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Child Maltreatment in the United Kingdom: a Study of the Prevalence of Abuse and Neglect.

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Executive Summary November 2000

1. Introduction

The Survey of Childrearing and Children's Experience

This paper gives a summary of the first report on a major national study undertaken to explore the childhood experience of young people in the UK, including their experience of abuse (physical, sexual and emotional) and neglect, collectively described as maltreatment. The research described here is the only UK study, and one of the few world wide, to have addressed the issue of maltreatment comprehensively, in a large random probability sample of the general population. It is also the first UK general population study to cover all kinds of abuse both inside and outside the family.

This first report describes the treatment which the young people experienced from parents and carers, other relatives, adults in their neighbourhood, professionals in positions of responsibility towards them, and age peers at school and elsewhere. It seeks to establish measures of abuse and neglect which are transparent, robust and replicable, based on the best available knowledge from previous research and practitioner experience in the UK and elsewhere. The measures incorporate both what is known about public opinion on the acceptability of behaviour towards children in the UK, and what treatment is likely to be harmful to children, immediately and in the long term. Later reports will link the young people's experience to other aspects of their childhood, and examine the interrelationships between different types of maltreatment.

Sample and methods

The study used a random probability sample of young people aged 18 -24 years, who were young enough to be close to their childhood, for whom effects of childhood experience on the young adult would be assessable, but relatively uncontaminated by later stresses of adult life. The method of data collection used was confidential computer assisted interviewing, whereby respondents could enter their answers

directly on to a laptop computer. This avoided the need to discuss potentially distressing issues with the interviewer and gave privacy when many young people were still living with their parents, making it easier to answer questions frankly. Sampling used the postcode address file, and the sample was drawn from all parts of the UK. A sample of 2,869 young people was obtained, with a response rate of 69%. Most (56%) were still living with their parents, 18% with partners, 8% lived alone and 15% had children of their own. Most (92%) recorded their ethnicity as white, with 8% from minority ethnic groups, predominantly Asian. Seven percent reported that they had a disability, usually of mobility or a learning disability.

The need for knowledge about maltreatment

We know very little about the extent of child maltreatment in the UK. Official data records only what is known to the authorities, and many offences against children are known to go unreported. In order to plan services properly, we need to know more about the unreported cases, and whether there are fundamental differences between these children, who may never see a social worker or police officer, and those children who receive official help and protection. We also need to understand more about the long term effects of abuse and neglect, particularly of the treatment which may seem less serious to the observer. We know that serious abuse can lead to long term social and mental health problems, but understand little of the effects of less serious abuse, or of abuse which occurs for a short or long time, or about what enables individuals to recover from abusive childhoods. This knowledge is essential for the development of prevention strategies, and of sensitive and accessible services. Studies of the general population, rather than of families reported to the authorities or receiving services, are a first step to answering these questions. There have been very few such studies in the UK and none using random probability sampling which enables confident generalisation to the whole child population. Studies which have been carried out, primarily on sexual abuse, use different methods and definitions and produce incomplete and conflicting findings.

Definitions of maltreatment

Child maltreatment is inherently difficult to define, since children can be harmed in many different contexts, of which assault, whether physical, sexual or psychological, is only one. They are, for example, especially vulnerable in many dangerous situations which might also affect adults, such as exploitative labour conditions or polluted environments. Definitions of maltreatment have two main components: harm, which may be a harmful action or a harmful consequence, and a person or persons responsible for the harm (Gough, 1996). Gough points out that childhood itself is a social construct in which ages defining childhood have varied throughout history. The age boundary separating legal definitions of childhood and adulthood is an artificial one, whereas the process of maturing towards adulthood is long and gradual. Gough illustrates the complexity of different levels of responsibility which may be attributed, depending on the role and degree of trust held by the abuser, and on social perceptions of responsibility or of mitigating factors.

Similarly there is no neat dividing line between children who are abused and children who are not. Harm may occur to varying degrees and over different time periods; families may be in continuous difficulties with the care of their children or may generally cope well until something oversets a fragile balance; abusive behaviour may target all children in a family or may affect only one, while others are well cared for. The treatment of children can generally be seen as a continuum, rather than there being an organic difference between abusive and non abusive families or situations. Although there is evidence of consensus in western countries about what constitutes serious harm, there are some areas where there are much publicised disagreements, such as the age of consent to sexual intercourse, the use of physical punishment and the appropriate levels of supervision of children at different ages. Definitions of abuse and neglect can be shown to vary between countries, cultures and generations. Professionals make different assessments to those made by victims of maltreatment, who for a variety of reasons often minimise what has happened to them. For this reason, a prevalence study must obtain data on whether specific acts or omissions have occurred, rather than restrict data to behaviour which is predefined as maltreatment. It is clear that there can be no fixed and permanent definition of maltreatment, but only one which is acceptable in a particular culture at a particular time. In the present study maltreatment assumes either a specific action towards a child by one or more adults or in some circumstances by an older child or children, or the omission of care which an adult had a responsibility to provide. It does not include general harmful conditions, such as environmental conditions, which apply to all children in a community, neighbourhood or other social group.

Problems in measuring maltreatment

Even when the definitional problem is resolved, there are problems in measuring the prevalence of maltreatment, because many forms of maltreatment overlap. Sexual abuse can involve a level of physical abuse, and all forms of abuse involve an element of emotional abuse. The process of achieving a single measure representing maltreatment inevitably blurs the differences in the severity and duration of the children's experiences. There is also the problem of obtaining complete information, especially on less serious maltreatment, that which occurred for a short period only, or in very early childhood. Retrospective studies obtaining data from adults are likely to underestimate maltreatment because events in early childhood are forgotten. There are ethical and practical problems in obtaining data from children about abuse or neglect they may have experienced, in a general population survey which involves 'cold calling' and can offer only limited post-interview support, especially when they may still be living with their abusers. Some studies of parental behaviour avoid these problems, but exclude maltreatment by people other than parents, of which parents are unaware. The choice of the sample of 18 - 24 year olds was aimed to minimise these disadvantages.

The interviews

The interview was designed to minimise as far as possible the difficulties described above. The questionnaire was pre-coded but with an option for respondents to add additional comments as necessary. The interview initially covered broad aspects of

family life and relationships, family discipline and respondents' attitudes to childrearing and child maltreatment, later moving into the most sensitive questions about possible maltreatment. The questions did not define abuse and neglect but asked respondents if they had experienced specific behaviour towards them, some positive and some negative. Respondents whose accounts indicated that they might have experienced maltreatment were asked more detailed questions about that experience. After the questions were complete, respondents who reported potentially abusive treatment were asked if they considered the treatment they received to be child abuse. All respondents were given a guarantee of absolute confidentiality of their responses, but also given a leaflet with 'helpline' details and contact phone numbers with the research team, should they later wish to discuss any issues arising from the interviews.

At the end of the interview respondents were asked whether they thought the survey worthwhile and whether they would be prepared to help in further research. Only 2% felt that it had been a waste of time, while 85% said that they would definitely be willing to take part in further NSPCC research and a further 7% that they might, depending on the circumstances.

2. Family life

Care, relationships and support

It is important that child abuse and neglect are placed in the context of what is more typical for children to experience as they grow up. Family life is one of the least studied areas of our society. The few studies which have examined family life in general population samples reveal very great differences within the range of 'normal' family life and childrearing patterns, with social class being one of the strongest influences. (Creighton and Russell 1995). The present survey shows that the large majority of young people aged 18- 24 grew up in loving homes, spent all or most of their childhood being cared for by birth parents with whom they had good relationships, and describe themselves as well cared for. Nine in ten respondents had at some point lived with both birth parents together, and seven in ten spent their whole childhood with both birth parents. One fifth had spent at least part of their childhood in a single parent family and 13% lived at some point in a reconstituted family.

Over nine in ten agreed with the statement that they had had a 'warm and loving family background' with 77% strongly agreeing this. When asked how their families had shown them that they were cared for, almost nine in ten identified praise, and more than three quarters said they had been hugged, cuddled or kissed. Only 1% were unable to identify any ways of showing affection in response to this question. More than nine in ten described 'very close' or 'fairly close' relationships with mothers and more than three quarters with fathers.

They had many sources of adult support and advice within their families and communities to help with the problems and dilemmas of growing up. Many of them also found good role models and support from the various professionals with whom they had contact, teachers being most often mentioned. Only 2% were unable to select an adult whom they had particularly respected. Almost all had someone to turn to for

help and advice, mothers being most commonly mentioned (69%), followed by fathers (40%) and teachers (21%).

The respondents describe themselves for the most part as having considerable freedom to develop their own values and beliefs, to mix in a wider social world and to express their views, and have them considered, with between three quarters and 90% having 'complete' or 'quite a lot' of freedom on these issues. Three quarters said that they had an amount of responsibility and independence which was 'about right'.

They give a picture of family discipline as being most often based on reasoning, explanation and non-physical punishment. Almost three quarters report being 'grounded' or sent to their room. Although almost three quarters of them did receive some physical discipline, it was for most of them mild and infrequent, most often taking the form of a slap on the leg, arm or hand (59%) or the bottom (21%) with a bare hand.. Shouting and threats also featured in the experience of most of them. Estimates of punishment, particularly of physical punishment, will inevitably be underestimates, since it is known from studies of parental behaviour that most takes place when children are very young, and it is therefore likely to be affected by memory loss of events in early childhood.

Stress and problems

The converse however, was that a sizeable minority of about a third report that there was sometimes 'a lot of stress' in their families and the same proportion report financial pressures and worries. More than a fifth had experienced the separation of their birth parents, and almost a fifth had regularly had to shoulder adult responsibilities at an early age because their parents were ill, disabled, had substance abuse problems or had needed emotional support through divorce or bereavement.

A minority of the sample depict a very different childhood from the majority. They record poor relationships with parents, rarely or never being shown affection, having no one to turn to for advice or when in trouble, having few friends, or being regularly hit, shouted at and sworn at.

The remainder of this report goes on to examine these less positive childhoods and to consider the experiences which could be construed as maltreatment.

3. Acceptable and unacceptable ways of treating children

Discipline

Respondents were asked about their attitudes to the treatment of children in a number of areas relevant to child abuse and neglect. Results established that the great majority of them considered that discipline should be primarily handled by verbal discussion and non-physical means such as imposing additional chores, withdrawal of privileges

and grounding. While there was some support for occasional use of a slap with an open hand, and isolation, more than six out of ten thought it never justified to refuse to speak to a child, or to threaten beatings. More than seven out of ten said it was never justified to make a child miss a meal, embarrass or humiliate a child. Using implements to hit a child or hitting with a closed fist was unacceptable to almost the whole sample.

Care and supervision

Views on the care and supervision of a child were also clear. Most respondents felt that children could be given a healthy diet, even on a low income, that they should always be taken seriously when they said they were ill. Views were more mixed on the importance of a clean home and on whether children's freedom was now more restricted than it had been in the past.

Sexual freedom and activities

Results showed a conservative approach to sexual freedom for young people under 16. The results show that young people of this age range are in general accepting of the current law on the ages of consent for heterosexuals, though there is considerable sympathy for lowering the age for homosexual couples to 16. A sizeable minority would like to see the heterosexual age of consent raised and there is almost no support for the age of consent to be lowered below 16 in any circumstances. While few wanted to prohibit sexual relations between young people and professionals with responsibility for them, large minorities felt that the age of consent for these relationships should be higher than for other couples.

When asked about sexual relations between young people under 16 and adults over 18, nine out of ten thought that no sexual activity was acceptable for children under 12 with over 18s. Responses were more mixed concerning those aged 13 - 15, but more than four out of ten thought that nothing was acceptable and most of the remainder considered only kissing and cuddling acceptable. Only 2% considered that intercourse or oral sex were acceptable between 13 -15 year olds and adults.

Results show that respondents shared in a broad consensus on the acceptability of specific treatment of children. The similarity of the results to those found in previous research, notably in Creighton and Russell's (1995) national sample of adults aged 18 - 45, indicates a social consensus which is a reliable and stable feature of values about the treatment of children, and which provides a foundation for the judgement of child maltreatment in the UK.

4. Bullying and discrimination

Bullying and discrimination by young people

Bullying at school has received considerable attention in the media, and some recent research has indicated that it is a widespread problem faced by children of all ages.

(Balding 1998). However there has been no research the UK exploring its relationship to maltreatment elsewhere. Respondents were asked a series of questions concerning bullying and discrimination by other children and young people and by adults. Results showed that bullying by other children and young people was a feature of the childhood experience of almost a third of the sample, and that respondents also reported experiencing discrimination and being made to feel different from other young people. One or other of these problems were identified by more than four out of ten respondents. Bullying and discrimination by young people was found across the social spectrum but young people in 'AB' social grades were slightly more likely to say that they had been bullied or made to feel different than were other groups. In all 43% of young people had experience of one or the other form of aggression.

Only 14-15% of respondents had been physically bullied, but large minorities had experienced threats of violence, having their belongings damaged or money or property taken from them. The most common behaviour was verbal insults or lies told about them, or ignoring and excluding them. The most usual reason given was 'size' (height or weight), closely followed by 'class' and intelligence. Race was identified as a reason by 8% of the whole sample, but by more than two thirds (68%) of the young people from minority ethnic groups compared to just 3% of white respondents. A fifth of respondents who had experienced bullying and discrimination said that it had occurred 'regularly over the years' and a quarter said it had long term harmful effects on them. This amounted to one in ten of all respondents.

Bullying and discrimination by adults

One in ten respondents reported bullying and discrimination by adults, with no gender or social trends. Respondents were most likely to think this had happened because of their social 'class' or their intelligence. Very few reported physical bullying or threats by adults: most common were deliberate attempts to humiliate or unfair treatment. Just under a fifth of those bullied by adults had experienced it regularly over the years.

A school-based problem

Bullying and discrimination, whether by other children and young people or by adults, was most likely to have occurred at school: 71% of bullying by adults and 94% of bullying by children and young people. Although other locations were identified, each was named only by very small numbers. This possibly reflects the extent to which the term 'bullying' is seen as intrinsic to the school setting rather than as a description of particular behaviours in themselves.

The results confirm previous studies suggesting that bullying and discrimination, especially at school, is one of the most common forms of harmful aggression experienced by children and young people in the UK, and that there are particular issues in the relationships of aggression and hostility between young people. Although relatively little of the bullying took physical form, this in no way means that it was less serious or harmful for the children on the receiving end, particularly if the non-physical forms constituted a prolonged attack on the child's self esteem and self confidence. It is notable that most of the issues about which respondents said they were bullied - their size, intelligence, social background and race - were fundamental

aspects of their identity over which they had no control, so that bullying would represent a major psychological attack.

The physical attacks and some of the verbal attacks included in this section will also have been recorded in the parts of the interview which asked more directly about attacking behaviour, giving the opportunity to explore the relationships between what is seen as bullying, and what as physical or emotional abuse. This will be explored further in later reports.

5. Physical abuse

Forms of violence to children

A review of the research literature on the prevalence of physical abuse showed a range of different results reflecting the varied methods, samples and definitions used. Many studies use the Conflict Tactics Scale (Straus 1979), developed for use with parents. This measures the levels of violence towards children in a context which examines various physical and non physical ways of managing conflict between parents and children. The present study adapted measures from this scale to assess respondents' accounts of their own experience as children. Respondents' experience of certain kinds of violent treatment was examined, including being hit with implements such as sticks, punched, kicked, knocked down, shaken, deliberately burned or scalded, throttled or threatened with a knife or gun. A distinction was made between this more serious treatment, designated 'violent' treatment, and the 'physical treatment/discipline' of slaps, smacks and pinches described in Chapter Two.

Parental violence to children

Results showed that although few had experienced the individual violent treatments, a quarter of the sample had experienced at least one of them. There was a small gender difference with slightly higher levels of men than women experiencing such treatment, but a strong link with social grade, with respondents from grades D and E almost 50% more likely to have experienced this level of violence than those from AB grades. Most of the violent treatment (78%) had happened at home, most often by mother (49%) or father (40%). More than a fifth of those reporting this violent treatment had experienced it regularly, with young women slightly more likely to report this than young men.

More than one in ten of those receiving either this violent treatment or the less serious physical treatment/discipline reported in Chapter Two said that they had as a result frequently suffered effects such as pain, soreness or marks lasting till next day or longer. A fifth of the whole sample reported that they had experienced injury on at least one occasion as a result of the treatment they received. This was most often bruising, but small proportions reported other injuries including head injuries, broken bones and burns.

Levels of abuse: research assessment

An estimation was made of the prevalence of physical abuse by parents, including stepparents or other quasi-parental carers. Responses were combined into a comprehensive measure of physical abuse, which was assessed on three levels. Serious abuse was where there had been violent treatment regularly over the years, or violence which caused physical injury, or frequently led to physical effects lasting at least until next day. Intermediate abuse was either where violent treatment occurred irregularly and with less frequent lasting physical effects, or where other physical treatment/ discipline such as slaps, smacks and pinches occurred regularly and caused injury or regularly had lasting physical effects. The third level reflected 'cause for concern' where less serious physical treatment/discipline occurred regularly, or where irregular physical discipline often had lasting effects. Occasional slaps, smacks or pinches which rarely or never had lasting effect were excluded from the assessment of abuse.

Using these definitions, 7% of the sample were assessed as seriously abused by parents or carers, 14% as experiencing intermediate abuse, and 3% as having 'cause for concern'. The gender picture was variable, with more girls experiencing serious abuse and more boys intermediate abuse. There was a strong link with social grade for serious abuse, with more from social grades D and E having experienced abuse, but this trend was not found for the other categories.

Respondents' self assessment of abuse

As found in many previous studies, researchers were more likely to assess respondents as abused than the respondents were to consider themselves abused. Although 17% of respondents who had experienced physical discipline or violent treatment said that their treatment was too strict and harsh for a child, only 7% said that they now considered the treatment they had at home to have been abuse: this represented 5% of the whole sample. There was a high level of agreement between researcher assessed and self assessed abuse at the extremes of 'serious abuse' and 'no abuse' and most of the disagreement was at the intermediate level.

Violence: a family affair

The survey results have identified the extent to which violence towards children is primarily a family affair. The only arena outside the family where it occurs with any frequency is between age peers at school or in other settings where the young congregate. Violence by unrelated adults, including professionals, is rare. Within the family, it is primarily birth parents who mete out the violent treatment, though sibling violence and step-parent violence also occur.

Several previous studies have demonstrated the more frequent reliance on physical punishment in manual workers' families (Creighton and Russell 1995). In the present study there is a strong association between the respondents' present social grade and their experience of more serious violent treatment. Similarly levels of physical abuse by parents are linked to social grade, both for researcher assessed abuse and self assessed abuse. The respondents' present social grade is not necessarily the one in which they grew up, although it would be expected to show a strong overlap.

Furthermore, abusive childhood experiences are known to depress cognitive development and school achievement (Kaplan, Pelkovitz and Lambruna 1999) so that the association between abuse and lower social grades for this sample could be partly reflecting reduced employment prospects caused by abuse. This issue will be explored further in later reports.

6. Physical neglect: absence of adequate parental care and supervision

Definitions of neglect

A review of the literature showed the absence of agreed definitions of neglect and of general population surveys of its prevalence. Neglect appeared to be a compendium of different situations rather than a unitary phenomenon, and outside a small common core, there was little consensus on what should be included in its assessment. There was evidence that neglect might be particularly damaging in its long term effects, and that it was part of a complex interrelationship with physical, social and psychological wellbeing. There was also a complex relationship between neglect and poverty which is not fully understood but for which structural changes in the family or health problems could be catalysts.

In examining physical neglect, the present survey focused on the core issues of basic physical nurturing, health care and supervision. Questions were restricted to issues which were likely to be affected as little as possible by the parents' economic situation. As the preliminary analysis suggested that physical care and supervision are very different phenomena, analysis is presented separately for the two dimensions.

Physical nurturing and health care

Questions on physical care covered provision of food, clean clothes, medical treatment when ill, dental care, children having to assume adult responsibilities in childhood, look after their own needs because parents abandoned them or went away, or had problems such as drugs or alcohol use, home conditions being unclean or physically dangerous, and children being allowed into dangerous places or situations.

Supervision

Questions on supervision covered the age at which children were allowed to be at home without adult supervision during the evening or overnight, the age at which they were allowed to go out for various purposes without adult supervision, and whether as young children they had been left in charge of younger siblings while parents were out.

Levels of neglect

Answers showed that very few respondents had experienced absence of the basic necessities of life, including health care. The proportion experiencing absence of

supervision was rather higher. Both of care and supervision were assessed hierarchically on three levels: serious absence, intermediate absence, and care at a level which was not immediately serious but which might indicate parenting problems and give cause for concern. A fourth level of supervision was identified which was not rated as neglectful but which might be construed as problematic in some circumstances or by some people.

Serious absence of care was assessed as including children frequently going hungry, frequently having to go to school in dirty clothes, not being taken to the doctor when ill, regularly having to look after themselves because parents went away or had problems such as with drugs or alcohol, being abandoned or deserted, and living in a home with dangerous physical conditions. On these criteria, 6% of the sample were assessed by researchers as suffering serious absence of care. Intermediate absence of care was where the above conditions applied but with less frequency, with an additional item that children under 12 always or often had to do their own laundry. Intermediate absence of care applied to a further 9%. The 'cause for concern' group, 2% of respondents, were those who said that their home was unclean, they sometimes had no clean clothes for school, and they rarely or never had dental check ups.

Serious absence of supervision included children allowed to stay at home overnight without adult supervision under the age of 10, or allowed out overnight without parents knowing their whereabouts, aged under 14. This category included 5% of the sample. Intermediate absence of supervision, 12% of respondents, included those: left unsupervised overnight aged 10 -11; allowed out overnight, whereabouts unknown, at the age of 14 - 15, and under 12s frequently left in charge of younger siblings while parents were out. The 'cause for concern group', 3% of the sample, were those left without adult supervision in the evening, or going to the town centre shops without an adult or much older child, when they were under 10 years old. A fourth level of 'other absence of supervision' were those left unsupervised in the evenings or going unsupervised to the town centre shops at the age of 10 or 11, and under 12s sometimes left in charge of younger siblings while parents were out. This level was more common with 17% of the sample saying this had been their situation. In total it brings to 37%, almost 4 in 10 of the sample, the proportion whose supervision could be regarded as problematic by the criteria applied in child protection and other professional contexts. This raises questions as to the nature of public and professional norms concerning the supervision of children, particularly in the 10-11 age range.

There were relatively few distinctions by socio-economic grade - less than might have been expected, given the known association between neglect and poverty. However respondents now in social grades DE were more often assessed as experiencing serious absence of care, and in some respects had less supervision, most notably in more often being allowed out overnight without their whereabouts being known to parents. It was pointed out that this is their present social grade, not necessarily the one in which they lived as a child, and that this finding will also partly reflect the depressant effect of adverse childhoods on educational achievement and employment prospects.

There were also some gender differences in supervision with males receiving slightly less supervision on a number of measures, but most notably with females far less likely than males to have been allowed out overnight.

Self assessed neglect

Respondents were very reluctant to describe themselves as neglected. In all, 4% of the sample said that they had not been well cared for, but only 2% considered their treatment amounted to neglect. This was in spite of them giving as examples of absence of care that they had not been fed properly, had been abandoned or deserted, had dangerous or unclean homes, had been left alone too much, or were not properly supervised or watched out for. It raises questions as to what had to happen to them before they could make a judgement of neglect! For those who did rate themselves as neglected, however, there was a high overlap with the researcher assessment of serious absence of care or supervision.

7. Emotional or psychological maltreatment

Problems of language and definition

Examination of the literature showed that there had been no national population studies of emotional or psychological abuse or neglect in the UK and very few elsewhere. Although there was a growing consensus on the central importance of this form of abuse as an indicator and catalyst for other forms of abuse and neglect, there is little consensus on its definition and nature. There are almost as many definitions as there are studies, with little building on previous work and little movement towards an accepted paradigm. The terms 'emotional' abuse and neglect, with their focus on the parent-child relationship, are more common in the UK. In the USA, where the focus is more strongly on behaviour towards the child and its effect on personal development, the terms 'psychological' abuse and neglect are more commonly used. This report follows the UK convention, except where citing research which uses a different term, but it is clear from the evidence that both aspects are important. Previous studies also have no consistency over when something should be classified as abuse and when as neglect, and the distinction is often difficult to draw, for example when discussing the effects of parental rejection, or violence between carers. Hence, the present study uses the term 'emotional maltreatment' to cover both. Relatively few definitions deal with the possibility of active hostility or sadism towards the child, but research on the relationship between childhood maltreatment and adult mental health shows this to be an important issue.

Problems of measurement

A number of difficulties beset attempts to measure the prevalence of emotional maltreatment. The primary ones are:

- the very wide range of behaviour which can be emotionally damaging to children, including those which could also be classified as physical or sexual abuse or neglect;

- the problem that vulnerability is more linked with age than for other forms of maltreatment, with constantly moving goalposts as the child grows older;
- the difficulty of drawing boundaries between unpleasant experiences which all or most of us have at times due to the thoughtlessness or insensitivity of others, and seriously abusive treatment.

Research from the USA suggested that adult accounts of psychological abuse in childhood are more volatile than those for physical or sexual abuse, and more likely to be different on different occasions (Friedrich et al 1997). This work suggested that a dichotomous approach to measurement of psychological abuse was not appropriate and that it should be assessed along a continuum, to take into account the range of abusive treatment experienced. Qualitative research suggests that emotional maltreatment rarely operates in just one area of a child's life and is a lasting phenomenon, featuring for prolonged periods of childhood or for the whole of it. Parallels can be drawn between emotional abuse of children and partner abuse, in the accumulating evidence that a central feature is the desire for domination and control of another person, which may be manifested in physical, sexual or emotional abuse, and which often deliberately isolates the victim from relationships that could offer alternative sources of support and comfort. As emotional maltreatment is particularly likely to attack the child's self esteem, victims are especially vulnerable to being made to feel that they deserved or were in some way responsible for the maltreatment they received.

Dimensions of maltreatment

Data was grouped and analysed along seven dimensions, drawing on the work of Garbarino (1986), Brassard Hart and Hardy (1993) and Bifulco and Moran (1998), but incorporating some additional conceptualisation of physical domination or proxy attacks aimed at causing emotional rather than physical distress. These were:

- Psychological control and domination, including attempts to control the child's thinking, and isolation from other sources of support and development.
- Psycho/physical control and domination - physical acts which exert control and domination but cause distress rather than pain or injury (such as locking the child up or washing out the mouth with soap).
- Humiliation/degradation - psychological attacks on the child's worth or self esteem, which could be verbal or non verbal.
- Withdrawal - withholding of affection and care, exclusion from the family (including showing preference for siblings, and excluding the child from benefits given to other children in the family).
- Antipathy - showing marked dislike of the child by word and deed.
- Terrorising - threats to harm the child or someone, something the child loves, threatening with fear figures, threats to have the child sent away, making the child do something that frightens them.
- Proxy attacks by harming someone or something the child loves or values. This could include deliberate attacks on the child's possessions or pets, and also includes violence between carers.

Results are given on the seven dimensions above for respondents receiving treatment in these categories at the hands of parents or step-parents. Very few reported such treatment from others. Analysis concentrated where possible on treatment occurring regularly or to an extreme level.

Terrorising and psychological domination

Findings showed large minorities of the sample having some experiences in each category, although each dimension proved to have considerable variation within it. The most common was that described as 'terrorising' which over a third of the sample (34%) reported, most of the variance being accounted for by the 20% who said that they were 'sometimes really afraid' of their father/stepfather, and the 17% who had been threatened with being thrown out by parents. Second most common was 'psychological domination and control' on which almost a quarter of the sample recorded some instances. This proved to be largely due to respondents reporting that their parents (most often fathers) were unpredictable, and they did not 'know where they stood' with them. Very few reported that parents would not allow them to express their own opinions, hold their own beliefs or meet other people. . The dimension 'proxy attacks' showed that 5% of respondents had lived with 'constant or frequent' violence between their carers (26% had seen violence at least once), and 9% reported a treasured possession deliberately broken or thrown away by parents/step-parents.

Humiliation, control, withdrawal and antipathy

Almost one in five reported some psychophysical control (17%) or humiliation and psychological attack (18%) and approximately one in ten had some experience of the other dimensions. Questions on the 'psychophysical control' dimension concerned treatment which would be prohibited as punishment for children in public care, yet which are still used by small minorities of parents: for example approximately one in ten had their mouths washed out with soap, the same proportion were made to miss a meal, while 8% had been locked in a room or cupboard. On 'humiliation and psychological attack', more than one in ten said that they had been sworn at by parents regularly over the years, while 8% were told that one or both parents wished they were dead or had never been born. On 'withdrawal', just 1% could not name any way in which they were shown affection as a child, but 3% said that they had been given too little affection. On 'antipathy' one in ten named a parent or step-parent as a person who 'really seemed to dislike them or have it in for them' and 8% said that a parent or step-parent 'seemed to want to hurt or upset them on purpose'

The emotional maltreatment scale

The results cited in this summary are examples taken from a wide ranging series of questions. The seven dimensions were used to construct a measure of emotional maltreatment in the family. This gives a way of assessing whether respondents experienced adverse treatment across a number of areas of their lives. Respondents were assigned scores for the number of items on each dimension which they reported

adverse treatment by parents/step-parents. Scores ranged from 0 to 14, and the mid point of 7 was taken as the cut off point for assessing maltreatment. To achieve this, respondents had to report adverse treatment on at least four of the seven dimensions. Because of the cumulative nature of the scores it is possible that some respondents with lower scores experienced very severe treatment in just one or two areas, and further work will be carried out to explore these issues in a later report.

In all, 6% of the respondents had scores of 7 or more, and 6% had scores of 5 or 6 for which they would have recorded adverse treatment on at least 3 dimensions; 44% had zero scores, and the remainder had scores between 1 and 4. Scores indicated that a small proportion of the sample had experienced multiple attacks on their emotional well-being within their family, for much or all of their childhood, but that a much larger number had experienced parenting which was at times very insensitive.

Respondents' self assessed abuse

When asked whether they thought the way they had been treated was child abuse, 3% of the sample said that they had been abused and 2% were unsure.

Hurtful messages to children

This section of the study is the most exploratory, and conclusions are necessarily more tentative than with the other areas of maltreatment, but they do raise a number of serious questions about the insensitive, and sometimes apparently sadistic treatment experienced by many children. Parents who tell their children that they wish the child was dead or had never been born, for example, may be reacting to stress or an immediate family crisis rather than expressing a genuinely held long term view, but it is hard to imagine a more hurtful thing to say to a child. Even in a generally loving relationship, treatment such as this clearly stays in the mind into adult life, while for some children it formed part of a constant pattern of reminders that they were not loved.

8. Sexual abuse

Definitions of sexual abuse

More previous research has been carried out on the prevalence of sexual abuse than in the other areas of maltreatment, particularly on the abuse of females. However the variety of approaches to definition, sampling and data collection have produced greatly varying estimates, ranging from 3% to 36% for females and from 3% to 29% for males, depending on which study is cited. There is consensus from previous studies that females are more likely to be victims of sexual abuse, and that abusers are most likely to be known to the child but not a relative.

'Consensual' under age sex and informed consent

There are considerable differences of opinion on the definition of abuse. Most studies agree that sexual acts occurring against the child's wishes are abusive, but problems arise in deciding when a child is competent to give 'informed consent' with full understanding of the meaning and implications of consent. This is particularly important when there is an age gap between the participants, which can affect the power relationship between them. Studies have used age gaps varying from 2 to 10 years in deciding whether apparently consensual activities were abusive, with 5 years being the one most commonly chosen. There is evidence that with younger children, smaller age gaps can give rise to abuse. The issues are further compounded by questions of legality and the age of consent, particularly when it differs for males and females.

Recent studies have moved away from attempting comprehensive definitions of abuse towards examining the occurrence of a range of behaviours. The present survey followed this pattern, by initially asking respondents whether they had experienced specific sexual acts when they were under 16. Those who had done so, were asked further questions about the other person involved, whether they had consented to what happened, and how old they were at the time. Respondents who had not consented, and those whose 'consensual' activity had occurred with someone five or more years older, when they themselves were under 12 years old, were assessed as having been abused. A borderline group was identified who had become involved in consensual sex with an adult of 5 or more years older when they themselves were aged 13 - 15 years. Abuse was examined separately according to the identity of the abuser, whether a relative, a known but unrelated person, and a stranger or a person just met. A distinction was drawn between abuse involving physical contact, (including intercourse, oral sex, touching and fondling, and sexual hugging or kissing), and 'non contact' abuse, (using the child to make pornographic photographs or videos, showing the child pornography, forcing or encouraging the child to watch live sexual acts, and exposing sex organs to excite themselves or shock the child).

Who are the abusers?

Numbers of respondents recording sexual activity with relatives which were against their wishes or with a person 5 or more years older, were very small: 3% reported touching or fondling and the same proportion had witnessed relatives exposing themselves. The other categories of oral/penetrative acts or attempts, and voyeurism/pornography were reported by 1%. Much larger numbers had experienced sexual acts by non relatives, predominantly by people known to them and by age peers: boy or girlfriends, friends of brothers or sisters, fellow pupils or students formed most of those involved. Among older people, neighbours and parents' friends were the most common. Very few said that the person involved was a professional. The only category which was experienced to any great extent from strangers was indecent exposure: of the 7% of the sample who experienced this, just over a third said that the person concerned was a stranger.

Where abuse occurred

Most activity had occurred either at the respondent's own home or the home of the other person involved. Other locations were rare, except for indecent exposure, approximately a third of which happened in open places. The majority had more than one experience: only indecent exposure was likely to be a single incident. Most incidents had started in adolescence and only a quarter of respondents experiencing unwelcome sexual behaviour or sexual acts involving a person 5 or more years older had told anyone about it at the time. When they had, their confidante was usually a friend, less often a family member and very rarely the police or other professionals. The person involved with the respondent was almost always male and very few respondents of either gender said that the person involving them in sex acts was female.

Prevalence of abuse

When the answers were combined into a measure of abuse, the group reporting consensual activity with a person 5 or more years older were divided at age 12. Those who were 12 or under at the time of the sexual activity were included, together with those who had not consented to the activity, in the 'abuse' group. Those who were aged 13 - 15 years when the consensual activity took place were included as a borderline 'at risk' group. Using these definitions, 1% of the sample had been abused by parents/carers, almost all of this abuse involving physical contact, and 3% had been abused by other relatives, with 2% contact and 1% non contact. Abuse by other known people was the most common, and 11% of the sample had this experience, 8% involving physical contact and 3% non contact. Abuse by strangers or someone just met had affected 4% of the sample, 2% contact and 2% non contact.

The borderline group who had consensual sexual activity with an adult other than a parent when they were aged 13 -15 was primarily involved with known non-relatives: 5% of the sample came into this group. Only 4 respondents, less than 1% of the sample, reported consensual activity with a relative and 1% with a stranger.

Women respondents were more likely than men to have experienced all forms of sexual abuse.

Respondents' self assessed abuse

When respondents with experience of sexual acts as defined above were asked if they considered their treatment to have been sexual abuse, 6% of the total sample considered they had been sexually abused. There was overlap with the research defined abuse for those abused by relatives but much less so for others.

9. Conclusions

Paradigms for maltreatment

The importance of reliable prevalence data for making assessment of service needs is considerable, but its achievement is problematic, due to an absence of consensus over

what constitutes the various forms of maltreatment. Different definitions are adopted by different countries, generations, social classes and cultures, although there is some emerging international agreement on the more extreme forms of cruelty and exploitation. Some previous prevalence studies of physical and sexual abuse gave a baseline for the development of measures for this study, but there was no accepted paradigm for the study of neglect or emotional maltreatment, so this part of the study is far more exploratory. The different forms of maltreatment are interlinked and overlapping, making it impossible to reach a tidy figure for the total number of maltreated children, which is realistic and avoids double counting. Almost all forms of physical or sexual maltreatment simultaneously involve emotional harm. However, we do know that there is a marked overlap between those assessed by researchers as seriously maltreated and the 13% of respondents who assessed themselves as having been abused. In interpreting the results, it is important to consider the size of the national population to which these results are relevant. The child population of the UK is approximately 12 million (Office for National Statistics 1997), and even 1% of this represents 120,000 children and young people.

Challenges to standards of childrearing and family life

The findings challenge us to rethink some fundamental issues about the way we care for children and support families. These include family life, gender, socio-economic status and age-peer relationships. The family offers the primary source of nurturing, love and development to children and was effective in doing this for most of the sample. But it also was the source of stress and problems to quite large minorities. Implications of the figures obtained from this random sample are that, in a full double decker school bus at the end of the day, at least seven children are likely to be going home to families which they do not experience as loving or close; as many as ten may be shouldering a 'double shift' burden of housework and caring for parents who are incapacitated by their own health or social problems; two or three will be going home in fear of the frequent violence between their parents, and two or three will be returning to a life of regular beatings or denigration. These figures are not cumulative and some children will be experiencing several or all of these situations.

Gender and maltreatment

The data on gender raises anew the issues identified in much previous research concerning the role of fathers and their relationships with their children. Fathers were consistently less likely to be seen as offering closeness, support and good role models than were mothers, and a fifth of the sample were 'sometimes really afraid' of their fathers. There were gender differences in the maltreatment of children, particularly on sexual abuse, where girls were far more at risk, but levels of serious physical abuse and emotional maltreatment were also slightly higher for girls, while boys were less likely to be safeguarded by good supervision. Some of the results suggested similarity between the maltreatment of female children and that of women in abusive partnerships, emphasising once again the common link between domestic violence and child abuse. Abusers, however, could be of either sex. While most sexual abusers were male, women were equally likely to be involved in physical and emotional maltreatment.

Socio-economic status and maltreatment

There was evidence of a social class pattern in some maltreatment, particularly with physical abuse, absence of care and allowing children to be out all night with their whereabouts unknown. Respondents now in social grades DE were more likely to be rated as seriously physically abused, and to rate themselves as abused, than were other groups. While this may in part reflect their present social group as a consequence of adverse childhood, it is likely to represent a real difference in the patterns of physical discipline between social groups. This touches on very fundamental questions about the continued existence of social divisions which support potentially abusive, violent cultures for a minority. In general there was evidence of a common standard across all social groups which did not find maltreatment of children acceptable either in the expression of attitudes or the reality of respondents' childhood experience. It should be noted, however, that some maltreatment was found in all social grades.

Aggression and relationships between young people

The levels of bullying, discrimination and sexual violence found between young people in the survey were high, and in some ways these were the most common abusive experience likely to be faced by respondents. These findings emphasise the need for new approaches to working with bullying, to the management of children in group situations, and to educating the young about social and sexual relationships.

Reconsidering stereotypes

A number of common stereotypes are challenged by the findings of this survey, in relation to all forms of maltreatment. Very few respondents were physically, sexually or emotionally abused by step-parents; very few were sexually abused by strangers or in public places, and there were no examples of sexual abuse by careworkers or youthworkers. The relationship between physical punishment and abuse was by no means straightforward, parents dividing into the majority who used physical punishment rarely and lightly, and the minority who used it regularly and severely, with no significant middle ground.

Finally, the respondents' attitudinal clarity about what were unacceptable ways to treat children was not always consistent with their ratings of the way they assessed their own treatment. In common with other studies, this research found that young people could experience severe absence of care, physical violence or sexual assault and not rate themselves as abused, or be unsure about whether the treatment was abusive. There is a need for a more informed public debate about acceptable standards for the treatment of children.

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