12-33 per cent of girls and 8-10 per cent of boys have been victims of CSA (with perpetrators being relatives in around a third of cases). And the review by Stoltenborgh et al. (2011) found that self-reported CSA was more common among females (180/1,000) as compared to males (76/1,000).

Some research does consider IFCSA in particular. In his review of 19 adult retrospective surveys of CSA, Finkelhor (1994) found that family members committed one-third to one-half of offences against girls and 10-20 per cent of offences against boys. In Australia, Goldman and Padayachi (1997) found that 9 per cent of males and 19 per cent of females reported "incestuous" abuse. And, in Turkey, Perdahli Fis et al. (2010) found that 78.9 per cent of IFCSA victims were girls. However, it is possible that the figures are closer than such estimates suggest. As observed by Finkelhor (1994), common societal stereotypes of girls as victims may result in people such as parents, teachers, and doctors being less likely to suspect sexual abuse. Males may also be less likely to disclose abuse, think it "unmanly" to seek help, or have concerns about the stigma of homosexuality (Pereda et al., 2009).

(IF)CSA most commonly starts at school age or early adolescence. Although the specific age of onset of CSA differs between studies, school age or early adolescence seem to be the most common, with the lowest percentage of CSA perpetrated against preschool children (Perdahli Fis et al., 2010). Negriff et al. (2014) found that sexual abuse is most common between the ages of 12 and 14 years, while Anderson et al. (1993) found the greatest age risk to be between ten and 12, with penetration more likely in teenage victims. Goldman and Padayachi (1997) found children between the ages of seven and 12 (with a mean age of 10) to be especially vulnerable, which may be attributed to "conformity to obedience and compliance with adults' greater power and dominance, coupled with a lack of sexual knowledge" (p. 495). However, Fischer and McDonald (1998) found that victims of IFCSA are likely to be younger at the age of first abuse than victims of EFCSA, attributing this to victims

spending more time in the family environment. And Anderson et al. (1993) argue that the ostensibly small numbers of preschool victims might be attributed to “childhood amnesia” when retrospectively recalling sexual abuse.

Comparatively little is known about (IF)CSA in minority groups. There is a paucity of research when it comes to the sexual abuse of disabled children (Stalker et al., 2010). Furthermore, existing research is very broad in scope, tending to focus on institutional abuse of all types. A US study which considered over 40,000 children, found that 31 per cent of the disabled children sampled had been abused or neglected; specifically, they were 3.1 times more likely to be sexually abused than non-disabled children (Sullivan and Knutson, 2000). Children with communication problems, behavioural disorders, sensory impairments, and learning difficulties may be particularly at risk. A Slovenian study noted that disabled women and girls are more likely than both disabled men and boys, and the non-disabled, to be sexually abused (Zavirsek, 2002). Based on interviews with 25 disabled women recalling sexual abuse in the home or institutions, the author argued that higher prevalence rates may be due to: reliance for care on the abusers, lack of independence, inability to defend themselves, and perpetrators justifying the abuse by characterising the disabled as “asexual beings, as bodies without senses” (p. 284), thus alleviating their guilt.

As with disabled children, there is a dearth of research on (IF)CSA of BME children; what little research there is has found underreporting of abuse in this group. Gilligan and Akhtar (2005) – in their study of CSA in the Asian community in Bradford, UK – relate a personal communication with a police officer who reported that only 7 per cent of allegations of CSA investigated by the police concerned Asian children [2]. In total, 50 questionnaires sent out to Asian organisations concerning awareness of CSA in their communities emphasised the “hidden” and “taboo” nature of (IF)CSA; unwillingness to believe in its very existence; reluctance to discuss the issue; and a lack of understanding and appropriate vocabulary related to disclosure and reporting. Issues of shame and honour, and the perception that CSA is a western problem, were also issues noted by Barn (2001).

IFCSA occurs in families of all socio-economic types; however, such families are often categorised as “chaotic”. Research suggests that IFCSA occurs in families from all socio-economic, educational, ethnic, and religious backgrounds (e.g. Mey and Neff, 1982). However, although some research describes families in which sexual abuse occurs as “intact” or “normal” (Rudd and Herzberger, 1999), most describe them as “dysfunctional”, “chaotic”, or “disrupted” (Hartley, 2001). Randolph and Nagle (1989) report that “dysfunctional” families are characterised by disorder, with the parent and child often experiencing a role reversal, with the child as care giver. And Beitchman et al. (1991), in their review of the literature of the effects of CSA, found that victims are more likely than non-victims to come from “disturbed” families, with a high rate of parental separation/divorce, substance abuse, and psychiatric disturbance. Perdahli Fis et al. (2010) also concluded that a significant risk

factor for CSA includes “disruption in the family structure” (p. 1288) where one or both parents are absent. However, the causality may work both ways. A “broken home” may make abuse more likely to occur, but abuse may also lead to a fracturing of the family structure (Csorba et al., 2005).

The impact of (IF)CSA

(IF)CSA has psychological, behavioural, emotional, and physical effects on its victims.

Although it is difficult to assess the short- and long-term effects of CSA, as much remains unreported, there is little doubt that it has significant “physical, social and psychological repercussions” (Pineda-Lucatero et al., 2009, p. 184). Evidence also suggests that victims of IFCSA suffer worse physical and emotional symptoms than victims of EFCSA (Fischer and McDonald, 1998), which may be “due to the longer duration and greater level of intrusion suffered by intrafamilial victims” (p. 928) and/or “because of feelings of mistrust, insecurity and they might internalize a sense of blame if the person was a caretaker” (Perdahli Fis et al., 2010, p. 1288).

Victims of (IF)CSA may suffer from a range of adverse effects which may manifest in child- and/or adulthood. These broadly include: feelings of confusion, humiliation, fear of rejection, and being used (Mey and Neff, 1982); disturbed sexual functioning, marital breakdown (Beitchman et al., 1991); chronic headaches (Roesler and Wind, 1994); disbelief, confusion, guilt, anger (Phelan, 1995); problems in building and sustaining relationships (Newman Lubell and Peterson, 1998); feelings of “dirtiness” and worthlessness (DiGeorgio-Miller, 1998); compulsive spending, nightmares (Rudd and Herzberger, 1999); low self-esteem, insomnia, flashbacks, a perception of the inability to please others, and work in low paying jobs (Salter, 2013). Victims of IFCSA may also experience a shattered sense of meaning and belief in a “just world” – where people get what they deserve and deserve what they get (Hudson, 2013).

In part one of a two-part review investigating the short- and long-term effects of CSA, Beitchman et al. (1991) found that victims of CSA are at greater risk of developing a preoccupation with sex as children, manifesting in “sexual play, masturbation, seductive or sexually aggressive behavior, and age-inappropriate sexual knowledge” (p. 552). While in adolescents, there may be higher rates of promiscuity and homosexual contact. They also found various factors to be associated with worse outcomes and greater trauma, including CSA: with more frequency and longer duration; that involves force and/or penetration; and that is perpetrated by the child’s (step)father.

More specifically, Stroebel et al. (2012) found that “incest victims”, as compared to controls, were more likely to feel damaged and psychologically injured, be estranged from parents, and feel shamed by others. Supporting Beitchman et al.’s (1991) review, they also found that – having been eroticised at an early age – their sexuality as an adult was often affected.

For instance, they had sexual intercourse earlier, had more sexual partners after the age of 18, were more likely to have casual sex, and have sex for money. They also scored lower on scales measuring sexual satisfaction and communication about sex. Similarly, Rudd and Herzberger (1999) noted promiscuity as an effect of IFCSA.

In response to closed questions about the effects of abuse, participants in Ussher and Dewberry's (1995) survey of female adult survivors of CSA reported feeling: anger (67.7 per cent), shame (65.7 per cent), guilt (59.9 per cent), anxiety (50.7 per cent), fear of sex (30.6 per cent), and fear of men (24 per cent); just 1.5 per cent reported no impact. In an open-ended category, participants reported: a bad sex life (14.1 per cent), inability to trust men (11.1 per cent), and psychological problems (11.3 per cent). The authors found that long-term psychological effects were significantly related to abuse involving: penetration; sexual abuse by a (step)father; prolonged abuse; abuse accompanied by threats or violence; blaming of the child; the offender saying that disclosure would split the family, and a younger age of onset. Beitchman et al. (1991) found that abuse by a (step) father had the worst impact, while Negriff et al. (2014) found that penetrative assaults caused the greatest harm. And Caffaro and Conn-Caffaro (2005) found that half of victims of brother-sister incest never marry.

(IF)CSA often has seriously detrimental effects on victims' mental health. (IF)CSA may be associated with a wide range of mental health issues. Perdahli Fis et al. (2010) found the most frequent psychological and mental health symptoms to include anger, depression, and anxiety, with victims five times more likely to be diagnosed with an anxiety disorder than their non-abused peers. In their retrospective examination of 83 cases of CSA referred to a child psychiatric unit, the authors found evidence of: anxiety disorders (30 per cent), adjustment disorders (19 per cent), mood disorders (8 per cent), and disruptive behaviour disorders (5 per cent). Only 8 per cent of the sample had no psychiatric diagnosis; however initially asymptomatic children may have "sleeper effects", suffering from possibly even more serious psychiatric issues later in life. In the second part of their review, Beitchman et al. (1992) found that, in the eight studies examined, six found an association between CSA and depression as an adult. They also found a higher prevalence of anxiety in adult women with a history of CSA, particularly in cases where there was the use, or threat, of force.

The impact of (IF)CSA on males may include sexual dysfunction and the perpetration of sexual abuse. The impact of (IF)CSA on males, although considerably under-reported and -researched, can be serious and long lasting (Mey, 1988). Beitchman et al. (1992) found evidence to suggest that males may suffer from poor social adjustment, sexual dysfunction, inappropriate attempts to reassert their masculinity, and confusion regarding sexual identity. (IF)CSA may also impact upon men's ideas about, and experiences of, fatherhood. In a literature review by Price-Robertson (2012), dominant themes included men: having problems displaying affection with their children; being over-protective; fatherhood leading

to the triggering of past trauma; fatherhood being a healing experience; and the fear of abusing their own children (sometimes resulting in remaining childless).

The “cycle of child abuse”, “victim-to-victimiser”, or “sexually abused-sexual abuser” hypothesis – which posits an association between a history of sexual abuse and the later perpetration of it – has significant supporting evidence (Glasser et al., 2001). Glasser et al. (2001) found that the risk of perpetrating CSA was significantly enhanced by a history of CSA; for incest offenders, this risk was doubled. While, based on a sample of 182 child sex offenders, 57.7 per cent of the 79 intrafamilial offenders reported being a victim of CSA (Smallbone and Wortley, 2001). A meta-analysis of 89 studies which considered the risk factors for both IF- and EFCSA, 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). However, it is imperative to add that the vast majority of victims of CSA do not go on to become abusers themselves; thus, having experienced CSA is neither a necessary nor sufficient condition for becoming a perpetrator (Stripe and Stermac, 2003).

Very little is known about the experiences of, and impact on, child victims of (IF)CSA. The vast majority of research on impact has been conducted retrospectively with adult samples, due to methodological and ethical problems in soliciting children’s views. Due to issues surrounding recall and validity, this means that we know more about the long-, as opposed to short-term, effects of CSA.

In one of the few studies to garner the views of child victims, Phelan (1995) conducted in-depth interviews with 40 (step)fathers and 44 (biological and step)daughters (or their therapists) who were being treated in a clinic for incestuous families in California. The daughters’ reported behaviours and feelings such as confusion, fear, disgust, disbelief, denial, bewilderment, and self-blame. Other emotions expressed were betrayal, pain, anxiety, withdrawal, guilt, and altered relationships with other family members. Such feelings are consistent with those reported by adult survivors of CSA.

Atwood (2007) also investigated (IF)CSA from a child’s perspective – communicating with 833 females in internet chat rooms who reported incestuous experiences – reaching very different conclusions. Although most victims who reported penetration said they were fearful about “their first time”, that it hurt, and that they knew it was wrong, others referred to the sexual activities as “fun” or believed themselves to be “in love” or in a relationship. Atwood argues that when researchers shifted from studying pathology in clinical populations of victims of IFCSA to studying incest in the general population:

It became obvious that the severe short and long term effects of incest were much lower than was previously thought. Most women who experienced incest appeared

to have either worked through the experience or did not suffer the serious effects that once were reported (p. 309).

However, not only does this study has significant methodological problems, relying on anonymous internet participants, but these findings are at palpable odds with the vast majority of research in this field.

Recommendations for future work

This work found numerous gaps in current knowledge about IFCSA, which the authors recommend be addressed by further research, including:

- the scale and nature of IFCSA in disabled victims; research on BME children's experiences;
- the prevalence of abuse by stepfathers as compared to biological fathers;
- the experiences of male victims;
- the experiences of lesbian, gay, bisexual, and transgendered child victims;
- the short-term impact of IFCSA based on child victims' experiences; and
- more widely, further research on the prevalence of abuse in clinical populations and the relationship between that and prevalence in wider society.

In addition to such questions, the OCC inquiry will also investigate issues surrounding child protection and criminal justice responses to (IF)CSA and how these might be improved. The evidence-base for this section of the inquiry is reported in Gekoski et al. (2016).

Notes

1. These were set by the funder.
2. This is less than half the proportion than would be expected, assuming that the prevalence of CSA in Asian communities is the same as in white communities, which is supported by a limited amount of research.

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