Domestic Sexual Abuse of Girls

WOMEN’S RIGHTS & GENDER EQUALITY
Domestic sexual abuse of girls

STUDY

Abstract

This study was commissioned by the European Parliament’s Policy Department for Citizens’ Rights and Constitutional Affairs at the request of the FEMM Committee. The study provides a definition and conceptual model of domestic sexual abuse of girls, as well as analyses of prevalence and risk factors across the EU. It goes on to review policies and actions to address domestic sexual abuse of girls at the EU and Member State levels, and sets out case studies of four countries. It ends by providing recommendations for Member States and EU institutions.
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CONTENTS

EXECUTIVE SUMMARY 8

Background 8
Aims 8
Methods 8
Findings 8

A definition and conceptual model of domestic sexual abuse of girls 8
Policies and actions 9
Prevalence and risk factors 10
Case studies 10
Recommendations for EU institutions and Member States 11

1. A DEFINITION AND CONCEPTUAL MODEL OF DOMESTIC SEXUAL ABUSE OF GIRLS 12
   1.1. Introduction 12
   1.2. ‘Girl’ 13
   1.3. ‘Sexual’ 14
   1.4. ‘Domestic’ 15
   1.5. ‘Abuse’ 18
   1.6. Operational definition 21

2. PREVALENCE AND RISK FACTORS 23
   2.1. Methodological issues 23
   2.2. Methods 24
   2.3. Prevalence of child sexual abuse experienced by girls and boys in multi-country studies 25
   2.4. Prevalence rates by Member State 26
   2.5. Victim characteristics 27
   2.6. Characteristics of perpetrators and offences 28
   2.7. Additional contextual factors 30
   2.8. Conclusion 30

3. POLICY AND ACTION TO ADDRESS DOMESTIC SEXUAL ABUSE OF GIRLS 32
   3.1. Member State-level policy and action 32
   3.2. EU-level policy and actions 34

4. SUMMARY OF CASE STUDIES IN FOUR MEMBER STATES 39
   4.1. Methods 39
   4.2. Findings 39
4.2.1. Narratives of blame
4.2.2. Mental health treatment and emotional support
4.2.3. Barriers to disclosure
4.2.4. Active detection
4.2.5. Low prosecution rates and trust in the criminal justice system
4.2.6. Specialist expertise

5. **CASE STUDY: POLAND**
   5.1. Method
   5.2. Evidence on national prevalence
   5.3. Key laws and policies
   5.4. Discussion
      - 5.4.1. Law and policy
      - 5.4.2. Child protection
      - 5.4.3. Criminal justice
      - 5.4.4. Support services
      - 5.4.5. Prevention
      - 5.4.6. Risk and protective factors
      - 5.4.7. Identification
   5.5. Conclusion

6. **CASE STUDY: SWEDEN**
   6.1. Method
   6.2. Evidence on national prevalence
   6.3. Key laws, policies, and agencies
   6.4. Discussion
      - 6.4.1. Barnahus
      - 6.4.2. Child protection
      - 6.4.3. Criminal justice
      - 6.4.4. Support services
      - 6.4.5. Risk and protective factors
      - 6.4.6. Prevention and identification
   6.5. Conclusion

7. **CASE STUDY: SPAIN**
   7.1. Method
   7.2. Evidence on national prevalence
   7.3. Key laws, policies, and agencies
   7.4. Discussion
      - 7.4.1. Law, policy, and criminal justice
7.4.2. Child protection, prevention, and support 54
7.4.3. Identification 55
7.5. Conclusion 56

8. CASE STUDY: UNITED KINGDOM 57
8.1. Method 57
8.2. Evidence on national prevalence 57
8.3. Key laws, policies, and agencies 58
8.4. Discussion 60
8.4.1. National focus on domestic sexual abuse of girls 60
8.4.2. Child protection 60
8.4.3. Criminal justice 61
8.4.4. Support services 61
8.4.5. Prevention and risk identification 63
8.5. Conclusion 64

9. RECOMMENDATIONS FOR MEMBER STATES AND EU INSTITUTIONS 65
9.1. Tackle damaging narratives 65
9.2. Implement and monitor implementation of Directive 2011/93/EU 65
9.3. Ensure policy and action is informed by the gendered dimensions of child sexual abuse 66
9.4. Ensure a proportionate focus on all types of child sexual abuse 66
9.5. Encourage specialisation within children’s social services and the criminal justice systems 66
9.6. Ensure all adult survivors can seek access to justice 67
9.7. Provide independent advocates for children 67
9.8. Provide support and treatment that matches demand and need 67
9.9. Provide effective training in risk identification and referral to key professionals 67
9.10. National Strategies to tackle child sexual abuse 67

REFERENCES 69

ANNEX 1: TABLE OF DEFINITIONS USED IN MAJOR POLICY INSTRUMENTS 72
# LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
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<td>CCAA</td>
<td>Spanish Autonomous Communities</td>
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<tr>
<td>ChiISVA</td>
<td>Children’s Independent Sexual Violence Advocate</td>
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<td>CoE</td>
<td>Council of Europe</td>
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<td>CSA</td>
<td>Child Sexual Abuse</td>
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<td>CSE</td>
<td>Child Sexual Exploitation</td>
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<td>DfE</td>
<td>Department for Education</td>
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<td>EU</td>
<td>European Union</td>
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<td>NSPCC</td>
<td>National Society for the Prevention of Cruelty to Children</td>
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<td>SRE</td>
<td>Sex and Relationships Education</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1: Age of sexual consent in EU Member States 34
Table 2: Summary of relevant policy instruments 37
Table 3: Definitions in major policy instruments 72

LIST OF FIGURES

Figure 1: Conceptual model of domestic sexual abuse of girls 22
EXECUTIVE SUMMARY

Background
Domestic sexual abuse of girls is a persistent global problem with profoundly devastating and long-lasting consequences. While every child has a right to protection from sexual abuse, work to uphold this right continues to fail too many. Our efforts must be re-doubled at all levels, from EU and other international institutions, to national governments, and local services. As we attempt to rise to the significant challenges of anticipating and responding to newer and emerging threats to children’s safety and wellbeing (including online sexual abuse and exploitation), it is crucial not to allow this to lead to neglect of the longer-standing problem of child sexual abuse in domestic settings. In this context, this report, written from a gender-sensitive perspective, seeks to encourage renewed attention to the evidence on domestic sexual abuse of girls and how best to combat it.

Aims
This study aims to contribute to our understanding of, and ability to tackle, domestic sexual abuse of girls, by providing:
- a useful definition and conceptual model of domestic sexual abuse of girls;
- analyses of prevalence of, and risk factors for, domestic sexual abuse of girls across the EU;
- a review of policies and actions to address domestic sexual abuse of girls at the EU and Member State levels;
- case studies of national approaches to tackling domestic sexual abuse of girls in four Member States (Poland, Spain, Sweden, and the United Kingdom);
- recommendations for Member States and EU institutions on how to combat domestic sexual abuse of girls.

Methods
The findings of this report are based on the following methods:
- desk-review of the academic and research literature on child sexual abuse (including studies of prevalence and risk factors, as well as theory on child sexual abuse);
- desk-review of EU and Member State-level initiatives, and policy, legal, and institutional frameworks, including reports on policy implementation;
- consultation with representatives from two EU institutions and one pan-European policy institution working on issues of child sexual abuse or gender equality;
- interviews with three key experts in each case study country, including representatives from government agencies working on child protection issues, and non-governmental organisations working on issues of child sexual abuse.

Findings
A definition and conceptual model of domestic sexual abuse of girls
A key challenge in trying to understand and end domestic sexual abuse of girls is defining the problem. There is no EU-wide consensus on the definition of child sexual abuse that should be operationalised in policy, legal frameworks and principles (for example, those relating to criminal law, child protection law, and professional licensing), research (including official data collection), and prevention, identification, and treatment efforts.
Conceptual ambiguity and a lack of consistency in definitions of child sexual abuse undermine efforts to develop a shared understanding of the problem, including attempts to track trends over time and compare findings across nations. This lack of definitional clarity is even more pronounced with regard to domestic sexual abuse of girls.

One aim of this study is therefore to provide a coherent definition of domestic sexual abuse of girls that clearly explains its features and principles, is underpinned by a theoretically robust conceptual model, and is relevant across policy, action, and research. The definition is as follows.

Domestic sexual abuse of girls:

- is perpetrated on a child under the age of majority who identifies as a girl, or whose birth sex is female and who does not identify as something other than a girl;
- is perpetrated by the child’s family member(s), current or former intimate partner(s) including ‘perceived’ partners, or other member(s) of a shared household;
- involves seeking or gaining sexual gratification, for any party, which may be immediate or deferred, and physical or mental;
- is perpetrated without true consent, in the context of an unequal power relationship in which the child’s disadvantage is exploited.

This approach also allows us to define three subcategories of domestic sexual abuse of girls, according to the relationship between perpetrator and survivor: familial, intimate partner, and non-familial household domestic sexual abuse of girls. Each of these can be further broken down into more specific subcategories, according to whether the abuse is perpetrated by an adult or another child.

It should be noted that, while domestic sexual abuse of girls is a valid topic for research, the evidence shows there are some significant differences in the prevalence, aetiology, sequelae and risk factors for these different subcategories of abuse. This suggests that the subcategories may be of greater relevance than the overall category to the organisation of policy and legal frameworks, and prevention, identification, and support efforts.

Policies and actions

A wide range of policies, Directives, Conventions, and initiatives at the EU and Member State levels are designed to protect children from abuse, including sexual abuse and exploitation. However, within both policy and monitoring of policy implementation, there is generally little specific focus either on familial child sexual abuse or on sexual abuse within children’s intimate or romantic relationships. Moreover, there is limited focus on girls as a sub-group of victims, and on the gendered dimensions of child sexual abuse in terms of risk factors, perpetrator characteristics, prevalence rates, aetiology, and sequelae. We would urge, therefore, that EU-level and national policy and action should aim to ensure that proportionate focus is placed on all types of child sexual abuse, while taking account of the gendered dimensions of child sexual abuse, and that policy monitoring should treat gender as a key factor deserving of analysis.

Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography is the most detailed and precise of EU Directives relating to sexual abuse of children. This sets out the clearest definitions of offences, as well as mandated punishments, and so provides a relatively comprehensive...
framework for tackling child sexual abuse. It outlaws a range of sexual activities with children and, importantly, states that where ‘the offence was committed by a member of the child’s family, [or] a person cohabiting with the child’, this should be treated as an aggravating circumstance. Nonetheless, implementation of the Directive across Member States, and monitoring of its implementation, have been beset by significant challenges. Not least among these is that Member States have no coordinated approach to recording national data on child sexual abuse.

Prevalence and risk factors
While there are numerous recent studies on child sexual abuse in the EU, there are a number of key challenges to overcome in developing a robust prevalence analysis of domestic sexual abuse of girls. Chief among these is the lack of consistency in definitions and methods used for data collection, recording, and analysis. Further, many studies report on child sexual abuse in any setting, without delineating this to domestic abuse.

The evidence from the most reliable studies suggests fairly consistently that girls are two to three times more likely than boys to experience both domestic and non-domestic sexual abuse. While there is some evidence that girls are more likely to disclose abuse, this does not appear to account for the discrepancy. The evidence suggest that the most sexual abuse of girls is committed by peers, but that a significant proportion of abuse is experienced by girls from a young age, and is committed by a male family member, often fathers or father figures, or by other family members who are significantly older than the victims.

This diversity of definitions and methods undermines the comparability and reliability of results. As such, different studies show great variation in their findings on prevalence, incidence, and risk factors. Given these difficulties in producing inter-country comparisons in which we can have confidence, there is an urgent need to standardise definitions and recording practices for at least some basic data in official national statistics. As we know official statistics reflect only those cases that come to the attention of authorities, and so underestimate prevalence, this should be supplemented by a pan-EU self-report survey using a standardised methodology.

Case studies
The case studies of Poland, Spain, Sweden, and the United Kingdom highlight strengths and weaknesses in different national approaches to tackling domestic sexual abuse of girls. The findings have a number of important implications for policy and practice throughout the EU.

A consistent finding was that child sexual abuse often has a profoundly traumatic impact on survivors’ lives, compounded by unhelpful responses from family members and services. That so many survivors of abuse, in all countries, suffer from feelings of guilt, shame, and self-blame underscores the urgency of the need to promote a clear and consistent message that child abuse is never the child’s fault.

Further, the evidence is clear that case working within children’s social services and the criminal justice system that addresses risk effectively and maximises chances of prosecution, while minimising re-traumatisation to survivors, requires high-level, specialist skills. Likewise, survivors of child sexual abuse often have significant mental health needs that may not be best treated within general, non-specialist mental health services. Whether professionals working on child sexual abuse cases operate under one roof (as in the Swedish Barnahus model) or not, specialisation is key.

The case studies also highlight the challenges of identifying and responding appropriate to signs of risk of child sexual abuse. There is a need to ensure all key professionals working with children are trained in effective, active detection and reporting of risk of child sexual abuse. This includes teachers
and other school staff, who were consistently viewed as best-placed to identify risk given their day-to-day proximity to children, but also healthcare and children’s centre staff. It is important that training works effectively to promote understanding of risk indicators, as well as the ways in which children can attempt to hide abuse, and to normalise reporting of concerns to relevant authorities. It should also have a practical focus on how to act on initial suspicions appropriately, and how to respond sensitively to disclosures or hints at disclosure. In general, identification efforts should avoid over-reliance on children initiating disclosure.

**Recommendations for EU Institutions and Member States**

On the basis of our findings, we provide a number of recommendations to EU institutions and Members States on how to combat child sexual abuse, including domestic sexual abuse of girls.

To address the significant paucity of data on child sexual abuse across the EU, EU Institutions should work to develop a set of core indicators of child sexual abuse, to be recorded and published by Member States. A pan-EU self-report study using standardised definitions and methodologies should also be conducted, to support cross-country comparative analysis, including comparison of prevalence rates, and repeated over time to establish trends. This should gather data on, *inter alia*, survivors’ and perpetrators’ gender and age at the time of abuse, perpetrators’ characteristics and relationships to survivors, whether the abuse was reported to or identified by services, and non-contact as well as contact forms of abuse.

Further, all policy and action to address child sexual abuse at EU and Member State levels should:

- be informed by the gendered dimensions of child sexual abuse;
- ensure proportionate focus is placed on all types of child sexual abuse across policy and funding frameworks, service responses, and prevention, identification, and treatment efforts;
- aim to tackle damaging narratives that enable children and adult survivors to blame themselves for or feel ashamed about abuse, and promote understanding throughout society that abuse is never the child’s fault.

Finally, each Member State should have a National Strategy to Tackle Child Sexual Abuse that, in addition to the above, aims to:

- implement and thoroughly monitor implementation of Directive 2011/93/EU;
- with support and coordination at the EU-level, ensure some standardised, pan-EU indicators are recorded and published as official statistics on child sexual abuse;
- encourage development of specialist skills and roles within children’s social services and the criminal justice system, to addresses risk effectively, maximise chances of prosecution, and minimise re-traumatisation of survivors;
- provide independent advocates for children, to provide support and guidance to children on systems and processes, and to ensure the child’s voice is represented and heard throughout the post-identification period;
- ensure there is no statute of limitations for prosecution of child sexual abuse offences, so all adult survivors of child sexual abuse can seek access to justice;
- ensure support and treatment for children, adult survivors, and non-abusing family members is adequately resourced to match demand and need;
- ensure key professionals working with children are trained in effective risk identification and referral.
1. A DEFINITION AND CONCEPTUAL MODEL OF DOMESTIC SEXUAL ABUSE OF GIRLS

KEY FINDINGS

- Varying definitions of child sexual abuse are used within policy, law, and research across the EU.
- Drawing on a range of relevant policy and legal instruments, as well as existing research on domestic abuse and child sexual abuse, we develop a conceptual model and operational definition of domestic sexual abuse of girls.
- Domestic sexual abuse of girls: is perpetrated on a child under the age of majority who identifies as a girl, or whose birth sex is female and who does not identify as something other than a girl; is perpetrated by the child’s family member(s), current or former intimate (including ‘perceived’) partner(s), or other member(s) of a shared household; involves seeking or gaining sexual gratification, for any party, which may be immediate or deferred, and physical or mental; and is perpetrated without true consent, in the context of an unequal power relationship in which the child’s disadvantage is exploited.

1.1. Introduction

A key challenge in trying to understand and end domestic sexual abuse of girls is defining the problem. There is no EU-wide consensus on the definition of child sexual abuse that should be operationalised in policy, legal frameworks and principles (for example, those relating to criminal law, child protection law, and professional licensing), research (including official data collection), and prevention efforts. This is despite renewed calls for a conceptually robust definition in recent years (Barth et al. 2013; Veenema, Thornton and Corley 2015). Conceptual ambiguity and a lack of consistency in definitions of child sexual abuse used within policy and legal frameworks is particularly worrying, given their centrality to efforts to identify, respond to, and prevent abuse. Varying definitions used in official statistics and by studies of prevalence, aetiology and sequelae also lead to significant variance in findings about the same phenomena (Vaillancourt-Morel et al. 2016; Barth et al. 2013; Bolen and Scannapieco 1999).

This undermines efforts to develop a shared understanding of the problem, including attempts to track trends over time and compare findings across nations. This lack of definitional clarity is even more pronounced with regard to domestic sexual abuse of girls, given that this subset of child sexual abuse has not, as yet, received much specific attention within either policy or research.

One aim of this study is therefore to provide a coherent definition of domestic sexual of girls that clearly explains its features and principles, is underpinned by a theoretically robust conceptual model, and is relevant across policy, law, research, and prevention. To develop this definition, we employ the method of conceptual analysis. This approach aims to clarify contested concepts, breaking them down into

Domestic Sexual Abuse of Girls

their constituent parts in order to more fully and precisely understand the issues to which they relate (Wittgenstein 1968; Beaney 2015). The method is particularly well-suited to the problem of defining domestic sexual abuse of girls, which is a composite concept containing four constituent parts: ‘domestic’, ‘sexual’, ‘abuse’, and ‘girls’. The analysis is informed by critical review of policy, law, and research on this and related topics, and the varying definitions of domestic abuse and child sexual abuse in use. The definition produced through this process is intended to bring clarity to the concept of domestic sexual abuse of girls, as well as enabling identification of clear, excluded, and complex or contested cases.

Our review of relevant policy found that, while a range of policy instruments aim to promote children’s rights and protect them from sexual abuse, none set out any definition of domestic sexual abuse of children or girls. A number of policy instruments do, however, provide operational definitions or explanations of child sexual abuse and exploitation, and domestic abuse, on which our conceptual model and definition of domestic sexual abuse of girls draw. These include:


The relevant sections of these policies are reproduced in tabular form in Annex 1.

1.2. ‘Girl’

This study is concerned with domestic sexual abuse of girls, rather than any other demographic group, and so requires a clear view of this part of the concept. The term ‘girl’ has two constituent parts, relating to gender and age.

Gender is generally treated as straightforward and uncontested in the major legal and policy instruments relating to domestic, sexual, and child abuse, as well as the greater part of research.

9 https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/0900001680084828
12 https://rm.coe.int/1680084822
15 https://www.unicef-irc.org/portfolios/general_comments/CRC_CGC.13_en.doc.html
16 http://apps.who.int/iris/handle/10665/65900
literature in these areas. Where reference is made to women and girls, the unarticulated implication seems to be that this means females. However, it is arguable on human rights grounds that, to the extent that policy (as well as law, research, and prevention efforts) makes reference to ‘girls’, it should recognise transgender girls (that is, children whose birth sex was male and who identify as girls), as well as cisgender girls (that is, those whose birth sex was female and who identify as girls), and female children whose personal sense of their gender identity may not yet be developed (female babies, for example), as girls. This can and should be achieved while also recognising and responding to the significant and consequential differences between transgender and cisgender girls’ socialisation and experiences, as well differences in the particular risks they face.

The second dimension of the concept of ‘girl’ is age. Girls, in the present context, are children, rather than adults. The majority of relevant policies specify that they employ the term child to mean any person below 18 years of age. Some also explicitly refer to the age of majority – the age at which individuals are considered adults with full legal capacity – which again is 18 years in all EU Member States except Scotland, where it is 16 years. Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography refers in addition to the ‘age of sexual consent’, defining this as ‘the age below which, in accordance with national law, it is prohibited to engage in sexual activities with a child’. Similarly, the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (2007) refers to ‘the age below which it is prohibited to engage in sexual activities with a child’. Parties to the Convention are required to specify a national age of sexual consent, but are not required to set it at any particular age. There is significant variance in the age of sexual consent across EU Member States, although it is usually set lower than the age of majority. These thresholds are closely related to how consent to sexual activity is understood, particularly in the legal context. Children below the age of sexual consent are treated as unable to give consent to sexual activity, while children below the age of majority but above the age of sexual consent may. This has important implications for the concept of abuse, which we examine in further detail below. For the purposes of this conceptual model, however, and in line with most policy, girls are treated as children below the age of 18.

1.3. ‘Sexual’

The lack of clarity in policy instruments contrasts with the academic literature on child sexual abuse, which often provides more explicit definitions of sexual activity, and with epidemiological research, which often uses specific examples of acts as prompts when asking respondents about their experiences. On Mathews and Collin-Vezina’s model of child sexual abuse, an activity is viewed as sexual if it is marked by sexual gratification, which may be either mental or physical, immediate or deferred, and gained or sought (Mathews and Collin-Vezina 2017). This conceptualisation does seem to be implied, even if not explicitly stated, in the wording of some major policies: ‘for sexual purposes’ can be interpreted to mean ‘for sexual gratification’. The World Health Organisation (WHO) explicitly defines child sexual abuse in these terms, stating that abuse is ‘intended to gratify or satisfy the needs of the other person’ (WHO 1999).

This approach has face validity in the sense that seeking or gaining gratification can be treated as an objective condition of sexual activity, but, as Mathews and Collin-Vezina (2017) argue, it may not have experiential validity if it includes activities a child does not subjectively experience as sexual. Nonetheless, it should be clear that experiential validity is not a reasonable requirement in this context: a child may not experience a sexually abusive activity as sexual if unaware it is taking place (in cases of voyeurism, or sexual activity with an unconscious child, for example), or if lacking in knowledge and understanding of sexual matters.

An important contribution of the recent literature on child sexual abuse has been to clarify the importance of recognising that non-contact activities can be sexual, and this is also now reflected to a degree in policy. While, historically, a primary focus tended to be placed on clear cases of contact sexual activity (rape, for example), it is now widely recognised that operational definitions of child sexual abuse must include non-contact sexual activity. Non-contact child sexual abuse includes not only, for example, exposure and voyeurism, but also forms of abuse that use evolving technologies and online platforms, such as sexting, or filming a child’s sexual organs for sexual purposes. As we discuss further below, child pornography, including non-contact filming and photography, is clearly included as a category of child sexual abuse and exploitation in several major policy instruments.

1.4. ‘Domestic’

As we show below, a range of different forms of sexual abuse of girls can reasonably be characterised as ‘domestic’, on the basis of the relationship between survivor and perpetrator. Nonetheless, it is
important to note at this stage that the evidence shows there are some significant differences in the prevalence, aetiology, sequelae and risk factors for these different subcategories of abuse. This suggests that the subcategories, grounded in the types of relationship between survivor and perpetrator, may be of greater relevance than the overall category to the organisation of policy and legal frameworks, and prevention, identification, and support efforts.

Most major policy instruments do not place any specific focus on the subset of violence and abuse against women and girls that can be defined as ‘domestic’, or define what the term domestic means in this context. One exception is the Council of Europe Convention on preventing and combating violence against women and domestic violence (2011), known as the Istanbul Convention. Article 3.b of the Convention provides an explicit definition of domestic violence:

“domestic violence” shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim’

This definition is more expansive, in significant ways, than the conventional meaning of domestic as relating to home or family. A key clause is ‘between former or current spouses or partners’. This indicates that what makes violence – and, by extension, abuse – domestic is in part to do with the relationship between survivors and perpetrators. While, historically, narrower terms such as ‘wife-beating’ were more commonly in use, understanding of domestic violence has evolved to reflect the relative heterogeneity of modern relationships: to count as domestic violence, survivor and perpetrator do not need to be married, or to still be a couple. In accordance with these developments, current trends in the terminology commonly used to describe this kind of violence are moving toward increasing use of the term ‘intimate partner violence and abuse’ to describe violence and abuse between current or former spouses or partners.

While it might be thought that domestic sexual abuse of girls relates primarily to abuse of girls by family members or others in the family environment or domestic unit, it is of the utmost importance to recognise that children as well as adults engage in intimate relationships, and that children also experience violence and abuse within these kinds of relationships. To the extent that the term ‘partner’ may in common usage seem to imply an adult relationship, we urge that it should be interpreted in the context of intimate partner abuse to include children’s boyfriends or girlfriends, to reflect that children can experience abuse within these kinds of relationships. That should not detract from the fact that such abuse is a form of child abuse, but should, rather, shine a light on the range of (child-to-child and adult-to-child) abuse children can face outside of the family, home, and institutional settings.

Related to this, a vital issue in any discussion of sexual abuse of girls must be the grooming of girls into relationships they perceive as being characterised by bonds of romantic love or affection, for the purposes of sexual abuse and exploitation. In such cases, abusers can calculatedly cultivate girls’ feelings of romantic love or attachment, and manipulate girls into perceiving them as ‘boyfriends’ (or, less commonly, ‘girlfriends’). The child sexual exploitation scandals in Rotherham, Rochdale, Telford,}

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32 https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e
Domestic Sexual Abuse of Girls

and other places in the UK, involved this kind of grooming. \(^{35}\) While the Istanbul Convention refers to partners, and we argue this element of the concept of domestic abuse is relevant to girls’ intimate relationships as well as to women’s, it is unclear whether the Convention definition includes these kinds of ‘perceived’ partners. Given what we know about such cases of sexual abuse and exploitation of girls – particularly that girls, at least in the early stages, experience the relationships as romantic – we can recognise that children can be groomed into intimate relationships within which they are abused and exploited. We can also, then, characterise this kind of abuse as domestic.

Another key clause in the definition states that sharing or having shared the same residence is not a necessary condition: survivors and perpetrators need not live or have lived together. This is particularly relevant in the present context as it allows for inclusion of violence and abuse experienced within girls’ intimate relationships before they have moved out of their childhood residence.

The final relevant clause of the Istanbul Convention definition of domestic violence is ‘within the family or domestic unit’. This allows for the inclusion of violence committed by family relations, which is particularly relevant to the concept of domestic sexual abuse of girls, given findings (presented elsewhere in this report) about the characteristics of perpetrators, who are often siblings, parents, grandparents, uncles and aunts, cousins, and family members by marriage such as step-fathers and step-brothers. Reference to ‘within the […] domestic unit’ may also imply inclusion of violence by any individuals who share a residence with but do not have a familial relationship with the survivor, such as lodgers. It should certainly include carers and fosterers, and any other members of households into which girls have been placed.

Thus far, then, we have identified three kinds of relationships within which sexual abuse of girls can be characterised as domestic: relationships with family members (regardless of living arrangements), relationships with individuals who share a home with survivors but are not family members, and relationships with intimate partners (arguably including ‘perceived’ intimate partners).

Two other possible implications of the clauses examined above are worth briefly exploring. First, abuse of children by a family member’s former or current intimate partner could be included in the concept of domestic child abuse. Inclusion of, for example, abuse by a mother’s boyfriend or partner seems justifiable on similar grounds to those underpinning inclusion of relations by marriage such as step-fathers: we can characterise the abuse as taking place within the ‘family environment’. But should, for example, abuse by a sister’s boyfriend or partner also be included? Second, on the most expansive reading, the three clauses might also imply inclusion of abuse by a family member of a relation’s current or former partner or spouse (for example, a sister’s ex-boyfriend’s brother). Again, there may be reasonable disagreements over whether either of these is the correct principle to apply in determining whether a case counts as domestic abuse, and so we would consider such cases to be ‘complex’, or at least contested, rather than clear.

Nonetheless, it is arguable that the most expansive definitions of domestic risk undermining the utility of the term in this context. To determine whether particular instances of such complex cases can be described as domestic abuse, an additional consideration is therefore relevant: the descriptive quality of the individual relationship and the position of the perpetrator within the family or home environment. Where perpetrators (such as a sister’s boyfriend) have been allocated a trusted position


17
in the household, visiting regularly and building relationships with family members, there are stronger reasons for characterising the abuse as domestic. One of the things that gives domestic abuse its particular character is that it constitutes and expresses a betrayal of trust – an inversion of the duty of care children are socially warranted to expect from people with whom they share their family or home environment. Where perpetrators in these kinds of complex cases have relationships with survivors that approximate familial relationships, or a trusted position in the family or home environment, such that we would normally expect them to be bound by a duty of care even if they are not legally related or living together, there is a stronger case for viewing the abuse as domestic abuse.

Cases of abuse perpetrated by individuals in other kinds of positions of authority, such as teachers or religious leaders, are excluded by this approach, unless the survivor and perpetrator are also related in the ways described above.

1.5. ‘Abuse’

The final constituent part of the concept of domestic sexual abuse of girls is the concept of abuse. What is it that makes an act abusive? Sexual abuse differs from, for example, sexual assault, which in common usage and in law tends to require a threatened or actual attack on another’s body: as established above, non-contact acts can be abusive. So, abuse does not require assault (though, on our definition, an assault may be abusive). It has also been argued, for example by Ondersma et al. (2001), that although most sexual abuse experiences involve harm to the survivor (and this harm can vary in severity and duration), harm is not required for an act to constitute abuse.36

Mathews and Collin-Vezina argue that the term abuse ‘captures the power dynamics at play in the experience of events constituting CSA [child sexual abuse]’ (Mathews and Collin-Vezina 2017: 14).37 Their model of abuse (in the context of child sexual abuse) has four central criteria. First, it occurs within a relationship of power involving closeness or dependence. Second, child and perpetrator are in relative positions of inequality, with the child disadvantaged. Third, it involves the exploitation of relative vulnerability, with the perpetrator taking advantage of the child. This may be explicit (for example, cases of blackmail) or more insidious (for example, leveraging a child’s feelings of affection and loyalty to gain compliance and silence). Fourth, there is an absence of true consent. Without these features, an act may constitute assault, harassment, or victimisation, but not abuse.

With regard to the last criterion of abuse, and as discussed above, children below the age of sexual consent are treated (in EU policy and most of the research literature) as unable to give true consent to sexual activity. Older children (those above the age of sexual consent but below the age of majority) are able to give consent, but consent must have certain qualities to be ‘true’. First, it needs to be informed: consent requires sufficient knowledge and developmental maturity to understand fully what is being consented to. It also needs to be free and voluntary: it is void if obtained by threat, intimidation, coercion, force, or pressure. This is particularly important to consider in the context of the other three conditions: those disadvantaged within an unequal power relationship may be taken advantage of, and pressured into activities to which they could not, on these terms, be said to be ‘truly’ consenting.

Differences in age and development between child and perpetrator are particularly relevant to the first two criteria of abuse, which hold that abuse occurs within an unequal power relationship within which

the survivor is disadvantaged. As with consent, these considerations are reflected in EU policy. However, neither policy nor the wider literature suggests there is any uncontested, straightforward way of determining when such differences constitute or represent salient inequalities.

Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography leaves it to the discretion of Member States to determine whether sexual activity with a child under the age of sexual consent is abusive, and a punishable offence, when it concerns ‘consensual sexual activities between peers, who are close in age and degree of psychological and physical development or maturity’. The Directive does not make clear, however, what count as ‘close’, and what constitutes a relevant difference in age and maturity. It is specified that the Directive does not apply to ‘consensual sexual activities in which children may be involved and which can be regarded as the normal discovery of sexuality in the course of human development, taking account of the different cultural and legal traditions and of new forms of establishing and maintaining relations among children and adolescents, including through information and communication technologies’.

Some approaches in the wider literature use a specific age differential as a marker of abuse or harmful sexual behaviour. Davies (2012), for example, holds that sexual behaviour between children is harmful if there is more than a two-year age gap. However, there is a body of evidence to suggest that, in many substantiated cases of child-to-child abuse, the age gap is lower than this. Carlson et al.’s (2006) study on sibling incest, for example, identified several such cases. Similarly, Rich (2011) holds that a younger child can be said to have abused an older child if in a position of relative power (for example, due to the older child having a relevant cognitive or physical disability). We would argue that more nuanced approaches – which consider a range of factors including psychological and physical development, and social power, in determining whether a relevant inequality is present – better reflect the spirit of EU policy, as well as enabling us to interpret and make better sense of the available empirical data.

Significant age differentials are relatively reliable proxies for inequalities in psychosocial maturity, and many cases of sexual activity between adults and children will clearly constitute abuse (including cases between adults and children below the age of sexual consent). But there may be complex cases involving sexual activity between children under the age of sexual consent, or between children under the age of sexual consent and children over that age, or between children above the age of sexual consent and very young adults. In these cases, as mandated by policy and suggested by much of the literature, determinations of whether a relevant inequality is present should consider the degree of physical, cognitive, and psychological inequality between the parties, as well as any wider inequalities of social power.

In particular, it is important to keep in mind the gendered power dynamic between female children and males, based on entrenched patriarchal sociocultural norms, values, and practices. These include, for example, norms of femininity that encourage girls to be compliant and accommodating. As Mathews and Collin-Vezina note, ‘although experienced by girls and boys and sometimes perpetrated

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by females, we must not ignore the fact that CSA remains a profoundly gendered phenomenon’ (Mathews and Collin-Vezina 2017: 14). 42

The third criterion in Mathews and Collin-Vezina’s conception of abuse, exploitation of inequality and relative vulnerability, refers to a different kind of exploitation to that outlined in policy instruments. Its main function is to exclude cases of non-consensual sexual acts between peers ‘where the primary actor holds no superiority or relational power [… and so] does not exploit inequality or a power differential’: these may constitute sexual assault, harassment, or victimisation, but not abuse (Mathews and Collin-Vezina 2017: 15). Within the policy context, there is no specific requirement that sexual activity within an unequal power relationship involve this kind of exploitation to be considered abusive (and a punishable offence), and it is unclear whether it is assumed that inequality implies exploitation. However, the punishments mandated by Directive 2011/93/EU in certain cases of abuse where such exploitation of inequality is clearly present – that is, sexual activity with a child where ‘abuse is made of a recognised position of trust, authority or influence’ or ‘abuse is made of a particularly vulnerable situation of the child, in particular because of a mental or physical disability or a situation of dependence’ – are more severe.

Within policy and the wider literature, child sexual exploitation is usually defined in transactional terms, as requiring some element of exchange. For example, it may involve the exchange of sexual activity with a child for something the child needs or wants (such as money or any other form of remuneration, such as food, alcohol, drugs, or a place to sleep), or for financial advantage or increased status for a third party, such as an intimate partner (or ‘perceived’ partner) or family member. Recruiting, coercing, causing, and profiting from children’s involvement in sexual activity, including pornography and prostitution, as well as producing child pornography, and making recourse to child prostitution are treated as exploitative forms of sexual abuse and punishable offences in Directive 2011/93/EU. 43 When this kind of sexual exploitation is perpetrated against girls within an intimate, familial, or household relationship, it can be conceived as a subcategory of domestic sexual abuse of girls. Importantly, Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims (replacing Council Framework Decision 2002/629/JHA) clarifies that, in relation to exploitative forms of abuse (such as prostitution and pornography), ‘when a child is concerned, no possible consent should ever be considered valid’, where ‘child’ means any person below 18 years of age. 44

To the extent that it might be thought online sexual abuse of girls operates apart from domestic abuse, it is important to note abuse within domestic settings or relationships can occur through or be facilitated by online platforms. Partners or family members may use online platforms to produce, distribute and profit from child pornography, or to arrange prostitution. Online platforms may also be used (particularly, though not exclusively, by family members and partners who do not live in the same household) to facilitate non-contact sexual abuse (such as sexting or holding online conversations for sexual purposes), or to groom girls for sexual abuse. For example, a number of cases have recently been identified of Islamic State fighters grooming girls online for both marriage and terrorism. 45

1.6. Operational definition

Reading the constituent parts of the conceptual model of domestic sexual abuse of girls together allows us to identify an operational definition of the concept. This definition is as follows.

Domestic sexual abuse of girls:

1. is perpetrated on a child under the age of majority who identifies as a girl, or whose birth sex is female and who does not identify as something other than a girl;
2. is perpetrated by the child’s family member(s), current or former intimate (including ‘perceived’) partner(s), or other member(s) of a shared household;
3. involves seeking or gaining sexual gratification, for any party, which may be immediate or deferred, and physical or mental;
4. and is perpetrated without true consent, in the context of an unequal power relationship in which the child’s disadvantage is exploited.

As outlined above, more expansive approaches to the second criterion might also reasonably be taken, with the consequence of bringing a wider range of acts and experiences within the definition. Such approaches might add to the criteria: ‘the child’s family members’ partners, or the child’s current or former partners’ family members, inasmuch as the perpetrator’s relationship to the child can be characterised as close or as approximating a familial relationship, or the perpetrator holds a trusted position in the family or home environment’.

So, the conceptual model we have presented enables us to define the concept of, and categorise acts and experiences as, domestic sexual abuse of girls. It also allows us to define three subcategories of domestic sexual abuse of girls, according to the relationship between perpetrator and survivor. The three core subcategories are: familial, intimate partner, and non-familial household domestic sexual abuse of girls. Each of these can be further broken down into even more specific subcategories, according to whether the abuse is child-to-child or adult-to-child. It should be noted that, while domestic sexual abuse of girls is a valid topic for research, the evidence shows there are some significant differences in the prevalence, aetiology, sequelae and risk factors for these different subcategories of abuse. This suggests that the subcategories, rather than the overall category, may be of greatest relevance to policy and legal frameworks, and prevention and treatment efforts.

The figure below sets out the conceptual model in summary.
Figure 1: Conceptual model of domestic sexual abuse of girls

Who is the act perpetrated on?

A child under the age of majority who identifies as a girl, or whose birth sex is female and who does not identify as something other than a girl.

May be domestic sexual abuse of girls.

Any individual above the age of majority, or who identifies as a boy, or whose birth sex is male and who does not identify as something other than a boy.

Not domestic sexual abuse of girls.

Is the act sexual?

The act is committed for sexual purposes (that is, for sexual gratification, whether of the perpetrator or another party, and whether immediate or deferred).

May be domestic sexual abuse of girls.

The act is not committed for sexual purposes.

Not domestic sexual abuse of girls.

Is the act domestic?

The act is committed by a child's family member(s), current or former intimate (including 'perceived') partner(s), or household members(s).

May be domestic sexual abuse of girls.

The act is committed by another party.

Not domestic sexual abuse of girls.

The act is committed by a child's partners' family members, or the child's family members' partners.

May be a complex or contested case.

Is the act abusive?

The act is committed without true consent in the context of an unequal power relationship in which the child's disadvantage is exploited.

Domestic sexual abuse of girls.

The act is committed with some element of consent, but in the context of an unequal power relationship in which the child's disadvantage is exploited.

Domestic sexual abuse of girls.

The act is consensual and does not take place in the in the context of an unequal power relationship in which the child's disadvantage is exploited.

Not domestic sexual abuse of girls.

The act is committed without true consent but does not take place in the in the context of an unequal power relationship in which the child's disadvantage is exploited.

Not domestic sexual abuse of girls.
2. PREVALENCE AND RISK FACTORS

KEY FINDINGS

- Assessment of the prevalence, nature, and risk of domestic sexual abuse of girls is severely impeded by a lack of gendered analysis of contextual factors, including the relationships between offenders and victims of child sexual abuse.
- For child sexual abuse generally, it is fairly consistently reported that girls are two to three times more likely than boys to be victims, though a significant proportion of boys are victims of sexual abuse.
- Males may be less likely to report their sexual abuse victimisation, though this finding is under-evidenced.
- Female victims are more likely than male victims to be forced into sexual acts using physical force, and this is done most often by male perpetrators.
- The evidence suggests that males are much more likely than females to sexually abuse girls.
- Some evidence suggests that the severest (including penetrative) forms of sexual abuse are more likely to be experienced by younger, female victims.
- Some evidence suggests that for the severest forms of sexual abuse of girls, a higher proportion of perpetrators are male family members, including fathers.

2.1. Methodological issues

While there are numerous recent studies and meta-analyses of child sexual abuse in the EU, there are a number of key challenges to overcome in developing a robust analysis of prevalence and risk factors for domestic sexual abuse of girls. Importantly, there is no EU-wide consensus on the definitions that should be operationalised in data recording and data analysis, either in official statistics or in community studies and surveys. Studies have also used very different methods to estimate prevalence, from self-reporting and informant approaches to secondary analysis of official statistics. As a consequence, there is considerable variation in the data that studies collect and analyse.

For example, several studies report on child sexual abuse in any setting, without delineating this to domestic abuse. Further, prevalence studies do not always report on characteristics such as the gender of victims and perpetrators, or their age when the abuse took place or when it was identified or disclosed. Where such characteristics are reported, the variables are rarely interrogated cross-sectionally. To illustrate, while some prevalence studies report the gender and age of perpetrators and victims, they rarely report analysis of the gender and age of perpetrators by the gender and age of their victims. This is also true of other contextual characteristics that would allow us to determine and assess the nature of domestic sexual abuse (and indeed other forms of child sexual abuse). For example, the relationships between perpetrators and victims are also often unrecorded. Measures of prevalence in the EU of sexual abuse of children in general, and of domestic sexual abuse of girls in particular, are therefore stymied by inconsistencies in definitions and methodologies, as well as by low rates of official reporting and recording of incidents.
The diversity of definitions and methods used in research in this area undermines the comparability and reliability of results. As such, it is unsurprising that different studies show great variation in their findings on prevalence, incidence, and risk factors. For example, the World Health Organisation noted in their 2013 European report on preventing child maltreatment that informant studies, which gather data from professionals responsible for reporting to child protection agencies, consistently report lower incidence rates of child abuse than those using self-report measures.

Given difficulties in producing inter-country comparisons in which we can have confidence, there is an urgent need to standardise definitions and recording practices. The lack of comparable official statistics is of particular concern, with only a minority of Member States reporting official data on child maltreatment of any form. Official statistics would be a useful starting focus for standardisation, given their significant potential to aid in analysis of both intra- and inter-country trends. Where official data does exist, in England (UK) and Sweden for example, researchers have been able to demonstrate statistical trends over time.

Nonetheless, official statistics record only cases that have come to the attention of authorities, and the evidence from self-report surveys clearly demonstrates that they consistently underestimate prevalence rates. To understand the nature and scale of child sexual abuse in the EU, we would therefore recommend that a self-report study be conducted, across every EU Member State, using standardised definitions and methodologies to support cross-country comparison, and repeated over time to establish trends. This should gather data on, inter alia, survivors’ and perpetrators’ gender and age at the time of abuse, perpetrators’ characteristics and relationships to survivors, whether the abuse was reported to or identified by services, and non-contact as well as contact forms of abuse.

### 2.2. **Methods**

In order to present evidence of the nature, prevalence, and risks of domestic sexual abuse of girls, a review of prevalence rates of child abuse and sexual abuse generally, as reported in studies and meta analyses of studies, was first conducted. Following this, an examination of the reported contexts and circumstances of abuse was conducted, in order to understand better the potential prevalence of sexual abuse of girls that takes place within domestic settings or relationships. Researchers report such evidence in variable ways and data at the Member State level is only available, for the most part, for prevalence of sexual abuse of girls generally. From here, however, further anecdotal, incidental, and contextual data from a range of global studies was used to construct a picture of the domestic sexual abuse of girls.

Databases of peer-reviewed literature were searched for relevant studies on child sexual abuse of girls, including within the domestic or familial context, and including global or international studies and studies for each Member State separately. Only studies that were published in 2000 or later, written in English and provided some evidence on child sexual abuse and gender were included. Studies that explicitly focus on child sexual abuse outside of the domestic or familial context (for example, institutional abuse) were excluded. Over 200 abstracts were examined, 56 articles retrieved that were deemed relevant, and 30 articles reviewed in full.

The absence of contextual, cross-sectional data on experiences of child sexual abuse is frequently criticised by feminist scholars as being a result of persistent insensitivity to the gendered dimensions of sexual abuse. As May-Chahal (2006) summarises, ‘the scientific approach to the study of ‘child abuse’ has continued both in parallel and largely separate from gendered analyses of the problem. It is as if
the politics of a gender based approach is not the proper business of science: the facts should speak for themselves.’

2.3. Prevalence of child sexual abuse experienced by girls and boys in multi-country studies

Due the methodological difficulties presented above, there is wide variation in prevalence estimates. Barth and colleagues (2013) report estimates of the lifetime prevalence of child sexual abuse in studies and meta-analyses of studies ranging from 0% to 69% for girls and 0% to 47% for boys, based on meta-analysis of studies conducted globally, including in some countries in the EU. The authors summarise that girls are ‘two to three times more likely to be sexually abused during childhood’. This finding, that girls are, overall, significantly more likely than boys to be victims of child sexual abuse, is fairly consistently reported across studies.

Barth and colleagues (2013) calculated pooled prevalence estimates of different forms of sexual abuse for girls and boys, by using pooled average reported prevalence rates across a range of studies. They found that pooled prevalence of abuse of girls involving forced intercourse was 9% (compared to 3% for boys); for mixed forms of sexual abuse, pooled prevalence among girls was 15% (8% for boys); for non-contact abuse (including inappropriate sexual solicitation and indecent exposure), the pooled prevalence estimate for girls was 31% (17% for boys); for contact abuse (including touching, fondling, and kissing) the pooled rate was 13% for girls (6% for boys).

The European Union Fundamental Rights Agency survey of 42,000 women and girls across the EU reports that for the EU overall, 12% of women indicate that they have experienced some form of sexual violence by an adult before the age of 15. In a review of evidence on prevalence, Pereda and colleagues (2009) report mean average prevalence rates across studies for sexual abuse of females at 19.7% and of males at 7.9%.

In her prevalence study of 24 EU States, Lampe (2002) found rates of childhood sexual abuse ranging between 7% and 36% for females and 1% and 15% for males. In Wihbey’s (2011) meta-analysis of 65 studies across 22 countries globally, it is reported that the estimated overall international figure of prevalence of child sexual abuse before the age of 18 is 7.9% for males and 19.7% for females. The highest prevalence rates were reported in Africa (34.4%), while Europe, America, and Asia had prevalence rates of 9.2%, 10.1%, and 23.9%, respectively. Singh and colleagues (2014) report high rates of child sexual abuse of girls in India, including estimates that between 42% and 48% of all girls in India have experienced sexual abuse before their teenage years. Their figures for boys in India suggest that 39% have been sexually abused during childhood.

51 Wihbey J. (2011) Global prevalence of child sexual abuse
For both girls and boys, there is a large difference between self-reported rates and rates represented in official reports, but it is important to note that compelling evidence exists to suggest boys may be less likely than girls to report sexual abuse. For example, in their meta-analysis of child sexual abuse studies, Stoltenborgh and colleagues (2011) report that boys tend to disclose experiences of sexual abuse as a child, on average, ten years later than girls. The authors surmise that cultural norms that designate adult females’ abuse of minor-age males as something other than child sexual abuse, as well as boys’ concerns about being perceived as gay, may account for boys’ greater reluctance to report, compared to girls.

Nevertheless, Stoltenborgh and colleagues (2011) found a stable difference in prevalence estimates for girls and boys, regardless of contextual characteristics and methods used. The authors conclude that while there are important differences between boys’ and girls’ likelihood of reporting sexual abuse, these do not appear to satisfactorily account for gender differences in prevalence rates and, therefore, ‘higher prevalences of CSA amongst girls than boys are consistently found’. It should not be ignored, however, that some studies indicate a reverse pattern concerning the gender of victims, although these differences may be accounted for by methodological differences. For example, the 2012 BECAN study of child sexual abuse in Balkan states finds that, in seven of the nine Balkan countries included, males were more likely than females to experience sexual abuse. The authors also note that perpetrators were recorded mainly as being familiar with or a relative of the victim.

In one of the few studies that provide detailed and focused analyses of the different experiences of male and female victims of abuse, May-Chahal (2006) illustrates that, while some studies have found a relative gender balance among victims, and some have identified a higher proportion of male victims, other characteristics of the crime must be considered to fully understand the gendered implications. For example, there are significant and important differences in the types of abuse that male and female offenders perpetrate, depending on the gender of the victims. For example, females are more likely to be involved in voyeurism or pornography when the victim is also female. Moreover, May-Chahal found that female victims are also more likely than male victims to be forced into sexual acts using physical force, and that this is perpetrated most often by males.

2.4. **Prevalence rates by Member State**

Prevalence rates of child sexual abuse of girls and boys in individual EU Member States are evidenced through both targeted surveys of specific populations - such as children and young people at college - and samples of the general population. A summary of findings from studies conducted in individual Member States, or extrapolated from meta-analyses, is provided below. Rates vary by country and research methodology, although there are also some consistencies, particularly in terms of the gender of victims.

In the UK, Radford and colleagues (2013) found that 24.1% of a sample of 18 to 24 year olds had experienced sexual abuse, including non-contact offences, by an adult or peer at some point in

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childhood. They found females in this age group reported the highest rates of child sexual abuse by a parent or guardian at 1.5%, compared to 0.4% of 18 to 14 year old males. Edgardh and Ormstrad’s (2000) survey of lifetime experiences of child sexual abuse with a representative sample of 2153 17 year olds in Sweden, found 11.2% of girls and 3.1% of boys reported experiencing child sexual abuse by an adult. In a more recent survey of adolescent school children in Sweden and Estonia, Priebe (2009) found that sexual intercourse ‘against your will’ was reported by 10.5% of females and 4.7% of males. Again in Sweden, Steel and Herlitz (2005) found that, of a random survey sample of 2,810 adults, 13.9% of women and 5.6% of men reported ‘unwanted or forced sexual contact’ before the age of 18. In Spain, Pereda and Forns’ (2007) study of university students found that 19% of female and 15.5% of male respondents reported having experienced contact sexual abuse before the age of 18.

2.5. Victim characteristics

A number of studies provide details of victim characteristics, which help to evidence the potential prevalence and nature of domestic sexual abuse of girls. In the UK, Radford and colleagues (2013) found that the highest rates of sexual abuse were reported to occur between the ages of 15 and 17. This finding is consistent with Ajduković and colleagues’ population survey of school age children in Croatia, which found that the number of children who experience sexually violent abuse increases with age (Ajduković et al, 2013). This result may be a function of the inclusion in population studies of a broader definition of child sexual abuse, which includes abuse by peers and similar-aged children or young people, possibly within the context of an intimate relationship.

By contrast, however, studies using data from specialist settings (such as sexual abuse clinics that offer support to victims of sexual abuse) suggest that younger age groups may be more vulnerable. For example, in O’Riordan and colleagues’ 2013 cohort study of 171 children referred to a specialist sexual abuse unit in Ireland, it is reported that the average age of onset of sexual abuse was found to be around 9 years old for both males and females, although the age of onset was evenly spread across age groups of up to five years of age, between five and 10 years of age, and over 11 years of age. The same study found that abuse was perpetrated by a family member in 40% of cases: 15% of abusers were father figures, while 25% were other family members. Similarly, earlier findings from Edgardh and Ormstad’s (2000) population survey of 17 year olds in Sweden (which excluded peer-to-peer abuse) found that the mean average age of onset of sexual abuse was nine years old for girls and 9.1 years old for boys.

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58 Priebe G. (2009) Adolescents’ Experiences of sexual abuse: Prevalence, abuse characteristics, disclosure, health and ethical aspects, No. 44, Lund University, Faculty of Medicine
There is strong evidence to suggest that girls are at higher risk than boys, across age groups, of sexual abuse, as indicated in our presentation of prevalence rates, above. Further, in Italy, Cattaneo and colleagues (2007) report that, of 230 cases of children referred to social services for severe child sexual abuse under the age of 14, 201 (87.4%) involved female victims, while 29 (12.6%) involved male victims. These are similar to findings from O’Riordan and colleagues’ (2003) research with children referred to specialist support services in Ireland, which found that 72% of victims were female and 28% were male.

Comparing findings from a variety of studies indicates that familial sexual abuse tends to account for a higher proportion of abuse of younger aged children, while peer-to-peer abuse, including that in early intimate relationships, increases in likelihood as children get older. Further research analysing the specific contexts, risks, and relationships between victims and offenders, for all forms of sexual abuse, is required in order to validate these findings.

2.6. Characteristics of perpetrators and offences

Few studies present much data on characteristics of offenders and offences and, where data are provided, they tend to be less detailed than data on victim characteristics. Nonetheless, the findings on characteristics of offenders and offences help to illustrate the nature, risk, and prevalence of domestic sexual abuse of girls. A major finding, corroborated by several studies, is that female victims of sexual abuse are overwhelmingly victimised by males. May-Chahal (2006) also found that 90% of perpetrators across all forms of sexual abuse of children are male.

A few studies report the age of offenders, and some include age relative to the victim’s age. Ajduković and colleagues’ (2013) study of a sample of school-aged children in Croatia found that the majority of perpetrators are peers. Similarly, in Radford and colleagues’ (2013) study of young adults aged 18-24, the authors report that the largest proportion of perpetrators were of a similar age to the victim and were under the age of 18. In a population survey of 11% of all 9th grade students in Denmark (aged between 15 and 16 years old), Helweg-Larsen and Larsen (2006) found lower proportions of girls and boys who experienced sexual abuse perpetrated by older offenders (15.8% of girls and 6.7% of boys), compared to abuse by children and young people of a similar age. By contrast, O’Riordan’s (2003) study set in a specialist sexual abuse support unit in Ireland, found that, of 171 children referred to the unit, the mean age of perpetrators was 28 years, while the mean age of the victim cohort was 9 years.

In terms of offenders’ relationships to victims, a range of characteristics emerge, depending on the population being studied. In Ajduković and colleagues’ (2013) population study, it is noted that the majority of offenders are ‘peers’, with most perpetrators of sexual abuse of girls being adolescent boys or male children. The study provides little other data about these perpetrators, and does not report on how many victims were known to or in an intimate relationship with victims. It reports that, for female victims, the second largest category of offenders is adult men who were unknown to the

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66 Fundamental Rights Agency (2014) Violence against women: an EU-wide survey
victims. The finding is different, however, amongst girls aged between 13 and 16 years. For this group of victims, perpetrators of sexual abuse were mostly adult men who were known to them, though no other information is provided about the nature of these relationships. In a cohort study of 1157 adolescent female outpatients in an Obstetrics and Gynaecology Department in Munich, Peschers and colleagues (2003) report that 20% of women had been forced into sexual activities, including 6.8% who had been forced during their childhood.\textsuperscript{70} Of the 20%, half were victimised by someone known to them and, of these, 11% were victimised by fathers and 29% by another relative. This is consistent with O’Riordan’s (2003) Irish study in which 15% of abusers were ‘father figures’ and 25% were other family members. Priebe’s (2009) study in Sweden and Estonia also reports that, for contact abuse (including penetration), 7.4% of perpetrators were family members. These findings of high rates of prevalence for familial sexual abuse perpetrated by males are supported by May-Chahal (2006), in her review of evidence from a gendered perspective. She reports that males are more likely to be responsible for a wide range of sexual abuse, both inside and outside of domestic settings, that one-third of sexual abuse occurs within the familial setting (while two-thirds is extra-familial), and that two-thirds of victims of familial child sexual abuse are female.

Taken together, these findings suggest that the most prevalent form of sexual abuse of girls is committed by peers, and one can speculate that this includes abuse within early intimate relationships. The second most prevalent form appears to be committed by adult males who are not related to the victim. However, a significant proportion of abuse is experienced by girls from a young age, and is committed by a male family member, often fathers or father figures, or by other family members who are significantly older than the victims. Prevalence rates of familial sexual abuse of girls range from 4% (FRA, 2014) to 24% (McGee et al., 2002).\textsuperscript{71} \textsuperscript{72}

In terms of the types of abuse experienced by girls, in Steel and Herlitz’ (2005) survey study of 2810 adults in Sweden, it is reported that unwanted or forced intercourse is experienced more often by girls, with 2.9% of females and 0.6% of males reporting this. The FRA’s (2014) population survey of women across the EU, which excludes peer-to-peer child sexual abuse, found that women’s childhood experiences of abuse included an adult exposing their genitals (8% of women) or having their genitals or breasts touched by an adult (5% of women), while 1% of women indicated that they were made to have sexual intercourse with an adult when they were a child. Consistent rates of penetrative forms of child sexual abuse are reported by May-Chahal (2006) in her review of evidence, with 6% of females and 1% males reported to be victims of penetrative (including oral) acts. Similar again is King and colleagues’ (2006) study of French adults, in which 2.1% females and 0.7% males reported a ‘forced sexual relationship’ involving touching, attempted rape, or rape before the age of 18.\textsuperscript{73} In Ireland, McGee and colleagues (2002) report that 5.6% of females and 2.7% of males experience penetrative sexual abuse before the age of 17. These studies do not interrogate relationships between abusers and victims. However, cohort studies of young people attending specialist services for sexual abuse, such as those of O’Riordan (2003), Cattaneo et al. (2007), and Csorba et al. (2012), which found perpetrators were more likely to be recorded as a family member, indicate that victims presented with indicators of more severe types of sexual abuse.\textsuperscript{74} Thus, it may be that the higher the severity of sexual abuse, the

\textsuperscript{71} Fundamental Rights Agency (2014) Violence against women: an EU-wide survey
30
higher the prevalence of family members among perpetrators. The predictive value of this correlation
is not evidenced however, and would need further primary research. Only one study was retrieved that
directly addressed the prevalence of child sexual abuse of girls by family members. The study, by Sariola
et al. (1992) is older than others permitted in this review, but is mentioned because it provides direct
evidence on the issue. Based on a survey of 9000 girls aged 15 in Finland, the study finds that, of girls
living with their biological fathers, 0.2% reported being sexual abused by them, and of girls living with
step fathers, 3.7% reported sexual abuse by them.

2.7. Additional contextual factors

A number of revealing contextual factors emerge throughout the body of evidence, which help define
the nature of risk and prevalence of child abuse of girls. Radford and colleagues (2013) note that, in
addition to higher rates of sexual abuse experienced by females compared to males, significantly
higher rates of females compared to males in the 18 to 24 year old age group experienced other forms
of severe maltreatment by a parent or guardian, including physical violence, physical neglect, and
emotional abuse. This is a similar finding to that in May-Chahal’s 2006 study. Both authors suggest links
between the maltreatment of female children and that of women in abusive partnerships, and
courage the policy and research community to understand abuse of girls, including sexual abuse,
through the lens of gender-based violence.

Barth and colleagues’ (2013) review of studies reports the effect of the Human Development Index
(HDI) rate (a measure of the nation’s wealth and infrastructure development) on prevalence of sexual
abuse of girls and boys. While HDI did not affect prevalence rates of boys, it was related to higher rates
in both low and high HDI countries for girls. This suggests that sexual abuse risks to girls may be more
vulnerable to economic vicissitudes than risks to boys. This finding would need further exploration.

While evidence of the effect of cultural norms on prevalence of child sexual abuse is equivocal
throughout the existing research, some authors suggest that cultural norms make a notable difference
to reporting rates, including by gender. Explanations for the impact of culture on reporting rates
suggest underlying mechanisms that determine willingness to report. For example, Stoltenborgh and
colleagues (2011) suggest that ‘collectivist’ cultures found in some nations can encourage group needs
to be placed above the needs of individuals, which along with narratives of the ‘shame’ of sexual abuse,
may encourage the view that protecting the family from the shame of association with child sexual
abuse is more important than pursuing justice for individual child abuse victims. Another suggestion
from these authors was that the relative importance some cultures place on girls’ virginity, compared
to boys’, may account for female victim’s unwillingness to report sexual abuse. More research is needed
to explore the impact of cultural norms and practices on the ability of victims to disclose abuse. Gender
has also been found to have an impact on decisions made by professionals in substantiating claims by
victims that they have been sexually abused. Maikovich and colleagues’ (2009) study in the USA found
that social work professionals were less likely to substantiate cases involving male victims.

2.8. Conclusion

There is little primary evidence on the prevalence of domestic sexual abuse of girls as a specific
category of child sexual abuse. This is because prevalence studies tend to review all types of sexual

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abuse without fully interrogating correlations between perpetrator and victim characteristics and relationships, or other contextual factors. This in turn reflects a general lack of gendered analysis of the phenomenon of child sexual abuse.

The evidence reviewed here suggests that girls are generally more likely to be victims of sexual abuse than boys, are more likely to experience highly severe forms of abuse, and are more likely to be physically forced into the abuse. Furthermore, evidence suggests that, for more severe forms of sexual abuse of girls, family members, including fathers, are more prevalent among perpetrators. However, the evidence for these claims is not fully conclusive, and we echo the call made by Kelly and Karsna (2017), and others, for further and more detailed research to understand the relationships between victims and offenders, as well as the context and gendered power dynamics of abuse.  

3. POLICY AND ACTION TO ADDRESS DOMESTIC SEXUAL ABUSE OF GIRLS

**KEY FINDINGS**

- Policy and legislation at both the EU and Member State levels tends to focus on child sexual abuse separately from intimate partner violence and abuse. There is little specific focus either on familial child sexual abuse or on sexual abuse within children’s intimate or romantic relationships.

- Member States’ legal definitions of ‘domestic’ abuse or violence vary significantly in terms of whether they refer to abuse by spouses or intimate partners, familial relations, or others within the home.

- Priorities for Member State and EU-level policy should include bringing greater clarity, precision and consistency in operational definitions of child sexual abuse; collecting more comprehensive, better quality, comparable data on child sexual abuse across the EU (including information on perpetrators’ relationships to survivors); and ensuring that policy responses reflect the different ways abuse dynamics play out in different settings and relationships.

### 3.1. Member State level policy and action

EU Member States show a considerable degree of variation in their policy and legal approaches to domestic abuse and child sexual abuse, though there are some areas of convergence.

With regard to domestic abuse, while most Member States employ a legal definition of domestic violence or abuse, or – increasingly – intimate partner violence or abuse, a small number (including Germany and Latvia) have not yet set legal definitions of these offences. However, there are notable differences in scope among existing legal definitions, and particularly in terms of which relationships are addressed. Some definitions of domestic abuse focus on abuse by family members (for example, those of Austria and Romania), but many extend to abuse by anyone sharing a home with the victim. For example, in Bulgaria the Law on Protection Against Domestic Violence (2005) states that ‘domestic violence is any act of physical, mental or sexual violence, and any attempted such violence, as well as the forcible restriction of individual freedom and of privacy, carried out against individuals who have or have had family or kinship ties or cohabit or dwell in the same home’. Some definitions of domestic violence specifically relate to intimate partner relationships, rather than cosanguineous relationships between, for example, children and their parents or siblings, and some (such as the United Kingdom’s definition of domestic violence and abuse) limit the term to apply to abuse taking place between individuals aged 16 years or older.

This significant variety might be thought to throw into question the usefulness of the term ‘domestic’ to national legal and policy efforts to combat child sexual abuse within the family and home environment, and within intimate partner relationships. As suggested in section 1 of this study, these kinds of child sexual abuse can be conceptually categorised as forms of domestic sexual abuse, but the evidence suggests that they have different risk factors, prevalence rates, aetiology, and sequelae, and so can require quite different policy (and service) responses. It might be therefore argued that they should be treated distinctly in national legislation, rather than subsumed under ‘domestic abuse’ law,
particularly if the latter is primarily intended to address abuse within adult’s intimate partner relationships.

There are some significant areas of convergence in EU Member States’ national policies pertaining to domestic sexual abuse of children. Importantly, in accordance with Directive 2011/93/EU of the European Parliament and of the Council, sexual activity between an adult and a family member under the age of 18 should be treated as unlawful sexual abuse of a child in all Member States, if and because the adult is in a ‘position of trust, authority or influence’, or the child is in a ‘situation of dependence’. This is generally reflected in national legislation and, in some Member States, is complemented by specific incest laws outlawing sexual abuse of a minor within the family. The example of France is illustrative. Prior to 2010, France included sexual abuse of minors within the family within the legal categories of rape and sexual abuse, but these offences required the presence of ‘violence, coercion, threat, or surprise’. In 2010, France passed a new law specifically outlawing sexual activities ‘within the family, on a minor, by a relative or any other person having lawful or de facto authority over the victim’, including activity where violence, coercion, threat, or surprise is absent.

However, Directive 2011/93/EU also states that it is within Member States’ discretion whether sexual activities with a child are unlawful when they take place between peers ‘who are close in age and degree of psychological and physical development or maturity’. There is, then, no single approach taken across the EU with regard to sexual activity between children, including sexual activity between a child and a sibling or intimate partner who is under the age of sexual consent.

Further, the age of sexual consent set by Member States varies across the EU, which has implications for what sexual activity between adults and unrelated girls under the age of majority (including within intimate partner relationships) is treated as abuse. In accordance with Directive 2011/93/EU, where the adult is not in a position of trust, authority or influence, and where the child is over the age of sexual consent and is not particularly vulnerable or dependent upon the adult, sexual activity is generally not treated as abuse. But national variations in the age of sexual consent mean that equivalent activities with children between the ages of 14 and 17 are treated very differently across Europe. Malta is the only Member State in which the age of sexual consent is the same as the age of majority (18 years of age), while two Member States set the age of sexual consent at 17 years, eight set it at 16 years, 10 at 15 years, and seven at 14 years (see Table 1 below). What counts as sexual abuse of a child of 14 by an adult (including an intimate partner) in Belgium or the Netherlands, would not be counted as such in Austria or Hungary.

Recent high-profile cases of sexual abuse and exploitation in some Member States have prompted changes in law, as well as increased attention and funding. For example, in Spain, multiple reports have recently emerged of sexual abuse perpetrated by members of the Catholic Church. This has resulted in a national policy response and a proposed change in law, which is currently being debated within Spain’s parliament. Similarly, in the UK, following a series of high-profile disclosures of widespread abuse and inadequate safeguarding within the Church and other institutional settings, the Independent Inquiry into Child Sexual Abuse was formed to hold institutions to account and improve child protection.
Table 1: Age of sexual consent in EU Member States

<table>
<thead>
<tr>
<th>Age of sexual consent</th>
<th>Member States</th>
<th>Number of Member States</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Austria, Bulgaria, Estonia, Germany, Hungary, Italy, Portugal</td>
<td>7</td>
</tr>
<tr>
<td>15</td>
<td>Croatia, Czech Republic, Denmark, France, Greece, Poland, Romania, Slovakia, Slovenia, Sweden</td>
<td>10</td>
</tr>
<tr>
<td>16</td>
<td>Belgium, Finland, Latvia, Lithuania, Luxembourg, Netherlands, Spain, United Kingdom</td>
<td>8</td>
</tr>
<tr>
<td>17</td>
<td>Cyprus, Ireland</td>
<td>2</td>
</tr>
<tr>
<td>18</td>
<td>Malta</td>
<td>1</td>
</tr>
</tbody>
</table>

3.2. EU level policy and actions

A review of EU and other pan-European level policy and action was conducted to assess the nature and scope of policy and institutional responses to domestic sexual abuse of girls. This involved conducting a consultation with respondents from two EU institutions and one pan-European policy institution, as well as desk-based research on relevant EU level policies, directives, conventions, strategies, and institutions.

The review found a wide array of policies and initiatives at the EU level designed to protect children from abuse, including sexual abuse and exploitation. However, none are primarily focused on domestic sexual abuse of children, and there is little specific focus on the distinctions between abuse perpetrated within the family or home environment or children’s intimate relationships, and other forms of child sexual abuse. Moreover, there is little focus on girls as a sub-group of victims, or the gendered dimensions of child sexual abuse in terms of risk factors, prevalence rates, aetiology, and sequelae (see, for example, Cawson et al, 2000).78

Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography is the most detailed and precise of EU directives relating to sexual abuse of children.79 It sets out the clearest definitions of offences, as well as mandated punishments. It outlaws a range of sexual activities with children and, importantly, it states that where ‘the offence was committed by a member of the child’s family, [or] a person cohabiting with the child’, this should be treated as an aggravating circumstance. However, the European Parliament has strongly criticised Member States for poor implementation of Directive 2011/93/EU, and the European Commission for late reporting and inadequate assessment of the implementation of the Directive in Member States.80 Further, within the two reports that have been published by the European Commission to assess implementation of the directive, there is no notable gender analysis of the impact of child sexual abuse in terms of the impact on victims, their ability to seek help, or the gendered dimensions of perpetrator characteristics, risks, and context. The reports also do not make any thorough assessment of Member State governments’ awareness of or sensitivity toward the gendered dimensions of these crimes.

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In 2007, the Council of Europe passed the Convention on Protection of Children against Sexual Exploitation and Sexual Abuse, known as the Lanzarote Convention. This requires signatories to criminalise a range of specific sexual offences against children, and to adopt specific legislation and measures to prevent sexual violence, protect child victims, and prosecute perpetrators. It specifically calls on Parties to criminalise ‘engaging in sexual activities with a child where […] abuse is made of a recognised position of trust, authority or influence over the child, including within the family’. All Member States of the European Union except Ireland have, so far, signed and ratified the treaty. However, there is no specific focus on gender in the Lanzarote Convention text. In its monitoring of Member States’ implementation of the Lanzarote Convention, the Convention Committee specifically enquires into the gendered nature of risk, prevalence and action to prevent sexual abuse and exploitation of children. However, throughout reports on implementation of the Convention, gender is under-analysed as a factor that contributes to risk and shapes the needs of victims. Importantly, gender-disaggregated data on child sexual abuse, even in official crime statistics, is not consistently available across Member States. This makes monitoring the gendered dimension of domestic child abuse difficult.

Another relevant EU level action is the European Commission supported EMPACT policy cycle. EMPACT is a protocol for coordinating policing policy across European institutions to respond to organized and serious crime. EMPACT addresses child sexual abuse within its trafficking in human beings and cybercrime strands. In addition, the Commission provides financial support to Interpol (the International Criminal Police Organisation) to enhance global law enforcement cooperation to tackle sex trafficking and online sexual exploitation. A review of policy documentation related to EMPACT and Interpol revealed no specific action on or mention of either the gendered nature of child sexual abuse (including risk factors, prevalence, aetiology, and sequelae) or domestic sexual child abuse. However, gender does feature as a variable in research commissioned by Interpol, including, for example, research into the nature and prevalence of child sexual exploitation material, which identifies gender of victims and perpetrators (Interpol, 2018).

‘We Protect: Global Alliance to End Child Sexual Exploitation Online’ is supported by the European Commission to promote global action to end the sexual exploitation of children online. We Protect undertook a global threat assessment in 2018, which revealed that: ‘Technology is permitting offender communities to attain unprecedented levels of organisation, which in turn creates new and persistent threats as these individuals and groups exploit online ‘safe havens’ and ‘on-demand’ access to victims.’ The threat to children within their own homes, through their access to the internet, adds another dimension to the definition of ‘domestic sexual abuse’, and the gendered aspects of such abuse are not yet well researched.

The European Commission has a range of specific policies and actions to protect the rights of the child that are relevant to domestic sexual abuse of girls. Article 3(3) of the Treaty on European Union establishes an objective for the EU to promote protection of the rights of the child, while the Charter of Fundamental Rights of the EU guarantees the protection of the rights of the child by EU institutions and EU countries as they implement EU law. As part of the Children’s Rights work strand, the Rights, Equality and Citizenship programme of 2014-2020 provides funding for projects and programmes...
across Member States to defend the rights of the child, and to prevent violence against children, young people, women, and other groups who are at heightened risk. From the 2013-2017 range of funded projects in the field of the rights of the child, only two out of hundreds of examples appear to directly address the gendered nature of child abuse and none specifically addresses the needs of girls who are victims of domestic sexual abuse.

As we noted in section 1 of this study, and as can be seen from the table of EU policy definitions in Annex 1, the majority of EU-level policy exhibits a marked lack of conceptual precision in its approach to child sexual abuse. Given that domestic sexual abuse of girls has not, as yet, received much specific attention within policy instruments, the lack of clarity is even more pronounced with regard to this subset of child sexual abuse. Conceptual ambiguity and a lack of consistency in definitions used within policy and legal frameworks is an important concern, given centrality of these frameworks to efforts to identify, respond to, and prevent abuse. A key priority should be, then, to ensure that all EU policy relating to child sexual abuse is clear and consistent in its definitions and prescriptions.

While policy and action should certainly continue to focus on all forms of child sexual abuse, the general lack of gender-sensitive focus in policy and action relating to child sexual abuse should be addressed. It would be welcome if there were some recognition of the different ways abuse dynamics play out in different settings and relationships. There are differences between the risk factors, prevalence, aetiology, and sequelae associated with abuse taking place within different kinds of relationships (including familial child-to-child, familial adult-to-child, intimate partner child-to-child, and intimate partner adult-to-child abuse). Accordingly, there are differences between the most appropriate policy, prevention, identification, and treatment approaches for each.

Finally, considerable variation in how Member States record child sexual abuse results in low levels of comparability of data on child sexual abuse between EU Member States. This means that opportunities have been missed to make necessary improvements in this arena. Consistent approaches to recorded data are required to ensure law and policy can be applied equitably across the EU, and to enable adequate monitoring of progress, and implementation of Directive 2011/93/EU.

Below, in table 2, we set out the range of EU-level and other supranational policy instruments that are not only relevant to domestic sexual abuse of girls. At the top of the table, we set out those policies that provide operational definitions or explanations (of varying levels of specificity) of child sexual abuse and exploitation, and of domestic abuse. These are the key instruments on which our conceptual model and definition of domestic sexual abuse of girls, set out in section 1 of this study, draw. (Further details, including the precise wording, of these definitions and explanations are set out in Annex 1) At the bottom of the table, we set out several further policy instruments that pertain to domestic sexual abuse of girls, but do not provide any relevant definitions or explanations.
# Table 2: Summary of relevant policy instruments

<table>
<thead>
<tr>
<th>Policy instruments that include relevant definitions or explanations of child sexual abuse or domestic abuse</th>
<th>Relevance to domestic sexual abuse of girls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy instrument</strong></td>
<td><strong>Relevance to domestic sexual abuse of girls</strong></td>
</tr>
<tr>
<td>Council of Europe Convention on preventing and combating violence against women and domestic violence (2011) (Istanbul Convention)84</td>
<td>Of all EU-level policy, this provides the clearest and most comprehensive definition of domestic abuse.</td>
</tr>
<tr>
<td>Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (2007)85</td>
<td>This sets out definitions of, and requires Parties to criminalise, sexual exploitation and sexual abuse of children. It specifically includes ‘sexual activities with a child where […] abuse is made of a recognised position of trust, authority or influence over the child, including within the family’ within the definition of child sexual abuse.</td>
</tr>
<tr>
<td>Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography89</td>
<td>This is the most detailed and precise of EU directives relating to sexual abuse of children, and sets out the clearest definitions of offences and mandated punishments. It addresses child sexual abuse committed by family members.</td>
</tr>
<tr>
<td>Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims (replacing Council Framework Decision 2002/629/JHA)90</td>
<td>This sets out that children can never consent to their own exploitation or trafficking. It also requires that penalties should be more severe where victims of exploitation or trafficking are children.</td>
</tr>
<tr>
<td>World Health Organisation Report of the Consultation on Child Abuse Prevention (1999)91</td>
<td>This sets out a definition of child sexual abuse that, like much of the literature, requires that the abuse is intended to result in sexual gratification.</td>
</tr>
</tbody>
</table>

### Other policy instruments that pertain to domestic sexual abuse of girls

<table>
<thead>
<tr>
<th>Policy instrument</th>
<th>Relevance to domestic sexual abuse of girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charter of Fundamental Rights of the European Union (2000).93</td>
<td>Article 24(2) provides that in all actions relating to children, whether taken by public authorities or</td>
</tr>
</tbody>
</table>

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84 [https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e](https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e)

85 [https://rm.coe.int/1680084822](https://rm.coe.int/1680084822)

86 [https://rm.coe.int/1680084822](https://rm.coe.int/1680084822)


92 [http://apps.who.int/iris/handle/10665/65900](http://apps.who.int/iris/handle/10665/65900)

<table>
<thead>
<tr>
<th>Policy instrument</th>
<th>Relevance to domestic sexual abuse of girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation (EU) No 513/2014 of the European Parliament and of the Council of 16 April 2014 establishing, as part of the Internal Security Fund, the instrument for financial support for police cooperation, preventing and combating crime, and crisis management (repealing Council Decision 2007/125/JHA).</td>
<td>This focuses on gender-based ‘violence in close relationships, sexual violence (including rape, sexual assault and harassment), trafficking in human beings, slavery, and different forms of harmful practices’ but does not provide definitions or explanations of these terms.</td>
</tr>
<tr>
<td>Regulation (EU) No 235/2014 of the European Parliament and of the Council of 11 March 2014 establishing a financing instrument for democracy and human rights worldwide.</td>
<td>This instrument is required to be used to ensure the protection of children against violence, abuse, exploitation and neglect, but again does not provide definitions thereof.</td>
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4. SUMMARY OF CASE STUDIES IN FOUR MEMBER STATES

4.1. Methods
The case studies of Poland, Spain, Sweden, and the United Kingdom involved desk-review of national policy, legal, and institutional frameworks, as well as the main agencies, systems and processes that pertain to domestic sexual abuse of girls. In each case study country, we also conducted interviews with three key experts, including representatives from government agencies working on child protection issues, and non-governmental organisations working on issues of child sexual abuse.

4.2. Findings
These case studies highlight strengths and weaknesses in different national approaches to tackling domestic sexual abuse of girls. The findings have a number of important implications for policy and practice throughout the EU.

4.2.1. Narratives of blame
A consistent finding was that child sexual abuse often has a profoundly traumatic impact on survivors' lives, compounded by unhelpful responses from family members and services. That so many survivors of abuse, in all countries, suffer from feelings of guilt, shame, and self-blame underscores the urgency of the need to promote a clear and consistent message that child abuse is never the child’s fault.

4.2.2. Mental health treatment and emotional support
Relatedly, children and adult survivors of child sexual abuse often have significant mental health needs related to their abuse, which may not be best treated within general, non-specialist mental health services. Across case study countries, we found a serious lack of provision of mental health treatment for survivors, both in terms of general mental health services, and independent clinics or non-governmental organisations with specialist expertise in treating mental health issues associated with child sexual abuse. There was also very limited provision of government funding for voluntary sector support and advocacy groups for children, adult survivors, and non-abusing family members. Provision of funding and support for these services should be increased as a matter of urgency.

4.2.3. Barriers to disclosure
The case studies highlight the challenges of identifying and responding appropriate to signs of risk of child sexual abuse. Child sexual abuse is often ‘invisible’, or at least extremely difficult to detect, not least because a broad range of factors – fear, loyalty, shame, accommodation syndrome – can cause children to try to hide their abuse from others. Children can fear the reprisals from the perpetrator, service responses that are beyond their control, the breakdown of family relationships, the loss of household income, hurting other loved ones who are emotionally or financially reliant on the perpetrator, bringing perceived shame on the family, and being blamed and judged for their abuse. Further, while children with disabilities are more likely to experience sexual abuse, some learning and other disabilities can create barriers to communication.

4.2.4. Active detection
For these reasons, identification of risk of child sexual abuse that relies on child-initiated disclosures is necessarily ineffective. There is a need to ensure all key professionals working with children are trained in effective, active detection and reporting of risk of child sexual abuse. This includes teachers and other school staff, who are often the best placed to identify risk given their day-to-day proximity to children, but also healthcare and children’s centre staff. It is important that training works effectively to promote
understanding of risk indicators, as well as the ways in which children can attempt to hide abuse, and to normalise reporting of concerns to relevant authorities. It should also have a practical focus on how to act on initial suspicions appropriately, and how to respond sensitively to disclosures or hints at disclosure, while avoiding re-traumatisation to survivors.

4.2.5. Low prosecution rates and trust in the criminal justice system

Generally, case study interviewees emphasised low levels of trust among the public in the ability of police, prosecution services, and courts to deliver justice in child sexual abuse cases, which can be understood as a reasonable response to the very low rates of prosecution of perpetrators. This in turn can cause understandable reluctance among children and families to seek or progress with criminal investigations. While we seek to improve identification efforts, we must also therefore recognise that the criminal justice system response to identified cases itself creates barriers to disclosure.

Efforts to improve the criminal justice system response should include, inter alia, removing any legal limitations that apply to the time period for prosecution of child sexual abuse. While we know child sexual abuse is often not disclosed or identified until the survivor is an adult, time limits for pursuing prosecution are in place in a number of Member States. These function to bar adult survivors from seeking access to justice. The UK has recently removed time limits on prosecution for child sexual abuse offences, and the Spanish government is currently seeking to reform the criminal code so that sexual abuse cases involving minors have no statute of limitations.

4.2.6. Specialist expertise

The evidence is clear that case working within children’s social services and the criminal justice system which addresses risk effectively and maximises chances of prosecution, while minimising re-traumatisation to survivors, requires high-level, specialist skills. Whether professionals working on child sexual abuse cases operate under one roof (as in the Swedish Barnahus model) or not, specialisation is key.
5. CASE STUDY: POLAND

**KEY FINDINGS**

- A 2013 survey of 1005 young people aged between 11 and 17 years found that 15.7% of girls (compared to 9.2% of boys) had experienced some form of child sexual abuse. The study reported limited findings on the relationships between survivors and perpetrators, but 1.2% of young people who were surveyed reported that they had experienced contact sexual abuse by an adult within their family or close circle.

- Child protection services in Poland take a reactive (rather than actively preventative) approach to child sexual abuse.

- There is a lack of specialist child protection services, systemic solutions, and risk assessment systems for identifying and working with cases of child sexual abuse.

- There is a national shortage of child psychiatrists. Poland has one the lowest rates of child psychiatrists per child in the EU.

- There is a strong need to increase public awareness of issues of child sexual abuse and introduce gender equality issues across all awareness-raising activities.

- There is a strong need for implementation of diagnostic standards for risk and need assessment, and standards of protecting children from sexual abuse.

- Child Advocacy Centres provide examples of good practice within the country that should be further developed.

5.1. **Method**

This case study is based on desk-research into Poland’s law and policy, as well as service and third sector responses to domestic sexual abuse of girls. It also draws on interviews conducted with three stakeholders: the Chair of the Board of the leading Polish NGO working against gender-based violence; a psychologist, trainer and supervisor at The Ombudsman for Children Office, the main institution responsible for protection of the rights of the child in Poland; and the President of the only Polish NGO whose main aim is to protect children from abuse.

5.2. **Evidence on national prevalence**

Prevalence of childhood sexual abuse in Poland is difficult to estimate. While there are some crime statistics available, these describe only a small part of the problem (as much child sexual abuse does not come to the attention of police), access to detailed data is restricted, and changes to the methodology used over time make it impossible to track trends as data for different years are not comparable. In 2013, Temida (the police database of crime statistics) was ended, and published crime data are produced using a different methodology, and are now less detailed. The Ministry of Justice also does not include detailed data on child sexual abuse offences in its statistics. The number of recorded cases of sexual intercourse with a person under 15 years old (Article 200 of the penal code)

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had been rising since the year 2000, then appeared to stabilise after a decade of growth (in 2000 there were 1223 cases; in 2007, 2029 cases; and in 2013, 2057 cases). The lack of comparable data since 2013 creates barriers to describing trends in recent years.

Retrospective community surveys suggest a high prevalence rate for child sexual abuse. However, the probability that these underestimate prevalence is still high. A 2013 study, National Diagnosis of the Problem of Violence Against Children, was conducted with a sample of 1005 children and young people between 11 and 17 years old, who responded to questions referring to the following forms of sexual abuse: sexual abuse involving physical contact, sexual touching, verbal sexual abuse, exhibitionism, and seeking sexual contact through the Internet. The study found that 12.4% of young people declared that they had experienced at least one of these forms of sexual abuse. Almost half of this group (48%) declared that they had experienced more than one form of sexual abuse (21% had experienced two forms, 12% three forms, and 6% had experienced between four and six forms). Non-contact abuse was experienced by 8.9% of all young people in the sample, while sexual abuse involving physical contact was experienced by 6.4%. The study also showed that, for almost all forms of sexual victimisation, there are more girls than boys among the victims. Only sexual physical contact before 15 years old with an adult person was declared more often by boys. The perpetrators were usually men and people familiar to the child. Overall, 15.7% of girls and 9.2% of boys had experienced some form of sexual abuse. The study reported limited findings on the relationships between survivors and perpetrators, but 1.2% of young people who were surveyed reported that they had experienced contact sexual abuse by an adult within their family or close circle.

### 5.3. **Key laws and policies**

Polish legislation does not distinguish *domestic* child sexual abuse as a specific criminal act. However, child sexual abuse is criminalised in Poland by two Articles of the penal code:

- **Article 200**: Whoever subjects a minor under 15 years of age to sexual intercourse or makes him/her submit to another sexual act or to perform such an act shall be subject to the penalty of the deprivation of liberty for a term of between 1 and 10 years. The same punishment shall be imposed on anyone, who records pornographic material with the participation of such a person.

- **Article 202**: Whoever presents pornographic material to a minor under 15 years of age or makes available to him/her items of this nature, shall be subject to a fine, the penalty of restriction of liberty or the penalty of deprivation of liberty for up to 2 years.

In 2015, Poland ratified the Council of Europe Convention against Sexual Exploitation and Sexual Abuse (known as the Lanzarote Convention), which defines international standards for protecting victims and preventing sexual abuse.

In 2017, a legal obligation to report suspected sexual abuse of a child was introduced (Article 240 of the penal code).

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5.4. Discussion

5.4.1. Law and policy
Experts interviewed for this case study all agreed that the above laws and policies have been poorly implemented. They cited, as reasons, political change after the 2015 parliamentary elections and a lack of commitment to the law on the part of the ultraconservative government led by the Law and Justice Party. However, the introduction of the legal obligation to report suspected of sexual abuse of a child in 2017 (Article 240 of the penal code) represented an important step towards better protection of child victims.

Interviewees raised the concern that there is a lack of specificity around the subcategories of sexual violence against children in the Polish law, which results in lack of clear definitions and, so, excessive interpretative freedom. Further, they criticised procedural shortcomings in the legal representation of child victims of sexual abuse.

5.4.2. Child protection
Child protection services in Poland take a reactive (rather than actively preventative) approach to child sexual abuse. Interviewees criticised the child protection service response to domestic child sexual abuse, and particularly the lack of systemic approaches to safeguarding, diagnostic standards, and specialised child protection services to respond to reported concerns and intervene in cases of sexual child abuse. While there are some risk assessment tools, these are not focused specifically on sexual violence and, as they are not obligatory, their use is very limited.

5.4.3. Criminal justice
The above-mentioned problems, and particularly the lack of specialists working on child sexual abuse cases, have a strong influence on the way in which the criminal justice system responds to cases. The Polish criminal justice system is not well-attuned to the needs of children and the hidden nature of sexual violence. Psychologists, and not specialists in sexual violence and abuse, are used as expert witnesses in court cases. Further, interviewees expressed the concern that family courts in Poland are often composed by the least experienced judges. Some are trained by NGOs specialising in violence prevention. However, there is no systemic solution being pursued to the problem of the lack of proper education and training on child sexual abuse among actor within the criminal justice system. This leads to a lack of understanding of the idea behind ‘the blue room’, a place that is designed to facilitate a stress-free interrogation of child victims and witnesses of particularly sensitive crimes. The rules of children’s interrogations are often broken, and child victims treated inappropriately. Overall, the system does not respond effectively to child sexual abuse.

5.4.4. Support services
Poland has one of the lowest ratios of child psychiatrists per child in the EU.105 There are also very limited support services for women who experienced domestic sexual abuse as girls. Since 2005, the Feminoteka Foundation has been providing women who have been victims of violence with legal advice and psychological counselling.106 It also organises trauma workshops for women who experienced sexual abuse as children. The city funds are the main source of funding of these initiatives.

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While there are a few other women’s support groups, these are mainly located in Warsaw, and so are inaccessible for women who do not live in the capital city.

Regarding support services for children, while we know children who experience sexual abuse often have significant mental health needs, including trauma requiring specialist treatment, there is a national shortage of child psychiatrists in Poland, and most children do not get the mental health support they require. The Empowering Children Foundation has four Child Advocacy Centres in different parts of Poland, mainly providing services to child victims of sexual abuse.107 These centres are based on and similar to other international models of service provision, including American Child Advocacy Centers and Scandinavian Barnahus. They provide children with safeguarding, legal, psychological, and medical services. The Centres are co-financed by local authorities, EU funds and private and third sector donors. The Empowering Children Foundation also provides a telephone helpline for children (the 116 111 Helpline for Children and Young People), which is available to call free of charge from all landline and mobile phones in Poland. The helpline was introduced by the European Commission as a social support service in all EU countries. After the 2015 parliamentary elections, the Polish government ended its financial support for the helpline, which has since been financed by a telecommunications operator and business partners.

5.4.5. Prevention

There have been some initiatives in the country to raise awareness of child sexual abuse issues, including activities organised by Feminoteka Foundation and the Ombudsman for Children Office, though these are relatively limited. For example, in some schools, some training has been delivered to teachers, and some workshops about good and bad touch delivered to children. However, parents have the right to withdraw their children from such activities, and are often unwilling to give permission for their children to engage in them. There is no requirement for schools to deliver sex education, and most do not. The experts we interviewed stated that schools should have an obligation to deliver awareness-raising activities on the problem of child sexual abuse to children, as has happened with drug and alcohol misuse prevention programmes. Such activities might also create better opportunities for teachers to identify sexual abuse among the children taking part.

Talking about child sexual abuse remains taboo in Poland. Feminoteka Foundation is one of the few organisations in Poland that works to call attention to the gendered aspects of violence. After the change of government in November 2015, a dominant narrative in the public sphere is that gender equality is a harmful ideology. This has a monumental impact on any gender equality initiatives, including attempts to raise awareness of the gendered aspects of sexual abuse and violence, whether they are addressed to children or adults.

5.4.6. Risk and protective factors

Interviewees expressed the view that the presence of other forms of domestic violence within the home is associated with increased risk of child sexual abuse. However, as explained above, there is no specific risk assessment system for child sexual abuse in Poland. This severely undermines the ability to deliver evidence-based risk assessment, and means that any assessment of risk is highly likely to be affected by bias.

107 https://fdds.pl/empowering-children-foundation/
5.4.7. Identification

Interviewees felt that key drivers of the under-reporting domestic child sexual abuse include a very low level of social awareness of the problem and the fact that it remains a taboo subject. There is a strong need for general awareness-raising campaigns, and formal training targeted at those who work with children, including social workers, teachers, doctors, and police, to help break this taboo and improve identification. Awareness raising activities should also be delivered to children, to inform them about what sexual abuse is and where to go for support if they are experiencing abuse or feel at risk. To address heightened risk to girls, we urge that there is also a need for provision of girls’ empowerment programmes, as part of a general effort to address sexism in society and gendered socialisation.

5.5. Conclusion

In Poland, the national approach towards child sexual abuse is reactive, rather than proactively preventative, and services responses are seriously flawed. A systemic solution is required, including raising public awareness of issues of child sexual abuse; providing training to all key professional who work with children to improve their ability to identify child sexual abuse; creating an evidence-based system of risk assessment to identify and support families at risk; and providing systemic education to children on what sexual abuse is and how to seek help. All of these activities should be informed by the gender dimensions of child sexual abuse.
6. CASE STUDY: SWEDEN

**KEY FINDINGS**

- A national survey of school pupils aged between 14 and 17 years found that 4% of girls (compared to 0.4% of boys) reported having been sexually abused by a parent or step-parent.
- Although not available in every area, the Barnahus model of service provision to children who have experienced sexual abuse aims to bring together children's social services, police, prosecutors, forensic medicine, paediatrics, and child and adolescent psychiatry, to provide coordinated, specialist services under one roof.
- There remains a need to address societal taboos around talking about child sexual abuse, and to ensure effective training is provided to police, social workers, teachers, healthcare staff, and all professionals who work with children, to enable them to better identify and respond to risk.

6.1. Method

This case study is based on desk-research into Sweden’s law and policy, as well as service and third sector responses to domestic sexual abuse of girls. It also draws on interviews conducted with three stakeholders: a representative from the Ombudsman for Children, a government department responsible for promoting and monitoring children’s rights; a representative from Barnafriad, the National Knowledge Centre on Child Abuse; and a representative from a specialist mental health clinic that provides treatment to adult survivors of sexual abuse (including child sexual abuse), as well as training to professionals and research.

6.2. Evidence on national prevalence

A national survey of violence against children in Sweden, conducted in 2016 by Jernbro and Staffan for The Children’s Welfare Foundation, surveyed approximately 4700 school pupils between 14 and 17 years old about lifetime experiences of exposure to violence, including sexual abuse. The definitions of child sexual abuse provided in the survey included child-to-child abuse as well as abuse by adults, and both contact and non-contact sexual abuse. The research found that 26% of the sample reported experiencing sexual abuse, with 40% of girls and 10% of boys reporting sexual abuse. Of those reporting sexual abuse, 15.1% reported that the abuse was perpetrated by a boyfriend of girlfriend, which equates to 3.9% of all pupils reporting experiences of abuse by an intimate partner. Of all pupils, 1.5% reported that the abuse had been perpetrated by a parent or step parent, which amounts to 6% of pupils who reported abuse. Sexual abuse by a parent or step-parent was reported by 4% of girls and 0.4% of boys. Of those who experienced sexual abuse, 2.9% (0.7% of all pupils) reported that another adult relative had sexually abused them, while 5.4% of those who experienced sexual abuse (1.4% of all pupils) reported that a sibling had sexually abused them.

Edgardh and Ormstrad (2000) conducted a survey of lifetime experiences of child sexual abuse with a representative sample of 2153 17 year olds in Sweden, comprising 1943 students and 210 school non-attenders. The definitions of child sexual abuse provided in the survey excluded peer-to-peer abuse.

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In total, 11.2% of girls and 3.1% of boys reported experiencing child sexual abuse, with 3.1% of girls and 1.2% of boys reporting ‘abusive oral, vaginal and/or anal intercourse’. Reported prevalence rates were found to be considerably higher among the school non-attenders, with 4% of boys and over a quarter – 28% – of girls reporting sexual abuse. The study also found that no abused boys and few abused girls had disclosed their experiences of abuse to teachers, health professionals or social workers.

6.3. Key laws, policies and agencies

Sweden’s system of mandatory reporting requires any concern that a child may be being maltreated to be reported to children’s social services. In the case of sexual abuse, concerns may also be reported to police, and both police and children’s social services have a duty to inform each other of reported concerns. In 2005, Sweden introduced the ‘Barnahus’ model of service provision to children who have experienced sexual abuse, and by 2013 there were 28 Barnahus centres across the country. The model brings together under one roof children’s social services, police, prosecutors, forensic medicine, paediatrics, and child and adolescent psychiatry, to provide coordinated services. This includes criminal and child protection investigations, as well as physical and mental health services. However, not all areas of Sweden are covered by this provision, and in some (particularly more rural) areas these services are provided by social workers, police, etc., working in separate locations.

Within Sweden, the Social Service Act (Socialtjänsten) is a key piece of legislation guiding when and how social services interventions take place. Further guidance is provided by the Framework for the Assessment of Children in Need and Their Families (Barns Behov i Centrum), which is used by most Swedish municipalities as their main handbook in responding to cases of child maltreatment. Once there is sufficient evidence for an investigation to be launched, the investigation is regulated by the National Board of Health and Welfare (Socialstyrelsen). In accordance with Swedish Family Law (chapter 6), in assessing what is in the best interest of a child, professionals must ensure the child is protected from risk or maltreatment, including child sexual abuse.

In terms of the Swedish penal code, there are particular provisions that apply to child victims of sexual abuse, including Section 4 on rape of a child, Section 5 on sexual exploitation of a child and Section 6 on sexual abuse of a child. A recent change in law has also changed how familial sexual abuse is treated by the criminal justice system in Sweden. In May 2018, the Rikstag voted to increase the minimum penalty for aggravated rape and rape of a child from four to five years’ imprisonment, with aggravating factors including being a family member.

In addition to social services, another key agency is the Ombudsman for Children in Sweden, a government agency set up in 1993 to enforce the 1989 United Nations Convention on the Rights of the Child. The Ombudsman has responsibility for public advocacy and dissemination of information about the rights and needs of children and young people. The Ombudsman provides yearly thematic reports to the government on important issues in children’s welfare, including experiences of domestic violence and abuse.

Much of the work of the Swedish government to protect children against sexual abuse is driven by the ‘Action plan to protect children from trafficking, exploitation and sexual abuse 2016-2018’, and the ten-year ‘National strategy to prevent and combat men’s violence against women’, which was introduced in 2017. As part of these plans, the government seeks to strengthen protection against abuse and support for victims of abuse, as well as to improve law enforcement and raise awareness of key issues.
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The Swedish government has established a national Centre of Excellence on violence against children and child abuse at Linköping University, which gathers and disseminates knowledge about violence and other abuses against children. The government also makes financial contributions to the Centre for Andrology and Sexual Medicine at Karolinska Hospital, which works to prevent sexual crimes against children by treated those at risk of committing sexual abuse.

Awareness-building measures implemented by the government include provision of funding for the Children’s Welfare Foundation Sweden to disseminate information and support materials on sexual harassment to all compulsory and upper secondary schools. The Swedish Schools Inspectorate is also reviewing sex and relationships education in schools, and a guide (titled ‘Time to talk about’) has been issued to schools to improve their ability to talk to children about sexual abuse.

6.4. Discussion

6.4.1. Barnahus

The Barnahus model of providing a range of services for children who have experienced sexual abuse under one roof was generally viewed in positive terms by interview respondents. It was seen as beneficial that children had only one place to go for these services, and that professionals working at Barnahus generally had better opportunities to increase their expertise and experience in child sexual abuse cases than they would working within general social, police, or psychiatric services. Another key benefit reported by respondents was that, by working more closely and in a more coordinated way on cases, staff from these different services can improve understanding of each other’s aims, responsibilities, and working structures and processes, which helped to improve trust and cooperation between services. As one interviewee noted, ‘when it works, it works really very well, you get services working together, and it’s a good way to make sense of things for kids, when they can tell services are cooperating and want the best for you’.

All respondents noted that provision of the Barnahus Model is not universal: there is a limited number of centres and rural areas in particular often see police and social services operating from separate premises, which was said to reduce the effectiveness of cooperative, coordinated working. One respondent noted that a central challenge for the Barnahus model is maintaining an effective organisational structure for decision-making and cooperation while ensuring all agencies still work in accordance with their own regulations.

6.4.2. Child protection

All respondents expressed the view that improvements are required in children’s social services’ approach to child sexual abuse cases. One issue identified by all respondents is that children’s social services generally follow a model of voluntary engagement with families, that aims to uphold parents’ rights as well as children’s rights. All respondents stated that, in the absence of a conviction, and where parents deny perpetrating sexual abuse and do not wish to engage with services, the social work response is often to close the case. Given low conviction rates, this implies that many children are left living with parents who have subjected them to sexual abuse, even after they have disclosed abuse, as the abuse has not been proved in court.

Respondents also noted that, while social workers working within the Barnahus model tend to have better expertise and more experience in child sexual abuse cases, there are significant variations in understanding of CSA issues and CSA cases. They emphasised that the subject is still widely considered taboo, and takes a great deal of skill to be able to investigate effectively. All respondents called for
better training on evidence-based good practice in child sexual abuse cases within the general social work system, and also for greater investment in specialist social workers with a focus on this area of safeguarding.

6.4.3. Criminal justice

Similarly, respondents noted that the quality of responses to child sexual abuse cases within the criminal justice system is variable. In particular, it was emphasised that lack of specialist knowledge contributes to poor practice, and that misconceptions among police, prosecutors and judges still require to be addressed. In particular, the representative from the Ombudsman for Children noted a problem with misconceptions about how child victims should appear and act, expressing the view that ignorance of the ways in which children can seek to hide or accommodate their trauma can lead some professionals within the criminal justice system to disbelieve or doubt disclosures from children who do not present as obviously traumatised. Respondents also emphasised generally low levels of trust in the ability of police, prosecution services, and courts to deliver justice in child sexual abuse cases, based on low levels of prosecutions. This can cause understandable reluctance among children and families to seek or progress with criminal investigations.

Again, respondents all called for effective training on child sexual abuse for police, prosecutors and judges, as well as an increase in the number of specialist roles which enable professionals to develop the experience and expertise that is so necessary for effective working on child sexual abuse cases.

6.4.4. Support services

Most treatment provided to children who have experienced sexual abuse is delivered by child and adolescent psychiatric services, while most adult provision is also situated within the state health system. There are a small number of specialist clinics, though these are not all fully government-funded, and also some non-governmental organisations providing more general advice and support to survivors. The respondents from the Ombudsman, Barnafrid, and the specialist clinic all agreed that the level of provision of treatment and support is far from sufficient to match demand and need: most children and adult survivors do not have access to these services. Further, they agreed that, when treatment is accessed within general mental health services, it is usually not delivered by specialists, and so is not tailored to the particular needs of survivors of sexual abuse. Another particular benefit of specialist clinics raised by the respondent working in one is that it provides the opportunity to develop evidence on effective treatment, which is missed in mainstream clinics that see a far more limited number of survivors. It was noted that, while the scale of child sexual abuse is becoming better understood by policy-makers, there is still a lack of understanding of survivors’ mental health needs and the benefits of adequate provision of specialist treatment. All advocated for the expansion of specialist clinics, as well as improvements to training on child sexual abuse for all professionals delivering treatment within general adult and children mental health services.

6.4.5. Risk and protective factors

Generally, respondents felt that child sexual abuse remains such a taboo subject within Sweden that many professionals working directly with children do not have sufficient understanding of risk factors. Further, despite mandatory reporting, all respondents felt that too many professionals are still unwilling to report concerns when they should. As one respondent noted, ‘the law is quite clear on what we should do if we suspect sexual abuse, but people – doctors, teachers – often hesitate and want to be perfectly sure before reporting, even when they are not supposed to decide if sexual abuse is happening. They are supposed to refer to those who are. So they wait and wait and wait and don’t do anything. They don’t know how to identify abuse; they know how to avoid it’. All respondents
recognised there were pockets of good understanding and appropriate referral practice, but noted the need for further training to encourage effective, active detection (given that children are usually reluctant to disclose experiences of sexual abuse), and to teach key professionals working with children how to have sensitive, helpful conversations about the risks they may be facing. Respondents also noted, however, that until rates of criminal prosecution and provision of effective treatment services increase, such that professionals can gain confidence in the effectiveness of services and the benefits of reporting, reluctance to report concerns to child protection or the police is likely to continue.

6.4.6. Prevention and identification
The respondents from Barnafrid and the Children’s Ombudsman noted that the government has been and is continuing to take steps to improve sex and relationships education. They noted, however, that while education around sexuality and gender had improved, there had been less progress in teaching children about issues of child sexual abuse. Again, they expressed the view that a widespread societal taboo around talking about these difficult issues is hampering progress.

The government’s ‘Time to talk about’ campaign, which aims to support those who work with children to develop their ability to identify and respond to disclosures of sexual abuse, including by issuing guidance to schools, was generally viewed as a positive step by respondents. As one respondent said, ‘we need to be able to talk about this, to have the language. That is really important to change the situation for children’.

6.5. Conclusion
A key message from respondents in Sweden was that there remains a widespread societal taboo about talking about child sexual abuse, which creates barriers to identification and referral of concerns to the appropriate authorities. While the Barnahus model of integrated services for children who have experienced sexual abuse was generally described in positive terms, provision is uneven, and where children receive general services these are less likely to be appropriately responsive and suited to their needs. Specialist roles and services – particularly in treatment but also in social care and the criminal justice system – were viewed as essential to effective practice in child sexual abuse cases. In addition to these specialist services, respondents all advocated for better training among police, social workers, teachers, healthcare staff, and all professionals who work with children, to enable them to better identify and respond to risk.
7. CASE STUDY: SPAIN

**KEY FINDINGS**

- A survey of 1033 university students in Spain found that 19% of females and 15.5% of males reported experiencing contact sexual abuse before the age of 18. The study did not report findings on the relationships between survivors and perpetrators.

- Sexual abuse of children in Spain is a highly gendered issue: findings from a 2007 study by Save the Children indicate that 86% of perpetrators of sexual abuse in Spain are men.

- Most survivors of child sexual abuse in Spain report their abuse when they are adults, and there is some evidence to suggest this usually occurs when they are between the ages of 30 to 40 years old. As adults, women are more likely than men to seek help for issues relating to childhood experiences of sexual abuse.

- The majority of cases of child sexual abuse are not reported, and the majority of reported cases do not go to trial.

- There are many deficits in the judiciary system that prevent justice being served for victims. Crimes are only prosecutable between 5 and 15 years after the victim has turned 18 years old. Furthermore, as some forms of child sexual abuse are treated by the criminal justice system as non-violent, children may be called upon to testify multiple times in court. There is no presumption of veracity of children in court.

7.1. **Method**

This case study is based on desk-research into Spanish’s law and policy. It also draws on interviews conducted with two representatives of sexual abuse support organisations and one interview with a social worker.

7.2. **Evidence on national prevalence**

National data sources and other scientific data about both sexual abuse of children generally and domestic sexual abuse of girls is scarce. Generally, data are not disaggregated by gender or context (including domestic or non-domestic contexts), and methodologies and results vary considerably.

‘Ministerio del Interior’ (Interior Ministry) (2017) datasets show that the number of reports of child sexual abuse rose 15.8% in the year to 2016, from 3502 cases in 2015 to 4056 cases in 2016).\(^{110}\) These reports include crimes against sexual freedom, including pornography and sexual exploitation. The figures are not, however, disaggregated by gender, and do not detail the relationships between children and perpetrators.

Data from the ‘Fiscalía General del Estado’ (Public prosecutor) (2017) database shows an increase in the number of trials (949 in 2013, 2008 in 2014, and 1239 in 2015) and sentences (181 in 2013, 201 in 2014, and 229 in 2015) for sexual abuse of children, as well as an increase in the proportion of all crimes

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against sexual freedom that involve sexual abuse of children.\footnote{111} Again, however, the figures are not disaggregated by gender or context.

Similarly, according to ‘Ministerio de Justicia’ (Ministry of Justice) (2017) datasets, the number of people serving sentences for sexual abuse of children is also on the rise. There were 47 people in prison in 2012, 147 in 2013, 193 in 2014, and 202 people in 2015.\footnote{112}

A 2017 report by the NGO Save the Children concerning sexual abuse of children in Spain, based on 203 court sentences between 2012 and 2016, and interviews with experts, families and victims amongst others, presents interesting findings on child sexual abuse.\footnote{113} However, findings in the report are not always disaggregated by gender, or by categories relevant to domestic and non-domestic child sexual abuse. According to this study, girls who are sexually abused are usually between 7 and 9 years old, and perpetrators are more likely to be someone in the family environment. Boys, however, are usually abused between 11 and 12 years old. Their aggressor is usually a known person with authority such as a teacher, a trainer or supervisor. Findings from the study indicate that 86% of perpetrators are men and 14% women, and 6 out of 10 perpetrators are known to the victim. Mothers detected the abuse in 43% of the cases, and schools in only 13%. The study also found that only 15% of schools where children disclosed a sexual abuse experience took the case to the authorities.

Pereda and Forns (2007) conducted research with 1033 university students in Spain.\footnote{114} Overall, 17.9% of students reported experiencing contact sexual abuse before the age of 18, and this included 19% of females and 15.5% of males. Of these abuse experiences, the majority (83%) occurred before the age of 13. Unfortunately, this study does not provide detail on the domestic or non-domestic contexts of reported abuse.

### 7.3. Key laws, policies and agencies

Article 39 of the ‘Constitución Española’ (Constitution of Spain) (1978) establishes the responsibility of public authorities to ensure the social, economic, and legal protection of the family, and specifically of minors, alongside other international treaties that safeguard their rights.\footnote{115}

Spain has an established child protection system, which involves a range of services and structures for safeguarding children from sexual abuse. This includes the Ministries of Health (specifically social services and equality), Justice, and Education, and also the regional communities (CCAA), and their health, education, justice, schools, and law enforcement systems.

There are two relevant Spanish laws with the same title ‘Protección Jurídica de Menores’ (Children’s Legal Protection) from 2015. One is the ‘Ley Orgánica’ (Organic Law) (2015), a higher ranked law derived from the Constitution and implemented with a majority in parliament. The other is the ‘Ley Ordinaria’ (Ordinary Law) (2015), a more concrete law that regulates citizens’ issues when the Organic Law cannot
Domestic Sexual Abuse of Girls

regulate them. These two-in-one laws safeguard the rights of children, and improve the ‘Protección Jurídica del Menor’ (Children Protection law), which was enacted in 1996. The 2015 law prioritises the interests of children over a range of other interests, and gives children the right to be heard. It also recognises children as victims of gender-based violence and develops measures to protect them against it, such as in cases where children are dependent on a woman who is being subjected to gender-based violence.

With regard to gender-based violence, the ‘Protección Integral contra la Violencia de Género’ (Law for the protection of gender violence) (2004) covers the prevention, education, and assistance of the victims (including children), as well as the civil standards for the domestic environment.

In September 2018, the Minister of Health announced that a new law for protection against child violence would be passed in 2019. This law will refer to sexual abuse, online harassment, and a victims’ database.

Law, policy, and criminal justice also varies throughout the country, as some Spanish regional communities and jurisdictions have more local authority than others. For example, Catalonia and the Basque Country have more local authority on justice, and so can legislate on sexual abuse and manage their social services differently from other areas within Spain.

7.4. Discussion

7.4.1. Law, policy and criminal justice

There are many gaps in the judicial system that worsen the impact of domestic sexual abuse on children. The main deficit is that sexual abuse crimes in Spain expire. This means that victims’ cases can only be prosecuted for 5 to 15 years after they reach the age of majority (18 years old), depending on when the crime took place and was reported. According to one NGO respondent, this is particularly problematic because the majority of victims of child sexual abuse seek help only once they are adults, and mostly when they are 30 to 40 years old, and then their cases can no longer be prosecuted. In support of this claim, Priebe y Svedin (2008) found that between 42% and 75% of victims wait until they are adults to disclose their abuse.

Another deficit within the legal system is that some forms of sexual abuse in Spain are treated as non-violent, and therefore the sentences for sexual abuse are less punitive than those for other sexual crimes such as rape. As one respondent stated, ‘this is a perversion of the system, because in the domestic environment aggressors do not have to use violence to trick their victims, because they already have their confidence; it is clearly an abuse of power’.

116 Ley Orgánica 8/2015, de 22 de julio, de modificación del sistema de protección a la infancia y a la adolescencia (2015) BOE núm. 175 de 23 de Julio de 2015.
117 Ley Ordinaria 26/2015, de 28 de julio, de modificación del sistema de protección a la infancia y a la adolescencia (2015) BOE núm. 180, de 29 de julio de 2015, páginas 64544 a 64613
118 Ley Orgánica 1/1996, de 15 de enero, de Protección Jurídica del Menor, de modificación parcial del Código Civil y de la Ley de Enjuiciamiento Civil (1996) BOE núm. 15, de 17/01/1996
Another key deficit is that children who have been sexually abused are required to testify in public court, usually in front of the alleged perpetrator, as many times as the justice system requests. This reduces victims’ spontaneity and credibility as a witness, as well as risking re-traumatizing them. Moreover, in Spain there is no ‘presumption of veracity’ for children, meaning that their testimony can be disputed by the defense, the jury, or the judge. Many stakeholders, including social service and health workers, are advocating for one-time, private testimony, as well as a presumption of veracity that could empower children in these difficult moments.

Further, judges and judicial workers are usually under-trained for cases of child sexual abuse. As one respondent claimed, ‘you attend a trial and see that the judge has no idea what ‘traumatic memory’ or ‘child-development phase’ mean, and without understanding this he or she rarely will understand the gravity of the case’. There is no legal obligation for judicial workers to be specialised in working with child victims, as opposed to cases in which children are defendants.

According to one respondent who was familiar with the 2019 Law for the protection against children violence blueprint, the proposed law aims to change crime expiration periods and the number of times a child can testify in court, and facilitate reporting of abuse cases by families. However, as the respondent noted, successful implementation of the law will depend on political agreements being reached between the Socialist Party, which has a weak minority in parliament, and the other parliamentary parties.

7.4.2. Child protection, prevention and support

Social services, the health system, and NGOs work both to prevent sexual abuse and to provide support for victims of sexual abuse, including domestic sexual abuse. However, social services support is not available to victims once they are above 18 years old. As the majority of victims seek help when they are adults, no social services support is available to them.

Effectiveness in the detection of abuse is was criticised by respondents. Respondents claimed the majority of cases (approximately 80%) are not reported, and only around 70% of reported cases are prosecuted or make it to an oral trial. One respondent noted, ‘the problem is not having a protocol, but being able to identify the cases’.

Further, in situations where a social service, school, or health worker identifies a case of child sexual abuse, they often do not feel that the victim will be adequately protected by the system. As one respondent noted, ‘we have a dilemma about reporting or not, because we know it will not make it to trial without the support of the family, as well as create more harm to the child, and even retaliation at home’.

Social service systems and practice vary significantly throughout Spain. Larger towns tend to have access to more services and initiatives, but at the same time experience more demand than less populated areas. One NGO respondent mentioned that social services sometimes delegate to them, for example to offer prevention activities in schools.

It was reported that domestic, and particularly familial, sexual abuse is significantly more taboo than abuse outside of domestic settings, especially among parents and schools. Families are reportedly often reluctant to engage with or hear about something that ‘does not happen in their family’. NGOs accept that the way they tackle the problem can be controversial, for example when they encourage the creation of safe spaces to talk about these issues outside the family unit. As one respondent
reported, ‘I understand that is difficult, but parents have to understand that family secrecy is counter-productive. Instead, they have to offer their children spaces to discuss some issues outside their family limits, because children are very faithful to their family and if something happens inside it will stay there unless we offer them tools’.

NGOs’ prevention and support activities include conferences, workshops, legal and psychological advice, single and group therapy, awareness-raising, and collaboration with students who want to work in the field of child protection. However, as one NGO respondent noted, ‘money comes especially from public grants, but unfortunately this issue is not sexy enough for corporations. They prefer to fund something that is more notorious or more lobby-oriented’.

The majority of clients that NGOs offer support to are adults. This is because sexual abuse victims tend to seek help years after their abuse, if at all. Adult women appear to disclose their abuse earlier than men. According to one NGO respondent, ‘men seek help later in life than women, usually after a spiral of addictions (sex, drugs) fueled by the abuse they suffered as child. […] It is when they run out of answers that they finally try to face the root of the problem and come to us’. It was reported that perceptions of the social stigma of abuse create barriers to disclosure for men, particularly if the abuse was perpetrated by someone of the same sex.

Given evidence that the majority of perpetrators of children sexual abuse are men, support does not only focus on victims but is also provided to perpetrators. An NGO respondent discussed current work with perpetrators in jail to generate empathy towards victims. The NGO is also working with perpetrators of child abuse that have completed their sentences. In one respondent’s words, ‘what we want is for them to stop reoffending and going to jail at the expense of the taxpayer’.

7.4.3. Identification

According to one respondent, in around 80% to 90% of sexual abuse cases that their organisation works with, the abuse took place in a domestic environment, and in 40% of these cases the aggressor was the paternal figure (either the biological or legal father). Generally speaking, domestic abuse is difficult to detect, and children face more problems reporting family members than external people. Moreover, in many cases, most family members may initially be unaware of the abuse, and when they become aware, will often try to hide the abuse, due (among other reasons) to the significant social stigma associated with it.

Respondents emphasised that victims of domestic sexual abuse often face greater problems in framing the problem and understanding their experiences as abuse than those who have suffered sexual abuse outside the family. This can be particularly difficult for victims of abuse that was not characterised by ‘aggressive’ violence, as in many cases where perpetrators groom their victims. According to one respondent, ‘this makes domestic sexual abuse victims feel guiltier than those who have reported unknown people for sexual abuse. They blame themselves for not being able to see the injustice they suffered, somehow feeling like an accomplice’. According to one respondent, professional services that work to support survivors need to better understand these dynamics. Understanding of these issues still requires to be improved across a range of services, including those provided by NGOs, social services, health, police, and the criminal justice system.

Similarly, schools, traditionally, are ineffective in detecting abuse, and in some detected cases have not made appropriate referrals to the authorities. However, one respondent reported that, ‘things are
changing, and we moved from ‘this doesn’t happen here’ 20 years ago, to having a waiting list to provide services in schools’.

7.5. Conclusion

Research, data and other scientific studies about domestic sexual abuse of children in Spain are scarce and the available data from community surveys are not recent. Child sexual abuse is still largely an invisible problem, as most cases in Spain are unreported and reported cases rarely make it to trial. Case study findings highlight the gendered nature of domestic sexual abuse of children, as most of the perpetrators of domestic sexual abuse are men, while the evidence suggests girls are more likely to be sexually abused than boys, while women are also more likely than men to report their experiences of abuse. Respondents indicated that, while most victims report cases well into adulthood, social services will not provide support for such cases to women over 18 years of age. The issue of child sexual abuse does not have a particularly high public profile, and does not appear to be a high priority on the political agenda. There are several gaps in the judiciary system that exacerbate problems for, and function to deny justice to, victims: notably, crimes are only prosecutable between 5 to 15 years after the victim has turned 18 years old; there is no presumption of the veracity of children’s testimony in court; and, because some forms of sexual abuse are treated by the criminal justice system as non-violent, children can be required to testify in court multiple times. While NGOs offer a range of services, including prevention and support, these organisations are underfunded and their work is not often reported in the media.
8. CASE STUDY: UNITED KINGDOM

### KEY FINDINGS

- The largest-scale survey of prevalence of child abuse and neglect in the UK to date found that 1.5% of female respondents aged between 18 and 24 (compared to 0.4% of males) reported experiencing childhood sexual abuse by a parent or guardian. Overall, the survey found that 24.1% of this age group had experienced sexual abuse, including non-contact offences, by an adult or peer at some point in childhood.
- The UK involves a range of services in safeguarding children from, and prosecuting perpetrators of, sexual abuse, including statutory children’s social care, non-statutory children’s services, education, health, and the police service.
- Identification of child sexual abuse must focus on improving active detection, and avoid over-reliance on children initiating disclosure.
- Support services and treatment for children, adult survivors, and non-abusing family members are not currently funded at a sufficient level to ensure delivery meets demand and need.

8.1. Method

This case study is based on desk-research into the United Kingdom’s law and policy, as well as service and third sector responses to domestic sexual abuse of girls. It also draws on interviews conducted with three stakeholders: a representative from the Department of Education (DfE) responsible for leading policy on domestic abuse, a representative from a charity that provides support to adult women survivors of childhood sexual abuse within the family, and a representative from an umbrella agency representing specialist rape and sexual abuse services.

8.2. Evidence on national prevalence

A 2018 report from the National Society for the Prevention of Cruelty to Children (NSPCC) reviewed police records of sexual offences against children in the UK. Unfortunately, the reported figures are not disaggregated by victims’ gender, and do not state the relationship between victim and perpetrator. However, they do still provide some insight into the scale of offences reported to and recorded by police. The report found that there were 43,522 sexual offences against children in 2016/17, representing a rate of 41.3 offences per 10,000 children under the age of 16 (the age of sexual consent), or 0.413% of children. The report also notes that the number of recorded offences has been steadily increasing since 2012/13, with the overall rate having doubled in that time. The authors attribute this to improved recording of sexual offences by police, as well as an increased willingness of victims to report offences.

The same report also provides a view of the number of children identified and assessed by children’s social care services as needing protection from sexual abuse, although, again, the figures are not disaggregated by gender. At a single point in time in 2016, there were 2,940 children in the UK on child protection registers or the subject of child protection plans under a category that included sexual abuse.

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We know, however, that only a proportion of cases of sexual abuse of children are reported to or identified by police and children’s social care. More reliable (and gender-disaggregated) indications of prevalence are provided by Radford et al. (2011), who conducted the largest-scale survey in the UK to date, with a sample of 2,160 parents or guardians of children under 11 years of age, 2,275 young people aged 11 to 17 years, and 1,761 young adults aged 18 to 25 years. Their research found that 1.2% of the under 11 age group, 16.5% of the 11–17 age group and 24.1% of the 18–24 age group had experienced sexual abuse, including non-contact offences, by an adult or by a peer at some point in childhood. Respondents were also asked about past-year experiences, with 0.6% of under 11s and 9.4% of 11–17s reporting having experienced sexual abuse, including non-contact offences, in the past year.

The research found that the majority of perpetrators of sexual abuse were males who were known to the child or young person. Nearly two-thirds (65.9%) of the contact sexual abuse reported by children under 18 years of age was perpetrated by other children under 18. In 34% of cases of sexual assault by an adult and 82.7% of cases of sexual assault by a peer, the child had not told anyone about the abuse.

No sexual abuse by a parent or guardian was identified for the male under-11 and male 11-17 groups, but 0.6% of male 18-25s reported that they had experienced this as a child. This contrasts with the experiences of females in the sample: 0.1% of female under 11s, 0.3% of female 11-17s, and 1.5% of female 18-25s reported experiencing sexual abuse by a parent or guardian as a child. The researchers note that ‘relatively higher rate of reporting for the young adults may reflect a greater ability to position and to disclose their childhood experiences as being “sexual abuse” while also noting that ‘experiences of maltreatment accumulate over childhood’.

Where reports of sexual abuse by a parent or guardian were made, most individuals’ experiences included contact and non-contact sexual abuse. Of those respondents who reported experiencing contact sexual abuse by a parent or guardian in childhood, over two-thirds (78% in the 11-17 age group and 70.3% of 18-24s) also reported that a male parent or guardian had been the perpetrator.

### 8.3. Key laws, policies and agencies

The UK has an established child protection system, which involves a range of services in safeguarding children from sexual abuse, including statutory children’s social care, non-statutory children’s services, education, health, and the police service.

Statutory guidance states that all those who work with children and families should report to their Local Authority if they think a child is at risk of being, or has been, sexually abused. (There is, however, no enforceable legal duty to do so: following public consultation, the UK government announced earlier this year that it would not introduce a mandatory reporting duty with legal sanctions for failure to report. Some survivor-led groups, such as Mandate Now, continue to campaign for mandatory reporting in the UK.) Child protection, police, and other services may also identify risk of sexual abuse in families they initially engage for other reasons. The police, in consultation with children’s social care and any other agencies involved with the child, then consider whether there should be a criminal investigation, a children’s social care-led enquiry, or a joint enquiry. In cases where there is a clear allegation of child sexual abuse, the most likely outcome is a joint enquiry between police and children’s social care.

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Child protection and safeguarding processes are underpinned by laws and policies that differ between the four nations of England, Scotland, Wales and Northern Ireland. The key pieces of child protection legislation in the four nations are:

- **Scotland**: the Children (Scotland) Act 1995, and the Children and Young People (Scotland) Act 2014.

Within England, the Department for Education has overall responsibility for child protection, and issues national guidance to services. Prior to 2017, England had 148 Local Safeguarding Children Boards, which worked to ensure key agencies, such as local authorities (including children’s social care), police and health, were following guidance and working together effectively to protect children. Following the Children and Social Work Act 2017, a new duty has been placed on key agencies to implement local safeguarding arrangements themselves. Child protection in Scotland is the responsibility of the Scottish Government, which published national interagency child protection guidance in 2014. This provided a national framework for agencies and practitioners at a local level to work together to protect children. Responsibility for the strategic planning of local interagency child protection work is held by local Child Protection Committees. In Wales, child protection is the responsibility of the Welsh Government. The Social Services and Well-being (Wales) Act 2014 established six Safeguarding Children Boards in Wales and a National Independent Safeguarding Board. The safeguarding boards issue All Wales Child Protection Procedures and Protocols that all professionals in Wales must follow. Child protection in Northern Ireland is devolved to the Northern Ireland Executive, and is the overall responsibility of the Department of Health. The Safeguarding Board for Northern Ireland coordinates work to protect and promote the welfare of children, including issuing guidance for services. The board includes representatives from health, social care, the police, the probation board, youth justice, education, district councils and the NSPCC.

In terms of the criminal justice system and penal code, the Sexual Offences Act 2003 criminalises child sexual abuse in England and Wales. The Act has specific provisions for familial child sex offences, rape and other offences against children under 13, child sex offences, and sexual exploitation of children. The Home Office, the Ministry of Justice, and the Crown Prosecution Service have each issued guidance on the implementation of this Act. The corresponding legislation in Scotland is the Sexual Offences (Scotland) Act 2009, while in Northern Ireland it is the Sexual Offences (Northern Ireland) Order 2008.

To support best practice in child protection and the criminal justice response to child sexual abuse, in 2013 the UK Home Office established the National Group on Sexual Violence against Children and Vulnerable People. This panel of experts and policy-makers aims to shape the government’s response to all forms of sexual violence against children, including sexual abuse within families. Its most recent action plan, published in 2015, sets out aims to improve prevention and protection, as well as support for victims and approaches to perpetrators.\(^\text{124}\)

The work of the National Group is informed in part by a range of recent inquiries within the UK. One of the most important of these is the Independent Inquiry into Child Sexual Abuse, which was established

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in England and Wales in 2014 to examine how institutions implemented their duty of care to protect children from sexual abuse. It was launched in response to the findings of investigations in 2012 and 2013 that identified widespread abuse and inadequate safeguarding within institutions responsible for child welfare, including in children’s homes. This highlights the importance of recognising that sexual abuse of children can occur within institutional domestic settings, including homes in which children have been placed after having been removed from their parents’ care (usually due to abuse or neglect).

8.4. Discussion

8.4.1. National focus on domestic sexual abuse of girls

Tackling child sexual abuse is high on the agenda of national policy makers and services. However, all interview respondents noted that much of this attention has recently been focused on the subset of child sexual abuse that occurs online or involves an element of (transactional) exploitation. In part, the child sexual exploitation agenda has been driven by high profile media reports of horrific cases of child sexual exploitation, and growing recognition that this kind of abuse (often involving older children, who may at times refer to abusers as ‘boyfriends’) has been met with drastically inadequate and inappropriate responses from services. And, clearly, new models of practice have needed to be developed to respond appropriately to emerging threats related to the growing use of online platforms and social media. These aspects of child sexual abuse have therefore, with good reason, been the focus of several recent reports and ministerial speeches. Nonetheless, respondents raised the concern that an unintended consequence of this refocussing of the CSA agenda is that other forms of child sexual abuse, and particularly familial child sexual abuse, seem to have become somewhat side-lined. As the DfE respondent noted, a key challenge here is ‘how to highlight a specific problem without that leading to the neglect of others’. This suggests the need for a fully joined-up national strategy to tackle all forms of child sexual abuse.

8.4.2. Child protection

Respondents agreed that statutory children’s social care services are responsive to child sexual abuse, rather than taking an active preventative role. Preventative work takes place primarily within ‘Early Help’ and other non-statutory children’s services, as well as the education system. The focus of children’s social care is also placed on child sexual abuse within families, rather than extra-familial peer-to-peer abuse (for example, sexual abuse within intimate relationships between children), although work to address the latter form of abuse is being piloted and evaluated in some areas of the country. The DfE respondent noted that, while processes and guidance on the child protection response to child sexual abuse within families are clear, there are nonetheless significant differences in the ways that individual Local Authorities across the country respond to cases in practice. These include, for example, differences in the likelihood that Local Authorities will remove a child from the home in which sexual abuse may be taking place while the risk is being assessed.

The DfE respondent also noted that many Local Authorities are working to improve practice with children and families, including families where there is a concern about child sexual abuse, through embedding therapeutic, trauma-informed approaches, and strength-based practice models. This was reported as representing an attempt to foster ways of working with children and non-abusing family members that is sensitive, empathetic, compassionate, and effective. Respondents all noted, however, that these ways of working with families have not always been achieved in practice. Further, going through the process of disclosure and risk assessment (including, for example, being interviewed by multiple professionals and facing the possibility of being removed from the family home) carries a high risk of re-traumatising victims, and of leaving them feeling alienated from and unsupported by services.
This underscores the importance of ensuring child protection practice is child-centred and focused on
the child’s broader wellbeing as well on the risk of abuse.

8.4.3. Criminal justice
As part of an attempt to increase the likelihood of successful prosecutions across a range of offences,
the Ministry of Justice issued guidance on Achieving Best Evidence in Criminal Proceedings. In cases
of suspected child sexual abuse, this will usually require that an Achieving Best Evidence interview
takes place with the victims. Respondents noted that these are most often police-led, with little input
from social workers, suggesting that a more joined-up multi-agency approach would be more effective.
Respondents also noted that the settings of these interviews – in police stations, for example – can
sometimes be intimidating and uncomfortable for children.

The Child House (originally known as Barnahaus) model currently being piloted and evaluated in the
UK attempts to address that issue by providing a range of services for children who have experienced
sexual abuse under one roof: a purpose-built, homely, friendly, comfortable setting for the delivery
services from forensic interviews, to medical examinations, and therapy. While this may present a
number of benefits, one respondent did raise some potential concerns. First, there may be social stigma
associated with entering a building known to be the setting of child sexual abuse services, which
families may wish to avoid. Second, there may be unintended consequences of providing therapeutic
interventions in the same setting as forensic interviews and medical examinations, even where the
model explicitly aims to avoid the latter being re-traumatising for victims.

A serious concern of one voluntary sector respondent relates to how family courts (which deal, among
other things, with child custody cases) treat cases of suspected child abuse that have not been
successfully prosecuted. Even where a child has made a clear allegation and is believed by police and
children's social care, due to the nature of much sexual abuse there is very often insufficient evidence
to prosecute. However, if a case does not go to the criminal justice court, or the case does result in a
legal judgement of criminality, family courts will tend to disregard (unproved) allegations of child
sexual abuse. The respondent raised the concern that this could lead – and, in her professional
judgement, had in fact led, in several cases with which she was familiar – to perpetrators being granted
access to or even custody of children whom they had sexually abused. This in turn could have a
devastating impact on both children (and non-abusing family members) who are left at risk and feeling
disbelieved. The respondent expressed that ‘the family court system is not educated and geared up to
understand the issues around child sexual abuse that it’s working with, and so it’s prone to all the
myths, preconceived ideas, and misunderstandings that we’ve been attempting to eradicate in
criminal justice courts’. She called for family court judges to be required to undergo training to improve
levels of understanding and appreciation of the complexity of child sexual abuse issues.

8.4.4. Support services
All respondents emphasised how devastating the consequences of familial child sexual abuse can be.
The abuse itself, but also the responses of other family members, and of services, can have a severely
traumatising impact on survivors. However, respondents agreed that provision of support services and
treatment for children, adult survivors, and non-abusing family members is far from meeting demand
and need.

When closing cases where there is no longer a current risk of sexual abuse (because, for example, the
perpetrator no longer has access to the child, or has been prosecuted), good practice in children’s social
care is to ensure families are referred on to support or therapeutic services to meet their ongoing needs.

Respondents agreed, however, that this often does not happen in practice, largely due to unavailability of appropriate services.

Voluntary sector respondents raised the issue that thresholds for Child and Adolescent Mental Health Services (CAMHS) are unhelpfully high, leaving many children who have been sexually abused without any therapeutic support from statutory health services, at least until their mental health deteriorates to the point that they are eligible.

Indeed, the majority of counselling and therapeutic support provided to children, adult survivors, and non-abusing family members in the UK is provided by the voluntary sector. All respondents expressed strongly that provision of funding to these voluntary sector services is inadequate, given the often significant therapeutic needs of their clients and members. The situation is currently worsening in the context of increasing disclosures. As one voluntary sector respondent noted, ‘we’re past breaking point, especially now more people are coming forward’. Another emphasised, ‘funding doesn’t match need, and everybody knows it’.

One voluntary sector respondent also raised the issue that, while only a proportion of child sexual abuse cases will go to court, and while it can often take at least several months to get to court, some support services for children (for example, some counselling services) will only see children once a case has been prosecuted.

A potential strength of the UK’s support services is the provision of Children and Young People’s Independent Sexual Violence Advisors (ChISVAs), to provide support and guidance on systems and processes, and to ensure the child’s voice is heard and represented throughout the post-identification period. However, as the number of these roles is currently very limited, few children have access to this support. One respondent advised that the expansion of these dedicated advocate roles, to provide support that is independent from children’s social care, police, and prosecutors, could help reduce the risk to children of post-disclosure re-traumatisation, particularly in the context of ongoing service involvement.

Interviews identified four other major issues with funding of voluntary sector support services. First, bids for funding often require services to be ‘innovative’: to be doing something new and different, even when they may have been operating successful models of support for years. Second, there is an increasing emphasis on commissioning larger-scale, whole-county or whole-region services, which often go beyond what established, small-scale, local providers can deliver. This encourages consortia bids, in which small organisations can risk ‘losing their unique ethos, their local connections, and their identity as a local campaigning organisation with the interests of victims at heart’. It also adds a layer of administrative burden that, it was reported, can cause inefficiencies that small organisations can ill afford.

A third issue identified in interviews is that National Health Service funding for courses of therapy provided by the voluntary sector is often capped at a certain number of sessions (for example, six or eight), when the best clinical evidence shows that survivors will often need support for a much longer period of time. This leaves the voluntary sector to cover the costs themselves, or alternatively to withdraw treatment prematurely. Finally, respondents expressed the need for a joined-up, systematic approach to funding across the full range of child sexual abuse support and treatment services (including services focused on familial abuse, peer-to-peer abuse, online abuse, and exploitation), to ensure different parts of the sector receive funding proportionate to need and demand, and to protect valuable services against ‘trends in what’s fashionable to fund’.
8.4.5. Prevention and risk identification

All respondents emphasised that child sexual abuse is often ‘invisible’, or at least extremely difficult to detect, not least because a broad range of factors – fear, loyalty, shame, accommodation syndrome – can cause children to try to hide their abuse from others. Children can fear the reprisals from the perpetrator, service responses that are beyond their control, the breakdown of family relationships, the loss of household income, hurting other loved ones who are emotionally or financially reliant on the perpetrator, bringing perceived shame on the family, and being blamed and judged for their abuse. Further, while children with disabilities are more likely to experience sexual abuse, some learning and other disabilities can create barriers to communication. For a range of reasons, then, professionals who work with children and are best placed to identify risk of child sexual abuse, are often faced with significant challenges.

Respondents also called for more research interrogating how child sexual abuse is linked to other adverse childhood experiences, such as parental domestic violence, and alcohol and substance misuse, and for understanding of these links to be promoted among key responsible adults in children’s lives, particularly teachers, health care staff, and children’s centre staff. As we emphasise elsewhere in this study, however, it is crucial that factors associated with increased risk of child sexual abuse are not misunderstood or misrecognised as straightforward signs or causes of abuse. Similarly to risk factors in other areas of child protection, first, the presence or absence of any factor cannot confirm or rule out abuse, and second, they must be treated as conceptually distinct from causes of abuse.

The UK government is currently undertaking a number of initiatives that aim to support prevention and identification of child abuse beyond the statutory social care and criminal justice systems. Non-statutory ‘Early Help’ children’s services can, for example, work with vulnerable parents who might be targeted by perpetrators, to build strengths and abilities to avoid abusive relationships. The government also funds delivery of parenting programmes, such as Triple P, which also aim in part to empower parents to keep children safe.

Schools are a key site for prevention and identification of sexual abuse: as children spend so much of their time in schools, teachers and other staff (such as school nurses) are well-placed to spot any concerns about their wellbeing and safety. Statutory guidance for schools on safeguarding (‘Keeping Children Safe in Education’), updated this year, has sections that all staff must read on child sexual abuse and exploitation, including definitions, risk indicators, and what to do if abuse is suspected or disclosed. Respondents emphasised the importance of teachers receiving effective training on why children so often stay silent about and attempt to hide abuse, and how to respond to the most subtle or opaque indicators of risk.

Further, all respondents emphasised the importance of ensuring schools-based sex and relationships education (SRE) raises awareness of issues of abuse, enabling children to recognise if someone may be trying to abuse them or they are being abused, understand what they can do about it and what will happen if they disclose, and – crucially – inculcating the knowledge that abuse is never the child’s fault and they are not to blame. The government is seeking to make SRE in schools compulsory from 2020, and is currently running a consultation on the curriculum. The DfE respondent noted that, while schools will still be able to shape the ways in which they deliver SRE, issues of abuse (including safe touch, coercion, and consent) will be a key part of the curriculum.

The government is also running a communications campaign, ‘Together, we can tackle child abuse’, which aims to ‘raise awareness, improve understanding and normalise reporting behaviour in communities so that more children can be kept safe from harm’. This focus – on promoting detection

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and reporting of child sexual abuse, rather than on encouraging children to disclose – was seen as positive by respondents. Indeed, the voluntary sector respondents noted some concerns with the primary focus of other campaigns on encouraging disclosure. Disclosure is, clearly, an important part of detection and respondents agreed that children should absolutely feel able to disclose what is happening. But these respondents cautioned that disclosure is often ‘an unfair ask’ of children, and that detection efforts should not rely on disclosure alone.

Respondents criticised the focus of some high-profile campaigns which they felt place the responsibility on children to ‘say no’ and to disclose (only) upsetting or otherwise difficult and unwelome experiences, when we know how effective perpetrators can be in grooming children, such that child sexual abuse is not necessarily experienced by children at the time as painful, upsetting, uncomfortable, or scary. The same point applies to the focus of some campaigns on encouraging disclosure of genital touching: this is not the only form of child abuse we need to raise awareness of. Again, we encounter the complex problem of how to tackle a particular part of the problem without neglecting or shining the light away from other aspects.

Another worrying potential implication of some of these campaigns was raised by the two voluntary sector respondents: placing responsibility on children to ‘say no’, or to disclose, may have the unintended consequence of worsening feelings of ‘fault’, ‘guilt’, ‘shame’, and ‘self-blame’ that are already so closely associated with experiences of abuse. This underscores the inherent complexity of prevention and identification efforts: of course we want to children to be able to protect themselves as far as they reasonably can, and to feel able to tell others about their experiences, but it is important also to recognise and be prepared to address the potential psychological and emotional burden these narratives may place on children.

The respondents agreed that a high priority for both prevention and identification efforts should be to create a space in which children who are at risk of or experiencing abuse are empowered to gain the support and protection they need. This requires action at a number of levels. At the service level, support and treatment for children who experience abuse must be – and must be known to be – adequate and effective. Social care, police, criminal justice, and education systems and processes for responding to abuse must be clear, transparent, effective, and unintimidating to children and non-abusing family members. Further, responsible adults in children’s lives – teachers, healthcare workers, children’s centre staff, and so on – need to be adequately trained to interpret and respond appropriately to signs of risk or hints toward disclosure, which may often be quite subtle. Training should emphasise the importance of active detection, rather than encourage over-reliance on children to initiate disclosure. Finally, we must be consistently clear with children that they are not to blame for abuse, and work to address their fears about the post-disclosure period. Children should know their voices will be heard and respected, and that they will receive the support they require.

8.5. Conclusion

While respondents were generally content with the UK’s legal frameworks for addressing domestic child sexual abuse, serious concerns were raised about how this form of abuse is understood throughout society, and about service responses. There remains an urgent need to militate against the narratives that drive children to feel ashamed about the abuse they have faced, or about not disclosing it. The responsible adults in children’s lives must also be clear on how difficult it is for children to share their experiences, how subtle the signs can be, and how to identify risk effectively, including how to hear, believe, and support children through the potentially re-traumatising process of disclosure and its aftermath. Funding for support and treatment services for children, adult survivors and non-abusing family members should be provided at a level that matches the significant needs of those most severely affected by domestic child sexual abuse.
9. RECOMMENDATIONS FOR MEMBER STATES AND EU INSTITUTIONS

KEY RECOMMENDATIONS

• All policy and action to address child sexual abuse at EU and Member State levels should: be informed by the gendered dimensions of child sexual abuse; should ensure that proportionate focus is placed on all types of child sexual abuse; and should aim to tackle damaging narratives that enable children and adult survivors to blame themselves for or feel ashamed about abuse.

• Each Member State should have a National Strategy to Tackle Child Sexual Abuse that (in addition to the above): implements and thoroughly monitors implementation of Directive 2011/93/EU; ensures that national data on child sexual abuse is as comprehensive as possible (i.e. that it includes gender of perpetrator and victim and core pan-EU indicators); encourages development of specialist skills and roles within children’s social services and the criminal justice system; provides independent advocates for children; ensures there is no statute of limitations for prosecution of child sexual abuse offences; ensures that support and treatment for children, adult survivors, and non-abusing family members matches demand and need; and ensures that key professionals working with children are trained in effective risk identification and referral.

• To address the significant paucity of data on child sexual abuse across the EU, EU Institutions should work to develop a set of core indicators of child sexual abuse, to be recorded and published by Member States. This data should include gender of victims and perpetrators and the relationship between these. A pan-EU self-report study using standardised definitions and methodologies should also be conducted, to support cross-country comparison of prevalence rates, and repeated over time to establish trends.

9.1. Tackle damaging narratives

There remains an urgent need to militate against the narratives that drive children and adult survivors to feel ashamed about the abuse they have faced, and to blame themselves for abuse and its consequences. This shame and self-blame can have devastating consequences for survivors’ mental health and wellbeing, as well as creating significant barriers to disclosure. Part of the aim of communications campaigns on child sexual abuse, as well as all service responses, should be to inculcate the knowledge and understanding that abuse is never a child’s fault. This must be sensitive to the gendered dimension of child sexual abuse: risks, prevalence and context.

9.2. Implement and monitor implementation of Directive 2011/93/EU

EU Member States show a considerable degree of variation in their policy and legal approaches to domestic child sexual abuse, though there are some areas of convergence. Directive 2011/93/EU provides a comprehensive legal framework for addressing child sexual abuse, but its implementation within Member States has been inconsistent and remains poorly monitored.

Poor monitoring is, in part, connected to the considerable variation in how Member States record national data on child sexual abuse, which results in low levels of comparability of data between EU Member States. Much more consistent and comprehensive approaches to recording data are required to enable adequate monitoring of progress in implementing Directive 2011/93/EU. EU Institutions
should work to develop a set of core indicators of child sexual abuse, to be recorded and published by Member States as official statistics.

Given well-known limitations to national data (including the fact that only a small proportion of cases of child sexual abuse come to the attention of authorities and even fewer are successfully prosecuted), we would also welcome a pan-EU self-report study, conducted using standardised definitions and methodologies to support cross-country comparison of prevalence, and repeated over time to establish trends. This should gather data on, inter alia, survivors’ and perpetrators’ gender and age at the time of abuse, perpetrators’ characteristics and relationships to survivors, whether the abuse was reported to or identified by services, and non-contact as well as contact forms of abuse.

9.3. **Ensure policy and action is informed by the gendered dimensions of child sexual abuse**

Although there are a number of policies and initiatives at the EU level that are designed to protect children from abuse, including sexual abuse and exploitation, none are primarily focused on sexual abuse perpetrated within the family or home environment, or on abuse within children’s intimate relationships. Moreover, there is limited focus on girls as a sub-group of victims, and on the gendered dimensions of child sexual abuse. We would urge that EU-level and national policy and action should take account of the gendered dimensions of child sexual abuse, and that policy monitoring should treat gender as a key factor deserving of analysis.

9.4. **Ensure a proportionate focus on all types of child sexual abuse**

While this study focuses on domestic sexual abuse of girls, we would emphasise that this relatively broad category includes subcategory forms of abuse that are associated with quite different risk factors, prevalence rates, aetiology, and sequelae (including, most notably, familial child-to-child, familial adult-to-child, intimate partner child-to-child, and intimate partner adult-to-child abuse). Accordingly, we urge that the subcategories may be of greater relevance than the overall category to the design of policy and legal frameworks, as well as prevention, identification, and treatment efforts. Relatedly, an important policy priority should be to ensure that nationally collected data includes information on perpetrator’s relationships with survivors. Self-report studies should also aim to collect this information wherever possible, to improve evidence on the nature and scale of these kinds of abuse, and support response planning. Member States and EU-level institutions should aim to ensure proportionate focus on all types of child sexual abuse in policy and funding frameworks, service responses, and prevention, identification, and treatment efforts.

9.5. **Encourage specialisation within children’s social services and the criminal justice systems**

A key recommendation of this report is that service responses to child sexual abuse, especially children’s social service, criminal justice system, and mental health service responses, should be led by specialists. Sensitive, effective case working that addresses risk and maximises chances of prosecution while minimising re-traumatisation (or, in the case of treatment, that supports girls and women to address trauma) requires high-level, specialist skills. A benefit of the Barnahus model is that it encourages this kind of specialisation among service professionals coming into contact with child sexual abuse cases. (Another is that it appears to work well in encouraging inter-agency understanding and cooperation.) We recommend that Member States take steps to create and/or expand the provision of specialist roles to deal with child sexual abuse cases within these key agencies.
9.6. **Ensure all adult survivors can seek access to justice**

Efforts to improve the criminal justice system response to child sexual abuse should include removing limitations that apply to the time period for prosecution of perpetrators. While we know child sexual abuse is often not disclosed or identified until the survivor is well into adulthood, time limits for pursuing prosecution are in place in a number of Member States, barring too many adult survivors from seeking access to justice.

9.7. **Provide independent advocates for children**

The post-identification period can often have a re-traumatising effect on children, as they go through the range of procedures required by different agencies. We recommend that Member States consider providing Children’s Independent Sexual Abuse Advisors to children, particularly in the context of ongoing service involvement, to provide support and guidance on systems and processes, and to ensure the child’s voice is represented and heard throughout the post-identification period. Where such roles exist, there is some evidence to suggest there are significant wellbeing benefits to the child of knowing there is someone ‘on their side’, who is independent from agencies such as social care or the police.

9.8. **Provide support and treatment that matches demand and need**

Funding for support groups (including within the voluntary sector) and mental health treatment services should be expanded to meet demand and the often significant needs of children, adult survivors, and non-abusing family members. This should be sensitive to the existing provision landscape, and also recognise the value of models of support and treatment that have been established as effective.

9.9. **Provide effective training in risk identification and referral to key professionals**

There is a need to ensure that key professionals working with children (including teachers and other school staff, healthcare staff, and children’s centre staff) are trained in effective, active detection and reporting of risk of child sexual abuse. Training should aim to promote understanding of risk indicators, as well as the ways in which children can attempt to hide abuse, and to normalise reporting of concerns to relevant authorities. It should also have a practical focus on how to act on initial suspicions appropriately, and how to respond sensitively to disclosures or hints at disclosure, while avoiding over-reliance on children initiating disclosure.

9.10. **National strategies to tackle child sexual abuse**

To achieve these objectives, we recommend that all Member States implement a fully joined-up national strategy to tackle child sexual abuse. Every national strategy should:

- aim to ensure proportionate focus on all types of child sexual abuse, and gender-sensitivity, across policy and funding frameworks, service responses, and prevention, identification, and treatment efforts;
- tackle narratives that drive children and adult survivors to feel shame and self-blame;
- fully implement Directive 2011/93/EU and engage in thorough monitoring of its implementation, including through conducting analyses of the gendered dimensions of child sexual abuse;
- with support and coordination at the EU-level, ensure that some specific, standardised, pan-EU indicators are recorded and published as official statistics on child sexual abuse;
• ensure that nationally recorded statistics on child sexual abuse are as comprehensive as possible, and at minimum enable identification of the gender of and relationships between survivors and perpetrators;
• create and/or expand the provision of specialist roles to work child sexual abuse cases within children’s social services and the criminal justice system;
• create and/or expand the provision of Children’s Independent Sexual Abuse Advocates, to provide support and guidance on systems and processes to children, and to ensure the child’s voice is heard and represented throughout the post-identification period;
• ensure there is no statute of limitations for prosecution of child sexual abuse offences;
• adequately fund support and treatment services, to meet demand and the needs of children, adult survivors, and non-abusing family members;
• ensure that key professionals working with children (including school, healthcare, and children’s centre staff) are trained in effective, active detection and reporting of risk of child sexual abuse.
REFERENCES

• Priebe, G. (2009) *Adolescents’ experiences of sexual abuse: Prevalence, abuse characteristics, disclosure, health and ethical aspects*, Lund University, Faculty of Medicine.
• Save The Children (2017) *Ojos que no quieren ver*

• Wihbey J. (2011) Global prevalence of child sexual abuse


ANNEX 1: TABLE OF DEFINITIONS USED IN MAJOR POLICY INSTRUMENTS

Our review of policy relating to domestic sexual abuse of girls found that, while a range of policy instruments aim to promote children’s rights and protect them from sexual abuse, none set out any definition of domestic sexual abuse of children or girls. A number of policy instruments do, however, provide operational definitions or explanations of child sexual abuse and exploitation, and domestic abuse, on which our conceptual model and definition of domestic sexual abuse of girls, set out in section 1 of this report, draw. The relevant sections of these policies are set out in tabular form below.

Table 3: Definitions in major policy instruments

<table>
<thead>
<tr>
<th>Relevant to concept of:</th>
<th>Definition or explanation provided:</th>
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<tbody>
<tr>
<td>Council of Europe Convention on preventing and combating violence against women and domestic violence (2011) (Istanbul Convention)(^{127})</td>
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<tr>
<td>Domestic Age/girl</td>
<td>Article 3b: “domestic violence” shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim;’</td>
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<td>Article 3f: “women” includes girls under the age of 18.’</td>
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<tr>
<td>Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (2007)(^{128})</td>
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<tr>
<td>Age/girl Sexual abuse</td>
<td>Article 3a: “child” shall mean any person under the age of 18 years;’</td>
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<td></td>
<td>Article 3b: “sexual exploitation and sexual abuse of children” shall include the behaviour as referred to in Articles 18 to 23 of this Convention;’</td>
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<td></td>
<td>Article 18 – Sexual abuse:</td>
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<td></td>
<td>‘1 Each Party shall take the necessary legislative or other measures to ensure that the following intentional conduct is criminalised:</td>
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<td>a engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities;</td>
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<td>b engaging in sexual activities with a child where:</td>
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<td>– use is made of coercion, force or threats; or</td>
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<td></td>
<td>– abuse is made of a recognised position of trust, authority or influence over the child, including within the family; or</td>
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<td></td>
<td>– abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence.</td>
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<td></td>
<td>2 For the purpose of paragraph 1 above, each Party shall decide the age below which it is prohibited to engage in sexual activities with a child.</td>
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<td></td>
<td>3 The provisions of paragraph 1.a are not intended to govern consensual sexual activities between minors.’</td>
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<td></td>
<td>Article 22 – Corruption of children</td>
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<td></td>
<td>‘Each Party shall take the necessary legislative or other measures to criminalise the intentional causing, for sexual purposes, of a child who has not reached the age set in application of Article 18, paragraph 2, to witness sexual abuse or sexual activities, even without having to participate.’</td>
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<td></td>
<td>Other Articles criminalise:</td>
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<td></td>
<td>19.1.a: ‘recruiting a child into prostitution or causing a child to participate in prostitution;’</td>
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<tr>
<td></td>
<td>19.1.b: ‘coercing a child into prostitution or profiting from or otherwise exploiting a child for such purposes,’</td>
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\(^{127}\) https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e

\(^{128}\) https://rm.coe.int/1680084822
### Relevant to concept of:

**Pornography**

<table>
<thead>
<tr>
<th>Definition or explanation provided:</th>
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<tr>
<td>19.2: ‘For the purpose of the present article, the term “child prostitution” shall mean the fact of using a child for sexual activities where money or any other form of remuneration or consideration is given or promised as payment, regardless if this payment, promise or consideration is made to the child or to a third person.’</td>
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<tr>
<td>20.1.a: ‘producing child pornography;’</td>
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<tr>
<td>20.2: ‘For the purpose of the present article, the term “child pornography” shall mean any material that visually depicts a child engaged in real or simulated sexually explicit conduct or any depiction of a child’s sexual organs for primarily sexual purposes.’</td>
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<tr>
<td>21.1.a: ‘recruiting a child into participating in pornographic performances or causing a child to participate in such performances;’</td>
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<tr>
<td>21.1.b: ‘coercing a child into participating in pornographic performances or profiting from or otherwise exploiting a child for such purposes;’</td>
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<tr>
<th>Sexual abuse</th>
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<tr>
<td>Article 34: ‘States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent: (a) The inducement or coercion of a child to engage in any unlawful sexual activity; (b) The exploitative use of children in prostitution or other unlawful sexual practices; (c) The exploitative use of children in pornographic performances and materials.’</td>
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<thead>
<tr>
<th>Exploitation (prostitution, pornography)</th>
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<tr>
<td>Optional Protocol:</td>
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<tr>
<td>Article 2.b: ‘Child prostitution means the use of a child in sexual activities for remuneration or any other form of consideration;’</td>
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<tr>
<td>Article 2.c: ‘Child pornography means any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.’</td>
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<tr>
<th>Sexual abuse</th>
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<tr>
<td>General Comment:</td>
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<tr>
<td>‘sexual abuse and exploitation includes: (a) The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; (b) The use of children in commercial Sexual Exploitation; and (c) The use of children in audio or visual images of child sexual abuse; (d) child prostitution, sexual slavery, Sexual Exploitation in travel and tourism, trafficking (within and between countries) and sale of children for sexual purposes and forced marriage. Many children experience sexual victimization which is not accompanied by physical force or restraint but which is nonetheless psychologically intrusive, exploitive and traumatic.</td>
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<tr>
<th>Exploitation</th>
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<tr>
<td>Sexual abuse</td>
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<td>[…] sexual abuse comprises any sexual activities imposed by an adult on a child, against which the child is entitled to protection by criminal law. Sexual activities are also considered as abuse when committed against a child by another child, if the child offender is significantly older than the child victim or uses power, threat or other means of pressure. Sexual activities between children are not considered as sexual abuse if the</td>
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<tr>
<th>Relevant to concept of:</th>
<th>Definition or explanation provided:</th>
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<td></td>
<td>children are older than the age limit defined by the State party for consensual sexual activities.</td>
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132

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<thead>
<tr>
<th>Exclusions (age, relationships)</th>
<th>Preamble paragraph 20: This Directive does not govern Member States’ policies with regard to consensual sexual activities in which children may be involved and which can be regarded as the normal discovery of sexuality in the course of human development, taking account of the different cultural and legal traditions and of new forms of establishing and maintaining relations among children and adolescents, including through information and communication technologies. These issues fall outside of the scope of this Directive. Member States which avail themselves of the possibilities referred to in this Directive do so in the exercise of their competences.</th>
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<tr>
<td>Preamble paragraph 8: ‘In the context of criminalising acts related to pornographic performance, this Directive refers to such acts which consist of an organised live exhibition, aimed at an audience, thereby excluding personal face-to-face communication between consenting peers, as well as children over the age of sexual consent and their partners from the definition.’</td>
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<td>Article 2 – Definitions: ‘For the purposes of this Directive, the following definitions apply:</td>
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<tr>
<td>(a) ‘child’ means any person below the age of 18 years;</td>
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<td>(b) ‘age of sexual consent’ means the age below which, in accordance with national law, it is prohibited to engage in sexual activities with a child;</td>
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<td>(c) ‘child pornography’ means:</td>
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<td>(i) any material that visually depicts a child engaged in real or simulated sexually explicit conduct;</td>
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<td>(ii) any depiction of the sexual organs of a child for primarily sexual purposes;</td>
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<tr>
<td>(iii) any material that visually depicts any person appearing to be a child engaged in real or simulated sexually explicit conduct or any depiction of the sexual organs of any person appearing to be a child, for primarily sexual purposes; or</td>
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<tr>
<td>(iv) realistic images of a child engaged in sexually explicit conduct or realistic images of the sexual organs of a child, for primarily sexual purposes;</td>
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<tr>
<td>(d) ‘child prostitution’ means the use of a child for sexual activities where money or any other form of remuneration or consideration is given or promised as payment in exchange for the child engaging in sexual activities, regardless of whether that payment, promise or consideration is made to the child or to a third party;</td>
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<tr>
<td>(e) ‘pornographic performance’ means a live exhibition aimed at an audience, including by means of information and communication technology, of:</td>
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<tr>
<td>(i) a child engaged in real or simulated sexually explicit conduct; or</td>
<td></td>
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<tr>
<td>(ii) the sexual organs of a child for primarily sexual purposes;’</td>
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<tr>
<td>Article 3 – Offences concerning sexual abuse:</td>
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<tr>
<td>1. Member States shall take the necessary measures to ensure that the intentional conduct referred to in paragraphs 2 to 6 is punishable.</td>
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<tr>
<td>2. Causing, for sexual purposes, a child who has not reached the age of sexual consent to witness sexual activities, even without having to participate, shall be punishable by a maximum term of imprisonment of at least 1 year.</td>
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<tr>
<td>3. Causing, for sexual purposes, a child who has not reached the age of sexual consent to witness sexual abuse, even without having to participate, shall be punishable by a maximum term of imprisonment of at least 2 years.</td>
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74
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<tr>
<th>Relevant to concept of:</th>
<th>Definition or explanation provided:</th>
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<tr>
<td>Exploitation (pornography/prostitution)</td>
<td>4. Engaging in sexual activities with a child who has not reached the age of sexual consent shall be punishable by a maximum term of imprisonment of at least 5 years. 5. Engaging in sexual activities with a child, where: (i) abuse is made of a recognised position of trust, authority or influence over the child, shall be punishable by a maximum term of imprisonment of at least 8 years if the child has not reached the age of sexual consent, and of at least 3 years of imprisonment, if the child is over that age; or (ii) abuse is made of a particularly vulnerable situation of the child, in particular because of a mental or physical disability or a situation of dependence, shall be punishable by a maximum term of imprisonment of at least 8 years if the child has not reached the age of sexual consent, and of at least 3 years of imprisonment if the child is over that age; or (iii) use is made of coercion, force or threats shall be punishable by a maximum term of imprisonment of at least 10 years if the child has not reached the age of sexual consent, and of at least 5 years of imprisonment if the child is over that age. 6. Coercing, forcing or threatening a child into sexual activities with a third party shall be punishable by a maximum term of imprisonment of at least 10 years if the child has not reached the age of sexual consent, and of at least 5 years of imprisonment if the child is over that age.</td>
</tr>
<tr>
<td>Attempt, incitement Age, consent</td>
<td>Article 4 – Offences concerning sexual exploitation (sets out offences including causing, recruiting, coercing, or forcing a child to participate in, or profiting from pornographic performances or prostitution). Article 5 – Offences concerning child pornography (sets out further offences including producing child pornography). Article 7 – Incitement, aiding and abetting, and attempt (sets out that these actions are also punishable). Article 8 – Consensual sexual activities ‘1. It shall be within the discretion of Member States to decide whether Article 3(2) and (4) apply to consensual sexual activities between peers, who are close in age and degree of psychological and physical development or maturity, in so far as the acts did not involve any abuse. 2. It shall be within the discretion of Member States to decide whether Article 4(4) applies to a pornographic performance that takes place in the context of a consensual relationship where the child has reached the age of sexual consent or between peers who are close in age and degree of psychological and physical development or maturity, in so far as the acts did not involve any abuse or exploitation and no money or other form of remuneration or consideration is given as payment in exchange for the pornographic performance. 3. It shall be within the discretion of Member States to decide whether Article 5(2) and (6) apply to the production, acquisition or possession of material involving children who have reached the age of sexual consent where that material is produced and possessed with the consent of those children and only for the private use of the persons involved, in so far as the acts did not involve any abuse.’ Article 9 – Aggravating circumstances: ‘(b) the offence was committed by a member of the child's family, a person cohabiting with the child or a person who has abused a recognised position of trust or authority.’</td>
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<tr>
<th>Relevant to concept of:</th>
<th>Definition or explanation provided:</th>
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| Age, consent           | Preamble paragraph 11: ‘In order to tackle recent developments in the phenomenon of trafficking in human beings, this Directive adopts a broader concept of what should be considered trafficking in human beings than under Framework Decision 2002/629/JHA and therefore includes additional forms of exploitation. […] However, when a child is concerned, no possible consent [to exploitation] should ever be considered valid.’  
Preamble paragraph 12: ‘When the offence is committed in certain circumstances, for example against a particularly vulnerable victim, the penalty should be more severe. In the context of this Directive, particularly vulnerable persons should include at least all children.’  
Article 2 – Offences concerning trafficking in human beings:  
‘1. Member States shall take the necessary measures to ensure that the following intentional acts are punishable: The recruitment, transportation, transfer, harbouring or reception of persons, including the exchange or transfer of control over those persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. […] 3. Exploitation shall include, as a minimum, the exploitation of the prostitution of others […] 5. When the conduct referred to in paragraph 1 involves a child, it shall be a punishable offence of trafficking in human beings even if none of the means set forth in paragraph 1 has been used.’ |
| Age                    |                                     |
| Trafficking            | World Health Organisation Report of the Consultation on Child Abuse Prevention (1999)\textsuperscript{134}  
‘The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials.’ |

\textsuperscript{134} [http://apps.who.int/iris/handle/10665/65900](http://apps.who.int/iris/handle/10665/65900)
This study was commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee. The study provides a definition and conceptual model of domestic sexual abuse of girls, as well as analyses of prevalence and risk factors across the EU. It goes on to review policies and actions to address domestic sexual abuse of girls at the EU and Member State levels, and sets out case studies of four countries. It ends by providing recommendations for Member States and EU institutions.