Intra-familial child sexual abuse: Risk factors, indicators and protective factors

Section One: Risk factors and vulnerabilities associated with child sexual abuse

Risk factors are characteristics or circumstances shown in research to be associated with CSA.

- > The presence of particular risk factors may increase a child or young person's *vulnerability* to CSA, but, on their own, should not be taken to indicate CSA is occurring or might occur.
- > Risk factors are not *predictors* of CSA. Similar factors are associated with risk for a range of abuse other than or as well as CSA.
- > Risk factors are *cumulative*; as the number of risk factors that are present, the risk of abuse also increases (Finkelhor, 1990).

Identifying risk factors should be interpreted with great care, in context with other evidence such as indicators of CSA (addressed in section two) and protective factors (addressed in section three).

Table 2a sets out the risk factors associated with CSA across four domains:

- 1) The child
- 2) The family
- 3) The community
- 4) Society

Much of this research is from the USA or elsewhere as there is very little UK research to draw on. Ethnicity is not identified in the evidence as a risk factor for CSA so is not included in this table. In other words, membership of a particular ethnic group has not been found to raise the risk of CSA. UK data on IFCSA suggests that children from all ethnic groups can be at risk, although children from certain ethnic groups are under-represented in data held by statutory services (CCE, 2015).

Table 2b captures evidence from studies with sex offenders about their targeting and grooming of children, which offers insights about characteristics/environments which sex offenders spot and which motivate their choice of victim.

The template in **Appendix A** can be used alongside a child/young person's assessment case file to cross-reference with the information provided in Tables 2a and 2b to help 'build a picture' of evidence.

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Table 2a: Risk factors for child sexual abuse

Risk factors for CSA	Research evidence
Child risk factors	
Age¹	Risk of CSA (all types taken together) rises with age. We do not have prevalence statistics that tell us whether IFCSA specifically is more common for younger or older children. UK evidence does tell us that, for a significant percentage of victims, IFCSA begins before the age of nine. Most, however, are not identified by authorities until the age of 12 or older. Girls may experience IFCSA at younger ages than boys.
Gender ²	All of the research evidence in the UK on prevalence (abuse ever experienced) and incidence (abuse experienced recently) reports higher rates of CSA among girls than boys. Boys do experience CSA, however, and may face particular challenges to reporting abuse. Moreover, boys are less likely to be identified by practitioners for a range of reasons. All practitioners should remain alive to the particular needs and challenges of boys in terms of supporting them to speak about their abuse.
Physical and learning impairments ³	Risk of CSA for disabled children is three to four times higher than for non-disabled children. Disabled children face particular barriers to reporting their abuse, and have been found to be less likely to report and more likely to delay help-seeking than children without impairments.
Single parent ⁴ and stepfamilies ⁵	Several reviews find that a single parent family context is a risk. This may partly be due to sex offender strategies which target economic or emotional vulnerability in single parents (often women). It may also be due to the more limited capacity single parents may have to spend time with their children if they combine work with childcare. Supporting single parents both emotionally and practically can strengthen protective contexts around children. Risk of CSA to children may be higher with stepfathers or parents' partners than biological fathers. Potential explanations suggest that where there is less commitment to the parenting role, the risk of abuse may be higher. This by no means suggests that step-parents generally pose a danger to children, but does suggest attention to family contexts and relationships as a source of risk or protection.

¹Radford et al (2011); CCE (2015); Smith et al (2015)

²Bebbington et al (2011); CCE (2015); ONS (2016); Radford et al (2011); Stoltenborgh et al (2015)

³Hershkowitz et al (2007); Jones et al (2012); Miller and Brown (2014); Sullivan and Nutson (2000); Stalker and McArthur (2012); (Sidebotham et al (2016) ⁴Black et al (2001); Finkelhor (1990); McAlinden (2006); CCE (2015)

⁵Black et al (2001); Finkelhor (1990); Finkelhor et al (1997); Gordon and Creighton (1988); Marsiglio et al (2017); Mullen et al (1993); Paveza (1988); Putnam (2003); Russell (1984)

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Risk factors for CSA	Research evidence	
Family risk factors		
A parent, particularly a mother, also reporting experiences of CSA ⁶	A parent who has experienced CSA in childhood and who has unresolved mental health and wellbeing issues related to past trauma may have reduced parenting capacity as a result. This may impact on their relationship with their child and/or their ability to recognise possible abuse. Supporting a parent who has experienced CSA in childhood to access appropriate therapeutic support may be one way of increasing protective context for children.	
Unavailability of mother due to employment outside of the home, disability or illness ⁷	A mother's unavailability may leave children isolated and/or on their own, inadvertently providing potential offenders with greater access. Supporting mothers and wider family networks to strengthen supervisory and emotional support may help to increase the protective environment around the child.	
Parental neglect ⁸	Children who are neglected may be more accessible to potential offenders as a result of supervisory neglect. Neglected children may seek out love and affection elsewhere and therefore be more vulnerable to the attention of others. Supporting parents to increase their capacity to parent may improve the protective context around the child.	
Quality of parent-child relationship (particularly mother-daughter relationship) ⁹	A child or young person may spend more time away from their parent/home, meaning they become more accessible to potential offenders outside the home. The poor relationship may affect their mental wellbeing and they may seek attention elsewhere. The parent may be unable to adequately communicate with their child and thereby protect them. Working with families to enhance parent-child relationships will support the development of a protective context around the child.	

⁶Black et al (2001); Finkelhor et al (1997)

⁷Finkelhor and Baron (1986)

⁸Allnock (2015b); Black et al (2001); Finkelhor et al (1997)

⁹Black et al (2001); Finkelhor and Baron (1986); Finkelhor (1990); Fergusson et al (1997)

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Risk factors for CSA	Research evidence	
Family risk factors		
Low parenting satisfaction (parents of sexually victimised children report being less satisfied with parenting than parents of children who were not sexually victimised) ¹⁰	Low satisfaction with parenting may manifest in a reduced capacity to respond sensitively to a child, thus disrupting or diminishing the attachment a child makes to a parent/carer. Where this is the case, children may feel more isolated, increasing vulnerability to offenders. A poor relationship may impact on their self-esteem, increasing their vulnerability to grooming strategies. Supporting parents to increase their parenting capacities/abilities may help to increase the protective context around the child.	
Family poverty ¹¹	Internationally, research documents a strong association between families' socio-economic status and the chances that their children will experience child abuse and neglect. The greater the economic hardship, the greater the likelihood and severity of abuse. Poverty is neither a necessary nor sufficient factor. Many children who are not from families in poverty will experience abuse and most children living in poverty will not. Direct and indirect effects of material hardship can interact with other factors to increase or reduce the chances of abuse. These interactions are complex and often circular. For example, poverty increases the risk of mental ill-health and mental ill-health increases the likelihood of poverty. Evidence suggests that individual practitioners and child protection systems currently pay insufficient direct attention to the role of poverty in child abuse.	
Community and social risk factors		
Dangerous/violent communities ¹²	Dangerous and violent communities have been linked to child sexual victimisation. It may be that this context is associated with family poverty and that poverty is the more important risk factor (i.e. that living in dangerous communities is a by-product of family poverty). Support to children and families that targets their practical and economic needs may help to increase the protective context of the child.	

¹⁰Black et al (2001); Manion et al (1996)

¹¹Bywaters et al (2016); Finkelhor et al (1997); Paveza (1988); Sedlak et al (2010)

¹²Boney-McCoy and Finkelhor (1995)

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Table 2b: Perceived vulnerabilities in children: Evidence from studies of sex offenders

Children are never at fault for being targeted by offenders, and these studies serve to remind us of this. While not risk factors per se, the findings point to specific vulnerabilities that sex offenders seek out.

Perceived vulnerabilities in children	Research evidence
Low self-esteem and/or low self-confidence in children ¹³	Sex offenders may seek out children with low self-esteem or self-confidence because they believe these children are less likely to tell. Where children do not have their emotional needs met they may be more responsive to grooming strategies by would-be abusers.
Children who are overly trusting of others ¹⁴	Sex offenders report that they seek out children who are overly trusting in order to groom and manipulate them more easily.
Families with 'observable' problems ¹⁵	While 'families with problems' are not often well defined in these studies, research shows would-be offenders targeting families where there has been some breakdown; and targeting single mothers who may be economically stressed and isolated.

¹³ Allnock (2015b); Berliner and Conte (1990); Conte et al (1989); Elliott et al (1995)

¹⁴Elliott et al (1995)

¹⁵CCE (2015); Craven et al (2006); Elliott et al (1995); Leberg (1997)