



Exploring the relationship between neglect and adult-perpetrated intra- familial child sexual abuse: Evidence Scope 2

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Section 1: Introduction

This scope aims to explore the relationship between neglect and intra-familial child sexual abuse (IFCSA). Current approaches to the study of child abuse and neglect increasingly highlight the weaknesses in *solely* focusing on single forms of harm in understanding prevention, identification, impact and overcoming maltreatment and victimisation. While not all children experience multiple forms of harm, the recent literature clustered under areas of study such as ‘poly-victimisation’ (Finkelhor, Ormrod and Turner, 2007), multiple adversities (Davidson, Bunting and Webb, 2012), adverse childhood experiences¹, multi-type maltreatment (Higgins and McCabe, 2001) and revictimisation (Classen, Palesh and Aggarwal, 2005) draw attention to the cumulative nature of harm for a significant group of other children and young people. Researchers in these areas assert the importance of understanding the full victimisation profiles of children and young people in order to address the cumulative impacts of harm comprehensively. This literature has importantly highlighted the complexity of children’s victimisation but is in the early phases of describing the factors that may explain these complex experiences.

Neglect is one of the most common forms of child maltreatment. In England 43% of child protection plans are initiated in response to identified neglect (Department for Education, 2015a) and in other UK nations neglect is the most common reason for children being on the child protection register (Jütte et al, 2015)². Cases recorded in child protection systems are likely to be merely the tip of the iceberg, however; many more cases fall below the threshold for criminal intervention (Dickens, 2007) and Radford et al’s general population study (2011) found neglect was the most common form of maltreatment reported within the family. The most recent triennial review of serious case reviews (SCRs)³ found that, of the 175 SCRs reviewed in detail, neglect was a factor in 62% of all cases of non-fatal harm and in 52% of cases where a child had died (Sidebotham et al, 2016). Despite its significance, neglect is one of the least researched areas of maltreatment (see Allnock, forthcoming; Stoltenborgh, Bakermans-Kranenburg and van IJzendoorn, 2013; Stoltenborgh et al, 2015). Oral evidence submitted to the Children’s

Commissioner’s Inquiry into Child Sexual Abuse in the Family Environment suggests there may be considerable numbers of children who are identified as experiencing neglect where there are additional concerns around sexual abuse in the family environment (Children’s Commissioner, 2015).

It is imperative, then, to think critically about the overlap between neglect and IFCSA and to ask questions of our practice and policy in this regard. Although the evidence is complex, and in some cases lacking altogether, it is important to understand co-occurrence and to think about ways of supporting families to ensure that perpetrators find fewer opportunities to target and abuse children.

The scope’s areas of focus and structure

This scope is the second of three linked evidence scopes commissioned by Action for Children and the National Society for the Prevention of Cruelty to Children (NSPCC) with Research in Practice. Scope 1 considers the potential relationship between neglect and child sexual exploitation (CSE) (Hanson, 2016); Scope 3 considers the potential relationship between neglect and harmful sexual behaviours (Hackett, 2016).

This scope explores three key questions:

- 1) Do neglect and intra-familial child sexual abuse co-occur? And if so, to what extent?
- 2) How might features, types and impacts of neglect increase the vulnerability of children and young people to perpetrator methods of targeting, grooming, abusing and silencing children in the family environment?
- 3) How might IFCSA contribute to neglect?

The focus on neglect and IFCSA in this scope does *not* seek to locate blame for IFCSA within individual parents (and in particular mothers, which is too often the case in the discourse about neglect) and within parenting styles/behaviours (particularly mothers’ parenting styles/behaviours). Such an approach would deflect responsibility away from the perpetrator, without whom there would be no abuse in the first place. Moreover, focusing on individual parents (mothers) would be at the expense of recognising the wider social determinants of neglect, including the ‘wide range of adverse experiences’ associated with what Hooper et al (2006) call ‘societal neglect’. These points will be returned to in more detail later in the scope.

¹ See Centers for Disease Control and Prevention: www.cdc.gov/violenceprevention/acestudy/index.html

² Scotland still maintains Child Protection Registers (see The Scottish Government’s National Guidance for Child Protection in Scotland 2014 for detail); as does Wales (see Welsh Government, Local Authority Child Protection Registers 2015).

³ A serious case review (in England) occurs when a child has died or is seriously injured and neglect or abuse is suspected. It looks at lessons that can be learned to prevent similar cases from happening in the future. Other UK nations have their own systems in place to learn from these types of case: in Wales they are called practice reviews, in Northern Ireland case management reviews, and in Scotland significant case reviews. See the NSPCC website for more information: www.nspcc.org.uk/preventing-abuse/child-protection-system/england/serious-case-reviews/

Additional points to note in relation to this scope include:

- > The focus of this scope is on *concurrent* experiences of neglect and IFCSA. (Scope 1 focuses on the relationship with neglect and additional separate forms of victimisation through CSE.)
- > The focus of this scope is on *adult-perpetrated* IFCSA. (Scope 3 focuses on the relationship between neglect and harmful sexual behaviours in children and young people, touching briefly on sibling-abuse.)
- > There is particular emphasis on the specific emotional harm associated with betrayal by a parent, guardian or other family member. This is why the focus of this scope is on the relationship with the perpetrator, rather than the setting in which abuse takes place.
- > The scope focuses on concurrent experiences of neglect and IFCSA across childhood to adolescence, recognising that neither IFCSA nor neglect is confined to early childhood.
- > This scope is not intended to be an exhaustive review of the literature; rather it is intended to begin to interrogate these associations and raise questions where relevant about the nature of these forms of harm.

Constraints of the current evidence base

Very few (almost no) studies were identified that specifically considered neglect and IFCSA. There are also other important limitations to the research evidence considered for this scope (these are described more fully in Appendix A). First, there are very few prospective longitudinal studies⁴ on child maltreatment, either in the UK or abroad, and it is these that would provide the best evidence for a link between neglect and IFCSA. Second, despite neglect being the most commonly reported form of maltreatment, research on CSA is far more prevalent than on neglect.

Third, research studies have historically focused on one form of abuse only; while studies acknowledging overlapping forms of abuse and adversity are now emerging, this remains an early field of study. Finally, studies on neglect and CSA use varying definitions and measurements of neglect, which makes it difficult to draw comparisons,⁵ and studies commonly do not distinguish between IFCSA and other forms of CSA.

Despite these limitations, however, there is enough information in the separate literature bases (on neglect and CSA) to begin some commentary on possible ways in which neglect may increase a child's vulnerability to IFCSA, and how IFCSA might contribute to increased risk of neglect.

⁴ A **longitudinal** study is one in which the study of participants is repeated over time, usually over many years. The **prospective** study is important for research on the etiology of outcomes (often diseases and disorders, but prospective studies of maltreatment exist also). The distinguishing feature of a prospective cohort study is that when investigators enrol participants and begin collecting baseline information, none of the subjects has experienced any of the outcomes of interest (in maltreatment research, these studies are often interested in long-term outcomes such as mental and physical health effects). After baseline information is collected, participants are followed 'longitudinally' – ie, over a period of time, usually for years – to determine if and when they exhibit the outcomes of interest and whether their exposure status (to maltreatment) changes outcomes. In this way, investigators can eventually use the data to answer many questions about the associations between 'risk factors' and long-term outcomes.

⁵ For example, see the discussion in Taylor, Daniel and Scott (2012); see also Radford et al (2011)

Definitions and terminology

‘Child maltreatment’ is used as an umbrella term in this scope to refer to:

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: p9)

More specifically, the definitions of ‘neglect’ and ‘child sexual abuse’ (CSA) that guide this scope are drawn from the English statutory guidance *Working Together to Safeguard Children* (HM Government, 2015), which are also reflected in the World Health Organisation definition above.

While definitions of neglect and CSA differ slightly across England, Northern Ireland, Scotland and Wales (these can be compared in *Appendix B*), most messages in this scope are likely to be transferrable across jurisdictions. Readers should apply the messages to the relevant legislation, policy and practice in their own locale.

Neglect

Neglect is usually considered to be the *omission* of specific behaviours by caregivers (often without the intention to harm), rather than acts of *commission* as is characteristic of other forms of maltreatment such as sexual and physical abuse (Connell-Carrick, 2003). Neglect can include acts of commission however, such as forcing a young person to leave home before they are ready. Neglect is defined in *Working Together* (2015) as:

The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. (HM Government, 2015: p93)

The Welsh Government (through the Social Services and Well-being (Wales) Act 2014⁶) has recently removed the reference to ‘persistence’, as has the government of Northern Ireland in its revised guidance issued in March 2016; the English and Scottish definitions still contain this reference, however (see *Appendix B* for the full definitions that apply in all four countries). All definitions reference physical, emotional, nutritional, supervisory and medical neglect, although the wider literature also recognises educational neglect (Horwath, 2007; Moran, 2010). (*Appendix C* sets out the types of neglect and their associated features.)

Defining neglect is contentious, but the approach adopted in England and other parts of the UK defines neglect in terms of its *likelihood* of significant harm or impairment to the child’s development (as opposed to whether there has been *actual* harm) (Brandon et al, 2014).

Sexual abuse

According to *Working Together* (2015), child sexual abuse:

Involves 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. (HM Government, 2015: p93)

This statutory definition covers all forms of child sexual abuse, includes a continuum of acts (contact, non-contact), makes broad reference to setting (online versus offline) and recognises that females and children/peers may also commit abuse. (See *Appendix B* for the full definition.) Child sexual exploitation (CSE) is a form of child sexual abuse (see *Scope 1* for more on the definition of CSE).

Intra-familial child sexual abuse (IFCSA)

There is no statutory definition for intra-familial child sexual abuse. Horvath and colleagues carried out a Rapid Evidence Assessment (REA) on IFCSA for the Children’s Commissioner in England, in which IFCSA (also referred to in the report as CSA in the family environment) was defined as:

Child sexual abuse perpetrated by a family member or that takes place within a family context or environment, whether or not by a family member. (Horvath et al, 2014: p9)

This broad definition reflects the Crown Prosecution Service guidelines on the Sexual Offences Act 2003, which states:

These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners. (Crown Prosecution Service⁷)

The Children’s Commissioner’s recent Inquiry into Sexual Abuse in the Family Environment (which followed on from Horvath et al’s REA described above) used the following definition:

... sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member. Within this definition, perpetrators may be close to the victim (e.g. father, uncle, stepfather), or less familiar (e.g. family friend, babysitter). (Children’s Commissioner, 2015: p6)

⁶ Available at: www.legislation.gov.uk/anaw/2014/4/section/197/enacted. Statutory guidance (Safeguarding Children: Working Together under the Children Act 2004) is currently being updated and will reflect the new legal definition.

⁷ Crown Prosecution Service legal guidance: Rape and Sexual Offences, Chapter 2: Sexual Offences Act, 2003. Available at: www.cps.gov.uk/legal/p_to_r/rape_and_sexual_offences/soa_2003_and_soa_1956

These definitions recognise the wide range of IFCSA perpetrators, including biological and non-biological family members such as parents, step-parents, siblings, step-siblings, cousins, grandparents, aunts and uncles and nephews and nieces. For the purpose of this scope, however, a more narrow definition was applied:

The sexual abuse of a child by an adult in a familial setting.

The rationale for this limited definition was:

- > To distinguish between abuse perpetrated by a responsible adult in the family setting from harmful sexual behaviours (HSB) exhibited and/or perpetrated by a child in the family environment (which is touched on briefly in Scope 3).
- > To distinguish between adult abuse and exploitation perpetrated within the home from that which occurs outside of the family (some of which will be addressed in Scope 1)
- > To recognise the particular emotional impacts related to betrayal of trust that is associated with sexual abuse by an adult in the context of a familial setting.

The definition used in this scope does not limit familial relationships to biological ties, recognising that unrelated adults may be residing or spending time within the child's home environment. There are some limitations in using this constrained definition, however, in that it did not always align with IFCSA definitions in the studies consulted, which themselves used a wide variety of definitions of IFCSA (Horvath et al, 2014).

Section 2: The scale of neglect and intra-familial child sexual abuse

Knowledge about the scale of maltreatment in the UK comes from three specific sources:

- 1) recorded offences
- 2) child protection systems
- 3) self-report studies.

All have their limitations, for example, recorded offences and child protection data reflect only those cases that come to the attention of the police or children's social care; self-report sources, such as ChildLine, include only children and young people who decide to seek help through that route.

Self-report studies such as large-scale prevalence studies provide a somewhat broader picture because they allow access to the general population, including children and young people unknown to the police or social care. Importantly, they also highlight the large gap between those known to the authorities and the wider population who may not report abuse or neglect (Gilbert et al, 2008).

However, experts agree that even self-report prevalence studies underestimate abuse and maltreatment because children, young people and even adults abused in childhood may not report their experiences within a research setting, for a variety of reasons (Radford et al, 2011). Some individuals may not recognise these experiences as abuse or maltreatment; others may fear disclosing if the perpetrator still lives in the household; they may fear not being believed; and some respondents may be reluctant to disclose because of shame, stigma, guilt or fear of the perpetrator, or because of negative experiences following previous disclosure (Allnock and Miller, 2013).

Neglect

In all four countries of the UK, neglect is consistently cited as the most common reason for children to be the subject of a child protection plan or on a child protection register (Jütte et al, 2015). In England in 2014-15, 43% of all child protection plans were initiated in response to neglect (DfE, 2015). There were 7,726 recorded offences for cruelty to children in 2013-14 – a rate of 7.6 per 10,000 children aged under 16, the highest it has been in a decade (Jütte et al, 2015). However, many more cases of neglect fall below the threshold for criminal intervention (Dickens, 2007).

The prevalence of neglect in the UK is best captured by Radford et al's (2011) study *Child Abuse and Neglect in the UK Today*, a general population study of 6,000 participants across three groups:

- > 2,160 parents or guardians of children under age 11
- > 2,275 young people aged 11 to 17
- > 1,761 young adults aged 18 to 24.

The study found that neglect was the most common form of child maltreatment reported in the family, 5% of parents or guardians of children under age 11 reported neglect (3.7% reported severe neglect); 13.3% of 11 to 17-year-olds reported neglect (9.8% reported severe neglect); and 16% of 18 to 24-year-olds reported neglect in childhood (9% reported severe neglect). Boys and girls report relatively equal rates of neglect (Radford et al, 2011; Stoltenborgh, Bakermans-Kranenburg and van IJzendoorn, 2013); Radford et al found the largest disparities were among 11 to 17-year-olds (14.8% of boys and 11.8% of girls said they had experienced neglect) and reports of severe neglect among 18 to 24-year-olds (11% of girls and 7% of boys).

Neglect occurs across childhood and adolescence (Stein et al, 2009; Daniel, Burgess and Scott, 2012). The most recent national analyses of serious case reviews in England (Sidebotham et al, 2016; Brandon et al, 2013) have demonstrated that neglect features across all age ranges. Radford et al (2011) also found that neglect is reported across age ranges. Past year rates of maltreatment provide a window into recent experiences, and Radford et al (2011) found that older children reported higher past year rates of maltreatment than younger children. The authors note that:

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. (Radford et al, 2011: p42)

Brandon and colleagues (2014) point to a number reasons why neglect may be difficult to identify and respond to:

- > Professionals may become accustomed to the chronic nature of neglect.
- > Neglect relatively rarely manifests in a crisis that demands immediate action.
- > Professionals need to look beyond individual parenting episodes to understand neglect in context.
- > Professionals may also be reluctant to make judgements about parenting, particularly where there are cultural underpinnings and where poverty may be a contributory factor.
- > Neglect may be experienced alongside other forms of abuse that make it difficult to identify.

Sexual abuse

Nearly 5% (2,870) of child protection plans in England were initiated in response to sexual abuse during 2014-15 (DfE, 2015) and an additional 8% were made for 'multiple' categories of abuse (it is unknown how much of this might be for sexual abuse). Reporting of both recent and non-recent sexual offences has been increasing for some years following the public revelations of widespread abuse by Jimmy Savile (HMIC, 2013). In England and Wales, there were 88,219 police recorded sexual offences in the year ending March 2015, an increase of 37% compared with the previous year (ONS, 2015). This is the highest figure ever recorded by the police and the largest annual percentage increase since the introduction of the National Crime Recording Standard in April 2002. Within this, all sexual offences against children show upward trends in reporting, with highest increases identified in the categories of 'sexual grooming' and 'sexual activity with a child under 13'. Unfortunately, these figures do not distinguish between IFCSA and abuse perpetrated outside of the family.

In Radford et al's study, the lifetime prevalence of contact and non-contact sexual abuse – by any adult or peer perpetrator – experienced under the age of 18 (as reported by the 18 to 24-year-olds) was 24.1%; 16.5% for the 11 to 17-year-olds; and parents/carers of under-11s reported a lifetime rate of 1.2% for their children. When considering contact sexual abuse only, the figures are 12.5% for the 18 to 24 age group; 5.1% for the 11 to 17s; and 0.5% reported by parents/carers of the under-11s (Radford et al, 2013). (The full range of findings relating sexual abuse can be found in the main report – see Radford et al, 2011.) Although few studies fully disaggregate rates of intra-familial and extra-familial CSA (EFCSA), Radford et al's study presents some key findings related to IFCSA, with limitations.

The scale of IFCSA

The Radford et al (2011) study tells us a little about intra-familial child sexual abuse. For example, we know that:

- > 1.0% of 18 to 24-year-olds (1.5% of girls, 0.6% of boys) reported *sexual abuse* (contact and non-contact) perpetrated by a parent or guardian. Among 11 to 17-year-olds, 0.1% reported sexual abuse by a parent or guardian; a rate of 0.1% was also reported by parents/guardians of under-11s. (Abuse against males was only reported by 18 to 24-year-olds; the remainder of reported abuse was against females.)
- > 0.9% of all reported contact sexual abuse was perpetrated by a parent or guardian.
- > None of the 11 to 17-year-olds, and none of the parent/guardian responders for the under-11s, reported sexual abuse by a parent or guardian in the past year.

The study also reported the prevalence of sexual abuse perpetrated by *non-resident adult relatives*. The findings include that:

- > 0.1% of under-11s, 0.2% of 11-17s and 0.8% of 18 to 24-year-olds reported sexual abuse by a non-resident adult relative.
- > Of all non-resident adults, non-resident relatives were reported to be the least common perpetrators of sexual abuse. (Strangers were most common, followed by neighbours or family friends not living in the family home.)
- > The study does not provide more detail on *other resident adults* living in the family home.

The figures above are in line with other studies, including an earlier study by the NSPCC (Cawson et al, 2000), in which 1% or less of respondents reported contact and non-contact CSA by parents or guardians. An international review of child maltreatment in the Nordic countries found similar low rates of IFCSA (Kloppen et al, 2015). It was notable that the authors could not make international comparisons of IFCSA with their Nordic findings because so few studies disentangle IFCSA from abuse occurring outside the family.

Some research finds that a close relationship – such as a familial relationship – between child and perpetrator negatively impacts on disclosure (Ussher and Dewberry, 1995; Priebe and Svedin, 2008), although the research is by no means unequivocal (London et al, 2008). Children may be particularly unlikely to report abuse by a family member if the perpetrator is living in the household – this may be why there are no past year rates of CSA by a parent or guardian reported in Radford et al's (2011) study.

Like neglect, IFCSA occurs across childhood and adolescence, although it generally appears to occur at younger ages than extra-familial CSA (EFCSA) (Fischer and McDonald, 1998). Smith, Dogaru and Ellis (2015) found that 70% of a sample of 398 adult survivors of CSA had experienced IFCSA. While the study was not representative of the broader population of survivors (the sample was skewed towards IFCSA experiences), abuse had started before the age of 11 for 78.5% of participants; for one in five (19.5%) participants, abuse began between 11 and 15, although this could comprise mostly EFCSA – it is not possible to tell from the published statistics. Supportive of this finding, however, are findings from the Children's Commissioner of England's survey of adult survivors of intra-familial CSA, 60% of whom reported that abuse started before the age of 9 (Children's Commissioner, 2015: 45). Some qualitative studies report that IFCSA can continue over many years, even into adulthood (Allnock and Miller, 2013; Middleton, 2013).

Summary of key points

Although prevalence studies and other statistics on child protection are considered under-representative of children and young people's reality, the figures reported here indicate that neglect remains the most commonly reported form of maltreatment in the family, which underpins the importance of considered attention to this form of harm. IFCSA by parents or guardians in addition to related adults not living in the family home appears to occur at relatively low rates, which could lead some readers to conclude that IFCSA is insignificant in comparison to abuse perpetrated by other people and therefore not something requiring resources and attention. However, it would be erroneous to make such an assumption given the well-recognised pattern of under-reporting of abuse by children and young people. Under-reporting may be particularly relevant in the context of IFCSA where the perpetrator has a close relationship with the child.

Key points

- > Across the UK, neglect is consistently cited as the most common reason for children to be the subject of a child protection plan or on a child protection register. Neglect occurs across childhood and adolescence, though manifestations can vary according to a child's developmental stage. Boys and girls appear to be equally affected.
- > Despite it being the most common form of maltreatment, practitioners can find neglect both hard to identify and respond to.
- > IFCSA occurs across childhood and adolescence, although it generally appears to occur at younger ages than EFCSA. Prevalence studies suggest that IFCSA by parents, guardians and other family members occurs at relatively low rates. These rates are likely to reflect some level of under-reporting, however.

Section 3: The impacts of neglect and intra-familial child sexual abuse

This section briefly outlines what is known about the impacts of neglect and IFCSA across the life course in order to – in later sections – consider whether some impacts may increase the vulnerability of children to other forms of harm around them, specifically IFCSA.

Neglect

How do children perceive neglect?

A study by the University of Stirling, commissioned by Action for Children (Burgess et al, 2014)

Researchers surveyed 1,582 children and provided them with a list of known indicators of neglect. They asked children to tell them if they'd ever known children who had experienced any of the indicators. Three-quarters said they recognised at least one of the indicators presented, including other children who frequently miss school, who have few friends (at school or home), whose parents don't seem to know where their child is or what they're doing, whose clothes may not fit or may be old or smell bad, children who look unwashed or are often dirty, or who might say they don't get meals at home.

The researchers also talked directly to some children and found they could describe, often in powerful ways, what it feels like to be neglected. Children spoke of the emotional toll neglect can take, including never being hugged, *not getting loved* and being *left at home alone*. They said neglected children can find themselves getting into trouble with the police. And some described feelings of social isolation and exclusion, and feeling unable to tell anyone about what is going on.

Children recognise they are neglected when they are left on their own; when they have to go looking for food; when parents don't care for them; and when parents can't afford things. Children also recognise that neglect can be physical and/or emotional, and also say that emotional neglect is worse than physical neglect.

The harm resulting from neglect can be wide-ranging, apparent in multiple domains of a child's life and can manifest across the life course (Tanner and Turney, 2003; Rees et al, 2011). The impacts are thought by many to be most damaging in the early formative years, particularly in the first 18 months of life when the emotional circuits are forming (Brown and Ward, 2013; Munro, 2011). A child's environment of relationships is particularly crucial in shaping and developing the brain's architecture, requiring extensive touch, face-to-face contact and conversation from the primary caregiver. The neuroscientific research shows such stimuli promote a more 'richly networked brain' (Brown and Ward, 2013: p32). However, some commentators point out research that reveals the plasticity and resilience of the brain, highlighting the reversible nature of harm.

Harm is understood to be cumulative, however. With continued exposure to neglect, measures of development have been observed to dramatically decline over time, such that the longer a child is exposed to neglect, the greater the harm will be (see Brandon et al, 2014). Egeland and Sroufe's (1981) analysis of data collected as part of the Minnesota Longitudinal Study of Risk and Adaptation, presented evidence that showed children who experience neglect on its own may have *worse* outcomes than children who experience neglect alongside other forms of maltreatment. While this may seem counter-intuitive to our understanding of cumulative harm identified in the poly-victimisation literature (see Evans, Li and Whipple's (2013) discussion of Cumulative Risk Theory), Egeland and Sroufe postulated that neglect may have a greater impact because of the harm associated with the absence of care, love, stimulation and interaction. Where physical abuse is also present, the interaction and attention given to a child (however negative and injurious) may be less harmful than a complete absence of attention (see also O'Hara et al, 2015). Neglect is also said to be the most likely form of maltreatment to recur multiple times (Hindley, Ramchandani and Jones, 2006), also highlighting the entrenched and endemic nature of it. Table 1 provides an overview of some of the impacts reported across the life course.

Table 1: Impacts of neglect across the life course

The two categories in the left-hand column are indicative rather than definitive; they are intended to illustrate how neglect can impact across the life course. It is not possible to predict when (or which) impacts may occur in any individual's life.

LIFE STAGE	REPORTED IMPACTS
Early impacts⁸ – ie, impacts most commonly associated with an early onset	<ul style="list-style-type: none"> > Alterations in the body's stress response (the hypothalamic-pituitary adrenal system) > Insecure attachments > Delayed/declining cognitive development > Decreased language function > Low self-esteem > Low confidence > Negative self-representations > Withdrawal, difficulty in making friends > Acting out / aggression / impulsivity > Poor coping abilities > Poor problem-solving skills > Disorganised attachments > Low achievement in school
Medium and longer-term impacts⁹ – ie, impacts that are more likely to manifest over the medium to longer term (including, in some cases, emerging in later adolescence or adulthood)	<ul style="list-style-type: none"> > Depression, anxiety > Dissociation > Poor affect/emotion regulation > ADHD symptoms > Running away > Anti-social behaviour > Violence and delinquency > More likely (than peers) to be arrested for violent offences > Substance misuse and addiction > Social withdrawal, social isolation > Conflict and hostility in relationships > Poor educational achievement > Longer-term mental health problems, including PTSD and personality disorders (such as 'borderline personality disorder'*) > Suicide attempts > Physical health problems, such as increased risk of hypertension and chronic pain <p>* The use of this term reflects its occurrence in the literature and does not imply uncritical acceptance; we recognise the term BPD can unhelpfully suggest a person has a deficient 'personality' rather than a set of adaptive responses to childhood maltreatment.</p>

⁸ Barnett et al (1999); English et al (2005); Erickson, Egeland and Pianta (1989); Hildyard and Wolfe (2002); Howe (2005); NSCDC (2007); Manly et al (2001); McCrory (2010); Naughton et al (2013); Strathearn et al (2001); Sylvestre, Bussi eres and Bouchard (2016); Toth et al (1997). See also Tanner and Turney (2003), Brandon et al (2014), Davies and Ward (2012) and Corby et al (2012) for more detailed overviews of these impacts.

⁹ Anda et al (2006); Bolger (1998); Broidy et al (2003); Erickson and Egeland (1996); Gil et al (2009); Hong et al (2011); Hulette et al (2008); Johnson et al (2000); Kaufman and Widom (1999); Macfie, Cicchetti and Toth (2001); Norman et al (2012); Petrenko et al (2012); Widom (1989a and 1999); Widom, DuMont and Czaja, (2007); Wilson and Widom (2010); Wright, Crawford and Del Castillo (2009).

Sexual abuse

The body of literature documenting the impacts of CSA is quite large and has developed to a much greater extent than that on neglect (Allnock, forthcoming). These studies should not be thought of as describing *causal* pathways from experience of CSA to adverse impacts, however. While the extensive reviews and studies do now paint a general picture of elevated risk for both short and long-term effects, they also report an array of mediating factors which may change the course of an anticipated outcome. In essence, there is no formula that can predict how a child or young person will respond to sexual abuse, nor what long-term outcomes will emerge. However, the many studies and reviews included in the table below allow some understanding of how CSA can negatively affect some children and young people through adulthood.

Impacts have been found to occur in the immediate aftermath of abuse (Beitchman et al, 1991) but other symptoms may become visible over the longer term, in adolescence or adulthood – what Beitchman et al (1992) refer to as *sleepers effects*. The child may be unaware of these and the effects may emerge suddenly in later life – for example, in difficulties with interpersonal relationships.

Retrospective studies with adults should be approached with caution, however. Children who have experienced sexual abuse are believed to be at higher risk for other forms of child abuse and/or victimisation (Finkelhor, Ormrod and Turner, 2007; Radford et al, 2011), so it is difficult to disentangle whether long-term effects are related to sexual abuse, other forms of abuse, or a combination of these experiences. Most studies in this area have focused primarily on women, with a small number of studies of men having recently emerged. While small differences exist, contexts and consequences of CSA among males and females have been found to be broadly similar (Banyard, Williams and Siegel, 2004).

Table 2: Impacts of child sexual abuse across the life course

LIFE STAGE	REPORTED IMPACTS
Immediate and short-term impacts	<p>Physical health impacts¹⁰ Genital and/or anal injury; tearing of hymen / blood loss (girls); pain in the genital area and painful urination (boys and girls); sexually transmitted diseases (STDs) in small numbers of children.</p> <p>Behavioural impacts¹¹ Harmful sexualised behaviours.</p>
Medium and longer-term impacts	<p>Physical health impacts¹² HIV infection; increased rates of gastro-intestinal, gynaecologic and cardiopulmonary symptoms; higher rates of obesity; more physical health symptoms reported; and poorer self-perceptions of overall health.</p> <p>Psychological impacts¹³ Deliberate self-harm; post-traumatic stress-disorder Suicidal ideation/suicide attempts; depression and anxiety; 'borderline personality disorder' (BPD); conduct/anti-social personality disorders. Dissociative identity disorder (DID).</p> <p>Educational impacts¹⁴ Adverse educational outcomes and school adaptation; poorer cognitive, intellectual, performance, and achievement scores; disruptive behaviours at school and difficulties in integrating into peer groups.</p> <p>Later abuse and victimisation¹⁵ Later sexual re-victimisation by other perpetrators; possible link with sexual exploitation.</p> <p>Behavioural impacts¹⁶ Alcohol and other substance abuse including nicotine dependency; risky sexualised behaviours; increased arrest rates for sex crimes such as 'sex trading' (in other words, for money, drugs or shelter) for both women and men.</p> <p>Interpersonal relationships¹⁷ Problematic interpersonal functioning, including intimacy difficulties; and problems in parenting and pregnancy.</p>

The lack of a single pattern of symptoms to characterise the consequences of CSA has prompted some researchers to develop models to understand the dynamics of the psychological impacts of CSA. The Four Traumagenic Dynamics Model developed by Finkelhor and Browne (1985) remains a popular framework within practice and research. The model proposes four trauma responses or dynamics following CSA:

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

Glaser (1991), separately but importantly, emphasises the secrecy (including the fear and isolation this creates) and confusion (because the child is involved in 'naughty' behaviour, invoked by trusting adults) that may influence a child's worldview following CSA.

It is argued that the combination of these dynamics make this type of trauma unique. The individual dynamics may vary in degree in different CSA survivors, which both explains the variation in symptoms and suggests that treatments need to address each specific dynamic appropriately, rather than take a general, rigid approach to every individual survivor.

¹⁰ Adams et al, 2007; McCann et al, 2007; Royal College of Physicians, 2008; Birdthistle et al, 2011; Ingram et al, 1986; Atabaki and Paradise, 1999; Woods, 2005; Centers for Disease Control and Prevention, 2010; and see review by Maniglio, 2014.

¹¹ Herrenkohl et al, 1998; Putnam, 2003

¹² Woods, 2005; Irish, Kobayashi and Delahanty, 2010; Hulme, 2000; Newman et al, 2000

¹³ Klonsky and Moyer, 2008; Fliege et al, 2009; Maniglio, 2011 and 2014; Chen et al, 2010; Neumann et al, 1996; Paolucci, Genius and Violato, 2001; Beitchman et al, 1992; Jumper, 1995; Putnam, 2003

¹⁴ Daignault and Hébert, 2009; Mannarino, Cohen and Gregor, 1989; Paradise et al, 1994; Wells et al, 1997; Dubowitz et al, 1993; Calam et al, 1998

¹⁵ Messman-Moore and Long, 2000; Roodman and Clum, 2001; Classen, Palesh and Aggarwal, 2005; Maniglio, 2009; CEOP, 2011; Barnardo's, 2012; Berelowitz et al, 2012; Cockbain and Brayley, 2012

¹⁶ Nelson et al, 2002; Min et al, 2007; Paolucci et al, 2001; Arriola et al, 2005

¹⁷ Herman, 1981; Jehu, 1988; Westerlund, 1992; Davis and Petretic-Jackson, 2000; Herrenkohl et al, 1998

Summary of key points

There are some similarities in terms of the impacts of neglect and child sexual abuse. The impacts of neglect are very likely to set the scene for a child's increased vulnerability to IFCSA in a range of ways, as will be seen in later discussions. The impacts of CSA may well also increase a child's vulnerability to neglect in a range of ways. Early identification and detection of both neglect and IFCSA are critical to support children and families in order that harm does not accumulate and create additional vulnerabilities for children.

Key points:

- > The harm resulting from neglect can be wide-ranging, apparent in multiple domains and can manifest across the life course. The longer a child is exposed to neglect, the greater the harm is likely to be. Neglect is also thought to be the most likely form of maltreatment to recur multiple times.
- > There is a strong body of evidence documenting the impacts of CSA, both in the aftermath of abuse and across the life course (including 'sleeper effects'). However, no formula can predict how a child will respond to CSA, nor what long-term outcomes may emerge. Studies paint a general picture of elevated risk for short and long-term effects, but also report a range of mediating factors that can change the course of an anticipated outcome.
- > Models such as the Four Traumagenic Dynamics Model highlight the dynamics of the psychological impacts of CSA. They help explain variations in symptoms and response to CSA and why intervention and treatments need to address each specific dynamic.

Section 4: Do neglect and intra-familial child sexual abuse co-occur?

This section addresses the first question in the scope. The following areas of evidence were consulted to explore them:

- > longitudinal child maltreatment studies
- > national surveys / general population / other observational studies on child maltreatment
- > child protection statistics
- > reviews of serious case reviews (SCR).

Longitudinal child maltreatment studies unfortunately do not shed any light on the co-occurrence of neglect and IFCSA. Studies emerging from the LONGSCAN Consortium¹⁸ in the USA, for example, and other longitudinal studies in the UK such as the ALSPAC Study, have reported findings on individual forms of abuse rather than co-occurrence (Sidebotham and Golding, 2001). In other words, they did not look specifically at the intersection between neglect and IFCSA.

National surveys also tell us little about the co-occurrence of neglect and CSA. Radford et al's (2011) study reports on neglect (on its own) and CSA (on its own) but not together. The authors do report on poly-victimisation experiences, stating that experiencing *any* form of maltreatment by a parent or carer increases the odds of experiencing *any* victimisation by other perpetrators; however, the specific co-occurrence of neglect and CSA was not addressed. Finkelhor, Ormrod and Turner's (2007) study of a sample of 2,030 children and young people aged 2 to 17 found 51% of those who experienced neglect also experienced 4 or more other types of victimisation; 36% reported 7 or more additional types of victimisation and the remaining 15% reported 4-6 types. However, the reported findings are not clear how much of this additional victimisation was IFCSA, or even sexual victimisation more broadly.

Only one cross-sectional, national general population survey has been identified which reported *specifically* on an association between neglect and CSA. In a survey of 1,000 parents in the US, Finkelhor and colleagues (1997) found that parents who self-reported engaging in neglectful behaviours (including leaving the child at home alone, not providing the child with the food they need, and misusing substances to the extent that they could not care for their child) were more likely to report that their child had been sexually abused (although the data does not clarify if this was intra-familial or extra-familial).

A final observational study to note is Vachon et al's (2015) analysis of the impact of different forms of maltreatment on children. In this study, the authors specifically modelled the overlap between different forms of maltreatment among a sample of 2,292 children of low socio-economic status, aged

between 5 and 13 (with an average age of 9), of whom 1,193 (52%) had a documented history of child maltreatment. Of those who had been maltreated, 23 (1.9%) had experienced CSA and neglect in combination; 29 (2.4%) experienced CSA, emotional abuse and neglect; 40 (3.4%) experienced CSA, physical abuse, emotional abuse and neglect; and 6 (0.5%) experienced CSA, physical abuse and neglect. The sample studied here was a specific one – children from low socio-economic status households – so caution should be exercised in transferring findings to other socio-economic strata. *It is equally important not to assume that maltreatment of these kinds only affect children in low socio-economic status households.*

Child protection statistics confirm that neglect and CSA co-occur, but do not tell us about the precise co-occurrence. For example, Welsh child protection register statistics show that 1.7% of children were registered for a combination of neglect and CSA. Northern Ireland child protection statistics show that 2% of children were registered for neglect and CSA together. England does not provide a separate category for neglect and CSA but does have a category for *multiple forms of abuse*; the most recent figures indicate that 8.4% of children were subject to a child protection plan for multiple reasons (DfE, 2015). While these statistics suggest a low level of overlap between neglect and CSA, evidence given to the Children's Commissioner's inquiry into CSA in the family environment suggests CSA is often suspected but remains unidentified (Children's Commissioner, 2015). In other words, there are a group of children on child protection plans for neglect or other reasons, where IFCSA may be relevant but unidentified – thus statistics may be underrepresenting co-occurrence between neglect and IFCSA.

National analyses of serious case reviews (SCRs) emphasise that such cases (ie those resulting in a SCR) do not reflect typical child protection practice, nor are they representative of all child maltreatment. Nevertheless, they do provide some information about the overlap between neglect and CSA in these particular kinds of case. Brandon et al's (2013) study of neglect in SCRs found that neglect was part of the background in five of seven serious sexual abuse cases examined. In 39 SCRs examined where there were combined categories for child protection plans, 9 instances (28%) of these were for neglect in combination with sexual abuse (2 of these additionally had physical abuse as part of the circumstances).

Sidebotham et al's (2016) most recent triennial analysis of SCRs found CSA was the primary reason for an SCR being undertaken in 23 of the 96 non-fatal cases that were reviewed (13 of these were intra-familial cases). The authors point out, however, that focusing exclusively on cases where CSA was the primary reason for the SCR being undertaken would lead to an under-estimation of the role of CSA. Closer examination of the 96 non-fatal cases found that sexual abuse was a factor in 32 (33%) of the cases; and when babies (under 12 months) are excluded, this proportion rose to 55%.

¹⁸ The LONGSCAN Consortium publication list can be accessed on their website, at <http://www.unc.edu/depts/sph/longscan/pages/framework/index.htm>

Summary of key points

That neglect and IFCSA co-occur is certain from the existing evidence base, though the rate at which it co-occurs is not. Given the current state of evidence, it is not possible to understand whether there may be a statistically significant relationship between the two, nor what percentage of children (more generally) experiencing neglect also experience IFCSA (and vice versa). An additional challenge is the relatively low rates of reported IFCSA, which may *appear* to suggest that neglect and IFCSA in combination is rare. However, the reader must bear in mind that the reporting rates by victims and survivors of CSA generally do not reflect the actual rates of abuse and that reporting intra-familial abuse may be more difficult for some children than reporting abuse by people outside of the family environment.

We do not know for sure how big or small of a problem this dynamic is. Most of the studies examined and reported on above simply did not look at the co-occurrence of these forms of harm. More importantly, knowing that the two co-occur does not tell us anything about *why* they may co-occur. Understanding this may assist in providing a better response and preventing, protecting and helping children to overcome maltreatment in the home. The remainder of this scope hypothesises about the association between these types of maltreatment, drawing on the best available evidence where possible to support debate and reflection.

- > Although child protection data confirm that neglect and CSA do co-occur, longitudinal studies and national surveys shed little light on the extent of that co-occurrence.
- > Official child protection data suggest a relatively low level of overlap, but reporting rates of CSA generally underestimate rates of actual abuse. Oral evidence to the Children's Commissioner's Inquiry suggests that for some children on child protection plans (for neglect or other reasons), IFCSA is often suspected but not confirmed.

Section 5: How might features, types and impacts of neglect increase the vulnerability of children and young people to perpetrator methods of identifying, initiating and maintaining/silencing children (grooming) in the family environment?

This section considers the ways in which features, types and/or impacts of neglect *may* increase children's vulnerability to IFCSA. No single evidence base explores this issue, so the discussion draws from separate research areas on perpetration of CSA and neglect. What follows should be understood as the start of a discussion around *potential explanations* for the co-occurrence of IFCSA and neglect, rather than an extensive review of the evidence base. The rationale for structuring this section according to perpetrator *modus operandi* is to ensure that responsibility for the abuse remains clearly rooted with the perpetrator, with whom there would be no CSA. However, the discussion allows for consideration of the contextual and situational factors around the child that may increase vulnerability to abuse by others.

Adult-perpetrated CSA in the family environment is possibly one of the most difficult contexts in which to identify children at risk. Many of the strategies and techniques used by perpetrators to target, isolate, groom and abuse children may be obscured within 'normal' activities that one would expect a parent or carer to engage in with their children. Furthermore, it is the close, trusting relationship – both of the parent to a partner and a child to a trusted parent/guardian – that can make this form of abuse so difficult to identify. However, some contextual circumstances and impacts of neglect on children and young people may make perpetrator strategies easier to carry out and more difficult to detect and it is therefore important to understand what these might be, so that parents can be supported to protect their children from IFCSA.

A diagram is included at the end of Section 5, offering hypotheses as to how IFCSA perpetrators might exploit vulnerabilities associated with neglect.

Because the scope is attempting to explore how neglect and IFCSA co-occur, the starting point is necessarily that an IFCSA perpetrator is motivated to abuse. This is the first precondition in Finkelhor's (1984) oft-cited Four Preconditions Model of Child Sexual Abuse. According to this model, once a potential perpetrator is motivated to abuse (precondition 1), they must then overcome internal inhibitions to abuse (precondition 2), external inhibitions to abuse (precondition 3) and finally, the child's resistance in order to actualise the abuse (precondition 4). The model provides a useful way of thinking about the *process* of offending, and how perpetrator cognitions (internal inhibitions), situational contexts (external inhibitions) and child-related factors (child resistance) may be influenced by neglect, contributing to an increased vulnerability to abuse within the familial setting.

The evidence from perpetrators on identifying victims, initiating abuse and maintaining victims is very limited. There are even fewer studies that disaggregate the strategies of IFCSA offenders from EFCSA offenders, and few that distinguish between strategies used with boys and those used with girls (Bennett and O'Donoghue, 2014). This is critical because some of the strategies highlighted in these limited studies may be more relevant for intra-familial versus extra-familial perpetrators or for gendered strategies.

Motivation to abuse (precondition 1)

The first precondition of Finkelhor's model requires a perpetrator to be motivated to abuse a child. It is worth exploring exactly who adult intra-familial abusers may be and what their motivations may entail in order to better understand how existing circumstances of neglect may feature. There have been numerous attempts to distinguish between perpetrator types, recognising that perpetrators will have diverse motivations and offending behaviours. Historically, research into CSA perpetration has focused on males, which in part reflects a general societal denial of female perpetrated abuse (Denov, 2001). While more recent work indicates a growing attention to females (Gannon and Rose, 2008), a significant amount of the research on perpetration has been undertaken with male perpetrators. In light of this, unless otherwise stated, the findings presented below are drawn from research with male perpetrators of CSA (and so should be applied with caution to instances of female-perpetrated abuse).

In Finkelhor's model, there are three components that may help us to think about where perpetrator motivations might come from:

- 1) emotional congruence with a child
- 2) sexual arousal to a child
- 3) 'blockage', when alternative sources of sexual gratification are not available or are less satisfactory.

Not all of these need to be present for abuse to occur, but they help to distinguish between different types of motivations among offenders.

Some perpetrators may be what Groth (1979) termed *fixated* and actively target children. These are more likely to be extra-familial offenders; in the context of this scope, they may be men outside of the family home who 'target' someone they perceive to be a vulnerable parent (this will be explored further shortly) in order to access their children, or they may target children with particular characteristics (as below) and 'groom' the parent/s to gain access to them. Other perpetrators may be what Groth (1979) termed *regressed*. These perpetrators offend in more opportunistic ways and are thought to be more likely to abuse intra-familially (Terry and Tallon, 2004). This may be because they have greater opportunity to access children

within the family. While this dichotomy may be simplistic, it does draw attention to different motivations to abuse and may help to understand different modus operandi of intra-familial perpetrators who are within the family already or who are external to the family but become part of the family over time. Other, more recent, models provide pointers to even more sophisticated variations in offending types (see for example Ward and Siegert, 2002).

Emerging evidence on female offenders suggests that their motivations, histories and offending patterns may be very different from males (Gannon and Alleyne, 2013). The research consistently shows that females are identified as offenders at much lower rates than males generally (Cortoni and Hanson, 2005; Cortoni, Hanson and Coache, 2009). However, females have been found to be more likely than male offenders to abuse children in their own care – they are likely to be mothers, relatives or babysitters (Gannon and Rose, 2008; Horvath et al, 2014; Colson et al, 2013; Bourke et al, 2014; McLeod, 2015). Within the family environment, female perpetrators may be what Mathews and colleagues (1989) termed *male-coerced* offenders (who offend in conjunction with males) – also what Wijkman and colleagues (2010) call *psychological disturbed co-offenders* (offenders with significant mental health problems) or *passive mothers* (who accept or facilitate abuse by another, usually male, perpetrator). They might, on the other hand, be *pre-disposed* offenders (who possibly were themselves sexually abused as a child and might be motivated by non-threatening emotional intimacy) (Mathews, Matthews and Speltz, 1989). Colson et al's (2013) meta-analysis of the literature found that females who sexually abuse are more likely than males to have a history of sexual abuse themselves, and moreover, their sexual abuse is more likely to have been severe, prolonged and extreme than male perpetrators. Colson et al's (2013) meta-analysis of female perpetrators found that solo female offending is more common than co-offending, despite wider societal discourse to the contrary.

In summary, intra-familial abusers are likely to be a diverse group. This is important because motivations and strategies may differ dependent upon perpetrator identity, considering:

- 1) Those who are either biologically related or who are not biologically related but are deeply established in/with the family already.
- 2) Those who come into (or become close to) the family over time, possibly by grooming the family
- 3) There may be some gender differences in perpetrator motivations and strategies.

These differences are salient in trying to understand how neglect may feature and increase a child's vulnerability to CSA. Not all combinations of perpetrator identity, motivation and strategy can be set out in full here, but the reader may wish to bear these differences in mind when considering their interaction with contexts of neglect.

Overcoming internal inhibitions to abuse (precondition 2)

The second precondition of Finkelhor's model highlights that once motivations are in place, perpetrators need to overcome internal inhibitions to abuse. This will be easier for some perpetrators than for others, likely dependent on their identities and motivations. Cognitive distortions function to justify (to the perpetrator) the abuse of children (Abel et al, 1989), maintaining a perpetrator's self-esteem and avoiding negative effect by shifting responsibility for negative personal outcome to an external source. Cognitive distortions noted in the research include minimisation of the harm caused to the child; a fostered belief that children want sex with adults and that such contact is not harmful; and that children are responsible for sexual contact, thus displacing the blame from themselves (Ward, Hudson and Johnston, 1997).

Children are of course by no means responsible for their abuse – this is unequivocal. The evidence around cognitive distortions presents an area that requires more exploration, and is challenging to present and to read. It is *possible* that the impacts a child might experience from being neglected may serve, however inadvertently, to send 'signals' to perpetrators that chime with these cognitive distortions. It is *possible* to speculate that a potential perpetrator who observes that a child is being neglected and left without care, love, supervision and/or attention, may come to believe, through this process of cognitive distortion, they are providing that child with the love and attention they crave and require. Perpetrators may develop cognitions that support the false notion they are not harming the child and they may seek to develop a 'special' relationship, which they may see as positively supporting a child who may be neglected in other ways. Alternately, a child who is without love and affection from their primary caretaker may be seeking that love through other means. A potential perpetrator may then convince themselves that it was the child who initiated a 'relationship' and ensuing sexual contact.

Overcoming external inhibitions to abuse (precondition 3)

Finkelhor's third precondition describes how the potential abuser must overcome external obstacles and inhibitions prior to sexual abuse. These might include the child's parent/s and family networks, neighbours, peers and societal sanctions, as well as the level of supervision a child receives.

While neglect can occur across social strata, the evidence increasingly suggests that poverty has a strong *contributory causal* relationship with all forms of maltreatment, including neglect (Bywaters et al, 2016). Yet as a wider societal and structural determinant of child maltreatment, poverty is so often overlooked in these debates. Given the strength of the evidence, some commentators argue that far greater attention should be paid to the influence of poverty (Featherstone et al, 2016) or indeed to what Hooper et al (2006) have referred to as *societal neglect*.

Understanding the extreme stress and isolation that families (and lone mothers, in particular) face and have to parent within may help us understand how some children experiencing neglect in these circumstances may be at increased risk of CSA within the family environment. Some of the ways this may manifest are explored below.

Identity of the perpetrator

Overcoming external barriers may be more or less difficult within a family environment depending upon who the perpetrator is. The perpetrator may be an established family member (mother, father, grandparent) where trust is likely to be already established, and where spending time with a child may be very easy indeed. Abuse may be carried out in the context of normal caregiving activities so it is likely to be very difficult to spot. Where neglect is part of the wider family circumstances, it is likely the abuser will find it even easier to gain access to the child, particularly where the child may already be isolated, withdrawn and/or experiencing other impacts of neglect as identified in Table 2.

Where the potential abuser is someone outside the family who has come into the family environment (for example, a mother or father's partner), they are likely to have to work harder to establish trust with the parent, other family members and indeed, the child (or children) in the home. Not all potential abusers will groom the family, but where they do, selection of a family to groom may be dependent upon family structure. One key risk factor for CSA occurring in a family is a single-parent structure (see Appendix D for the evidence base), and perpetrators may target single parents who appear vulnerable.

Being a single parent (mother, especially) increases the stress and indeed loneliness of parenting, particularly where there is poverty. Single parents (mothers) may then

be particularly vulnerable to men who abuse, who target them in order to access their children. Of course, and vital to note, *not all single parents neglect their children* – and single parenthood is *not* an identified risk factor for neglect. But where neglect occurs (intentionally or not) within a single parent circumstance (or perhaps because of it), and possibly as a result of other factors associated with neglect (eg, social isolation, poverty), this may provide a route 'in' for a perpetrator seeking access to children.

IFCSA perpetrators may encourage mothers to have more of a life outside the home in order to increase opportunities to abuse their victims (Craven, Brown and Gilchrist, 2006) or may offer to 'babysit' frequently so they can isolate a child (Elliott, Browne and Kilcoyne, 1995). Mothers who are parenting in difficult circumstances may welcome such offers of help, assistance and respite from the stresses of parenting. On the other hand, Christiansen and Blake (1990) suggest some IFCSA perpetrators may isolate non-abusing parents *from* the outside world in order to prevent them having people in whom to confide any concerns. Leberg (1997) also report that some IFCSA offenders encourage mothers to develop an alcohol dependency – which may in turn lead to neglectful behaviours – in part so that any future disclosures lack credibility. Other similar strategies to limit credibility have been identified, such as questioning the mother's parenting ability in front of friends and other family members. This may be more effective where some neglectful behaviours are already apparent within the family and may constitute part of an IFCSA perpetrator's strategy for grooming the environment and significant others (Craven et al, 2006).

Poor quality parent-child relationships

There are very few *exact* crossovers between identified risk factors for CSA and neglect, with the exception of one feature; the quality of the parent-child relationship (see Appendix D). Black, Heyman and Smith Slep's (2001) review of risk factors for CSA highlighted research such as Boney-McCoy and Finkelhor's (1995) nationally representative study of 2,000 young people aged 10 to 16. Participants who reported poor quality parent-child relationships were significantly more likely to report sexual victimisation (although whether this was IFCSA or EFCSA is unknown, and it is unclear whether the poor parent-child relationship was established *before* sexual victimisation occurred, or whether the relationship deteriorated after victimisation).

Paveza's (1988) study of over 100 families reported that children in families where mothers and daughters have a *distant* relationship are at far greater risk for IFCSA than in families where such relationships are warmer. Manion et al's (1996) study of 141 families found that compared to other parents, parents of sexually victimised children were significantly less satisfied with parenting, and that fathers of the sexually victimised children felt significantly less effective in their parenting role than comparison fathers. As with Boney-McCoy and Finkelhor's study, however, it is not

known whether sexual victimisation preceded or post-dated the poor parent-child relationships. As highlighted earlier, Finkelhor et al (1997) found that parents self-reporting neglectful behaviours was a strong risk factor for child sexual victimisation. Stith et al's (2009) meta-analysis¹⁹ of risk factors for child physical abuse and neglect also highlights a strong effect (for neglect) of poor quality parent-child relationships. The authors identified this risk factor across 11 studies conducted between the late 1970s and 1996, drawing on a mix of observational studies and interview measures.

So what might underpin these poor relationships and how might they increase a child's risk for being sexually abused? In their study of parenting in poverty, Hooper et al (2006) found a very high degree of stress among the parents involved, reflecting the impact of poverty and associated issues such as poor housing or overcrowding. Stress came from many different directions, including unresolved past trauma and contacts with ex-partners, for example. Both unresolved past abuse and ongoing abuse (from ex-partners or parents) left some parents struggling to exercise control over their lives in terms of partnerships, parenting and managing on a low income. Some women who became parents as a result of rape had particularly difficult relationships with their children. Parents in this study also reported ongoing mental health difficulties. Families were often isolated because of the constraints on time and the high degree of stress being experienced, leaving them devoid of social support.

Not surprisingly, such high stress and isolation may take its toll on the parent-child relationship. Regardless of intentionality, a poor relationship might result in neglect because it instills in the child a sense of being alone *of not being in your parents' mind* which Howe (2007) believes is a form of neglect in itself. As children, we have in-built mechanisms to try and protect ourselves when we feel anxious, distressed, confused or abandoned, and this usually includes turning to our mother and father or other trusted family members. Where the relationship between parent/s and child is poor, the child will not have that safety net – and this may have many different and significant impacts (as outlined to some extent earlier in this scope), leaving important emotional and physical needs unmet. Many parents and children go through periods of difficulty, but where a poor relationship is entrenched and systematic, the child may then be at risk of harm.

The quality of the parent-child relationship figures somewhat differently for CSA. It may, for example, provide opportunity for the perpetrator to access or spend time with a child if the parent is not attuned to their child. Where supervisory neglect is part of the context, perpetrators may find this aids their methods of isolating a child in order to abuse them. Alternately, the poor quality parent-child relationship may be taking an emotional toll on the child,

especially if the relationship has been poor for some time, thereby impacting significantly on the child's sense of self. These impacts may increase a child's vulnerability to abuse because it is precisely the type of vulnerability that perpetrators often seek when they are planning to abuse a child. Further, a child with low self-esteem may be less likely to disclose their abuse and seek help, particularly if the perpetrator encourages self-blame. Moreover, a child experiencing low self-worth or esteem may seek love and affection elsewhere, and a perpetrator using particular strategies of, for example, a 'special relationship' may then exploit this need. There will be more discussion on this in greater depth in forthcoming sections.

Supervision

The supervision of children can be a complex and resource-intensive activity. Understanding and evaluating what comprises *good enough parenting*, however, remains subjective and difficult to evaluate (Scott, Higgins and Franklin, 2012). Families living in poverty may be unable to provide adequate supervision, not necessarily because of a lack of recognition of children's needs, but because of a lack of resources. In Hooper et al's (2006) study on parenting in poverty, for example, the authors found that having inadequate resources for child care could result in inadequate supervision, inadvertently increasing an abuser's opportunity to access and abuse a child.

Cooley's (2013) study of supervisory neglect found the most common type of supervisory neglect (30% of cases) was not watching a child closely enough and leaving a child home without a caretaker (25% of cases). Nearly 20% of the cases in this study reflected supervisory neglect where a child was left with an unsuitable caretaker. Being 'unsuitable' could mean a number of things, including leaving the child with someone too young to be able to care for them, leaving the child with someone using drugs and/or alcohol, or who was unsuitable because they were a stranger. Of course, supervisory neglect is not necessarily linked to economic hardship – it may be the result of a poor quality parent-child relationship or, indeed, it may contribute to a poor relationship.

Although supervisory neglect may allow perpetrators to have greater access to children via their isolation of them, Leclerc, Smallbone and Wortley (2015) found that, in fact, a large proportion of sexual offending (among their sample of 84 incarcerated sexual offenders in Australia) occurred when a potential guardian was present. However, their research suggests that the presence of a potential guardian in the vicinity decreases the *duration* of sexual abuse and the *occurrence* of penetration. A potential guardian simply being in the vicinity could decrease the risk of perpetration by 86%. The authors suggest that although perpetrators appear to be very willing to take significant risks with potential guardians in the home, they will be more able to explain away touching a child than penetrating them.

¹⁹ A meta-analysis is a subset of systematic reviews; a method for systematically combining pertinent qualitative and quantitative study data from several selected studies to develop a single conclusion that has greater statistical power. This conclusion is statistically stronger than the analysis of any single study, due to increased numbers of subjects, greater diversity among subjects, or accumulated effects and results (Bryman, 2012).

Overcoming a child's resistance to abuse (precondition 4)

The final precondition in Finkelhor's model is overcoming a child's resistance. This capacity to resist abuse may operate in a very subtle and covert way and does not necessarily involve overt protestations. Abusers may detect which children can be intimidated or co-coerced to keep a secret or otherwise manipulated. Abusers report they can almost instinctively pick out a vulnerable child on whom to focus their sexual attentions, while ignoring those who might resist (Elliott, Browne and Kilcoyne, 1995). Very often these children are not aware they are being sexually approached and they may have little or no capacity to resist or raise the alarm.

There are three possible outcomes, according to Finkelhor's model:

- 1) The child may resist by overtly saying no and running away, or covertly by displaying a confident and assertive manner which conveys strong messages to the abuser not to try for fear of detection or exposure.
- 2) The child may resist but still be abused through force or violence.
- 3) A child may resist but be overcome through coercion.

Understanding grooming

Definitions of grooming vary from study to study, to such an extent that it can be nearly impossible to determine whether grooming has occurred or calculate the extent to which grooming has occurred (Bennett and O'Donohue, 2014). For the purpose of this scope, Knoll's definition of grooming is used:

The process by which sex offenders carefully initiate and maintain sexually abusive relationships with children. Grooming is a conscious, deliberate, and carefully orchestrated approach used by the offender. The goal of grooming is to permit a sexual encounter and keep it a secret. (Knoll, 2010)

The research literature reveals that perpetrators may use a range of strategies to engage children and build trust, in order to later abuse them. They may engage/entrap children through playing games, teaching them a sport or showing them how to play a musical instrument (Budin and Johnson, 1989; Conte, Wolf and Smith, 1989; Elliott, Browne and Kilcoyne, 1995). Children may be offered lifts home or be told stories involving lies, magic or a treasure hunt (Elliott, Browne and Kilcoyne, 1995). Perpetrators may use sweets and toys as bribes, or bribe older children with alcohol, drugs or cigarettes (Budin and Johnson, 1989). Such strategies may be particularly effective for a child experiencing material deprivation, making them feel socially included where previously they had felt socially excluded.

Providing children with *special privileges* may then quickly turn coercive so children feel they must *participate* in the abuse, further deepening their vulnerability from the neglect and making them feel responsible for their own abuse.

Other methods of engaging and entrapping children include giving them special attention, acting as the child's friend, treating them like an adult, and telling the child they are the only one who understands the abuser (Budin and Johnson, 1989; Conte, Wolf and Smith, 1989; Berliner and Conte, 1990). Where a neglected child is isolated, withdrawn, has a low sense of self-worth or feels depressed (all identified as impacts, see Table 2), then such strategies may make the child feel wanted and special. Perpetrators may provide alternatives to a child's negative self-representation and cultivate so-called *special relationships* with them.

Sexual desensitisation is another technique used by perpetrators to groom or entrap children (Smallbone and Wortley, 2000; 2001). Elliott and colleagues (1995) found that 27% started talking to the child about sex and 21% misrepresented the abuse as educational or loving; 40% of all offenders said the first move they made was sexual touching or genital kissing, and 32% asked the child for help with undressing or lying down. Conte and colleagues (1989) also found that sexual desensitisation was commonly used by offenders in their sample. Smallbone and Wortley (2000; 2001) found this involved non-sexual touching, attention, compliments and violation of boundaries, which may start with non-sexual physical closeness with the victim.

Boundary violations have been identified as another strategy for grooming and entrapment. Berliner and Conte (1990) asked children about abusers' strategies and found that abusers:

- > 'accidentally' enter children's bedrooms or bathrooms while they are undressing
- > 'accidentally' touch children's private parts; do not respect privacy or let children close doors
- > 'accidentally' show children their naked body
- > purposely do things with children that involve physical contact
- > make sexual comments about the child's body or clothing
- > inspect the child's body to see 'how it is developing'
- > 'teach sex education' to children by showing pornographic pictures and touching the child's body
- > tell children about sexual things they had previously done
- > put lotion or ointment on the child when alone, but say they are doing nothing wrong.

This may be a crucial stage for a child to resist these advances, as they register discomfort over the violations of their personal space and dignity. However, some neglected children who are devoid of attention and care from their primary caregiver(s) *may* more easily absorb such attention from possible abusers. A child who has experienced neglect may not have the confidence or ability to recognise boundary violations and, furthermore, may not have the confidence to seek help if they do. A study examining what influences disclosure – from the perspective of perpetrators – supports this, finding that the chances of disclosure were markedly decreased where there was a ‘dysfunctional family’²⁰ environment (Leclerc and Wortley, 2015).

Another study of resistance, also from the perspective of the offenders, found that the most effective resistance strategies were when a child said they did not want to have sexual activity and saying ‘no’ to the offender (Leclerc, Wortley and Smallbone (2010). Children with low levels of confidence may be unlikely to resist in these ways. What is more, some children may be convinced they are (or may in fact be) seeking the attention of the abuser in the absence of attention from their primary caregivers, which may decrease their likelihood of resisting or seeking help.

In Elliott, Browne and Kilcoyne’s study (1995), 19% of all perpetrators used *physical force* (although the evidence shows that IFCSA perpetrators may not need to do this), while 44% used coercion and persuasion; 39% of their sample were prepared to use threats to control/induce a child (the remainder used more passive methods of stopping and starting again). One in three perpetrators (33%) specifically told the child not to tell; 42% portrayed the abuse as ‘education’ or as a ‘game’; 24% threatened dire consequences; 24% used anger and the threat of physical force; and 20% threatened loss of love or said that the child was to blame.

In summary, perpetrators employ a range of strategies in order to entrap children into a vulnerable place where they are then able to abuse them. The techniques range from subtly coercive to overtly coercive. Some children may have the ability to challenge, although we know little from the research evidence about what factors may predict this resistance. Children living in a state of deprivation, either materially or emotionally (or both), may find it incredibly difficult, if not impossible, to resist /repel these perpetrator strategies.

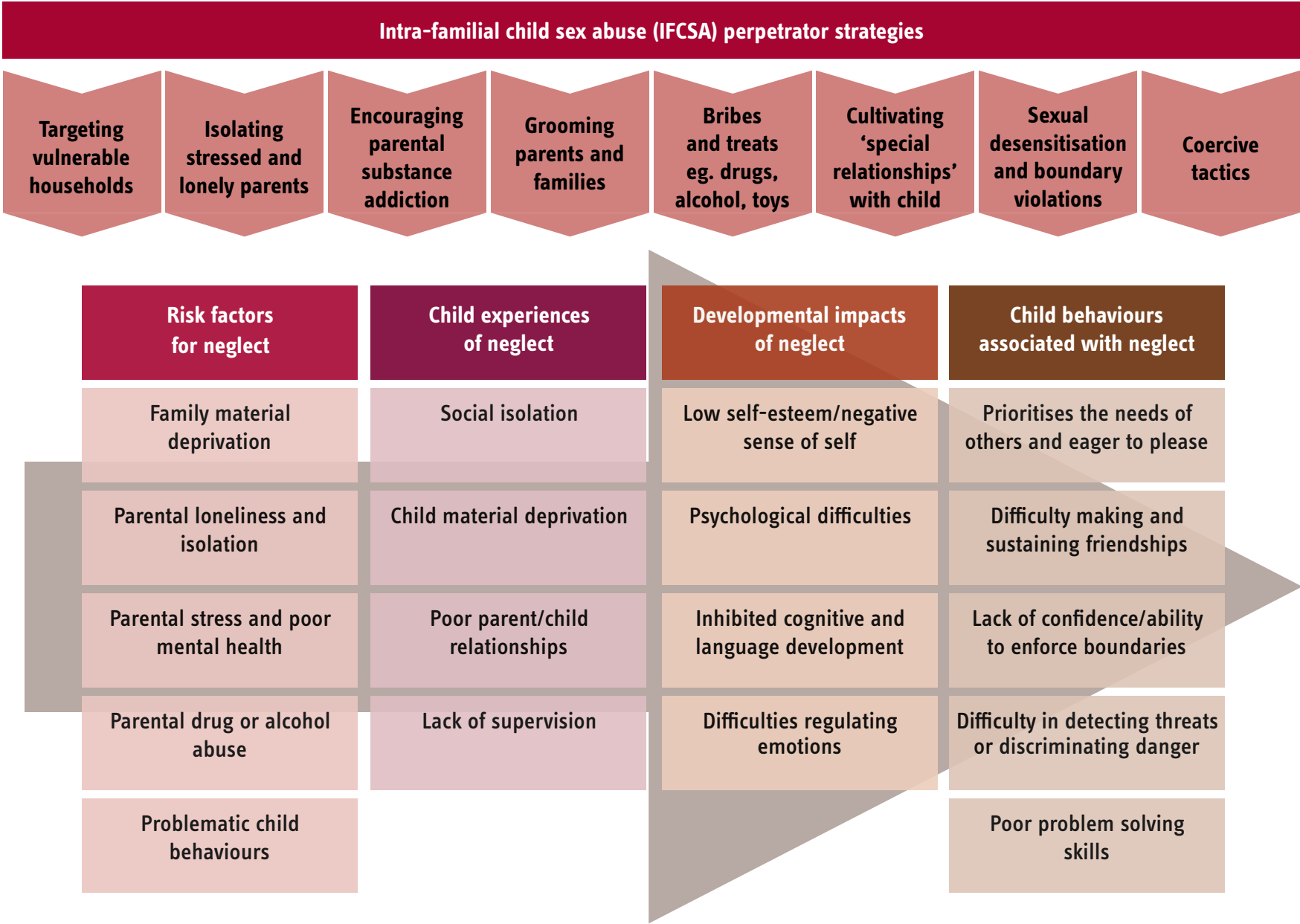
Material deprivation, and the desire to be socially included and have things that parents cannot (or will not) provide but other children have, may be powerful in increasing a child’s vulnerability to abuse. Emotional deprivation also places children at risk by depressing their self-worth, esteem and confidence, making perpetrators powerful figures in their lives.

The strength of these dynamics involved in both material and emotional deprivation are likely to undermine considerably a child’s ability to ask for help – or even to understand they are being abused. Erratic school attendance, missed medical appointments and social isolation generally, all reduce the likelihood of a child finding a trusted adult. Where a child is socially isolated because of the neglectful environment in which they live, or because they isolate themselves by withdrawing, isolation will be useful to perpetrators wanting to bribe or coerce children because the child may be less likely to seek help if they feel they are ‘on their own’.

Moreover, social isolation may mean a child does not easily come to realise that their experiences are abusive because they have no wider reference point with which to compare them. Studies of neglect have found that children may have poor problem-solving skills, which may mean that when they find themselves faced with bribery or coercion, they are unable to make clear decisions about how to seek help. Finally, delayed cognitive development, particularly where this may be continually declining due to the cumulative impact of neglect, may impact on a child’s ability to understand that IFCSA is abusive and a crime.

²⁰ Where dysfunctional was characterised by the presence of an alcohol or drug abusing parent/family member, the presence of criminality and/or the presence of child maltreatment.

Figure 1: Hypothesised model of how perpetrators of intra-familial child sex abuse (IFCSA) *might* exploit vulnerabilities associated with neglect



Summary of key points

- > It is particularly difficult to identify children at risk of CSA within the family environment. Perpetrators' abusive strategies can be obscured within normal activities that one would expect a parent or caring adult to engage in.
- > Intra-familial offenders are likely to be a diverse group. For example, motivations and strategies may differ between those who are biologically related or deeply established within the family and those who come into the family over time (possible by grooming the family). These differences are significant in trying to understand how neglect may increase a child's vulnerability to IFCSA.
- > IFCSA offenders are overwhelmingly male. Emerging evidence on female offenders suggests their motivations, histories and offending patterns may be very different from males. Female offenders have been found to be more likely to abuse children in their own care and are more likely than males to have been sexually abused themselves. Some may be 'male coerced' offenders or have significant mental health problems.
- > While this is an area that needs more exploration, there is evidence that for some perpetrators cognitive distortions can function to justify - in their minds - their abuse. Where a child is neglected and apparently uncared for, it is possible perpetrators may come to falsely believe they are providing the child with the love and attention they need.
- > Social disadvantage and isolation, stress and poverty can render some families particularly vulnerable to manipulation by IFCSA perpetrators. For example, abusing men may target stressed and lonely single mothers in order to access their children.
- > There are few precise crossovers between identified risk factors for neglect and CSA; however, the quality of the parent-child relationship is one. A poor relationship may make a child more likely to seek affection elsewhere, leaving them vulnerable to a perpetrator's distorted notion of a 'special relationship'. And where parental supervision is weak, perpetrators find it easier to isolate a child.
- > Perpetrators will use a range of strategies to engage and entrap children, which children living in a state of material or emotional deprivation may find it hard to resist. The desire to be socially included or to have things that other children have may be powerful in increasing a neglected child's vulnerability to the tactics of abusers.

Section 6: How might IFCSA contribute to child neglect?

So far, this scope has looked at ways in which neglect may increase a child's vulnerability to CSA. This section considers the ways in which IFCSA *may* increase a child's vulnerability to neglect (where neglect is not already part of the child's circumstances), or may influence the severity and/or diversity of neglect that is already occurring.

There are two specific areas for consideration:

- 1) How might emerging impacts of CSA influence parental response to the child more generally?
- 2) How might a disclosure of CSA influence parental response to the child specifically in relation to a disclosure of familial abuse?

Critically, the child is not to blame for their own response to the abuse, nor for seeking help to stop it. It is the perpetrator of IFCSA who retains responsibility for any impacts of abuse, and for placing the child in a position to have to overcome considerable personal and social barriers to disclose the abuse to others.

Influence of impacts of IFCSA on parental response to the child

The earlier section on impacts of CSA demonstrated an array of ways in which a child or young person may be impacted by their abuse. Finkelhor and Browne's (1985) Four Traumatic Dynamics Model identifies betrayal by a trusted person as key in at least partially explaining those impacts. Traumatic sexualisation may (though not necessarily by any means) underpin the emergence of harmful sexual behaviours (HSB) in a child, which may in turn create difficulties for parents in supporting their child (further consideration of this can be found in Scope 3). Parent/s may find it hard to accept their child's behaviour and may not be equipped to fully understand how this kind of behaviour may be associated with abuse by others.

Hackett and colleagues (2015) found that wider community responses to HSB have significant impacts on the whole family. Their research identified a continuum of negative community reactions from labelling of the young person through to violence and vigilantism, to the extent that some young people are forced out of their homes. This continuum can be applied to family members as well; some families experience 'courtesy stigma' whereby they are stigmatised for the actions of their child and, in some cases, forced out of their home (Hackett et al, 2015). Without adequate support, this may create a highly stressful environment and contribute to a difficult parent-child relationship, in itself a risk factor for neglect (see Appendix D).

Other impacts of CSA (see Table 2) that may become evident in children – such as depression or other emotional consequences, and behavioural impacts such as drug and alcohol use (which may be a form of coping mechanism) or other 'risky behaviour' – may place the family under considerable stress, making it difficult for them to engage with and support the child or young person. This can happen where families are unaware their child has been abused and so do not understand why the child's behaviour has changed; or where the family is aware of the abuse, they may not be equipped to provide support and may struggle to understand the dynamics and impacts of CSA. A key risk factor for neglect is 'problematic child behaviour'; parents/family members (even professionals) may perceive a child or young person as 'troublesome' rather than as a child in need of protection or a child who has experienced trauma. As discussed above, this may result in the development of poor relationships in the family, which then have the potential to result in neglectful circumstances for the child.

Influence of the discovery of IFCSA on parental response to the child

Abuse may be discovered in a number of different ways. A retrospective study of 44 young adults who experienced CSA found it had been discovered via disclosure of some participants (some disclosure was direct, some indirect), and in other cases it was discovered 'accidentally' by a third party (Allnock and Miller, 2013). However CSA is discovered, it can have significant and wide-reaching impacts on the whole family and the child seeking help.

Although not a large body of evidence, the literature on social reactions to disclosure of CSA highlights the danger some children may be in when they disclose their abuse and seek help. Indeed, some of this literature highlights neglect specifically, or behaviours exhibited by parents that may result in neglect, inadvertently or intentionally. Ullman's review (2003) found that parents react to disclosure more negatively than any other disclosure recipient; the review also found evidence that family reactions to EFCSA are generally more positive than reactions to IFCSA. A range of negative and adverse reactions to disclosure have been identified across a range of studies, both with adult survivors of CSA and in studies with young people. The types of negative reaction reported by participants include disbelief, blame, minimisation of the abuse, ignoring the disclosure, accusing the victim of lying, punishing or beating the victim, parental rejection, neglect, indifference, anger, and avoiding talking about the abuse or listening to the victim (Ungar et al, 2009; Ullman, 2003; Allnock and Miller, 2013).

Research by Hong, Ilardi and Lishner (2011) on the relationship between ‘emotional invalidation’ and symptoms of borderline personality disorder (BPD)²¹ is relevant here. This research examined the concept of emotional invalidation, which is defined as when one’s thoughts and feelings are ignored, rejected, negated, trivialised or met with erratic and inappropriate responses by primary caregivers. The researchers found that CSA experiences were a poor predictor of BPD symptoms, but general invalidating (emotionally neglectful or abusive) experiences were a predictor of BPD. However, they also found that invalidating experiences related to CSA disclosure, in other words, invalidating responses by a primary caregiver to a disclosure of CSA, was also predictive of BPD. Therefore these findings not only underscore the adverse impacts of neglect more generally, but also illustrate that invalidating responses to IFCSA can exacerbate pre-existing invalidating experiences, or they can lead to BPD even without pre-existing invalidating experiences.

Negative reactions can have important consequences psychologically and physically. Litvinov et al (2000) studied 68 female CSA survivors (aged 6 to 16) referred by child protective services in Washington, DC. All the children had disclosed within the past six months and had experienced penetrative CSA. Disclosures met with reactions of support and belief were related to less post-traumatic stress disorder (PTSD) symptoms and behavioural problems. Unsuccessful disclosure attempts were related to more PTSD symptoms.

Other studies have shown that children with less supportive/validating families had more dissociative and PTSD symptoms (Roesler and Weissmann Wind, 1994) and more negative attitudes toward men (Wyatt and Mickey, 1987). Johnson and Kenkel (1991) found that adolescent CSA victims with ‘non-supportive’ mothers rated these unsupportive responses as highly stressful, and that this stressor accounted for 23% of the variance in psychiatric distress. Findings such as these indicate the importance of a supportive response by parents following CSA and that such responses can buffer the wider impacts of abuse on the child. It prompts the question of whether services are doing enough to help parents respond supportively to disclosure, how parents can be enabled to understand the impact of their response to disclosure and how they can be helped to manage their own painful reactions to disclosure.

Summary of key points

No specific studies examining the occurrence of neglect following IFCSA were identified. Some studies, of course, identify potential indicators of neglect without specifically measuring neglect. As this section has highlighted, parents’ and other family members’ responses to either children’s own emerging impacts of CSE or their disclosure of CSA may be at best insensitive and at worst, actively damaging to children who have already suffered a betrayal of trust by a parent/guardian or other close adult in the family home. Children may be physically ejected from the home for troubled behaviour resulting from CSA or they may experience emotionally invalidating responses to disclosure from family members. In extreme cases, this has been shown to lead to longer-term personality disorder diagnoses.

- > This scope has focused mainly on potential ways in which neglect may increase a child’s vulnerability to IFCSA. However, it is possible that IFCSA *may* in some cases also contribute to neglect. For example, problematic behaviour is a potential impact of IFCSA and is also a key risk factor for neglect.
- > Studies have identified a range of negative and adverse reactions to disclosure of CSA. These include disbelief, blame, punishment, parental rejection and avoiding talking about the abuse, all of which can contribute to neglect. Emotional invalidation has also been found to be predictive of symptoms of ‘borderline personality disorder’, which can make parenting particularly challenging.
- > For *some* children and young people, traumatic sexualisation may contribute to the emergence of harmful sexual behaviours, which can lead to negative reactions within the child and family’s wider community. Such reactions can increase the risk for parental neglect.
- > Parents and family members must be supported following the emergence of IFCSA to understand the dynamics and impacts of CSA and how they can support the child in these circumstances as well as manage their own painful reactions to disclosure.
- > More broadly, there should be greater public awareness of the signs of CSA so that this form of harm can be detected much earlier.

²⁰ This label is used because of its use in the literature – its use does not imply uncritical acceptance; see Table 1.

Section 7: Reflections and implications for practice and research

While this scope does *not* give reason to presume neglect in the childhoods of the majority of victims of IFCSA, it does urge us to think about the vulnerabilities children and young people who have experienced neglect may face, and how these can be exploited by those seeking to perpetrate IFCSA. The scope stimulates thought around how we might address the impact of neglect early on so that it does not increase vulnerability to IFCSA and indeed other adversities.

As discussed, the attention of this scope on vulnerabilities to IFCSA in children and young people is justified on the basis that practitioners and services often have more opportunity to address these factors than they do other contributors to the problem, such as the behaviour of perpetrators (with whom responsibility clearly lies) and wider systemic factors associated with neglect such as poverty. At the same time, overly focusing on vulnerability does carry risks, which this scope has sought to avoid. These include blaming the non-abusing parent for IFCSA; less action around perpetrator behaviour, communities, neighbourhoods, cultural values and inequality; and ineffective interventions.

In summary, the research explored in this scope indicates many avenues and opportunities to tackle the impact of neglect and the occurrence of IFCSA *provided nuance and critical reflection is applied along the way*. This will help to avoid the risks that might otherwise contribute to the problems we are hoping to tackle.

Implications relating to Scope 2

1. Practitioners working with children and families where neglect or IFCSA are a concern should be *cautiously* alert to the potential for co-occurring/cumulative forms of harm, *without making assumptions*. Doing so will allow for a more comprehensive approach to children's needs. Training and high-quality supervision is essential to ensure practitioners are equipped and confident to explore issues of co-occurrence sensitively with families.
2. When working with neglecting families, practitioners must remain child-centred in order to identify children's emotional or supervisory needs and allowing for a strengthened response to protection from further harm of IFCSA. IFCSA does not need to be occurring to address these needs – indeed, the earlier these needs can be identified, the earlier the external/environmental barriers can be strengthened to prevent future abuse.

3. Practitioners working with children and families where IFCSA has occurred should be alert to the potential for negative responses from families to disclosure or revelations of abuse. Negative or invalidating responses to disclosure of CSA have been found to be predictive of longer-term emotional and mental health difficulties. Working with the primary caregiver (and possibly other family members) as well as the child may help the family provide more effective support.
4. It can of course be highly distressing for parents to learn their child has been sexually abused within the family context. Consideration should be given to how support is provided pre and post disclosure of sexual abuse, to enable parents and children to process trauma and heal.

Research implications

1. There are advantages to studying individual forms of maltreatment, as there are advantages to understanding the cumulative impact of multiple forms of harm. The disadvantage with both of these approaches is the failure to understand specific *interactions*, such as that between neglect and IFCSA. Existing studies of prevalence and longitudinal studies of maltreatment should be further mined for findings related to the intersection of neglect and IFCSA.
2. Meta-analyses for risk factors of CSA and neglect are now outdated. New analyses need to be conducted to account for more recent research that has improved and moved forward in the last 10 years.
3. The majority of child protection, maltreatment and abuse literature remains focused on mothers. Research on the role of fathers in neglectful households, particularly where they perpetrate IFCSA, would be useful.

Practice implications relating to all three scopes

1. Neglect is the most common form of maltreatment reported in the family, and yet arguably remains a neglected issue. Government must prioritise tackling the causes of neglect and ensure that resources reflect its prevalence and impact. Resources must be sufficient for local areas to enable children and families to receive support at an early stage so that harm can be prevented.
2. Serious consideration should be given to adopting a public health approach to addressing neglect; this would involve population-level activity as well as targeted support, drawing more on data of need and focusing on social determinants of neglect.
3. Support for families where neglect has been identified should not focus exclusively on parenting. Local commissioners and service leaders should ensure therapeutic support and interventions are also provided to help children and young people recover from the impacts of neglect.
4. Access to support is all too often predicated on thresholds, which can be a barrier to families receiving the early help neglected children and their families need. Service leaders should consider redesigning service pathways and routes to support, drawing in particular on the expertise of family support and community-based services. In designing pathways, attention should be paid to the potentially inhibiting issue of stigma.
5. The care system must place the wellbeing of looked after children, including recovery from past trauma, at the centre of all processes and decision-making. This will include prioritising permanence (love, security and a sense of belonging) and children's relationships with those close to them. Including young people systematically in future research and practice development would support this aim.
6. Multiple placement moves for children in care should be all but eliminated, given the long-term harm they can cause. When moves are unavoidable, their impact must be mitigated – for example, by keeping the child in the same school and making sure they retain the same key worker (or other permanent figure).
7. Professionals across the multi-agency workforce need support to help them identify and respond to emotional neglect in particular, an often hidden form of maltreatment that can have far-reaching impacts on a child or young person's life. Routine well-being checks exploring the child's perspective on their emotional wellbeing would support this.
8. Efforts must be made to increase the visibility of fathers in practice, policy and research around neglect. Too often mothers are the focus; this can mean the risks and protective factors that fathers bring to a child's life may be missed. Local service leaders can enable this through policy review and practice audits.
9. Local areas should ensure that there is a strategic overview of the collective endeavours of all agencies to address neglect. Plans should be informed by the expertise of all relevant agencies and by children and families themselves.
10. Policy, research and frontline practice do not always recognise and respond to the specific needs of particular groups affected by neglect and sexual harm – including LGBT, black and minority ethnic (BME), or disabled young people. Local service leaders should review whether support available needs to be tailored, drawing on the experience of children and families from these groups.

Exploring the relationship between neglect and adult-perpetrated intra-familial child sexual abuse: Evidence Scope 2

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Thanks to the following people for their support, challenge and wisdom; their input has been invaluable to us in producing the series of scopes:

Joanna Adler, Anna Banbury, Helen Beckett, Martin Calder, Jane Dodsworth, Brigid Featherstone, Carlene Firmin, Nathalie Fontenay, Ruth Gardner, Colin Green, Sarah Harris, Nick Marsh, Kate Mulley, Donna Peach and Lorraine Radford

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