

Child abuse and neglect in the UK today

**Lorraine Radford, Susana Corral,
Christine Bradley, Helen Fisher,
Claire Bassett, Nick Howat
and Stephan Collishaw**

NSPCC 
Cruelty to children must stop. FULL STOP.

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Executive summary

This report presents new research findings from the NSPCC on child maltreatment in the United Kingdom, looking specifically at the prevalence and impact of severe maltreatment. We found that the rates of child maltreatment reported by young adults aged 18–24 were lower in 2009 than in 1998, suggesting maltreatment may be less prevalent today. However, significant minorities of children and young people in the UK today are experiencing severe maltreatment and this is associated with poorer emotional wellbeing, self-harm, suicidal ideation and delinquent behaviour.

Background

In 2000 the NSPCC published ground breaking research on the prevalence of child maltreatment in the UK. The research was based on a household survey of 2,869 young adults' memories of childhood abuse (Cawson et al, 2000). In the past 11 years a lot has changed in children's lives and in methods of research. The new research aimed to provide up to date information on the prevalence and impact of child maltreatment in a nationally representative sample of children and young people living in the UK, and to compare rates of childhood experiences reported by young adults interviewed in 2009 with rates reported in 1998-9. This study looked at children's and young adults' experiences of childhood maltreatment at home, in school and in the community.

This first report presents the findings from this research on the prevalence, impact and severity of child maltreatment.

Research aims

1. To measure the frequency of lifelong and *current* (past year) child abuse and neglect in a random probability sample of the UK population that included young adults, children, parents or guardians.
2. To measure the prevalence of child abuse and neglect in the UK in a manner comparable to other large-scale studies conducted in countries across the world.
3. To investigate the risk and protective factors associated with prevalence rates and impact.
4. To improve understanding of young people's perceptions of helpful and unhelpful interventions and the range of factors that they believe contribute to stopping abuse¹.
5. To generate new knowledge to improve the delivery of services.
6. To explore whether or not there have been changes in the prevalence of maltreatment as reported by young adults since the publication in 2000 of the earlier NSPCC study.

¹ A report on the follow-up interviews with young adult survivors will be produced in 2011: *Who do you turn to?*

Definitions

Child maltreatment is defined as:

all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Butchart, Putney, Furniss, and Kahane, 2006, p.9).

Physical, sexual and emotional abuse and neglect are defined as in HM Government guidance for professionals *Working Together to Safeguard Children* (DCSF, 2010).

Severe child maltreatment is conventionally defined within child protection practice to include severe physical and emotional abuse by any adults, severe neglect by parents or guardians and contact sexual abuse by any adult or peer.

In determining whether maltreatment should be considered severe, we took into consideration the definitions used in child protection practice. Severe maltreatment experiences were identified on the basis of the type of maltreatment, its frequency, whether there were multiple forms, an injury, whether a weapon had been used, if it was defined by the victim as being abusive or would fall into a more severe category of abuse under the criminal law. We identified 'severe' maltreatment by combining subjective and objective factors and trying to assess the context of the abuse by looking at who was the perpetrator and the age related vulnerabilities of the child.

Methodology

The study employed a random probability sample of parents and children, young people and young adults in the UK.

Household interviews were conducted by a market research company (TNS-BMRB) using computer-assisted self-interviewing (CASI). The response rate achieved was 60.4 per cent and interviews were completed with:

- 2,160 parents or guardians of children and young people under 11 years of age (under 11s).
- 2,275 young people between the ages of 11 and 17 (11–17s), with additional information provided by their parents or guardians.
- 1,761 young adults between the ages of 18 and 24 (18–24s).

International research has shown that reliable findings can be obtained directly and ethically by asking young people and parents about experiences of abuse (Everson et al, 2008). Although there may appear to be limitations in asking parents and guardians to report on the maltreatment of their children, earlier research suggests that accounts from caregivers are satisfactorily consistent with those from young people (Finkelhor, Hamby et al, 2005).

A strong ethical framework was developed for this study which included safeguards and support for participants. We used a number of standardised and validated measures within the study to assess the prevalence of maltreatment and the impact this has on emotional wellbeing and behaviour. The impact on individual children and young people varies considerably depending on a number of factors, but few studies before have attempted to capture these. This research also considers the overlapping impact of maltreatment and other forms of abuse that children and young people experience.

Key findings: Severe child maltreatment and sexual abuse

Severe child maltreatment was reported as an experience for a substantial minority of children and young people (Table 1).

In summary, the reported rates of severe maltreatment were:

- 5.9 per cent of under 11s (6.1 per cent females and 5.8 per cent of males); 18.6 per cent of 11–17s (19 per cent females and 18.2 per cent males) and 25.3 per cent 18–24s (30.6 per cent females and 20.3 per cent males).

Table 1: Rates of severe maltreatment

Maltreatment type	Under 11s			11–17s			18–24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Severe physical	1.3% (18)	1.0% (13)	1.2% (30) ^a	6.7% (59)	7.1% (60)	6.9% (119)	10.2% (98)	12.9% (120)	11.5% (218)
Contact sexual abuse	0.2% (3)	0.8% (10)	0.5% (13)	2.6% (23)	7.0% (59)	4.8% (82)	5.1% (50)	17.8% (165)	11.3% (215)
Severe maltreatment by a parent or guardian	4.9% (64)	5.1% (64)	5.0% (128)	13.5% (119)	13.3% (112)	13.4% (231)	11.6% (112)	17.5% (163)	14.5% (275)
All severe maltreatment	5.8% (77)	6.1% (76)	5.9% (153)	18.2% (161)	19.0% (159)	18.6% (320)	20.3% (196)	30.6% (284)	25.3% (480)

a The bracketed figures are the weighted frequencies (ie. the number of children in the survey who reported this experience adjusted to take into account the UK child population numbers). The weighted frequency counts are rounded to the nearest whole number so do not always add up to the total frequency.

Other key findings were:

- As Table 1 shows, 0.5 per cent of under 11s, 4.8 per cent of 11 to 17s and 11.3 per cent of 18–24s had reported contact sexual abuse as defined by the criminal law at some point in childhood.
- 65.9 per cent of the contact sexual abuse reported by children and young people (0–17s) was perpetrated by other children and young people under the age of 18.
- 1.2 per cent of under 11s, 16.5 per cent of 11–17s and 24.1 per cent of 18–24s had experienced sexual abuse including non contact offences, by an adult or by a peer at some point in childhood.
- 0.6 per cent of under 11s and 9.4 per cent of 11–17s had experienced sexual abuse including non contact offences in the past year.
- Teenage girls aged between 15 and 17 reported the highest past year rates of sexual abuse.
- The majority of perpetrators of sexual abuse were males, either adults or other young people, who were known to the child or young person.
- In 22.9 per cent of cases where a young person of 11 to 17 years was physically hurt by a parent or guardian nobody else knew about it. The same applied in 34 per cent of cases of sexual assault by an adult and 82.7 per cent of cases of sexual assault by a peer.

Key findings: Child maltreatment in the family

Five per cent of under 11s, 13.4 per cent of 11–17s and 14.5 per cent of 18–24s had experienced severe maltreatment by a parent or guardian during their childhood (Table 2).

Table 2: Rates of severe maltreatment by a parent or guardian

Maltreatment type	Under 11s			11–17s			18–24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Severe neglect	3.3% (43)	4.2% (52)	3.7% (95)	9.9% (88)	9.8% (82)	9.8% (170)	7.0% (67)	11.0% (102)	9.0% (170)
Contact sexual abuse	0% (0)	0.1% (2)	0.1% (2)	0% (0)	0.2% (2)	0.1% (2)	0.4% (4)	1.5% (14)	0.9% (18)
Severe physical violence	0.9% (12)	0.7% (8)	0.8% (20)	3.1% (28)	4.4% (37)	3.7% (65)	4.0% (39)	6.8% (64)	5.4% (103)
All severe maltreatment	4.9% (64)	5.1% (64)	5.0% (128)	13.5% (119)	13.3% (112)	13.4% (231)	11.6% (112)	17.5% (163)	14.5% (275)

Reports of sexual abuse by a parent or guardian were low, but where this was reported, most experiences included contact sexual abuse.

The research also provides for the first time evidence about the *current* levels of child maltreatment in the UK, by presenting findings on children's experiences in the past year. Table 3 summarises the findings on maltreatment in the family, 2.5 per cent of under 11s and 6 per cent of 11–17s had one or more experiences of physical, sexual or emotional abuse or neglect by a parent or guardian in the past year.

Table 3: Rates for lifetime (LT) and past year (PY) childhood maltreatment by a parent or guardian

Maltreatment type	Under 11s		11–17s		18–24s
	PY	LT	PY	LT	LT
Emotional abuse	1.8% (38)	3.6% (74)	3.0% (52)	6.8% (116)	6.9% (131)
Neglect ^a	–	5.0% (130)	–	13.3% (229)	16.0% (303)
Physical violence	0.7% (19)	1.3% (34)	2.4% (41)	6.9% (119)	8.4% (159)
Maltreatment ^b (JVQ)	1.3% (32)	7.3% (188)	5.3% (91)	20.7% (358)	23.0% 436
Sexual abuse	0% (0)	0.1% (2)	0% (0)	0.1% (2)	1.0% (20)
All maltreatment	2.5% (63)	8.9% (229)	6.0% (103)	21.9% (379)	24.5% (465)

- a Questions on neglect are drawn from various measures including the JVQ, the shortened PARQ and the earlier NSPCC maltreatment survey. The figure presented is not directly comparable across the three age groups as only selected questions were appropriate to different ages.
- b Based on questions on child maltreatment using the JVQ child maltreatment module and (for the life time rates) the composite neglect. The JVQ child maltreatment measure includes physical violence, physical neglect and emotional abuse by a caregiver.

We identified 1.1 per cent of children and young people under the age of 11 and 3.7 per cent of 11–17s who had experienced *severe* maltreatment from a parent or guardian in their childhood *and* also reported maltreatment by a parent or guardian within the past year.

There were few differences in boys' and girls' rates of reporting experiences of maltreatment by a parent or guardian. However females aged 18 to 24 reported significantly higher rates of severe maltreatment by a parent or guardian, 17.5 per cent had experienced this in childhood compared to 11.6 per cent of males aged 18 to 24².

Although a substantial amount of child maltreatment was also perpetrated by female parents or guardians, adult males were the most frequently reported perpetrators of severe maltreatment in the family. In the subsample of participants who reported severe physical violence by a parent

2 $\chi^2(1)=13.38, p<0.001, \text{Phi}=0.13$.

or guardian, males were perpetrators in 86.4 per cent of cases reported for the under 11s, in 72.9 per cent for the 11–17s and 64.7 for the 18–24 year old age group.

Key findings: Exposure of children to domestic violence

The harm caused to children of living with domestic violence is now widely recognised in the research literature and there is a substantial overlap between the most severe forms of child maltreatment resulting in the death of a child and domestic violence (Brandon et al, 2008). It is therefore essential to take into consideration domestic violence when exploring severe child maltreatment.

The research found that 12 per cent of under 11s, 17.5 per cent of 11–17s and 23.7 per cent of 18–24s had been exposed to domestic violence between adults in their homes during childhood. 3.2 per cent of the under 11s and 2.5 per cent of the 11–17s reported exposure to domestic violence in the past year. Adult males were the main perpetrators of domestic violence, accounting for 93.8 per cent of case where one parent had beaten up the other.

Key findings: Maltreatment by adults not living with the child

The research also provides new evidence on which adults living outside the immediate family home are most likely to pose a risk to the safety and wellbeing of children and young people.

The findings support conclusions from developmental victimology (Finkelhor, 2008) that risks of abuse expand during the child's lifecourse from the risk from parents or caregivers predominantly, to also include different types of perpetrators outside the home and in non familial relationships.

Key findings were that:

- 2.3 per cent of under 11s, 7.8 per cent of 11–17s and 12.8 per cent of 18–24s had been maltreated by a non-resident adult during childhood
- 0.6 per cent of under 11s, 3.2 per cent of 11–17s and 6.9 per cent of 18–24s had experienced severe maltreatment by a non-resident adult during childhood
- 1.2 per cent of under 11s and 3.1 per cent of 11–17s had been maltreated by a non-resident adult in the past year

It was adults known to the child, such as relatives, neighbours or family friends, who were most frequently reported to have abused children under the age of 11. For the older age groups, unknown adults (strangers) were the most frequently reported adult perpetrators outside the family home. Across both age groups, adults known to the child or young person were perpetrators in 55.4 per cent of the reports of abuse by adults outside the home, while unknown adults (strangers) in 49.8 per cent³.

3 Some children reported more than one type of non resident adult perpetrator so these figures add to more than 100 per cent.

It was notable that of the 0.5 per cent of under 11s, 4.8 per cent of 11–17s and 11.3 per cent of young adults aged 18–24 who had experienced contact sexual abuse as defined by the criminal law, 65.9 per cent of contact sexual abuse of children and young people (0–17) was perpetrated by other children and young people under the age of 18 rather than by adults in or outside the home.

In reports involving non-resident adults, males were the majority of both perpetrators and victims of physical abuse, being the perpetrators in 66.4 per cent of reports for the 11–17s and 83 per cent for 18–24s. Female-perpetrated abuse was reported by 22.2 per cent of the 11–17s and 13.1 per cent of the 18–24s.

When looking at reports of sexual abuse by non-resident adults, females were disproportionately abused by males.

Key findings: The overlapping aspects of maltreatment

Children and young people who were maltreated by a parent or guardian were also more likely to experience other types of abuse from other perpetrators. Some children experience multiple types of abuse at home, at school and in the communities in which they live and they have been defined in the recent literature as *polyvictims* (Finkelhor, Ormrod, Turner, and Holt, 2009; Finkelhor, Ormrod, and Turner, 2009).

Evidence of a child being abused in a particular way is a good predictor of the child also being subject to other forms of abuse or experiences of violence. For example:

- Under 11s who experienced severe maltreatment by a parent or guardian were 2.7 times more likely to also be living with family violence than those who were not severely maltreated.
- 11–17s and 18–24s who were severely maltreated were 2.8 and 2.9 times more likely respectively to also witness family violence.
- The highest relative risk of family violence was reported from under 11s who had experienced physical violence from a parent or guardian (almost five times more likely).

Key findings: The impact on children and young people

Experiences of abuse and neglect may affect individuals differently. It has often been observed that the impact may be externalised, meaning that a young person “acts out” and the maltreatment affects their behaviour, as well as internalised, meaning that a young person may be depressed, withdrawn or isolated (see Bentovim et al, 2009). Therefore, we also considered associations between experiences of maltreatment and trauma symptoms and delinquent behaviour.

The research found that all forms of abuse in childhood were generally associated with poorer mental health and elevated delinquent behaviour.

Abuse and neglect by parents or guardians was found to be associated with children's and young people's poorer emotional wellbeing, including current thoughts about self-harm and suicidal ideation. Witnessing domestic violence was also related to poorer emotional wellbeing. Experiencing physical violence from a parent or guardian and witnessing domestic violence were also associated with higher levels of delinquent behaviour.

Exposure to severe maltreatment by a parent or guardian was shown to have a stronger association with poor emotional wellbeing than maltreatment that was less severe. A less clear relationship was found between the severity of parent and guardian perpetrated maltreatment and delinquent behaviour.

The 11–17s severely maltreated by a parent or guardian were over six times (6.4) more likely to have current suicide ideation, and almost 5 times (4.6) more likely to have self-harm thoughts than were the non maltreated young people in this age group. Severely maltreated 18–24s were almost 4 times (3.9) more likely than non maltreated to have current self-harming thoughts.

In the case of those severely maltreated by a non-resident adult, the 11–17s were almost six times (5.5) more likely to have current suicidal ideation, and over 3 times (3.3) more likely to have self-harm thoughts than the non maltreated young people in this age group. The severely maltreated 18–24s were almost 5 times (4.5) more likely to have current self-harming thoughts.

Among boys aged 11 to 17, severe lifetime maltreatment by a non-resident adult was consistently associated with more delinquent behaviour than less severe levels of maltreatment. However, the same pattern was only evident among young adult women.

Although all forms of abuse in childhood were associated with poorer mental health, it was the most victimised children and young people who showed the poorest mental health and higher levels of delinquent behaviour. Levels of both trauma-related symptoms and delinquent behaviour increased with the number of different abuse types that children, young people and young adults had experienced. The impact of polyvictimisation on the mental health of children and young people also appeared to be cumulative over time, increasing with age.

Key findings: Changing trends in child maltreatment and victimisation

We replicated some of the survey questions for 18–24s used in the previous NSPCC study (Cawson et al, 2000) to explore if there had been any changes in the prevalence of child maltreatment reported by young adults.

We found levels of parental neglect to be very similar, with 9.4 per cent reporting some form of neglect⁴ in 1998 compared with 9.9 per cent in 2009. There was, however, a general decline in reported experiences of harsh emotional and physical punishment, and a decline in some experiences of physical and sexual violence.

The prevalence of physical violence reduced significantly from 13.1 per cent in 1998 to 9.8 per cent in 2009⁵. The 18–24s in 2009 who reported physical treatment/discipline at home, school or elsewhere were also less likely to report that this had happened regularly during childhood.

The experience of prolonged verbal aggression at home, school or elsewhere also reduced significantly over time (from 14.5 per cent in 1998 to 6 per cent in 2009⁶).

The results for sexual abuse should be interpreted with caution, as composites from both studies were created to compare coercive sexual activity⁷, but they do indicate a decline in forced or coercive sexual activity since 1998 and a relatively constant level of underage sexual activity. The comparison of coerced sexual acts under age 16 shows a reduction from 6.8 per cent in 1998 to 5 per cent in 2009⁸.

It should be noted that the findings here are based upon the young adults' experiences during their childhoods, not on young people's experiences measured over time. While the findings are promising, longitudinal research or regularly repeated surveys done directly with young people would be needed to map trends.

Implications of the research findings

- The strong associations between maltreatment and poorer emotional wellbeing, including self harm and suicidal thoughts, demonstrate the need for prevention and earlier intervention to protect children and young people from harm.
- Any professional coming into contact with children must be alert to potential abuse and equipped to respond promptly: health, schools and early years services could play a vital role.
- The overlapping aspects of abuse indicate the need for parents and professionals to look beyond a young person's presenting issues and be alert to other experiences of abuse a young person may have. The young person who is bullied or bullying others for instance, may also be experiencing or witnessing abuse in the home or in other relationships.

4 Measured by six questions about care and supervision during childhood.

5 $p < 0.001$.

6 $p < 0.001$.

7 Care needs to be taken in interpretation of trends of sexual abuse, as the use of different questions to measure prevalence rates has had a proven effect (Goodman et al, 2007).

8 $p < 0.01$.

- Children and young people who are polyvictims are an extremely vulnerable group. Early identification of and intervention with these young people is needed to prevent both immediate and longer-term problems.
- The developmental and cumulative aspects of maltreatment experiences also support early intervention responses, although these need to be relevant to the age and gender of the child or young person.
- The high proportion of males reported as perpetrators of severe child maltreatment supports the need for gender sensitivity and effective engagement with both fathers/male partners and mothers in child protection and early intervention.
- The high level of contact sexual abuse by peers found in this research demonstrates the need for effective prevention, public education and support for young people in negotiating respectful relationships.
- A high proportion of abusive experiences is not known to children's services. The gap between known and unknown cases of severe abuse and the overlapping with other types of maltreatment and abuse at home, in school and in the community has implications for locally-based joint strategic needs assessments and for future service planning.

Chapter 1: Introduction

1.1 Background

This report presents the first set of findings from NSPCC research on the abuse and neglect of children in the United Kingdom (UK), in particular the research provides information about the prevalence and impact of maltreatment.

This research project was developed within the NSPCC's long history of work against child cruelty, and follows our earlier research on the prevalence of child maltreatment (Cawson et al, 2000) and in the more recent context of recommendations from the *UN World Report on Violence against Children*. One of these recommendations was that, nationally and globally, we need more robust data on the extent and impact of violence towards children and an understanding of trends, if we are ever to eliminate it.

1.1.1 Historical context

Child abuse, now more commonly called child maltreatment, was “discovered” as a social problem and became a matter of intense public concern in Western industrialised countries in the 1870s, although children had been hurt, killed, injured and exploited by others well before this date. It was the horrific physical violence, starvation and neglect of 9-year-old Mary Ellen in the United States, in 1874, that precipitated the development of the world's first organisation against child cruelty, the New York Society for the Prevention of Cruelty to Children, and subsequently, in England, the development of the NSPCC in 1889 (NSPCC, 2006).

There have been three periods of time when the maltreatment of children in the UK has attracted particularly high levels of interest: from the 1870s to about 1914, from the mid-1960s to the late 1980s and in the present day from 2003 onwards (Parton, 2006). In the 1960s, the term “battered babies” emerged after the analysis of x-rays by the American paediatrician Dr. Henry Kempe revealed “unrecognised trauma” fractures in very young children (Kempe et al, 1962). The brutal physical abuse and neglect of babies and children by their parents or carers has since been a feature of the many public inquiries into child killings over the last forty years, from the inquiry into the murder of Maria Colwell in 1973 (DHSS, 1974) to the murder of Victoria Climbié in 2000 (Laming, 2003), and more recently, Lord Laming's review following baby Peter Connelly's death in Haringey, in August 2007 (Laming, 2009). Peter Connelly was being monitored by social services at the time he was being abused and tortured. He had numerous injuries, including broken ribs and a broken back, which went undiagnosed by the doctor who had seen him two days before his death.

1.1.2 Current indicators, the international context and trends

Abuse and neglect of children is not unique to the UK. It is a global problem that has significant consequences for public health (Krug et al, 2002). Human rights provisions, particularly the United Nations Convention on the Rights of the Child, set out children's rights to physical integrity, and governments' responsibilities to ensure children are protected from violence and that all reasonable steps are taken to help them overcome adverse consequences. The persistence of child maltreatment indicates societal and global failure to make our expressed commitment to children's rights a reality. The first worldwide study of all forms of violence towards children for the United Nations stressed that "no violence against children is justifiable, and all violence against children is preventable" (Pinheiro, 2006, p.3).

It has been argued by policy analysts that the UK ranks at the bottom of the league for measures of child wellbeing compared with other countries in Western Europe (UNICEF, 2007), and that children in Britain today have more challenging lives than previously (Layard and Dunn, 2009). However, while overall child wellbeing indicators for the UK compare unfavourably with other countries in Western Europe, indicators of child maltreatment used in international comparisons have been limited to homicide rates, for which the UK is by no means performing the worst (Smith et al, 2010; UNICEF, 2003; UNICEF, 2007). Out of 15 European countries, Home Office figures show that Finland has the highest child homicide rate, Scotland the second-highest rate and Northern Ireland the fourth-highest, while England and Wales rank eighth highest. Austria has the lowest rate of 0.64 child homicides per 100,000 of the population (Home Office, 2010). Babies under the age of 12 months have the highest homicide rates of any age group in England and Wales, with a rate of 27 per million compared to 12 per million in the general population, reported in 2008-9 (Home Office, 2010).

Government crime statistics show overall rates of homicide and violent crime in England and Wales since the mid-1990s (Povey et al, 2009) and there is evidence that the rate of child homicide has also declined. The homicide rate for babies under the age of 12 months was 54 per million in 1998-9, compared with 27 per million in 2008-9 (Home Office, 2010).

Until recently, there were similar downward trends for children who were the subject of child protection plans (in England): numbers declined from 30,300 children in 2000 to 25,700 in 2002, and then remained under 26,000 until 2006 (DfE, 2010a). Some observers have argued that this trend was common to a number of rich industrialised nations and indicative of some success in child protection policies, particularly those in relation to child sexual abuse, the type of abuse for which the decline in child protection activity was greatest (Finkelhor and Jones, 2006).

Since the killing of Peter Connelly in 2007, however, there has been an increase in child protection activity. Child protection plans in England increased from 26,400 in 2006 to 29,200 in 2008, 34,100 in 2009 and 39,100 in 2010 (DfE, 2010a). This is an increase in rates per 10,000 of the under 18 population from 23 to 31 over the whole period (DCSF, 2009). Similar trends have

been observed in Scotland, where rates of child protection registrations between 2004 and 2009 increased from 2.4 to 2.9 per 1,000 of the under 16 population (Sutton, 2010), and in Wales, where rates rose from 2.9 to 3.9 between 2002 and 2009 (Gear and Jones, 2010). In Northern Ireland, there has been an upward trend in child protection registrations since 2003 (DHSSPS, 2010). It is not possible to say whether this indicates increased need, increased awareness of need, an expansion of activity by children's services or possibly a combination of these.

1.1.3 Variations in prevalence estimates

It has long been known that there is a gap between the substantiated cases of maltreatment that come to the attention of child protection agencies and the larger numbers of cases that are not detected, reported or recorded. A review of research on the prevalence of child maltreatment for the medical journal *The Lancet* found that the substantiated child maltreatment cases referred each year to child protection services concerned 1 per cent of children in the population, yet research indicates that between 4 and 16 per cent of children per year experience physical abuse, 10 per cent experience psychological abuse, between 1 and 15 per cent are neglected and between 10 and 25 per cent are exposed to domestic violence directed at a parent (Gilbert et al, 2008a).

Estimates of the prevalence of abuse and neglect in the child population vary considerably between studies conducted within the UK and overseas. This can be illustrated by our review of some of the recent research in the field (set out in Table D1 in Appendix D). The 28 studies we reviewed show prevalence rates for different forms of abuse ranging from:

- 1.8 per cent to 34 per cent for lifetime childhood experiences of physical violence (while one study found rates of 46 per cent for past year experiences of physical violence for children and young people)
- 1.1 per cent to 32 per cent for lifetime experiences of sexual abuse (with a rate of 6 per cent for past year experiences of sexual abuse)
- 5.4 per cent to 37.5 per cent for lifetime experiences of emotional abuse
- 6 per cent to 41.5 per cent for lifetime experiences of neglect in childhood
- 9.8 per cent to 28 per cent for exposure to domestic violence.

While some of the variations might reflect different experiences that children have in the UK compared to the USA, Canada or Europe, there are conceptual and methodological differences that exist in the child abuse research that also give rise to these differences. The research studies vary in:

- The sources used to produce information on the prevalence of child abuse and neglect. Some studies collect information on the incidence of reports to agencies⁹ or collect this

⁹ Euser et al, 2010; Sedlak et al, 2010; Sivarajasingam et al, 2010; Trocme et al, 2005.

data from case files¹⁰. Some ask adults to report retrospectively on abuse they experienced in childhood¹¹. Others ask children themselves about their experiences¹². Some studies have also included interviews with parents as proxy reporters on abuse experienced by very young children¹³. It is possible that these studies, that ask for caregivers' reports on child maltreatment may consequently suffer from some bias and a degree of undercounting as parents might be unaware of their child's abusive experiences or might be reluctant to disclose their own abusive behaviour. Nevertheless, the research findings suggest that parental reports may be more accurate than agency data (Sidebotham et al, 2001; Theodore et al, 2005).

- The recruitment of participants. Most of the studies we reviewed recruited large samples of participants randomly from the wider population. There are many studies which use clinical or service user samples or convenience samples such as university students¹⁴ or self-selecting volunteers. The prevalence estimates tend to be lower for research based on samples drawn at random from general populations than those based on research with less representative volunteer or service user samples.
- The definitions used to assess the prevalence of abuse and neglect. Some studies consider only one form of abuse, such as physical violence, sexual abuse or peer abuse¹⁵. Others consider a broader range of maltreatment, including physical violence, sexual abuse, emotional abuse, neglect and exposure to domestic violence¹⁶. Some studies focus narrowly on perpetrators as caregivers and family members. Only three of the studies listed¹⁷ include adults and peers as perpetrators of abuse.
- The measures used to assess the prevalence of abuse and neglect, which can radically influence the results. Validated measures ask young people direct and specific questions about particular acts, using questions tested for internal consistency and pre-test reliability. Age-appropriate questions that give behavioural descriptions of events help respondents to think about specific incidents and are preferred over questions that use legal terminology or ask respondents to label themselves as experiencing abuse (Hamby and Finkelhor, 2000).

10 Sullivan and Knutson, 2000.

11 Briere and Elliot, 2003; Cawson et al, 2000; Corliss et al, 2002; Edwards et al, 2003; Hussey et al, 2006; Oaksford and Frude, 2001; Scher et al, 2004; Tourigny et al, 2008.

12 Ackard and Neumark-Sztainer, 2002; Barter, et al, 2009; Craig et al, 2009; Everson et al, 2008; Finkelhor, Ormrod, et al, 2005; Finkelhor, Turner et al, 2009; Gallagher et al, 2002; Helwig-Larsen and Boving-Larsen, 2006; Millard and Flatley, 2010; Tucker et al, 2009; Wolke et al, 2000.

13 Finkelhor, Ormrod, et al, 2005; Finkelhor, Turner, 2009; Molnar et al, 2003; Theodore et al, 2005; Wolke et al, 2000.

14 Oaksford and Frude, 2001.

15 Ackard and Neumark-Sztainer, 2002; Craig et al, 2009; Gallagher et al, 2002; Helwig-Larsen and Boving-Larsen, 2006; Molnar et al, 2003; Oaksford and Frude, 2001; Sivarajasingam et al, 2010; Wolke et al, 2000.

16 Cawson et al, 2000; Euser et al, 2010; Finkelhor, Hamby, et al, 2005; Finkelhor, Turner, et al, 2009; Pavio and Cramer, 2004; Sedlak et al, 2010.

17 Cawson et al, 2000; Finkelhor, Ormrod, et al, 2005; Finkelhor, Turner, et al, 2009.

1.1.4 The need for new research

There has been a lot of research on child maltreatment in the last 30 years, but this is mostly generated in the US and may not be directly relevant to the UK (Gilbert et al, 2008a; 2008b). In 2000, the NSPCC conducted a study which found high levels of child maltreatment in the UK (Cawson et al, 2000). Although, at the time the most comprehensive research carried out in the UK, the information in the survey was collected more than twelve years ago, and much has changed since then. There are new risks to children, such as the risks from those who exploit children via the internet that were not covered in the earlier NSPCC research and need to be investigated. Public awareness of, and willingness to talk about, child abuse has grown. We need to know if this has had an impact on young people's safety and whether or not they feel more able to access help than they have in the past.

The earlier NSPCC research was based on young adults' memories (which may change over time) of their experiences of childhood abuse or neglect, so we never had information on the prevalence of maltreatment among the *current* population of children and young people under the age of 18 on which to base strategic service delivery decisions. Retrospective research is less useful for service delivery in the present time, because the information on children's needs will always be several years out of date. Methods of research with children and young people, and techniques for generating robust data on recent experiences of abuse, violence and neglect, have advanced in the last twelve years. It is now widely accepted that this research can be done (Dawes Knight et al, 2000) and should be done directly with young people (Finkelhor, 2008; Pinheiro, 2006; Zolotor et al, 2009).

It is important that we know more about current levels of child maltreatment in the UK so that we can act to prevent it effectively and proportionately. There are divergent views about the impact of violence today on children's lives. One view emphasises the prevalence of violence towards and *by* children, which is largely seen to have its root cause in poor parenting (Palmer, 2006). At one extreme is a caricature of poorly parented, out-of-control and fearful young people who repeat a downward spiral of intergenerational violence and neglect, and need to carry knives to survive in an utterly hostile environment. The alternative view suggests that public perceptions about the risks of violence towards children are disproportionate and this has a detrimental impact on children's lives (Guldberg, 2009). From this perspective, vetting and barring procedures to protect children from abusers and sex offenders who get into positions of trust in order to have access to their victims, parental fears about "stranger-danger" and institutional risk aversion work together to confine children, preventing them from doing anything remotely adventurous and limiting their opportunities and interactions with adults in their communities. This risk-averse society is supposed to have caused a climate of terror among adults about being suspected of paedophilia and created a tangle of red tape that prevents anyone from volunteering to work with, or look after, anyone else's children.

Both viewpoints suggest that childhood is under siege, either from the "reality" of spiralling violence or from our efforts to control it through risk management activities. What sense are

those working with or bringing up children to make of these divergent positions? It may be that both perspectives hold some relevance, but negotiating and balancing these views can be difficult and confusing. The NSPCC hopes this research can help parents, teachers, adults working with children, policymakers, professionals and, most importantly, children and young people to have an evidence-based perspective on the nature of these risks today.

1.2 Research aims

The research study started with the following aims:

1. To measure the frequency of lifelong and *current* (past year) child abuse and neglect in a random probability sample of the UK population that included young adults, children, parents or guardians.
2. To measure the prevalence of child abuse and neglect in the UK in a manner comparable to other large-scale studies conducted in countries across the world.
3. To investigate the risk and protective factors associated with prevalence rates and impact¹⁸.
4. To improve understanding of young people's perceptions of helpful and unhelpful interventions and the range of factors that they believe contribute to stopping abuse¹⁹.
5. To generate new knowledge to improve the delivery of services.
6. To explore whether or not there have been changes in the prevalence of maltreatment since the publication in 2000 of the earlier NSPCC study.

This first report presents the findings from this research on the prevalence, impact and severity of child maltreatment.

1.3 Definitions

Having a clear operational definition of child maltreatment is increasingly recognised as fundamental to effective preventative strategies (Butchart et al, 2006).

The World Health Organisation has defined *child maltreatment* as being:

“All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” (Butchart, et al, 2006, p.59)

¹⁸ This topic will be covered in subsequent publications.

¹⁹ A report on the follow-up interviews with young adult survivors will be produced in 2011 (*Who do you turn to?*).

These specific aspects of child maltreatment are included in the HM Government guidance for professionals, *Working Together to Safeguard Children* (DCSE, 2010). They are defined as set out in the box below:

Definitions of specific aspects of child maltreatment
<p><i>Physical abuse</i> Includes acts such as hitting, kicking, baby-shaking or other physical aggression likely to hurt or cause significant harm to a child.</p>
<p><i>Emotional abuse</i> The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone²⁰. This definition includes witnessing domestic violence.</p>
<p><i>Sexual abuse</i> 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)²¹. This would include prostitution and sexual exploitation of a child for commercial or financial gain. The guidance also recognises that other children, and women, may be perpetrators of child sexual abuse.</p>
<p><i>Neglect</i> A persistent failure to meet a child's basic physical and/or developmental needs. Neglect includes failing to provide for a child's health, education, emotional development, nutrition, clothing, shelter, safety and safe living conditions, and includes exclusion of the child from the home and abandonment. It is different from poverty, according to the World Health Organization (WHO), because it happens when there is failure to provide the resources to meet a child's needs if those resources exist or should be available. Neglect includes:</p> <ul style="list-style-type: none"> • a parent's or guardian's failure to provide adequate food, clothing and shelter, such as excluding a child from the home, abandoning them and leaving them alone • failure to protect a child from physical or emotional harm, or danger • failure to ensure that the child has adequate supervision (including the use of inadequate and inappropriate caregivers) • failure to ensure the child has access to appropriate medical care and treatment when needed • unresponsiveness to a child's basic emotional needs²². <p>Neglect is defined developmentally, so that a parent or guardian failing to do or to provide certain things will have a detrimental impact on the development or safety of a young child, but not necessarily on an older child. The guidance notes that "neglect may occur during pregnancy as a result of maternal substance abuse"²³.</p>

20 DCSE, 2010, p.38.

21 DCSE, 2010, p.38.

22 DCSE, 2010, p.39.

23 DCSE, 2010, p.38.

The HM Government definitions emphasise caregiver-perpetrated maltreatment and maltreatment perpetrated by others, while recognising the role of peers in sexual victimisation. In later chapters of the guidance, a much broader range of abuse by peers and other adults are included, such as gang-related violence, spirit possession, forced marriages and child trafficking. While traditionally the focus of child maltreatment policy and research has been on abuse or neglect by parents or guardians, it is increasingly clear, especially in the context of responsibilities to safeguard and promote the welfare of children, that other perpetrators cannot be ignored.

1.4 Severe maltreatment

It is very difficult to make judgments about the severity of experiences of abuse or neglect on the basis of responses to a survey. However, there are indicators which can be taken into account.

Physical harm is one indicator of severity but child maltreatment does not always result in injuries, there may be no physical injuries in very harmful cases of child sexual or emotional abuse. While there can be specific acts of physical violence or sexual abuse that are relatively easily counted, typically child abuse and neglect are not discrete events but a pattern of behaviour, a process of undermining and debilitating the child's wellbeing and healthy development. Some acts, for example making fun of a child, may appear to be relatively trivial because they are unlikely to cause immediate physical injury but the impact can be cumulative. *The frequency and accumulative pattern* of the behaviour may be very harmful, creating psychological distress, for example so that the child is suicidal. Victims of abuse often report the *psychological impact* as being more damaging than the physical injuries. Measuring the psychological impact is difficult because, unless prospective research has been done (following through over a period of several years a birth cohort of children), we do not know whether the poorer emotional wellbeing was a contributory factor to or an outcome of the abuse. *Victim perception* can be an indicator of severity of impact but within a power or dependency relationship, it can be difficult for the child to name the experience as being abuse or neglect.

We identified more "severe" maltreatment by combining subjective and objective factors and assessing the context of the abuse by looking at who was the perpetrator and the age related vulnerabilities of the child. Experiences of maltreatment were defined as severe on the basis of the type of maltreatment, its frequency, whether there were multiple forms, an injury, whether a weapon had been used, if it was defined by the victim as being abusive or would fall into a more severe category of abuse under the criminal law.

On this basis, severe maltreatment was identified as having one or more of the following features:

- physical violence by an adult, maltreatment as measured by the JVQ module (see methodology section below) or contact sexual abuse
- severe emotional neglect and serious rejection

- the maltreatment had happened frequently (more than 5 times)
- the maltreatment resulted in physical harm or injury
- a weapon with potential to cause serious injury, such as a knife, gun, rock, stick or bat, had been used
- more than two types of physical violence or maltreatment (as measured by the JVQ module) were reported
- it was rape or attempted rape or forced sexual contact by an adult or child
- there was contact sexual abuse of a young person under 18 by a parent or guardian or sibling or adult in position of trust
- there was contact sexual abuse of a person under 16 by an adult relative
- there was contact sexual abuse of a person under 13 by an adult
- the victim perceived the maltreatment as being “child abuse” or “criminal” behaviour.

A detailed summary, including the individual measures used to estimate the prevalence of severe maltreatment is presented in Table A3.3 in Appendix A.

1.5 Methodology

The findings that we are presenting in this report on severe child maltreatment, are part of a wider programme of research on the abuse of children in the home, at school and in the community. The wider programme of research included: (1) a national survey of prevalence and impact; and (2) a follow-up study based on interviews with young adult abuse survivors. As outlined above, the severe maltreatment findings are drawn from analysis of the survey data. Subsequent research reports will report additional findings from the survey and from the follow up interviews.

A review of research literature and consultation with a group of internationally renowned research experts identified the Juvenile Victimization Questionnaire (JVQ) as the research instrument most suitable to measure the prevalence of child abuse and neglect. The JVQ covers a broad range of types of child victimisation and employs modules of questions about the prevalence of particular types of victimisation, including the range of victimisation types explored in Chapter 5 of this report (see Table A1.1 in Appendix A).

The questionnaire developed for this study drew substantially from use of the JVQ and other validated measures in the National Survey of Children’s Exposure to Violence (NatSCEV) research (Finkelhor, Turner, et al, 2009) and the generous help and advice given by Sherry Hamby and David Finkelhor, who were completing their own survey at the time.

Three parallel versions of the questionnaire were developed based on the age of the child or young person: one for parents with children between 1 month and 10 years (“under 11s”), one for children and young people aged 11–17 (“11–17s”), for which a parent or guardian completed a subset of questions, and one for young adults aged 18–24 (“18–24s”).

A simplified paper copy of the questions on abuse and neglect used in the questionnaire can be found in Table A1.1 in Appendix A. In short, the survey questionnaire asked about:

- family life and relationships
- schooling and employment
- housing, income, health and disability
- experiences of abuse inside and outside the family perpetrated by adults and young people
- witnessing family and community violence
- mental health, emotional wellbeing and self-esteem
- lifetime adversity
- social support and help-seeking
- delinquency and alcohol consumption.

Age appropriate measures of emotional wellbeing and trauma impact were used (as explained in Appendix C). The survey was designed to take into account the fact that the impact of abuse will vary from child to child in relation to the child’s individual and age related vulnerabilities or strengths, the risks and protective factors that exist in the child’s family and relationships, environment, community and in broader society (Bronfenbrenner, 1977; 1986; Krug et al, 2002).

Following a competitive tendering process, the market research company TNS-BMRB (then BMRB) was commissioned in June 2008 to conduct the fieldwork survey interviews.

The NSPCC conducted focus groups with young people to test the questions for clarity and gain views on our proposals to reduce any upset to participants. In October 2008, TNS-BMRB cognitively tested the questionnaire with a small sample of caregivers and young people from the general public, and a group of young people recruited through NSPCC services. Their feedback was incorporated into the final questionnaire, which was piloted with 318 participants in December 2008.

Households across the UK were selected at random from the Postcode Address File. Advance letters explaining the study were sent to these households explaining that the NSPCC had commissioned a survey on “Child Safety and Victimisation” and that an interviewer would be calling to ask if any person under the age of 25 lived in the house and, if so, whether a parent/caregiver or an eligible young person would be willing to be interviewed. The letter gave

a freephone telephone number that household members could call if they were not eligible or did not want to take part.

6,196 interviews were completed between March and December 2009, of which:

- 2,160 were with the parents or guardians of under 11s
- 2,275 were with young people in the 11–17s group, and their parents or guardians
- 1,761 were with the young adults in the 18–24s group.

The response rate for the research was 60.4 per cent. 48 per cent of the children, young people and young adults covered by the survey were male and 52 per cent were female. The data was weighted for analysis to take into account factors in the general population of the UK, and the larger sample of caregiver and young people's interviews and the smaller sample of young adult interviews obtained.

Computer-assisted self-interviewing (CASI) techniques were used, as this has been shown to be an effective method of gaining information on sensitive research topics (Mirlees-Black, 1995). Participants were asked sensitive questions personally onscreen on a laptop computer (with headphones in audio CASI, A-CASI, for young people) and they were able to enter their answers by touch-screen privately.

Parents or guardians completed the whole interview on behalf of under 11s. For 11–17s, parents or guardians completed the first part of the survey, which covered information on the family in general, and the young person then completed the interview using A-CASI to answer the questions on abuse and neglect.

Relying wholly or partly on parents and guardians to report on behalf of under 11s and 11–17s may appear to have its drawbacks. However, earlier research suggests that accounts from caregivers are satisfactorily consistent with those from young people themselves (Finkelhor, Hamby et al, 2005). To test this ourselves we compared past rate and lifetime reported rates for all the abuse screener questions by parents and guardians of 10 year olds with the self-reported answers from 11 year olds. The results are shown in Tables B3.4 and B3.5 in Appendix B. These showed that there were mostly small differences in reported rates for 10 and 11 year olds.

18–24s completed the entire interview themselves, starting by answering questions asked by the interviewer and then completing the rest of the survey using CASI. There were 30 questions in the new survey for young adults that were exactly the same as those in the survey conducted in 1998 (Cawson et al, 2000).

All percentages quoted in the tables presenting the findings of the current research are the weighted percentage of children, young people or young adults in the age group who experienced the relevant type of maltreatment. Bracketed figures are the weighted numbers who reported this (ie. the number of children, young people or young adults in each case).

Data analysis was conducted using PASW (SPSS) v18 and STATA 10.1 software. To calculate the prevalence of maltreatment, analysis was conducted separately for under 11s, 11–17s and for 18–24s, as well as for under 18s altogether. For measures of the impact of maltreatment, analyses were conducted separately for each age group (0–2, 3–10, 11–17 and 18–24) due to the different mental health measures and informants used (caregiver versus child). Frequency rates were produced for each screener question and for each age group by perpetrator type, and by gender of perpetrator and victim. Aggregate variables were created to indicate the overall rates of abuse for each age group, by perpetrator type, and by gender of perpetrator and victim. We calculated overall scores for specific types of abuse (physical, sexual, emotional etc), for polyvictimisation, and for impact and adversity following approaches used either in relevant published research or in the relevant instrument scoring manuals. Associations between variables were explored, as appropriate, using chi-square analyses, multiple linear regression and logistic regression modelling. The prevalence and impact of severe experiences of abuse were explored via the same data analysis strategy.

Further information on the process of designing, piloting, conducting and analysing the research is included in Appendix C in this report where we also discuss the considerable ethical issues raised in asking children and young people about their experiences of maltreatment, and the steps we took to minimise any upset or harm.

1.6 Report structure

We have tried to structure this report to satisfy the interests of a broad readership.

In Chapter 2, we describe the participants from all over the UK who took part in the survey between March and December 2009. The participants are comparable in most respects with the overall population of parents or guardians, young people and young adults currently in the UK.

Following the approach taken by the UN study (Pinheiro, 2006), the next three chapters in turn present findings about abuse and neglect in some of the different settings in which children conduct their lives.

Chapter 3 presents findings on the prevalence, impact and severity of child maltreatment by a parent or guardian in the family.

Chapter 4 presents findings from the survey on the prevalence, impact and severity of maltreatment of children by adults, known (but not living in the family home) and unknown (strangers). These findings are particularly relevant for informing child protection practice in relation to adults who have frequent contact with children.

Chapter 5 presents findings on the overall prevalence and impact of severe maltreatment. It considers severe child maltreatment in the context of overlapping experiences of abuse and neglect and also looks at the impact that multiple experiences, polyvictimisation had on the minority of children and young people who reported them.

Chapter 6 compares findings from the young adults in the current survey with our earlier NSPCC research published in 2000. Findings suggest there has been an overall decline in the lifetime prevalence of some forms of child maltreatment reported by young adults, although the gap between identified cases and our findings on self-reported prevalence is still worryingly wide.

In the final chapter, we present our conclusions and what we consider to be their implications for policy and practice.

Chapter 2: Research participants

This chapter describes the research participants, comparing key factors such as gender, socio-economic status, health and education, with features known to exist in the wider UK population. Demographic information was collected from the parents or guardians of young people under 18 and from young adults aged 18–24.

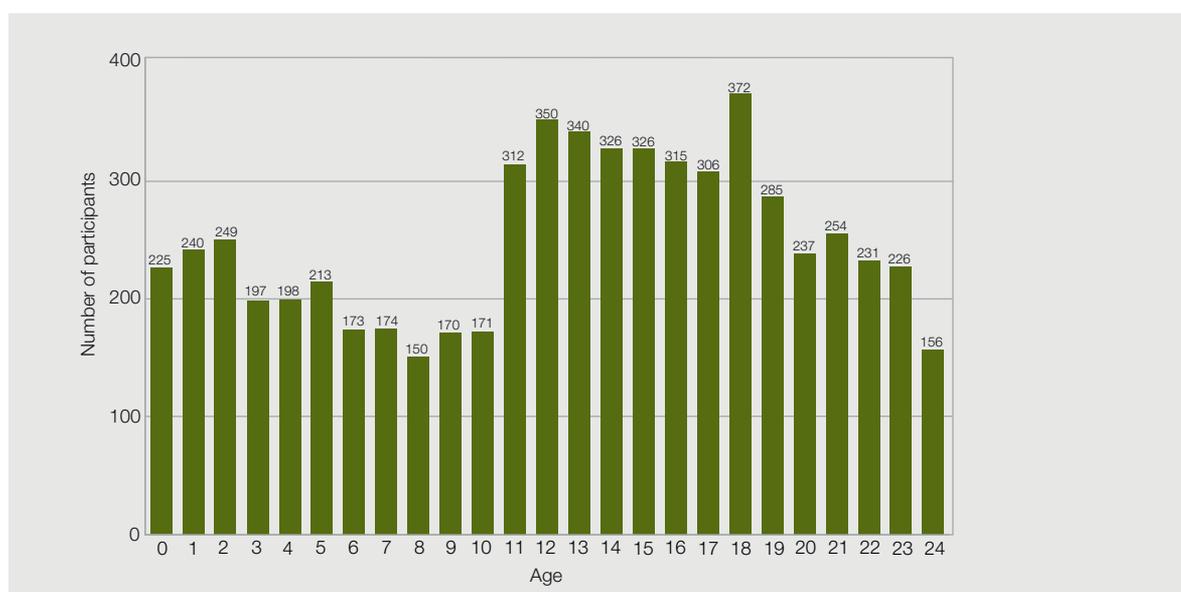
2.1 Age and gender of participants

In the final sample there were 2,160 parents or guardians of under 11s (34.9 per cent of the total sample), 2,275 11–17s (36.7 per cent), their primary caregiver also completing the first section of the CASI interview, and 1,761 18–24s (28.4 per cent). The data was weighted to match our sample with key demographic parameters in the general UK population. Data was also weighted to adjust for the larger samples of children under 18 and the smaller sample of interviews with 18–24s. The data presented in this chapter is unweighted so that an accurate description of our samples can be provided and compared against the general UK population.

48.4 per cent (N=2,996) of the participants were male and 51.6 per cent (N=3,200) were female. The ages were not equally spread, as shown in figure 4.1. There were slightly more children aged under 3 years within the under 11s group, and a higher proportion of 18-year-olds and a lower proportion of 24-year-olds in the 18–24s group. The average (mean) age of children within the under-11s group was 4.58 years (*standard deviation, sd*=3.16); within the 11–17 age group it was 13.96 years (*sd*=1.98) and for the 18–24 age group it was 20.56 (*sd*=1.98).

84.7 per cent of the parent or guardian participants were female (N=3,750) and 15.3 per cent were male (N=679). This uneven gender spread reflects the parents' own definitions of who was the primary caregiver. The gender of children and young people who were either interviewed or referred to in their parents' or guardians' interviews was more equally split – 48.4 per cent were female and 51.6 per cent male.

The population figures from the ONS for mid-2009 estimated a UK population of 61,792,000 people (30,374,000 males (49.2 per cent) and 31,418,000 females (50.8 per cent)).

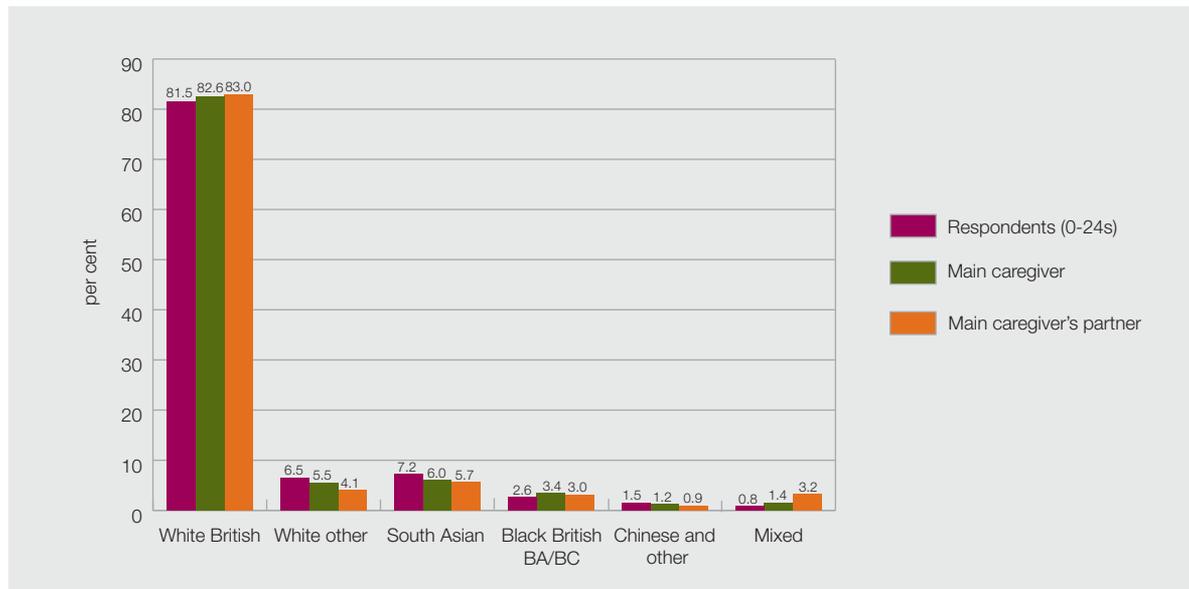
Figure 2.1: Age of young people covered by the research (unweighted)

In mid-2009, there was an estimated overall population of 19,016,100 people under 24 years of age in the UK, of whom 9,736,500 (51.2 per cent) were male and 9,279,600 (48.8 per cent) were female (ONS, 2010a). The UK's proportions of males and females are similar to those in our sample of participants.

2.2 Ethnic origin

Most participants reported their ethnic origin as being White British, as Figure 2.2 shows. A comparison of ethnicities with the general population is difficult as the age groups used by ONS do not match those used in this research. The latest available estimated data on resident population by ethnic group was for 2007, covering England and Wales (ONS, 2010b). From a population of 54,072,000, 84.3 per cent were White British, 4.5 per cent were other White, 1.7 per cent were Mixed, 5.5 per cent were South Asian, 2.6 per cent were Black British, African or African Caribbean, and 1.5 per cent were Chinese and other ethnic groups.

Ethnic minority groups have a younger age structure, reflecting past immigration and fertility patterns (ONS, 2002). Ethnicity figures by age group for 2007 (ONS, 2010b) estimated the population under the age of 24 years to be 16,732,000, of whom 81 per cent were White British, 3 per cent were other White, 3 per cent were Mixed, 8 per cent were South Asian, 3 per cent were Black British, African or African Caribbean, and 2 per cent were Chinese and other ethnic groups.

Figure 2.2: Ethnic origin of respondents and caregivers in the sample

In 2001–2, the Mixed group had the youngest age structure, with 55 per cent under the age of 16. Only 19 per cent of the White British ethnic group were under the age of 16.

2.3 Household characteristics and family structure

We asked participants about the number of people living in their household. The average number of people living in the same household was 3.7 ($sd=1.06$) for the under 11 age group, 3.9 ($sd=1.16$) for 11–17s, and 3.4 ($sd=1.27$) for 18–24s. For the whole sample, the average number of people in the same household was 3.7 ($sd=1.18$). The average number of people living in the same household in Great Britain in 2009 was 2.4 (ONS, 2010c). However, this includes households where there were no children or young people, or households that had all single adult occupancy. We would expect our sample of respondents to have a higher average household occupancy than the national average.

For the under 11s and 11–17s, primary caregivers were asked about marital status and the child's current family structure. Table 2.1 shows the percentages of those who were living with married, unmarried or single parents.

Table 2.1: Resident parents' marital status at time of interview

	Under 11s	11–17s
Married	57.1% (1,232)	56.4% (1,282)
Cohabiting	18.4% (398)	14.8% (336)
Female single parent	22.8% (492)	23.7% (539)
Male single parent	0.8% (18)	2.4% (55)
Other arrangements ^a	0.8% (18)	2.7% (61)
	(2,160)	(2,275)

a Other arrangements included living with other relatives (with no parents) and living with foster parents.

Marital status is similar to that of parents of children and young people under the age 18 in the general population, although there were slightly fewer married parents living with the children in this research. In the wider Great British population, there were about 7.6 million households with dependent children in 2009, of which 4.6 million (61 per cent) were married-couple families, 1 million (13.1 per cent) were cohabiting-couple families, 1.8 million (23.7 per cent) were female single-parent families and 0.2 million (2.6 per cent) were male single-parent families (ONS, 2010c).

Information on the childhood family structure of the 18–24s was gathered in a different way. The young adults were not asked about their parents' marital status, but were asked (as in the earlier NSPCC research) whether they had grown up living in the same house as one or both of their biological parents. 70.9 per cent of young adults had been brought up mostly by both biological parents, 7.7 per cent had been brought up by one biological parent in a reconstituted family, 19 per cent were brought up by a single biological parent and 2.3 per cent were living in other arrangements.

We also gathered information on the number of siblings living in the household for the under 18 group. If we take into account the number of children in the household, the most common family size and household structure was one where a married couple lived with one or two dependent children (see Table 2.2).

Table 2.2: Family size and structure

	Under 11s			11–17s		
	1 CYP ^a	2 CYP	3+ CYP	1 CYP	2 CYP	3+ CYP
Married couple	18.4% (398)	28.4% (613)	10.2% (221)	19.6% (445)	24.0% (545)	12.8% (292)
Cohabiting couple	8.9% (193)	5.7% (124)	3.8% (81)	5.4% (122)	5.4% (123)	4.0% (91)
Female lone parent	10.8% (233)	7.6% (163)	4.4% (96)	10.6% (240)	8.7% (198)	4.4% (101)
Male lone parent	0.5% (10)	0.3% (6)	0.1% (2)	1.4% (32)	0.9% (20)	0.1% (3)
Other arrangements ^b	0.4% (8)	0.2% (5)	0.2% (5)	1.3% (29)	0.8% (18)	0.6% (14)

a CYP = Children and young people (aged 16 or less and/or 18 years or less in full time education).

b This included living with foster and adoptive parents, and living with other relatives (but not with parents).

In 2009, the most common type of household in Great Britain was a couple-family household, which, according to *Social Trends* 40, accounted for 56 per cent of all households. In Great Britain, 18 per cent of households were couple-families with one or two dependent children and 3 per cent were households with three or more dependent children (ONS, 2010c).

2.4 Income level

Primary caregivers and 18–24s were asked about their total personal income and their partner's income in the past year from all sources, before tax and any other deductions. We wanted to collect income data separately for parents in households to allow further analysis on family income differences, particularly between men and women.

These questions can be regarded as being sensitive, so respondents were asked to indicate income bands from a range presented on a show card. Midpoints for the parent- and partner-reported income bands were taken to calculate the total household income.

Table 2.3: Household income (all amounts rounded to the nearest £50, except weekly income)

	Income band	Per cent	N	Mean	Weekly income
Bottom fifth	£12,500 or less	25.4%	(981)	£8,050	£155
Next bottom fifth	£12,501–£22,500	14.8%	(570)	£18,300	£352
Middle fifth	£22,501–£36,250	20.0%	(770)	£30,000	£577
Next top fifth	£36,251–£55,000	20.9%	(806)	£46,900	£902
Top fifth	£55,001 or more	18.9%	(729)	£86,850	£1,670
All households			(3,856)	£36,950	£711

The *Households Below Average Income* report, (HBAI), 2008–9 (ONS, 2010d) estimates poverty levels (below 60 per cent of median income) before housing costs are deducted. It found that 13.4 million people in the UK (22 per cent) were living below the poverty line. Of these, 2.8 million were children. HBAI 2008–9 defines a single person with a weekly income of £164 (before housing costs) or below as living in income poverty. A couple with a weekly income of £244 is defined as living in income poverty. Income poverty for a lone parent with two children (aged 5 and 14) is defined as being £293 per week and below. For a couple with two children (aged 5 and 14), it is £374 per week or below. The cost of raising a child in these calculations by HBAI is £65 per week. It seems reasonable to assume that in our sample (see Table 2.3), any parents with incomes within the bottom fifth would be living in poverty. Two-parent families with two or more children with a household income within the next bottom fifth would also be living in poverty.

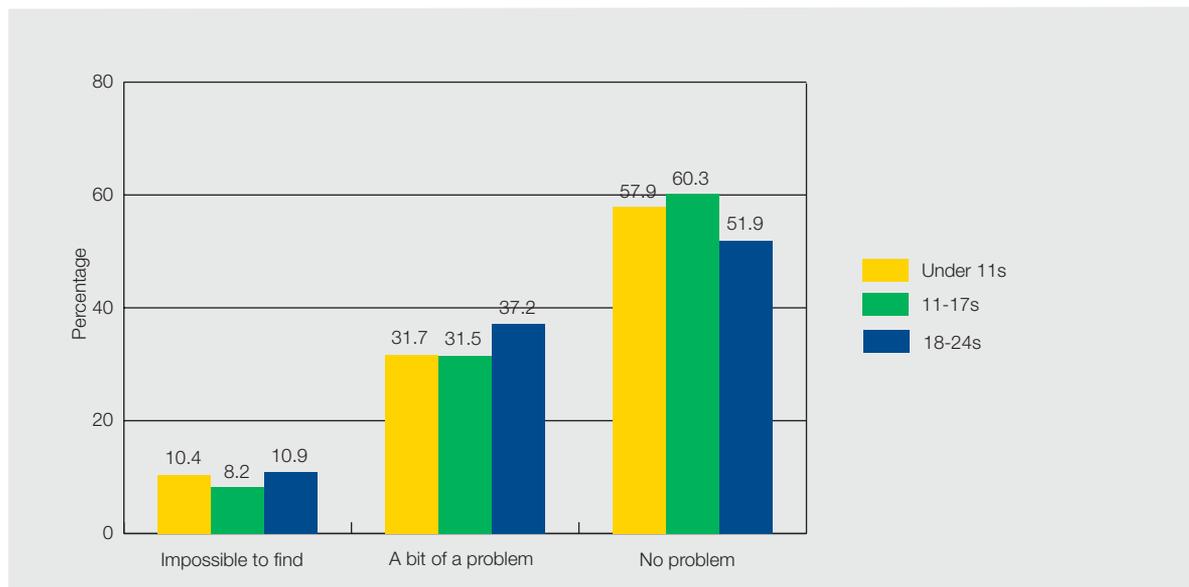
Social Trends data (ONS, 2010e) shows that in the UK, in 2007–8, 91 per cent of lone parents with dependent children and 56 per cent of couples with dependent children received income-related benefits (such as housing benefit, council tax benefit, income support, working tax credit, pension credit or Jobseeker's Allowance). Participants were asked whether they and/or their partners were receiving any state benefits. In our sample, 14.4 per cent of couple households and 46.8 per cent of lone-parent households received income-related, sickness or disability benefits (excluding tax credits). 3.5 per cent of the couple families in our sample and 2.4 per cent of lone-parent families received Jobseeker's Allowance (compared with 2 per cent and 1 per cent in the population). 6.3 per cent of couple families and 9.9 per cent of lone-parent families received an incapacity or disability benefit. This compares to 8 per cent and 10 per cent, respectively, in the UK population (ONS, 2010e).

To assess the level of financial stress and ability to access financial resources, we asked respondents to answer the following question:

How much of a problem would it be if you PERSONALLY suddenly had to find £100 to meet an unexpected expense?

More than half the primary caregivers and young adults who were asked this question said that this would not be a problem. However, less than one-third of primary caregivers said that it would be a bit of a problem, with 37.2 per cent of 18–24s reporting this most frequently. Primary caregivers of children under 11 were more likely to say this would be impossible than primary caregivers of 11–17s, 10.4 per cent compared to 8.2 per cent. Young adults were most likely to report this as being impossible (10.9 per cent). Figure 2.3 shows the percentages broken down by age group.

Figure 2.3: £100 availability question, percentages able to find



2.5 Longstanding illness, infirmity or disability

We asked participants whether the child or caregiver had any longstanding illnesses, disabilities or infirmities that had troubled them or were likely to affect them over a period of time. Table 2.4 shows that 7.7 per cent of under 11s, 10 per cent of 11–17s and 8.9 per cent of 18–24s reported having a disability or longstanding illness. In addition, approximately half those with a disability or longstanding illness reported that this condition limited their activities. Table 2.4 shows the numbers of young people and parents affected by disabilities or longstanding illness.

Table 2.4: Longstanding illnesses and disabilities

	Under 11s	11–17s	18–24s
Children or young people with longstanding illness or disability	7.7% (166)	10.0% (227)	8.9% (156)
Children or young people with a longstanding illness or disability with illness or disability that limits activities	3.7% (80)	5.0% (113)	4.5% (79)
Limited activities expressed as percentage of those with longstanding illness/disability	48.8%	50.2%	50.6%
Main caregiver with longstanding illness or disability	11.7% (252)	16.9% (383)	– –
Main caregiver with a longstanding illness or disability with illness or disability that limits activities	8.0% (172)	10.9% (248)	– –
Limited activities expressed as percentage of those with longstanding illness/disability	68.5%	65.3%	–

The Office for Disability Issues estimated that there were about 700,000 children with a disability in Great Britain in 2008–9 (Office for Disability Issues, 2010a). This represents about 5 per cent of children and young people in Great Britain. Our sample rates are higher than for the general population, with 8.6 per cent of children and young people under 18 reporting a disability or longstanding illness. It is likely that some children and young people with disabilities would not have been able to complete the interview (such as those who were visually impaired, had high-level learning difficulties or had motor coordination difficulties that prevented them from using the laptop) so the sample will under-represent the experiences of these children and young people.

The parent disability rates (11.7 per cent and 16.9 per cent) can be compared with the approximately 13 per cent of the working age population with a disability, as reported by the Family Resources Survey 2008–9 (Office for Disability Issues, 2010a). The Office for Disability Issues has estimated that in 2008–9 there were about five million adults of working age with a longstanding illness, disability or infirmity, who also had a significant difficulty with day-to-day activities in Great Britain (Office for Disability Issues, 2010a). Our rates of disability among parents or guardians of children under the age of 17 are lower than the adult population average. It is reasonable to assume that the average age for the parents or guardians included in our study will be lower than the average adult age, and therefore exclude a higher proportion of the elderly population²⁴.

²⁴ The prevalence of disability rises with age. Around 1 in 20 children are disabled, compared to around 1 in 7 working age adults and almost 1 in 2 people over state pension age (Office for Disability Issues, 2010b).

Some participants reported more than one disability or longstanding illness (Table 2.5). Longstanding illness was the most frequently reported. The medical conditions described ranged from respiratory illness, such as asthma, to neurological disorders, such as epilepsy.

Table 2.5: Type of disability and illness reported as percentage of those with disability or longstanding illness

	Under 11s N166	11–17s N227	18–24s N156
Mobility	23.5% (39)	17.6% (40)	20.8% (34)
Sight	11.4% (19)	4.4% (10)	6.4% (10)
Hearing	5.4% (9)	8.4% (19)	3.8% (6)
Communication/speech/behaviour	15.1% (25)	8.8% (20)	5.1% (8)
Learning difficulty	19.3% (32)	20.7% (47)	12.2% (19)
Mental health problems	1.8% (3)	3.5% (8)	16.7% (27)
Longstanding illnesses	47.0% (78)	47.1% (107)	35.3% (55)

In our sample, 4 per cent of under 11s, 6.1 per cent of 11–17s, and 8.9 per cent of 18–24s reported having special educational needs. Of those children under 11 who were reported to have special educational needs, 15.9 per cent attended a special school. 10.9 per cent of 11–17s and 9.6 per cent of 18–24s with special educational needs attended a special school. Data on special educational needs in the population is only available for England. The current number of pupils with special educational needs is approximately 1.69 million, which accounts for 21 per cent of all school pupils in England (DfE, 2010b).

2.6 Housing tenure

Participants were asked about housing tenure and results are shown in Table 2.6. There were 25.2 million households in Great Britain in 2009 and according to *Social Trends 40* (ONS, 2010f), 69 per cent of homes were owner-occupied, while 64.1 per cent of our sample of children and young people up to 17 years of age lived in an owner-occupied property. 18 per cent of homes in Great Britain were rented from the social sector in 2009 compared with 22.3 per cent in our sample reporting renting their housing from the local authority or a housing association. 15 per cent of homes in Great Britain were privately rented in 2009, compared to 12.7 per cent in our sample. The small differences between the numbers in our sample in the social or private rental sector compared with those for the general population, as reported in *Social Trends*, are most likely due to the fact that our sample was limited to families with children and young people.

Table 2.6: Housing tenure by age group

	Under 11s	11–17s	18–24s
Owner-occupied	60.4% (1,303)	67.7% (1,533)	51.9% (894)
Rented from social sector	22.0% (474)	22.5% (510)	21.1% (363)
Privately rented	16.3% (352)	9.2% (208)	19.6% (338)
Other arrangements	1.3% (28)	0.6% (14)	7.5% (129)

2.7 Summary

It can be concluded that our sample has characteristics that are comparable to those found in the general UK population. There are some small differences when comparing parents or guardians to the average UK adult population. These differences are likely to be due to the younger age group and family status of participants. There are also some differences in disability rates, with our participants reporting higher rates than in the general population. This may well be explained by the inclusion of longstanding illness within the question on disability in the survey.

Chapter 3: Child maltreatment in the family

This chapter presents findings on children's and young people's experiences of maltreatment and severe maltreatment within their families, focussing on abuse and neglect by parents or guardians or other adults living in the home (including step parents, parent's partners, grown up siblings and relatives).

It is in the home where the potential to do harm is greatest. In the context of a close relationship, an abuser has ready, constant access to the victim and expert knowledge on how best to cause hurt or upset. There is often an age- or gender-related imbalance of power or a dependency relationship between the victim and abuser. Family relationships are expected to be nurturing relationships based on love, so the potential for abusers in the family to cause psychological or emotional harm, or to betray trust is greatest (Browne and Finkelhor, 1985). The victim has strong emotional ties that draw them to defend their family members, even when the family is highly abusive and the loyalty and affection are not reciprocated. There is often an unwritten code of family privacy that makes it more difficult for a child or young person to get help, to be believed and to have complaints taken seriously. All these factors make maltreatment within the family particularly devastating for those who experience it.

We consider severe maltreatment, as defined in chapter 1, in the context of all experiences of maltreatment in the family, including exposure to domestic violence and the use of physical violence to punish a child. It is necessary to consider severe maltreatment in the context of these other experiences within the family because, from the point of view of the child, it is the overall, overlapping experiences that affect their everyday lives and overall wellbeing.

The first section of the chapter presents findings on the prevalence of child maltreatment and severe maltreatment by adults in the family, looking at specific types of abuse and neglect experienced as well as experiences of physical punishment and exposure to domestic violence. It also presents findings on the gender of perpetrators and victims, where gendered patterns of abuse for domestic violence and severe child maltreatment were found. In the final section of the chapter, findings on the impact of maltreatment and severe maltreatment on children's wellbeing are presented.

3.1 Prevalence of child maltreatment in the family

Applying the definition of child maltreatment set out in chapter 1, we calculated rates of physical, psychological and sexual abuse, neglect, and overall child maltreatment by aggregating the relevant JVQ screener questions responses and by creating a composite for neglect. The responses to all the applicable JVQ questions for abuse and neglect by a parent or guardian are shown in Tables B3.1, B3.2 and B3.3 in Appendix B.

We identified the following, explained in more detail in Appendix A:

- neglect (see Table A3.1 in Appendix A)
- emotional abuse by a parent, guardian or adult living in the family home (see Table A3.2 in Appendix A)
- physical violence by a parent, guardian or adult living in the family home (see Table A3.2 in Appendix A)
- sexual abuse by a parent, guardian or adult living in the family home (see Table A1.1 in Appendix A).

Severe maltreatment included: severe physical violence, contact sexual abuse and severe neglect, identified on the basis of frequency, level of injury, use of weapon, having different abuse experiences, whether the act would be seen as more severe in criminal law and victim perceptions, as explained in chapter 1 (see Table A3.3 in appendix A for further details).

Findings on the prevalence of each specific type and the overall rates of maltreatment and severe maltreatment by parents or guardians are presented in Tables 3.1, 3.2 and 3.3 and discussed below. As Table 3.1 shows, 8.9 per cent of under 11s, 21.9 per cent of 11–17s and 24.5 per cent of 18–24s had one or more experiences of physical violence, sexual or emotional abuse and neglect by a parent or guardian during their childhood.

Table 3.1: Lifetime rates of maltreatment by parent or guardian

Maltreatment type	Under 11s			11–17s			18–24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Emotional Abuse	3.7% (40)	3.4% (34)	3.6% (74)	5.5% (49)	8.0% (68)	6.8% (116)	4.3% (42)	9.6% (89)	6.9% (131)
Neglect ^a	4.9% (65)	5.2% (65)	5.0% (130)	14.8% (131)	11.8% (99)	13.3% (229)	15.6% (151)	16.4% (152)	16.0% (303)
Physical violence	1.4% (18)	1.3% (16)	1.3% (34)	6.8% (61)	6.9% (58)	6.9% (119)	7.0% (67)	9.9% (92)	8.4% (159)
Maltreatment JVQ ^b	7.3% (96)	7.4% (93)	7.3% (188)	21.3% (189)	21.1% (169)	20.7% (358)	21.3% (206)	24.8% (231)	23.0% (436)
Sexual abuse	0% (0)	0.1% (2)	0.1% (2)	0% (0)	0.3% (2)	0.1% (2)	0.6% (6)	1.5% (14)	1.0% (20)
All maltreatment	9.0% (118)	8.8% (111)	8.9% (229)	22.7% (201)	21.2% (178)	21.9% (379)	22.7% (219)	26.5% (246)	24.5% (465)

a Questions on neglect are drawn from various measures including the shortened PARQ and the earlier NSPCC maltreatment survey. The figure presented is not directly comparable across the three age groups as only selected questions were appropriate to different ages.

b The JVQ child maltreatment measure includes physical violence, physical neglect and emotional abuse by a caregiver.

Our analysis shows that 5 per cent of under 11s, 13.4 per cent of 11–17s and 14.5 per cent of 18–24s had experienced severe maltreatment by a parent or guardian during their childhood (Table 3.2).

Table 3.2: Rates of severe maltreatment by a parent or guardian

	Under 11s			11–17s			18–24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Severe neglect	3.3% (43)	4.2% (52)	3.7% (95)	9.9% (88)	9.8% (82)	9.8% (170)	7.0% (67)	11.0% (102)	9.0% (170)
Contact sexual abuse	0% (0)	0.1% (2)	0.1% (2)	0% (0)	0.2% (2)	0.1% (2)	0.4% (4)	1.5% (14)	0.9% (18)
Severe physical violence	0.9% (12)	0.7% (8)	0.8% (20)	3.1% (28)	4.4% (37)	3.7% (65)	4.0% (39)	6.8% (64)	5.4% (103)
All severe maltreatment	4.9% (64)	5.1% (64)	5.0% (128)	13.5% (119)	13.3% (112)	13.4% (231)	11.6% (112)	17.5% (163)	14.5% (275)

The rates for past year maltreatment, shown in Table 3.3, were 2.5 per cent for under 11s and 6 per cent for 11–17s. Table 3.3 also shows past year rates for physical punishment, which were not included in the overall estimates of past year maltreatment experiences (see Table A3.4 for further information). 1.1 per cent of children and young people under the age of 11 and 3.7 per cent of 11–17s had experienced severe as well as past year maltreatment by a parent or guardian, indicating that these severely maltreated children and young people had been recently abused.

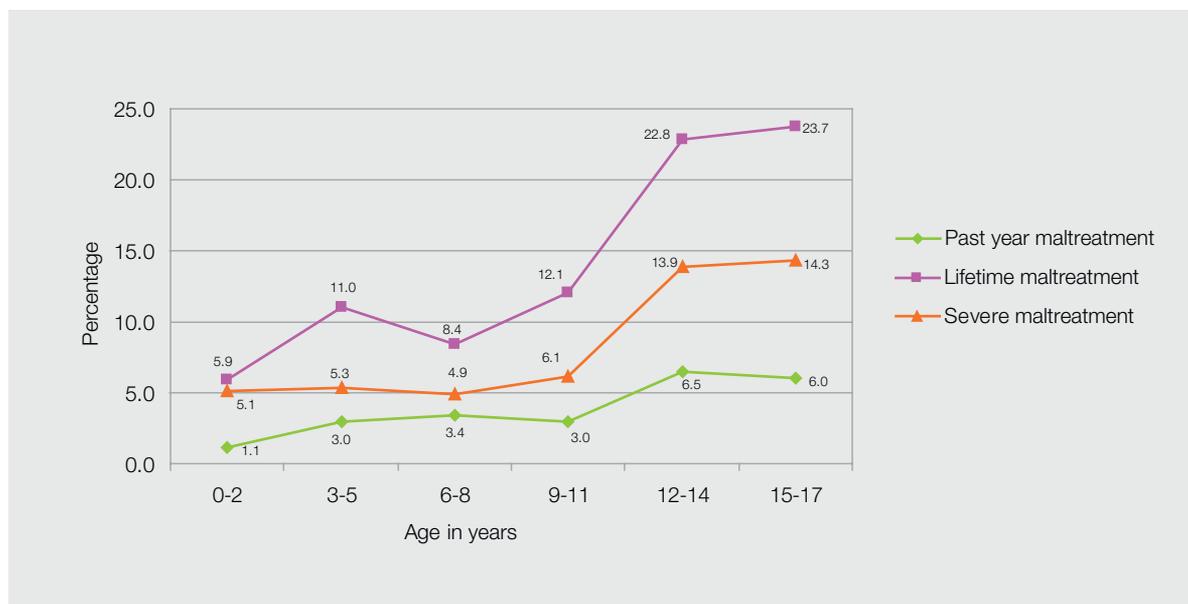
Table 3.3: Past year rates of maltreatment and physical punishment by parent or guardian

Maltreatment type	Under 11s			11–17s		
	Male	Female	Total	Male	Female	Total
Emotional abuse	1.7% (18)	2.0% (20)	1.8% (38)	2.0% (18)	4.0% (34)	3.0% (52)
Physical violence	1.1% (14)	0.4% (5)	0.7% (19)	2.2% (20)	2.6% (22)	2.4% (41)
Maltreatment ^a JVQ	1.3% (17)	1.2% (15)	1.3% (32)	4.8% (42)	5.8% (49)	5.3% (91)
Sexual abuse	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
All maltreatment	2.5% (33)	2.5% (31)	2.5% (63)	5.7% (51)	6.2% (52)	6.0% (103)
Physical punishment	40.9% (533)	37.7% (470)	39.4% (1,003)	48.0% (331)	43.6% (285)	45.9% (616)

a The JVQ child maltreatment measure includes physical violence, physical neglect and emotional abuse by a caregiver.

The rates of reporting all forms of maltreatment by parents or guardians, including severe maltreatment, increased with age, as can be seen from Figure 3.1. The lifetime rates in Figure 3.1 are the total number of experiences of maltreatment in childhood reported by children and young people of different ages. The higher lifetime rates reported by older children and young people indicate that experiences of maltreatment accumulate over childhood. The past year rates in Figure 3.1 show maltreatment of children and young people that happened in the past 12 months. Higher past year rates for older children indicate more older children reported being maltreated in the last 12 months. Although it is known that babies and young children have particular child protection needs due to their vulnerability and dependence upon adults, these findings show the importance of addressing the particular age-specific child protection needs of older children and teenagers.

Figure 3.1: Parent- or guardian-perpetrated maltreatment rates by child age



Throughout the discussion of results so far, it can be seen that the rates of child maltreatment by parents or guardians for under 11s reported by the main caregiver tend to be lower than those given by 11–17s and 18–24s, who were reporting on their own experiences. For the lifetime reports this is because experiences tend to accumulate over the lifecourse. Parents or guardians may also be unaware of some maltreatment their children have experienced or they might under-report their own abusive and neglectful behaviour. These possibilities have been explored by other researchers. Finkelhor, Ormrod, et al (2005) for example found caregiver accounts to be satisfactorily consistent with those provided by young people themselves.

Our own comparisons of past year and lifetime reported rates from parents or guardians of 10-year-olds and the self-reported answers from young people who were aged 11 years showed mostly small differences, with the results recorded in Tables B3.4 and B3.5 in Appendix B. The largest effect was found for past year sexual abuse specifically the experiences of non contact

sexual harassment, with parents or guardians reporting this had happened to 1 per cent of 10-year-olds, while 5.3 per cent of 11-year-olds reported this. Differences were also found for lifetime and past year experiences of maltreatment. 12.4 per cent of parents and guardians of 10-year-old children reported this happening to the child compared with 19.2 per cent of 11-year-olds who said they had this experience in childhood. Children aged 11 reported more experiences of being hurt or scared by a caregiver than parents or guardians reported for 10-year-old children.

3.2 Neglect

The questions on neglect used in this research (and presented in Table A3.1 in Appendix A) focus on a number of aspects of the definition we presented in Chapter 1, including the absence of physical care, lack of health care, educational neglect, poor supervision and monitoring and a caregiver being unresponsive to the child's emotional needs to such an extent that significant harm is likely to result.

Questions on neglect from the earlier NSPCC research (Cawson et al, 2000) were also repeated in the current study with the young adult participants, so that we could compare the rates reported in 2009 with those found in 1998–9 (see Chapter 6). The measures of emotional neglect for 18–24s were taken directly from the short version of the Mother and Father Parental Acceptance and Rejection Questionnaire (PARQ; Rohner and Khaleque, 2005), a validated measure of serious parental rejection. As different measures were used, the rates of neglect reported by the young adults are not directly comparable to those reported by the under 18s.

Neglect was found to be the most prevalent type of maltreatment in the family for all age groups. 5 per cent of under 11s, 13.3 per cent of 11–17s and 16 per cent 18–24s had been neglected at some point in their childhoods (see Table 3.1). The rates reported are in keeping with high levels of neglect found in official records of child protection registrations and some other surveys (Gilbert et al, 2008a). See Table B3.6 in Appendix B for the results showing different forms of neglect and the overall rate by age group.

As highlighted in section 3.1 (see Table 3.2), severe neglect was experienced by 3.7 per cent of under 11s, 9.8 per cent of 11–17s and 9 per cent of 18–24s at some time during childhood. Severe neglect was defined, as explained in Table A3.3 in Appendix A, on an age related basis. This included serious emotional neglect, lack of supervision or physical care that would place a child or young person at risk or neglect that the young person defined as abusive or criminal.

The research studies presented in Table D1 in Appendix D include four studies based on victim self-report where data on neglect was collected. All were carried out in the US. The rates of lifetime physical neglect were higher than our results show for the UK and range widely from 41.6 per cent (Hussey et al, 2006), to 17.9 per cent (Scher et al, 2004), to 14.6 per cent female

and 16 per cent male (Pavio and Cramer, 2004) and to 5 per cent (Finkelhor, Hamby et al, 2005). The rates from Finkelhor, Hamby et al (2005) on physical neglect can be compared directly with findings from our research as the same question was asked of participants in the US and UK studies. In Finkelhor, Hamby et al's research, 1.5 per cent of those aged 1 month to 17 years had experienced physical neglect in the past year. In the UK, we found substantially lower rates: 0.2 per cent of participants aged 1 month to 17-years-old had experienced physical neglect as defined by this same JVQ question.

3.3 Physical violence

Any form of physical violence towards children is an infringement of the child's rights as defined in the United Nations Convention on the Rights of the Child. However, in this research, we asked about physical violence that is criminal as well as asking about physical punishment, or "smacking", which is regrettably not yet against the law in the UK if a parent can show it was "reasonable chastisement". Physical violence was defined as acts of physical violence such as being beaten, kicked, hit or physically hurt by a parent or guardian, or physically attacked with or without a weapon but not including "smacking".

Our research showed that 1.3 per cent of under 11s, 6.9 per cent of 11–17s and 8.4 per cent of 18–24s had experienced some form of physical violence by their parents or guardians during childhood, while 0.8 per cent, 3.7 per cent and 5.4 per cent respectively of each age group had experienced severe physical violence. The past year rates for experiences of physical violence were 0.7 per cent for under 11s and 2.4 per cent for 11–17s (see Tables 3.1, 3.2 and 3.3).

It was found that 0.5 per cent of under 11s, 4.3 per cent of 11–17s and 5.3 per cent of 18–24s reported that they had been hit, beaten, kicked or physically hurt by a parent or guardian during their childhood²⁵. 0.4 per cent of under 11s and 1.2 per cent of 11–17s had experienced this in the past year. Children and young people who had experienced the above described physical assault by a parent or guardian reported the highest level of hurt or injury in comparison with other forms of physical assault including those perpetrated by people other than parents or guardians, as discussed later in this chapter.

The earlier NSPCC research by Cawson et al (2000) found that 7 per cent of young adults surveyed reported serious physical violence from a parent or carer during childhood. Lifetime rates in the young people's self-report research reviewed in Table D1 in Appendix D range considerably from:

- 4.3 per cent (Theodore et al, 2005)
- less than 20 per cent (Barter et al, 2009, 13 per cent girls, 9 per cent boys; Scher et al, 2004 18.9 per cent; Tourigny et al, 2008, 19 per cent)

²⁵ See question on Hurt by an Adult in JVQ Child Maltreatment Module (Table A1.1 in Appendix A).

- 20 per cent or over (Pavio and Cramer, 2004 15.7 per cent females and 22 per cent males; Edwards et al, 2003 20.6 per cent; Everson et al, 2008 21 per cent; Hussey et al, 2006 28.4 per cent; Corliss et al, 2002 34 per cent).

Lower rates of being hit, beaten, kicked or physically hurt by an adult caregiver were found in our UK research compared with the US. Of those under 18 at the time of interview, 3.4 per cent had been physically hurt in this way by an adult caregiver compared to 9.1 per cent of under 18s in the US. Of under 18s, 0.9 per cent had experienced being physically hurt in the past year in the UK, compared to 4.4 per cent in the US (Finkelhor, Turner, et al, 2009).

3.4 Sexual abuse

Contact and non-contact sexual abuse by a parent or guardian towards a child or young person was relatively rarely reported. Parents or guardians were perpetrators in 1.7 per cent of cases of child sexual abuse reported. No past year reports of parent-or-guardian-perpetrated sexual abuse were made for any age group.

Tables 3.1 and 3.2 show that young adult females reported the highest rates of sexual abuse from a parent or guardian, with 1.5 per cent of females aged 18–24 reporting this had happened during childhood. The relatively higher rate of reporting for the young adults may reflect a greater ability to position and to disclose their childhood experiences as being “sexual abuse”. It is also likely that more sexual abuse is experienced in the later teenage years.

We included only contact sexual abuse within the category of severe maltreatment. The difference in rates between contact sexual abuse by a parent and guardian and the overall rates of sexual abuse (including contact and non contact abuse) by a parent or guardian are very small and only exist for the adult age group. This suggests that most parent or guardian child sex abusers are contact and non contact abusers.

3.5 Emotional abuse

In contrast to sexual abuse, emotional abuse by parents or guardians was relatively frequently reported. Emotional abuse in the survey included acts such as “being scared or made to feel really bad because a parent or guardian called the child/young person names, said mean things, or said they did not want the child”, “breaking or ruining the child’s things” and threatening the child with violence. This happened to 3.6 per cent of under 11s, 6.8 per cent of 11–17s and 6.9 per cent of 18–24s during childhood. 1.8 per cent of under 11s and 3 per cent of 11–17s had been emotionally abused by a parent or guardian in the past year (see Tables 3.1 and 3.3). The severity of emotional abuse compared to other types of abuse was more difficult to determine from the survey as there are fewer objective criteria to base this decision on. The experiences of emotional abuse which we included in our severe maltreatment definition are presented in Table A3.3 in Appendix A.

The earlier NSPCC research by Cawson et al (2000) also considered emotional abuse, but because the research was based on the childhood experiences of young adults only, the findings are not directly comparable with the current study. Cawson et al found emotional abuse was reported by 6 per cent of the young adults surveyed. The research literature reviewed and presented in Table D1 in Appendix D mostly considers “psychological abuse” rather than emotional abuse. Rates of psychological abuse ranged from 12.1 per cent (Scher et al, 2004), to 22 per cent (Tourigny et al 2008), to 37.5 per cent for females and 30 per cent for males (Pavio and Cramer, 2004) to 39 per cent (Everson et al, 2008). Some of the research studies on emotional abuse include within their estimates children’s experiences of living with domestic violence, which we have considered separately in this research report.

Direct comparisons with US data on emotional abuse can only be made if the full range of adult caregiver perpetrators is included (Finkelhor, Turner, et al, 2009). Within the caregiver category, the US researchers included teachers, childminders, nannies, babysitters and anyone responsible for looking after the child, whereas we have considered maltreatment by parents and family members separately from maltreatment by other adults responsible for looking after the child (see Chapter 4). The UK lifetime rates of being scared by any adult caregiver (defined broadly as in the US) were lower than were the US rates. 6.7 per cent of our participants aged under 18 at the time had experienced this compared with 11.9 per cent of under 18s in the US. Past year rates were also lower in the UK, at 3 per cent compared with 6.4 per cent in the US. Further comparative research will consider why the rates differ.

3.6 Physical punishment

Information on physical punishment was collected from the main caregiver of children and young people under 18 (see Table A3.4, Appendix A). 41.6 per cent of the parents or guardians said they had physically punished or “smacked” the child or young person in the past year, 39.4 per cent of the parents or guardians of under 11s and 45.9 per cent of the parents or guardians of 11–17s (see Table 3.3). This may be an underestimate of the extent of physical punishment of children and young people by main caregivers as some parents or guardians may have been reluctant to report having used physical punishment towards their children.

The earlier NSPCC research found that 57 per cent of young adults had experienced physical discipline from their mother and 42 per cent had experienced physical discipline from their father during childhood (Cawson et al, 2000). Another UK research study, based mostly on a survey of parents, found 71 per cent of parents of under 12s said they had used “minor” physical abuse when punishing their children (58 per cent in the past year). 16 per cent had used “severe” physical violence as punishment of a child (Ghate et al, 2000). We discuss physical punishment and physical violence further in Chapter 6 of this report, where findings from just the 18–24s interviewed show lower rates compared with data collected in 1998–9.

3.7 Exposure to domestic and family violence

The harm caused to children from living with domestic violence is now widely recognised in the research literature and there is a substantial overlap between domestic violence and the most severe forms of child maltreatment resulting in the death of a child (Brandon et al, 2008). Longitudinal and prospective research on offenders and sex offenders has shown that domestic violence is a factor strongly associated with the group of young people who begin offending at an early age and who continue offending as adults (Moffitt et al, 1993; Moffitt et al, 2002; Burton et al, 2011). It is therefore essential to take into consideration domestic violence when exploring child maltreatment.

Crime survey data collected for the Home Office shows that 24 per cent of women and 16 per cent of men report having experienced one or more forms of partner abuse during their adult lives, and 4.8 per cent of women and 2.9 per cent of men say they have experienced some form of partner abuse within the past 12 months (Walker et al, 2009).

Participants in our research were asked six questions on “family violence”. These included four questions about exposure to domestic violence, looking only at physical violence and threatening behaviour from an adult partner/ex-partner towards the parent, and two questions about exposure to other forms of physical violence against family members by adults and siblings living in the home (see Tables A1.1 and A3.2 in Appendix A for the questions asked).

Twelve per cent of under 11s, 17.5 per cent of 11–17s and 23.7 per cent 18–24s had been exposed to domestic violence between adults in their homes during childhood. 3.2 per cent of the under 11s and 2.5 per cent of the 11–17s reported exposure to domestic violence in the past year. Detailed findings on exposure to domestic and family violence are presented in Tables 3.4 and 3.5.

Table 3.4: Lifetime exposure to domestic and family violence

	Under 11s			11–17s			18–24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Domestic violence	10.9% (143)	13.1% (165)	12.0% (308)	16.4% (145)	18.7% (157)	17.5% (302)	19.5% (188)	28.0% (260)	23.7% (449)
Family violence	12.1% (159)	13.1% (165)	12.6% (324)	18.6% (165)	21.1% (177)	19.8% (342)	24.7% (238)	31.1% (289)	27.8% (527)

The higher past year domestic violence rates for under 11s may reflect the greater degree of risk of domestic violence associated with being a younger parent (and therefore having younger children). Alternatively, it could reflect a greater likelihood of female parents or guardians to report violence they have experienced in the past year. The association between parent age, parent gender, family structure, age of youngest child, family income and ethnicity are factors that will be explored in future publications.

Table 3.5: Past year exposure to domestic and family violence

	Under 11s			11–17s		
	Male	Female	Total	Male	Female	Total
Domestic violence	3.8% (50)	2.6% (32)	3.2% (82)	2.1% (19)	2.9% (25)	2.5% (43)
Family violence	3.9% (52)	2.8% (35)	3.4% (87)	2.7% (24)	3.9% (33)	3.3% (57)

While the most frequently reported behaviour was one parent throwing or breaking things in the context of a row, an indication of the severity of domestic violence in some families can be provided by the responses to the question that asked participants if the child had ever witnessed one parent being kicked, choked or beaten up by the other parent. 3.5 per cent of under 11s, 4.1 per cent of 11–17s and 6 per cent of 18–24s reported this had happened during childhood. This compares very similarly with a rate of 4 per cent of 11–17s who reported exposure to severe domestic violence during childhood in a survey of 7,865 children and young people in the UK by Meltzer (Meltzer et al, 2009).

3.8 Gender and maltreatment

There has been little empirical research on gender and maltreatment, even though fathers are known to be frequently “absent” in child protection work and gender sensitivity is recognised as being important for engaging with both fathers and mothers (Featherstone et al, 2010).

There has been a history of heated debate over gender and abuse in the family (Loseke et al, 2005). Mostly this has centred on whether or not abuse of children in the family follows the same pattern as abuse in adult intimate relationships (Peled, 2011) or violent crime in general, where males are responsible for committing most acts of violence, mostly towards other males and to females (Heidensohn and Gelsthorpe, 2007). Two different approaches exist in the research literature. One approach that sees “gender symmetry” in abuse, where both females and males are equally likely to abuse and be abused by males and females (Straus, 2011). Gender asymmetry, or moderate gender asymmetry, proposes a pattern that shows higher rates of abuse by males especially if sexual abuse is included, which is known to be very clearly gendered (Hamby and Jackson, 2011). This debate is highly relevant to severe maltreatment because it has been suggested that the more severe the abuse, the more likely it is that it will be gender asymmetrical (Straus, 2011).

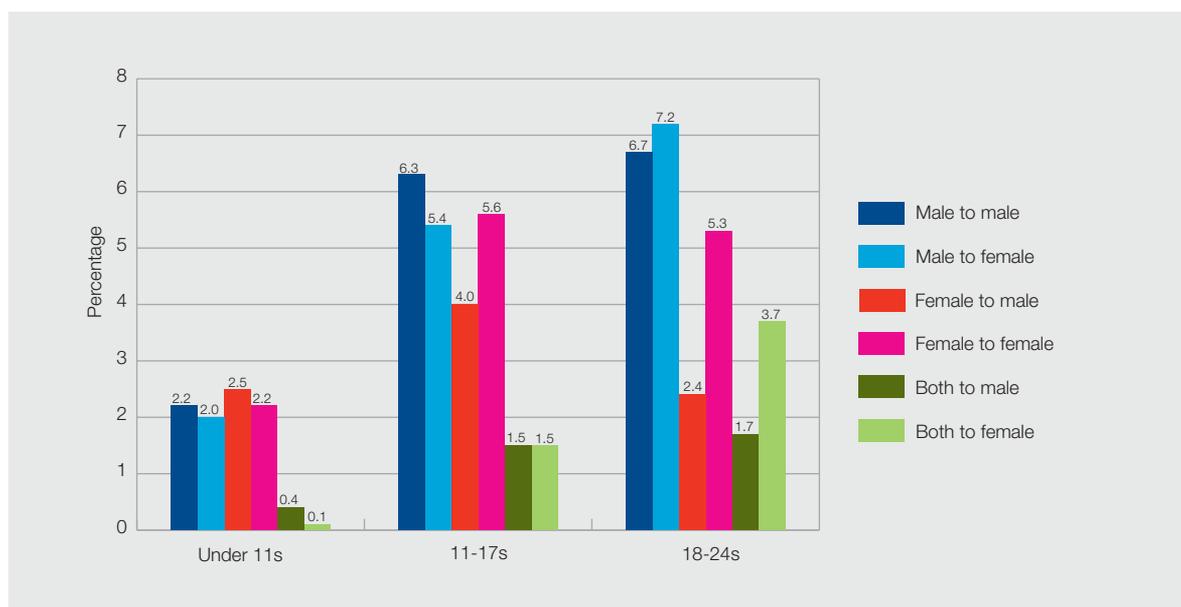
Figure 3.2 shows the gender of the perpetrator and the victim in cases of child maltreatment by parents or guardians. This includes only a small amount of sexual abuse as parents were not often found to be perpetrators. Looking at the gender of both perpetrators and victims of child maltreatment, the assumptions of a moderate gender asymmetry are supported by the results for 18–24s, but there is near symmetry for the parent reports for under 11s and the reports from

11–17s, with mothers/mother figures being responsible for marginally more abuse to under 11s and slightly less abuse of 11–17s than were fathers/father figures.

Males were the majority of perpetrators of domestic violence against another parent. Where a child or young person's parent had beaten up the other parent, 93.8 per cent of the perpetrators were males, 3.6 per cent were perpetrated by both males and females, and 2.5 per cent were females.

Gender differences were evident for severely maltreated young adults. Female 18–24s reported significantly higher rates of severe maltreatment by a parent or guardian, with 17.5 per cent having experienced this in childhood compared to 11.6 per cent of male 18–24s²⁶.

Figure 3.2: Gender of perpetrator and victim in maltreatment



For specific types of maltreatment, males emerged as the most frequently reported perpetrators. The gendered nature of child abuse was most evident for severe physical and contact sexual abuse. Within the subsample of respondents who reported severe physical violence by a parent or guardian, males were perpetrators in 86.4 per cent of cases reported for the under 11s, in 72.9 per cent for 11–17s and 64.7 for 18–24s. A minority of participants reported severe maltreatment where a female, or both a male and female parent or guardian was the perpetrator.

Gender asymmetry was also more noticeable within the small subsample young adults who reported having experienced contact sexual abuse by a parent or guardian in childhood. As indicated before, there were no reports of this made for the under 11s. In the other two age groups, around two thirds of respondents (78 per cent for 11–17s and 70.3 for the 18–24s) reported a male parent or guardian as being the perpetrator. Perpetrators of both genders were only reported by the older age group (3.9 per cent).

²⁶ $\chi^2(1)=13.38, p<0.001, \text{Phi}=0.13$.

Our findings support the view of symmetry in male and female patterns of child maltreatment for children aged under 18 but moderate asymmetry in gender patterns for severe maltreatment for under 18s and for maltreatment and severe maltreatment for 18–24s.

3.9 Impact of maltreatment: Hurt or injury

The long set of follow-up questions in relation to specific types of maltreatment asked about any hurt or injury that had resulted. As explained in Appendix C, we had to limit the time that the survey took to complete, so only two screener questions per participant were selected for the long follow-up questions, others being followed up by a shorter set of additional questions. The two questions for long follow-up were automatically selected by the computer with reference to an agreed preference ranking table (Table A3.5 in Appendix A).

For further analysis on hurt and injuries, we selected the JVQ questions that had the highest rates of selecting long follow-up questions (between 75 and 100 per cent of all positive screener responses). The following eight questions had these high rates of follow-up with the longer set of additional questions:

1. physical violence involving attack with a weapon (“armed”)
2. physical violence without use of a weapon (“unarmed”)
3. being hit, beaten, kicked or hurt by an adult caregiver (“hurt adult”)
4. being shaken or shoved very hard against the wall/furniture by an adult caregiver (“shake”)
5. being hit or kicked by another child (“hit child”)
6. being slapped or hit by a boyfriend or girlfriend (“dating violence”)
7. forced touching of private parts or forced sex with an adult (“sex adult”)
8. forced sex with another child (“sex child”).

Children and young people who had answered positively to the question about being hit, beaten, kicked or hurt and reported this was perpetrated by a parent or guardian had the highest rate of hurt and injury in comparison with all other forms of physical violence, including those perpetrated by people other than parents. Among these children and young people, 55.1 per cent were hurt or injured as a result (24.8 per cent of under 11s, 60.9 per cent of 11–17s, and 68.7 per cent of 18–24s). The lower rate for under 11s may have been affected by the fact that, for these children, the parent or guardian rather than the child was asked this question.

There were gender differences in reporting hurt or injury: females, especially older females, reported higher rates of hurt and injury from maltreatment than boys. Of those who had experienced being hit, beaten, kicked or hurt by a parent or guardian, 64.3 per cent of females

reported hurt or injury compared to 57.1 per cent of male 11–17s, and among 18–24s 73.5 per cent of females compared to 61.3 per cent of males. Full results are presented in Table B3.7 in Appendix B.

3.10 Impact of maltreatment: Emotional wellbeing

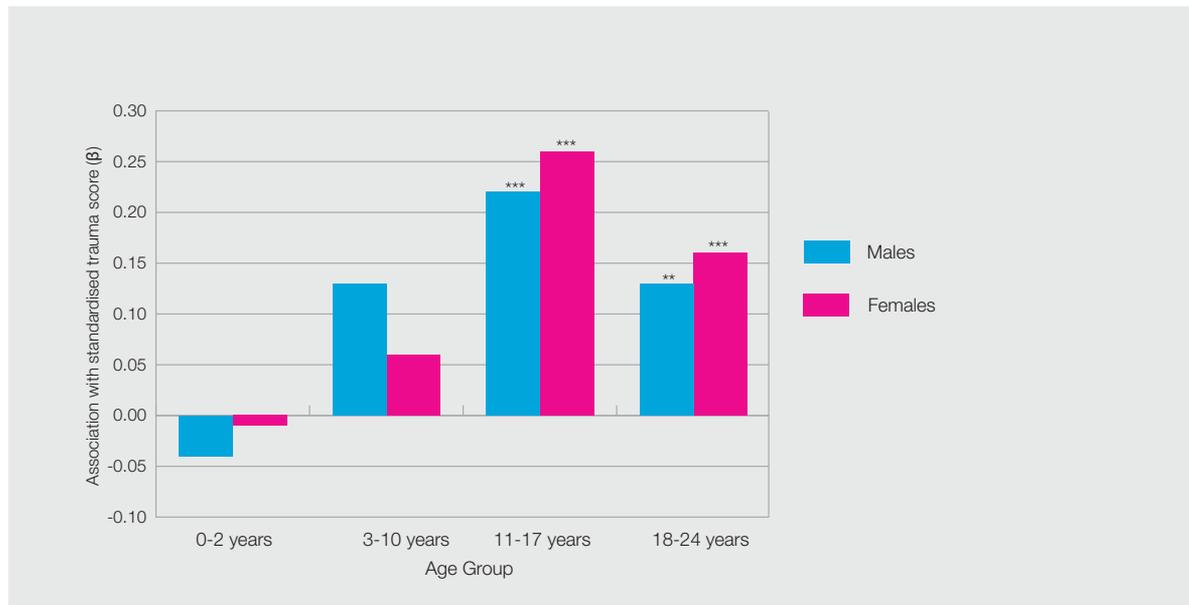
This section considers the impact that any childhood maltreatment and severe maltreatment by a parent or guardian has on the recent emotional wellbeing of children, young people and young adults. Total scores were used for each of the trauma measures (see sections on Questionnaire and Other measures used in Appendix C). These demonstrated high levels of internal consistency²⁷. These total scores were standardised using the mean and standard deviation for the relevant age group and then merged together to create an overall trauma score to allow comparison between children of different ages. More detailed analysis of specific trauma-related symptoms will be presented in future publications. In the analysis, we are mostly focusing on lifetime child abuse experiences because past year rates were lower and for some types of abuse too low to allow conclusions to be drawn.

We also investigated the impact of lifetime exposure to severe (as defined previously, and in Table A3.3 in Appendix A) and less severe maltreatment by a parent or guardian on the child or young person's recent emotional wellbeing. All participants who had experienced maltreatment by a parent or guardian but *did not* meet these criteria were classified as being exposed to *non-severe* maltreatment.

All analyses presented in this section are adjusted for the potentially confounding effects of age, ethnicity, gender (where appropriate), socio-economic status and exposure to non-victimisation adversity. Figure 3.3 presents results on overall maltreatment experiences and emotional wellbeing separately by gender and age group.

²⁷ Using Cronbach's alpha statistic (ITSQ + BITSEA: $\alpha=0.796$; TSCYC: $\alpha=0.839$; TSCC: $\alpha=0.941$; TSC-40: $\alpha=0.934$).

Figure 3.3: Emotional impact of child maltreatment by a parent or guardian for each age group and gender



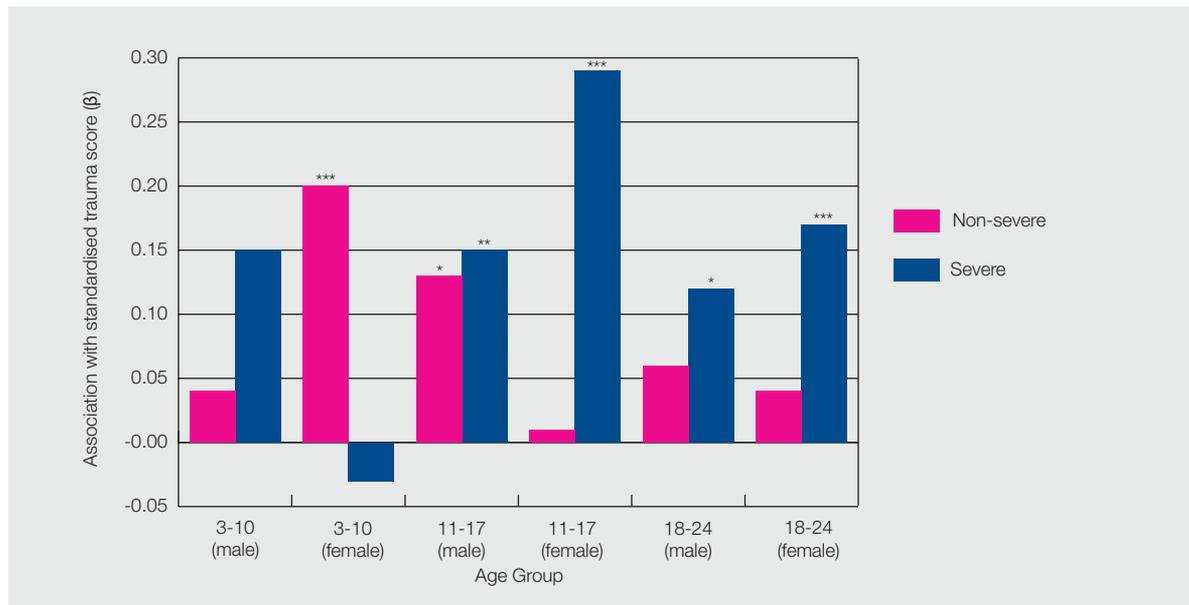
β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

No association was evident between child maltreatment by parents or guardians and the mental health of infants aged 0–2 years, although there is research that shows that very young children can be particularly poorly affected (see review by Bentovim et al 2009). This may have been due to the small number of infants within this category, which may have reduced the power to detect an effect. Among all other age groups, exposure to child maltreatment was associated with increased levels of trauma-related symptoms, but this was only statistically significant for 11–17s and 18–24s. The greatest impact appeared to be among 11–17s. This seems to confirm the claim that experiences of maltreatment and impact accumulate in childhood. There was little difference in the associations between child maltreatment and mental wellbeing as between boys and girls.

It can be concluded that exposure to child maltreatment perpetrated by a parent or guardian during the lifetime has a significant relationship with poorer mental wellbeing in male and female young people and young adults.

Results for severe maltreatment and emotional wellbeing are presented separately by gender and age group in Figure 3.4. The number of infants aged 0–2 years who had experienced severe maltreatment was too small to allow meaningful analysis to be conducted, so this age group was excluded.

Figure 3.4: Emotional impact of severe and non-severe lifetime maltreatment by a parent or guardian for each age group and gender



β , standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

In general, exposure to severe maltreatment by parents or guardians was associated with higher trauma scores than experiences of less severe maltreatment by these perpetrators, indicating that severe maltreatment has greater impact. This pattern was evident for both boys and girls aged 11–17 and the 18–24s, but was not significant for children aged 3–10.

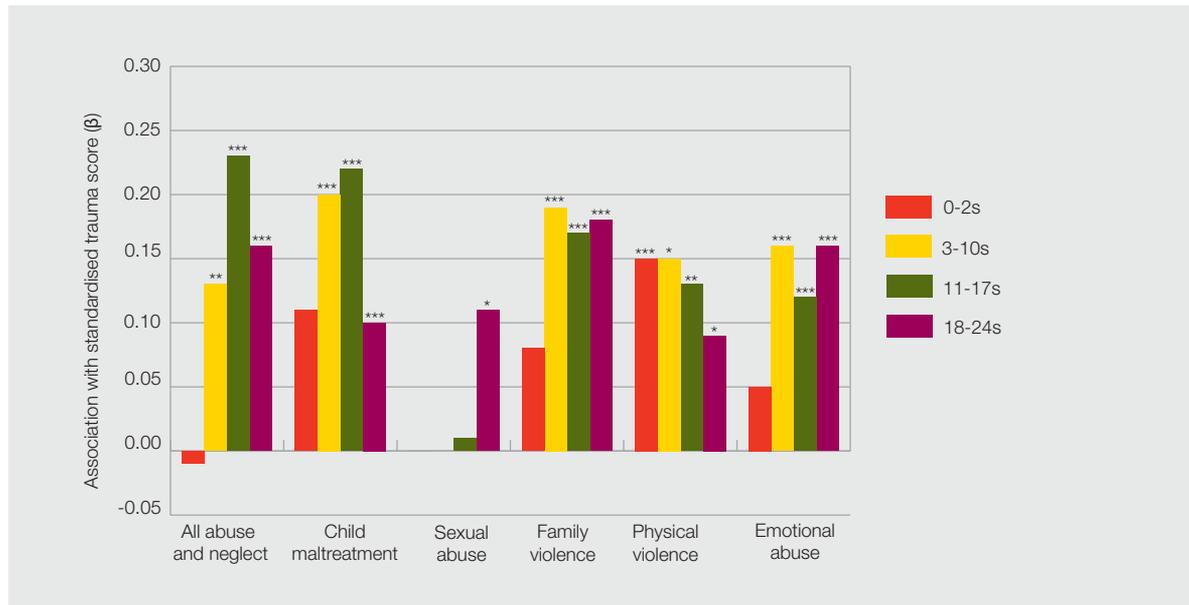
The stronger association among younger girls between poorer emotional wellbeing and non-severe rather than severe maltreatment and poorer emotional wellbeing may have been due to the small number of severe events reported for this group, or potentially as a result of a greater frequency of non-severe maltreatment reported. Further investigation is required to explain these differences.

We investigated the impact of each type of lifetime maltreatment by parents or guardians on the recent emotional wellbeing of the children, young people and young adults. To allow better comparison across age groups, this analysis included only the physical neglect category (as previously defined). All analyses are adjusted for the potentially confounding effects of age, gender, ethnicity, socio-economic status and exposure to non-victimisation adversity (such as a family bereavement). Results are presented in Figure 3.5.

Lifetime maltreatment by parents or guardians had a significant impact on emotional wellbeing across all age groups. Physical violence by a parent or guardian was significantly associated with higher trauma scores for all age groups. Witnessing domestic or family violence and being subject to maltreatment (as defined by the JVQ module) by a parent or guardian was related to poorer emotional wellbeing among 3 to 24-year-olds, but failed to reach statistical significance among

infants aged 1 month to 2 years (perhaps due to fewer opportunities for exposure to these forms of victimisation in this age group).

Figure 3.5: Emotional impact of lifetime maltreatment of each age group by parents or guardians



β , standardised beta coefficient from weighted linear regression analysis adjusted for sex, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

18–24s were also more likely to have poorer mental health at the time of the research if they had been sexually abused by a parent or guardian prior to 18.

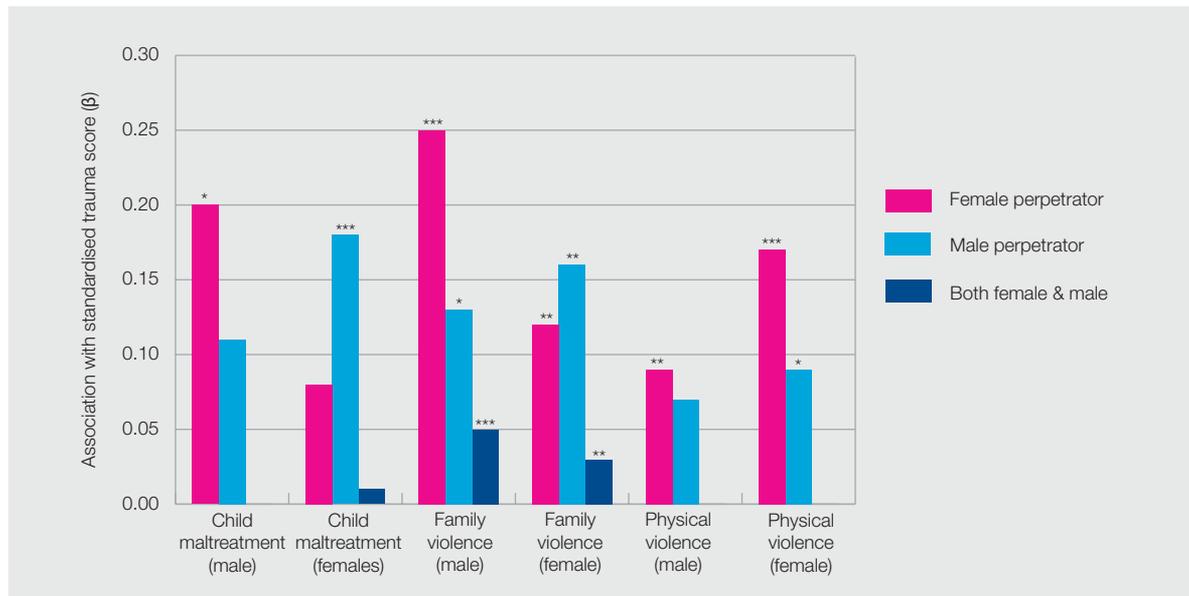
3.11 Gender differences and emotional wellbeing

The impact on emotional wellbeing of lifetime exposure to parental maltreatment (as defined by the JVQ module), to family violence and to parental physical violence is presented in Figures 3.6–3.8. These show the associations between maltreatment perpetrated by female and male parents and standardised trauma scores for males and females of different ages. As before there were insufficient numbers of one-month to 2-year-olds to conduct the gender analysis for this group. All analyses presented in this section employ the non-abused individuals in each category as the comparison group and associations are again adjusted for the potentially confounding effects of age, ethnicity, socio-economic status and exposure to non-victimisation adversity.

In children aged 3–10, boys' emotional wellbeing tended to be more strongly affected by maltreatment²⁸, family violence or physical violence perpetrated by female rather than a male parent or guardian (Figure 3.6). Girls in this age group had higher trauma scores when maltreated by male parents or guardians, when physically abused by female parents or guardians, or from witnessing family violence where the perpetrator was of either sex.

²⁸ As defined by the JVQ module.

Figure 3.6: Emotional impact of lifetime maltreatment of 3–10s by parents or guardians by gender of perpetrator and victim



β , standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

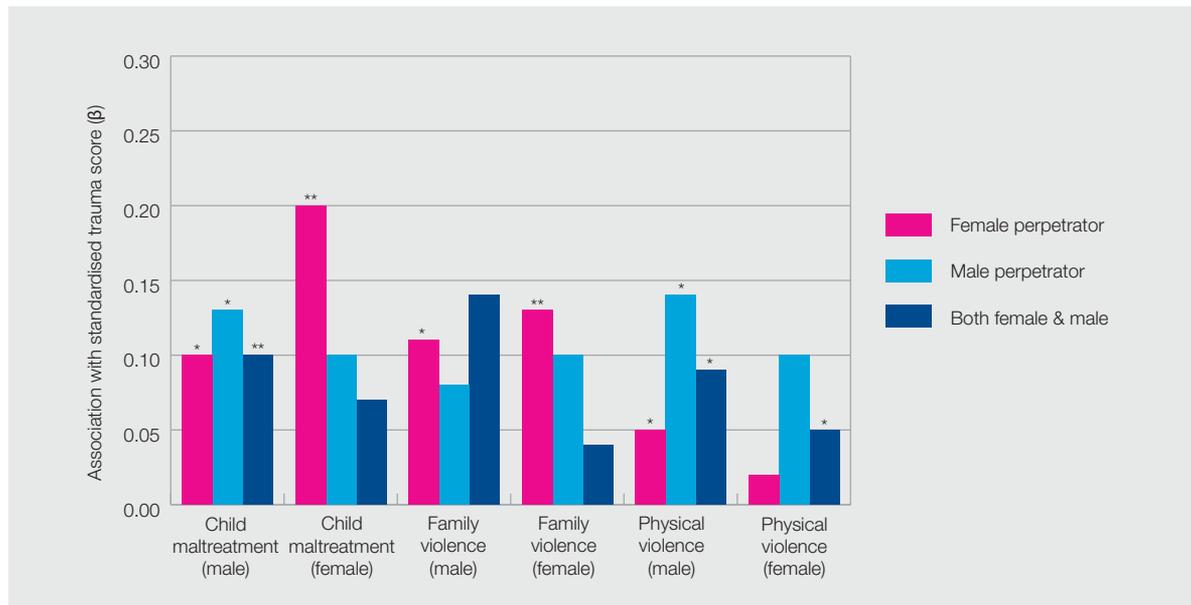
Among 11–17s, boys' emotional wellbeing was detrimentally affected by maltreatment²⁹ from male and female parents or guardians (Figure 3.7). Exposure to family violence initiated by a female had less impact on boys (but remained significant), while physical violence by a male parent or guardian had an increased impact on boys' emotional wellbeing.

Among females aged 11–17, greater levels of trauma-related symptoms were apparent for maltreatment³⁰ from a female rather than a male parent or guardian. There was no significant impact of physical violence by a female parent or guardian on emotional wellbeing for females in this age group. Witnessing family violence only had a significant association with poorer emotional wellbeing where the perpetrator was a female parent or guardian.

²⁹ As defined by the JVQ module.

³⁰ As defined by the JVQ module.

Figure 3.7: Emotional impact of lifetime maltreatment of 11–17s by parents or guardians by gender of perpetrator and victim

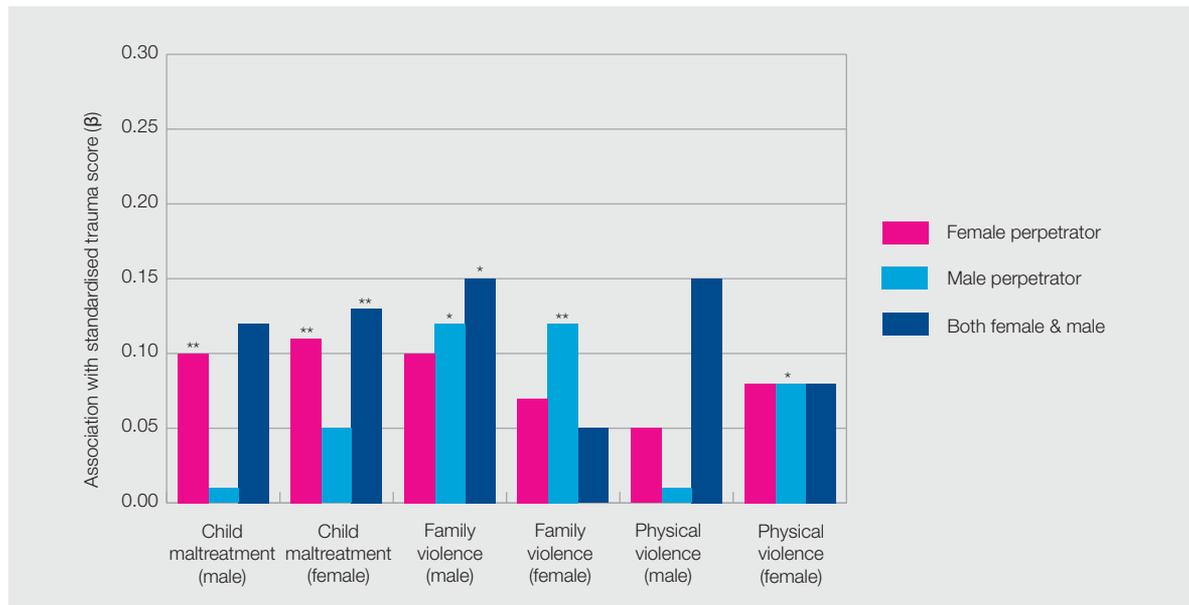


β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

In young men aged 18–24, recent emotional wellbeing was still significantly affected by having been subject to maltreatment³¹ by a female parent or guardian, or by witnessing family violence perpetrated by a male caregiver or both male and female parents or guardians (Figure 3.8).

31 As defined by the JVQ module.

Figure 3.8: Emotional impact of lifetime maltreatment of 18–24s by parents or guardians by gender of perpetrator and victim



β , standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Young women's recent trauma scores were significantly elevated if they reported experiencing maltreatment³² solely or jointly from a female parent or guardian, witnessed family violence, or were exposed to physical violence perpetrated by a male parent or guardian.

3.12 Impact of maltreatment: Suicidal ideation and self-harm

Young people were asked questions about self-harm and suicidal ideation: 8.5 per cent of 11–17s reported wanting to hurt themselves in the past month, whereas 5.3 per cent reported some suicidal ideation in the past month. Among 11–17s, 1 per cent reported suicidal ideation and also said they had attempted to commit suicide at some point in their lives. Young adults were also asked about self-harm. 9.9 per cent of 18–24s had experienced the desire to physically hurt themselves in the past two months.

Among 11–17s, self-harm and suicidal ideation were significantly related to maltreatment perpetrated by a parent or guardian, and to witnessing family violence (see Table B3.8 in Appendix B). The desire to self-harm was also significantly related to parental maltreatment for the 18–24s. The associations between self-harm and suicide were evident for all forms of abuse. The largest effect sizes for both suicidal ideation and self-harm were found for severe maltreatment (see Table B3.8 in Appendix B).

³² As defined by the JVQ module.

Severe maltreatment by a parent or guardian was significantly associated with self-harm³³ and with suicidal ideation, for 11–17s³⁴. Severe maltreatment perpetrated by a parent or guardian was also significantly associated with self-harm for 18–24s³⁵.

Adjusted logistic regression analysis was done for the 11–17s and 18–24s to investigate associations between self-harming thoughts and suicidal ideation and the severity of maltreatment perpetrated by a parent or guardian, adjusting for gender and age within these age groups. In addition, we considered whether an independent association existed for the young people who had experienced maltreatment by a parent or guardian, but not included in the severe category.

Severely maltreated 11–17s were over 6 times (6.4) more likely to have current suicidal ideation, and almost 5 times (4.6) more likely to have self-harm thoughts than were the non maltreated young people in this age group.

Non severely maltreated 11–17s were almost 3 times (2.7) more likely to have current suicidal ideation and almost 2 times (1.7) more likely to have self-harm thoughts than the non maltreated young people.

Severely maltreated 18–24s were almost 4 times (3.9) more likely to have current self-harming thoughts, while non severe maltreated young adults were almost 3 times (2.6) more likely than were the non maltreated young adults.

3.13 Impact of maltreatment on behaviour: delinquency

Abuse in childhood may affect individuals differently. It has often been observed that the impact may be “externalised” – when the young person “acts out” and the maltreatment affects their behaviour – as well as “internalised” – when the young person may be depressed, withdrawn or isolated (see Bentovim et al, 2009, for a review). Research has suggested a proportion of delinquent young people have suffered child maltreatment (Cuevas et al, 2007; Day et al, 2008). We therefore considered associations between experiences of maltreatment by a parent or guardian and delinquent behaviour.

We took delinquent behaviour to include acts such as violence to others, skipping school, running away and taking drugs (see Table A3.6 in Appendix A), as reported by caregivers (for ages 5 to 10) and by 11–17s themselves. A total delinquency score was used for illustrative purposes, but a more detailed analysis of the relationship between maltreatment and different types of delinquent behaviour will be presented in future publications.

It has long been known from research on bullying in childhood that young people do not all fit into polarised categories of being either bullies or victims, and that some are both victims and

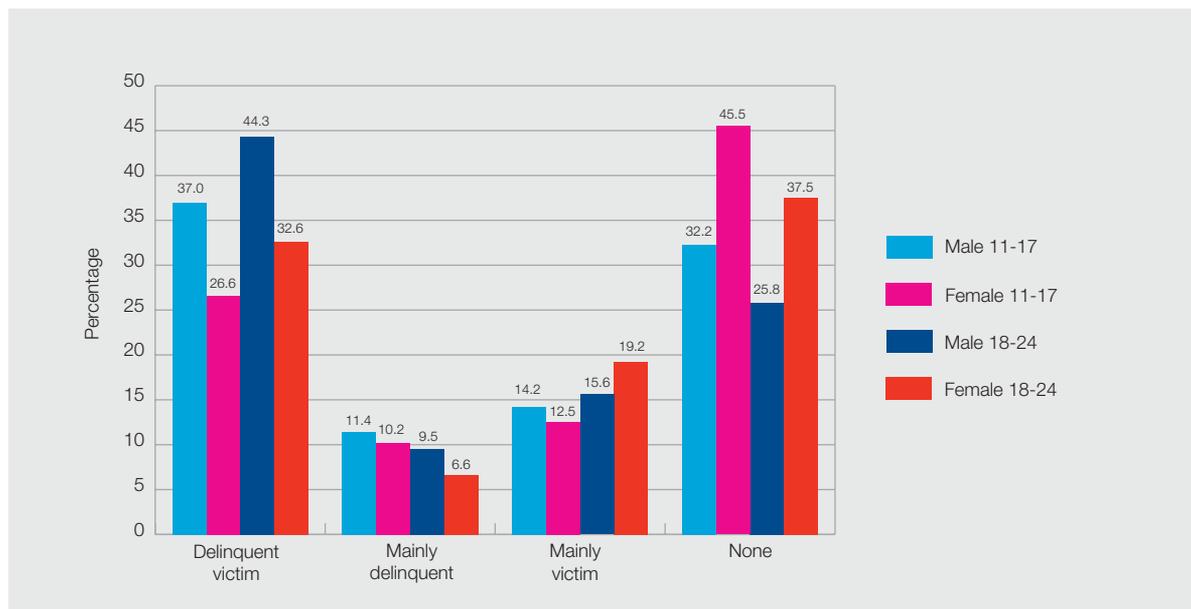
33 ($\chi^2(1)=90.48, p<0.001, \text{Phi}=0.23$).

34 ($\chi^2(1)=83.05, p<0.001, \text{Phi}=0.22$).

35 ($\chi^2(1)=82.84, p<0.001, \text{Phi}=0.21$).

perpetrators at the same time (James, 2010). Figure 3.9 shows the percentages of young people and young adults who were mostly victims, mostly delinquents, delinquents and victims, and none of these. This shows that the participants divided mostly into two categories: those who reported neither abuse nor delinquency and those who experienced both. Smaller numbers reported mostly victimisation or mostly delinquent. The gender differences are marked, with more males than females tending to be in the delinquency categories and more females than males tending to report neither victimisation nor delinquency.

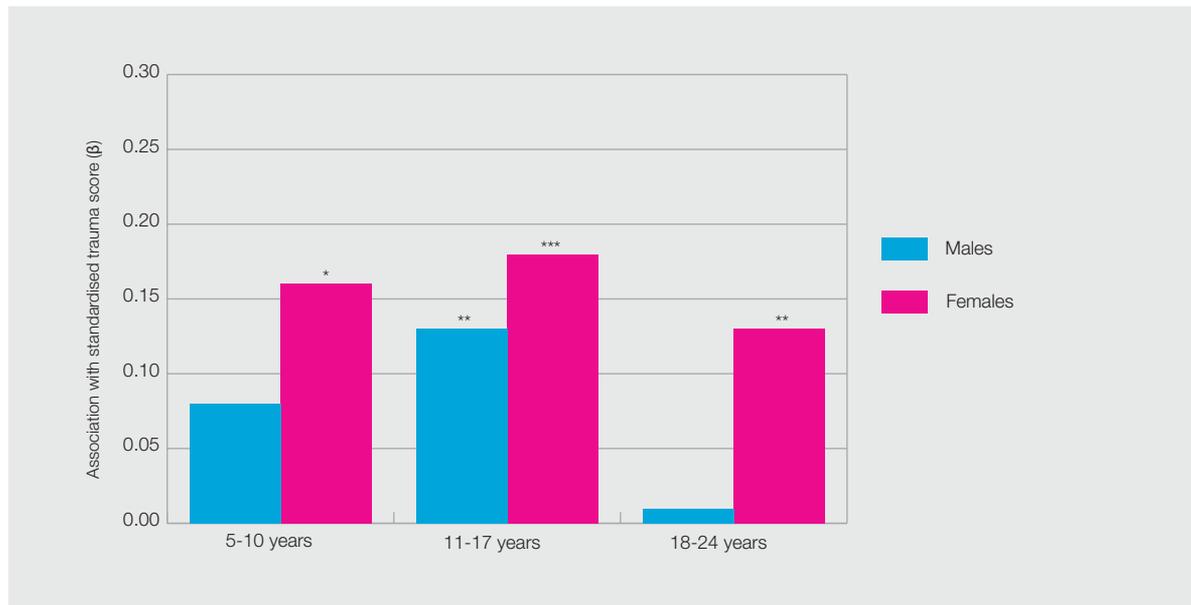
Figure 3.9: Delinquency and maltreatment by gender and age group



The associations between all child maltreatment by a parent or guardian, both severe and less severe forms, and the delinquent behaviour displayed by children, young people and young adults are presented by age group and gender in Figure 3.10.

Significant associations between exposure to child maltreatment by parent or guardian and increased levels of delinquency were apparent for females of all ages from 5–24. The relationship was weaker among males and was only significant in 11–17s. The retrospective reports of male 18–24s of their delinquent behaviour prior to age 18 showed almost no association with their reported exposure to maltreatment by a parent or guardian.

Figure 3.10: Relationship between parent- or guardian-perpetrated child maltreatment and delinquent behaviour for each gender and age group

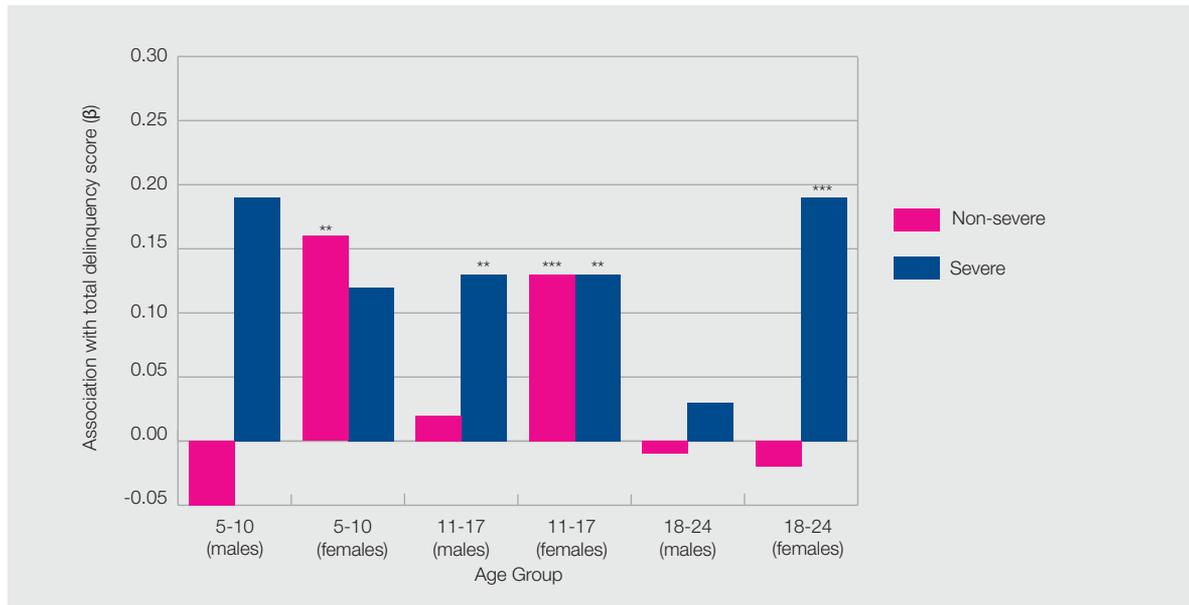


β standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

This discrepancy could be due to an under-reporting of historical events by adult males. Alternatively, there may be factors other than maltreatment by parents or guardians which, for males, have an impact on delinquency throughout the entire adolescence period up to age 18.

The associations between severe and non-severe maltreatment by a parent or guardian and the delinquent behaviour displayed by children, young people and young adults are presented in Figure 3.11.

Figure 3.11: Relationship between severity of parent- or guardian-perpetrated maltreatment and delinquent behaviour for each age group and gender

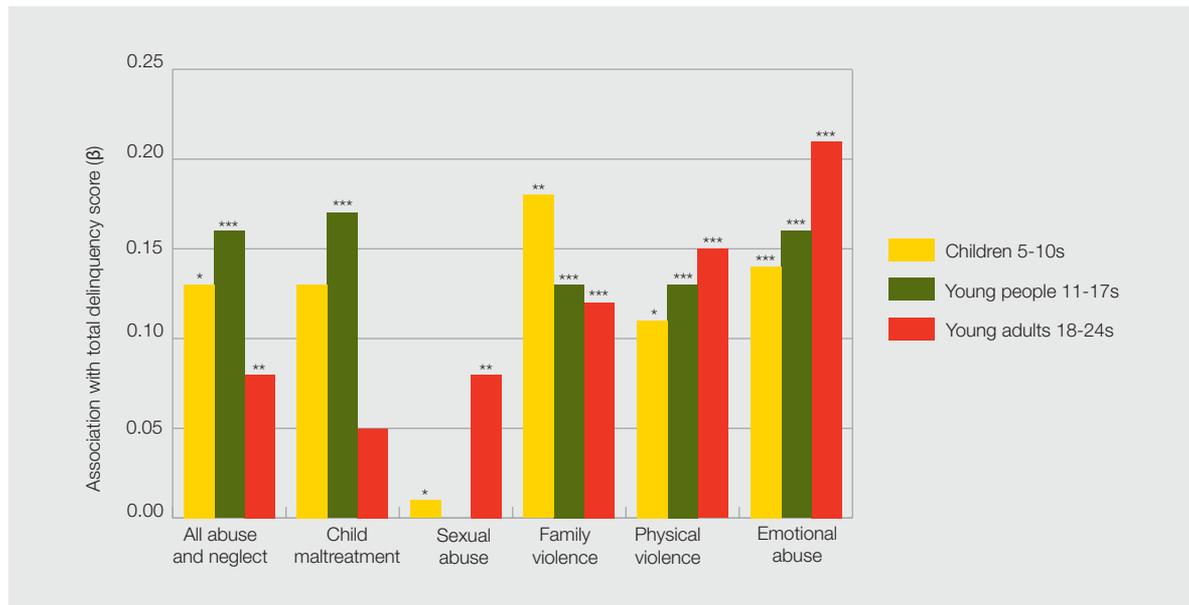


β , standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Among 11–17 boys, the relationship between the severity of maltreatment by a parent or guardian and delinquent behaviour was less clear-cut than for emotional wellbeing. Among boys, severe lifetime maltreatment by a parent or guardian was consistently associated with more delinquent behaviour than non-severe levels of maltreatment from these perpetrators. However, this pattern was only evident among young adult women, as non-severe and severe levels of maltreatment appeared to have similar associations with delinquency reported for children and by young people.

The impact of types of lifetime maltreatment by a parent or guardian on the delinquent behaviour of participants prior to 18 years of age is presented in Figure 3.12. Across all age groups, exposure to physical violence, emotional abuse and witnessing domestic or family violence were associated with significantly higher levels of delinquent behaviour. Sexual abuse by a parent or guardian demonstrated significant relationships with greater levels of delinquency among 5–10s and reported by 18–24s (restricted to behaviour prior to the age of 18). A different pattern was found for maltreatment (JVQ) where a significant association between experiencing maltreatment and delinquency was identified only for 11–17s.

Figure 3.12: Impact of aggregated lifetime maltreatment by parents or guardians on delinquent behaviour for each age group



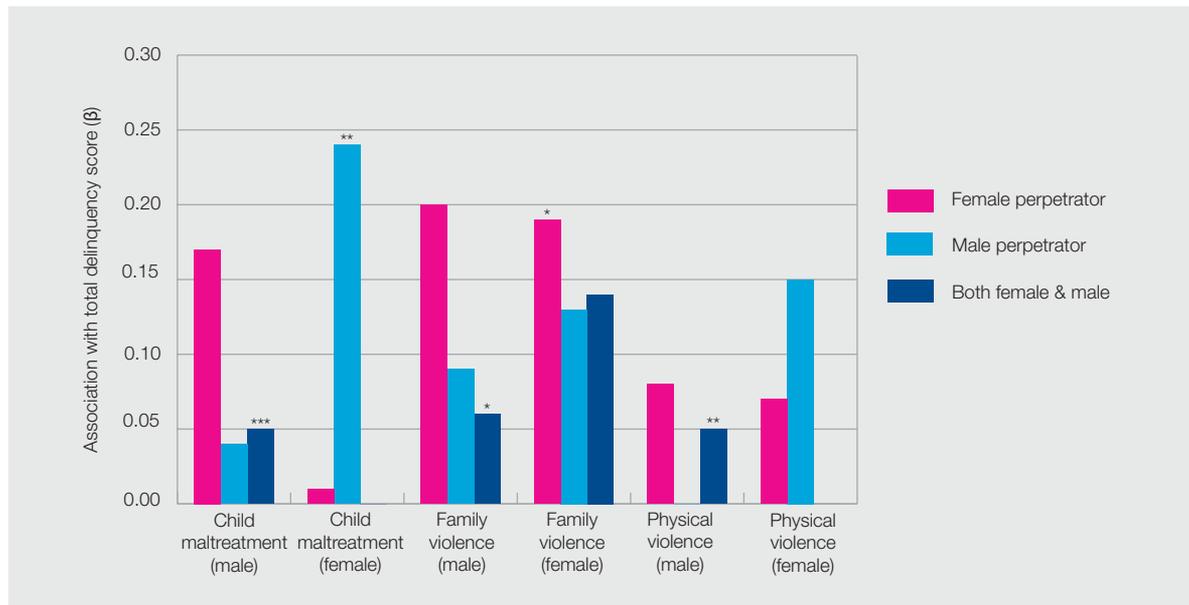
β , standardised beta coefficient from weighted linear regression analysis adjusted for sex, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

3.14 Gender differences and delinquency

The impact of types of lifetime maltreatment by female and male parents or guardians on the delinquent behaviour of male and female participants prior to age 18 is presented for each age group separately in Figures 3.13–3.15.

Significantly higher levels of delinquent behaviour were found among young boys who were exposed to maltreatment (as defined by the JVQ) or physical violence, or witnessed family violence perpetrated by both male and female parents or guardians. There was an indication that the impact was greater in the case of female perpetrators, but the numbers were too small to demonstrate this statistically. Girls aged 5–10 had greater levels of delinquency if they had experienced maltreatment from a male parent or guardian, with almost no effect if a female was the perpetrator.

Figure 3.13: Impact of lifetime maltreatment by parents or guardians on delinquent behaviour of 5–10s by gender of perpetrator and victim

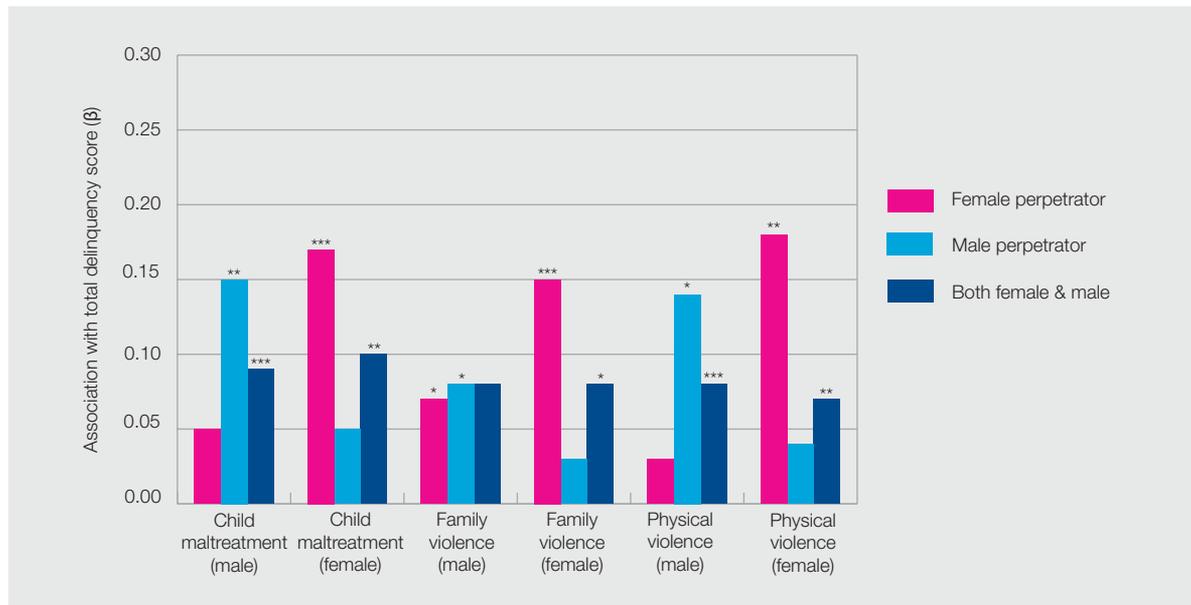


β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Witnessing family violence perpetrated by a female parent or guardian was associated with significantly higher delinquency scores for girls compared to those with no lifetime exposure to this form of maltreatment. Elevated rates were also apparent when violence within the family was perpetrated by male parents or guardians (but failed to reach statistical significance).

Among 11–17s, higher levels of delinquent behaviour were evident among boys who had been subject to maltreatment (as defined above) or physically abused by a male parent or guardian alone, or by both male and female perpetrators. Witnessing family violence perpetrated by either parent or guardian was also significantly associated with more delinquent behaviour in boys aged 11–17. For girls aged 11–17, there was predominantly a strong impact from maltreatment perpetrated by a female parent or guardian, either alone or in combination with a male parent or guardian.

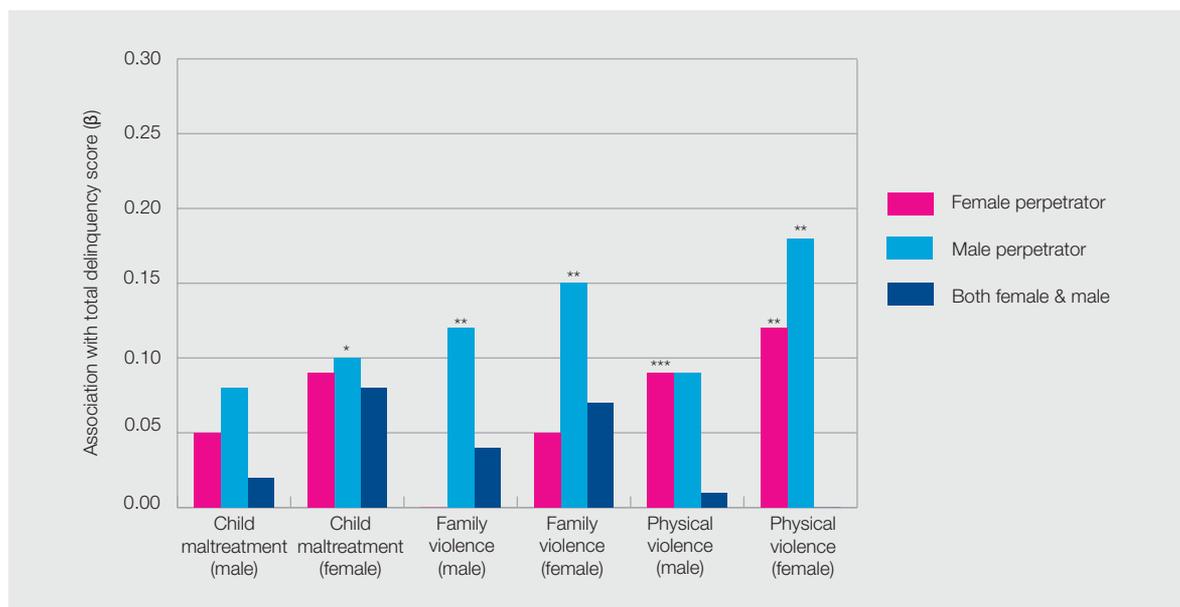
Figure 3.14: Impact of lifetime maltreatment by parents or guardians on delinquent behaviour of 11–17s, by gender of perpetrator and victim



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

The data provided by 18–24s for the entire period up to the age of 18 suggests that boys who witnessed family violence perpetrated by a male parent or guardian had the highest delinquency levels.

Figure 3.15: Impact of lifetime maltreatment by parents or guardians on pre-18 delinquent behaviour by gender of perpetrator and victim, reported by 18–24s



β , standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Experiencing physical violence by a female or male parent or guardian also resulted in elevated levels of delinquent behaviour among males, but only the former association reached statistical significance. Among females, physical violence prior to reaching the age of 18 perpetrated by a male parent or guardian was associated with the greatest level of delinquency. Physical violence by a female parent or guardian, maltreatment (as defined by the JVQ module) and witnessing family violence by a male parent or guardian were also associated with significantly elevated levels of delinquent behaviour for females.

3.15 Summary

In this chapter, we have shown that severe child maltreatment by a parent or guardian in the UK affected 5 per cent of under 11s and 13.4 per cent of 11–17s surveyed, and was reported to have been experienced during their childhood by 14.5 per cent of 18–24s. The current rates of child maltreatment can be calculated from the reports of maltreatment made in the past year, which occurred in 2.5 per cent of under 11s and 6 per cent of 11–17s.

1.1 per cent of under 11s and 3.7 per cent of 11–17s have experienced both severe maltreatment by a parent or guardian at some point in childhood and have also been maltreated in the past year.

Physical punishment of children continues to be widespread: 41.6 per cent of children's and young people's parents reported having used this in the past year.

Severe neglect affected 3.7 per cent of under 11 year olds, 9.8 per cent of 11–17-year-old children and young people and 9 per cent of 18–24s during childhood.

Sexual abuse by a parent or guardian was the least frequently reported type of parental maltreatment but as we show later this, is a common form of child maltreatment perpetrated by other young people and adults not living with the child.

Exposure to domestic violence has been shown to be a relatively common aspect of the abusive experiences children have in the family, affecting 12 per cent of under 11s, 17.5 per cent of 11–17s and 23.7 per cent of 18–24s during their childhood. 3.2 per cent of under 11s and 2.5 per cent of 11–17s had experienced this in the past year. The findings on impact and on childhood delinquency indicate that domestic violence needs to be at the core of our work on safeguarding and protecting children.

All forms of maltreatment by a parent or guardian were found to be associated with poorer emotional wellbeing, self-harming and delinquent behaviour among children and young people. Severe maltreatment by parents or guardians appears overall to be related to poorer emotional wellbeing and more delinquent behaviour than non-severe levels of maltreatment.

Chapter 4: Maltreatment by adults not living in the family home

In this chapter, we present findings from the research on children’s and young people’s experiences, the impact and the severity of maltreatment by adults not living in the family home. These include known adults (non-resident relatives, neighbours, family friends, childminders, babysitters, au pairs, teachers, youth group leaders and adults from organisations working with children) and adults who are strangers to the young person. A parent’s partner or non resident ex-partner is not included, as they have been covered in the previous chapter on severe maltreatment in the family. The term “non resident adults” will be used in this chapter to refer to these adults not living in the family home.

Over the past few years a lot of effort has been devoted to improving procedures for checking, vetting and barring adults who may present a risk to children and young people. Knowing which non-resident adults are responsible for maltreatment is important for targeting these efforts to identify abusive adults.

4.1 Prevalence of maltreatment by non-resident adults

The analysis of our survey data was carried out as described in previous chapters, including how we identified cases of severe maltreatment. The results are presented in Tables B4.1–B4.3 in Appendix B, and in summary form in Tables 4.1 to 4.3.

Table 4.1: Lifetime maltreatment by non-resident adults

Maltreatment type	Under 11s			11–17s			18–24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Emotional abuse	2.3% (24)	1.8% (19)	2.1% (43)	4.6% (41)	3.9% (32)	4.3% (73)	6.2% (60)	4.4% (41)	5.3% (101)
Physical violence	0.6% (8)	0.6% (8)	0.6% (16)	4.5% (40)	2.1% (17)	3.3% (58)	7.0% (68)	4.6% (43)	5.8% (111)
Maltreatment (JVQ) ^a	1.0% (13)	1.4% (17)	1.2% (30)	3.2% (29)	2.4% (20)	2.8% (49)	6.1% (59)	3.2% (30)	4.7% (89)
Sexual abuse	0.3% (4)	0.4% (5)	0.3% (9)	0.7% (6)	2.2% (19)	1.4% (25)	1.6% (16)	9.2% (85)	5.3% (101)
All maltreatment	2.3% (30)	2.4% (30)	2.3% (60)	8.7% (78)	6.8% (57)	7.8% (135)	11.3% (109)	14.3% (133)	12.8% (242)

a The JVQ child maltreatment measure includes physical violence, physical neglect and emotional abuse by a parent or guardian.

2.3 per cent of those under 11, 7.8 per cent of 11–17s and 12.8 per cent of 18–24s had been maltreated by a non-resident adult during childhood.

Parents or guardians reported lower rates of maltreatment for children under 11s. Young adults reporting retrospectively on childhood experiences showed the highest rates of maltreatment by non-resident adults: 9.2 per cent of female 18–24s reported childhood sexual abuse and 7 per cent of males in the same age group reported childhood experiences of physical violence.

Using the same definition of severity as outlined in chapter 1 (see Table A3.3 in appendix A), 0.6 per cent of under 11s, 3.2 per cent of 11–17s and 6.9 per cent of 18–24s had experienced severe maltreatment by a non-resident adult during childhood (Table 4.2).

Table 4.2: Rates of severe maltreatment by adults not living in the family home

Maltreatment type	Under 11s			11–17s			18–24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Contact sexual abuse ^a	0% (0)	0.3% (4)	0.1% (4)	0.4% (3)	1.2% (10)	0.7% (13)	1.1% (10)	4.7% (43)	2.8% (54)
Severe physical violence	0.5% (6)	0.4% (5)	0.4% (11)	3.0% (26)	1.0% (8)	2.0% (35)	4.8% (46)	4.0% (37)	4.4% (83)
All severe maltreatment	0.5% (7)	0.8% (9)	0.6% (16)	4.1% (36)	2.2% (18)	3.2% (54)	6.1% (58)	7.7% (72)	6.9% (130)

^a For this definition statutory contact sexual offences were restricted to: if under 18 and perpetrated in a position of trust; if under 16 and perpetrated by an adult relative; and under 13 and perpetrated by any other non-resident adult.

The rates of reporting of severe maltreatment increased with age, especially in the case of physical violence in childhood and sexual abuse of females.

While parents, guardians, parents' partners/ex-partners and resident family members are the people who most often maltreat children, we did find that non-resident adults with access to children and young people were responsible for a substantial minority of child maltreatment.

1.2 per cent of under 11s and 3.1 per cent of 11–17s had been maltreated by a non-resident adult in the past year (Table 4.3).

Table 4.3: Past year maltreatment by non-resident adults

Maltreatment type	Under 11s			11–17s		
	Male	Female	Total	Male	Female	Total
Emotional abuse	1.1% (12)	1.2% (12)	1.2% (24)	2.3% (20)	1.6% (13)	1.9% (33)
Physical violence	0.3% (3)	0.1% (2)	0.2% (5)	1.3% (12)	0.8% (7)	1.1% (19)
Maltreatment (JVQ) ^a	0.4% (5)	0.8% (10)	0.6% (15)	1.1% (10)	1.1% (9)	1.1% (20)
Sexual abuse	0.3% (4)	0.2% (2)	0.2% (6)	0.1% (1)	0.4% (4)	0.3% (5)
All maltreatment	1.2% (16)	1.3% (16)	1.2% (32)	3.6% (32)	2.6% (21)	3.1% (53)

a The JVQ child maltreatment measure includes to physical violence, physical neglect and emotional abuse by a parent or guardian.

Looking at different types of maltreatment by non-resident adults it can be seen from Tables 4.1 and 4.3 that emotional abuse was most frequently reported by children and young people, affecting 2.1 per cent (and 1.2 per cent in the past year) of under 11s and 4.3 per cent (1.9 per cent in the past year).

Maltreatment (as defined by the JVQ module), was the next most common reported abuse, affecting 1.2 per cent (0.6 per cent in the past year) of under 11s and 2.8 per cent (1.1 per cent in the past year) of the 11–17s.

Among 18–24s reporting on their childhood experiences, physical violence was the most common form of abuse identified (5.8 per cent), emotional and sexual abuse were more frequently reported by this age group (both at 5.3 per cent). For sexual abuse there was a big gender discrepancy (9.2 per cent of females and 1.6 per cent of males 18–24).

4.2 Gender and maltreatment

The results of chi-square tests confirm findings from broader crime surveys, showing that males are the majority of perpetrators and victims of physical violence by non-resident adults, whereas females are disproportionately sexually abused by non-resident males.

Rates of lifetime maltreatment by a non-resident adult (see Table 4.1) were higher for 18–24s and there were significant differences in childhood rates reported by males and females for this age group³⁶.

For severe maltreatment the under 11s age group was excluded from this analysis, as the small number of positive reports of severe maltreatment did not allow meaningful analysis to be

³⁶ $\chi^2(1)=3.84, p<0.05, \text{Phi}=0.05$.

conducted. Male 11–17s reported higher rates of severe maltreatment by a non-resident adult than did females in the same age group³⁷. No significant differences were found among 18–24s.

There were significant differences in lifetime experiences of physical violence by non-resident adults for the 11–17s³⁸ and also for the 18–24s³⁹ but no gender differences in maltreatment of males and females were found in the past year rates. Reported rates of severe physical abuse by a non-resident adult were higher for male 11–17s⁴⁰, with no gender differences for the 18–24s. Females experienced higher lifetime rates of sexual abuse by non-resident adults, among both 11–17s⁴¹ and 18–24s⁴². This was also the case for contact sexual abuse reported by female 18–24s⁴³.

Males were the most frequently reported perpetrators of maltreatment by a non-resident adult. This gender difference was not as evident for under 11s (as reported by their parents or guardians). Male perpetrators were over three times more frequently reported by 11–17s and over six times more frequently reported by 18–24s (see Figure 4.1). The most frequently reported patterns of abuse were from adult male to male child or young person, and from adult male to female child or young person. For female perpetrators, the most frequently reported targets of abuse were also females. Rates of abuse by male perpetrators increase considerably with the child's age. Changes with age in rates of abuse by female perpetrators were smaller.

37 $\chi^2(1) = 5.21, p < 0.05, \text{Phi} = -0.06$.

38 $\chi^2(1) = 8.35, p < 0.01, \text{Phi} = -0.08$.

39 $\chi^2(1) = 5.04, p < 0.05, \text{Phi} = -0.05$.

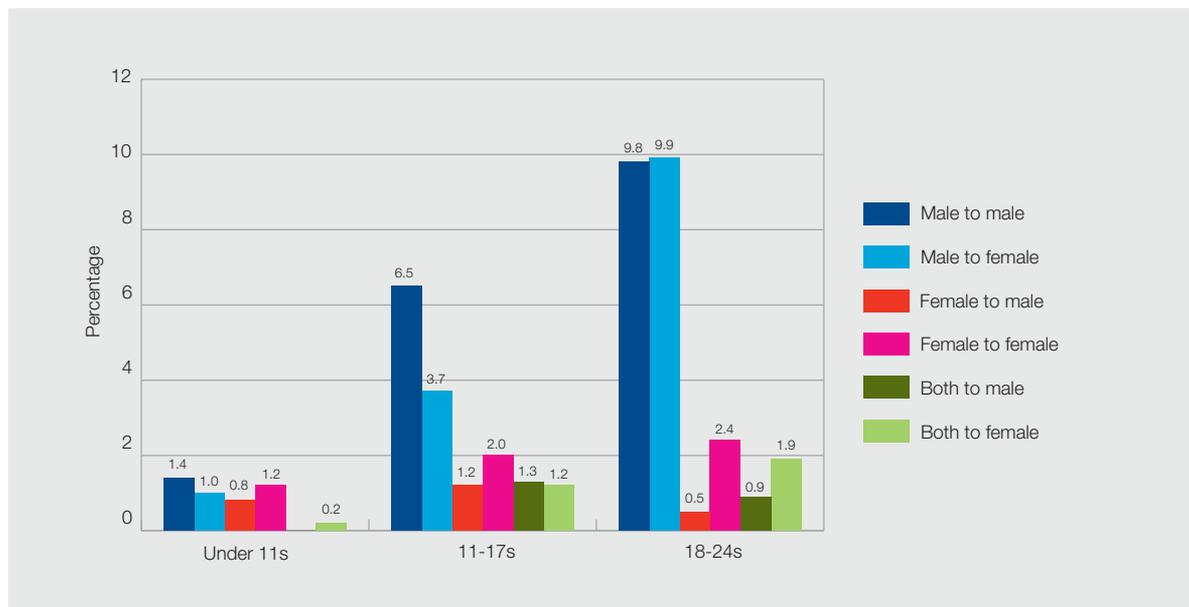
40 $\chi^2(1) = 8.75, p < 0.01, \text{Phi} = -0.07$.

41 $\chi^2(1) = 7.59, p < .01, \text{Phi} = 0.62$.

42 $\chi^2(1) = 52.54, p < 0.001, \text{Phi} = 0.17$.

43 $\chi^2(1) = 22.42, p < 0.001, \text{Phi} = 0.11$.

Figure 4.1: Gender of perpetrator (non-resident adults) and victim in maltreatment^a



a Overall Maltreatment figures presented.

Non-resident adult male perpetrators were mostly responsible for physical violence, except for under 11s, where rates of physical violence by male and female perpetrators were reported to be similar (see Figure B4.1 in appendix B).

The direction of sexual abuse across all three age groups was largely from male perpetrator to female victim. For under 11s, the numbers were small and only males were reported as perpetrators. For 11–17s, both males and females were reported as perpetrators, but males much more frequently so. The gender differences were greatest for 18–24s’ experiences of sexual abuse (see Figure B4.2 in Appendix B).

Males emerged as the most frequently reported perpetrators of severe maltreatment by non-resident adults. This gendered pattern is consistent with the trend found for severe maltreatment by a parent or guardian (Chapter 3). Within the subsample of respondents who reported severe physical violence by a non-resident adult, males were perpetrators in 66.4 per cent of reports of 11–17s and 83 per cent of 18–24s. Female-perpetrated abuse was reported by 22.2 per cent of 11–17s and 13.1 per cent of 18–24s. A similar pattern was found as described in Chapter 3, where a minority of respondents reported severe maltreatment perpetrated by both a male and female non-resident adult.

This predominance of male perpetrators was greater within the small subsample of respondents who reported having experienced contact sexual abuse by a non-resident adult. Among 11–17s who reported contact sexual abuse by a non-resident adult, 91.8 per cent of reported was perpetrated by a male. Around two thirds (78 per cent) of the 18–24s who reported contact sexual abuse by a non-resident adult reported a male perpetrator. Perpetrators of both genders were only reported within this subsample by 18–24s (11.7 per cent).

The findings support a gender asymmetry pattern for sexual abuse by non-resident adults where girls are the majority of victims of sexual abuse where males are mostly perpetrators. However for physical violence, including severe physical violence, by a non-resident adult males were most of the perpetrators and victims.

4.3 Which non-resident adults pose the greatest risks?

Among non-resident adults it is *known* adults, such as relatives, neighbours or family friends, who most frequently maltreat children under the age of 11 (see Table 4.4, Figure 4.2 and Tables B4.4–B4.6 in Appendix B). For the older age groups, strangers or unknown adults are the most frequently reported non-resident adult perpetrators.

Table 4.4: Perpetrators of lifetime maltreatment, non-resident adults

Maltreatment type	Non-resident relative	Childminder, babysitter or au pair	Adult from an organisation (teacher, coach or youth leader)	Neighbour or family friend or other known	Stranger
Physical violence					
Under 11s	0.2% (4)	0% (0)	0.1% (3)	0.2% (4)	0.2% (4)
11–17s	0.4% (7)	0% (1)	0.4% (6)	0.6% (11)	2.3% (39)
18–24s	0.7% (13)	0.1% (1)	0.6% (11)	1.4% (27)	4.0% (75)
Child maltreatment (JVQ)^a					
Under 11s	0.4% (11)	0% (0)	0.3% (9)	0.3% (9)	0.1% (2)
11–17s	0.5% (9)	0.1% (1)	0.7% (12)	0.6% (10)	1.1% (19)
18–24s	0.8% (16)	0.1% (1)	0.8% (15)	1.9% (35)	1.9% (35)
Sexual abuse					
Under 11s	0.1% (3)	0% (0)	0% (0)	0.1% (2)	0.2% (4)
11–17s	0.2% (3)	0% (0)	0.3% (5)	0.2% (4)	0.8% (14)
18–24s	0.8% (14)	0% (1)	0.6% (11)	1.8% (35)	2.8% (53)
All maltreatment					
Under 11s	0.7% (18)	0% (0)	0.4% (11)	0.9% (22)	0.5% (13)
11–17s	1.1% (18)	0% (1)	1.1% (19)	1.8% (30)	4.9% (84)
18–24s	1.8% (33)	0.1% (1)	1.7% (31)	4.0% (75)	7.5% (142)

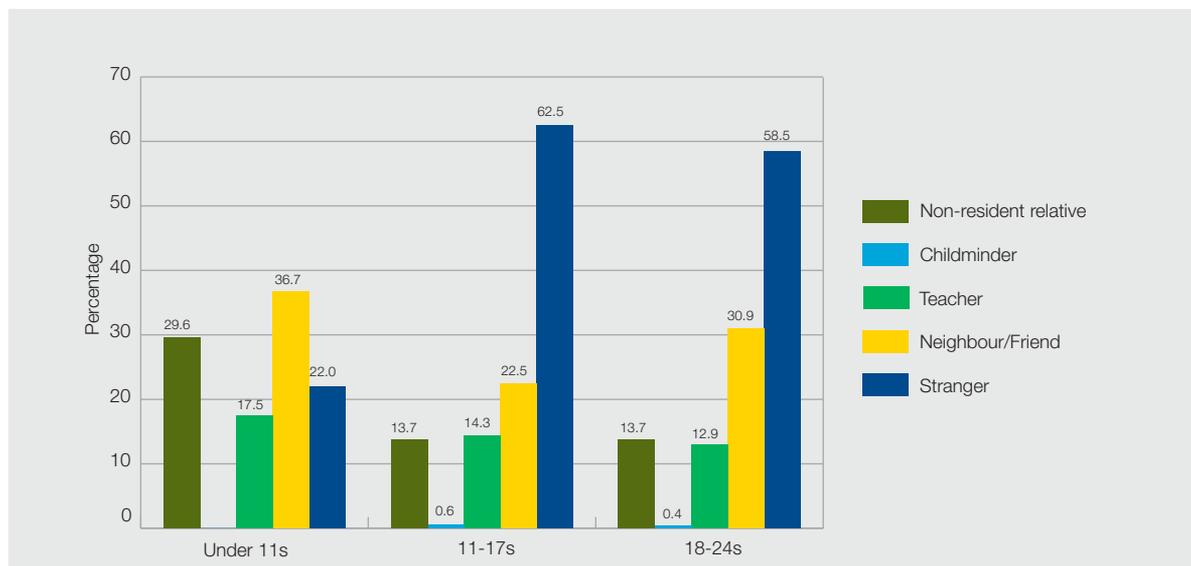
^a The JVQ child maltreatment measure includes physical violence, physical neglect and emotional abuse by a parent or guardian.

Known adults were responsible for 55.4 per cent of all physical violence, maltreatment (JVQ) and sexual abuse of children and young people under age 18, while unknown adults (strangers) were responsible for 49.8 per cent.

We had very few reports on childminders as perpetrators. One young person between the ages of 11 and 17 and one young adult reported maltreatment by a childminder during childhood. 0.4 per cent of under 11s, 0.9 per cent of 11–17s and 1.3 per cent of 18–24s reported lifetime maltreatment by a teacher, coach or adult in an organisation.

Figure 4.2 shows the reported rates for different types of non-resident adult perpetrators by victim age groups. As discussed before, the risks posed by this category of perpetrator differ across the age groups. Known adults, especially neighbours or family friends, were the most frequently reported non-resident adult perpetrators for under 11s. Known non-resident adult perpetrators were also frequently reported for the older age groups although strangers, rather than known non-resident adults, pose more risks for 11–17s. Strangers were also reported as the most frequent non-resident perpetrator of childhood maltreatment among 18–24s.

Figure 4.2: Perpetrators of maltreatment, non-resident adults



Strangers emerged as the most frequently reported perpetrator of severe physical violence from a non-resident adult. Strangers and neighbours or family friends were the most frequently reported non-resident adult perpetrators of contact sexual abuse in childhood.

4.4 Impact of maltreatment: Hurt or injury

As explained in the previous chapter, the long set of follow-up questions that asked about any hurt or injury, were only available for a limited number of questions. Where non-resident adults were the perpetrators, follow up information was available for the following two questions:

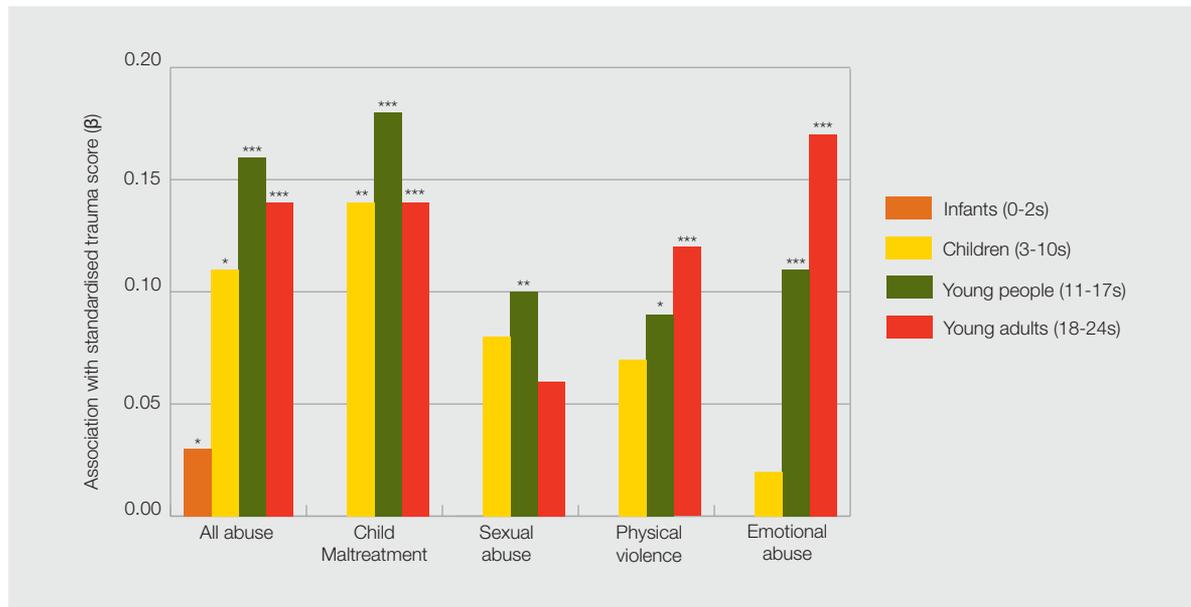
- Being hit, beaten, kicked or hurt by an adult (“hurt adult”).
- Being shaken or shoved very hard against the wall/furniture by an adult (“shake”).

These findings should be interpreted cautiously, as the reported rates were very low. Table B4.7 in Appendix B shows that 34.7 per cent of children and young people who had answered positively to the question about being hit, beaten, kicked or hurt reported having been hurt or injured as a result (53 per cent of under 11s, 28 per cent of 11–17s, and 77.7 per cent of 18–24s). Of children and young people who had been shaken very hard or shoved against a wall or a piece of furniture by a non-resident adult, 28.5 per cent reported having been hurt or injured (23.6 per cent of under 11s, 30.2 per cent of 11–17s and 42.8 per cent of 18–24s).

4.5 Impact of maltreatment: Emotional wellbeing

We investigated associations between maltreatment and emotional wellbeing, using a standardised trauma score to allow comparison across mental health measures and age groups, as described in Chapter 3. All analyses presented are adjusted for the potentially confounding effects of gender (where appropriate), age, ethnicity, socio-economic status and exposure to non-victimisation adversity.

Figure 4.3: Emotional impact of lifetime maltreatment by non-resident adults for each age group



β, standardised beta coefficient from weighted linear regression analysis adjusted for gender, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

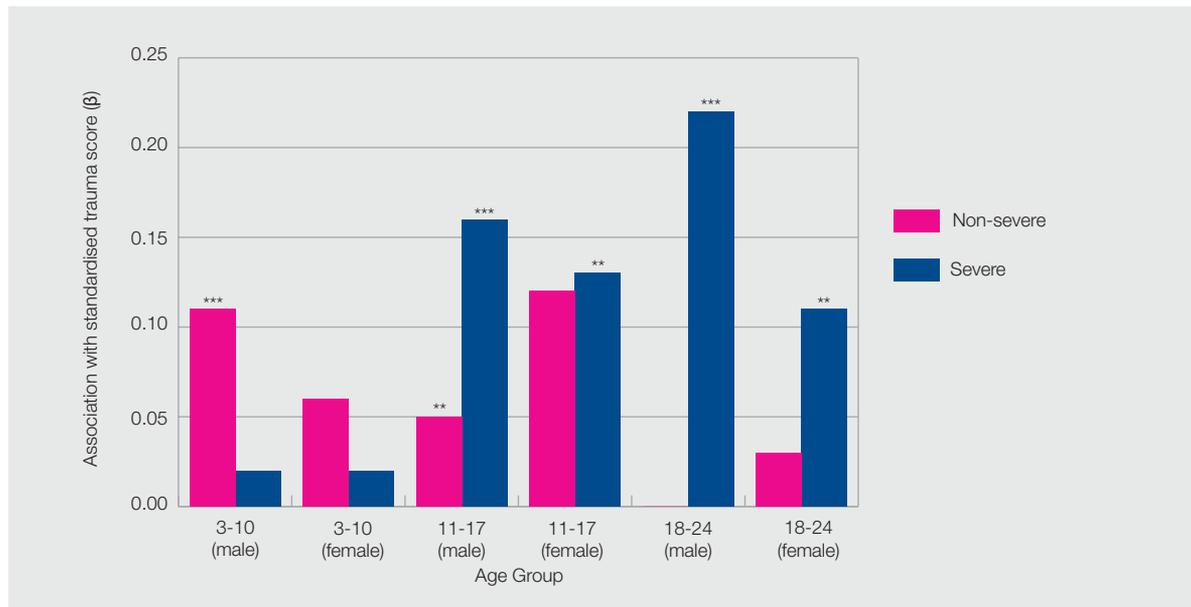
Exposure to at least one form of childhood maltreatment from a non-resident adult prior to the age of 18 was significantly associated with poorer emotional wellbeing in all age groups (see Figure 4.3). Maltreatment as defined by the JVQ by non-resident adults was significantly associated with recent problems among those between the ages of 3 and 24. Rates of maltreatment for 0–2 years were too low for analysis.

Physical violence from non-resident adults was significantly associated with higher trauma scores for both 11–17s and 18–24s. Lifetime exposure to sexual abuse by one or more non-resident adults only demonstrated a significant association with emotional problems among 11–17s, though smaller elevations in scores were apparent for the other age groups.

As in Chapter 3, we investigated the impact of lifetime exposure to severe (as defined previously, and in Table A3.3 in Appendix A) and less severe maltreatment⁴⁴ by a non-resident adult on the recent mental wellbeing of children, young people and young adults. Infants aged 0–2 years were excluded from the analysis, as the number who had experienced severe maltreatment was too small. Results are presented separately by gender and age group in Figure 4.4.

⁴⁴ All participants who had experienced maltreatment by an adult not living in the family home but *did not* meet these criteria were classified as being exposed to *non-severe* maltreatment.

Figure 4.4: Emotional impact of severe and non-severe lifetime maltreatment by a non-resident adult for each age group and gender



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

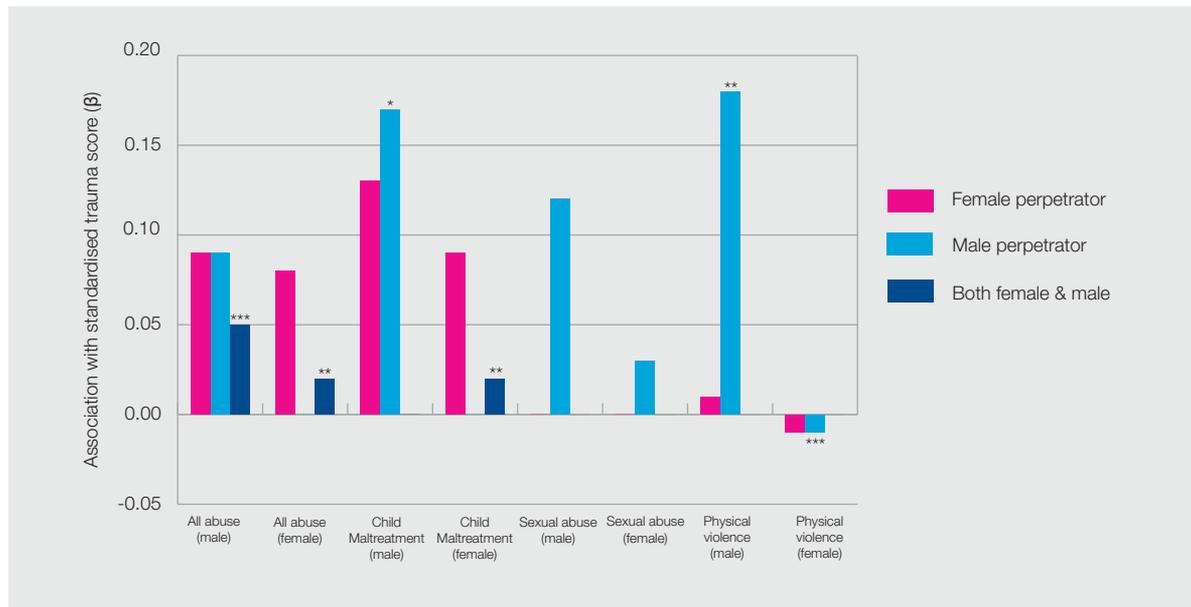
In general, exposure to more severe levels of maltreatment by a non-resident adult was associated with higher trauma scores than experiences of less severe maltreatment, indicating that it had a greater impact. This pattern was most evident for both male 11–17s and male and female 18–24s. However, for the youngest age group non severe maltreatment had a greater impact. For female 11–17s non severe also had a significant impact. The stronger association between non-severe maltreatment and poorer emotional wellbeing for the youngest age group may have been due to the small number of severe events, or potentially as a result of a greater frequency of non-severe maltreatment.

4.6 Gender differences and emotional wellbeing

The impact of lifetime exposure to maltreatment by non-resident adults is presented separately for gender of the victims and age groups in Figures 4.5–4.7. Again, there were insufficient numbers of infants and children aged 0–2 to conduct a gender analysis for this group⁴⁵.

⁴⁵ All analyses presented in this section employ the non-maltreated individuals in each category as the comparison group.

Figure 4.5: Emotional impact of lifetime maltreatment by non-resident adults for 3–10s by gender of perpetrator and victim



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

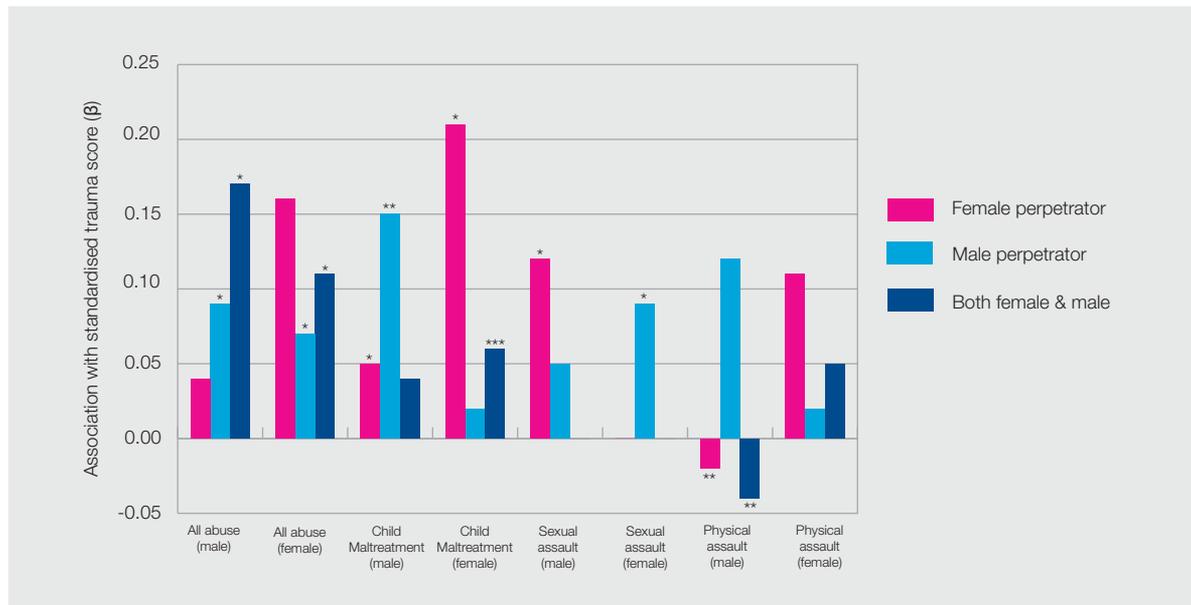
For males 3–10, emotional wellbeing tended to be significantly worse among those having experienced maltreatment⁴⁶ and physical violence by non-resident adult males. This is in slight contrast to the findings in Chapter 3 where we found that maltreatment⁴⁷ and physical violence by a parent or guardian demonstrated a stronger influence on emotional wellbeing of males where perpetrators were female. We found that the associations between trauma scores and sexual abuse by non-resident adults against males 3–10 were not significant, probably due to the small prevalence rate of this form of abuse among them.

Females 3–10 were slightly less likely to show emotional problems if they had experienced physical violence from a non-resident adult male. This is in stark contrast to the significant effects demonstrated for females aged 3–10 maltreated by male and female parents or guardians (see Chapter 3).

46 As defined by the JVQ module.

47 As defined by the JVQ module.

Figure 4.6: Emotional impact of lifetime maltreatment by non-resident adults for 11–17s by gender of perpetrator and victim



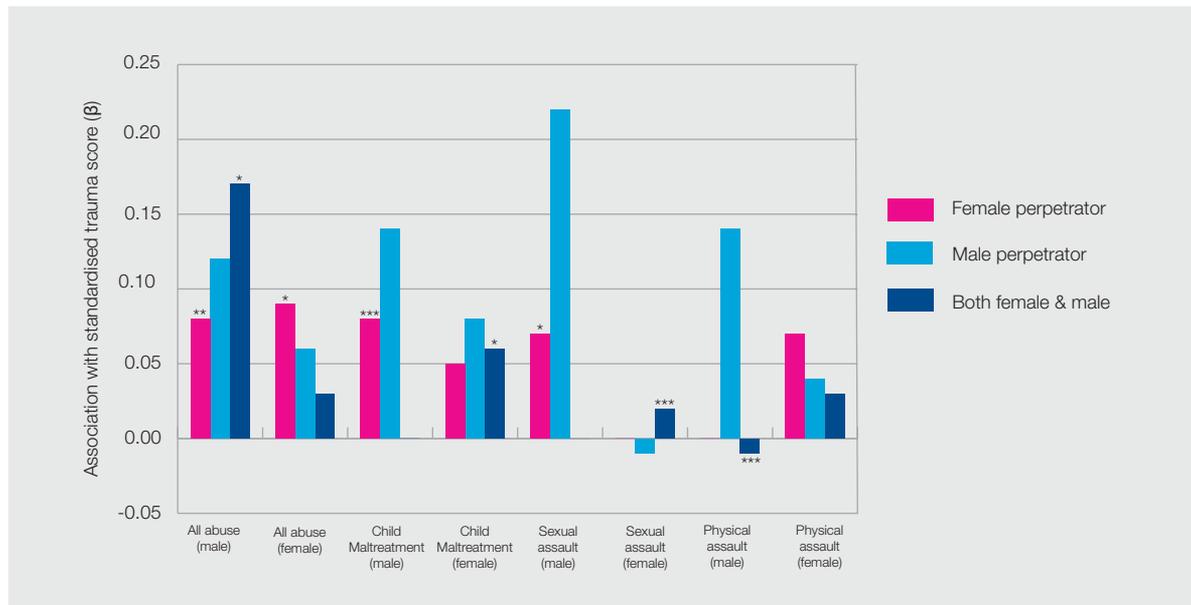
β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

For male 11–17s, emotional wellbeing continued to be worse among those who were exposed to maltreatment⁴⁸ by non-resident adult males, and also females. Significantly higher trauma scores were present among male 11–17s who had been sexually abused by a non-resident adult female. Among female 11–17s, greater levels of trauma-related symptoms were apparent for maltreatment⁴⁹ by a non-resident adult female rather than male but sexual abuse by a male was also associated with increased trauma.

48 As defined by the JVQ module.

49 As defined by the JVQ module.

Figure 4.7: Emotional impact of lifetime maltreatment by non-resident adults for 18–24s by gender of perpetrator and victim



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

For male 18–24s, poorer emotional wellbeing was still significantly associated with having been maltreated⁵⁰ by a non-resident adult female. The associations between maltreatment⁵¹ and sexual abuse and emotional wellbeing for female 18–24s appeared to be somewhat less than were found among female 11–17s.

4.7 Impact of maltreatment: Suicidal ideation and self-harm

Significant associations were found between experiences of maltreatment by non-resident adults and self-harm and suicidal ideation (see Table B3.8 in Appendix B).

The largest effect size was found for 18–24s. 35.3 per cent of those with the current desire to self-harm had experienced maltreatment in childhood by a non-resident adult⁵². This association was smaller for 11–17s, but still remained significant⁵³. Maltreatment by non-resident adults was also significantly associated with suicidal ideation among 11–17s⁵⁴.

50 As defined by the JVQ module.

51 As defined by the JVQ module.

52 $\chi^2(1) = 94.39, p < 0.001, \text{Phi} = 0.22$.

53 13 per cent of the young people reporting current feelings of self-harm had experienced maltreatment by adults not living in the family home in their childhood ($\chi^2(1) = 5.95, p < 0.05, \text{Phi} = 0.06$).

54 20.9 per cent of the young people reporting current suicidal ideation had experienced maltreatment by adults not living in the family home in their childhood ($\chi^2(1) = 1, p < 0.001, \text{Phi} = 0.12$).

Among 11–17s, severe maltreatment by a non-resident adult was significantly associated with self-harm⁵⁵ and with suicidal ideation⁵⁶. It was also significantly associated with self-harm⁵⁷ for the 18–24s. Further information on these associations is presented in Table B3.8 in Appendix B.

Adjusted logistic regression analysis was undertaken to investigate associations between self-harming thoughts and suicidal ideation and the severity of maltreatment by a non-resident adult, for 11–17s and 18–24s (adjusting for gender and age within these age groups). In addition, we considered whether an independent association existed for the young people who had experienced non-severe maltreatment by a non-resident adult.

Severely maltreated 11–17s were almost 6 times (5.5) more likely to have current suicidal ideation and over 3 times (3.3) more likely to have self-harm thoughts than non-maltreated young people in this age group. Non-severely maltreated young people were over 2 times (2.2) more likely to have current suicidal ideation than the non-maltreated people in this age group. They did not differ within the rest of the age group in relation to self-harm thoughts. Severely maltreated 18–24s were almost 5 times (4.5), and non-severely maltreated were almost 3 times (2.5) more likely to have current self-harming thoughts, than were young adults who had not been maltreated.

4.8 Impact of maltreatment on behaviour: delinquency

The impact of maltreatment by non-resident adults on the delinquent behaviour of research participants prior to 18 years of age is presented in Figure 4.8. This uses a total delinquency score, as explained in Chapter 3. Maltreatment by non-resident adults was associated with higher levels of self-reported delinquency among 11–17s and 18–24s, but not among under 11s.

11–17s who had experienced any type of maltreatment by a non-resident adult reported significantly higher levels of delinquency when compared to young people who had not been abused in this way. Young adults' retrospective reports of childhood delinquency were significantly higher among those who also reported experiencing maltreatment⁵⁸, emotional and sexual abuse. For children aged 5–10, those exposed to sexual abuse were less likely to display delinquent behaviour, though these associations reversed by adolescence.

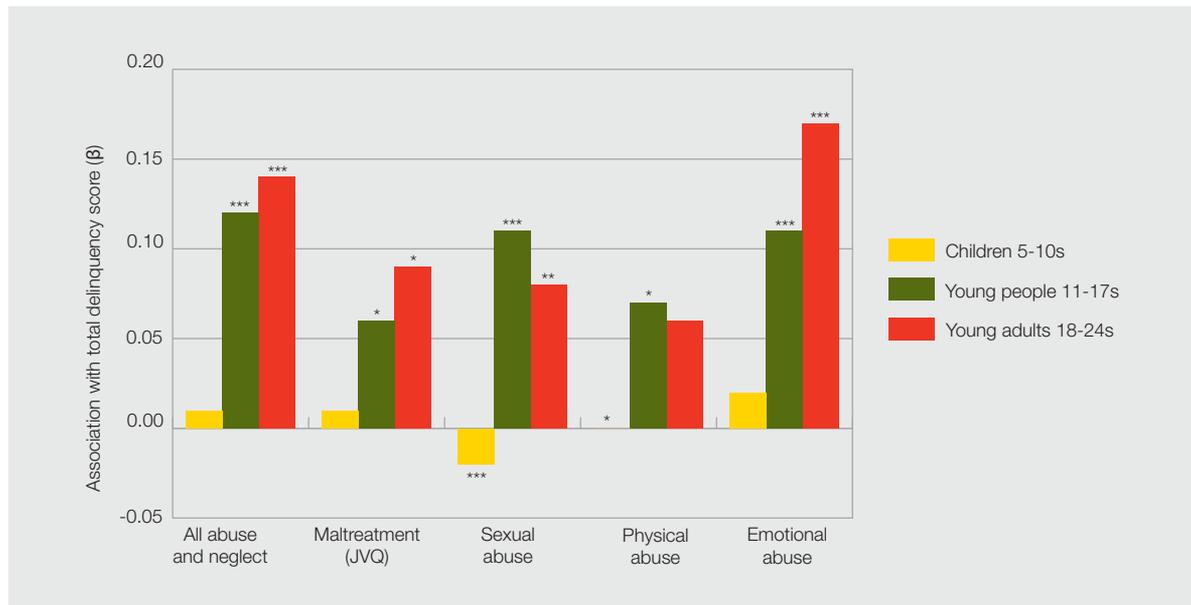
55 $\chi^2(1)=13.62, p<0.001, \text{Phi}=0.09$.

56 $\chi^2(1)=25.44, p<0.01, \text{Phi}=0.12$.

57 $\chi^2(1)=90.15, p<0.001, \text{Phi}=0.22$.

58 As defined by the JVQ module.

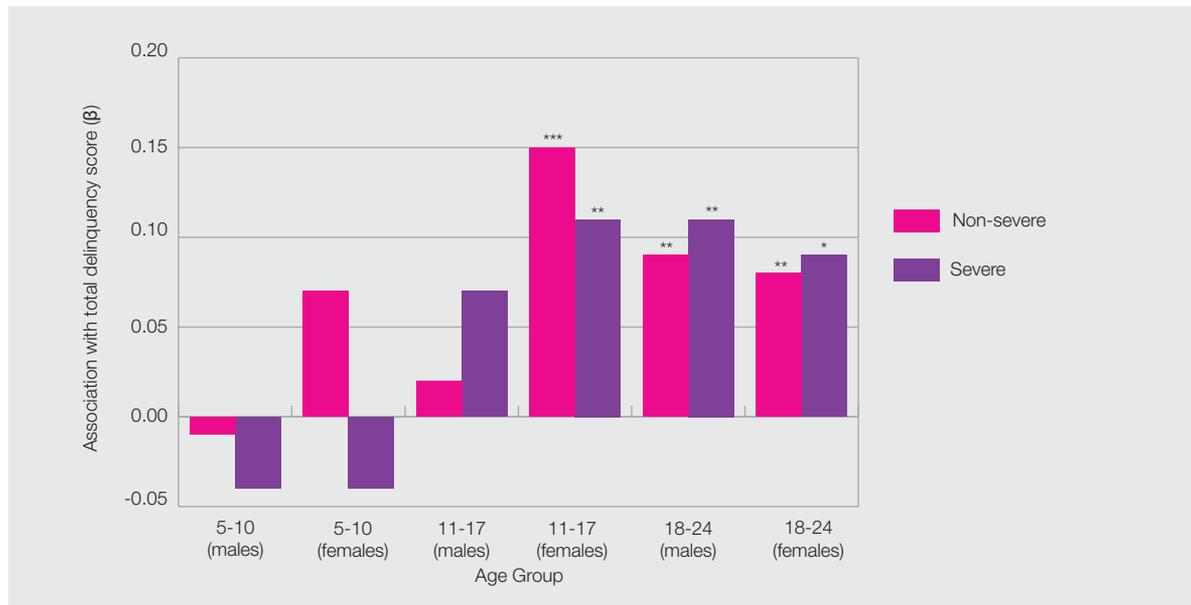
Figure 4.8: Impact of lifetime maltreatment by a non-resident adult on delinquent behaviour for each age group



β, standardised beta coefficient from weighted linear regression analysis adjusted for gender, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

The associations between severe and non-severe maltreatment by a non-resident adult and delinquent behaviour are presented in Figure 4.9.

Figure 4.9: Relationship between severity of maltreatment by a non-resident adult and delinquent behaviour for each age group and gender



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Among males 11–17 and 18–24, severe maltreatment by a non-resident adult was associated with more delinquent behaviour than less severe levels of maltreatment. However, the same pattern was only evident among female 18–24s. In the other two age groups, less severe levels of maltreatment appeared to have stronger associations with delinquency.

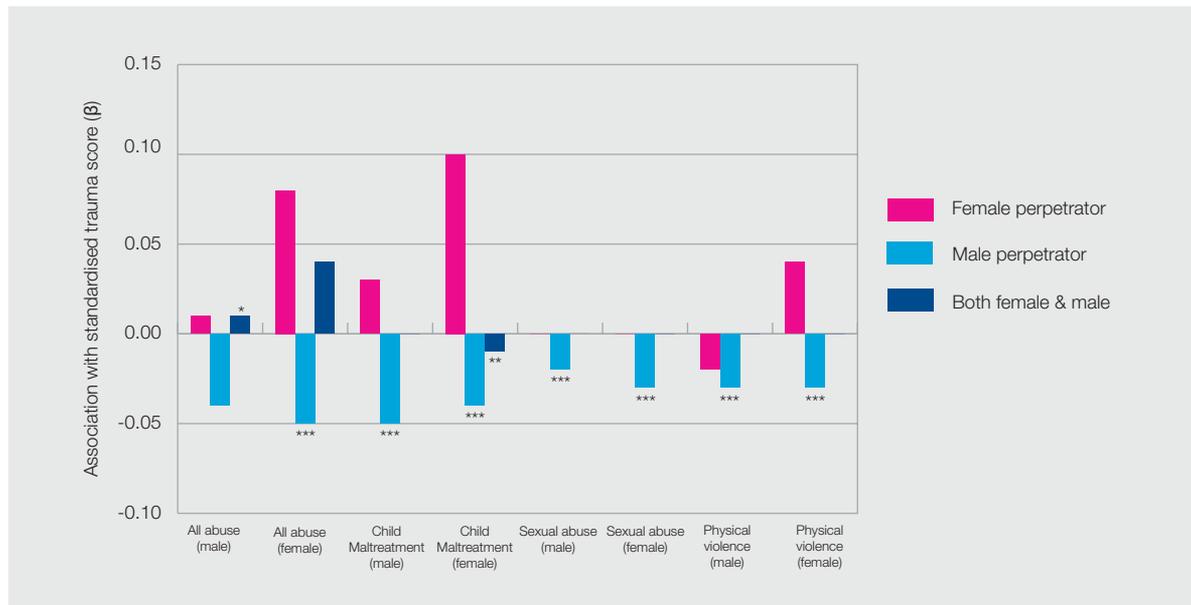
Overall, severe maltreatment by a non-resident adult appears to be related to more delinquent behaviour than non-severe levels of maltreatment, especially for males. Among girls, both severe and non-severe maltreatment was significant in its impact on delinquency.

4.9 Gender differences and delinquency

The impact of maltreatment by non-resident adults on delinquency is presented separately for each age group by the gender of perpetrator and participant in Figures 4.10–4.12.

Among children aged 5–10, there was little association between delinquency and any maltreatment by non-resident adults of either gender. Indeed maltreatment by non-resident adult males appeared to be related to less delinquent behaviour for both male and female children.

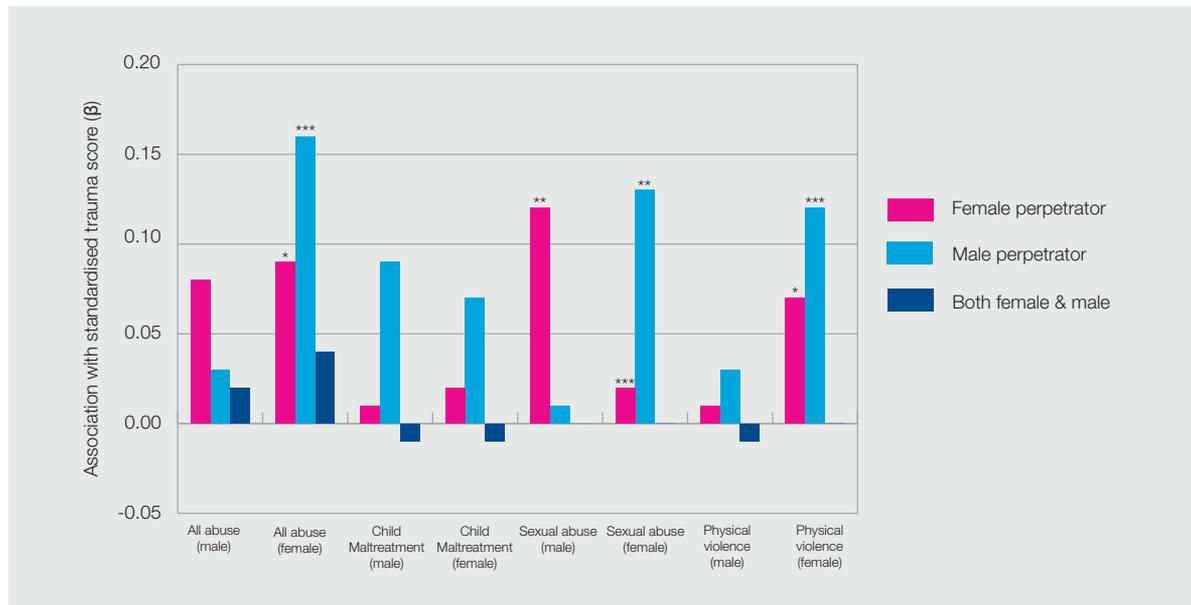
Figure 4.10: Impact of lifetime maltreatment by non-resident adults on the delinquent behaviour of 5–10s by gender of perpetrator and victim



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

For 11–17s, we found a stronger association between maltreatment by non-resident adults and delinquency. For females aged 11–17, physical and sexual abuse by either male or female perpetrators were associated with higher levels of delinquency. Among males aged 11–17, higher delinquency scores were evident in those who reported being sexually abused by a female non-resident adult.

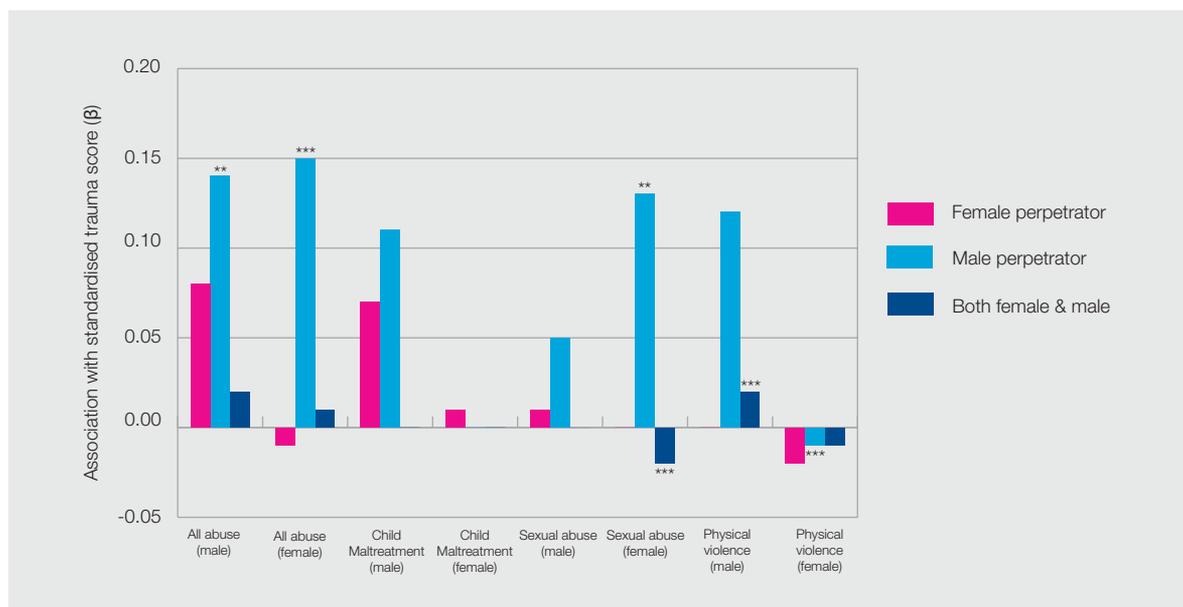
Figure 4.11: Impact of lifetime maltreatment by non-resident adults on the delinquent behaviour of 11–17s by gender of perpetrator and victim



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

The retrospective reports by 18–24s of their delinquent behaviour prior to 18 years of age show somewhat conflicting results compared with those reported by young people. Sexual abuse by non-resident adult males was still strongly associated with pre-18 delinquency among women, but the effects of other maltreatment types by males and females were reduced. Among male 18–24s, childhood maltreatment by non-resident adult females and physical violence by non-resident adult males were both significantly associated with increased delinquent behaviour, while the association with sexual abuse reduced.

Figure 4.12: Impact of maltreatment or victimisation by non-resident adults on pre-18 delinquency for 18–24s by gender of perpetrator and victim



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

4.10 Summary

Maltreatment by non-resident adults is less prevalent than maltreatment by parents or guardians but it still poses considerable risk to the safety and wellbeing of children and young people.

The proportion of children experiencing maltreatment of this kind increases as they get older: 2.3 per cent of the under 11s, 7.8 per cent of 11–17s and 12.8 per cent of 18–24s had been maltreated (0.6 per cent, 3.2 per cent and 6.9 per cent had experienced severe maltreatment) at some point during childhood by a non-resident adult. Parents and professionals need to be alert to the risks and vigilant in safeguarding children and young people by providing appropriate guidance, especially to older children who face increased risks.

Some gender differences were found in young people’s vulnerability to maltreatment by non-resident adults. Consistent with other studies, we found that male 11–17s and 18–24s are significantly more likely to experience physical violence by non-resident adults whereas females are significantly more likely to be affected by sexual abuse perpetrated by non-resident adults. These findings are highly relevant for Joint Strategic Needs Assessments at the local authority level, particularly for the future planning of needs and services under the Health and Wellbeing Boards to be set up in 2012.

Apart from parents or guardians, non-resident male relatives and known adults such as neighbours or family friends were the most frequently reported adults who had maltreated children under the age of 11. However, when we look at 11–17s, strangers to the young person and known male adults were found to be the most frequently reported perpetrators. A similar pattern was found among 18–24s.

Childminders were very rarely reported as being perpetrators. Less than 1 per cent of children and young people reported being maltreated by a teacher or coach (or any other adult from an organisation).

Advice and support for parents on protecting children and young people from the risk of abuse by family friends, neighbours and other known adults, adequate community safety measures to protect young males from physical violence from other males in public spaces, and the protection of young females (particularly teenage girls) from sexual abuse by men, are likely to have a preventative and protective impact.

Chapter 5: Severe maltreatment in context

In this chapter, we present findings on severe maltreatment in the context of all other forms of maltreatment as well as other types of victimisation children may experience at home, school and in the community, including victimisation by siblings, peers or intimate partners, or exposure to violence in the community.

Child maltreatment can result in harm to physical and mental health, with ill effects that last throughout adulthood (Krug et al, 2002). It has consequences for children's life chances, their educational development and future employment prospects (Gilbert et al, 2008b). It is associated with behaviour that has serious consequences for lifelong health – sexual risk taking behaviour, alcoholism, smoking, obesity, self-harming behaviour and suicide (Bentovim et al, 2009).

Children who experience abuse in childhood are more likely to be re-victimised by other perpetrators, including in adulthood, and those who experience multiple forms of abuse and re-victimisation tend to have the poorest outcomes. Finkelhor and colleagues have identified a group of children who are highly vulnerable, as they experience abuse in many areas of their lives, at home, in school and in the community. They have been shown to have the highest level of trauma symptoms (Finkelhor, Ormrod, et al, 2005). To fully address the severity of maltreatment it is important to consider the interaction and overlapping impact of all forms of abuse.

We begin this chapter with a summary of the prevalence of severe maltreatment, placing this in the context of other experiences children may have at home, school or in the wider community. Section 5.2 looks at the co-occurrence of different types and severity of maltreatment with other victimisations, considering the relative risks of experiencing other types of abuse for a child, given an existing form of maltreatment. In section 5.3 we provide findings from our analysis of the independent and overlapping impacts of different types of maltreatment and victimisation on emotional wellbeing and delinquency. Section 5.4 presents findings on the minority of children who experience multiple forms of abuse – that is, children who are “polyvictims”.

5.1 Maltreatment and victimisation at home, in school and in the community

The overall rate of severe maltreatment in childhood was calculated by aggregating all severe maltreatment by parents, guardians and non-resident adults, with contact sexual abuse included if by adults or peers. The rates of overall severe maltreatment, broken down in Table 5.1, are:

- 5.9 per cent of under 11s (6.1 per cent females and 5.8 per cent of males)
- 18.6 per cent of 11 to 17s (19 per cent females and 18.2 per cent males)
- 25.3 per cent 18 to 24s (30.6 per cent females and 20.3 per cent males).

Table 5.1: Rates of severe maltreatment

Maltreatment type	Under 11s			11–17s			18–24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Severe physical	1.3% (18)	1.0% (13)	1.2% (30) ^a	6.7% (59)	7.1% (60)	6.9% (119)	10.2% (98)	12.9% (120)	11.5% (218)
Lifetime contact sexual abuse	0.2% (3)	0.8% (10)	0.5% (13)	2.6% (23)	7.0% (59)	4.8% (82)	5.1% (50)	17.8% (165)	11.3% (215)
Severe maltreatment by a parent or guardian	4.9% (64)	5.1% (64)	5.0% (128)	13.5% (119)	13.3% (112)	13.4% (231)	11.6% (112)	17.5% (163)	14.5% (275)
All severe maltreatment ^b	5.8% (77)	6.1% (76)	5.9% (153)	18.2% (161)	19.0% (59)	18.6% (320)	20.3% (196)	30.6% (284)	25.3% (480)

- a The bracketed figures are the weighted frequencies (ie. the number of children in the survey who reported this experience adjusted to take into account the UK child population numbers). The weighted frequency counts are rounded to the nearest whole number so do not always add up to the total frequency.
- b For this definition statutory contact sexual offences were restricted to: if under 18 and perpetrated in a position of trust; if under 16 and perpetrated by an adult relative; and under 13 and perpetrated by any other non resident adult.

It is notable that of the 0.5 per cent of under 11s, 4.8 per cent of 11–17s and 11.3 per cent of young adults aged 18–24 had experienced contact sexual abuse as defined by the criminal law. 65.9 per cent of contact sexual abuse of children and young people (based on the reports of 0–17 years) was perpetrated by other children and young people under the age of 18 rather than by adults in or outside the home. Known adults (including parents and guardians and non-resident adults such as neighbours or family friends) were the most frequently reported perpetrators of adult perpetrated contact sexual abuse⁵⁹.

Table 5.2 summarises the overall experiences of child maltreatment by type. Specific types of maltreatment rarely exist alone and children and young people who experience one type of abuse often experience other forms.

⁵⁹ The 11–17s who reported adult perpetrated contact sexual abuse: 75.5 per cent reported a known, 18.8 per cent an unknown, and 3.8 per cent both a known and unknown perpetrator. The 18–24s who reported adult perpetrated contact sexual abuse: 90.2 per cent reported a known, 5.2 per cent an unknown, and 4.6 per cent both a known and unknown perpetrator.

Table 5.2: Lifetime (LT) and past year (PY) overall maltreatment types

Maltreatment and victimisation type	Under 11s LT	Under 11s PY	11–17s LT	11–17s PY	18–24s LT
Severe maltreatment	5.9% (153)	–	18.6% (320)	–	25.3% (480)
Any neglect by parent/guardian	5.0% (130)	–	13.3% (229)	–	16.0% (303)
Emotional abuse ^a	47.3% (986)	32.9% (685)	64.4% (1,110)	31.9% (550)	66.8% (1,265)
Physical violence	39.3% (1,012)	31.8% (819)	65.5% (1,131)	36.0% (622)	64.1% (1,215)
Sexual abuse ^b	1.2% (30)	0.6% (15)	16.5% (285)	9.4% (163)	24.1% (456)
Contact sexual	0.5% (13)	0.2% (5)	4.8% (82)	1.9% (33)	11.3% (215)
Exposure to domestic violence	12.0% (308)	3.2% (82)	17.5% (302)	2.5% (43)	23.7% (449)
Physical punishment (“smacking”) ^c	–	39.4% (1,003)	–	45.9% (616)	–

a emotional abuse included bullying

b sexual abuse includes contact and non contact by any adult or peer perpetrator

c by primary caregiver

As previously discussed, sexual abuse by a parent or guardian was reported infrequently, but rates of contact and non-contact child sexual abuse by any adult or peer perpetrator were higher. 1.2 per cent of under 11s, 16.5 per cent of 11–17s and 24.1 per cent of 18–24s had experienced sexual abuse in childhood. 0.6 per cent of under 11s and 9.4 per cent of 11–17s had experienced sexual abuse in the past year. The majority of perpetrators were males, either adults or other young people, who were known to the child or young person. Teenage girls aged between 15 and 17 reported the highest past year rates of sexual abuse.

Table 5.3 presents a summary of findings on the prevalence of all forms of abuse of children at home, in school and in the community. It can be seen from table 5.3 that victimisation by peers and other young people under the age of 18 formed a substantial proportion of children’s and young people’s overall victimisation experiences. The varied life course and gender-related experiences of child perpetrated victimisation will be considered in future publications based on this research.

Table 5.3: Overall maltreatment and victimisation by perpetrator type lifetime (LT) and past year (PY)

Maltreatment and victimisation type	Under 11 LT	Under 11 PY	11–17s LT	11–17s PY	18–24s LT
Maltreatment by parent/guardian	8.9% (229)	2.5% (63)	21.9% (379)	6.0% (103)	24.5% (465)
Maltreatment by adult outside home	2.3% (60)	1.2% (32)	7.8% (135)	3.1% (53)	12.8% (242)
Sibling victimisation	28.4% (731)	23.7% (608)	31.8% (550)	16.0% (275)	25.2% (478)
Intimate partner abuse	–	–	7.9% (137)	5.0% (86)	13.4% (254)
Peer victimisation	28.0% (721)	20.2% (519)	59.5% (1,028)	35.3% (609)	63.2% (1,198)
Exposure to community violence	11.3% (2,910)	4.8% (122)	61.4% (1,060)	31.2% (539)	66.5% (1,259)

5.2 Co-occurrence of maltreatment and other victimisation types

The research literature shows specific forms of abuse are good predictors of there being other types (Finkelhor, Turner, et al, 2009). To test these assumptions within our own study, odds ratios were calculated, controlling for age and gender using binary logistic regression and converted to measure risk, adjusting for differences in outcome incidence (Zhang and Yu, 1998).

To allow comparisons to be made with the wider research literature the analysis here is based on maltreatment as measured by the JVQ module and severe maltreatment as defined in Chapter 1. From these results, it is evident that children and young people who experience maltreatment or severe maltreatment from a parent or guardian are at greater risk than those who are not-maltreated of also experiencing abuse from others and witnessing family violence (see table 5.4).

Table 5.4: Risk of occurrence of other victimisation types given an existing victimisation

Lifetime victimisation risk ratios					
Maltreatment by parent or guardian	Any victimisation by siblings	Any maltreatment by non-resident adults	Any victimisation by peers	Any victimisation by an intimate partner	Any family violence
Under 11	1.29*	1.85ns	1.26*	–	3.44***
11–17	1.70***	1.90***	1.39***	2.44***	3.17***
18–24	1.46***	2.78***	1.16***	1.97***	3.06***
Severe maltreatment by parent or guardian	Any victimisation by siblings	Any maltreatment by non-resident adults	Any victimisation by peers	Any victimisation by an intimate partner	Any family violence
Under 11	1.16ns	1.81ns	0.85ns	–	2.69***
11–17	1.37**	1.98***	1.32***	2.41***	2.77***
18–24	1.43***	2.20***	1.18***	2.06***	2.92***
Physical violence by parent or guardian	Any physical violence <u>not</u> by parent or guardian	Any contact sexual abuse	Any family violence	Any neglect	
Under 11	2.29***	5.70ns	4.92***	2.64*	
11–17	1.51***	4.19***	4.00***	2.60***	
18–24	1.67***	3.17***	3.56***	3.36***	
Physical violence <u>not</u> by parent or guardian	Any physical violence by parent or guardian	Any contact sexual abuse	Any family violence	Any neglect	
Under 11	8.47***	5.18*	2.94***	0.99ns	
11–17	3.71***	6.58***	2.89***	2.02***	
18–24	4.93***	3.16***	3.08***	1.14ns	

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; ns = not significant.

Note. Risk Ratios were converted from adjusted odds ratios to derive an estimate of association that better represents the true relative risk (Zhang and Yu, 1999).

We identified where an experience of one type of abuse showed an increased risk of experiencing another. These were found to be relevant for almost all types of maltreatment and victimisation, and also when different types of perpetrators were considered.

The relative risk of lifetime contact sexual abuse was significantly greater for children and young people who had experienced any form of lifetime physical violence from someone other than a parent or guardian, than it was for those who had not. Those aged 11–17 who had experienced physical violence by someone other than a parent or a guardian had the highest level of relative risk, being 6.58 times more likely to experience contact sexual abuse than those in the same age group who had not experienced this. The risk of contact sexual abuse was also shown to be higher for those who had experienced physical violence from a parent or guardian than those who had not. 11–17s years who had experienced physical violence by a parent or a guardian were 4.2 times more likely to experience contact sexual violence than those who had not.

In general, risks were greatest for those aged 11 and over, apart from the risk of witnessing family violence if also maltreated or experiencing physical violence by a parent or guardian, which was highest for the under 11s. However, for those that experienced severe maltreatment, the relative risk of family violence slightly increased by age. Under 11s who experienced severe maltreatment by a parent or guardian were 2.7 times more likely to be living with family violence than those who were not severely maltreated. Young people aged 11–17 and young adults aged 18–24 who were severely maltreated were 2.8 and 2.9 times more likely respectively to also witness family violence. The highest relative risk of family violence was reported from the under 11s who had experienced physical violence from a parent or guardian. They were almost five (4.92) times more likely than those that had not experienced this.

The increased risk of abuse by other perpetrators was also evident for those who had experienced any lifetime maltreatment by a parent or guardian (with the only exception of under 11s and the risk of maltreatment from other adults). The likelihood of maltreatment and victimisation by other perpetrators (siblings, other adults, peers and intimate partners) was also shown to be higher for those young people and young adults who had experienced severe maltreatment by a parent or guardian than for those who had not (see Table 5.4).

5.3 Independent impact of specific types of maltreatment and other victimisation types

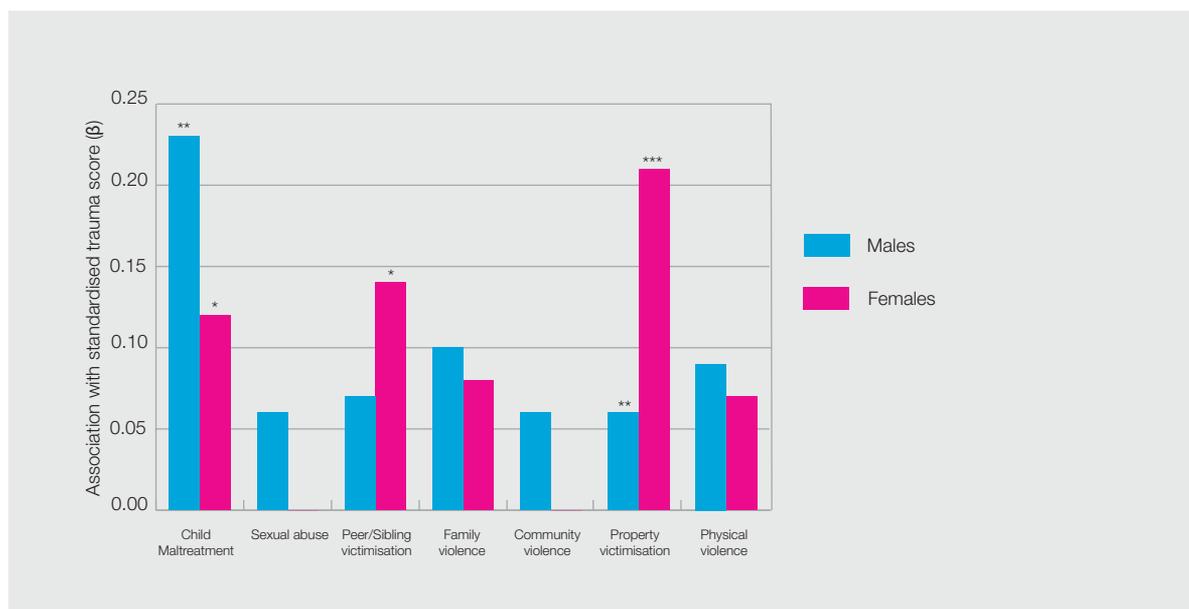
To further explore the overlap between severe maltreatment and other experiences, the results for each age group were re-analysed, with all lifetime maltreatment and all other (JVQ) victimisation types entered simultaneously to detect their independent associations with trauma-related symptoms and delinquent behaviour. The JVQ types of abuse and victimisation explored were: child maltreatment (as defined by the JVQ module: physical violence, neglect or emotional abuse by a parent or guardian), sexual abuse, peer and sibling victimisation, witnessing family violence, witnessing community violence, experiencing property crime (theft, robbery, damage to property) and experiencing physical violence (from any adult or peer other than a parent or guardian).

The JVQ modules were used in this analysis to allow comparisons with other published research on the overlapping nature of maltreatment and victimisation and to enable us to explore polyvictimisation. All analyses were done with weighted data, to match the sample of participants with the UK population. In the analysis, we adjusted for a priori confounders of age, ethnicity, socio-economic status and non-victimisation adversity (as these factors may be differentially related to maltreatment and victimisation exposure) (Turner et al, 2006; Finkelhor, Turner, et al, 2009). The numbers for 0–2s were too small for a valid analysis to be conducted so the results are only relevant for those aged 3–24.

Figures 5.1–5.6 present the adjusted associations of each maltreatment and victimisation category with the total trauma and delinquency scores, respectively, by age group and gender.

Among 3–10 year olds, exposure to maltreatment⁶⁰ and exposure to property crime demonstrated independent associations with trauma symptoms for males and females, once other forms of maltreatment and victimisation had been taken into account. The effect of child maltreatment on trauma symptoms for males was almost twice as large as that for females. By contrast, a significant independent association was also evident between exposure to peer and sibling victimisation, and higher trauma scores found among females compared with males.

Figure 5.1: Independent impact of lifetime maltreatment and victimisation categories on the emotional wellbeing of 3–10s by gender

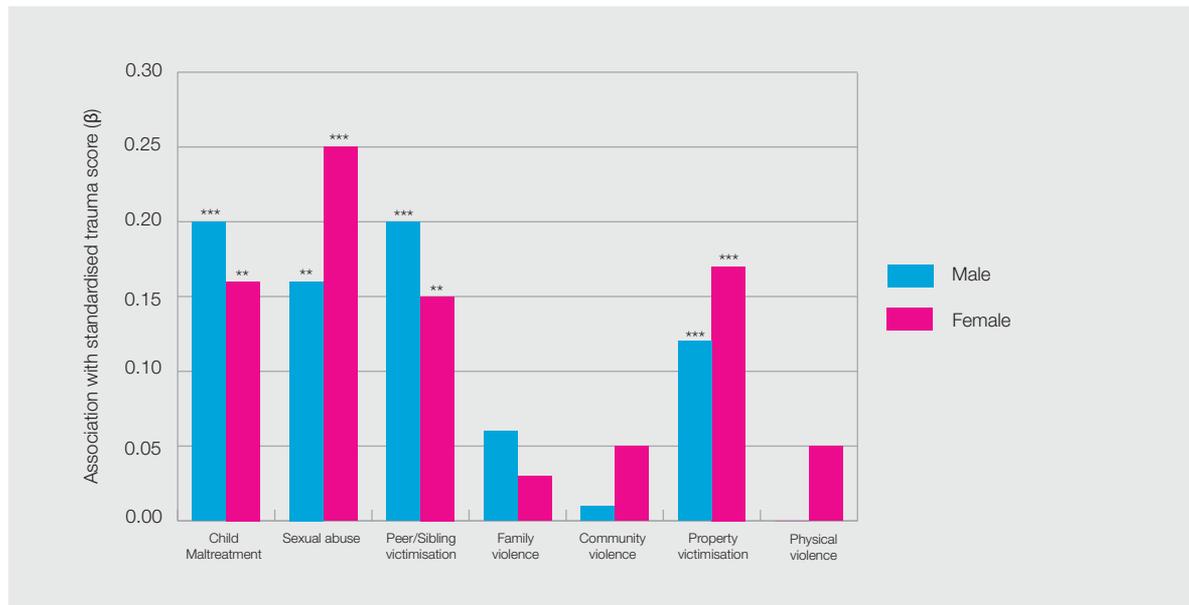


β, standardised beta coefficient from weighted linear regression analysis adjusted for all other victimisation aggregates, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

These findings partly mirror those reported in the US for the Developmental Victimization Survey (DVS). For instance, Turner et al (2006) also found an independent association between child maltreatment and elevated trauma symptoms. However, their reported relationship between lifetime exposure to witnessing family violence and elevated trauma symptoms was not replicated in the current sample. This discrepancy could be the result of inter-country differences, as well as slight differences in aggregate construction and the use of a general trauma score rather than specific symptoms.

⁶⁰ As defined by the JVQ module.

Figure 5.2: Independent impact of lifetime maltreatment and victimisation categories on the emotional wellbeing of 11–17s by gender

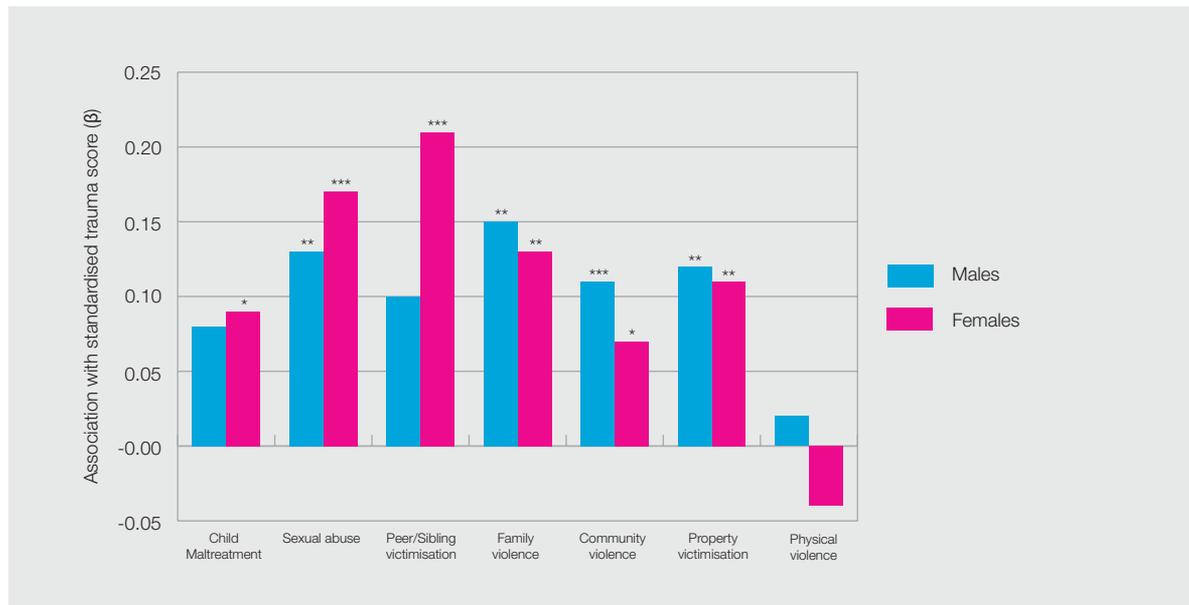


β , standardised beta coefficient from weighted linear regression analysis adjusted for all other victimisation aggregates, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Significant independent associations with higher trauma symptom scores were found for a young person's lifetime exposure to child maltreatment, sexual abuse, property crime and peer or sibling victimisation. The results for 11–17 males and females were broadly similar, but the effect of sexual abuse on the mental health of females was slightly higher than for males. This latter finding is not particularly surprising as sexual abuse in childhood has been more strongly linked to later mental health problems in women than in men (Fisher et al, 2009; Olff et al, 2007).

Overall, these findings are similar to those reported for the DVS (such as Finkelhor et al, 2007a; Turner et al, 2006), which also demonstrated reasonably generic effects of maltreatment and victimisation on young people's mental health. Moreover, Turner et al (2006) also found that witnessing family violence assessed across the lifetime was not independently associated with trauma symptoms of 10–17s as was the case in the current sample.

Figure 5.3: Independent impact of lifetime maltreatment and victimisation categories on the emotional wellbeing of 18–24s by gender

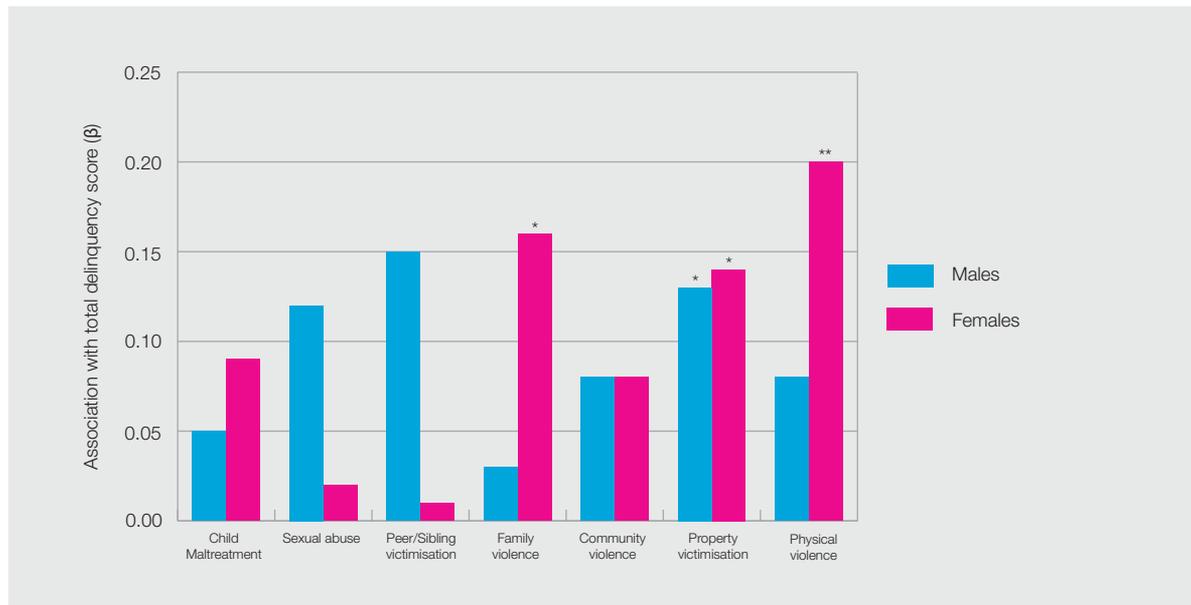


β , standardised beta coefficient from weighted linear regression analysis adjusted for all other victimisation aggregates, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

All forms of maltreatment and victimisation, with the exception of physical violence, demonstrated independent associations with higher trauma symptoms over the previous two months among 18–24s. This suggests that most forms of maltreatment and victimisation may continue to have effects on emotional wellbeing into early adulthood. The associations were reasonably similar for males and females, though the effects of victimisation by peers or siblings were almost twice the size for females compared with males.

There is some overlap between the findings presented here and those reported by previous studies that have employed the JVQ. For instance, Elliott et al (2009) surveyed 329 female undergraduates in the US aged 18–24 and also found that the sexual abuse and child maltreatment aggregates were independently associated with poorer mental health. However, they did not find associations for any of the other victimisation categories, in contrast to the current study. Similar results were also reported by Richmond et al (2009) on another female undergraduate sample, with sexual abuse and child maltreatment demonstrating independent associations with compromised emotional wellbeing. The potential differences between the UK findings and these surveys could at least be partly due to the different mental health assessment tools employed and the US studies being restricted to convenience samples of women attending university.

Figure 5.4: Independent impact of lifetime maltreatment and victimisation categories on the delinquent behaviour of 5–10s by gender

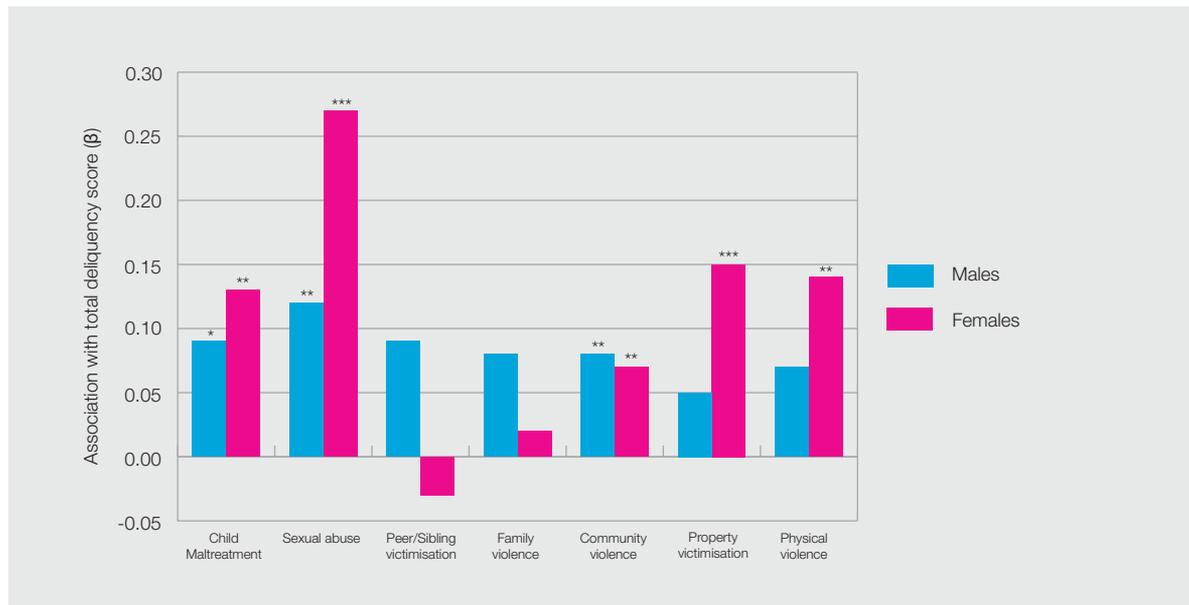


β , standardised beta coefficient from weighted linear regression analysis adjusted for all other victimisation aggregates, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Lifetime exposure to property crime was independently associated with more delinquent behaviour among both males and females aged 5–10, when all other types of maltreatment and victimisation were taken into account. For females, witnessing family violence and physical violence were also independently related to higher delinquency scores. These effects were not evident among males.

Some elevation in delinquent behaviour was apparent for males who had been sexually abused or victimised by a peer or sibling, but these associations failed to reach statistical significance.

Figure 5.5: Independent impact of lifetime maltreatment and victimisation categories on the delinquent behaviour of 11–17s by gender

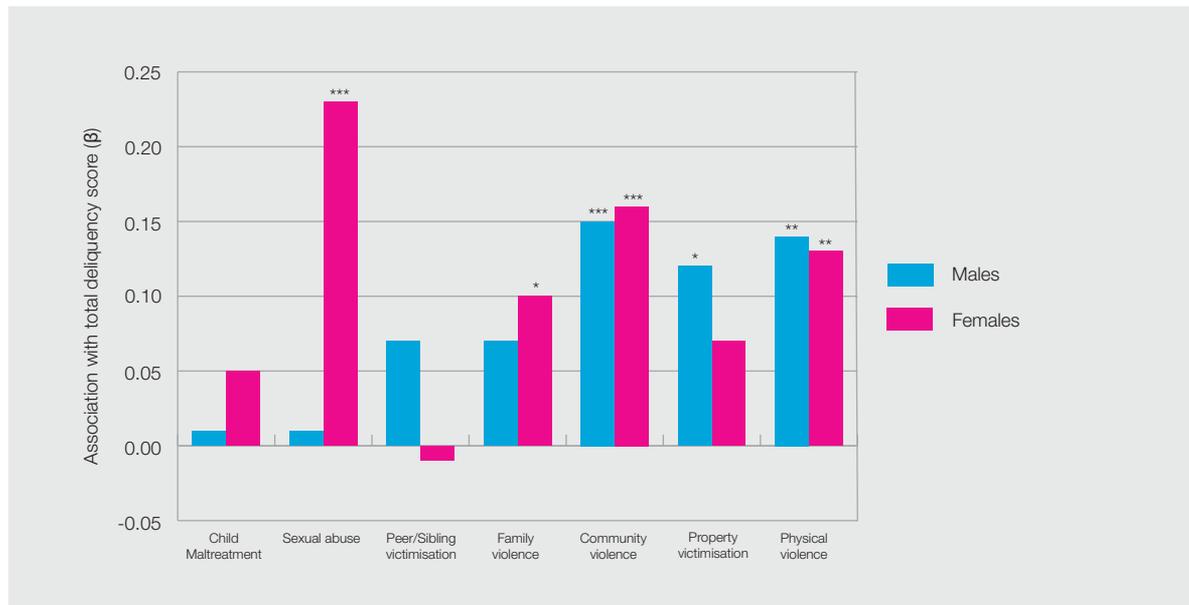


β , standardised beta coefficient from weighted linear regression analysis adjusted for all other victimisation aggregates, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Among 11–17s, independent associations with increased delinquent behaviour were evident for females who had been sexually abused during their lifetime, maltreated, experienced physical violence, witnessed community violence or been exposed to property crime. There were also higher delinquency scores among males aged 11–17 who had been maltreated, sexually abused (though the effect was much lower than for females) and witnessed community violence. Indeed, associations between delinquency with child maltreatment and sexual abuse have previously been demonstrated in the literature (Egeland et al, 2002).

When taking into account the full adolescent period up to the age of 18, sexual abuse, property crime, physical violence and witnessing community violence were still independently associated with higher delinquency scores among females aged 18–24 (see Figure 5.6). However, the effects of maltreatment on delinquent behaviour reduced for females in this age group, while witnessing violence within the family became significantly related to delinquency.

Figure 5.6: Independent impact of lifetime maltreatment and victimisation categories on pre-18 delinquent behaviour reported by 18–24s by gender



β , standardised beta coefficient from weighted linear regression analysis adjusted for all other victimisation aggregates, age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Among male 18–24s, maltreatment and sexual abuse were no longer associated with delinquency, but witnessing community violence maintained its independent association with more delinquent behaviour and the associations for property crime and physical violence increased.

5.4 Polyvictimisation

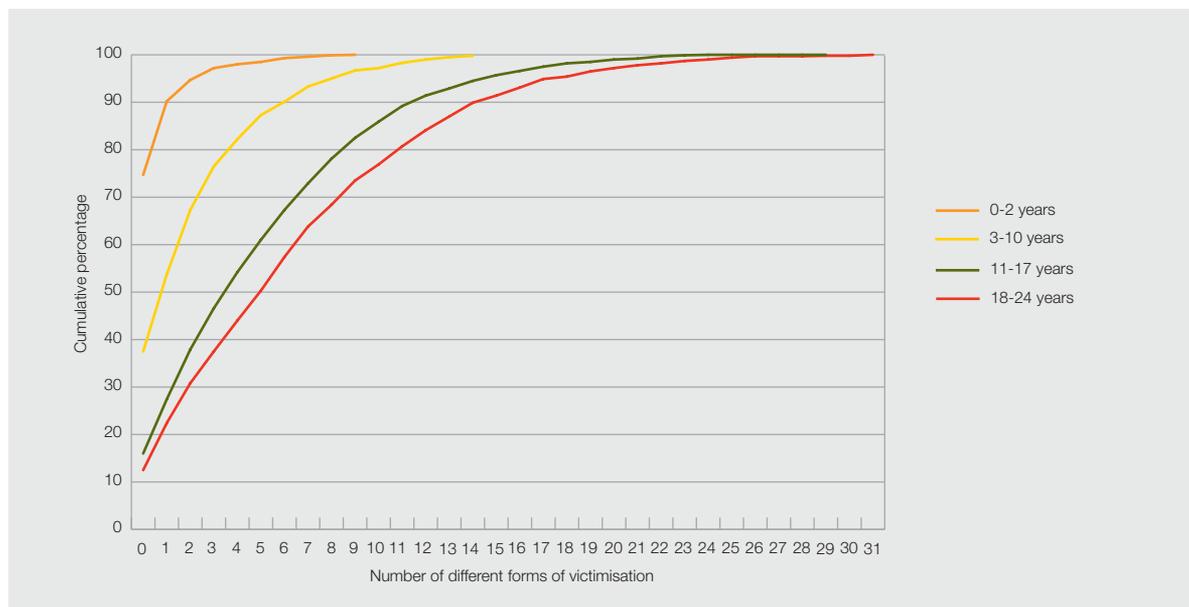
In this section we present findings for each age group on the prevalence and impact of experiencing many different types of maltreatment and victimisation.

It has previously been demonstrated that exposure to multiple forms of maltreatment and victimisation has a greater impact on emotional wellbeing and behaviour than repeated instances of a single type of maltreatment or victimisation (Finkelhor et al, 2007a; 2007b; Finkelhor, Ormrod, Turner, and Holt, 2009; Turner et al, 2010). This has huge implications for the identification and early treatment of children who are at risk of mental health problems and anti-social behaviour. The extent of such polyvictimisation was therefore explored among the current sample and the characteristics of children, young people and young adults who can be classed as being polyvictims are presented along with the impact of polyvictimisation on their mental health and delinquent behaviour.

A polyvictimisation variable was constructed by summing all the different victimisation experiences that each child had experienced in their lifetime (or prior to 18 for the 18–24s) using the 39 JVQ questions. The cumulative percentage for each age group of those answering positively to multiple maltreatment and victimisation questions is presented in Figure 5.7.

Figure 5.7 indicates that a wide range of different maltreatment and victimisation types were experienced even by fairly young children. The number of multiple maltreatment and victimisations understandably increased with age as the potential opportunities for exposure also increased. Only a very small proportion of children 2 years old or under were reported to have experienced two or more forms of victimisation (9.8 per cent), but this proportion increased steadily during childhood (44.8 per cent of 3–10s), adolescence (72.6 per cent of 11–17s), and for young adults (77.6 per cent prior to 18 for 18–24s).

Figure 5.7: Cumulative distribution of polyvictimisation within each age group



Consistent with previous analyses of the JVQ (Finkelhor, Ormrod, Turner, and Holt 2009; Turner et al, 2010), the polyvictimisation total was dichotomised so that children with the highest 10 per cent of maltreatment and victimisation exposures were classified as polyvictims, while the other 90 per cent were not. This threshold was determined separately for each age group because of the longer length of time that young people had potentially been exposed to maltreatment and victimisation experiences compared to younger children. Those scoring above the 90th percentile were considered polyvictims. Thus, polyvictims were defined as infants (0–2 years) reported to have been exposed to two or more types of maltreatment and victimisation, children (3–10 years) reported to have experienced seven or more different forms of maltreatment and victimisation, 11–17s who reported 12 or more maltreatment and victimisation types, and 18–24s with 15 or more positive responses to different maltreatment and victimisation types during their lifetime.

5.5 Characteristics of polyvictims

Demographic differences between those classified as polyvictims and the rest of the sample are presented for each age group separately in Table B5.1 in Appendix B. Given the small number for infants in some categories, the 0–2 and 3–10 age groups were combined for this analysis. The demographic factors include socio-economic status based on parents' highest occupational status at the time of interview, defined according to the British National Readership Survey social grading scale⁶¹. Additionally, an adapted version of the non-victimisation adversity measure described by Turner et al (2006) was employed to assess non-violent traumas and chronic stressors that occurred to participants during their lifetime. Each item was scored as one if the specific type of adversity had occurred during the child's lifetime. A total lifetime adversity score was created by summing all of the items, with higher scores indicating greater adversity. There were insufficient numbers in different ethnic groups to allow comparison on this variable for polyvictimisation status.

A range of demographic differences between polyvictims and the rest of the sample is apparent from Table B5.1 in Appendix B. The polyvictimised group was older within both the under 11s and 11–17s age groups⁶² and tended to come from the lowest social class among the 18–24s. Across all the age groups, the polyvictimised group were substantially more likely to have special educational needs or a longstanding disability or illness, as well as have a parent with enduring physical, learning or psychiatric problems. Additionally, polyvictims reported higher rates of exposure to non-victimisation forms of adversity than the rest of the sample. These findings are broadly in keeping with those reported for the past year by Finkelhor et al (2007a) who found polyvictims tended to be male, older, from lower socio-economic classes and had greater exposure to other forms of adversity.

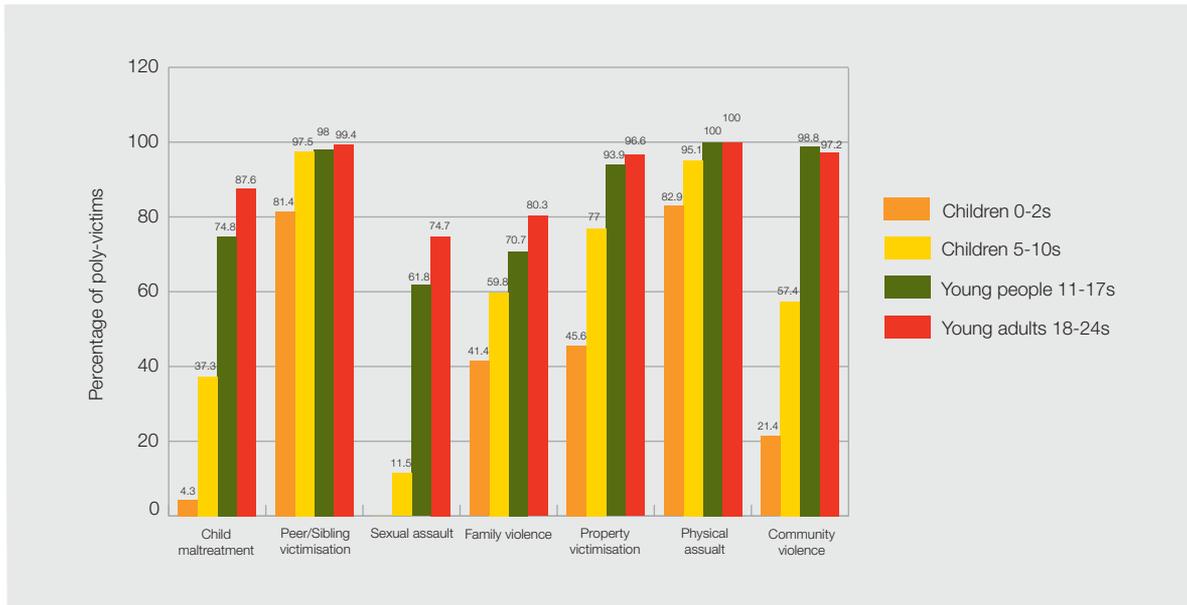
The maltreatment and victimisation categories that were most prevalent among the polyvictim group are displayed in Figure 5.8 for each age group separately.

Physical violence and victimisation by a peer or sibling were the most prevalent forms of victimisation among infants, children, young people and young adults who were classed as polyvictims. More than half of polyvictims across the 3–24 age range had witnessed family and community violence during their lifetime as well as having been exposed to property crime. Child maltreatment and sexual abuse were particularly prevalent among young polyvictims.

61 AB: higher and intermediate managerial, administrative or professional occupations; C1: supervisory, clerical or junior managerial, administrative or professional occupations; C: skilled manual workers; and DE: semi-skilled and unskilled manual workers, state pensioners, casual or lowest-grade workers, or unemployed receiving state benefits only.

62 Age is not applicable for the 18–24s age group.

Figure 5.8: Proportion of polyvictims endorsing individual maltreatment and victimisation categories



These findings are reasonably consistent with those reported in the US by the National Survey of Children’s Exposure to Violence (NATSCEV) (Turner et al, 2010) and suggest that children and young people who screen positively for individual maltreatment and victimisation types, such as peer/sibling or property victimisation, physical violence and witnessing family violence, are also likely to have experienced multiple other forms of maltreatment and victimisation.

5.6 Impact of polyvictimisation

The associations between the number of different types of maltreatment and victimisation to which children, young people and young adults were exposed and their trauma symptoms and delinquent behaviour are displayed in Figures 5.9 and 5.10 respectively.

Levels of trauma-related symptoms and delinquent behaviour increased with the number of different maltreatment and victimisation types that children, young people and young adults had experienced (see Figures 5.9 and 5.10).

Figure 5.9: Association between exposure to multiple types of maltreatment and victimisation and recent emotional wellbeing of children, young people and young adults (ages under 24)

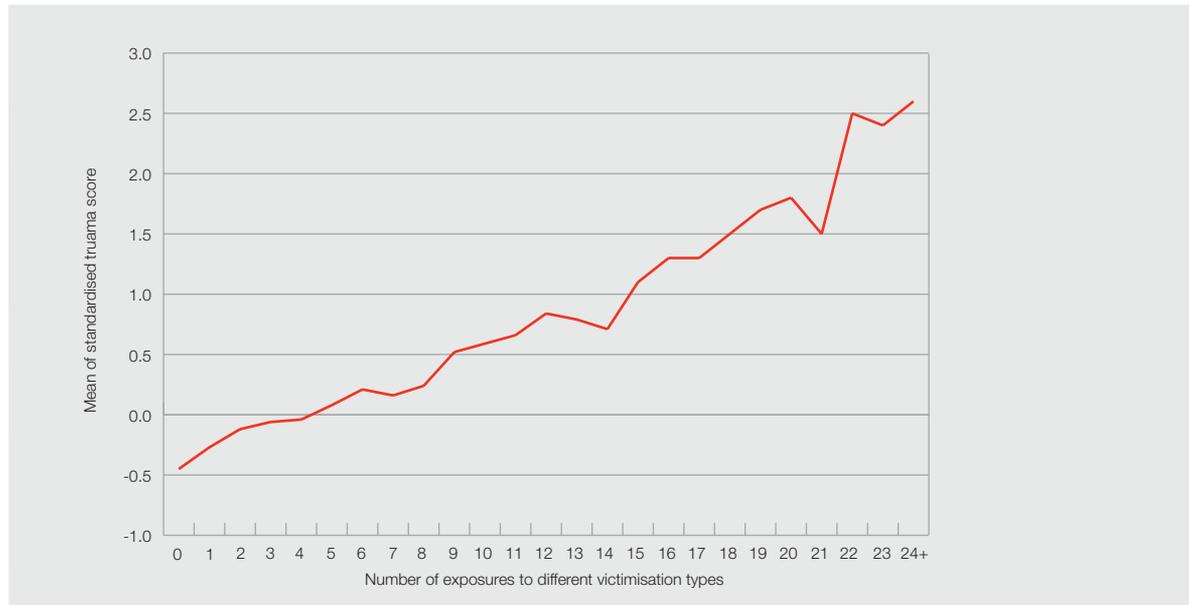
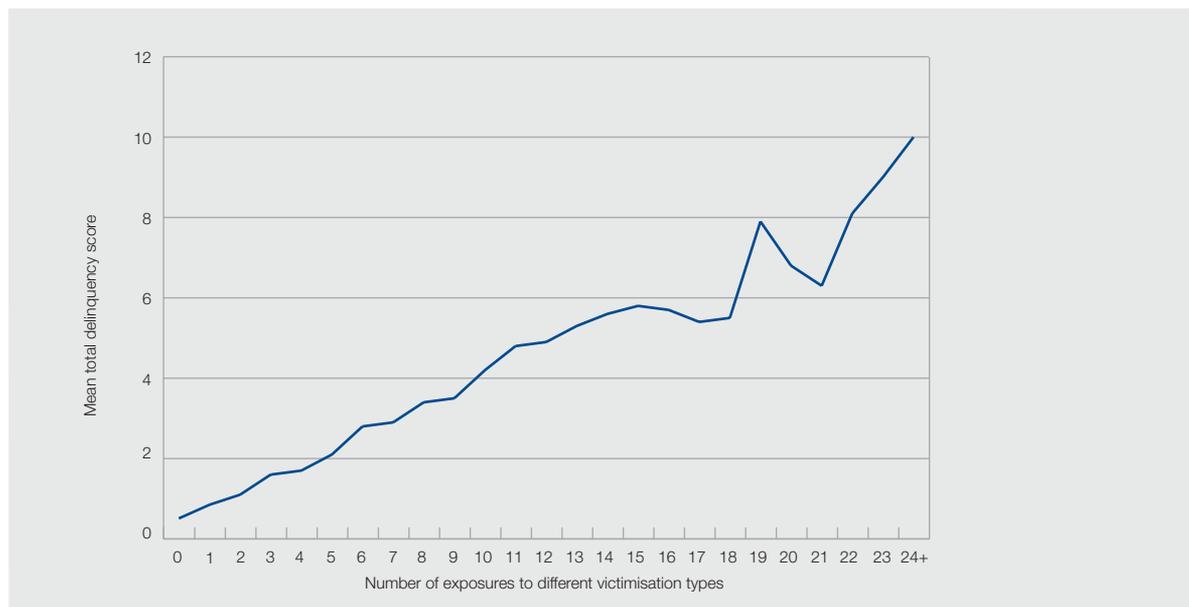
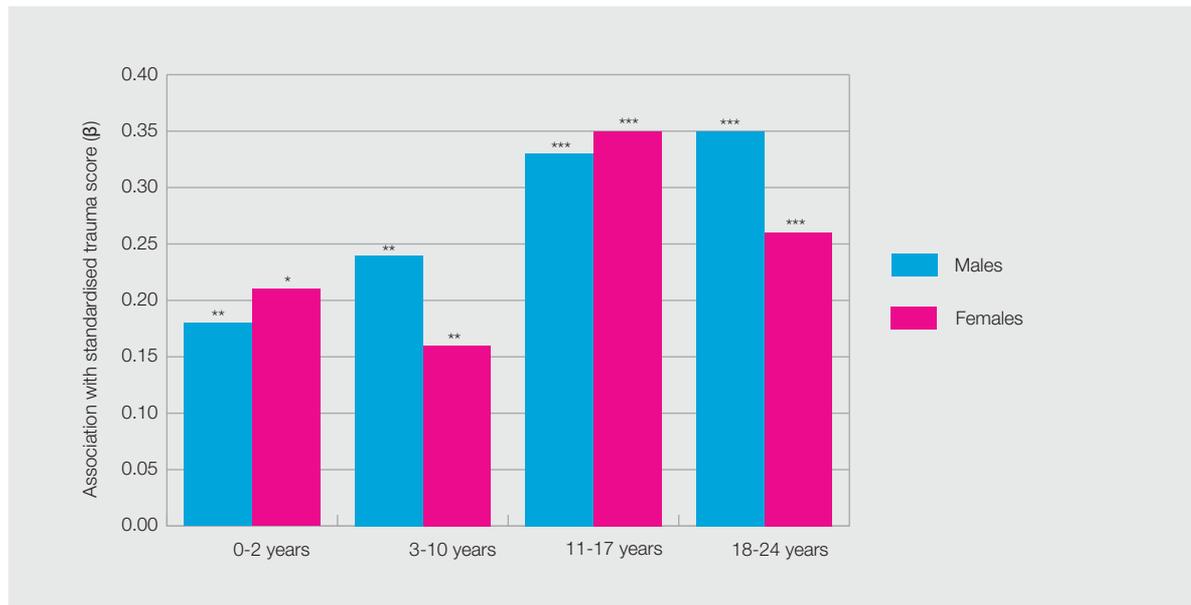


Figure 5.10: Association between exposure to multiple types of maltreatment and victimisation and pre-18 delinquent behaviour (ages 5–24)



The associations between experiencing a high level of polyvictimisation and the trauma symptoms and delinquent behaviour of children and young people are presented in Figures 5.11 and 5.12 for males and females separately within each age group. All individuals who scored below the 90th percentile on the total polyvictimisation score were used as the comparison group. All analyses were weighted to maximise representativeness of the UK population and adjusted for age, ethnicity, socio-economic status and non-victimisation adversity.

Figure 5.11: Impact of polyvictimisation on trauma symptoms by age group and gender

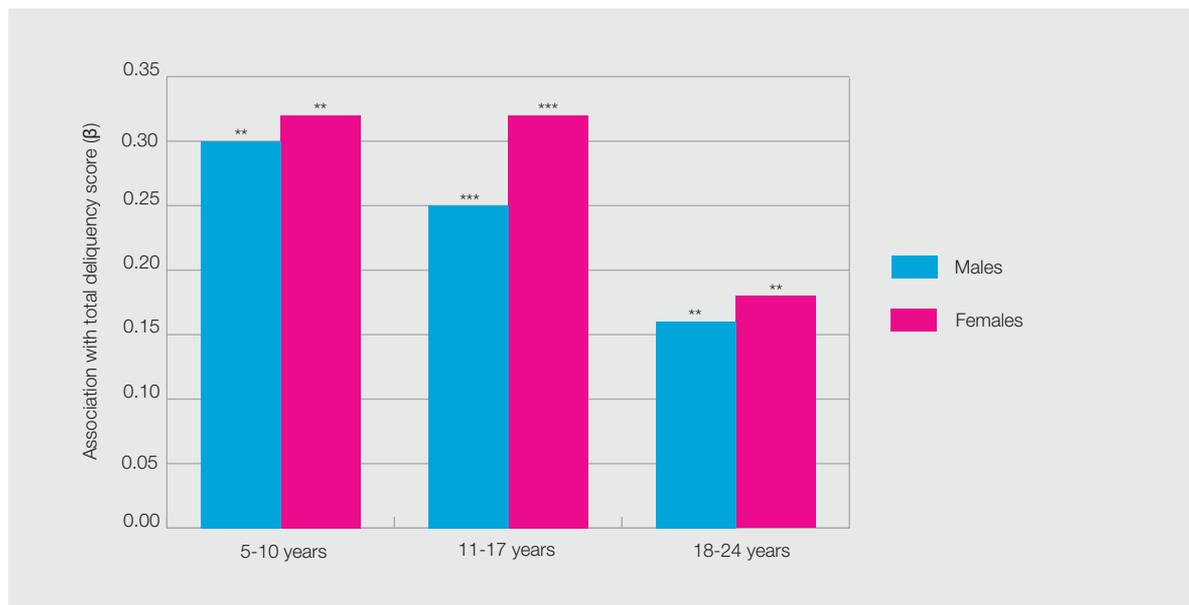


β , standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Children, young people and young adults who had experienced the largest number of multiple maltreatment and victimisation types during their lifetime reported significantly higher levels of trauma-related symptoms than those with fewer or no maltreatment or victimisation experiences. The size of the effects was larger among young people and young adults, but was similar between males and females in each age group.

These findings are consistent with those reported in the US and Sweden, which have consistently found that polyvictimisation has an effect on a range of mental health symptoms among children, young people and young adults (Finkelhor et al, 2007a; Gustafsson et al, 2009; Turner et al, 2010).

Figure 5.12: Impact of polyvictimisation on pre-18 delinquent behaviour by age group and gender



β, standardised beta coefficient from weighted linear regression analysis adjusted for age, ethnicity, socio-economic status and non-victimisation adversity. ** $p < 0.01$; *** $p < 0.001$.

The highest rates of multiple maltreatment and victimisation types also demonstrated significant associations with increased delinquency. The findings for male and female polyvictims were reasonably similar, although the association for female 11–17s appeared to be slightly higher than that found for males of that age group. Retrospective reports by young adults were somewhat lower than those by children and young people, perhaps due to poorer memory of their behaviour or because the effects of polyvictimisation on delinquency may be stronger at younger ages.

5.7 Summary

The results presented in this chapter and previous sections of this report indicate that abuse during childhood and adolescence has major implications for emotional wellbeing and delinquent behaviour, dependent to a degree on the age and sex of the individual. A strong case can be made to support the conclusion that all maltreatment and victimisation experiences are relevant to the study of child maltreatment, including severe maltreatment, because experiences of maltreatment and victimisation often overlap and this influences the young person's overall wellbeing. Children who experience severe maltreatment are at greater risk of also experiencing other types of abuse.

Throughout childhood and adolescence and into early adulthood, child maltreatment and property crime were associated with poorer mental health, independent of other types of maltreatment and victimisation experienced. Sexual abuse and victimisation by a peer or sibling

appeared to exert their strongest effects on mental health during adolescence. Furthermore, by the beginning of adulthood, witnessing violence within the family or wider community was also related to higher trauma symptoms. In terms of delinquent behaviour, sexual abuse and physical violence appeared to have strong independent effects in female 11–17s. Property crime again demonstrated associations with increased delinquency, mainly among both males and females. Moreover, witnessing community violence also seemed to affect both sexes during adolescence through higher levels of delinquency, while witnessing violence within the home was independently associated with the reported delinquent behaviour of females within the 18–24 age group only.

Experiencing multiple types of maltreatment and victimisation – polyvictimisation – inevitably occurred more frequently in older rather than younger children and was associated with disability and special educational needs of the child and their parents, as well as other forms of non-victimisation adversity. Polyvictimisation also demonstrated significant associations across all age groups with poorer mental health and increased delinquent behaviour. Therefore, particularly when considering the extreme end of this continuum of abuse, children and young people classed as polyvictims constitute an extremely vulnerable group who require early identification and intervention to prevent both immediate and longer-term problems.

The impact of polyvictimisation on the mental health of children and young people also appeared to increase with age. This fits with the finding of Gustafsson et al (2009) that associations between polyvictimisation and mental health are stronger in adolescence than childhood and also the theory that psychobiological effects may be more persistent among polyvictims, with symptoms becoming more visible over time (Cohen et al, 2002). In keeping with the idea of behavioural sensitisation, it is also feasible that prior exposure to a wide range of maltreatment and victimisation types results in stronger psychological and behavioural reactions to subsequent maltreatment and victimisation events (Groves and Thompson, 1970; Post et al, 1995). Therefore, within this framework, polyvictimisation would be expected to have greater associations with a variety of mental health problems over time, as tentatively indicated in this sample. However, the association between polyvictimisation and delinquent behaviour was similar among children and young people and even appeared to reduce when the whole period up to the age of 18 was taken into account.

These suggested developmental trends should be considered cautiously, due to the cross-sectional nature of the data and the different mental health assessment tools utilised in each age group. Future longitudinal studies would provide valuable and more robust insights into the independent effects of exposure to individual and multiple types of maltreatment and victimisation on mental health and delinquent behaviour across early development. Additionally, as reports on maltreatment and victimisation exposure, mental wellbeing and delinquent behaviour all came from the same informant (parents or guardians for under 11s and individuals themselves aged 11–24 years), this might well have led to higher associations between these

measures than might have been obtained if independent sources had been utilised. Thus the effects presented here may have been over-estimated.

Finally, it was not possible within the scope of this report to fully explore the impact of maltreatment and victimisation on specific mental health symptoms and different types of delinquent behaviour.

Chapter 6: Is child maltreatment increasing?

Efforts to study trends in child maltreatment have typically relied on the comparisons between numbers of cases reported to authorities, such as the number of children who are the subject of child protection plans or on child protection registers. As discussed in Chapter 1 of this report, until relatively recently figures from the UK have shown a fall in registrations for physical and sexual abuse since the early 1990s; similar data from the US showed a major decline in rates of sexual and physical abuse between 1992 and 2004 (Finkelhor and Jones, 2006). In England, registrations for physical abuse and sexual abuse have fallen in proportion to registrations for other reasons. Registrations for physical abuse fell from 40 per cent of all registrations in 1994 to 15 per cent in 2009 (from 11,400 to 5,800 children and young people). Sexual abuse registrations declined from 26 per cent in 1994 to 6 per cent in 2009 (from 7,500 to 2,200 children and young people). Registrations for neglect, however, increased from 27 per cent in 1994 to 45 per cent in 2009 (from 7,800 to 16,900 children and young people) (DH, 2007; DH, 2003; DfES, 2006; DCSE, 2009). There has also been a recent marked increase in the number children who became the subject of child protection plans, from 30,700 in 2004–5 to 37,900 in 2008–9, and to 44,500 in 2009–10 (DCSE, 2009; DfE, 2010), with similar increases in child protection registrations in Scotland and Wales, but not in Northern Ireland (see Chapter 1).

Considerable caution is needed in generalising from these kinds of data to trends in child maltreatment in the general population. Official statistics only capture the tip of the iceberg, with the majority of even seriously abused children not officially registered (Cawson et al, 2000; Fergusson and Mullen, 1999; Gilbert et al, 2008a). In addition, studies of trends in officially registered child abuse are vulnerable to changes in the criteria for registration, child protection policy and child protection practice (Hess, 1995). Further cross-national comparative research on trends in substantiated cases of child maltreatment by the Institute of Child Health, University College London, is expected to be published in 2011 (Gilbert, 2010). Repeat studies of child maltreatment in the general population are needed to chart trends accurately. In the US, such data already exists but the findings on trends are somewhat mixed, showing an overall decline in self-reported childhood maltreatment and victimisation but no evidence of a decline since 2000 in maltreatment by adults. Overall downward trends in maltreatment and victimisation are most apparent for the 1990s. Since 2000, declining rates can be shown for victimisation perpetrated by other young people but not by adults, and some of the individual types of maltreatment and victimisation have increased (Finkelhor et al, 2010). Until now, such data has not been available for the UK.

The previous NSPCC national prevalence study conducted in 1998–9, Cawson et al, 2000 asked young adults (aged 18–24 years) about their experiences of maltreatment when they were children. Comparisons with this study offer the opportunity to chart how children's and young people's experiences of maltreatment have changed over time.

This chapter uses comparable data from the 1998 and 2009 NSPCC studies to provide evidence on trends in child maltreatment. To ensure comparability across the two studies, we restrict our analyses to the retrospective responses of young adults in 2009. As already noted, the primary research instruments were updated between 1998 and 2009, and have been discussed in earlier chapters of this report. However, a short set of “double-up” questions (30 in all) identical to those administered in 1998 were also included in 2009 to allow for comparisons across the two studies (see Table A1.1. in Appendix A). Evidence shows that even minor differences in wording and response format in questionnaires about behaviour and psychosocial functioning can make a substantial impact on rates of endorsement of specific items and resulting prevalence estimates (Goodman et al, 2007). The analyses reported here are therefore largely restricted to the identical questions in 1998 and 2009. This means we can be more certain about the reliability of estimates of change over time. One limitation, however, is that detailed information about the nature of reported child maltreatment (for example, the child’s relationship to perpetrator, or age) is not available for these temporal analyses. Analyses focusing on neglect, verbal maltreatment and physical violence used identical questions. Questions used to collect information about childhood sexual abuse were similar but not identical. Comparisons of rates of these thus need to be viewed more cautiously.

6.1 The 1998 and 2009 samples compared

The two studies used closely comparable survey methodology, as discussed in Chapter 3 of this report, including a random probability sampling methods using the Postcode Address File and CASI methods of interviewing. Both studies achieved broadly comparable response rates (69 per cent in 1998 and 60.4 per cent in 2009), with data collected from 2,869 young adults in 1998 and 1,761 young adults in 2009. Sample weights were used in both studies to correct for unequal probability of selection across age groups, to compensate for under-recruitment of male respondents, for regional differences in response, and for under-selection of participants living with other young adults. As shown in Table B6.1 in Appendix B, the two weighted samples did not differ in relation to gender or disability. The two studies differed slightly in the representation of individuals aged 18–20 relative to those aged 21–24. Preliminary analyses showed that older individuals in each study were marginally more likely to report harsh verbal treatment, but there were no significant differences by age in relation to neglect and physical violence. Additional analyses adjusting for respondent age did not differ with respect to the key conclusions reported here.

In keeping with UK demographic trends (ONS, 2010b), the 2009 study participants were more likely to belong to an ethnic minority group (15.4 per cent in 2009 compared to 8.1 per cent in 1998, $p < 0.001$), and were more likely to have experienced the separation of their biological parents. The proportion of participants who spent the majority of their childhood living with both biological parents reduced from 80 per cent in 1998 to 72 per cent in 2009 ($p < 0.001$).

Comparisons below also report how these changes in population composition are associated with the maltreatment prevalence estimates.

Finally, it is important to reiterate that comparisons of the two samples are based on young adults (18–24s) reporting retrospectively on childhood experiences. This means that estimated prevalence figures of maltreatment relate primarily to the lifetimes of those young adults interviewed in 1998–9 (1974–98; study 1), and the lifetimes of those interviewed in 2009 (1985–2009; study 2).

6.2 Trends in maltreatment

6.2.1 Absence of adequate parental care and supervision

Six questions assessed parental care and supervision when under the age of 12 (for example, being taken to the doctor when ill or having enough food to eat). Respondents rated each item on a 6-point scale ranging from “always” to “never”. Table 6.1 shows the proportions of respondents who reported frequent problems with parental care.

As shown, there was little change in reported lack of care across the two samples. Around 10 per cent in each study reported at least one problem, and just under 2 per cent reported multiple regular difficulties in parental care. These comparisons showed no significant difference by year of study. The only significant change was a small increase in the proportion of young adults who reported that their parents did not take them to the dentist for regular checkups. To conclude, the likely prevalence of parental neglect has remained stable over this period.

Table 6.1: Parental care and supervision reported by young adults in 1998 and 2009

	NSPCC Study (1998) N=2,869 %	NSPCC NSCSV (2009) N=1,897 %	Significance Test
Expected to do own laundry (often or always) ^a	3.2	3.1	0.04ns
Dental checkups (rarely or never)	3.4	4.5	4.11*
Dirty clothes (often or always)	0.8	0.4	2.20ns
Went hungry (often or always)	0.8	0.6	1.03ns
Supervision of younger siblings (often or always)	3.6	3.0	1.02ns
Not taken to doctor when ill (often or always)	1.2	1.0	0.61ns
Any problem with supervision/care	9.4	9.9	0.38ns
Multiple problems with supervision/care	1.8	1.8	0.00ns

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, ns=not statistically significant.

a The question is specific that this relates to children under the age of 12.

6.2.2 Experiences of harsh treatment by adults at home, school or elsewhere

Respondents in both studies completed identical items drawn from the Conflicts Tactics Scale (Straus, 1979), which assesses a variety of ways in which parents and other adults may treat children. Additional analyses of the 1998 data showed that the majority of experiences described here relate to interactions with parents or caregivers in the home (Cawson et al, 2000). Table 6.2 first shows responses to four items of *non-aggressive* disciplinary techniques (being told why something is wrong, being distracted when doing something wrong, withdrawal of privileges, being sent to one's room). There was no or only very little change in rates of each of these types of discipline.

Table 6.2 then provides responses to six items assessing *verbal aggression* (being embarrassed or humiliated, shouted or screamed at, threatened with being smacked, sworn at, called names such as stupid or lazy, and threatened with being sent away). Many of these were common experiences reported by respondents. However, with one exception (being humiliated or embarrassed), these types of treatment were all reported significantly less often in the more recent study. A follow-on question asked respondents who reported one or more of these experiences to rate whether this had taken place regularly over periods of their childhood. The experience of regular and prolonged verbal aggression had reduced considerably over time (1998: 14.5 per cent; 2009: 6 per cent⁶³).

The final section of Table 6.2 describes experiences of *physical treatment/discipline*, such as smacking, pinching and slapping (with more severe physical violence considered separately below). Smacking on the bottom, hands, arms or legs were commonly reported by young adults in 1998 and 2009. However, only a minority in each study reported that these were regular experiences over prolonged periods of their childhoods. Moreover, the 2009 sample were again considerably less likely to say such experiences as having happened to them on a regular basis (1998: 10 per cent; 2009: 2.8 per cent⁶⁴).

63 $\chi^2(1)=82.28; p<0.001$.

64 $\chi^2(1)=89.23, p<0.001$.

Table 6.2: Non-aggressive, verbally aggressive and physically aggressive treatment by adults at home, school or elsewhere

	NSPCC Study (1998) N=2,869 %	NSPCC NSCSV (2009) N=1,897 %	Significance test
Non-aggressive treatment			
Explained to me why I was wrong	93.1	92.6	0.38ns
Distracted from doing something wrong	43.6	41.7	1.26ns
Stopped from going out/privileges stopped	76.2	73.3	4.95*
Sent to room	73.7	76.3	3.98*
Verbal aggression			
Embarrassed or humiliated	20.5	26.7	23.25***
Shouted or screamed at	77.0	66.1	66.81***
Threatened with smacking	67.9	53.1	102.65***
Sworn at	29.3	26.5	4.10*
Called stupid/lazy	44.1	35.2	35.58***
Threatened to be sent away	22.2	19.1	6.65**
Regular verbal aggression	14.5	6.0	82.28***
Physical treatment/discipline			
Smacked on bottom with bare hand	53.1	41.0	64.22***
Smacked on leg, arm or hand	61.0	43.0	142.6***
Pinched	8.9	9.2	0.18ns
Slapped on face, head or ears	21.3	13.4	46.96***
Regular physical treatment/discipline	10.0	2.8	89.18***

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, ns = not statistically significant.

6.2.3 Experiences of physical violence

Four further questions assessed experiences of violence (being thrown or knocked down; being beaten up/hit over and over again; grabbed around the neck and choked; being threatened with a gun or knife) during childhood. Of these, the most commonly reported experiences were being thrown or knocked down and being beaten up. Again, the prevalence of both of these had reduced over time. Overall, the prevalence of physical violence (as measured with by any of these items) reduced significantly from 13.1 per cent in 1998 to 9.8 per cent in 2009 (see Table 6.3).

Table 6.3: Physical violence at home, school or elsewhere

	NSPCC Study (1998) N=2,869 %	NSPCC NSCSV (2009) N=1,897 %	Significance test
Thrown or knocked down	9.5	5.2	30.14***
Beaten up, being hit over and over again	6.6	4.3	10.25***
Grabbed around neck and choked	4.2	3.2	3.18ns
Threatened with a knife or gun	3.1	3.3	0.11ns
One or more of these	13.1	9.8	12.09***

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, ns = not statistically significant.

It is not possible to determine whether the decline in physical violence shows a decline in violence from adults, violence from peers or both of these. Further research is needed to explore this in the UK context.

6.2.4 Experiences of underage sexual activity and sexual violence

Participants in both studies answered identical questions on sexual experiences under the age of 16. These questions asked about five sexual acts: being hugged and kissed in a sexual way, sexual intercourse, anal sex, oral sex and other forms of sexual penetration.

The participants were asked to include all experiences, both those that they willingly engaged in and those that they did not. Significant differences were found between the two groups of young adults on only two of the questions asked (see Table 6.4).

There was a significant reduction in the number of young people who reported being hugged and kissed in a sexual way, from 50.7 per cent in 1998 to 47.5 per cent in 2009⁶⁵. However, there was a significant increase in those that had reported engaging in oral sexual activity, from 22 per cent in 1998 to 26.3 per cent in 2009⁶⁶. There may be a number of reasons why oral sexual activity increased and not all are necessarily abuse related. Some young people under the age of 16 may, for instance practice, oral sex as an alternative to intercourse.

65 $\chi^2(1)=4.32$, $p < 0.05$, $\Phi = -0.03$.

66 $\chi^2(1)=11.38$, $p = 0.001$, $\Phi = 0.05$.

Table 6.4: Any sexual experience under 16 years

	NSPCC Study (1998) N=2,869 %	NSPCC NSCSV (2009) N=1,897 %	Significance test
Before 16, hugged or kissed in a sexual way	50.7	47.5	4.32*
Before 16, full sexual intercourse	27.0	26.0	0.68
Before 16, anal intercourse	1.8	2.1	0.45ns
Before 16, oral sex	22.0	26.3	11.38***
Before 16, any other penetrative acts ⁶⁷	16.9	15.9	0.76ns

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, ns= not statistically significant.

Although there were no identical questions that focused exclusively on forced or coerced sexual activity, composites of questions in both studies, if interpreted cautiously, may give an indication of trends over time⁶⁸. A select number of questions were used to create three composites, shown in Table B6.2 in Appendix B. They reveal information on trends of “unwanted sexual exposure”, “attempted forced or coercive sexual acts” and “forced or coercive sexual acts”. Unfortunately, we are unable to compare the same age range for sexual exposure and attempted coercive sexual acts across both the studies, as the 1998 study limited these experiences to those under age 16 and the 2009 study included all childhood experience up to age 18. Rates of reported unwanted sexual exposure were 8.4 per cent in 1998 and 10.8 per cent in 2009. Reported rates of attempted forced or coercive acts were 4.7 per cent in 1998 and 6.1 per cent in 2009. These results should be interpreted in light of the fact that lifetime victimisation rates are cumulative and therefore it is to be expected that rates of experiences up to age 18 would be higher than up to age 16. This is particularly evident if we look at the 2009 data collected from the non-retrospective samples. In those questions taken from the new measure used, the steepest increase in past year victimisation rates were between the grouped ages 12–15 and 16–18 (shown in Figure B6.1 in Appendix B).

For the comparison of “forced or coerced sexual acts”, it was possible to use additional information to identify acts occurring before age 16 in both studies. The comparison of coerced sexual acts under age 16 shows a reduction from 6.8 per cent in 1998 to 5 per cent in 2009⁶⁹.

These results should be interpreted with caution, but they possibly indicate a slight decline in forced or coercive sexual activity since 1998, and a relatively constant level of underage sexual activity, with those significant differences having a low effect size. Further exploration and more detailed analysis are required to gain a better understanding of these time trends, but there is no scope to do this in this report. What is very clear from these findings is the importance of asking about unwanted sexual experiences throughout childhood and not limiting the results to

⁶⁷ Someone put their finger, tongue or an object into the child or young person’s vagina or anus.

⁶⁸ Care needs to be taken in the interpretation of sexual abuse trends as the use of different questions to measure prevalence rates has had a proven effect (Goodman et al, 2007).

⁶⁹ $\chi^2(1)=6.37, p=0.1$.

experiences up to 16 years of age. With experiences in later adolescence included, a more accurate estimate of the prevalence of sexual assault in childhood can be made, and the risks of sexual assault young people over the age 15 continue to face can be better identified.

6.3 Changes over time by respondent gender, social grade and childhood family type

In keeping with many other studies of its kind, the 1998 study revealed higher rates of maltreatment among more socially disadvantaged participants. Overall population trends are important, but they may obscure important differences in trends for specific demographic subgroups. We tested three alternative possibilities. The first is that there has been a decline in maltreatment across the board. The second possibility is that the decline in maltreatment is restricted to more advantaged families, and that more disadvantaged groups have been “left behind”. The third possibility is that a focus on reducing inequalities in children’s and young people’s health and wellbeing have helped reduce previous social inequalities in children’s and young people’s experiences of maltreatment.

Table B6.3 in Appendix B shows differences in summary indicators of neglect, verbal maltreatment, physical abuse and coercive sexual activity according to respondents’ gender, current social grade, and childhood family type. The prevalence of neglect (that is, at least one of the indicators described in Table 6.1) did not differ by gender, but was substantially higher for individuals with lower social grades, and from non-intact family backgrounds. It is noteworthy that these differences narrowed over time, with the prevalence of neglect reducing only for those from non-intact family backgrounds (1998: 20 per cent; 2009: 15 per cent). These conclusions are strengthened by analyses showing a significant interaction between study year and family background⁷⁰.

The prevalence of regular harsh verbal treatment was higher among women, survey participants with lower social grades and those from non-intact family backgrounds. The prevalence reduced substantially for all demographic subgroups between 1998 and 2009. There was no evidence that the decline in prevalence was more or less marked for any particular group (all interactions by year of study, $p > 0.2$).

Rates of physical violence did not differ by gender, but were more common among participants with low social grades and from non-intact families. Reductions in prevalence were seen for lower and higher social grade participants and for those from intact and non-intact family backgrounds (interactions with year of study were not significant).

Reports of “coerced” sexual activity under age 16 (see Table B6.2 for definition in Appendix B) were markedly higher for women than men, and also higher among those who grew up in

⁷⁰ OR=0.61 [0.40–0.90], $p=0.01$.

non-intact families, and for those from lower socio economic status backgrounds. There were no significant interactions of any of these factors and year of study, with modest reductions in prevalence across all groups.

In summary, there was considerable variation in the reported rates of maltreatment between different socio-demographic groups. However, there was no evidence for any polarisation of children's and young people's experiences. Reductions in prevalence were either similar between disadvantaged and advantaged subgroups, or more marked for disadvantaged subgroups.

6.4 Conclusions

In many ways, the findings in this chapter paint an optimistic picture, with a general decline in reported experiences of harsh emotional and physical punishment by parents and caregivers, and also in experiences of physical violence. Furthermore, improvements for socially disadvantaged children have matched those for the rest of the population. Indeed, inequalities in experiences of maltreatment and victimisation appear to have decreased by some degree, even though it is clear that much remains to be done to address the elevated rates of maltreatment among more disadvantaged families. The conclusion that some aspects of child maltreatment and victimisation have become less common now than those reported (retrospectively) twelve years ago is consistent with other types of data from the UK and elsewhere. In particular, registrations for sexual and physical abuse have fallen in both the UK (DH, 2007; DH, 2003; DfES, 2006; DCSE, 2009) and in the US during the 1990s (Finkelhor and Jones, 2006), and comparisons across repeat population studies also show a decline in rates of victimisation by peers in the US.

The present findings do not provide evidence on why the prevalence of some types of reported child maltreatment and victimisation have declined. There may be a number of possible reasons worthy of investigation in future research, including the impact of economic changes, public health measures and policy measures, such as early intervention policies. More generally, the findings can also be seen in the context of changes in parental attitudes and behaviour. Studies of parental attitudes show an almost universal decline in reported acceptance of physical punishment of children and young people (Straus and Mathur, 1996; Finkelhor and Jones, 2006; Durrant, 1999). Furthermore, a recent Nuffield-funded review about trends in parenting found no evidence for a "decline" in parenting quality (Nuffield Foundation, 2009). Instead, parents today appear to play a more active and supportive role in the lives of their children. Interestingly, that study also showed that social inequalities in parenting quality had reduced over time. However, it remains clear from the findings reported in this chapter and elsewhere in this report that a minority of children continue to experience maltreatment.

Finally, several caveats should be noted. First, detailed information allowing a more fine-grained analysis of change in experiences of child maltreatment and victimisation was not available. Comparisons were therefore restricted to a small subset of comparable questions included in

both studies. Trends in prevalence of sexual abuse should be viewed with particular caution given differences in measures used to assess these, and absence of detailed comparable information about the circumstances of these experiences. Second, it is important to consider how methodological differences might have affected comparisons. For example, it is well known that more disadvantaged individuals are less likely to take part in studies of these types. This means that rates of maltreatment are probably underestimated. However, response rates were similar in the two studies, and it therefore seems unlikely that the changes in prevalence reported here are due to differences in participation. Third, attitudes about parental treatment of children have changed. For example, physical punishment of children and young people is now less socially acceptable than in the past. Over and above any real change in prevalence of maltreatment, changing social norms might have affected participants' representation of their childhood experiences in these studies. There is evidence, however, that reporting biases tend to exaggerate differences between socially advantaged and disadvantaged groups (Hofferth, 2004); this cannot easily account for the narrowing differences between advantaged and disadvantaged groups observed here. A final issue to note is that we were unable to ask detailed follow-up questions about the questions on maltreatment and victimisation used in this part of the analysis. Further research is needed to explore whether the changes observed affect trends in victimisation by peers and by adults equally.

Chapter 7: Conclusions and implications

In this final chapter we discuss conclusions and implications of the research for child protection policy and practice.

7.1 The prevalence and impact of child maltreatment

We found some encouraging evidence of a decline in some forms of childhood abuse reported by young adults:

- Childhood experiences of being beaten up or hit over and over again at home, in school or in the community declined from 6.6 per cent in 1998–9 to 4.3 per cent in 2009.
- Experiences of being slapped on the face, head or ears declined from 21.3 per cent in 1998–9 to 13.4 per cent in 2009.
- Experiences of regular physical treatment/discipline declined from 10 per cent in 1998–9 to 2.8 per cent in 2009.
- Coerced sexual acts under age 16 declined from 6.8 per cent in 1998–9 to 5 per cent in 2009.
- There were no significant reports of any change in experiences of neglect.

The findings are consistent with other data from the UK, in particular declines in registrations for sexual and physical abuse in the UK (DH, 2007; DH, 2003; DfES, 2006; DCSF, 2009). The findings suggest that trends observed by researchers in the US (Finkelhor and Jones, 2006) of a decline in some overall experiences of abuse or victimisation in childhood may also be applicable to the UK. There may be a number of possible reasons why rates of child maltreatment are lower, including the impact of economic changes, public health measures and policy measures, such as early intervention policies. These warrant further investigation.

Social work and child protection has been subject to the long history of media interest in “failures” of the social work profession and positive findings from research on successful child protection activities are rarely sought or promoted. The findings from this research on a decline in prevalence of child maltreatment rates (as reported by young adults) are highly relevant to the message from Eileen Munro to promote the positive achievements in protecting children (Munro, 2011). The findings are also highly relevant to the important and related issue of public perceptions of risks of abuse to children, indicating that rather than children being substantially less safe, some progress has in fact been made in reducing rates of child maltreatment.

7.2 Prevalence of abuse and neglect in the UK today

There is however no room for complacency. The research found there is still a substantial minority of children and young people today who are severely maltreated and experiencing abuse at home, in school and in the community, from adults and from peers.

Almost 1 in 5 11–17s (18.6 per cent), 1 in 4 18–24s (25.3 per cent) and 1 in 17 (5.9 per cent) under 11s had experienced severe maltreatment during childhood.

Friends, family and informal sources of support are often young people's first resort for support or advice (Mudaly and Goddard, 2006) but our findings show that there is still a lot of severe maltreatment where nobody else but the child and the perpetrator knew about the abuse:

- Of those physically hurt by a parent or guardian, in over 1 in 5 cases (22.9 per cent) nobody but the child and perpetrator knew about it.
- Of those who experienced contact sexual abuse by an adult, in over 1 in 3 cases (34 per cent) nobody else knew.
- Of those who experienced contact sexual abuse from a peer, in 4 out of 5 cases (82.7 per cent) of cases nobody else knew.

The extent of severe maltreatment and the finding that a large proportion is unknown or covered up has implications for all adults who have contact with children, whether parents, relatives, members of the child's neighbourhood and community or professionals working within children's services. Any adult and professional coming into contact with children must be alert to indicators of potential abuse and equipped to respond promptly. Universal services such as health, GPs, schools and early years services could play a vital role in early identification and providing earlier responses.

The gap between known and unknown cases of severe maltreatment and the overlapping with other types of abuse at home, in school and in the community have implications for locally based joint strategic needs assessments and for future service planning. These findings, and the methodology in this research, are highly relevant to the locally based approach to needs assessment and commissioning proposed for future Health and Wellbeing Boards. For the first time ever in the UK, we have data on past year and lifetime experiences of maltreatment and other forms of child victimisation collected from a large sample of research participants who are representative of the UK population under 18 years of age. The particular focus of this report has been on severe child maltreatment as conventionally defined in child protection services, but the overall research programme has findings not included here that are highly relevant to all areas of children's safety and wellbeing at home, in school and in the community.

7.3 Overlapping aspects of maltreatment

The research lends further support to other studies that have found that children who experience maltreatment from a caregiver also face increased risk of being abused or victimised by others inside and outside of the family (Finkelhor, Ormrod, Turner, and Holt, 2009). Young people who experience severe maltreatment are more likely to have also experienced intimate partner abuse, sexual abuse and physical violence, including sibling victimisation, than are young people who are not severely maltreated.

The overlapping aspects of abuse indicate the need for parents and professionals to look beyond a young person's presenting issues and be alert to other experiences of maltreatment or victimisation a young person may have experienced. This has implications for the early identification of children at risk of harm and for the assessment of their needs.

This study has found that a large minority of children and young people who lived with severe maltreatment also lived with domestic violence in childhood. The protection of children and young people living with domestic violence should be regarded as a core priority by children's social care, and by other statutory and non-statutory services, and not seen as an add-on to other child protection work. Professionals must be enabled and supported to make careful, sensitive assessments of children's needs for protection and/or support when domestic violence is identified.

7.4 Emotional wellbeing and delinquency

The research findings indicate that abuse during childhood and adolescence has major implications for emotional wellbeing and delinquent behaviour, dependent to a degree on the age and sex of the individual. Any form of maltreatment and victimisation in childhood has been shown to be associated with poorer emotional wellbeing and delinquency, so it is important that all forms of childhood victimisation are addressed through preventative activities and interventions. However severe maltreatment was associated with much poorer emotional wellbeing and higher rates of delinquency. Strong associations were found between maltreatment, sexual abuse and physical violence and poorer emotional wellbeing, including self-harm and suicidal thoughts. Sexual abuse and physical violence appeared to have strong independent effects on delinquency among girls aged 11–17. These findings demonstrate the need for prevention and earlier intervention to protect children and young people from harm.

The more the experiences of abuse the higher the level of poorer emotional wellbeing and delinquency found. Children and young people who are polyvictims are an extremely vulnerable group.

7.5 Age and dependency related risks

The developmental and accumulative aspects of maltreatment experiences found in this research support early intervention responses but these need to be relevant to the age and gender of the child or young person. The risks to children vary across the life course, so preventative efforts appropriate for babies and pre-school children will not be the same as the preventative activities appropriate for older children and adolescents. Early intervention should be understood widely to mean timely intervention for children of all ages and not viewed in a limited way as intervention only for pre-school children.

The findings on the specific risks of accumulating experiences faced by teenagers are supported by other research, and this and the known variation in local authority responses (McDonnell and Melton, 2008; Rees et al, 2010) warrant further investigation to identify age-appropriate safeguarding and effective preventative activities.

7.6 Sexual abuse by peers

The risks from perpetrators of different ages need to be addressed. The high proportion of contact sexual abuse is perpetrated by under 18s (65.9 per cent⁷¹) demonstrates the need for effective prevention, public education and support for young people in negotiating respectful relationships.

7.7 Gender sensitivity

The research findings confirm that male and female parents may maltreat their children with little difference between the rates but fathers and male partners are more likely to perpetrate severe maltreatment and males are the large majority of sexual abuse and domestic violence perpetrators.

In the subsample of participants who reported severe physical violence by a parent or guardian, males were perpetrators in 86.4 per cent of cases reported for the under 11s, in 72.9 per cent for 11–17s and in 64.7 per cent of cases for 18–24s.

Males were 93.8 per cent of perpetrators of domestic violence where one parent had beaten up the other parent.

⁷¹ This includes contact sexual abuse by any person under 18 to another child or young person, siblings, peers and intimate partners. 57.5 per cent of contact sexual abuse was perpetrated by children and young people, 34.1 per cent was perpetrated by adults and 8.4 per cent was perpetrated by both adults and children or young people. Figures based on the reports of 0–17s.

The gender asymmetry in severe maltreatment is important to address but symmetry for maltreatment in general, and for some other forms of victimisation and abuse, should not be forgotten. Concerns to address gender based abuse have to expand beyond concerns about sexual and partner abuse to include the age and dependency related aspects of child maltreatment, which are equally important. Implementing the current government's vision on eliminating gender based violence and abuse (HM Government, 2010) will be very difficult if the understanding of gender based abuse does not include children's experiences as we have set out in this research. As well as this it is crucial that our understanding of some forms of abuse as being relatively rare should not encourage us to become complacent about children's safety. While female sex abusers may be less frequently found within research on prevalence, this should not detract from the crucial importance of understanding, identifying and responding to all forms of child maltreatment by all types of possible perpetrator, whether male, female, adult or peer.

The findings from this study suggest that child protection and wider family support services staff must be equipped to work with fathers and violent male partners, as well as mothers and female partners and that vigilance is needed to prevent both males and females from having opportunities to abuse, neglect and victimise children and young people.

7.8 Methodology and ethical issues

One aim of the research was to produce robust estimates on the prevalence of child abuse and neglect in the UK, measuring this in a manner comparable to other large-scale studies undertaken in other countries across the world. Measures of maltreatment and victimisation used in the current study were drawn primarily from the Juvenile Victimization Questionnaire (JVQ; Finkelhor, Hamby, et al, 2005) and the National Survey of Children's Exposure to Violence (NatSCEV; Finkelhor, Turner, et al, 2009). These measures were chosen following a review of the research literature and consideration of other approaches that have been used previously. This approach offers not only a degree of standardisation for our findings, but also an opportunity for comparability with research currently being done in other countries across the world. There is scope for cross-national comparative research with the findings from the UK with findings from other nations where the JVQ measures have been used (see ISPCAN, 2010).

Cross-national comparative research is crucial if we are to meet our global obligations towards children under the United Nations Convention of Rights of the Child, particularly article 19 of the convention which covers provisions to ensure children have dignity and physical integrity, states' responsibilities for the prevention of violence, responses to protect children, to take appropriate measures to promote physical and psychological recovery and to reintegrate victims of violence.

We have shown that this research can be done ethically and safely with children and young people, involving them in a manner that the great majority of participants consider to be worthwhile. While the development and consultation process for this research study took time and resources, we are convinced that expert consultation, including with children and young people, and with young survivors of maltreatment, has been an essential component of the work. We strongly recommend that researchers considering similar studies draw on available expertise, especially the expertise of children and young people, and of young maltreatment survivors. The CAHRV (2007) and ICAST (2006) guidance helped us to develop the framework of ethical and methodological principles for this study. We consider these guidance documents to be very useful in developing a global framework of principles for research on child maltreatment. Following our survivors' and young people's consultations, we decided to introduce the study to potential participants in an honest but non-threatening way, calling it the National Study of Child Safety and Victimization (NSCSV), rather than introducing it generally as "research on family life" as suggested by CAHRV (2007). We would like to suggest that further discussion is needed to address the ethical issues in balancing child protection and confidentiality with negotiating informed consent from children, young people and parents.

7.9 Summary of implications

- Strong associations were found between maltreatment, sexual abuse and physical violence and poorer emotional wellbeing, including self-harm and suicidal thoughts, demonstrating the need for prevention and earlier intervention to protect children and young people from harm.
- Any professional coming into contact with children must be alert to potential abuse and equipped to respond promptly – health, schools and early years services could play a vital role.
- The overlapping aspects of abuse indicate the need for parents and professionals to look beyond a young person's presenting issues and be alert to other experiences of victimisation a young person may have. The young person who is bullied or bullying others for instance, may also be experiencing or witnessing abuse in the home or in other relationships.
- Children and young people who are polyvictims are an extremely vulnerable group. Early identification of and intervention with these young people is needed to prevent both immediate and longer-term problems.
- The developmental and accumulative aspects of maltreatment experiences also support early intervention responses but these need to be relevant to the age and gender of the child or young person.

- The high proportion of males reported as perpetrators of severe child maltreatment supports the need for gender sensitivity and effective engagement with both fathers/male partners and mothers in child protection and early intervention.
- The high level of contact sexual abuse by peers found in this research demonstrates the need for effective prevention, public education and support for young people in negotiating respectful relationships.

Appendix A: National Survey of Child Safety and Victimization

Table A1.1: Main Questionnaire by JVQ module and survey questions

JVQ Module: Conventional Crime		
Now we are going to ask you about some things that might have happened in your life, at home, at school, at a shop, in a car, on the street or anywhere else.		Ask All (1 month-24 years)
These are questions about some things that might have happened during your childhood. Your “childhood” begins when you are born and continues through age 17. It might help to take a minute and think about the different schools you attended, different places you might have lived, or different people who took care of you during your childhood. Try your best to think about your entire childhood as you answer these questions.		Ask Retro Only 18-24 years)
1. Force	At any time in ([CHILD]’s/your) life/Before you were 18), did anyone USE FORCE to take something away from ([CHILD]/you) that (he/she was/you were) carrying or wearing?	Ask if child aged 2+ (2-24 years)
2. Steal	(At any time in ([CHILD]’s/your) life/Before you were 18), did anyone steal something from ([CHILD]/you) and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, mobile phone or anything else?	Ask if child aged 2+ (2-24 years)
3. Break	(At any time in ([CHILD]’s/your) life/Before you were 18), did anyone break or ruin any of ([CHILD]’s/your) things on purpose?	Ask if child aged 2+ (2-24 years)
4. Armed	Sometimes people are attacked WITH sticks, rocks, guns, knives, or other things that would hurt. (At any time in ([CHILD]’s/your) life/ Before you were 18), did anyone hit or attack ([CHILD]/you) on purpose WITH an object or weapon?	Ask All (1 month-24 years)
5. Unarmed	(At any time in ([CHILD]’s/your) life/Before you were 18), did anyone hit or attack ([CHILD]/you) WITHOUT using an object or weapon?	Ask All (1 month-24 years)
6. Attempt	(At any time in ([CHILD]’s/your) life/Before you were 18), did someone start to attack ([CHILD]/you), but for some reason, IT DIDN’T HAPPEN? For example, someone helped ([CHILD]/you) or ([CHILD]/you) got away?	Ask All (1 month-24 years)
7. Threat	(At any time in ([CHILD]’s/your) life/Before you were 18), did someone threaten to hurt ([CHILD]/you) and ([CHILD]/you) thought they might really do it?	Ask if child aged 2+ (2-24 years)
8. Kidnap	When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. (At any time in ([CHILD]’s/your) life, has anyone ever tried to kidnap ([CHILD]/you)/Before you were 18, did anyone try to kidnap you)?	Ask All (1 month-24 years)
9. Prejudice	At any time in ([CHILD]’s/your) life/Before you were 18), (has [CHILD] been/have you been/ were you) hit or attacked because of ([CHILD]’s/ your) skin colour, religion, or where ([CHILD]’s/your) family comes from, because of a physical or learning problem ([CHILD] has/you have) or because someone said ([CHILD] was/you were) gay?	Ask if child aged 2+ (2-24 years)

Table A1.1: Main Questionnaire by JVQ module and survey questions (continued)

JVQ Module: Child maltreatment		
	Next, we are going to ask about grown-ups who take care of ([CHILD]/you). This means parents, babysitters, adults who live with ([CHILD]/you), or others who watch ([CHILD]/you) such as teachers, sports coaches, youth or religious leaders.	Ask if caregiver or youth (1 month-17 years)
	Next, we ask about grown-ups who took care of you when you were a child (aged 0 to 17). This means parents, babysitters, adults who lived with you, or others who watched you such as teachers, sports coaches, youth or religious leaders.	Ask Retro Only (18-24 years)
10. Hurt Adult	Not including smacking, (at any time in ([CHILD]'s/your) life/Before you were 18) did a grown-up in ([CHILD]'s/your) life hit, beat, kick, or physically hurt ([CHILD]/you) in any way?	Ask All (1 month-24 years)
11. Scared Adult	(At any time in ([CHILD]'s/your) life/Before you were 18), did ([CHILD]/you) get scared or feel really bad because grown-ups in ([CHILD]'s/your) life called (him/her/you) names, said mean things to (him/her/you), or said they didn't want (him/her/you)?	Ask if child aged 2+ (2-24 years)
12. Neglect	When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are ill, or make sure they have a safe place to stay. At any time in ([CHILD]'s/your) life, (was [CHILD]/were you) neglected?	Ask if caregiver or youth (1 month-17 years)
13. Hide	Sometimes a family argues over where a child should live. (At any time in ([CHILD]'s/your) life/Before you were 18), did a parent take, keep, or hide ([CHILD]/you) to stop (him/her/you) from being with another parent?	Ask All (1 month-24 years)
14. Shake	(At any time in ([CHILD]'s/your) life/Before you were 18), did a grown up in ([CHILD]'s/your) life shake ([CHILD]/you) very hard or shove ([CHILD]/you) against a wall or a piece of furniture?	Ask All (1 month-24 years)
15a. Clothes (new item)	At any time in ([CHILD]'s/your) life, did ([CHILD]'s/you) have to go to school in clothes that were torn, dirty or did not fit because there were no <u>other</u> ones available?	Ask if not retro and over age 5 (5-17 years)
15b. Neglect for 18-24 years (from earlier NSPCC study)	Parents have different ideas about when a child should be independent and able to look after themselves. When you were a young child (say under 12), did you have any of the following experiences? a. Your parents/carers expected you to do your own laundry (under the age of 12) b. You had regular dental check ups c. You went to school in clothes that were dirty, torn, or that didn't fit, because there were no clean ones available d. You went hungry because no-one got your meals ready or there was no food in the house e. You looked after younger brothers or sisters while your parents were out f. You were ill but no-one looked after you or took you to the doctor g. You did not have a safe place to stay	Ask Retro Only (18-24 years)

Table A1.1: Main Questionnaire by JVQ module and survey questions (continued)

JVQ Module: Peer and Sibling victimisation		
The next few questions are about things that other young people (anyone under 18) might have done. This includes friends, brothers and sisters, boyfriends, girlfriends etc.		Ask if child aged 2+ (2-24 years)
The next question is about things that other young people (anyone under 18) might have done, this includes friends and brothers and sisters, etc.		Ask if child aged <2 (1 month-1 years)
16. Gang	Sometimes groups of children or young people, or gangs, attack people. (At any time in ([CHILD]'s/your) life/Before you were 18), did a group or a gang hit, jump, or attack ([CHILD]/you)?	Ask if child aged 2+ (2-24 years)
17. Hit Child	[IF q3gang = 1: Other than what you just told me about,] (At any time in ([CHILD]'s/your) life/Before you were 18), did any child or young person, even a brother or sister, hit or kick ([CHILD]/you)? Somewhere like: at home, at school, out playing, in a shop, or anywhere else?	Ask All (1 month-24 years)
18. Private	At any time in ([CHILD]'s/your/Before you were 18) life, did any children or young people try to hurt ([CHILD]'s/your) private parts on purpose by hitting or kicking ([CHILD]/you) there?	Ask if child aged 2+ (2-24 years)
19. Picked	(At any time in ([CHILD]'s/your) life/Before you were 18), did any children or young people, even a brother or sister, pick on ([CHILD]/you)... by chasing ([CHILD]/you), or grabbing ([CHILD]/you) or by making (him/her/you) do something (he/she/you) didn't want to do?	Ask if child aged 2+ (2-24 years)
20. Scared Child	(At any time in ([CHILD]'s/your) life/Before you were 18), did ([CHILD]/you) get really scared or feel really bad because children or young people were calling (him/her/you) names, saying mean things to (him/her/you), or saying they didn't want (him/her/you) around?	Ask if child aged 2+ (2-24 years)
21. Date	(At any time in your life/Before you were 18) did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?	Ask if child aged 12+ (12-24 years)

Table A1.1: Main Questionnaire by JVQ module and survey questions (continued)

JVQ Module: Sexual victimisation		
The next few questions are of a personal nature but it is important that you are as honest as you can be. If there is a question that you do not want to answer that is fine, simply select this option and you can move on to the next question.		Ask All (1 month-24 years)
22. Sex Adult	(At any time in ([CHILD]'s/your) life/Before you were 18), did a grown-up ... touch ([CHILD]'s/your) private parts when they <u>SHOULDN'T</u> have, or <u>MAKE</u> ([CHILD]/you) touch their private parts or did a grown-up <u>FORCE</u> ([CHILD]/you) to have sex?	Ask All (1 month-24 years)
23. Sex Child	Now think about other young people, like from school, a friend, (IF YOUTH/RETRO SURVEY: a boyfriend or girlfriend,) or even a brother or sister. (At any time in ([CHILD]'s/your) life/Before you were 18), did another child or teenager <u>MAKE</u> ([CHILD]/you) do sexual things?	Ask All (1 month-24 years)
24. Try Sex	(At any time in ([CHILD]'s/your) life/Before you were 18), did anyone <u>TRY</u> to force ([CHILD]/you) to have sex, that is sexual intercourse of any kind, even if it didn't happen?	Ask All (1 month-24 years)
25. Flash	(At any time in ([CHILD]'s/your) life/Before you were 18), did anyone make ([CHILD]/you) look at their private parts by using force or surprise, or by "flashing" ([CHILD]/you)?	Ask if child aged 2+ (2-24 years)
26. Say Sex	(At any time in ([CHILD]'s/your) life/Before you were 18), did anyone hurt ([CHILD]'s/your) feelings by saying or writing something sexual about ([CHILD]/you) or ([CHILD]'s/your) body?	Ask if child aged 2+ (2-24 years)
27. Sex Under 16 adult	(At any time in your life/Before you were 18), did you do sexual things with anyone 18 or older, even things you wanted?	Ask if child aged 12+ (12-24 years)
28. Position of Trust (new item)	(Since you were 16, have you done/And thinking back to when you were 16 or 17, did you do) sexual things with anyone who was in a position of trust, such as a teacher or personal adviser, even things you both wanted?	If age 16-17 or retro (16-24 years)
Now thinking about things that might have happened before you were 16.		Ask if Retro (18-24 years)
29. Sexual abuse for 18-24 years (earlier NSPCC study)	a. Before you were 16, were you hugged or kissed in a sexual way, whether you agreed to it or not? b. Before you were 16, did you have full sexual intercourse? c. Before you were 16, did you have anal intercourse? d. Before you were 16, did you have oral sex? e. Before you were 16, did someone put their finger, tongue or an object into your (IF FEMALE: "vagina or") anus?	

Table A1.1: Main Questionnaire by JVQ module and survey questions (continued)

JVQ Module: Witnessing and Indirect victimisation		
The next few questions are about things [child/you] might have seen happen. This could be somewhere like at home, at school, at a shop in a car, on the street or anywhere.		Ask All (1 month-24 years)
30. Witness Parent	(At any time in ([CHILD]'s/your) life/ Before you were 18), did ([CHILD]/you) SEE (his/her/your) parent get pushed, slapped, hit, punched, or beaten up by (his/her/your) other parent, or their boyfriend or girlfriend?	Ask All (1 month-24 years)
31. Witness Sibling	(At any time in ([CHILD]'s/your) life/Before you were 18), did ([CHILD]/you) SEE [his/her/your] parent hit, beat up, kick, or physically hurt ([CHILD]'s/your) brothers or sisters, not including smacking?	Ask All (1 month-24 years)
32. Witness Armed	(At any time in ([CHILD]'s/your) life/Before you were 18), <u>in real life</u> , did ([CHILD]/you) SEE anyone get attacked or hit on purpose WITH a stick, rock, gun, knife, or other thing that would hurt?	Ask All (1 month-24 years)
33. Witness Unarmed	(At any time in ([CHILD]'s/your) life/Before you were 18), <u>in real life</u> , did ([CHILD]/you) SEE anyone get attacked or hit on purpose WITHOUT using an object or weapon?	Ask All (1 month-24 years)
34. Witness Steal	(At any time in ([CHILD]'s/your) life/Before you were 18), did anyone steal something from (his/her/your) house that belonged to ([CHILD]'s/your) family or someone ([CHILD]/you) lived with? Things like a TV, stereo, car, or anything else?	Ask All (1 month-24 years)
These next few questions are about ways in which children can be treated. Some of the things mentioned are unusual, but we want to compare the situation in Britain with the results of surveys elsewhere in the world, so it is very important for us to know about them.		Ask if Retro (18-24 years)
Thinking of ways you personally were treated as a child, did you ever experience any of the following ways of being treated, in your family, at school, or anywhere else?		
Physical punishment and abuse	Firstly, thinking about when you had done something wrong. Which of the following ways were you treated?	
35a. (earlier NSPCC study)	<ol style="list-style-type: none"> 1. It was explained to me why I was wrong 2. I was given something to distract me from what I was doing which was wrong 3. Grounded/ stopped from going out or privileges stopped 4. Sent to room 	
35b.	<p>Now thinking more generally, which of the following ways were you treated when you were a child?</p> <ol style="list-style-type: none"> 1. Made to feel embarrassed or humiliated 2. Shouted at or screamed at 3. Threatened with smacking, though not actually smacked 4. Sworn at 5. Called stupid or lazy or some similar name 6. Threatened with being sent away or thrown out of the house/school/ club 	
35c.	<p>Which of the following ways were you treated when you were a child?</p> <ol style="list-style-type: none"> 1. Smacked on the bottom with a bare hand 2. Slapped on the leg or arm or hand with a bare hand 3. Pinched 4. Slapped on the face, head or ears 	
35d.	<p>Which of the following ways were you treated when you were a child?</p> <ol style="list-style-type: none"> 1. Thrown or knocked down 2. Beaten up, being hit over and over again 3. Grabbed around the neck and choked 4. Threatened with a knife or gun 	

Table A1.1: Main Questionnaire by JVQ module and survey questions (continued)

JVQ Module: Exposure to Family Violence		
	The next set of questions are about people who have taken care of ([CHILD]/you/you at any time before you were 18) – that would include ([CHILD]'s/your) parents, stepparents, and (his/her/your) parents' boyfriends or girlfriends, whether ([CHILD]/you) lived with them or not. It would also include other grown-ups, like grandparents or foster parents, if they took care of ([CHILD]/you) on a regular basis. When we say "parent" in these next questions, we mean any of these people.	Ask All (1 month-24 years)
36. Parent threats	(At any time in ([CHILD]'s/your) life/Before you were 18), did one of ([CHILD]'s/your) parents threaten to hurt (his/her/your) other parent and it seemed they might really get hurt?	Ask All (1 month-24 years)
37. Parent break	(At any time in ([CHILD]'s/your) life/Before you were 18), did one of ([CHILD]'s/your) parents, because of an argument... break or ruin anything belonging to (his/her/your) other parent, punch the wall, or throw something?	Ask All (1 month-24 years)
38. Beat	(At any time in ([CHILD]'s/your) life/Before you were 18), did one of ([CHILD]'s/your) parents get kicked, choked, or beaten up by (his/her/your) other parent?	Ask All (1 month-24 years)
39. Fight	Now we want to ask you about any fights between any grown-ups and teenagers, other than between ([CHILD]'s/your) parents. (At any time in ([CHILD]'s/your) life/Before you were 18), did any grown-up or teenager who lived with ([CHILD]/you) push, hit, or beat up someone else who lived with ([CHILD]/you)?	Ask All (1 month-24 years)

Table A3.1: Questions analysed to assess neglect under 18-year-olds

Domain	Measure	Survey question	Response
Domain 1 & Domain 4	Absence of physical care Access to health care Life time & past year caregiver and self report	When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are ill, or make sure they have a safe place to stay. At any time in (your child's/your) life, (was your child/were you) neglected? [IF AGE > 5] At any time in your life, did (child/you) have to go to school in clothes that were torn, dirty or did not fit because there were no other ones available?	Yes
Domain 3	Educational Neglect Life time caregiver report	How does [child] do in school? Would you say that (he/she) gets mostly below average grades, pretty much average grades or mostly above average grades? [IF child is getting below average grades?] How often, if at all, do you help [CHILD] with (his/her) homework?	Don't know Never
Domain 2	Supervision and monitoring Past year caregiver Life time self report	[IF AGE < 5] Your child plays outside without being watched or checked on by an adult? [IF AGE < 5] Your child is left alone in a car while you go into a shop, bank, or post office? [IF AGE < 16] When you go out on your own or with friends of your age, how often do your parents ask you <ul style="list-style-type: none"> • who you are going out with • where you are going or what you are going to be doing? 	Always, usually, Never, Hardly ever,
Domain 5	Respond to emotional needs Past year caregiver report Life time self report	<ul style="list-style-type: none"> • [IF AGE 10+] You encouraged your child to talk about his/her troubles? • You gave praise when your child was good? • You joked and played with your child? • You gave comfort and understanding when your child was upset? • [IF AGE 2+] You told your child that you appreciate what he/she tried or accomplished? • You expressed affection by hugging or holding your child? • [IF AGE 10+] My family really (tries/tried) to help me • My <u>family</u> (lets/let) me know that they (care/cared) about me • I (can/could) talk about my problems with my <u>family</u> • My <u>family</u> (is/was) willing to help me make decisions 	Never and rarely Never

Table A3.2: Aggregated Maltreatment categories by parents or guardians

Aggregated maltreatment categories parent and guardian	
Each category was considered present if the child, young person or young adult had at least one positive response to any of the relevant screening items. Identical categories were created for positive responses to screeners limited to the past year	
Aggregate	Questions included
Property Victimization	1. Force 2. Steal 3. Break
Physical Violence	4. Armed 5. Unarmed 6. Attempt 8. Kidnap 9. Prejudice 10. Hurt Adult 14. Shake
Contact Sexual Abuse	22. Sex Adult 24. Try Sex 27. Sex under 16*
Emotional Abuse	1. Force 2. Steal 3. Break 7. Threat 11. Scared Adult
Exposure to Family Violence	30. Witness Parent 31. Witness Sibling 36. Parent threats 37. Parent Break 38. Beat 39. Fight
Exposure to Domestic Violence	30. Witness Parent 36. Parent threats 37. Parent Break 38. Beat
Maltreatment	1. Force 2. Steal 3. Break 4. Armed 5. Unarmed 6. Attempt 7. Threat 8. Kidnap 9. Prejudice 10. Hurt Adult 11. Scared Adult 12. Neglect** 13. Hide 14. Shake 22. Sex Adult 24. Try Sex 27. Sex under 16*

* Filtered so restricted to perpetrated under 16 years.

**As defined by in Table A5.1 (Appendix A).

Table A3.3: Severe Maltreatment defined

Domain	Main Questions	Criteria
Physical violence (Adult Perpetrated)	Conventional crime Armed Unarmed Attempted Kidnap Prejudice Maltreatment module Hurt by adult Shaken	<ul style="list-style-type: none"> resulted in physical harm had a high life time frequency – 6 or more times more than 2 types of physical violence experienced in life time a weapon or object with the potential to cause injury was used it was defined as abusive or criminal behaviour
Maltreatment	Maltreatment module Hurt by an Adult Scared by an Adult Neglect* Hide* Shaken Clothes* Neglect composite* Supervision and monitoring questions* Serious Rejection PARQ (18-24)* Emotional Neglect Questions (11-17)*	<ul style="list-style-type: none"> resulted in physical harm had a high life time frequency – 6 or more times more than 2 types of maltreatment experienced in life time a weapon or object with the potential to cause injury was used it was defined as abusive or criminal behaviour any serious emotional neglect any lack of physical care or supervision that would place a child or young person at risk
Contact sexual	Sexual Abuse Sexual Assault Adult Sexual Assault Child Attempted Sexual Assault Sex with an Adult Sex with a position of trust	<ul style="list-style-type: none"> Any forced actual or attempted assault Any sexual acts: <ul style="list-style-type: none"> – if under 18 and perpetrated by a parent or guardian or adult sibling or an adult in a position of trust – if under 16 and perpetrated by adult relative – if under 13 and perpetrated by any adult

* Severe abuse perpetrated only by parent or guardian.

Table A3.4: Questions analysed to assess physical punishment under 18-year-olds

Physical Punishment		
The first set of questions describe ways that parents act with their children and how they deal with misbehaviour. Thinking of the last year, tell me how often you have done the following with [CHILD]...		Main Caregiver of Child or young person (1month-17 years)
43a.	<p>You smacked your child with your hand when he/she did something wrong.</p> <p>Rarely Sometimes Usually Always</p>	Main Caregiver of Child or young person (1month-17 years)
43b.	<p>You hit your child with a belt, a wooden implement like a stick or wooden spoon, or other object when he or she did something wrong</p> <p>Rarely Sometimes Usually Always</p>	Main Caregiver of Child or young person (1month -17 years)

Table A3.5: Ranking Table of screeners

Screener	Description
Sex Adult	At any time in your life, did a <u>grown-up touch</u> your private parts when they shouldn't have or make you touch their private parts? Or did a <u>grown-up force</u> you to have sex?
Hurt Adult	Not including smacking, at any time in your life did a grown-up in your life hit, beat, kick, or physically hurt you in any way?
Sex Child	Now think about other children, like from school, a friend, a boyfriend or girlfriend, or even a brother or sister. At any time in your life, did another child or teenager make you do sexual things?
Shake	At any time in your life did someone shake you very hard or shove you against a wall or a piece of furniture?
Date	At any time in your life, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?
Neglect	When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are ill, or make sure they have a safe place to stay. At any time in your life, were you neglected?
Armed	Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in your life, did anyone hit or attack you on purpose with an object or weapon? Somewhere like: at home, at school, at a shop, in a car, on the street, or anywhere else?
Unarmed	At any time in your life, did anyone hit or attack you WITHOUT using an object or weapon?
Prejudice	At any time in your life, have you been hit or attacked because of your skin colour, religion, or where your family comes from? Because of a physical problem you have? Or because someone said you were gay?
Gang	Sometimes groups of children or gangs attack people. At any time your life, did a group of children or a gang hit, jump, or attack you?
Hit by child	(If yes to P1, say: "Other than what you just told me about.....") At any time in your life, did any child, even a brother or sister, hit you? Somewhere like: at home, at school, out playing, in a shop, or anywhere else?
Try sex	At any time in your life, did anyone TRY to force you to have sex, that is sexual intercourse of any kind, even if it didn't happen?
Scared Adult	At any time in your life, did you get scared or feel really bad because grown-ups in your life called you names, said mean things to you, or said they didn't want you?
Threat	At any time in your life, did someone threaten to hurt you when you thought they might really do it?
Beat	At any time in your life, did one of your parents get kicked, choked, or beaten up by another parent?
Flash	At any time in your life, did anyone make you look at their private parts by using force or surprise, or by "flashing" you?
Parent break	At any time in your life, did one of your parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?
Say sexual	At any time in your life, did anyone hurt your feelings by saying or writing something sexual about you or your body?
Position of trust	You did sexual things with anyone who was in a position of trust, such as a teacher or personal adviser, even things you both wanted?
Hide	Sometimes a family argues over where a child should live. At any time in your life did a parent take, keep, or hide you to stop you from being with another parent?
Clothes	You had to go to school in clothes that were torn, dirty or did not fit because there were no other ones available

Table A3.5: Ranking Table of screeners (continued)

Screener	Description
Sex under 16 adult	At any time in your life, did you do sexual things with anyone 18 or older, even things you wanted?
Fight	Now we want to ask you about fights between any grown-ups and teenagers, not just between your parents. At any time in your life, did any grown-up or teenager who lives with you push, hit, or beat up someone else who lives with you, like a parent, brother, grandparent, or other relative?
Witness parent	At any time in your life, did you SEE a parent get pushed, slapped, hit, punched, or beaten up by another parent, or their boyfriend or girlfriend?
Parent threats	At any time in your life, did one of your parents threaten to hurt another parent and it seemed they might really get hurt?
Private	At any time in your life, did any children try to hurt your private parts on purpose by hitting or kicking you there?
Picked	At any time in your life, did any children, even a brother or sister, pick on you by chasing you or grabbing you or by making you do something you didn't want to do?
Witness armed	At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a shop, in a car, on the street, or anywhere else?
Witness sibling	At any time in your life, did you SEE a parent hit, beat, kick, or physically hurt your brothers or sisters, not including smacking on the bottom?
Scared by child	At any time in your life, did you get really scared or feel really bad because children were calling you names, saying mean things to you, or saying they didn't want you around?
Kidnap	When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. At any time in your life, has anyone ever tried to kidnap you?
Attempt	At any time in your life, did someone start to attack you, but for some reason, it didn't happen? For example, someone helped you or you got away?
Witness unarmed	At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?
Steal	At any time in your life, did anyone steal some thing from your house that belongs to your family or someone you live with? Things like a TV, stereo, car, or anything else?
Force	At any time in your life, did anyone use force to take something away from you that you were carrying or wearing?
Steal	At any time in your life, did anyone steal something from you and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?
Break	At any time in your life, did anyone break or ruin any of your things on purpose?

Table A3.6; Delinquency questions

Delinquency		
<p>Now I'm going to ask you about some things that ([CHILD]/you) might have done (IF RETRO: <u>before you were 18</u>). It is common for children, even young children, to do things that they are not supposed to or that get them into trouble. Tell me whether ([CHILD] has done/you have done/you did) any of the following things (IF RETRO: before you were 18). Remember all your answers are kept private, so please be as honest as you can.</p> <p>(Has [CHILD] ever/Have you ever/Before you were 18, did you ever)...</p>		Ask all aged 5+ (5-24 years)
42.	<ul style="list-style-type: none"> a. On purpose (broken, damaged or destroyed/ break, damage or destroy) something that belonged to someone else b. (Hit, slapped or pushed/Hit, slap or push) other children, or grown ups, or (got/get) into a physical fight with them c. (Taken/Take) an illegal drug (e.g. cannabis) d. (Picked/Pick) on or (bullied/bully) someone e. (Stolen/Steal) something f. Run away from home g. (Skipped/Skip) school without permission h. (Been/Get) excluded from school or college i. (Been/Get) drunk j. (Smoked/Smoke) cigarettes k. (Written/Write) things or (sprayed/spray) paint on walls or pavements or cars, where (he/she was/you were) not supposed to do that l. (Carried/Carry) a weapon with (him/her/you) m. (Avoided/Avoid) paying for things such as at the cinema, bus or train rides, or food n. Hurt someone badly enough to need bandages or care from a doctor 	Ask all aged 5+ (5-24 years)

Table A4.1: Aggregated victimisation categories for adult not living in the family home

Aggregated victimisation categories non-resident adult	
Each category was considered present if the child, young person or young adult had at least one positive response to any of the relevant screening items. Identical categories were created for positive responses to screeners limited to the past year	
Property Victimization	<ul style="list-style-type: none"> 1. Force 2. Steal 3. Break
Physical Violence	<ul style="list-style-type: none"> 4. Armed 5. Unarmed 6. Attempt 8. Kidnap 9. Prejudice 10. Hurt Adult 14. Shake
Contact Sexual Abuse	<ul style="list-style-type: none"> 22. Sex Adult 24. Try Sex 27. Sex under 16* 28. Position of trust
Maltreatment or Victimization	<ul style="list-style-type: none"> 1. Force 2. Steal 3. Break 4. Armed 5. Unarmed 6. Attempt 7. Threat 8. Kidnap 9. Prejudice 10. Hurt Adult 11. Scared Adult 14. Shake 22. Sex Adult 24. Try Sex 27. Sex under 16* 28. Position of trust

Appendix B: Tables

Table B3.1: PAST YEAR (PY) and ALL LIFETIME (LT) screeners, parent/guardian perpetrator, child under 11 years (weighted frequencies & percentages)

	ALL perpetrators PY		Parent/Guardian Perpetrator PY		ALL perpetrators LT		Parent/Guardian Perpetrator LT	
	%	N	%	N	%	N	%	N
Force	5.4%	113	0.8%	17	8.5%	176	1.4%	30
Steal	4.0%	84	0.1%	2	6.5%	136	0.4%	8
Break	10.8%	224	0.2%	5	19.1%	398	0.6%	13
Armed	1.4%	35	0%	0	2.0%	53	0.1%	3
Unarmed	9.0%	232	0.4%	11	13.3%	341	0.7%	18
Attempt	2.4%	63	0.1%	2	4.2%	108	0.1%	2
Threat	5.1%	107	0.4%	8	9.0%	188	0.7%	16
Kidnap	0.1%	2	0.1%	1	0.2%	6	0.1%	3
Prejudice	1.4%	28	0.0%	0	1.9%	40	0.0%	0
Hurt Adult	0.4%	9	0.4%	9	0.8%	21	0.5%	13
Scared Adult	1.3%	28	0.5%	11	3.2%	66	1.5%	30
Neglect	0.1%	2	0.1%	2	0.5%	12	0.5%	12
Hide	0.3%	8	0.3%	8	1.1%	27	1.1%	27
Shake	0.3%	8	0.2%	6	0.8%	20	0.5%	12
Clothes	0.7%	8	0.7%	8	1.6%	18	1.6%	18
Gang	1.0%	21			1.9%	39		
Hit by child	28.1%	721			36.1%	928		
Private	2.1%	44			3.2%	66		
Picked	15.1%	315			25.4%	530		
Scared by child	12.0%	250			18.6%	388		
Date								
Sex adult	0.1%	2	0%	0	0.2%	4	0.1%	2
Sex child	0.1%	3			0.4%	10		
Try sex	0.0%	0	0%	0	0.1%	2	0.1%	2
Flash	0.3%	5	0%	0	0.6%	13	0.1%	1
Say sex	0.3%	7	0%	0	0.6%	12	0.0%	0
Sex under 16 adult								
Position of trust								
Witness parent	1.4%	36	1.4%	36	4.6%	119	4.6%	119
Witness sibling	0.1%	2	0.1%	2	0.5%	13	0.5%	13
Witness armed	0.5%	13	0.1%	3	1.3%	35	0.4%	11
Witness unarmed	1.9%	49	0.4%	11	5.0%	128	1.3%	33
Witness steal	3.0%	76	0.1%	2	7.3%	189	0.3%	7
Parent threats	0.9%	22	0.9%	22	3.5%	89	3.5%	89
Parent break	2.1%	52	2.1%	52	9.9%	254	9.9%	254
Beat	0.6%	15	0.6%	15	3.5%	89	3.5%	89
Fight	0.4%	10	0.2%	6	2.0%	52	0.8%	21

Table B3.2. PAST YEAR (PY) and ALL LIFETIME (LT) screeners, parent/guardian perpetrator, young people aged 11–17 years (weighted frequencies & percentages)

	ALL perpetrators PY		Parent/Guardian Perpetrator PY		ALL perpetrators LT		Parent/Guardian Perpetrator LT	
	%	N	%	N	%	N	%	N
Force	3.2%	55	0.1%	2	11.7%	202	0.9%	16
Steal	7.8%	135	0.1%	1	25.8%	445	0.4%	6
Break	6.9%	119	0.3%	5	26.4%	455	1.5%	25
Armed	5.0%	87	0.1%	1	13.3%	230	0.3%	5
Unarmed	15.0%	260	0.8%	14	37.4%	645	1.9%	31
Attempt	7.4%	127	0.2%	4	19.3%	333	0.4%	7
Threat	11.3%	194	0.2%	3	30.8%	532	1.3%	21
Kidnap	0.5%	8	0.0%	0	1.9%	33	0.2%	3
Prejudice	2.8%	49	0.0%	1	6.6%	115	0.0%	1
Hurt Adult	1.8%	31	1.2%	21	7.2%	125	4.3%	73
Scared Adult	4.9%	85	2.7%	46	10.9%	188	5.6%	93
Neglect	0.4%	7	0.4%	7	1.4%	24	1.4%	24
Hide	0.1%	2	0.1%	2	2.5%	42	2.5%	42
Shake	1.6%	28	1.1%	19	6.2%	107	4.2%	72
Clothes	1.4%	23	1.4%	23	3.3%	57	3.3%	57
Gang	4.0%	69			10.2%	176		
Hit by child	19.1%	329			47.4%	818		
Private	7.7%	132			19.0%	328		
Picked	6.6%	114			22.4%	386		
Scared by child	12.1%	209			32.9%	567		
Date	2.7%	40			5.2%	78		
Sex adult	0.1%	1	0.0%	0	0.7%	13	0.1%	2
Sex child	0.8%	13			2.0%	35		
Try sex	0.8%	13	0.0%	0	2.6%	45	0.0%	0
Flash	4.0%	69	0.0%	0	7.1%	123	0.0%	0
Say sex	3.1%	52	0.0%	0	6.5%	112	0.0%	0
Sex under 16 adult	0.8%	12	0.0%	0	1.4%	20	0.0%	0
Position of trust	0.3%	2			0.8%	4		
Witness parent	0.8%	14	0.8%	14	7.1%	122	7.1%	122
Witness sibling	0.6%	10	0.6%	10	2.9%	50	2.9%	50
Witness armed	13.1%	226	0.0%	0	28.2%	486	0.1%	1
Witness unarmed	24.8%	427	0.1%	2	52.8%	912	1.3%	15
Witness steal	4.1%	70	0.1%	2	19.9%	343	0.4%	6
Parent threats	0.3%	6	0.3%	6	4.2%	72	4.2%	72
Parent break	1.5%	26	1.5%	26	13.3%	230	13.3%	230
Beat	0.2%	4	0.2%	4	4.1%	70	4.1%	70
Fight	0.9%	16	0.5%	9	4.8%	83	2.2%	38

Table B3.3: PAST YEAR (PY) and ALL LIFETIME (LT) screeners, parent/guardian perpetrator, young adults 18-24 years (weighted frequencies & percentages)

	ALL perpetrators PY		Parent/Guardian Perpetrator PY		ALL perpetrators LT		Parent/Guardian Perpetrator LT	
	%	N	%	N	%	N	%	N
Force					16.1%	304	0.9%	18
Steal					33.7%	639	0.4%	8
Break					29.8%	564	1.5%	28
Armed					15.5%	294	0.7%	14
Unarmed					40.5%	768	1.8%	33
Attempt					26.7%	505	0.6%	11
Threat					39.7%	752	2.0%	36
Kidnap					2.1%	39	0.3%	7
Prejudice					6.9%	130	0.0%	1
Hurt Adult					10.0%	190	5.3%	97
Scared Adult					11.0%	208	5.8%	106
Neglect								
Hide					4.2%	79	4.2%	79
Shake					8.3%	157	4.9%	91
Clothes								
Gang					17.4%	330		
Hit by child					43.5%	824		
Private					14.9%	282		
Picked					27.2%	515		
Scared by child					34.0%	643		
Date					9.0%	171		
Sex adult					3.5%	65	0.7%	13
Sex child					4.5%	86		
Try sex					6.1%	115	0.2%	4
Flash					10.8%	204	0.4%	7
Say sex					8.1%	153	0.1%	3
Sex under 16 adult					2.4%	45	0.4%	7
Position of trust					0.5%	9		
Witness parent					10.8%	206	10.8%	206
Witness sibling					3.5%	66	3.5%	66
Witness armed					34.8%	660	1.0%	15
Witness unarmed					58.1%	1,100	2.3%	27
Witness steal					28.4%	539	0.2%	3
Parent threats					7.6%	144	7.6%	144
Parent break					19.8%	374	19.8%	374
Beat					6.0%	114	6.0%	114
Fight					9.4%	179	3.4%	63

Table B3.4: Frequency (weighted N, weighted percentage) of life time and past year responses to all screener questions by age of selected child, 10 years and 11 years

	Lifetime		Past year	
	10-year-olds	11-year-olds	10-year-olds	11-year-olds
Force	4.2%	9.3%	0.3%	3.5%
Steal	13.2%	17.2%	7.4%	4.5%
Break	26.4%	25.7%	12.4%	8.4%
Armed	4.6%	11.2%	3.1%	4.0%
Unarmed	28.6%	33.4%	13.2%	15.6%
Attempt	8.9%	15.8%	4.3%	8.0%
Threat	19.3%	31.1%	7.2%	10.9%
Kidnap	0.0%	1.6%	0.0%	0.5%
Prejudice	6.6%	7.5%	2.7%	2.8%
Hurt Adult	1.6%	6.0%	1.0%	0.9%
Scared Adult	6.2%	9.4%	2.4%	3.0%
Neglect	0.5%	0.8%	0.2%	0.0%
Hide	2.8%	1.4%	0.0%	0.3%
Shake	3.4%	3.1%	1.0%	0.8%
Clothes	0.7%	2.4%	0.7%	0.7%
Gang	4.9%	5.8%	1.5%	2.4%
Hit by Child	50.2%	44.0%	29.8%	24.5%
Private	5.5%	16.8%	3.2%	8.4%
Picked	30.5%	25.7%	10.1%	12.3%
Scared by Child	37.8%	35.2%	19.6%	18.2%
Sex Assault Adult	0.0%	0.0%	0.0%	0.0%
Sex Assault Child	1.2%	0.2%	0.0%	0.2%
Attempt sex	0.0%	0.2%	0.0%	0.0%
Flash	0.3%	1.8%	0.0%	0.7%
Say sex	1.0%	5.3%	1.0%	4.1%
Witness Parent	5.9%	4.0%	0.2%	0.8%
Witness Sibling	0.0%	2.9%	0.0%	1.0%
Witness Armed	4.4%	17.8%	2.5%	7.4%
Witness Unarmed	12.8%	33.1%	3.2%	13.9%
Witness Steal	16.2%	11.7%	4.1%	3.4%
Parent Threat	3.7%	1.9%	0.0%	0.0%
Parent Break	11.0%	8.9%	0.3%	3.3%
Beat	2.1%	2.4%	0.0%	0.0%
Fight	1.7%	2.5%	0.2%	1.0%
Number	232 (171)*	242 (312)*	232 (171)*	242 (312)*

* (Unweighted number)

Table B3.5: Frequency (weighted N, weighted percentage) of life time and past year responses to aggregates by age of selected child, 10 years and 11 years

	Lifetime		Past year	
	10-year-olds	11-year-olds	10-year-olds	11-year-olds
Property victimisation	32.7% (76)	39.5% (96)	16.7% (39)	14.1% (34)
Physical abuse	56.9% (132)	60.2% (145)	38.9% (90)	36.4% (88)
Child maltreatment JVQ	12.4% (29)	19.2% (46)	3.3% (8)	4.2% (10)
Sexual abuse	2.5% (6)	7.4% (18)	1.0% (2)	5.3% (13)
Witnessing family violence	15.5% (36)	15.2% (37)	0.7% (2)	4.9% (12)
Peer and sibling victimisation	63.6% (148)	59.0% (143)	43.2% (100)	38.3% (93)
All maltreatment and victimisation	69.3% (161)	72.6% (175)	52.5% (122)	47.4% (115)

Table B3.6: Results of different forms and overall neglect rates

	Under 11s			11-17s			18-24s		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Physical care and educational*	3.3% (44)	2.5% (31)	2.9% (75)	9.6% (85)	5.3% (44)	7.5% (129)	14.1% (136)	12.3% (114)	13.2% (250)
Emotional neglect	1.8% (24)	2.9% (36)	2.3% (59)	6.5% (58)	7.7% (65)	7.1% (122)	2.8% (23)	7.4% (61)	5.1% (84)
Overall neglect	4.9% (65)	5.2% (65)	5.0% (130)	14.8% (131)	11.8% (99)	13.3% (229)	15.6% (151)	16.4% (152)	16.0% (303)

* Educational neglect not included in severe maltreatment or for young adults 18 to 24 years.

Table B3.7: Hurt and injury by parent or guardian

Selected Question	Frequencies			Long Follow up			% of those who said Hurt or Injured		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-10s									
Hurt Adult	0.7% (9)	0.4% (5)	0.5% (13)	100% (9)	100% (5)	100% (13)	23.8% (2)	26.8% (1)	24.8% (3)
Shake	0.5% (6)	0.4% (6)	0.5% (12)	100% (6)	100% (6)	100% (12)	0% (0)	44.9% (3)	21.6% (3)
11-17s									
Hurt Adult	4.0% (35)	4.6% (38)	4.3% (73)	100% (35)	100% (38)	100% (73)	57.1% (19)	64.3% (24)	60.9% (42)
Shake	4.3% (37)	4.2% (34)	4.2% (72)	95.3% (35)	78.0% (27)	87.0% (62)	26.6% (9)	43.3% (11)	33.7% (20)
18-24s									
Hurt Adult	4.2% (39)	6.4% (58)	5.3% (97)	100% (39)	98.2% (57)	99.0% (96)	61.3% (22)	73.5% (41)	68.7% (63)
Shake	4.0% (37)	5.9% (54)	4.9% (91)	95.2% (36)	63.1% (34)	76.3% (69)	31.3% (11)	43.4% (13)	36.8% (24)

Table B3.8: Self-harm and suicidal ideation

	11-17s Self-harm 8.5% 146	11-17s Suicidal ideation 5.3% 91	11-17s Attempted suicide 1.0% 18	18-24s Self-harm 9.9% 188
Any victimisation	93.8% (137) ***	96.7% (88) ***	94.4% (17) ns	97.9% (183) ***
Maltreatment by parent or guardian	47.9% (70) ***	57.1% (52) ***	66.7% (12) ***	53.2% (100) ***
Victimisation by non-resident adult	13.0% (19) *	20.9% (19) ***	44.4% (8) ***	35.3% (66) ***
Victimisation by sibling	43.2% (63) **	41.3% (38) *	50.0% (9) ns	36.2% (68) ***
Victimisation by peer	79.5% (116) ***	82.4% (75) ***	88.9% (16) *	87.7% (164) ***
Victimisation by intimate Partner	21.2% (31) ***	23.1% (21) ***	44.4% (8) ***	27.8% (52) ***
Severe maltreatment	52.1% (76) ***	58.2% (53) ***	66.7% (12) ***	60.4% (113) ***
Severe maltreatment by parent/guardian	39.0% (57) ***	45.1% (41) ***	50.0% (9) ***	36.7% (69) ***
Contact sexual abuse	14.4% (21) ***	19.8% (18) ***	38.9% (7) ***	35.1% (66) ***
Lifetime polyvictimisation	27.4% (40) ***	32.6% (30) ***	61.1% (11) ***	31.0% (58) ***
Witnessing family violence	37.7% (55) ***	44.0% (40) ***	61.6% (11) ***	52.9% (99) ***

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

Table B4.1: PAST YEAR (PY) and ALL LIFETIME (LT) screeners, non-resident adult perpetrator, child under 11 years (weighted frequencies & percentages)

	ALL perpetrators PY		Non resident adult perpetrator PY		ALL perpetrators LT		Non resident adult perpetrator LT	
	%	N	%	N	%	N	%	N
Force	5.4%	113	0.1%	1	8.5%	176	0.1%	1
Steal	4.0%	84	0.1%	3	6.5%	136	0.5%	9
Break	10.8%	224	0.1%	1	19.1%	398	0.1%	2
Armed	1.4%	35	0%	0	2.0%	53	0%	1
Unarmed	9.0%	232	0%	1	13.3%	341	0.2%	5
Attempt	2.4%	63	0%	0	4.2%	108	0.1%	2
Threat	5.1%	107	0.3%	7	9.0%	188	0.5%	10
Kidnap	0.1%	2	0%	0	0.2%	6	0.1%	2
Prejudice	1.4%	28	0.1%	2	1.9%	40	0.1%	2
Hurt Adult	0.4%	9	0%	0	0.8%	21	0.2%	5
Scared Adult	1.3%	28	0.6%	13	3.2%	66	1.2%	24
Neglect	0.1%	2			0.5%	12		
Hide	0.3%	8			1.1%	27		
Shake	0.3%	8	0.1%	2	0.8%	20	0.1%	3
Clothes	0.7%	8			1.6%	18		
Gang	1.0%	21	0%	0	1.9%	39	0%	0
Hit by child	28.1%	721			36.1%	928		
Private	2.1%	44			3.2%	66		
Picked	15.1%	315			25.4%	530		
Scared by child	12.0%	250			18.6%	388		
Date								
Sex adult	0.1%	2	0.1%	2	0.2%	4	0.1%	4
Sex child	0.1%	3			0.4%	10		
Try sex	0.0%	0	0%	0	0.1%	2	0%	1
Flash	0.3%	5	0.1%	2	0.6%	13	0.2%	4
Say sex	0.3%	7	0.1%	2	0.6%	12	0.1%	2
Sex under 16 adult								
Position of trust								
Witness parent	1.4%	36			4.6%	119		
Witness sibling	0.1%	2			0.5%	13		
Witness armed	0.5%	13	0.1%	2	1.3%	35	0.1%	2
Witness unarmed	1.9%	49	0.3%	7	5.0%	128	0.5%	12
Witness steal	3.0%	76	0.5%	13	7.3%	189	1.5%	38
Parent threats	0.9%	22			3.5%	89		
Parent break	2.1%	52			9.9%	254		
Beat	0.6%	15			3.5%	89		
Fight	0.4%	10			2.0%	52		

Table B4.2: PAST YEAR (PY) and ALL LIFETIME (LT) screeners, non-resident adult perpetrator, young people aged 11–17 years (weighted frequencies & percentages)

	ALL perpetrators PY		Non resident adult perpetrator PY		ALL perpetrators LT		Non resident adult perpetrator LT	
	%	N	%	N	%	N	%	N
Force	3.2%	55	0.3%	4	1.7%	202	0.5%	8
Steal	7.8%	135	0.4%	7	25.8%	445	1.1%	18
Break	6.9%	119	0%	0	26.4%	455	0.1%	2
Armed	5.0%	87	0%	1	13.3%	230	0.2%	3
Unarmed	15.0%	260	0.1%	2	37.4%	645	0.4%	7
Attempt	7.4%	127	0.4%	7	19.3%	333	0.8%	13
Threat	11.3%	194	0.5%	9	30.8%	532	1.2%	20
Kidnap	0.5%	8	0.3%	5	1.9%	33	1.1%	18
Prejudice	2.8%	49	0.1%	1	6.6%	115	0.2%	3
Hurt Adult	1.8%	31	0.1%	2	7.2%	125	0.9%	15
Scared Adult	4.9%	85	1.0%	17	10.9%	188	1.9%	32
Neglect	0.4%	7			1.4%	24		
Hide	0.1%	2			2.5%	42		
Shake	1.6%	28	0.1%	2	6.2%	107	0.5%	8
Clothes	1.4%	23			3.3%	57		
Gang	4.0%	69	0%	1	10.2%	176	0%	1
Hit by child	19.1%	329			47.4%	818		
Private	7.7%	132			19.0%	328		
Picked	6.6%	114			22.4%	386		
Scared by child	12.1%	209			32.9%	567		
Date	2.7%	40			5.2%	78		
Sex adult	0.1%	1	0%	0	0.7%	13	0.4%	7
Sex child	0.8%	13			2.0%	35		
Try sex	0.8%	13	0%	0	2.6%	45	0.3%	5
Flash	4.0%	69	0.1%	1	7.1%	123	0.5%	9
Say sex	3.1%	52	0%	0	6.5%	112	0%	0
Sex under 16 adult	0.8%	12	0.1%	2	1.4%	20	0.4%	6
Position of trust	0.3%	2	0.3%	2	0.8%	4	0.8%	4
Witness parent	0.8%	14			7.1%	122		
Witness sibling	0.6%	10			2.9%	50		
Witness armed	13.1%	226	0.4%	6	28.2%	486	0.6%	9
Witness unarmed	24.8%	427	0.9%	13	52.8%	912	1.7%	20
Witness steal	4.1%	70	0.4%	7	19.9%	343	2.1%	32
Parent threats	0.3%	6			4.2%	72		
Parent break	1.5%	26			13.3%	230		
Beat	0.2%	4			4.1%	70		
Fight	0.9%	16			4.8%	83		

Table B4.3: PAST YEAR (PY) and ALL LIFETIME (LT) screeners, non-resident adult perpetrator, retrospective 18-24 years (weighted frequencies & percentages)

	ALL perpetrators PY		Non resident adult perpetrator PY		ALL perpetrators LT		Non resident adult perpetrator LT	
	%	N	%	N	%	N	%	N
Force					16.1%	304	0.6%	11
Steal					33.7%	639	1.0%	18
Break					29.8%	564	0.4%	8
Armed					15.5%	294	0.8%	15
Unarmed					40.5%	768	1.5%	27
Attempt					26.7%	505	1.0%	18
Threat					39.7%	752	1.9%	34
Kidnap					2.1%	39	0.9%	17
Prejudice					6.9%	130	0.3%	5
Hurt Adult					10.0%	190	1.8%	33
Scared Adult					11.0%	208	2.6%	47
Neglect								
Hide					4.2%	79		
Shake					8.3%	157	1.0%	19
Clothes								
Gang					17.4%	330	0.1%	2
Hit by child					43.5%	824		
Private					14.9%	282		
Picked					27.2%	515		
Scared by child					34.0%	643		
Date					9.0%	171	0.1%	2
Sex adult					3.5%	65	2.3%	43
Sex child					4.5%	86		
Try sex					6.1%	115	0.9%	16
Flash					10.8%	204	3.2%	61
Say sex					8.1%	153	0.1%	3
Sex under 16 adult					2.4%	45	0.6%	11
Position of trust					0.5%	9	0.5%	9
Witness parent					10.8%	206		
Witness sibling					3.5%	66		
Witness armed					34.8%	660	1.9%	28
Witness unarmed					58.1%	1,100	3.2%	37
Witness steal					28.4%	539	3.6%	55
Parent threats					7.6%	144		
Parent break					19.8%	374		
Beat					6.0%	114		
Fight					9.4%	179		

Figure B4.1: Gender of non-resident adult perpetrators of physical violence

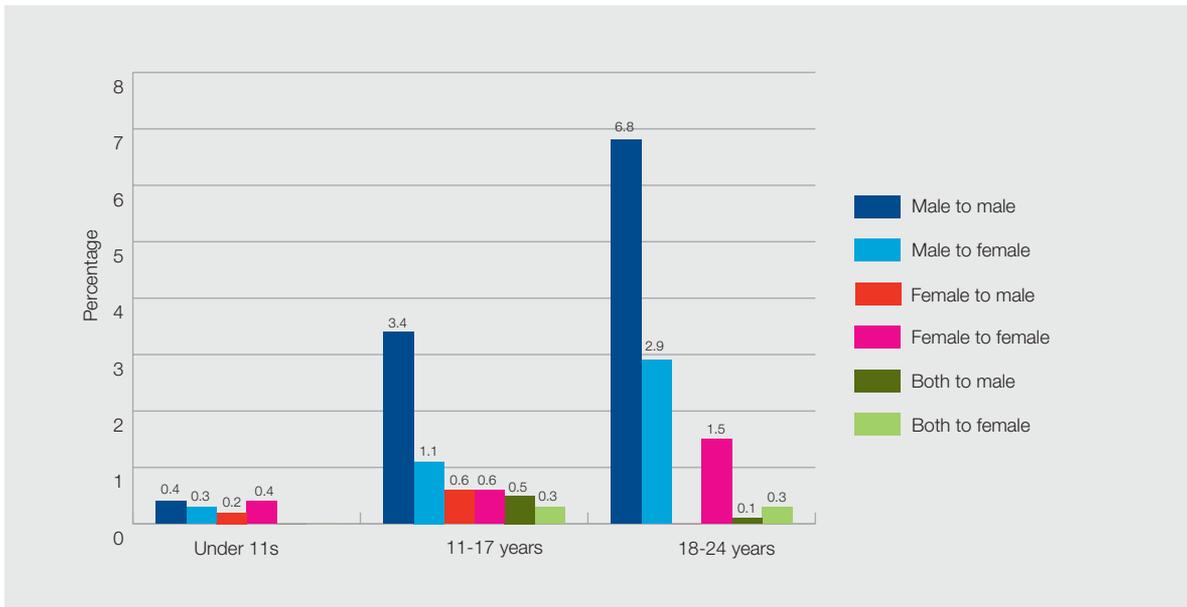


Figure B4.2: Gender of non-resident adult perpetrators of sexual abuse

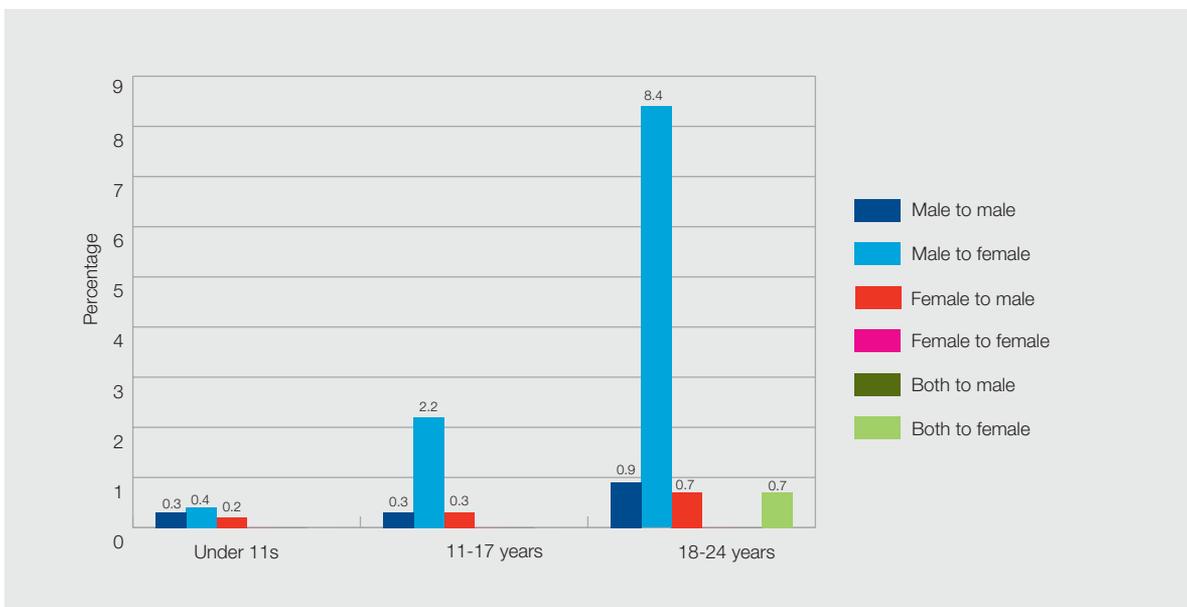


Table B4.4: LIFETIME (LT) screeners, perpetrators non-resident adults, child under 11 years (weighted frequencies & percentages)

	Relative		Minder		Grown up		Neighbour/ friend		Stranger	
	%	N	%	N	%	N	%	N	%	N
Force	0.0%	0	0.0%	0	0.0%	0	0.1%	1	0.0%	0
Steal	0.2%	5	0.0%	0	0.0%	0	0.2%	4	0.1%	1
Break	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.1%	2
Armed	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
Unarmed	0.0%	1	0.0%	0	0.1%	1	0.0%	1	0.1%	2
Attempt	0.0%	0	0.0%	0	0.1%	2	0.0%	0	0.0%	1
Threat	0.0%	0	0.0%	0	0.0%	0	0.3%	6	0.2%	4
Kidnap	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.1%	2
Prejudice	0.0%	0	0.0%	0	0.0%	0	0.1%	2	0.0%	0
Hurt Adult	0.2%	4	0.0%	0	0.1%	1	0.0%	0	0.0%	0
Scared Adult	0.3%	7	0.0%	0	0.4%	9	0.3%	7	0.1%	2
Neglect										
Hide										
Shake	0.0%	1	0.0%	0	0.0%	0	0.1%	2	0.0%	0
Clothes										
Gang										
Hit by child										
Private										
Picked										
Scared by child										
Date										
Sex adult	0.1%	1	0.0%	0	0.0%	0	0.0%	0	0.1%	2
Sex child										
Try sex	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
Flash	0.1%	1	0.0%	0	0.0%	0	0.0%	0	0.1%	3
Say sex	0.0%	0	0.0%	0	0.0%	0	0.1%	2	0.0%	0
Sex under 16 adult										
Position of trust										
Witness parent										
Witness sibling										
Witness armed	0.0%	1	0.0%	0	0.0%	0	0.1%	1	0.0%	0
Witness unarmed	0.1%	3	0.0%	0	0.0%	0	0.3%	7	0.1%	3
Witness steal	0.1%	3	0.0%	0	0.0%	0	0.5%	12	0.9%	23
Parent threats										
Parent break										
Beat										
Fight										

Table B4.5: ALL LIFETIME (LT) screeners, perpetrators non-resident adults, young people aged 11-17 years (weighted frequencies & percentages)

	Relative		Minder		Grown up		Neighbour/ friend		Stranger	
	%	N	%	N	%	N	%	N	%	N
Force	0.0%	0	0.0%	0	0.1%	1	0.2%	3	0.2%	4
Steal	0.0%	0	0.0%	0	0.0%	0	0.1%	2	0.1%	16
Break	0.0%	0	0.0%	0	0.0%	0	0.1%	2	0.0%	0
Armed	0.0%	1	0.0%	0	0.0%	1	0.1%	1	0.1%	2
Unarmed	0.0%	1	0.0%	0	0.0%	1	0.2%	3	0.2%	3
Attempt	0.1%	2	0.0%	0	0.0%	1	0.0%	1	0.6%	9
Threat	0.2%	3	0.0%	0	0.0%	0	0.4%	6	0.7%	12
Kidnap	0.0%	0	0.0%	0	0.0%	1	0.1%	2	0.9%	16
Prejudice	0.0%	1	0.0%	0	0.1%	1	0.0%	1	0.1%	2
Hurt Adult	0.1%	2	0.0%	1	0.1%	2	0.2%	3	0.5%	9
Scared Adult	0.3%	6	0.0%	0	0.5%	9	0.5%	8	0.6%	9
Neglect										
Hide										
Shake	0.1%	1	0.0%	0	0.1%	1	0.1%	1	0.3%	4
Clothes										
Gang										
Hit by child										
Private										
Picked										
Scared by child										
Date										
Sex adult	0.2%	3	0.0%	0	0.0%	0	0.0%	0	0.2%	4
Sex child										
Try sex	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.2%	4
Flash	0.1%	1	0.0%	0	0.0%	0	0.0%	0	0.4%	8
Say sex	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sex under 16 adult	0.1%	1	0.0%	0	0.0%	0	0.2%	4	0.1%	1
Position of trust					0.8%	4				
Witness parent										
Witness sibling										
Witness armed	0.0%	0	0.0%	0	0.0%	0	0.5%	6	0.2%	3
Witness unarmed	0.2%	2	0.0%	0	0.0%	0	0.9%	11	0.7%	8
Witness steal	0.1%	1	0.0%	0	0.0%	0	0.2%	4	1.8%	27
Parent threats										
Parent break										
Beat										
Fight										

Table B4.6: ALL LIFETIME (LT) screeners, perpetrators non-resident adults, young adults 18-24 years (weighted frequencies & percentages)

	Relative		Minder		Grown up		Neighbour/ friend		Stranger	
	%	N	%	N	%	N	%	N	%	N
Force	0.0%	0	0.0%	1	0.1%	1	0.0%	1	0.5%	10
Steal	0.0%	0	0.0%	0	0.0%	0	0.3%	5	0.7%	12
Break	0.0%	0	0.0%	1	0.1%	1	0.1%	2	0.3%	6
Armed	0.0%	1	0.0%	1	0.1%	2	0.2%	4	0.5%	9
Unarmed	0.4%	6	0.0%	1	0.1%	2	0.1%	2	1.1%	19
Attempt	0.2%	3	0.0%	0	0.0%	0	0.1%	2	0.7%	13
Threat	0.3%	6	0.0%	1	0.0%	1	0.6%	10	1.0%	18
Kidnap	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.9%	17
Prejudice	0.0%	1	0.0%	0	0.1%	2	0.0%	0	0.1%	2
Hurt Adult	0.1%	3	0.0%	1	0.0%	1	0.7%	13	1.2%	22
Scared Adult	0.7%	13	0.1%	1	0.5%	9	0.8%	14	0.7%	13
Neglect										
Hide										
Shake	0.1%	3	0.1%	1	0.3%	6	0.5%	9	0.3%	6
Clothes										
Gang										
Hit by child										
Private										
Picked										
Scared by child										
Date										
Sex adult	0.7%	14	0.0%	1	0.0%	1	1.2%	23	0.4%	7
Sex child										
Try sex	0.4%	7	0.0%	1	0.0%	0	0.2%	4	0.4%	7
Flash	0.3%	6	0.0%	1	0.0%	1	0.4%	8	2.5%	47
Say sex	0.0%	0	0.0%	1	0.0%	0	0.1%	3	0.0%	1
Sex 16 – adult	0.2%	4	0.0%	0	0.1%	3	0.3%	5	0.0%	0
Position of trust					0.5%	9				
Witness parent										
Witness sibling										
Witness armed	0.3%	4	0.0%	0	0.0%	0	1.2%	17	1.1%	15
Witness unarmed	0.5%	6	0.1%	1	0.1%	1	1.9%	22	1.9%	22
Witness steal	0.6%	9	0.0%	0	0.0%	1	0.4%	6	2.5%	39
Parent threats										
Parent break										
Beat										
Fight										

Table B4.7: Hurt and injury by non-resident adult

Selected Question	Frequencies			Long Follow up			% of those who said Hurt or Injured		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-10s									
Hurt Adult	0.2% (3)	0.2% (2)	0.2% (5)	100% (3)	100% (2)	100% (5)	100% (3)	0% (0)	53.0% (3)
Shake	0.2% (3)	0% (0)	0.1% (3)	100% (3)	0% (0)	100% (3)	23.6% (1)	0% (0)	23.6% (1)
11-17s									
Hurt Adult	1.1% (10)	0.6% (5)	0.9% (15)	100% (10)	100% (5)	100% (15)	18.8% (2)	48.7% (2)	28.0% (4)
Shake	0.7% (6)	0.2% (2)	0.5% (8)	100% (6)	100% (2)	100% (8)	34.8% (2)	16.8% (0)	30.2% (2)
18-24s									
Hurt Adult	2.8% (26)	0.8% (7)	1.8% (33)	100% (26)	100% (7)	100% (33)	78.6% (20)	74.8% (6)	77.7% (26)
Shake	1.2% (11)	0.8% (8)	1.0% (19)	95.0% (10)	69.8% (5)	84.6% (16)	20.8% (2)	82.1% (4)	42.8% (6)

Table B5.1: Demographic characteristics of polyvictimims compared to the rest of the sample

Demographic factor	Under 11 years			Young people 11–17 years			Adults 18–24		
	PV % (N)	Not PV % (N)	Chi-square statistic	PV % (N)	Not PV % (N)	Chi-square statistic	PV % (N)	Not PV % (N)	Chi-square statistic
Gender									
Male	56.4 (132)	50.6 (1185)	2.83	57.2 (103)	50.7 (784)	2.74	55.4 (93)	50.5 (873)	1.45
Social grade									
AB	23.5 (55)	25.9 (607)	5.19	19.9 (36)	24.4 (377)	2.46	11.4 (19)	17.5 (303)	10.58*
C1	24.4 (57)	28.0 (655)		28.2 (51)	27.4 (423)		31.7 (53)	36.4 (629)	
C2	17.5 (41)	18.4 (430)		21.5 (39)	22.0 (340)		24.6 (41)	23.6 (408)	
DE	34.6 (81)	27.7 (648)		30.4 (55)	26.2 (406)		31.3 (54)	22.5 (390)	
Disability – child									
Yes	19.0 (44)	8.9 (206)	23.84***	20.7 (37)	12.0 (184)	10.86**	34.7 (58)	11.5 (198)	70.66***
Disability – parent									
Yes	28.6 (60)	16.5 (366)	19.44***	34.5 (58)	20.9 (307)	16.07***	43.3 (58)	8.7 (141)	146.13***
	PV Med (range)	Not PV Med (range)	U statistic	PV Med (range)	Not PV Med (range)	U statistic	PV Med (range)	Not PV Med (range)	U statistic
Age	7 (0-10)	5 (0-10)	245134.0***	15 (11-17)	14 (11-17)	110051.0***	n/a	n/a	n/a
Non-victimisation adversity	1 (0-6)	0 (0-6)	170104.5***	3 (0-9)	1 (0-7)	28581.5***	4 (0-10)	1 (0-7)	31646.0***

Med, median. U, Mann Whitney U tests statistic. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Parental disability includes psychiatric disorders and enduring learning and physical difficulties.

Table B6.1: Demographic characteristics of the weighted 1998 and 2009 samples

	NSPCC Survey (1998) N = 2869 %	NSPCC NSCSV (2009) N = 1897 %	χ^2	Statistically significant difference P
Gender (female)	50.0	49.1	0.40	–
Age respondent (21-24 years)	50.7	58.2	25.83	< .001
Ethnic group (not 'White')	8.1	15.2	59.64	< .001
Longstanding illness/disability	6.8	7.4	0.67	–
Family composition (most of childhood)			71.70	<.001
Both biological parents	79.7	72.3		
One biological parent only	9.5	17.8		
Biological parent and step	8.0	7.5		
Other arrangements	2.7	2.2		
Social grade of respondent			13.78	.003
AB	14.6	17.0		
C1	38.6	36.0		
C2	20.8	23.7		
DE	26.1	23.4		

Table B6.2: Comparative forced or coercive sexual acts

Any of the following experiences happen aged under 16 and against your wishes	NSPCC Survey (1998) N = 2869 %	Any of the following experiences happen aged under 18 (under 16)*	NSPCC NSCSV (2009) N = 1897 %
<ul style="list-style-type: none"> Did a person deliberately expose their sex organs or other private parts of their body to you, in order to excite themselves or shock you? 	8.4%	<ul style="list-style-type: none"> Did anyone make you look at their private parts by using force or surprise, or by flashing you? 	10.8%
<ul style="list-style-type: none"> Did someone attempt oral sex on you? Did someone attempt sexual intercourse with you? Did someone attempt anal intercourse with you? 	4.7%	<ul style="list-style-type: none"> Did anyone TRY to force you to have sex, that is sexual intercourse of any kind, even if it didn't happen? 	6.1%
<ul style="list-style-type: none"> Were you hugged, or kissed in a sexual way, whether you agreed to it or not? Did someone touch or fondle your sex organs or other private parts of your body? Did someone get you to touch THEIR sex organs or sexually arouse them with your hands? Did you have full sexual intercourse? Did you have anal intercourse? Did you have oral sex? Did someone put their finger, tongue or an object into your vagina or anus? 	6.8%	<ul style="list-style-type: none"> Did a grown-up <ul style="list-style-type: none"> – touch your private parts when they shouldn't – have or MAKE you touch their private parts – Or did a grown-up FORCE you to have sex? Now think about other young people, like from school, a friend, a boyfriend or girlfriend, or even a brother or sister. Did another child or teenager MAKE you do sexual things? 	6.8% 5.0%

Figure B6.1: Life time sexual victimisation rates by age of participants for 2009 childhood survey

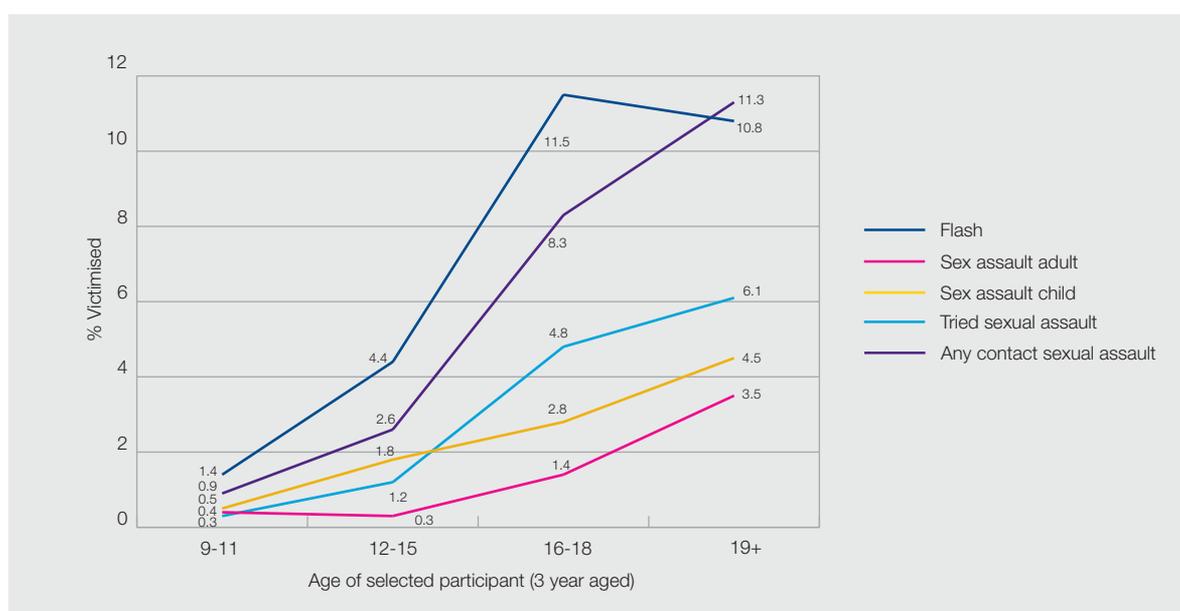


Table B6.3: Trends in neglect and maltreatment by gender, respondent social grade and childhood family type

	Any neglect		Regular verbal aggression		Any physical violence		Coercive sexual acts	
	1998 %	2009 %	1998 %	2009 %	1998 %	2009 %	1998 %	2009 %
Gender								
Male	8.3	10.7	13.1	4.7	13.4	10.9	3.7	1.6
Female	10.5	9.1	15.9	7.4	13.1	9.0	9.9	8.5
SES								
A-C2	7.7	8.1	12.1	5.2	11.5	9.0	5.7	4.3
D-E	13.7	16.0	21.5	8.6	18.2	13.1	10.2	7.2
Family composition								
2 bio	6.7	7.9	11.0	4.0	10.2	7.9	5.3	3.2
Other	19.9	15.2	28.4	11.6	25.1	15.7	12.7	9.7

Appendix C: Methodology

Basic principles

In the design of the research we drew on experience gained from the earlier NSPCC survey (Cawson et al, 2000) and on recommendations from children's rights organisations such as UNICEF (Pinheiro, 2006), child protection coordinating organisations such as ISPCAN (Runyan et al, 2009), the WHO (Butchart et al, 2006) and human rights organisations such as the Co-ordination Action on Human Rights Violations (CAHRV, 2007). CAHRV have developed a set of standards and recommendations for future prevalence studies aimed at allowing better national and cross-national learning, including the analysis of trends (CAHRV, 2007). We tried to follow this guidance closely in designing this research.

Key principles we took from these recommendations for the design of the NSPCC survey were:

1. Ensure clarity of the definition of a child. We adopted the UNCRC definition of a child as being a person under the age of 18.
2. Ensure clarity of the definition of child maltreatment and victimisation. As explained in chapter 2, we adopted the WHO definition of child maltreatment. For child victimisation we used Finkelhor's definition, including all interpersonal physical, sexual and psychological abuse and neglect whether perpetrated by adults, caregivers or known or unknown young people.
3. Adopt robust random probability sampling methods. These methods recruited respondents who were representative of the general population.
4. As far as possible, use validated and standardised measures of maltreatment, victimisation and impact.
5. Gather information on children's and young people's experiences of maltreatment and victimisation as well as own perpetration of abuse as a measure of delinquency.
6. Gather information on mental health, well being and disabilities.
7. Gather information not only on the prevalence of maltreatment and victimisation, but also on the range of individual, family, community, social and economic factors that may influence whether or not a child is maltreated, and the impact this may have on wellbeing.
8. Set up a process for external scrutiny of the research design and ongoing advice from a group of internationally renowned research experts.
9. Set up a process for external scrutiny and advice on the design from young people, especially young survivors of maltreatment.

10. Conduct the research in age-appropriate and ethical ways. We strove to minimise distress and offence to participants, and respect the rights and safety of children and young people.

There were also practical constraints that influenced what we could do, including the constraints on cost and time, and what can reasonably be expected from a survey that was to be conducted in people's homes.

Research aims

The primary aim of the study was to provide the NSPCC with a robust estimate of the prevalence of child physical, sexual and emotional abuse, and neglect, along with bullying and witnessing domestic violence, within the UK general population. The research had six core objectives:

1. To measure the frequency of lifelong and *current* (past year) child maltreatment in a random probability sample of the UK population that included young adults, children, parents or guardians.
2. To measure the prevalence of child maltreatment in the UK in a manner comparable to other large-scale studies conducted in countries across the world.
3. To investigate the risk and protective factors associated with child maltreatment and victimisation⁷².
4. To improve understanding of young people's perceptions of helpful and unhelpful interventions and the range of factors that they believe contribute to stopping abuse⁷³.
5. To generate new knowledge to improve the delivery of services.
6. To explore whether or not there have been changes in the prevalence of maltreatment since the publication in 2000 of the earlier study.

This study took a mixed-method approach that included: (1) a quantitative national survey; and (2) a qualitative follow-up study focusing on young survivors' views of what support was most needed. The survey involved interviews with three groups of respondents: caregivers of children under the age of 11, children and young people aged 11–17 and their caregivers, and young adults aged 18–24 who were interviewed retrospectively to give a comparison group with the NSPCC survey published 10 years earlier (Cawson et al, 2000).

The qualitative part of the research (entitled *Who do you turn to?*) considers the experiences of a sample of young adult survivors, some recruited from the larger survey. This research will allow us to explore in greater depth the support sought or needed by young people who experience child maltreatment. Findings from the qualitative research will be published in another NSPCC report.

⁷² This topic will be covered in subsequent publications.

⁷³ A report on the follow-up interviews with young adult survivors will be produced in 2011 (*Who do you turn to?*).

Development and design of the questionnaire

Initial steps included a review of previous prevalence studies published in English, a review of validated instruments to measure abuse and neglect, and the establishment of an expert group and an advisory group to support the research from beginning to end. The two groups included both nationally and internationally recognised experts in the field of child maltreatment and victimisation. In addition, the research team consulted NSPCC social workers and experts working at ChildLine. Drawing on experience gained from both the earlier NSPCC survey and an awareness of the current crime and victimisation survey methods used in Britain, it was agreed that the survey would involve a nationally representative household survey with trained field interviewers gathering the data from respondents who would report experiences, as privately as is possible in a household, via computer-assisted self-interviewing (CASI). CASI is widely used to gather data in victimisation surveys and has been shown to produce higher rates of self-report (Mirlees-Black, 1995). It involves the interviewee answering questions directly on a laptop computer handed to them by the field interviewer. Audio CASI (A-CASI) allows the interviewee to hear the questions discreetly via headphones at the same time as reading them on screen. We chose to use A-CASI techniques for the interviews with young people aged 11 to 17, as it was advised that this would be more appropriate, especially for young people who had lower reading abilities. New Dimensions software for CASI and A-CASI interviewing seemed particularly agreeable for young participants, as it allowed a touch-screen approach to answering questions. CASI also allows simple routing through a questionnaire, so that respondents can be guided more easily through the survey.

Following a competitive tendering process, the market research company TNS-BMRB (then BMRB) was commissioned in June 2008 to conduct the fieldwork survey interviews. NSPCC research department staff and TNS-BMRB together developed a questionnaire drawing on other validated instruments previously used in major studies investigating interpersonal violence, child abuse and neglect. The questionnaire drew substantially from the National Survey of Children's Exposure to Violence (NatSCEV) questionnaire (Finkelhor, Turner et al, 2009) and the generous help and advice given by Sherry Hamby and David Finkelhor, who were completing their own survey at the time. The NSPCC and TNS-BMRB adapted victimisation modules from NatSCEV for UK English. The NSPCC survey also included other validated measures to explore parenting relationships, including the mother and father Parental Acceptance-Rejection Questionnaire (PARQ) (Rohner and Khaleque, 2005) for the 18–24 age group. To explore issues of self-esteem, the survey used the Rosenberg self-esteem scale for caregivers of 0–10 year olds and young people aged 11–17 (Rosenberg, 1965). A detailed list of the instruments used in the survey is provided in the technical report, online at www.nspcc.org.uk/inform.

Three parallel questionnaires were developed based on the age of the child or young person: one for parents with children under 11, one for 11–17s (a parent or guardian completed a subset of questions), and one for 18–24s. A simplified paper copy of the questions on maltreatment and

victimisation used in the questionnaire can be found in Appendix A. The technical report also contains further information on the full questionnaire content.

The NSPCC and TNS-BMRB research teams tested the questionnaire. The NSPCC conducted focus groups with young people to test the questions for clarity and gain views on our proposals to reduce any upset to participants. In October 2008, TNS-BMRB cognitively tested the questionnaire with a small sample of caregivers and young people from the general public, and a group of young people recruited through NSPCC services. The response was positive: parents were generally happy with the acceptability of the questions in the survey, and young people were able to understand the concepts and answer the questions. Their feedback was incorporated into the final questionnaire, which was piloted in December 2008.

Pilot study

The survey procedures and questionnaire were tested using a large-scale pilot of 318 participants, which took place between 17 November and 14 December 2008. Further information on the pilot study is presented in the technical report.

A letter explaining the purpose and authenticity of the survey was sent to all selected addresses two weeks before the fieldwork. The occupants of each pre-selected address were screened for the required age groups at their doorstep. Participants were offered a £10 gift voucher at the end of their interview.

The majority of respondents in the pilot stage felt that it had been worth taking part in the survey. 70 per cent of respondents agreed that it had been extremely or very worthwhile. Only 3 per cent said that it had been not very worthwhile.

After the pilot study, several changes were made to the survey procedures, the most important being:

- After receiving mixed feedback on the use of the NSPCC logo, it was decided that the advance letters should include both the NSPCC and the TNS-BMRB (then BMRB) logo.
- Cuts were made to the questionnaire to shorten the length for the main stage. It was agreed that, in most cases, interviews should be completed within an hour.

Questionnaire

Following a review of the available validated instruments used to research maltreatment and child victimisation, we elected to use the Juvenile Victimization Questionnaire (JVQ) items. The JVQ (Hamby, Finkelhor, Ormrod and Turner, 2004a, 2004b) is a comprehensive inventory of childhood victimisation, and the JVQ items are the foundation of NatSCEV. There are two versions of the JVQ: one proxy version completed by parents or guardians, and one

self-report completed by young people. An evaluation of the JVQ performance found no major discrepancies between parent or guardian reports and young people's reports (Finkelhor, Ormrod et al, 2005). Young people have been found to understand the JVQ questions and parents are not resistant to the most sensitive ones. The measures have good test and re-test reliability (Finkelhor, Ormrod et al, 2005).

The JVQ employs 35 screener items that assess a broad range of victimisation across the following five modules: conventional crime (such as having something stolen), child maltreatment (for example, being physically abused or neglected by a caregiver), peer and sibling victimisation (including being hit or frightened by other children), sexual victimisation (for example, being forced to do something sexual), and witnessing and indirect victimisation (such as witnessing domestic violence). Each of the 35 screener questions refers to a specific form of victimisation (such as dating violence, neglect or theft). To prevent respondent fatigue, the JVQ is designed to ask the screener questions first. Follow-up questions at the end of the questionnaire ask for further details on victimisations (for example, the hurt or injury that resulted or the location of an incident).

As it was designed as an onscreen tool, the questionnaire in paper form is long, complex and not easy to navigate. It covered the 15 topics set out in Table C1 below (these are discussed in full in the technical report). There were some differences in the questions we asked each age group, and there were also some questions that were age-specific, as indicated in Table C1.

We used 29 victimisation screener questions from the JVQ, presenting them in the order that has been previously used and tested. Additionally, we used seven victimisation screener questions drawn from NatSCEV, with three new items that were developed for this survey (two on maltreatment and one on sexual relations between a person aged 16 or 17 with an adult in a position of trust). There were 39 screener questions altogether. For a breakdown of the main questions organised into blocks or modules of questions asking about specific types of victimisation, see Table A1.1 in Appendix A.

Table C1: Structure and content of the questionnaire

Questionnaire topics	Parent or Guardian Child (under 11s)	Parent or Guardian Young person (11–17s)	Young person (11–17s)	Young adult (18–24s)
1. Demographics	*	*	–	*
2. Background and parenting styles	*	*	–	–
3.A. Conventional crime	*	–	*	*
3.B. Child maltreatment and neglect trend	*	–	*	*
3.C. Peer and sibling victimisation	*	–	*	*
3.D. Sexual abuse and sexual trend	*	–	*	*
3.E. Witnessing and indirect victimisation	*	–	*	*
3.F. Parental treatment, physical and emotional trend	–	–	–	*
4. Social support	–	–	*	*
5. Mental health	*	–	*	*
6. Exposure to family violence – supplementary				
7. Victimisation follow-ups	*	–	*	*
8. Lifetime adversity	*	–	*	*
9. Internet victimisation	Age 5+	–	*	*
10. Community disorder	*	–	*	*
11. Delinquency	Age 5+	–	*	*
12. Self-concept	–	–	*	*
13. Alcohol Use	–	–	*	–
14. Adult's relationships	*	*	–	–
15. Final checks	*	–	*	*

After participants had answered all of the screener questions, any incident that had happened to the young person was followed up to get more detail about their experience. Due to the time constraints of the interview, it would have been impossible and extremely exhausting for the respondents to have a long list of follow-up questions for every positive response to a victimisation screener question. The questionnaire was programmed to select just two screener responses for long follow-up questions. All other positive screener responses had a shorter set of follow-up questions. With advice from the advisers, an NSPCC consultant social worker, NSPCC Helpline and ChildLine staff, we ranked 37 screeners in a hierarchy for selecting the long set of follow-ups (two screener questions on abuse via the internet or mobile phone had their own short follow-ups, so they were excluded). The position in the hierarchy was mostly determined by the ethical issues relating to which combination of answers might indicate immediate danger to a child, as we discuss later in this chapter. The questionnaire was programmed to select from the range of different positive answers that any respondent gave (and not all respondents would answer positively to more than two victimisation screeners) and use the position in the

ranking order to identify which answers to follow-up in full, using the “long form” (see Table A3.5 in Appendix A for the ranking table). Any other positive responses from the respondent to victimisation screeners were followed up in the “short form”. The content of both the long and short follow-up loops are detailed below and in the technical report.

We wanted to get enough information in the short follow-ups to be able to get an understanding of the relationship between the perpetrator and victim, the frequency of the victimisation, and how the respondent perceived the victimisation event. Therefore, the short follow-up loop asked how many times the particular victimisation had happened, whether it had happened in the last year, who did it and whether the respondent considered the event to be a crime or child abuse/abuse/sexual abuse.

The long follow-up loop asked in turn, about the two selected victimisations in greater detail. In addition to the questions covered by the short loop, the long loop also covered, for example, how old the respondent was when the incident last happened, where they were, whether they were injured and had to visit a doctor or hospital, whether they talked about the incident with anyone and whether this helped, and whether they thought the victimisation was likely to happen again.

Other measures used

Table C1 shows that a number of other validated measures were included in the survey to obtain information on:

- Parenting styles, including the use of physical punishment, using items from the Alabama Parenting Questionnaire (Frick, 1991) and the Parenting Styles and Dimensions Questionnaire (PDSQ; Robinson et al, 2001).
- Social support, using items from the Multi-dimensional scale of Perceived Social Support (Zimet et al, 1988).
- The impact of maltreatment and other victimisation on mental health, using age-relevant measures for babies and toddlers from the Brief Infant–Toddler Social and Emotional Assessment (BITSEA) (Briggs-Gowan and Carter, 2001) and the Infant Traumatic Stress Questionnaire (ITSQ) (Bogat et al, 2006) for babies and toddlers; from the trauma symptom checklist for young children (Briere et al, 2001; Briere, 2005) for those under the age of 10; from the trauma symptom checklist for children (Briere, 1996) for those under 18; and from the trauma symptom checklist (Briere and Runtz, 1989) for adults.
- Self-concept, using items from the personal mastery scale (Pearlin and Schooler, 1978) and Rosenberg’s self-esteem scale (Rosenberg, 1965).
- Adults’ relationships: Intimate Partner Attachment Questionnaire (Rohner, 2004); Parental Acceptance–Rejection Questionnaire (Rohner, 2004). These were completed on the laptop for caregivers of children aged 0 to 10. For the 18–24s, the questions were asked in

a paper questionnaire. For the caregivers of 11–17s these questions were answered on paper while the young person did the self-completion survey.

The questionnaire considered other adversities in the young person's or young adult's childhood, as it was thought to be important to take into consideration adverse events that may affect a person's overall wellbeing and may also be associated with, or compound, experiences of victimisation. A shortened version of the non-victimisation trauma and adversity scale was used to assess exposure to cumulative and past year adversity (Turner et al, 2006). This covered serious illness or accidents, homelessness, being sent or taken away from families, a parent being sent to prison, alcohol or drug problems in the family, knowing someone who had tried to commit suicide and relationship problems between parents.

The final set of questions in the survey asked respondents about how they felt about taking part in the survey, whether they had been upset in any way and if they wanted to talk to anybody about the issues raised. The section on ethical issues describes our procedures for following up with respondents who said they wanted to talk to somebody.

In this final section, 18–24s were also asked whether they would be willing to be re-contacted to take part in further research for the NSPCC in the near future. This was one of the recruitment strategies for the follow-up study *Who do you turn to?*

Sampling strategy

The research employed a random probability sampling technique drawn from the residential Postcode Address File (PAF[®])⁷⁴ as the sample frame for this survey. Its coverage of households in private residential accommodation is said to exceed 98 per cent. It is an indirect sample frame in that additional sampling is required to identify an individual, but its coverage level is far greater than any person-based sample frame available.

The survey population was defined as individuals between the ages of 1 month and 24 years who were normally resident in the UK and living in private residential accommodation. This means the survey excluded individuals living in non-private accommodation such as residential care, hostels or penal institutions. A small proportion (<2 per cent) of the UK population do not live in private residential accommodation. They were excluded from the sampling for practical reasons. Although it is acknowledged that this group may differ from the majority of the population in many ways, its small size means that this exclusion will not materially affect the survey estimates.

All young people aged from 1 month to 24 years and living in the selected household were eligible to be included in the survey. When there was more than one eligible person in the

74 The residential Postcode Address File (PAF[®]), maintained by the Royal Mail, is the most up-to-date and complete address database in the UK, containing over 28 million addresses and over 1.7 million postcodes.

household, a random selection process (a kish-grid), was used to identify the individual who would form the focus of the interview. If the selected person was aged between 1 month and 10 years, the primary caregiver for that individual was interviewed about the selected child's experiences. The primary caregiver was defined as the self-identified parent or guardian who mostly cared for the child. If caregivers described themselves as being co-parents, they were invited to select for themselves which caregiver would complete the survey. If the selected child was aged between 11 and 17, both the primary caregiver and the young person were interviewed consecutively. If the selected person was aged between 18 and 24, they completed the interview about their own childhood experiences (defined as experiences before they were 18). Further details of the sampling strategy can be found in the survey's technical report.

Interviewer training and supervision

TNS-BMRB have substantial previous experience of managing large field surveys, and were the company that collected the interviews for the NSPCC child maltreatment research in 1998. A team of approximately 350 regionally-based interviewers was used. In addition to the usual professional arrangements companies such as TNS-BMRB have in place to efficiently manage and supervise field interviewers, the NSPCC research team worked closely with the TNS-BMRB project team to develop training for interviewers for this survey covering ethical issues (described below) and monitoring. The NSPCC research team contributed to the development of the interviewer resource packs and to the content of the interviewer briefings. Members of the research team attended a number of the regionally-based interviewer briefings. These covered basic awareness about child maltreatment and why the NSPCC was conducting the survey, procedures for contacting households, gaining consent, delivering the interview and addressing ethical issues (as described below). The briefings also gave interviewers the opportunity to ask questions about their role in the survey.

Fieldwork

The fieldwork took place from 9 March to 15 November 2009. An advance letter with NSPCC and TNS-BMRB logos was sent to each address selected to take part two weeks before an interviewer called. The letters explained the purpose of the survey, alerted occupants to the interviewers' forthcoming visits and provided reassurances about confidentiality to potential participants. The advance letters also offered households the chance to opt out of the survey or declare their ineligibility. A freephone telephone number was clearly marked on the top of the letter for occupants to use if they wished to report that no one in the household was eligible for an interview, or if they had queries. A website was set up by TNS-BMRB, in consultation with the NSPCC research team, so that householders could check the purpose of the survey, and details of this were also given in the letter. The website contained FAQs and other information about the survey, plus contact details that allowed householders to be put in touch with either

the TNS-BMRB survey management team or the NSPCC research team. The incentive offered to respondents (£10 in high street vouchers) was also mentioned in the letter.

In anticipation of some members of the public becoming alarmed by the receipt of the advance letter or the presence of an interviewer in their neighbourhood, information about the survey was communicated to a wide audience, so that concerned people could seek reassurance from the authorities. Given the sensitive nature of the issues covered by the survey, as well as the involvement of children, it was deemed necessary to alert representatives of children's services, as well as the police. Before the start of fieldwork, a letter was sent out to 146 directors of children's services in England, 153 chairs of local safeguarding children boards (LSCBs) in England, 23 chairs of LSCBs in Wales, four chairs of the LSCB in Northern Ireland and 33 chairs of the Child Protection Committee in Scotland. In addition, a letter was sent out to all chief constables in England, Wales, Scotland and Northern Ireland before fieldwork began. This letter contained information about the survey and advance warning of the presence of interviewers in their respective areas between March and November 2009. The letter was sent again in May 2009. NSPCC children's service directors were asked to cascade information about the survey to all local NSPCC services to ensure that local offices were aware of the survey, should they receive any enquiries.

Interviewers made a minimum of five calls to each address. They were instructed to vary the times and days of their visits to maximise the chances of making contact with occupants. In situations when a selected address and occupant was found to be eligible, the interviewer introduced the survey at the doorstep and reminded the occupant about the advance letter that had already been sent to that address. The address contact sheet was used to screen the household for eligibility and randomly select someone from the eligible age range to form the focus of the interview. Interviewers were provided with a frequently asked questions (FAQ) sheet to show occupants if they had queries about the survey. If a selected person was willing to take part in the survey, the interviewer could proceed straight away with the interview within the home. If this was inconvenient, an appointment was made for a later time. When the selected person was aged between 11 and 17, the appointment had to be made for a time when both the child and their primary caregiver would be at home, as both were needed to take part in the interview. Consent to take part had to be obtained from the parent/caregiver for all young people under the age of 18. When parents gave consent, young people between the ages of 11 and 17 were also asked to give consent. The young adults (18–24s) gave consent for themselves (further details on informed consent can be found in the section below on ethical issues and confidentiality).

CASI interview

All interviews were carried out inside the respondents' homes and were completed either entirely or in part using computer-assisted personal interviewing technology (CAPI), in which answers to questions were entered directly onto a laptop computer. For sensitive questions,

computer-assisted self-interviewing (CASI) was used. This allows the respondent to read and answer the questions privately.

Due to the sensitive nature of the questions in the self-completion section of the questionnaire, it was decided that these questions should never be asked directly by interviewers or interpreters, or collected by proxy. To enable respondents with literacy problems and reading difficulties to complete this section in private, the questions were pre-recorded and all 11–17s were able to listen to them through a personal set of headphones provided by the interviewer. Young people had the choice to turn off the audio questions and just read the questions on screen if they preferred.

When a young person aged between 11 and 17 was selected to form the focus of the interview, both that young person and their primary caregiver took part in the interview. Their participation was, for the most part, consecutive: the parent/caregiver answered the initial questions about the family (for example, about earnings, housing and health), and the young person answered the questions on maltreatment and victimisation. Parents or guardians were asked to fill in a self-administered paper questionnaire while the young person was answering their own questions on the laptop. This arrangement served to maximise the information collected from the parent or guardian without lengthening the interview. Keeping the parent or guardian busy also helped give the young person privacy.

All those who were eligible to take part in the survey were offered £10 in high street vouchers (2 x £5 vouchers) as an incentive for their cooperation. At the end of each interview, the participant was handed their voucher to thank them for their time and the information they had provided. For the 11–17 age group, in which both a child and adult took part in an interview, the vouchers were given to the adult but intended for both participants.

A customised debrief and thank-you leaflet was also left with respondents at the end of their interviews. The leaflet provided contacts for the TNS-BMRB research team, in case respondents had questions or wished to verify the identity of their interviewer, and a list of helplines and website addresses to which respondents could turn for help, information or advice about child maltreatment or domestic violence.

During the fieldwork, 6,196 face-to-face interviews were completed:

- 2,161 interviews were completed with caregivers of children aged 0–10 years; the median interview length was 44 minutes.
- 2,274 interviews were completed with young people aged 11–17 and their parents or guardians; the median interview length was 53 minutes.
- 1,761 interviews were completed with young adults aged 18–24; the median interview length was 50 minutes.

The response rate was 60.4 per cent.

Ethical issues and confidentiality

The NSPCC approach to ethical review has been informed by the following professional guidance on research ethics: ethical guidelines produced by the British Sociological Association (2004), the Social Research Association (2003), Medical Research Council (2005), National Children's Bureau (2003), the Society for Research in Child Development and guidance from the Economic and Social Research Council (ESRC, 2010).

In collaboration with the expert and adviser groups, the young advisers and TNS-BMRB, we designed an ethical protocol for the research and an application for approval was made to the NSPCC research ethics committee. The research was subject to an initial and subsequently regular ethical review process through the NSPCC research ethics committee, a committee that includes independent research experts and professionals with substantial experience of working directly with children and young people who have experienced trauma and abuse.

The key ethical issues considered in the project were:

- minimising any potential distress and harm to children, parents and young adults involved in the survey
- negotiating consent and explaining clearly, especially to parents and children, what the research involved without causing alarm
- data protection, and confidentiality and its limits
- child protection responsibilities should abuse be disclosed or suspected
- minimising any potential distress to interviewers and researchers, and interviewer safety.

How we approached each of these issues is discussed below.

Minimising harm, upset or offence

There were risks of causing harm, upset or offence at many stages of the research fieldwork, such as at the points of making initial contact with households, introducing the survey, trying to ensure that a large number of field interviewers allowed into people's homes did not present risks of offence or harm to participants, asking the survey questions, debriefing participants and dealing with issues that could have been raised. With the advice of our ethics committee and advisers, we were able to anticipate many of these before the pilot study. However, the complex nature of the project meant that ethical issues had to be constantly reviewed and some new, unanticipated issues arose and had to be confronted during the fieldwork.

Making initial contact

i. Describing the survey

Conducting a household survey on any topic has potential to cause upset and offence, as some people do not like strangers calling at their door. Elderly people or people living alone might be concerned about the survey being genuine. TNS-BMRB are experienced in conducting household surveys and have their own protocols, guidance, interviewer checks and review procedures to reduce the likelihood that members of the public will become alarmed by an interviewer. It was felt that the sensitive nature of the research and the need to screen eligibility on the doorstep would increase the likelihood that some members of the public may be alarmed or offended. Parents could be concerned about the motives of people presenting themselves as doing a survey for the NSPCC and asking for entry into their homes to interview their children.

The advance letter sent to selected households, which included the project's website address and information on how to contact either TNS-BMRB or the NSPCC, gave householders an opportunity to check on the genuine nature of the research or to opt out before an interviewer called. The NSPCC research team drafted the advance letter and website content with TNS-BMRB. An interviewer briefing pack and briefing programme were developed by TNS-BMRB and reviewed by the NSPCC research team. The pack and the briefings gave clear instructions on how to approach households and introduce the survey. It also provided an opportunity for interviewers to ask any questions about the process before setting out into the field. Regional briefings were held for interviewers and NSPCC research staff attended a number of these. All interviewers were required to carry and show identification, and to contact the local police station to check that the police knew they would be working in an area at a given time.

A complaints and joint review procedure was established so that both TNS-BMRB and NSPCC senior management received, reviewed and responded promptly to any complaints from members of the public about interviewer conduct. Both TNS-BMRB and the NSPCC research team kept a complaints log, so that any common patterns linked with a particular interviewer or aspect of the research process that caused upset could be identified and any problems addressed. The ethical implication of approaching neighbours was an issue that emerged during the fieldwork following a complaint from a member of the public: he had been embarrassed when his neighbour told him that "the NSPCC had been round". On investigation, it was found that the neighbour, who had been approached by an interviewer to ask if anybody was living in the house next door, had seen an NSPCC logo on the advance letter, which the interviewer had not noticed was showing out of the top of his laptop bag. Reminders were sent to interviewers to reinforce briefing guidance about making initial contacts sensitively.

How to introduce the research so as not to discourage participation or cause undue alarm was an issue that we had to consider very carefully. It was agreed not to follow CAHRV suggestions to introduce the research in a general way (for example, by saying that the survey was about “family life”). The questionnaire had many questions on family life, but there were also questions about victimisation. It was possible that adults and young people might feel they had not been adequately informed if they were asked these questions without advance notice. The testing and consultation during the pilot study confirmed that a more open approach was preferred, as survivors especially wanted to know in advance about the sensitive questions that would be asked. We decided to describe the research as being about “child safety and victimisation”. We considered this to be more honest and less threatening. The content of the questionnaire was explained to participants in advance when interviewers visited, and the show card displayed some of the more sensitive topics that would be covered. It is possible that taking this more open approach had an impact on the participation rates in families in which parents were abuse perpetrators. As a result, the research may undercount past year maltreatment and victimisation rates for children and young people.

ii. Risk to participants from interviewers

All reasonable steps were taken to try to reduce any risks adults or young people might face from inviting an interviewer into their homes. All interviewers were required to have standard CRB checks, notify the police when they were working in an area and follow TNS-BMRB professional guidance on conduct.

iii. Risk of distress to participants completing the survey

The interview process and the questionnaire were piloted to ensure that children and young people understood the questions, and that they caused minimal stress. These were also reviewed by the young people’s focus groups and advisers. The A-CASI method has been found to be a good, age-appropriate method for interviewing young people about sensitive topics, including maltreatment (Dawes Knight et al, 2000). A-CASI gives a degree of privacy to minimise the embarrassment caused by asking sensitive questions, and it allows participants to skip questions easily if they find them upsetting or do not want to answer. The privacy aspects pose some problems for interviewers in trying to identify and respond to participants who may have been upset by the research. If the interviewer does not know the answers a person gives, the interviewer will need to rely on other cues, such as body language, to identify distress. Some researchers interviewing in schools, for example, have briefed their more experienced interviewers to do this kind of observation (Dawes Knight et al, 2000). This approach was not taken in the NSPCC research because the field interviewers did not necessarily have previous experience in working with vulnerable young people, and providing this training would have excessively extended the time and costs of the fieldwork. While every effort was taken by TNS-BMRB to select

experienced interviewers to work on the project, the level of experience inevitably varies in a large group of fieldworkers. Dealing directly with an upset young person face-to-face in the family home might have been beyond the interviewer's usual responsibilities and could have presented risks to both the young person and the interviewer in situations when a perpetrator was a household member. Finding a way to deal with a participant's needs sensitively in the family home without alerting others present to the contents of the young person's interview was also likely to be difficult.

The NSPCC research team, acting on advice from consultations, took the view that the privacy aspect of CASI should be preserved and that interviewers should not be expected to do more than respond sensitively and safely, and then refer on issues that participants directly raised with them. We took the view that participants should not only be given clear, safe opportunities to access support or advice if they wanted it, but also choices about what they might want to have followed up. The final questions in the interview gave participants opportunities to say if they had been upset by anything asked. Participants were also asked if they wanted to talk to a trained person about anything that had upset them, and/or to give details of a safe and private way for us to contact them again (via mobile phone, for example).

Procedures were set up in the NSPCC to ensure that participants got the support and help they wanted. Interviewers were required to brief participants about how to stop the interview and skip questions they did not want to answer. All participants were given a debrief/thank-you sheet afterwards. This gave telephone numbers and email addresses for free helplines, including the ChildLine telephone number and the NSPCC Helpline number. A copy of the debrief sheet is included in the technical report. The NSPCC research team agreed protocols with named leads in ChildLine and the NSPCC Helpline for follow-up procedures for re-contacting participants within 24 hours of receiving the request from TNS-BMRB, whenever possible. As interviewers would not know that a participant had asked for follow-up contact, they were instructed to upload the interview data files at the end of each day, if possible, to the company system. An alert system was developed and a protocol agreed with TNS-BMRB to ensure that requests for follow-up came to the NSPCC research team immediately.

Of the total sample, 35 young people asked for follow-up contact (0.6 per cent). Six of them had also been red-flagged as a result of indicators of immediate danger. The six cases were red-flag reviewed as explained below. Contact details for the other 29 young people were given to ChildLine to follow up.

NSPCC services do not provide help for adults affected by abuse, so a decision had to be made about how to deal with distress on the part of parents or young adults taking part in the survey. An independent counsellor from a service working with adult abuse survivors was recruited to provide this follow-up support. Protocols were agreed concerning how

to re-contact participants, confidentiality, child protection and referral. The independent counsellor was asked to provide up to three 30-minute telephone counselling sessions with adults and then to refer on to an agreed service for abuse survivors, if longer-term support was needed. Many of the adult participants wanted to discuss specific questions that the counsellor was able to answer and did not want longer-term counselling support. The confidential contact over the telephone with a highly experienced counsellor gave these participants access to support that they had previously been unable to get and was a benefit of participation.

39 adults asked to be put in contact with the counsellor. Five of these were also red-flag reviewed, as explained below. The details on the other 34 were passed to the counsellor for follow-up. There were a very small number of young adults (two) who were identified as having longer-term support needs resulting from their past abuse experiences, and for whom immediate longer-term support could not be found. In these cases, the NSPCC research team agreed that the independent counsellor should continue to support the young adults until another service could be found.

Negotiating informed consent

Ethical problems that arise with regard to informed consent include: (1) whether children understand what they are consenting to; (2) whether children feel they have the social power not to consent; and (3) the need for informed parental consent. This last point introduces the possibility that abusive parents are unlikely to risk self-incrimination by allowing their children to participate in research through which they could disclose maltreatment.

Because the research was to be done in the family home, consent first had to be given by the parent or guardian of any young person under the age of 18 in order to gain entry into the home, and then negotiated separately with the young person. Collecting the interview from the parent or guardian and from the young person under the age of 18 meant that consent could not be routinely negotiated separately without giving young people the impression that their parents had to be asked first before they could decide for themselves whether or not to take part.

Informed consent from parents was obtained on a signed sheet. Young people were separately and subsequently told about the content of the survey. They were informed that all of their information would be kept confidentially (apart from instances that would indicate immediate danger) and they could skip any question that they did not want to answer. Consent had to be given on the laptop before the interview could proceed.

Confidentiality and child protection

As the interviews were conducted at home, there was a risk that others present might try to overlook the young person's interview answers or influence what the young person said.

Interviewers were instructed to try to position the respondent so that they could not be overlooked or disturbed. Interviewers were also asked to record if they thought others present might have influenced a participant's responses. In the final set of questions in the survey, respondents were asked if they had found it difficult to be open and honest.

Ethical dilemmas are encountered when considering children's rights to confidentiality and protection from harm. While guarantees of confidentiality may encourage child participation, what are the moral duties of the researcher when abuse is disclosed? What if the children and parents feel harmed or betrayed by the study if cases of abuse are reported to child protection services? What are the rights of parents in terms of gaining consent and reporting abuse?

The answers to these questions are not clear and there is a great deal of controversy regarding how they are best resolved (Amaya-Jackson et al, 2000; King and Churchill, 2000; Runyan, 2000). It was previously thought that the ethical dilemmas were impossible to overcome and maltreatment research with children should be avoided (Ghate and Spencer, 1995). It is now increasingly recognised that it is equally unethical to avoid research that will improve our understanding of child abuse (Amaya-Jackson et al, 2000; Pinheiro, 2006). With regard to the issue of confidentiality, some feel that children are entitled to the same rights as adults (Runyan, 2000; Steinberg et al, 1999). In fact, these rights have been protected via certificates of confidentiality in some states in the US (Black and Ponirakis, 2000; Amaya-Jackson et al, 2000). However, these certificates do not uniformly exempt interviewers from reporting suspected cases of maltreatment, and some strongly believe that abuse must always be reported in situations where there is "clear, present and serious harm" (Runyan, 2000). Others argue that it is not possible to guarantee children's rights to confidentiality, and that it should be explained to them at the beginning of the interview that confidentiality will be breached in circumstances when there is imminent harm to the child or others (Williamson et al, 2005). Still others believe that the children's rights to confidentiality can be respected if the data can be gathered anonymously (Cashmore, 2006; Dawes Knight et al, 2000), although the ethics of this approach have also been questioned (King and Churchill, 2000).

The problems are not impossible to overcome and the growing research literature is helping to build knowledge and experience. Guidance has been produced by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), and an approach building on this guidance has been piloted (Dunne et al, 2009; ISPCAN, 2007; Runyan et al, 2009). Guidance has also been produced by the Co-ordination Action on Human Rights Violations (CAHRV, 2007) and by the World Health Organization (WHO, 2006, 2007). When designing the current study, we were fortunate to be able to refer to this guidance and consult with expert advisers who have considerable experience in this area of research.

In a survey in which the data is collected anonymously, contact details such as the person's address are detached from the survey response. This means that the researchers cannot know which individual may have disclosed being in imminent danger. We felt that to take this approach

would be unethical. However, it would destroy the purpose of the survey if we put people off taking part, which could be the result if we chose to go into young people's homes, asked them to tell us about abuse but said if they told us anything indicating a possible risk of significant harm that we would refer this to child protection services. It would also have been unethical not to have warned adults and young people they might be referred to authorities. Similar issues have been faced by ChildLine regarding a counsellor's responsibilities to refer children who disclose abuse. There were also concerns about the NSPCC's unique statutory responsibilities and powers regarding child protection.

Other researchers have been surprisingly quiet on how these issues have been approached. We were able to get detailed information on the NatSCEV. For the NatSCEV, which used telephone interviews, a review process was set up to red-flag cases of current risk and to have these reviewed by a clinician who would re-contact the child if necessary. This is more difficult to set up in the context of CASI interviewing, as the interviewer does not know what answers the respondent has given, so any review had to be done after the interview. This raised concerns for TNS-BMRB about data protection. Consultation with the NSPCC legal team confirmed that child protection responsibilities would override responsibilities for data protection, so we were able to ask TNS-BMRB not to separate contact details from survey answers for red-flag cases until these had been reviewed, in case further action was required.

The process was complex and required technical knowledge of the questionnaire, so it was decided the NSPCC research team should conduct reviews of the red-flagged cases. Strict protocols were agreed for managing the review and referral process. All interviews that had been red-flagged, or where the respondent had expressed the wish to talk to a professional, were sent to the NSPCC research team on a daily basis. Questionnaires that were red-flagged were immediately reviewed by at least two members of the NSPCC research team. The protocol required any red-flagged case that needed further action to be passed on to the NSPCC Helpline the very same day.

The following decisions might be made:

- No further action taken.
- Refer to ChildLine (route for support for young people aged 11–17).
- Refer to independent counsellor (route for support for young adults or caregivers of children aged 0–10 years).
- Refer to the NSPCC Helpline (route for cases regarded as in danger).

What should be the criteria for taking further action on child protection grounds? NSPCC guidance was not appropriate, as it would have required referral for any child who answered "yes" to any of the 39 maltreatment and victimisation screener questions. Following consultation with advisers, ChildLine and NSPCC consultant social workers, the "risk of immediate danger" became the most important of the criteria for referral.

Interviewers would have their own agreed child protection and reporting responsibilities should they have any concerns when talking to a parent or young person. It was not thought appropriate for field interviewers to take on any review role beyond these responsibilities.

We reviewed the questionnaires of 191 red-flagged/further support participants (3 per cent of all interviewed). These 191 red-flagged and further support cases fell within one of three categories:

- A = no further action taken
- B = participant asked for follow-up contact with ChildLine or the independent counsellor
- C = cases referred to the NSPCC Helpline.

In 170 of the cases (89 per cent of those red-flagged), no further action was taken after the review because it was apparent the risk was not current or the risk was low. Often, the red-flag was raised for sibling violence that the young person, parent or guardian did not regard as being serious, or there was not enough information on the incident that prompted a red-flag alert to warrant a referral in circumstances when the young person did not give their consent to follow up. Further information on the review process is summarised in the technical report.

Table C2: Summary of reviewed cases

A. No action taken: this category includes 170 cases for which no further action was taken after review by the NSPCC research team.	
A.1	Sibling violence or reported peer violence (young person/caregiver did not regard this as abuse; no injuries or minor ones inflicted) In this category, there were 36 cases of sibling violence, nine cases of caregiver reported peer violence and six cases of peer violence reported by the young person. Total number of cases in category A.1: 51
A.2	Somebody already knew about the abuse (parents, teacher/counsellor and/or police/social worker) and/or the young person had good social support. In this category, there were three cases when the decision was made not to refer against the young person's wishes because there was good social support. There were 78 cases when somebody already knew about the abuse. Total number of cases in category A.2: 81
A.3	Not enough information provided by respondent to make a decision. In this category, there were three cases with not enough information to make a child protection referral against the young person's wishes. Total number of cases in category A.3: 3
A.4	Abuse did not take place in the last 12 months, or the young person reported it was unlikely to happen again, or it was a single incident. In this category, there were five cases that were one-off incidents, eight cases in which the incident did not take place in the last 12 months and six cases in which the respondent reported it was not likely to happen again. Total number of cases in category A.4: 19
A.5	Cases discussed with a ChildLine adviser. It was agreed no further action should be taken, as it would breach the young person's right to confidentiality. Total number of cases in category A.5: 4
A.6	Other (this category includes cases that do not fit into the previous categories, but it was decided that further action was not required). Total number of cases in category A.4: 12
B. Cases asked to be referred on and passed to ChildLine and the independent counsellor: this category included the 15 cases in which respondents asked for their details to be passed on to an appropriate source for help and support. Ten children and young people asked to talk to a counsellor from ChildLine and five caregivers asked to talk to the independent counsellor working on the project.	
C. Cases referred after the NSPCC research team review: this category included the six cases referred to the NSPCC Helpline. Two of the cases referred had asked to talk to somebody. In the case of the two who wanted to talk, the decision to refer was made due to the age of the child in danger (1 year old) in one instance, and the likelihood of the abuse happening again in both instances.	

In all, 85 referrals (1.4 per cent of all respondents) were made to ChildLine, the counsellor or to the NSPCC Helpline. Of these, 81 referrals were made at the interviewees' request. 35 young people were referred to ChildLine for call-back and follow-up (10 were also red-flagged). 44 young adults, parents or guardians were referred to the independent counsellor supporting the research (four of these were red-flagged). Six referrals were made to the NSPCC Helpline, and four of these were made because of concerns about the child's safety, even though the respondent had said they did not want to be re-contacted.

The low rates of take-up of support offered to participants may seem low, but they are similar to rates found in other research on abuse and victimisation. In research on teen relationship abuse by Wolitzky-Taylor (2008), 29 (0.8 per cent) of young people had to be re-contacted out of a total of 3,614 interviewed.

Participants in this research were asked how they felt about taking part. Of red-flagged participants, 103 (over 54 per cent) said that taking part in the survey had been very or extremely worthwhile (70 young people and 33 caregivers); 38 said they had been upset by the survey (33 young people and five caregivers). Of the 33 young people who reported being upset, 27 also said that taking part in the survey had been at least quite worthwhile.

Interviewer and researcher safety and wellbeing

TNS-BMRB followed Market Research Association guidelines on interviewer safety and had established supervision and monitoring procedures. If there were situations when a risk to interviewers may exist (for example, working in an area where a young person had been referred to children's social care), it was agreed that the interviewer's work could be moved to another area. There were no situations when this had to be done.

The process of reviewing the red-flagged cases was challenging, as it required at least two members of the research team to stop whatever they were doing to conduct the review immediately. As a result, there were many long working days (including public holidays) when research staff had to complete a review received in the afternoon and ensure that ChildLine, the NSPCC Helpline or the counsellor had received and was fully briefed on all the information we had taken from the questionnaire. It was challenging because the information given in survey responses is always short of detail. It was agreed that research staff could also contact the independent counsellor if they wanted to talk in confidence about cases where there was lack of detail and decisions about referral were difficult to make. While it had been decided that all cases should be reviewed by two members of the NSPCC research staff so that the reviews were careful and accurate, working in pairs also allowed research staff to discuss and to debrief one another.

Any referrals were followed up to get information on the outcome. Some young people and young adults who asked to be re-contacted and gave contact details did not reply when contacted by ChildLine or the counsellor. ChildLine and the counsellor were asked to try making contact on three separate occasions. If there was still no response, we had to assume the young person or adult had changed their minds about wanting to talk. It is possible that some may have contacted services and helplines directly, using the contact numbers and website addresses provided to all on the debrief/thank-you sheet. It may also be possible that some participants felt they wanted to talk after completing the survey, but no longer felt the same way. The counsellor kept a log of outcomes of contact, but this was harder to get back from ChildLine, beyond being told whether or not a person had been contacted. The NSPCC Helpline referrals, six in all, were followed up by research staff. All were referred by the NSPCC Helpline to the local child protection services. All but one, possibly two, of these concerned children and young people who were already known to a social worker. In one case, it was not clear whether or not the young person was known to the social worker: although the social worker used the same name and address for the

person concerned, the social worker's account of the young person's situation did not match the information we had from the questionnaire. Feedback from social workers on action taken on the referrals left us questioning whether the referral had been at all helpful for the young person concerned. In three cases, the social worker or another professional contacted the young person and their caregivers to ask if they had disclosed abuse in a survey. In two of these cases, the social worker told us the young person was asked this in front of the abusive parents. Not surprisingly, in these three cases the outcome of the NSPCC follow-up was the young person denying that they had ever done an interview at all.

Data analysis

Frequency rates were produced for each screener question and for each age group by perpetrator type, and by gender of perpetrator and victim. Aggregate variables were created to indicate the overall rates of maltreatment and victimisation for each age group, and rates of victimisation by perpetrator type, and by gender of perpetrator and victim. We calculated overall scores for type of victimisation, for polyvictimisation, for impact and adversity measures following approaches used either in relevant published research or in the relevant instrument scoring manuals. Associations between variables were explored, as appropriate, using chi-square analyses, multiple linear regression and logistic regression modelling. Severity of maltreatment and victimisation and its impact was also explored via the same data analysis strategy.

The software used for the analysis was PASW (IBM SPSS) v18 and STATA 10.1.

Appendix D: Selected Prevalence Studies

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Ackard and Neumark-Sztainer, 2002, US (Minnesota)								
Grades 9 and 12	14–18	Dating violence	State-wide survey of all students grades 9, 12	81,247	n/a	Questionnaire administered at school	Violence on a date: 9% f and 6% m	
Barter, et al, 2009, England, Wales and Scotland								
Grades 9 to 12	13–17	Teen relationship abuse, child physical maltreatment, witnessed domestic violence	8 schools: 4 in England, 2 in Wales and 2 in Scotland	1,353	82–92%	Questionnaire administered in school	Physical violence at home: 13% f, 9% m Witnessed domestic violence: 20% f, 10% m Interpersonal physical violence: 25% f, 18% m Interpersonal emotional violence: 72% f, 52% m Interpersonal sexual violence from partner: 31% f, 17% m	
Corliss et al, 2002, US								
Adults ≥25	<18	Conflict Tactics Scale (CTS); emotional maltreatment questions	Random digit dial methods	3,485 and 3,032	70% telephone; 60.8% paper	Telephone and self-return paper interview	Emotional abuse: 37% Physical abuse: 34% Major physical abuse: 11.9%	

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Craig et al, 2009, 40 nations								
Young people	11, 13 and 15	School-based peer abuse Health Behaviour in School-aged Children (HBSC) survey	Class in schools selected by weighted probability	202,056	Not available	Paper questionnaire	Reported bullying others: 10.7% (N = 21,192) Reported being bullied: 12.6% (N = 24,919) Reported being both a bully and a victim of bullying: 3.6% (N = 7,138)	
Edwards et al, 2003, US								
Adults	<18	Items various standardised scales, including the CTS, Wyatt's questions regarding sexual abuse and the childhood trauma questionnaire	All adult participants in a US HMO who received a physical check-up within a year's period	8,667	64%	Paper questionnaire	Sexual abuse: 21.6% (25% f, 17.5% m) Physical abuse: 20.6% (19.7% f, 21% m); Witnessing maternal violence: 14% (15% f, 12% m)	

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Euser et al, 2010, Netherlands								
Adults	0–18	Physical, sexual, emotional, neglect	Sentinel reporters selected to cover main regions	858	37%	Sentinel reports on child maltreatment following US NIS protocol	30 cases of maltreatment per 1,000 of child population	
							Maltreated in past year: 2.84%	
							Past year physical abuse: 0.55%	
							Past year sexual abuse: 0.13%	
							Past year emotional abuse: 0.33%	
							Past year physical neglect: 0.93%	
Everson et al, 2008, US								
Children	12–13	Physical, sexual, psychological identified using LONGSCAN self-report of physical, sexual and psych. abuse	At-risk adolescents involved in a longitudinal study of child maltreatment (LONGSCAN, Runyan et al 1998)	350	n/a	A-CASI interview, CPS records	Physical violence: 21% Sexual abuse: 9% Psychological abuse: 39%	Physical violence: 5% Sexual abuse: 2% Psychological abuse: 6%

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Finkelhor, Ormrod, et al, 2005, US Children (and parents if children were under 10)	2–17	Victimisation (JVQ scale)	Random digit dial	2,030	*79.5%	Telephone interview with specially trained interviewers	Physical assault: 22% Sexual victimisation: 12% Physical abuse: 8% Sexual abuse: 3% Emotional abuse: 13% Neglect: 5%	
Finkelhor, Turner, et al, 2009, US Caregivers and children	Caregivers of children 0–9; children and young people 10–17	Physical and sexual abuse, neglect, peer violence, conventional crime witnessed community and family violence	Random digit dialling national sample plus over-sampling African American Hispanic and low-income households	4,549	*54% national sample *43% booster sample	Telephone interview using structured questionnaire	Experienced one direct or witnessed victimisation in last 12 months: 60% Physical assault in last year: 46% Child maltreatment in last year: 10% Sexual victimisation in past year: 6% Witnessed family violence in past year: 9.8%	

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Gallagher et al, 2002, UK								
Children	9–16	Sexual abuse	Children in primary and secondary schools	2,420	49% of schools 83% children	Paper questionnaire	Experienced a sexual incident: 22% From strangers: 9%	
Helwig-Larsen and Boving-Larsen, 2006, Denmark								
Young people	15–16	Sexual abuse		5,829	Not available	Computer-assisted personal interviews	Contact sexual abuse: 11% (16% f, 7% m)	
Hussey et al, 2006, US								
Young adults	Children	Broad	Young adults participating in a cohort study	15,197	*77.4%	In home, face-to-face interview	Neglect: 41.5% Physical assault: 28.4% Physical neglect: 11.8 Contact sexual abuse: 4.5%	
Sullivan and Knutson, 2000, US								
School records	0–21	Physical abuse, sexual abuse, neglect, emotional abuse defined by researchers	Educational records from one state school	Sub-sample of 4,096 maltreatment records from 50,278	Not available	Case file scrutiny by researchers comparing disabled and non-disabled maltreatment		4–11% had record of maltreatment Disabled children 3.4 times more likely to be abused

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Millard and Flatley, 2010, England and Wales								
Young people	10–15	Physical violence, acquisitive crime by any adult or young person	Randomly sampled households in England and Wales; young people's participation gained through parents' involvement in BCS	3,661	51%	CASI interviews	Victimised in last year: 6% to 23.8%	Experienced physical violence in past year 3.4% to 19.6%
							3.7% to 7% acquisitive crime in past year	
Molnar et al, 2003, US								
Parents	Children 3–16	Parent to child physical abuse via questions from the CTS	Randomly sampled families within pre-identified deprived neighbourhoods in Chicago	3,465 parents representing 4,252 children	72% for the cohort study	Face-to-face interviews	Severe physical abuse: 32%	
Oaksford and Frude, 2001, Wales								
Adults	<18	Sexual abuse	Female students at Cardiff university	213	72%	Paper questionnaire	Contact lifetime sexual: 13%	Penetrative: 3%

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Pavio and Cramer, 2004, US								
Young adults	<18	Childhood trauma questionnaire, physical, sexual, emotional, neglect	Psychology students at University of Saskatchewan	470	*Not given	Paper questionnaire, 70 items in CTQ	Emotional abuse: 37.5% f, 30% m Physical abuse: 15.7% f, 22% m Sexual abuse: 19% f, 11.8% m Physical neglect: 14.6% f, 16% m	
Scher et al, 2004, US								
Adults 18–65	Childhood	Childhood trauma questionnaire, physical, sexual, emotional, neglect	Random digit dialling in the Memphis Tennessee metropolitan area. The majority of this population (97.5%) was black.	967	71%	Telephone interview	Emotional abuse: 12.1% Emotional neglect: 5.1% Physical abuse: 18.9% Physical neglect: 17.9% Sexual abuse: 5%	

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Sedlak et al, 2010, US	<18	Physical, sexual, emotional, neglect	Nationally representative sentinels at 126 child welfare services	10,667 cases	n/a	Sentinel reports on incidence		Rates per 1,000 child population: Child maltreatment: 17.1 Physical: 4.4 Sexual: 1.8 Emotional: 2 Neglect: 10
Sidebotham et al, 2006, UK	Children under 6	Broad	All children participating in the Avon Longitudinal Study of Pregnancy and Childhood	14,138	85% of the eligible population	Child protection investigations	Physical cruelty: 1.8% Emotional cruelty: 5.4%	Rate of 115: investigations per 10,000 of child population per year

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Sivarajasngam et al, 2010, UK	0–10, 11–17 and adult	Violence	44 hospital emergency departments in England and Wales	50,343	n/a	Hospital records		Rate of violence per 1,000 population, England and Wales: 6.4 cases of violence per 1000 of population 0.4 cases per 1000 for under age 10 population 11 cases per 1000 for age 11–17 population 18.3 cases per 1000 for age 18–30 population
Theodore et al, 2005, US	0–17	CTS, sexual abuse	Random digit dial and booster sample of families with under 18s	1,435	52%	Telephone interview conducted in English and Spanish	Physical abuse: 4.3% Sexual abuse: 1.1%	

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Tourigny et al, 2008, Canada (Quebec)								
Adults	<18	Physical, sexual, psychological	Random digit dial	1,002	30%	Telephone interviews	Any maltreatment: 37% Physical: 19% Sexual: 16% Psychological: 22%	
Trocme et al, 2005, Canada								
Adults	<18	Physical, sexual, emotional, neglect, exposure to domestic violence	Nationally representative sample 63 area child welfare services	14,200 CPS cases	n/a	Case files		Physical: 24% Sexual: 3% Neglect: 30% Emotional: 15% Exposure to domestic violence: 28%
Tucker et al, 2009, US								
Children, adolescents and young adults	Age 7–12 in 1995	CTS, sexual abuse, intimate partner abuse	Children in National Longitudinal Study of Adolescent Health, tracked from 1995 to 2001	4,134	n/a	Paper questionnaire	Child abuse: 8.7% Interpersonal violence before age 18: 8.3%	

Table D1: Prevalence studies of physical abuse, sexual abuse, emotional abuse and neglect 2000–2010 (continued)

Respondents	Age of child	Focus	Sampling	Total N	Response rate	Method	Prevalence rate (f=female, m=male)	Incidence
Wolke et al, 2000, England	6–9	Bullying	31 schools in North London	1,982 children; 1,639 parents	88.9%	Interviews	Direct bullies: 4.3%	
Children and parents		Strengths and Difficulties Questionnaire (SDQ)					Victims of bullying: 39.8%	
							Bully victims: 10.2%	

*Denotes participants who were given financial compensation for their time or other incentives such as bonus marks (if students).

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National Society for the Prevention of Cruelty to Children
Weston House
42 Curtain Road
London
EC2A 3NH

NSPCC registered charity numbers 216401 and SC037717

