

Expert report

SEXUAL ABUSE OF CHILDREN

Causes and risks

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Preface

One of the tasks of the National Board of Health and Welfare is to support the scientific development of social services. It is doing so partly within the framework of a development project (the KUB Project) in which sexual abuse of children forms one of several thematic fields. Some 20 remits have been entrusted to experts in a variety of scientific fields. Their expert reports provide the National Board of Health and Welfare with documentation on which to base policy decisions concerning sexual abuse of children.

Carl Göran Svedin, Associate Professor of Child and Youth Psychiatry and Project Leader at BUP-Elefanten, Linköping University Hospital, has been commissioned by the National Board of Health and Welfare to compile a survey of current research into causes and risk factors of sexual abuse of children and young persons.

Prof. Svedin's account has been examined by Dr Erik Kreyberg Normann, Director of Barne- og Familjeetaten, Oslo.

We hope that this report will contribute towards a growth of knowledge and understanding concerning causes and risk factors of sexual abuse of children and young persons.

Under the rules applying to expert reports from the KUB Project, the authors alone are responsible for the content and conclusions presented.

Lars Pettersson
Deputy Director-General

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Summary

There is seldom just one single reason for sexual abuse of a child. More often than not, there is a whole series of circumstances behind the crime. A complex interaction is involved between many different factors; risk factors on the part of the offender, on the part of the child and in the child's environment.

Girls are more at risk of sexual abuse than boys. In modern prevalence studies, the ratio between the sexes varies between two and five girls for every boy. Compared with girls, boys are more often abused by someone outside the family and by an offender who has abused other children before. Sexual abuse occurs in all age groups but is considered most frequent in early puberty, the average age in non-clinical material being 8-10 years.

The children who are more liable than others to be sexually abused, especially outside the home, are those who do not believe or know that they can say No to adults, those who are afraid of being punished, those who need affection from and ties to an adult but are denied these things. A greater risk is also incurred by children felt by others around them to behave in a sexualised way and for children with deficient parental supervision.

Most commonly, in all investigations, the offender is known to the child and is part of the child's immediate surroundings. The proportion of such persons present within the household or outside it varies, however, from one study to another.

Empirical studies have shown that families where a child is sexually abused (including both intra-familial and extra-familial abuse) are characterised by being less cohesive, more disorganised and generally more dysfunctional than other families. The areas of family life most often identified in cases of intra-familial sexual abuse are communication problems, lack of emotional proximity, lack of flexibility and social isolation. Several studies have shown that children who are sexually abused have often been subjected to other forms of abuse such as physical and emotional cruelty. Parental maladjustment, above all in the form of alcohol abuse and criminal behaviour, also presents connections with sexual abuse in several studies. No demographic factor or family characteristic, however, can be used to exclude the possibility of a child having been sexually abused. Most of the risk factors are weak and can neither confirm nor absolve in the matter of identifying a case of sexual abuse.

Two groups needing to be specially highlighted are children with functional impairment and children with sexualised behaviour. The particularly vulnerable situation of children with functional impairment, as regards understanding what happens, warding off an attack and communicating information

about what has happened, makes it extra important that the personnel coming into daily contact with these children should be trained and observant.

Sexualised behaviour has been observed in research as a common and perhaps the most important indicator, together with post-traumatic stress syndrome (PTSD), where symptoms and behaviours in children after abuse are concerned. These children must always be offered help, and often the help needs to be long-term.

Introduction

Paedophilia and paedophile behaviour are complex fields in which a completed sexual offence in the individual case can have a highly composite background. There is seldom just one reason. Instead there are series of circumstances behind the crime.

The present report on causes and risk factors is based on a review of literature and on searches in the MedLine and Psychlit databases, using the search words *risk* and *sexual abuse*.

This presentation will attempt to show why children are sexually abused. When an attempt is made to explain why sexual abuse occurs at all, this can be seen in terms of causes, but at the same time these factors and explanations will also constitute what we mean by risk factors.

In the report of the Child Pornography Commission (1997), Martens presented a model which attempted to integrate Araj's and Finkelhor's (1986) four-factor model of sexual abuse of children with Cohen and Felson's (1979) routine activity model. The figure below illustrates a complex interplay between risk factors in the offender, in the abused child and in the child's environment, factors which can help to explain the occurrence of sexual abuse of children.

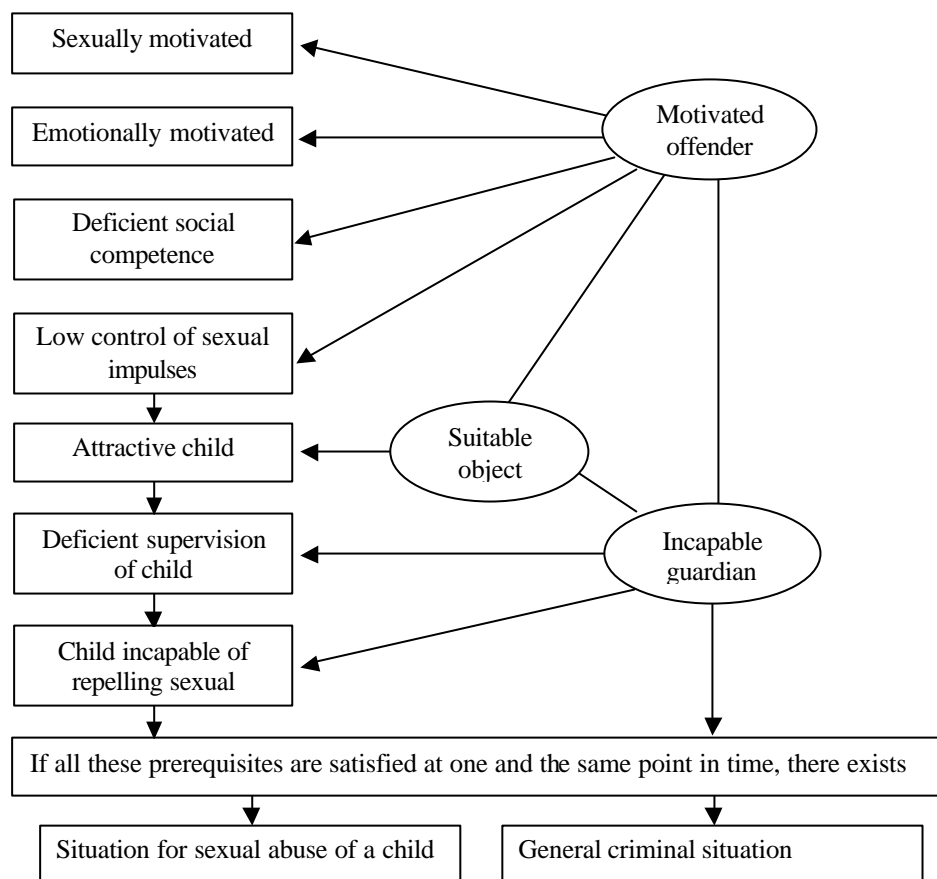


Figure 1. Model of factors underlying sexual offences against children. From Barnpornografifrågan. Innehavskriminalisering m.m. SOU 1997:29. Bilaga 3, P.L. Martens. Pedofili, barnpornografi och sexuella övergrepp mot barn.

Risk factors associated with the offender

Most crimes of sexual abuse are committed by men. It is believed that between 5 and 15 per cent are committed by women (Faller, 1990, Research Team, 1990, Kelly et al, 1991). In Martens (1990) survey of complaints to the police concerning sexual offences against children in 1984, however, none of the alleged offenders was female. Thirteen per cent were young persons, i.e. under 20 years old.

Paedophilia

The term paedophilia refers to the adult and is most often used as a collective designation (Taylor, 1981) for an adult person being emotionally and sexually attracted to children. Strictly speaking, though, *paedophilia* means an interest in children up to the age of puberty, while *hebephilia* means that interest focuses on children during puberty. *Paedohebephilia* denotes interest in children both during pre-puberty and during the years of puberty. The term *pederasty* refers to male homosexual paedophilia. All these terms are usually subordinated to the term *paraphilia*, denoting a deviant sexual disposition.

The proportion of adults in the population of a paedophile disposition is hard to estimate. Present-day knowledge is based for the most part on surveys of persons who have been in contact with the administration of justice or have undergone psychiatric treatment. Martens (1997) maintains that estimates of the number of paedophiles in our society are no more than *speculations*, and on the strength of data in the literature he states that the number of adults of a paedophile disposition could amount to less than one per cent of the population.

In the diagnostic manual of the American Psychiatric Association, DSM-IV (APA 1994), which is also used in Swedish medical care and research, a number of criteria have to be satisfied in order for paedophilia to be diagnosed. These are:

- A. During at least a six-month period, recurrent and intensively sexually arousing fantasies, sexual impulses or behaviours concerned with the person having sexual intercourse with a child who has not reached puberty (usually a child aged 13 or under).
- B. The fantasies, impulses or behaviours cause clinically significant suffering or impaired function at work, socially or in other important respects.
- C. The person is at least 16 years old and at least five years older than the child or children.

In addition to these main criteria, it is usually specified whether the individual in question is sexually interested in boys, girls or both sexes, whether this is solely a matter of incest, whether the individual is interested in children only or in both children and adults.

According to Goldstein (1987), paedophile behaviour can be more casual, i.e. situation-related, or a more permanent sexual disposition, preference-conditioned. Many surveys of persons committing sexual offences against children show the majority to have a normal life and also to develop normal sexual relations with partners their own age (Howells, 1981). Others, however, have developed a more permanent sexual disposition, preference-conditioned, with children predominantly in the focus of the adults' sexual fantasies and activity. Goldstein (1987) maintains that situation-conditioned paedophiles are commoner than the preference-conditioned variety, though the latter are probably more commonly involved in abuse of unknown children.

Finkelhor's four-factor model

Finkelhor (Araji, Finkelhor, 1986) has proposed a model of four factors concerning the paedophile and his disposition. Finkelhor maintains that, in order for sexual abuse of children to occur, all four factors have to be present, and that these are hierarchically related to one another. The potential offender must:

1. experience an emotional reward from children (emotional congruency),
2. be sexually attracted to children (sexual arousal),
3. feel impeded from developing a profound, lasting relationship with an adult partner (blockage),
4. overcome his inner restraining mechanism about establishing sexual contacts with children (disinhibition).

An emotional return from associating with children

Finkelhor maintains that the emotional exchange with children is central. The offender enjoys the company of children, feels natural with them and their equal. Offenders seem to have a talent for responding to, associating with and coping with children. Thus it is not only a recruitment strategy for exercising his sexual disposition that attracts the offender to children and groups of children. The need to associate with children does not in itself have anything to do with needs of a sexual nature.

This orientation towards the society of children contrasts with difficulties in establishing and maintaining adult relations. The adult compensates himself by associating with children, i.e. the child becomes an substitute for adult relations.

Various studies have attempted to explain this emotional attraction to children by saying that the offender is on the same level of emotional development as the children. In psychodynamic theories, the offender is viewed as emotionally immature and with poorly developed self-esteem (Groth, Birn-

baum, 1978). Others maintain that the offender has a need to dominate the child (Howells, 1979, Loss, Glancy, 1983). Groth et al (1982) have tried to explain this emotional attraction to children in terms of the offender repeating a childhood trauma of his own by identifying with the assailant. Others maintain that the offender, in addition to intensive over-protection or a conspicuously loveless childhood, remains preoccupied with himself as a child and therefore seeks the company of children resembling himself.

Feminist theory has tried to explain sexual abuse as a consequence of the socialisation of the male gender role (Araji, Finkelhor, 1986).

Sexual attraction to children

The second factor is concerned with sexual attraction to children or sexual arousal from being with children. Efforts have been made to explain this sexual attraction to children in terms of deviant sexual drive, biological and genetic factors, psychological factors, e.g. mis-learning or mis-attribution, and stimulation through child pornography.

Biologically, efforts have been made to chart hormonal deviations, e.g. testosterone level, in paedophiles and others, but without having any conclusive results to show for it (Hucker, Bain, 1990, Murphy, Smith, 1996).

Among *psychological explanatory models for mis-learning*, one can distinguish studies indicating that those who have committed sexual offences against children had earlier sexual contacts in childhood compared with other groups. This has been taken to imply that early learning through conditioning or identification with the offender can play an important role for certain persons as regards the development of deviate sexual behaviour and abuse of children later in life. Closely related to these explanations of learning theory are both mis-attribution, in which feelings like concern, ardent parental love of a child are misconstrued as sexual (Howells, 1981), and the influence of viewing or reading child pornography. It is a known fact that pornography (probably also including child pornography) is used by offenders as a means of sexual stimulation before a sexual offence (Silbert, 1989, Elliot et al, 1995), but this is not to say that pornography in itself creates sexual attraction to children.

Relational difficulties with adults

The third of Finkelhor's factors means that a paedophile experiences blockage and has difficulty in developing a profound, lasting relationship with an adult partner. Uncertainty and fear at the prospect of developing a lasting relationship with another adult partner caused the paedophile to choose children instead for his sexuality.

The assumption that sexual interest in children can be partly due to the adult being blocked from normal sexual relations by lack of social competence is the assumption which, hitherto, has received the strongest support from empirical research (Martens, 1997).

Deficiencies of psychological restraints

In order for sexual abuse to occur, there also have to be deficiencies in the psychological restraints. Finkelhor presents various types of explanation occurring in the literature. These are explanations on the individual psychological plane, feminist explanations and explanations pointing to situational factors.

On the *individual psychological plane*, efforts have been made to explain sexual abuse by means of lack of impulse control, senility or mental retardation. In the individual case one can find support for an impulse control disturbance (Hammer, Glück, 1957), senility or mental retardation, but at group level there is little support for this in the scientific literature (Finkelhor, Arija, 1986).

The *feminist explanations* argue that increased tolerance in society towards sexual abuse of children and the patriarchal society legitimise men's dominance and that ownership of wife and children trivialises sexual abuse (Rush, 1980).

Explanations emphasising *situational factors* claim that *personal stress*, e.g. induced by unemployment, actual or impending divorce, illness or bereavement can trigger paedophile behaviour in certain persons. Intra-familial sexual abuse (incest) has traditionally be associated with a passing inclination in which the events have been mainly triggered by a personal crisis. This view has been challenged in recent years (Howitt, 1995).

There is palpable support for alcohol contributing to a failure of inward restraints (Aares et al, 1978, Morgan, 1982). Thus drinking in connection with abuse can be termed a situation factor.

Important prerequisites of abuse

Finkelhor (1984) has described the factors which are important for the completion of child abuse and the conditions which have to be met in connection with sexual abuse. There are several restraints and impediments which have to be overcome. These factors are:

1. The potential offender has to be motivated for sexual abusing children.
2. The potential offender has to overcome the inner restraints in order to translate his motives into action.
3. The potential offender has to overcome the outward impediments which may exist to the initiation of sexual contact with a child.
4. The potential offender must overcome any resistance which a child may make when contact is attempted.

This model can be viewed as a stepwise process, every step of which creates new difficulties, with the result that a potential crime may perhaps not be completed. Strong sexual motivation is needed in order to complete a sexual offence against children, because the offence is strongly tabooed and its discovery entails severe punishment. Many persons of a paedophile disposition stop short at fantasies or fantasies and masturbation. Some, however,

overcome their psychological restraints and begin looking for contacts with children.

When looking for contact with children, the potential offender has to find a suitable victim and, without being revealed, approach the child and create a relationship. The child's reaction to the first meeting, the first bodily contact and so on is decisive. The child can react by withdrawing, experiencing displeasure and leaving the place, in which case the potential crime fails to materialise.

A complex field

Paedophilia is a complex field in which a completed sexual offence in the individual case can have a very composite background, as described above and illustrated in Figure 1. There is seldom just one explanation. More often than not there are a series of circumstances behind the crime. A person of a paedophile disposition, for example, can both experience happiness from associating with his daughter and also experience a certain sexual arousal. If he is a step-father, the risk of crossing a sexual boundary is increased, probably due to taboo concepts not working as strongly in relation to step children as in relation to biological children. If the wife no longer desires sexual relations or wants a divorce, a further risk factor is added. The man may feel incompetent and sexually abandoned/frustrated. When he is alone with the step-daughter and, in addition, consumes alcohol, the psychological restraints may relax and an abuse be committed.

Paedophile behaviour

The relational pattern between adult good friends or sexual partners often develops by their relation gradually deepening as time passes. Paedophile behaviour can be similarly described, i.e. as a gradual rapprochement with the passing of time. One critical difference is that the partner taking the initiative is an adult exercising his adult influence and power on a socially and relational inferior child.

Choice of child

Some paedophiles most often abuse children whom they do not know at all or only superficially, but this does not exclude the possibility of their own children also becoming victims. The offender observes and actively searches for passing children. He frequents places where he knows that there are children, e.g. playgrounds, swimming baths and sports grounds or school playgrounds. Shopping centres and public squares are also attractive environments to which children alone and in search of contact, children playing truant and children who are poorly supervised are attracted. Through friends or colleagues at work, for example, you can also come into contact with other people's children, e.g. as a baby-sitter. Paedophiles can also enter more closed child environments by getting jobs in child care or schools or by working as youth leaders or sports coaches.

Surveys have shown that offenders have clear preferences concerning such outward characteristics of the child as skin colour, hair colour, physical build etc. (Conte et al, 1989). The child's appearance and dress are said to be important in the first selection (Elliot et al, 1995). Depending on age and gender preference, the paedophile will look for children who, in his fantasy or experience, afford him most gratification. This can mean, for example, that only boys' teams in early puberty are interesting targets for a sports coach of a paedophile disposition. For others the attraction may be girls of pre-school age.

The search can take a long time, the object being to find a child with particular characteristics who does not appear to be independent and outgoing, and whom there seems to be a chance of being alone with. The search involves a process of adjustment between children who are suitable and the risk of discovery. Elliot and associates (1995) describe five different strategies for creating situations in which the offender can be alone with the attractive child. These are:

- surprising solitary, unknown children,
- developing an acquaintanceship with the child,
- exploiting one's professional role as teacher or instructor,
- becoming a good friend of the child's parents,
- making advances to children in one's own family.

Another way for an established paedophile to come into contact with children can be by cohabiting with or marrying a single mother (Lang, Frenzel, 1988).

The approach – the involvement phase

Once the choice of one of more children has begun, the next phase – the approach – begins. Some paedophiles describe how they have children in different phases, so as to be able to replace a child who, for some reason or other, has to be dropped, e.g. because the child has grown too old or because of the risk of discovery.

Often the approach or the contact-creating phase, which Sgroi and associates (1984) call *the involvement phase*, lasts for a long time. Kvarnmark (1988) maintains that sexual contacts with adults and children cannot take place through negotiation and consent, only by pressurising and exploitation or by force. But children and offenders' narratives often describe how the offender slowly but surely creates a trusting relationship with the child, who gradually becomes emotionally tied to the offender. Pressurisation, threats or violence rarely occur during this phase.

Motivation – the phase of sexual relations

After varying lengths of time, often longer than is believed (from months to years), the adult introduces sexuality into the relationship. Sgroi and associates (1984) call this phase *the phase of sexual relations*. The introduction takes place when the adult is alone with the child. Through various minor

proposals – physical touching, for example – nakedness, sexuality and sexual activities are gradually introduced together with the child. In an interview survey of 91 men convicted of sexual offences, Elliot and associates (1995) showed that the commonest ways of introducing sex was by touching the child sexually, making the child receptive to sex or talking about sex. This is done in a subtle fashion, by gradually shifting the limits so that the child barely notices the difference from one occasion to the next. Any resistance from the child is broken down by the adult person's authority through the emotional ties existing (the child wants to oblige), through the child normalising the sexual act (all adults and children do this), by explaining children's anatomy (advanced sex education), by leaving pornography lying about in the home (Elliot et al, 1995), by showing child pornography (look, this is what other people do) before or in connection with abuse (Silbert, 1989, Elliot et al, 1995), or by means of encouragement and bribes.

Retention – the secrecy phase

During retention, which includes both the phase of sexual relations and *the secretive phase* (Sgroi, 1984), sexual activities often take place with a growth of content and intensity.

Devotion to the offender and belief in the normalisation of the acts by adult authority appear to be the main factor retaining the child in the abusive relationship. The child relies on the adult and often it is not until after discovery that the child realises that the adult has lied and that sexual activities between children and adults are neither normal nor permissible. In some cases bribes occur in the form of sweets, toys, activities etc., to serve the purpose of getting the child to acquiesce and continue. It is only exceptionally that expressed threats form part of the picture. Threats are most often associated with preserving the shared secret. Due to feelings of shame and guilt, little persuasion is needed for the child to understand the importance of keeping the secret. The consequence of revelation is made clear in the form of threats of divorce between the parents, of the offender going to prison. Threats can, for example, be aimed at the child's favourite pet or sometimes at the child itself. Any pictures or video films which may have been taken can be used both for blackmailing the child to continue and as a threat in the event of discovery (Svedin, Back, 1996).

Risk factors associated with the child

Gender

Girls run more risk of being sexually abused than boys. In modern prevalence studies, the gender ratio varies between two and five girls for every boy (Svedin, 1999). In Martens' (1990) study of suspected sexual offences in Sweden reported to the police in 1984, girls constituted 77 per cent of the victims, boys 23 per cent. Epidemiological studies show 29 per cent of the victims to be boys, i.e. that there are 2.5 girl victims for every boy (Finkelhor, Byron, 1986). It is probably because in most material, both clinical and non-clinical, the offender is a man and most male offenders are oriented towards the opposite sex (Finkelhor, Russell, 1984).

When boys are abused the abuser is more likely to be a woman than when girls are abused (Finkelhor, Russell, 1984). In Fergusson and Mullens' (1999) summary of studies in the 1990s, an average of 98 per cent (spread 92-99%) of the abusers of girls were men. As regards abuse of boys, 79 per cent of the offenders were men (spread 63-86%). This means that roughly one in five offences against boys were committed by women.

Compared with girls, boys are more often abused by someone outside the family and by offenders who have abused other children before (Haugaard, Reppucci, 1988, Faller, 1989, Kelly et al, 1991). Martens (1990) found that the proportion of boys was smallest in intra-familial abuse (10%) and highest when an unknown adult was suspected of the crime (30%). Clinical surveys include considerably fewer boys than non-clinical surveys, which Finkelhor and others attribute to boys' greater reluctance to reveal abuse (Finkelhor, 1993).

Age

Sexual abuse occurs in all ages but is considered most frequent in pre-puberty, i.e. when the child is still vulnerable and has difficulty in defending itself but at the same time is beginning to develop secondary sexual characteristics. The average age in non-clinical material is approximately eight-ten years (Martens, 1989, Faller, 1989, OPCS, 1987). Finkelhor and Baron (1986) found that there was apparently a greater risk in pre-adolescence, i.e. between the ages of eight and 12. The average age at the time of the first offence is usually somewhat lower when the offender is a father figure than otherwise (Martens, 1989). Boys are usually somewhat older than girls when subjected to abuse (Faller, 1989).

Relation to the offender

Most commonly in all surveys, the offender is known to the child and is present in the child's immediate environment. The proportion of such persons within or outside the household varies, however, from one survey to another. Bentovim and associates (1987) noted from clinical material that 75 per cent of the children were sexually abused within the household, mostly by fathers (46%) or stepfathers (27%). In an incidence study from Northern Ireland, it was found that 85 per cent of the children knew the abuser but only 31 per cent had been abused by anyone within the household. Just over half, 54 per cent, had been abused by someone they knew outside the household (Research Team, 1990). The occurrence of step-fathers as a factor augmenting the risk of sexual abuse can be termed amply documented in the literature (Mullen et al, 1993, Fergusson et al, 1996, Flemming et al, 1997, Stern et al, 1995). Russel (1984) states that the risk of sexual abuse multiplies about six times if a girl is living with a step-father, while Finkelhor and Byron (1986) urge caution in the interpretation of these data, since they emanate from a time when divorces and step-fathers were not such a common feature of society.

In Martens (1990) survey of cases of sexual abuse reported to the police in 1984, 26 per cent involved a biological father or father substitute, 25 per cent an adult acquaintance of the child's, 33 per cent an unknown adult and 13 per cent a young person (aged under 20). A treatment centre known for working with intra-familial abuse probably attracts cases of this kind. In victim surveys, probably more intra-familial abuse is reported than is indicated by the report statistics of social services and the police.

In a survey of studies carried out in the nineties, Fergusson and Mullen (1999) state that over 10 per cent (spread 6-32%) of all cases of sexual abuse involved a member of the family (parent, step-parent or sibling), while other relatives accounted for upwards of 18 per cent (spread 10-24%) and other acquaintances 48 per cent (spread 20-50%). In over 23 per cent (spread 15-30%) the offender was a stranger to the child.

Social class and financial circumstances

Social status, based on education, occupation or income, has proved to have only a weak connection, or none at all, with sexual abuse in population-based studies (Finkelhor, Baron, 1986, Bergner et al, 1994, Fergusson et al, 1996, Mullen et al, 1996, Flemming et al, 1997), unlike physical violence and neglect. On the other hand, other studies (Elliot, 1994) have shown that sexual abuse is more common among children in families of inferior socio-economic status, and Finkelhor (1980) also showed, in a study of women students, a connection with low income, with manual work and with educationally disadvantaged mothers. Cases reported to or discovered by public authorities, however, are consistently dominated by children from lower social classes (NCCAN, 1981, Bentovim et al, 1987, Monck et al, 1996). This discrepancy may be due to several different factors, e.g. to families with socio-economic difficulties having more dealings with public authorities, being observed more, and having greater difficulty in hiding their prob-

lems, and to reporters being more disposed to suspect abuse in families of inferior socio-economic status.

Ethnicity

Ethnicity has not been shown to have any connection with or to be a risk factor for children being sexually abused (Finkelhor, Byron, 1986, Fergusson et al, 1996).

Individual characteristics of abused children

The need for studies of individual characteristics among victims of sexual abuse which make them more vulnerable to abuse was already pointed out by Finkelhor and Byron in 1986. Few studies have been performed in this field. Persons committing sexual offences against children search, as described above, for children who will keep quiet. The children who risk being sexually abused, above all outside the home, are those who do not believe or know that they can say No to adults, those who are afraid of being punished, those who need affection from and ties with adults but are denied these things, those who are physically or mentally provocative or receive little supervision from their parents (Budin, Johnsson, 1989, Gilgun, Connor, 1989). Mullin and associates (1996) found a weak connection between shyness in childhood and sexual abuse.

Children subjected to sexual abuse are often described as solitary, socially isolated, with few or inadequate friendship contacts (Finkelhor, 1980, Peters, 1984, Flemming et al, 1997).

Conte et al (1989) describe, through interviews with offenders, how their strategies are based on looking for children who, at the first contact, are friendly and give the impression of being needy and vulnerable.

Martens (1997) points that children who are abused and come to the knowledge of the authorities often have similar backgrounds to the offenders, i.e. poor self-confidence and lack of ambition regarding school and leisure. They have a thin social network with parental contacts and hardly any friends their own age. It also seems as if children coming to the knowledge of the authorities differ from those who are not reported.

Prendergast (1992) points to a number of characteristics in children who have been sexually abused but have not reported the abuse and have not themselves become sexual offenders in adulthood. These characteristics included strong, positive self-image – they were positive-minded, go-ahead and ambitious, and they had a viable, supportive social network.

Risk factors of repeated abuse, re-victimisation

Several studies have shown that sexual abuse in childhood is a risk factor of additional or other types of abuse during childhood (Boney-McCoy, Finkelhor, 1995), of later sexual abuse during the teens (Simons, Whitbeck, 1991, Small Kerns, 1993, Fergusson 1997, Collins, 1998, Krahe et al, 1999) and of sexual abuse in adulthood (Fromuth, 1986, Mayall, Gold, 1995). In

Boney-McCoy and Finkelhor's (1995) study it was observed that children (aged 10-16) who had been sexually abused during the past year tended with significant greater frequency to have experienced abuse earlier, mainly sexual abuse but other forms of abuse as well.

Fergusson and associates prospectively observed 520 girls from birth to age 18. 13 per cent of the girls had experienced sexual abuse during adolescence (before they were 16). Those who had experienced sexual abuse during their formative years had an earlier sexual debut, more teenage pregnancies and greater sexual risk behaviour, and had more often been sexually abused after the age of 16.

An attempt is being made to explain the greater risk of re-victimisation on the basis of Finkelhor's and Browne's traumatogenic model (1985). According to this dynamic model, sexual abuse means sexual traumatisation, betrayal, stigmatisation and powerlessness, which in turn leads to greater vulnerability owing to the psychological consequences entailed in the form of impaired self-esteem and sexual confusion. Others maintain that a mediating factor between early and later sexual abuse is a comparatively heightened activity (Mayall, Gold, 1995, Fergusson et al, 1997, Krahe et al, 1999).

Other forms of abuse a strong predictor of sexual abuse

Several studies have shown that children who are sexually abused have also been subjected to other forms of abuse, such as physical and emotional cruelty (Finkelhor et al, 1994, Mullen et al, 1996, Fergusson et al, 1997, Flemming et al, 1997). Mullen and associates (1996) found, for example, that women who had experienced sexual abuse during their adolescence tended over five times more frequently also to have experienced physical violence and three times more frequently emotional cruelty compared with those who did not report sexual abuse.

In a study by Flemming and associates (1997), physical cruelty was twice as prevalent among those who had experienced sexual abuse during childhood, and was the strongest predictor of both intra-familial and extra-familial sexual abuse.

Children with functional impairment

It has been discussed whether children with functional impairment run a greater risk of being abused. Few properly conducted studies have been reported. Definitions or inclusion criteria for both functional impairment and abuse have varied, which has impeded comparisons. Many studies have referred to a particular diagnostic group or a mixed diagnostic group, children with functional impairment at a reception or in an institution, with no control groups. Studies of this kind, for example, have been made concerning children with mental retardation (Ryerson, 1984, Browne, Craft, 1994), deaf children (Sullivan et al, 1987, Kennedy, 1989), blind children (Pava, 1994) and children with multiple disabilities (Ammerman et al, 1989, Benedict et al, 1990).

Some have denied that children with functional impairment should constitute a risk group, on the grounds that these children are protected by their functional impairment and, consequently, less attractive (Azzopardi, 1992, Kvam, 1995). In thus arguing they have forgotten that children with functional impairment can be more easily recruited by others (and if so more attractive), since they can long for attention and adult involvement and be more easily manipulated (Conte, Wolfe, Smith, 1989). Children with mental retardation can have greater difficulty in understanding what they are being subjected to. Children with physical disability can have greater difficulty in defending themselves and getting away, while children with communication impediments (vision, hearing and speech difficulties) have greater difficulty in communicating and being believed. In addition, children with functional impairment can have greater difficulty in measuring up to the requirements of the judicial system for testimony in court or in telling a convincing story.

The American National Center on Child Abuse and Neglect (1993) has conducted perhaps the most comprehensive survey in this field. 35 nationally representative Child Protection Services (CPS) units were requested for information concerning all cases of child maltreatment during a period of 4-6 weeks in 1991. Nearly 1,300 cases involving 1,834 children were reported. Two criteria of functional impairment were used. Firstly, the child should be suspected of suffering from mental retardation, hearing impairment/deafness, vision impairment/blindness, speech disturbance, serious emotional disturbance, an orthopaedic functional impairment, specific learning difficulties or a combination of the above, and secondly, the difficulty should entail a functional limitation in one or more fields.

Table 1, below, shows that 14 per cent of all children reported had functional impairments. In the sexual abuse group, 15 per cent had functional impairments.

Table 1. Reported cases of maltreatment of children with functional impairment, and ratio to the number of children with functional impairment in the US population. Percentages.

Type of harmful treatment	% of children with functional impairment	Ratio to number of children with functional impairment in the US population
Physical abuse	17.2	1.91
Sexual abuse	15.2	1.69
Emotional cruelty	10.6	1.18
Failure of physical care	13.7	1.52
Failure of educational care	18.0	2.00
Failure of emotional care	21.3	2.37
All forms of maltreatment	14.1	1.57

In this survey, which was compared with the proportion of children in the USA with functional impairment (9%), it was found that the risk of sexual

abuse in the case of a child with functional impairment was 1.7 times greater than for a child with no functional impairment (NCCAN, 1993).

Botash and Church (1999) maintain that there are many possible reasons why children with functional impairment run more risk of incurring maltreatment in all its forms, and not just in the form of sexual abuse. They give several reasons:

- greater vulnerability due to needing care from many care providers,
- chronic stress among the care providers,
- relational problems with parents (i.e. concerning their acceptance of the child),
- parental isolation,
- unrealistic expectations concerning the child's ability,
- aggressive behaviour by the child,
- several risk factors coupled, for example, with functional impairment and substance abuse,
- communication difficulties which can result in reduced capacity for conveying information,
- inability to convey needs,
- dependence on a large number of care providers.

The authors particularly stress that children with communication impediments run more risk of being sexually abused.

The proportion of cases of sexual abuse discovered and reported to the authorities is believed to be far smaller for children with functional impairment than for children without such impairment (Ryerson, 1981). Tharinger, for example, writes that certain estimates indicate that only one case in 30 is reported where children with functional impairment are involved, whereas the ratio for other children is taken to be one to five (Tharinger, 1990).

Lastly we must not forget that children with some neuropsychiatric impediments have sexualised behaviour because of their disability. This is the case, for example, with Gilles de la Tourette's syndrome, in which ticks, thought content and behaviour can have a palpably sexual content. In addition, the child may have more of a tendency to make up stories (Gillberg, 1999), which makes it even more difficult to evaluate a suspected case of sexual abuse. In these cases, Gillberg strongly recommends consulting neuropsychiatric expertise. Scientific studies concerning, for example, the dependability of children with these functional impairments have not been presented.

Children in day nursery

Considerable debate has been triggered in the world at large and also in Sweden, following a number of cases of child abuse in day nurseries, e.g. in Karlstad and Örebro (Kelly et al, 1993, National Board of Health and Welfare, 1999). Finkelhor and associates (1988), however, conclude, from their national study of sexual abuse in day nurseries, that the individual child is

still less likely to suffer sexual abuse in a day nursery than in his or her own home. The reason for these forms of abuse nevertheless attracting so much attention, e.g. from the media, is probably that many children and families are affected at once, that there tend more often to be several offenders involved and that these things happened in an environment which people count on as being secure.

Children in public care

A report from the National Board of Health and Welfare (1997) states that 86 reports of suspected sexual abuse of children in foster-homes were received by the social services between 1988 and 1993. During this period 18,526 children were placed in foster-homes at some time or other. Nine out of ten children were girls, 23 had immigrant backgrounds and 15 girls were described as being slightly retarded. 24 children had previously suffered suspected sexual abuse. In 70 per cent of the cases, the foster-home male warden was indicated as the suspected offender, in 20 per cent of cases the suspect was a sibling in the family, usually a brother. The survey does not indicate whether being placed in a foster-home entails greater risk, but it emphasises that children with functional impairment, immigrant children and children suspected of having been abused previously are extra vulnerable.

Internationally, however, there are surveys showing that a child placed in a foster-home or an institution is more liable to be subjected to different types of abuse, sexual abuse included, when in public care (Bolton et al, 1981, Benedict et al, 1994). In a survey published recently in England (Hobbs et al, 1999), children placed in foster-homes were found to run 7-8 times greater risk and children in institutions six times greater risk of becoming investigated for suspected abuse (sexual abuse and physical abuse), compared with children in the rest of the population. In 32 per cent of sexual abuse cases, the offender was another child, most often another foster-child.

Risk factors associated with the child's environment

Bentovim describes (1987, 1988), on the basis of a family-systemic model of how sexually abusive behaviour can start and continue. The family can be meaningfully described and understood through seven different levels.

1. Content of interaction, i.e. different types of sexual acts between the adult and the child.
2. Cycles of interaction, i.e. the way in which different sequences of acts are repeated over time in a family.
3. Systems of meaning, i.e. how an act or repeated acts can be understood in the light of the family's history, often in a three-generational perspective. Bentovim also describes how families apparently re-create relational patterns from their original families.
4. The family dynamic, i.e. how the family communicates and organises itself. Two types of family are described; the endogamous – conflict-avoiding family (Rosenfeld, 1979, Furniss, 1984) and the disorganised – conflict-regulating family (Furniss, 1983).
5. Description of the family, i.e. how the family can be perceived and understood in terms of 1-4, above, and other information, e.g. the responsibility accepted for the abuse.
6. Possibilities in therapy, i.e. the family's prospects of coming to terms with its problems with the aid of therapy.
7. Knowledge of the living span of families, which can mean that a family with many difficulties but a good potential for change may very well have a better prognosis than a family in which the opposite applies.

More recently (1992) Bentovim has elaborated and refined the systemic thinking in his description of "Trauma Organised Systems". He defines a *trauma-organised system* as an action system with an abuser traumatising a victim who becomes traumatised. By definition, there is no protector, or else the potential protector has been neutralised. The offender is overwhelmed by impulses of a physical, sexual or emotional abusive nature, emanating from previous experiences of his own. These feelings are experienced as though they were out of control. The cause is ascribed to the victim, who, in keeping with individual, familial or cultural expectations, is deemed responsible for the abuser's feelings and intentions. Any action whatsoever on the victim's part as a consequence of abuse or for the avoidance of abuse is interpreted as further reason for unleashing additional aggressive acts and as justifying continued abuse. A potentially protective person is integrated or neutralised in the obliteration process or by trivialisation of the act or its traumatic effect. Obliteration or trivialisation characterises both the offender's and the victim's thought process. The motto of those who are in-

plicated in a trauma-organised system is, firstly: "See no evil"; secondly: "Hear no evil"; thirdly: "Speak no evil"; and fourthly: "Think no evil".

Bentovim goes on to maintain that there is no question of the individual creating the system or the system creating the problem. Events in the lives of individuals create "stories" with which they live their lives, create relations, initiate actions, respond to actions and maintain and develop them. Traumatic abusive events have an exceptional power to create self-perpetuating stories which in turn create trauma-organised systems in which abusive events are re-enacted and reinforced.

In the section which now follows, an attempt is made to distinguish between family function/family dysfunction and family factors. This division may seem somewhat artificial, but the idea is to distinguish between factors describing a more dynamic or interactive phase in the family and factors of a more static, descriptive character. Thus the section on family dynamic describes relational patterns and educational patterns, while the family factors category describes demographic data etc. based on characteristics associated with one or both parents.

Family dynamic

Empirical studies have shown that families in which a child is subjected to sexual abuse (both intra-familial and extra-familial) are characterised by being less cohesive, more disorganised and generally more dysfunctional than other families (Elliot, 1994, Harter et al, 1988, Hoagwood, Stewart, 1989, Madonna et al 1991).

The areas of family life which are most often identified in cases of intra-familial sexual abuse are communication problems, lack of emotional proximity, lack of flexibility and social isolation (Dadds et al, 1991). Several studies have shown that family dysfunction is more serious in connection with intra-familial than extra-familial abuse (Courtois, 1988, Meiselman, 1990, Briere, Elliot, 1993). Briere and Elliot (1993), on the other hand, maintain that the dysfunctional patterns seen in families where incest has occurred can be viewed as a result of the abuse no less than as a cause of it.

Marital dysfunction

Marital dysfunction has proved to have a very strong connection with sexual abuse. This includes parental divorce or separation and marital conflicts (Fergusson et al, 1996, Flemming et al, 1997, Mullen et al, 1993, Stern et al, 1995).

Changes in the composition of the family

Family change and the occurrence of a step-parent in the family have, as mentioned earlier, shown a connection with sexual abuse (Russel, 1986, Finkelhor, 1979, Paradise et al, 1994, Mullen et al, 1996, Fergusson et al, 1996, Flemming et al, 1997). In one questionnaire survey with 2,963 women taking part, over 32 per cent stated that they had been sexually abused be-

fore the age of 16. A significantly larger proportion of the abused individuals had experienced parental divorce during their formative years (Elliot, 1994). In British statistics of sexual offences against children, 36 per cent of the abused children were living with both biological parents (OPSC, 1987).

A divorce/separation followed by conflict over custody and access is deemed to constitute a heightened risk of both sexual abuse and false accusations of sexual abuse (MacFarlane, 1986). MacFarlane and also Corwin and associates (1987) are of the opinion that abuse in connection with divorce can be understood in terms both of it being made easier for a child to reveal the abuse and of the situation in itself being capable of augmenting the risk of abuse. It is easier for children to tell when the offender, who may have been threatening, disappears from the household. The child feels more secure. The offender's threat that the family will break up if the child tells has disappeared, and the child's increasing dependence or anxiety over separation from the mother/relatives increases its contact with/proximity to them, which is assumed conducive to disclosure. Stress in connection with divorce can lead to demonstrative behaviour by the child and possibly to sexualised behaviour which can raise suspicions of abuse. Situational factors, MacFarlane maintains, are the risk of emotional regression and the need of comfort on the offender's part in connection with the divorce, and a risk of increased drinking/alcohol abuse. Increased access, i.e. being able to be alone with the child, and financial worries/overcrowding after a divorce are additional factors which can augment the risk of sexual abuse (MacFarlane, 1986).

False accusations of sexual abuse

Several writers, relying solely on clinical experience, assert that false accusations of sexual abuse are very common in custody and access disputes (Bluss, Ross, 1986, Gardner, 1987, 1992). In the USA particularly, this discussion has been both intense and infected. Bluss and Ross (1986) have coined the term Sexual Allegation in Divorce Syndrome (SAID) and Gardner (1987) that of Parental Alienation Syndrome (PAS). The biggest study in this field, covering more than 9,000 divorces before 12 different American courts, showed that no less than 2 per cent involved accusations of sexual abuse in connection with parental conflicts over custody and access (Thoennes, Tjaden, 1990). Faller and associates (1993) conclude their review of research in this field by stating that it is perhaps likely that false accusations in connection with divorces have increased, due to a growth of awareness concerning sexual abuse and to awareness of the force which such an accusation can possess. On the other hand, there has also been a growth of awareness concerning the potential consequences of a police investigation for the child and the parents in conflict.

Deficiencies of attachment

Deficiencies of attachment between child and parents are a recurrent factor in various surveys (Mullen et al, 1993, Fergusson et al, 1996, Flemming et al, 1997).

Family factors

Mothers with childhood experience of abuse

Between 22 and 36 per cent of children subjected to sexual abuse are found to have had mothers who were themselves abused as children (Elwell, Ephross, 1987, Kelley, 1990, Newberger et al, 1993). These surveys come close to the level of the international occurrence of abuse in the female population, but they do not have any control groups of their own. In one study of 67 women whose children were sexually abused, it was found that 34 per cent had themselves been abused in childhood, as against 12 per cent in a control group (Oates et al, 1998). In a Swedish clinical study of women who had been sexually abused in their formative years, three out of 17 (18%) of their children had been sexually abused (Söderback, 1998).

Family size

Children who are sexually abused tend more often to come from larger families, i.e. families with more members (Elliot, 1994).

Parental maladjustment

Parental maladjustment, above all in the form of alcohol abuse and criminal behaviour, also betrays connections with sexual abuse in several studies (Brown & Anderson, 1991, Mullen et al, 1993, Elliot, 1994, Paradise et al, 1994, Stern, 1995, Fergusson et al, 1996). In Martens' study (1990), one out of every four suspected fathers was under the influence of alcohol at the time of the abuse.

Siblings abused

If siblings have been abused, this is considered to augment the risk of sexual abuse of other siblings in the family (Russel, 1983).

Importance of different background variables for sexual abuse

Fergusson and associates (1996) started a birth cohort of 1,265 children prospectively. 17 per cent of the women and over 3 per cent of the men reported that they had experienced sexual abuse before the age of 16. A host of variables were associated more with the gravity of sexual abuse. Young persons reporting sexual abuse had more often experienced family changes (divorce, step-parenthood before age 15) and family conflicts, added to which, they were more often living with a lower level of attachment and both poorer care and over-protection from their parents. Lastly, drug and alcohol abuse was more prevalent among parents, together with a higher rate of criminal behaviour. Through statistical regression analysis, it was possible to identify five factors. The risk of sexual abuse was statistically significantly higher among girls, among those who were exposed to marital conflicts in the home, among those who reported a low level of attachment to

parents, among those who were over-protected by fathers and among those who reported that their parents had drink problems.

Flemming and associates (1997) studied 710 women in a population-based study. 41 per cent of the women reported that they had been sexually abused before the age of 16. Bivariate analysis showed a number of factors to be more prevalent among women who had reported sexual abuse in childhood. These factors included, for example, having moved house six times or more, having had few friends and poor social relations in school, achieving poorly in school, having a step-father, the presence of alcohol abuse, above all by the father, physical/mental illness on the part of the mother and conflicts and violence between parents. Physical cruelty occurred twice as often to girls reporting sexual abuse as to those who had not reported sexual abuse. Multivariate analysis showed the factors statistically associated with sexual abuse to be physical cruelty, a mentally ill mother, not having anyone to confide in, and social isolation. Predictors of sexual abuse before the age of 12 were physical cruelty, social isolation and a deceased mother. Predictors of abuse after the age of 12 were physical cruelty and mentally ill mother. Predictors of intra-familial abuse were physical cruelty, not having anyone to confide in, lack of a caring female adult, and having an alcoholic father. Predictors for girls who were abused by someone outside the family were physical cruelty, social isolation, a deceased mother and an alcoholic father.

Finkelhor (1993) notes that no demographic factor or family characteristic can be used to exclude the possibility of a child having been subjected to sexual abuse. The majority of risk factors are weak and can neither confirm nor absolve in the identification of a case of sexual abuse.

Concluding remarks

In research concerning risk factors, different findings are likely to be very much dependent on the nature of the initial material, i.e. on whether a survey is based on epidemiologically collected material, on case reports or on clinical material.

Difficulties of interpretation in retrospective studies

The dependability shortcomings of research into causes and risk factors can be summed up in three categories; the influence of memory, cause and effect, and problems concerning representative sampling.

Most surveys are retrospective and are based on questionnaires or interviews with adults about their experiences of their early years and childhood family. One problem with this method is that sexual abuse can colour their experiences and statements concerning background factors. Yet another factor is that those choosing to report childhood trauma as sexual abuse may also be more disposed to report other problems during childhood and adolescence.

A further difficulty with retrospective studies concerns the determination of cause and effect or the chronological sequence of family circumstances in relation to the time of sexual abuse. For example, marital difficulties or a defective mother-child relation reported to be a risk factor and to precede sexual abuse may in fact be a consequence of sexual abuse occurring in the family. Finally, studies in which a group of children subjected to sexual abuse has been compared with a control group of children who have not been abused are liable to be unrepresentative. The very fact of a group consisting of children from families where abuse has been revealed can mean bias in favour of a higher frequency of contemporary family problems compared with the total group of children abused, in which only part of the abuse comes to the knowledge of the authorities. Fergusson and Mullen (1999) maintain that the best way of avoiding these problems is by studying a large group of children prospectively, with repeated observations concerning family factors and their importance in relation to the juncture of any sexual abuse. The authors argue, however, that, for practical and ethical reasons, one probably has to rest content with interviewees of adult age reporting experience of sexual abuse in their childhood and adolescence.

It is also clear that different results are obtained from studies using bivariate analyses and multivariate analyses, and more studies using multivariate analyses are called for, as well as more studies of the victims' personal characteristics/personality.

No one has yet constructed research-based instruments or social risk profiles for identifying children who are most liable to be sexually abused. This is

probably a utopian aim, but systematic studies of children's living conditions, risk factors and risk environments are increasing our knowledge all the time.

Certain risk factors recur in different surveys

Certain risk factors consistently appear in successive studies, namely gender, age and family factors of different kinds: marital conflicts and discord, family changes, step-parenthood, parental adjustment problems (alcoholism and criminal behaviour) and impaired parent-child relations (attachment). Fergusson and Mullen (1999) believe there are two possible explanations for these connections between the heightened risk of sexual abuse and family dysfunction. They believe the first may be due to these being factors which make it likelier for the family to include an offender. Since, however, most offenders are not included in the nuclear family, the connection is more likely to have to do with the family environment which in various ways can expose the child to a greater risk, e.g. insufficient parental care, supervision and protection of children. This is corroborated by one of the few surveys in which intra-familial sexual abuse has been compared with extra-familial (Fergusson et al, 1996). That analysis showed children who had been subjected to intra-familial sexual abuse to come from a similar background to that of children who had been subjected to extra-familial abuse. This would support the view that it is the common, overarching deficiencies in the family which create a deficient formative environment which, in turn, augments the risk of sexual abuse generally. More studies of this kind are needed for the future, addressing these groups both separately and in parallel.

Studies based on the sexual offender

If abuse is studied from the angle of the offender, a slightly different picture emerges (Martens, 1990). If, for example, the study concerns the child's father, then the victim is most often a girl. Abuse often occurs repeatedly, there has nearly always been physical contact and it takes place in the private sphere (in the home or suchlike). The child is often of pre-school age, is most often alone in the situation of abuse and seldom confirms to the police that it has been subjected to sexual acts.

On the other hand, when an unknown adult commits sexual abuse of a child, a relatively large proportion of the victims are boys. This abuse is occasional and in about half of all cases the child is together with other children of school age. Relatively often there is no physical touching of the victim and the children most often confirm that they have been abused.

Two groups of children require special attention

Two groups specially needing to be highlighted are children with functional impairment and children with sexualised behaviour. The specially vulnerable situation of children with functional impairment, when it comes to understanding what is happening, warding off an attack and conveying information about what has happened, makes it extra important for personnel dealing with these children on a daily basis to be trained and observant and

for personnel conducting police interviews to be specially trained for the task. This latter is a point which has not been sufficiently observed previously and could probably be made a task of special units at regional or national level.

Sexualised behaviour has been observed in research as a common and perhaps the most common marker, together with post-traumatic stress syndrome (PTSD) where symptoms and behaviour in children after abuse are concerned (Kendall-Tackett et al, 1993). Sexualised behaviour also appears to be a risk behaviour for sexual abuse and re-victimisation. This has to be observed by everyone coming into contact with children with sexualised behaviour. These children must always be offered and frequently need long-lasting help. In addition, training in and development of treatment methods are needed both in social services and in child and youth psychiatry.

Envoi

The results of the review of causes and risk factors constitutes important information, placing children with special needs and with dysfunctional families at the centre of political and economic attention. Better knowledge and training are needed in social services, child care and schools, so that better help can be given to children in vulnerable environments and in this way the risk of sexual abuse averted or its effects alleviated by early intervention.

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